



Community & Children's Services Committee

Date: WEDNESDAY, 3 MAY 2023
Time: 2.30 pm
Venue: COMMITTEE ROOMS, WEST WING, GUILDHALL

Members:

Joanna Tufuo Abeyie	Laura Jørgensen
Deputy John Absalom	Florence Keelson-Anfu
Shahnan Bakth	Alderman and Sheriff Alastair King DL
Jamel Banda	Alderman Christopher Makin
Matthew Bell	Timothy James McNally
Ian Bishop-Laggett	Benjamin Murphy
James Bromiley-Davis	Matt Piper
Anne Corbett	Henrika Priest
Aaron D'Souza	Jason Pritchard
Mary Durcan	Deputy Nighat Qureishi
Helen Fentimen	Ruby Sayed
Deputy John Fletcher	Naresh Hari Sonpar
Deputy Marianne Fredericks	Ceri Wilkins
Steve Goodman	Deputy Philip Woodhouse
Caroline Haines	

Enquiries: julie.mayer@cityoflondon.gov.uk

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<https://www.youtube.com/@CityofLondonCorporation/streams>

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Ian Thomas
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. **ORDER OF THE COURT OF COMMON COUNCIL**

To receive the Order of the Court of Common Council dated 27th April 2023.

For Information
(Pages 7 - 8)

4. **ELECTION OF CHAIR**

To elect a Chair, in accordance with Standing Order 29.

For Decision

5. **ELECTION OF DEPUTY CHAIR**

To elect a Chair, in accordance with Standing Order 30.

For Decision

6. **APPOINTMENT OF CO-OPTEEES**

To appoint two parent governors, as set out in the Order of the Court.

For Decision

7. **APPOINTMENTS TO SUB COMMITTEES, PORTFOLIOS AND ALLOCATED MEMBERS**

Report of the Town Clerk.

For Decision
(Pages 9 - 80)

8. **MINUTES**

To agree the public minutes and non-public summary of the meeting held on 13th March 2023.

For Decision
(Pages 81 - 90)

9. **OUTSTANDING ACTIONS**

Members are asked to note the Actions List.

For Information
(Pages 91 - 92)

10. **GLOBAL CITY OF SPORT: A NEW SPORTS STRATEGY FOR THE SQUARE MILE**

Report of the Deputy Town Clerk.

For Discussion
(Pages 93 - 116)

11. **HOMELESSNESS AND ROUGH SLEEPING STRATEGY 2023-2027**

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

For Decision
(Pages 117 - 168)

12. **DRAFT HIGH-LEVEL BUSINESS PLAN 2023/24 - DEPARTMENT OF COMMUNITY AND CHILDREN'S SERVICES**

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

For Decision
(Pages 169 - 178)

13. **UPDATES FROM THE VARIOUS SUB COMMITTEES, HEALTH AND WELLBEING BOARD, PORTFOLIO HOLDERS AND MEMBERS ALLOCATED TO HOUSING ESTATES**

The various Chairs and Portfolio Holders to be heard.

For Information

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

15. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT: MIDDLESEX STREET ESTATE - RESIDENT IMPROVEMENTS AND THE IMPACT ON THE SERVICE CHARGE**

Report of the Interim Executive Director, Community and Children's Services and the City Surveyor.

(Pages 179 - 184)

16. **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

17. **NON-PUBLIC MINUTES**

To agree the non-public minutes of the meeting held on 13th March 2023.

For Decision
(Pages 185 - 190)

18. **OUTSTANDING ACTIONS LIST - NON PUBLIC**

Members are asked to note the non-public actions list.

For Information
(Pages 191 - 192)

19. **GOLDEN LANE LEISURE CENTRE**

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

For Information
(Pages 193 - 200)

20. **RIGHTS OF LIGHT COMPENSATION 185 PARK STREET AFFECTING SUMNER BUILDINGS**

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

For Decision
(Pages 201 - 204)

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

Report of the City Surveyor and Interim Executive Director, Community and Children's Services.

For Decision
(Pages 205 - 224)

22. **MIDDLESEX STREET ESTATE - RESIDENT IMPROVEMENTS AND THE IMPACT ON THE SERVICE CHARGE**

Report of the City Surveyor and Interim Executive Director, Community and Children's Services.

For Decision
(Pages 225 - 232)

23. **REPORT OF ACTION TAKEN**

Report of the Town Clerk.

For Information
(Pages 233 - 234)

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

25. **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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Agenda Item 3

LYONS, Mayor	RESOLVED: That the Court of Common Council holden in the Guildhall of the City of London on Thursday 27 th April 2023, doth hereby appoint the following Committee until the first meeting of the Court in April, 2024.
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COMMUNITY & CHILDREN'S SERVICES COMMITTEE

- Constitution**
A Ward Committee consisting of,
 - two Aldermen nominated by the Court of Aldermen
 - up to 34 Commoners representing each Ward (two representatives for the Wards with six or more Members regardless of whether the Ward has sides), those Wards having 200 or more residents (based on the Ward List) being able to nominate a maximum of two representatives
 - a limited number of Members co-opted by the Committee (e.g. the two parent governors required by law)

- Quorum**
The quorum consists of any nine Members. [N.B. - the co-opted Members only count as part of the quorum for matters relating to the Education Function]

- Membership 2023/24**

ALDERMEN

- 4 Alistair John Naisbitt King DL
- 2 Christopher Makin

COMMONERS

2	Naresh Hari Sonpar.....	Aldersgate
4	Helen Lesley Fentimen, O.B.E.....	Aldersgate
2	Timothy James McNally	Aldgate
1	Ian Bishop-Laggett.....	Bassishaw
1	Nighat Qureishi, Deputy	Billingsgate
6	Benjamin Daniel Murphy.....	Bishopsgate
	(Bishopsgate has paired with Aldgate for this appointment).....	Bishopsgate
	(Bread Street has paired with Castle Baynard for this appointment).....	Bread Street
	(Bridge and Bridge Without has paired with Billingsgate for this appointment).....	Bridge and Bridge Without
1	Shahnan Bakth.....	Broad Street
2	James Bromiley-Davis.....	Candlewick
7	Mary Durcan.....	Castle Baynard
10	Henrika Johanna Sofia Priest.....	Castle Baynard
	(Cheap has paired with Farringdon Within for this appointment).....	Cheap
	(Coleman Street has paired with Broad Street for this appointment)	Coleman Street
2	Jamel Banda.....	Cordwainer
2	Joanna Tufuo Abeyie M.B.E.....	Cornhill
2	Anne Corbett.....	Cripplegate
2	Ceri Edith Wilkins.....	Cripplegate
	(Dowgate has paired with Candlewick for this appointment.).....	Dowgate
7	Matthew Bell.....	Farringdon Within
2	Florence Keelson-Anfu.....	Farringdon Within
3	John David Absalom, Deputy.....	Farringdon Without
7	Ruby Sayed.....	Farringdon Without
10	Philip Woodhouse, Deputy.....	Langbourn
	(Lime Street has paired with Cornhill for this appointment).....	Lime Street
7	Jason Paul Pritchard.....	Portsoken
12	John William Fletcher, Deputy.....	Portsoken
6	Caroline Wilma Haines.....	Queenhithe
13	Marianne Bernadette Fredericks, Deputy.....	Tower

2	Aaron Anthony Jose Hasan D'Souza.....	Tower
	(Vintry has paired with Cordwainer for this appointment).....	Vintry
	(Walbrook has paired with Langbourn on this appointment).....	Walbrook

Together with the co-opted Members referred to in paragraph 1 above and one Member in place of the Ward (Queenhithe) making only one of its two permitted appointments on this occasion:-

Steve Goodman, O.B.E.

4. Terms of Reference

To be responsible for:-

- (a) the appointment of the Executive Director of Community & Children's Services;
- (b) the following functions of the City of London Corporation (other than in respect of powers expressly delegated to another committee, sub-committee, board or panel):-
 - i. Children's Services
 - ii. Adults' Services
 - iii. Education - to include the nomination/appointment of Local Authority Governors; as appropriate
 - iv. Libraries - in so far as the library services affects our communities *(NB - the budget for the Library Service falls within the remit of the Culture, Heritage and Libraries Committee but the Head of the Libraries Service reports to the Director of Community and Children's Services)*
 - v. Social Services
 - vi. Social Housing - (i.e. the management of the property owned by the City of London Corporation under the Housing Revenue Account and the City Fund in accordance with the requirements of all relevant legislation and the disposal of interests in the City of London Corporation's Housing Estates (pursuant to such policies as are from time to time laid down by the Court of Common Council)
 - vii. Public health - (within the meaning of the Health and Social Care Act 2012), liaison with health services and health scrutiny
 - viii. Sport/Leisure Activities
 - ix. Marriage Licensing and the Registration Service
 and the preparation of all statutory plans relating to those functions and consulting as appropriate on the exercise of those functions;
- (c) appointing Statutory Panels, Boards and Sub-Committees as are considered necessary for the better performance of its duties including the following areas:-
 - Housing Management and Almshouses Sub-Committee
 - Safeguarding Sub-Committee
 - Integrated Commissioning Sub-Committee
 - Homelessness and Rough Sleepers Sub-Committee
- (d) excepting those matters reserved to the Court of Common Council or which are the responsibility of another Committee, all aspects of City of London Combined Relief of Poverty Charity (registered charity no. 1073660) and City of London Almshouses Charity (registered charity no. 1005857) and day-to-day management and administration of the charities. The Committee may exercise any available powers on behalf of the City Corporation as trustee under delegated authority from the Court of Common Council as the body responsible for exercising the powers of the City Corporation as trustee. This includes, but is not limited to, ensuring effective operational arrangements are in place for the proper administration of the charities, and to support expedient and efficient delivery of the charities objects and activities in accordance with the charities annual budget, strategy and policies.
- (f) making recommendations to the Education Board on the policy to be adopted for the application of charitable funds from The City of London Corporation Combined Education Charity (registered charity no. 312836) and the City Educational Trust Fund (registered charity no. 290840); and to make appointments to the Sub-Committee established by the Education Board for the purpose of managing those charities.
- (g) the management of the Aldgate Pavilion.

Agenda Item 7

Committee(s): Community and Children's Services Committee	Dated: 03/05/2023
Subject: Appointments and Sub Committees, Portfolios and Allocated Members	Public
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	Contribute to a flourishing Society
Does this proposal require extra revenue and/or capital spending?	N/A
If so, how much?	
What is the source of Funding?	
Has this Funding Source been agreed with the Chamberlain's Department?	
Report of: Town Clerk	
Report author: Julie Mayer – Governance Officer	For Decision

Summary

The purpose of this report is to consider the appointment of the Community and Children's Services Committee's Sub Committees and approve their Composition and Terms of Reference. Members are also asked to appoint Lead Members to various portfolios, including Allocated Members to the City's Housing Estates.

Recommendation(s)

Members are asked to appoint to the following:

- a) Housing Management and Almshouses Sub Committee and the appointment of Allocated Members to the City's Housing Estates;
- b) Safeguarding Sub-Committee;
- c) Homelessness and Rough Sleeping Sub Committee;
- d) Education Board;
- e) Lead Members to the following Portfolios:- Adult and Children Safeguarding; Young People; and a Carers' Champion; and
- f) To appoint the Chair and Deputy Chair of the Community and Children's Services Committee and the Chair of the Health and Wellbeing Board,

along with 3 Deputies, to the Integrated Care Sub Committee (of the City and Hackney Place-based Partnership);

- g) To appoint the Chair and Deputy Chair of the Community & Children's Services Committee, or their representatives, to the Crime and Disorder Scrutiny Committee.

Main Report

Housing Management & Almshouses Sub-Committee (Appendices A & D)

1. The Committee is requested to approve the Housing Management & Almshouses Sub Committee's Terms of Reference and appoint up to **8 Members**. The Committee is also asked to appoint Allocated Members to the City's various Housing Estates. **(Appendix D)**

Membership 2022/23

Chair and Deputy Chair of CCS

Joanna Abeyie

Jamel Banda

Mary Durcan

Marianne Fredericks

John Griffiths

Tim McNally

Ceri Wilkins

Safeguarding Sub-Committee (Appendix A)

2. The Committee is requested to approve the Safeguarding Sub Committee's Terms of Reference and appoint up to **6 Members**.

Membership 2022/23

Chair and Deputy Chair of CCS

Joanna Abeyie

Anne Corbett

Mary Durcan

John Fletcher

Ben Murphy

Ceri Wilkins

Homelessness and Rough Sleeping Sub Committee (Appendix A)

3. The Committee is requested to approve the Homelessness and Rough Sleeping Sub Committee's Terms of Reference, noting that the Membership is made up of **6 Members of the Community & Children's Services Committee and/or the Court of Common Council**. Details of nominations received will be advised at the meeting and Members will be asked to appoint both the Court and Community and Children's Services Members to this Sub Committee. Members are asked to note that this sub committee was oversubscribed in 2022 and whether to consider amending the Terms of Reference to increase the Membership accordingly

Membership 2022/23

Chair and Deputy Chair of CCS

Joanna Abeyie - CCS

John Absalom – CCS

Munsur Ali – CCS

James Bromiley Davis – CCS

Anne Corbett – CCS

Bronek Masojada – CCS

Eamonn Mullaley – Court appointment

Henrika Priest - CCS

Mark Wheatley – Court appointment

The Education Board (Appendix A)

4. The Terms of Reference of the Education Board are in Appendix A. The Committee is requested to appoint **1 Member** to the Board.

Current appointment

Naresh Sonpar

Crime and Disorder Scrutiny Committee (Appendix A) NEW

5. The Committee is asked to appoint the **Chair, Deputy Chair or their representatives**. The Terms of Reference are in Appendix A

Integrated Care Board Sub Committee (Appendices A & B)

6. The Committee is asked to appoint the **Chair, Deputy Chair, the Chair of the Health and Wellbeing Board and 3 Deputies** to the Integrated Care Sub Committee. The full Terms of Reference of the City and Hackney Place-based Partnership are in **Appendix B**.

Membership 2022/23

Chair and Deputy Chair of CCS

Chair of the Health and Wellbeing Board

3 Deputies:

Mary Durcan

Florence Keelson-Anfu

Ceri Wilkins

Lead Members to the Various Portfolios (Appendix C)

7. The Committee is asked to appoint Lead Members to the following Portfolios: Adult and Children Safeguarding; Young People; and a Carers' Champion;

Current appointments

- ADULT AND CHILDREN SAFEGUARDING – Ruby Sayed
- YOUNG PEOPLE – Florence Keelson-Anfu
- CARERS' CHAMPION – Anne Corbett

Appendices

- Terms of Reference for (1) to (5) above can be found at **Appendix A.**
- Terms of Reference of the City and Hackney Place-based Partnership can be found at **Appendix B.**
- The various Lead Member Portfolios can be found at **Appendix C.**
- The role of Allocated Members to the City's various Housing Estates can be found at **Appendix D**

Contact details:

Julie.Mayer@cityoflondon.gov.uk

HOUSING MANAGEMENT & ALMSHOUSES SUB COMMITTEE

Constitution

10 Members to be elected by the Community & Children's Services Committee, including the Chair and Deputy Chair.

Quorum

Any 3 Members.

Terms of Reference

To be responsible for: -

- (a) discharging the City of London Corporation's function in respect of the management of its existing social housing stock (with the Grand Committee retaining responsibility over policies affecting the City's Strategic Housing responsibilities);
- (b) approving schemes affecting the City's existing social housing and proposed stock in accordance with the policies and strategies for investment agreed by the Grand Committee and having regard to the City Corporation's Project Approval Procedure;
- (c) approve policies in relation to the management of housing services to tenants and leaseholders in City estates and review them as necessary;
- (d) the management of the City of London Almshouses (registered charity no 1005857) in accordance with the charity's governing instruments; and
- (d) advising the Grand Committee on: -
 - the general performance of the Social Housing Service and the Almshouses; and
 - its recommendations concerning the Allocation Scheme in the City's Housing Registration process.

Suggested frequency of meetings: a minimum of 5 a year

THE COMMITTEE IS ASKED TO APPOINT 8 MEMBERS.

SAFEGUARDING SUB-COMMITTEE

Constitution

8 Members appointed by the Community & Children's Services Committee, including the Chair and Deputy Chair.

Quorum

Any 3 Members.

Terms of Reference

To be responsible for: -

1. overseeing the discharge of the City of London's responsibilities to safeguard children and adults who have been identified as requiring support and protection;
2. ensuring, in respect of children entering public care, that the duty of the local authority as a corporate parent to safeguard and promote a child's welfare is fulfilled;
3. monitoring the Community & Children's Services Department's performance in respect of its work to safeguard children and adults and make recommendations to the Grand Committee to bring about improvements as appropriate; and
4. exercising its functions with regards to the views of relevant service users, as appropriate.

Suggested frequency of meetings: 2-3 times a year

THE COMMITTEE IS ASKED TO APPOINT 6 MEMBERS.

HOMELESSNESS AND ROUGH SLEEPING SUB COMMITTEE

Constitution

- i. The Chairman & Deputy Chairman of the Community and Children's Services Committee;
- ii. Up to *six Members of the Community and Children's Services Committee and/or the Court of Common Council;
- iii. Two Members representing the Police Authority Board;
- iv. A representative of the City church; and
- v. Chairman of the Safer City Partnership or his/her representative

The **quorum** of the sub committee shall consist of any three Members of the Court of Common Council.

The Sub Committee will have the power to **co-opt up to two external members** outside of the Court of Common Council. These individuals will provide specialism and experience relevant to the subject matter.

Terms of Reference:

1. To give consideration to strategies and proposals to alleviate rough sleeping and homelessness in the City of London together with other associated activities.
2. To have an overview of government and regional policies on rough sleeping; and advise the Grand Committee of their impact on the City of London Corporation's Rough Sleeping and Homelessness Strategy and practice arrangements;
3. To have an overview of rough sleeping in the City of London;
4. To monitor new approaches to working with rough sleepers;
5. To monitor the financial implications in delivering a service to rough sleepers;
6. To be informed about the health and wellbeing of rough sleepers, what services are required and how they can be delivered;
7. To monitor the implications of any enforcement activities; and
8. To monitor the numbers of rough sleepers on the City streets.
9. To liaise with other local authorities and agencies working towards tackling homelessness and rough sleeping.
10. To make recommendations to the Grand Committee for decision.

Suggested frequency of meetings – 5 times a year

THE COMMITTEE IS ASKED TO APPOINT 3 Members – *depending on level of interest from Court Members

EDUCATION BOARD

Terms of Reference

- (a) To monitor and review the City of London Strategies for Education, Cultural and Creative Learning, and Skills and to oversee their implementation (including skills and work related learning, and cultural and creative learning) in consultation, where appropriate, with Policy and Resources Committee and the relevant Service Committees; referring any proposed changes to the Court of Common Council for approval;
- (b) To oversee generally the City of London Corporation's education activities (including, where relevant, the City Corporation's commitment to ensuring education promotes healthy lifestyles); consulting with those Committees where education responsibilities are expressly provided for within the terms of reference of those Committees and liaising with the City's affiliated schools and co-sponsors; post school learning providers, and cultural organisations but excluding Gresham College and any responsibilities of the Gresham (City Side) Committee;
- (c) To be responsible for the oversight and monitoring of the City of London Corporation's sponsorship of its Academies, including the appointment of academy governors and, where relevant Members, Directors and Trustees;
- (d) To manage of The City of London Corporation Combined Education Charity (registered charity no. 312836), subject to consulting with the Community and Children's Services Committee as to any policy to be adopted for the application of the charity's funds;
- (e) To manage of the City Educational Trust Fund (registered charity no. 290840), subject to consulting with the Community and Children's Services Committee as to any policy to be adopted for the application of the charity's funds;
- (f) To constitute Sub-Committees in order to consider particular items of business within the terms of reference of the Board, including: -
 - Education Charity Sub (Education Board) Committee*
- (g) To recommend to the Court of Common Council candidates for appointment as the City of London Corporation's representative on school governing bodies where nomination rights are granted, and which do not fall within the remit of any other Committee;

- (h) To monitor the frameworks for effective accountability, challenge and support in the City Family of Schools**;
- (i) To be responsible for the distribution of funds specifically allocated to it for education purposes, in accordance with the City of London Corporation's strategic policies;
- (j) Assist with promotion of skills training and education-business link activities in line with the City of London Corporation's Skills Strategy.

* The constitution of The Education Charity Sub-Committee is set by the Court of Common Council and comprises four Members appointed by the Education Board and four Members appointed by the Community and Children's Services Committee.

**The expression "the City Family of Schools" means those schools for which the City has either direct responsibility as proprietor, sponsor or local authority, or historic links. These include but are not restricted to: the Aldgate Primary School, the City of London School, the City of London School for Girls, the City of London Freeman's School, and the academies managed by the City of London Academies Trust.

THE COMMITTEE IS ASKED TO APPOINT ONE MEMBER

CRIME AND DISORDER SCRUTINY COMMITTEE

1. **Constitution**

A Non-Ward Committee consisting of the Chairman and Deputy Chairman¹ of the:

- Policy and Resources Committee, or their representatives;
- Police Authority Board or their representatives;
- Community and Children’s Services Committee or their representatives;
- Licensing Committee, or their representatives.
- Planning and Transportation Committee, or their representatives
- Health and Wellbeing Board, or their representatives
- Port Health and Environmental Services Committee, or their representatives

Appointed in accordance with section 19 of the Police and Justice Act 2006.

2. **Quorum**

The quorum consists of any three Members.

3. **Membership 2022/23**

The Members referred to in paragraph 1 above

4. **Terms of Reference**

4.1 To review or scrutinise decisions made, or other action taken, in connection with the discharge by the responsible authorities of their crime and disorder functions;

4.2 To make reports or recommendations to the local authority with respect to the discharge of those functions.

THE COMMITTEE IS ASKED TO APPOINT THE CHAIRMAN OR DEPUTY CHAIRMAN (OF THE COMMUNITY AND CHILDREN’S SERVICES COMMITTEE) OR THEIR REPRESENTATIVES

¹ These appointments are to be made with the approval of the committee in question and are, therefore, not considered to be ex-officio positions.

INTEGRATED CARE SUB COMMITTEE

(CITY AND HACKNEY PLACE BASED PARTNERSHIP)*

Constitution

1. 3 Members and three Deputies appointed by the Community & Children's Services Committee. *The Chairman and Deputy Chairman of the Grand Committee are appointed to this Board but not in an ex-officio role.***
2. The Chairman of the Health and Wellbeing Board.

Quorum

Any three Members.

The full Terms of Reference for the City and Hackney Place-based Partnership can be found at Appendix B*

**It is within the gift of the Committee to appoint a Member to act as a Deputy or substitute. This Member will be invited to attend meetings when a full Member gives their apologies.

Suggested frequency of meetings: a minimum of 4 a year – arranged by the London Borough of Hackney

THE COMMITTEE IS ASKED TO APPOINT THREE DEPUTIES.

CITY & HACKNEY

PLACE-BASED PARTNERSHIP

TERMS OF REFERENCE

Contents

Introduction

Section 1: Terms of reference for the City & Hackney Health and Care Board ('the Health and Care Board')

Section 2:

Part A: Terms of Reference for the City & Hackney Section 75 Board

Part B: Terms of reference for the City & Hackney Sub-Committee of the North East London Integrated Care Board (the '**Place ICB Sub-Committee**').

Annex 1: Functions which the North East London Integrated Care Board has delegated to the Place ICB Sub-Committee.

INTRODUCTION

1. The following health and care partner organisations, which are part of the North East London Integrated Care System ('**ICS**') have come together as a Place-Based Partnership ('**PBP**') to enable the improvement of health, wellbeing and equity in the City & Hackney area ('**Place**'):
 - (a) The NHS North East London Integrated Care Board (the '**ICB**')
 - (b) London Borough of Hackney ('**LBH**')
 - (c) City of London Corporation ('**COLC**')
 - (d) East London NHS Foundation Trust ('**ELFT**')
 - (e) Homerton Healthcare NHS Foundation Trust ('**Homerton FT**')
 - (f) Hackney Council for Voluntary Service
 - (g) City of London Healthwatch
 - (h) Healthwatch Hackney
 - (i) City & Hackney GP Confederation
 - (j) City & Hackney's Primary Care Networks ('**PCNs**')
2. 'Place' for the purpose of these terms of reference means the geographical area which is coterminous with the administrative boundaries of LBH and COLC.
3. These terms of reference for the PBP incorporate:
 - (a) As **Section 1**, terms of reference for the City & Hackney Health and Care Board (the '**Health and Care Board**'), which is the collective governance vehicle established by the partner organisations to collaborate on strategic policy matters relevant to Place, and oversee joint programmes of work relevant to Place.
 - (b) As **Section 2**, terms of reference for any committees/sub-committees or other governance structures established by the partner organisations at Place for the purposes of enabling statutory decision-making. Section 2 currently includes terms of reference for:
 - The City & Hackney Section 75 Board, which brings together the Place ICB Sub-Committee referred below and a sub-committee of each of the local authorities in order to enable aligned commissioning decisions at Place in relation to partnership arrangements made under section 75 of the National Health Service Act 2006.
 - The City & Hackney Sub-Committee of the North East London Integrated Care Board (the '**Place ICB Sub-Committee**'), which is a sub-Committee of the ICB's Population Health & Integration Committee ('**PH&I Committee**').

4. As far as possible, the partner organisations will aim to exercise their relevant statutory functions within the PBP governance structure, including as part of meetings of the Health and Care Board. This will be enabled (i) through delegations by the partner organisations to specific individuals or (ii) through specific committees/sub-committees established by the partner organisations meeting as part of, or in parallel with, the Health and Care Board.
5. Section 2 contains arrangements that apply where a formal decision needs to be taken solely by a partner organisation acting in its statutory capacity. Where a committee/sub-committee has been established by a partner organisation to take such statutory decisions at Place, the terms of reference for that statutory structure will be contained in Section 2 below. Any such structure will have been granted delegated authority by the partner organisation which established it, in order to make binding decisions at Place on the partner organisation's behalf. The Place ICB Sub-Committee is one such structure and, as described in Section 2, it has delegated authority to exercise certain ICB functions at Place.
6. There is overlap in the membership of the Health and Care Board and the governance structures described in Section 2. In the case of the Health and Care Board and the Place ICB Sub-Committee, the overlap is significant because each structure is striving to operate in an integrated way and hold meetings in tandem.
7. Where a member¹ of the Health and Care Board is not also a member of a structure described in Section 2, it is expected that the Health and Care Board member will receive a standing invitation to meetings of those structures (which may be held in tandem with Health and Care Board meetings) and, where appropriate, will be permitted to contribute to discussions at such meetings to help inform decision-making. This is, however, subject to any specific legal restrictions applying to the functions or partner organisations and subject to conflict of interest management.
8. All members of the Health and Care Board or a structure whose terms of reference are contained at Section 2 shall follow the Seven Principles of Public Life (also commonly referred to as the Nolan Principles), which are: selflessness, integrity, objectivity, accountability, openness, honesty and leadership.

¹ Generally where the term 'member' is used in this document, it means a member of a governance structure within these terms of reference (i.e. the Health and Care Board, Section 75 Board, or Place ICB Sub-Committee), rather than being a reference to a 'local authority member' (i.e. a councillor).

Section 1

Terms of reference for the City & Hackney Health and Care Board

<p>Status of the Health and Care Board</p>	<ol style="list-style-type: none"> 1. The City & Hackney Health and Care Board ('the Health and Care Board') is a non-statutory partnership forum, which commenced its operation on 1 July 2022. It brings together representatives from across Place, who have the necessary authority from the partner organisation they represent to consider strategic policy matters and oversee joint programmes of work relevant to Place. 2. Where applicable, the Health and Care Board may also make recommendations on matters a partner organisation asks the Health and Care Board to consider on its behalf.
<p>Geographical coverage</p>	<ol style="list-style-type: none"> 3. The geographical area covered will be Place, which for the purpose of these terms of reference is the area which is coterminous with the administrative boundaries of the London Borough of Hackney and the City of London Corporation.
<p>Vision</p>	<ol style="list-style-type: none"> 4. The Board's vision is: Working together with our residents to improve health and care, address health inequalities and make City and Hackney thrive. The Board currently has three population health priority areas: <ul style="list-style-type: none"> • Giving children the best start in life • Improving mental health and preventing mental ill health • Improving outcomes for people with long term health and care needs The following cross cutting approaches will support the Board in its work: <ul style="list-style-type: none"> • Increasing social connection • Ensuring healthy local places • Supporting greater financial wellbeing • Joining up local health and care services around residents' and families' needs • Taking effective action to address racism and other forms of discrimination • Supporting the health and care workforce

Role of the Health and Care Board

5. The purpose of the Health and Care Board is to consider the best interests of service users and residents in City & Hackney, when taken as a health and care system as a whole, rather than representing the individual interests of any of the partner organisations over those of another. Health and Care Board members participate in the Health and Care Board to - as far as possible - promote the greater collective endeavour.
6. The Health and Care Board has the following core responsibilities:
 - (a) To set a local system vision and strategy, reflecting the priorities determined by local residents and communities at Place, the contribution of Place to the ICS, and relevant system plans including:
 - the Integrated Care Strategy produced by the NEL Integrated Care Partnership ('ICP');
 - the 'Joint Forward Plan' prepared by the ICB and its NHS Trust and Foundation Trust partners;
 - the joint local health and wellbeing strategies produced by the City of London and Hackney Health and Wellbeing Boards ('HWBs'), together with the needs assessments for the area.
 - the Place Mutual Accountability Framework.²
 - (b) To develop a Place-based Partnership Plan ('PBP Plan'), which shall be:
 - aimed at ensuring delivery of relevant system plans, especially those listed above.
 - developed in conjunction with the governance structures in Section 2 (e.g. the Place ICB Sub-Committee and wider Section 75 Board).
 - agreed with the Board of the ICB and the partner organisations.
 - developed by drawing on population health management tools and in co-production with service users and residents of City & Hackney.
 - (c) As part of the development of the Place-Based Partnership Plan, to develop the Place objectives and priorities and an associated outcomes framework for Place. A summary of

² The Place Mutual Accountability Framework describes what NHS North East London ICB asks the seven Place ICB Subcommittees and wider Place Based Partnerships to have responsibility for and, in turn, what the Place Based Partnerships can expect the ICB to achieve for them. The framework needs to be read alongside the equivalent document that focuses on the role of the provider collaboratives which operate across the ICS area. The current versions of these frameworks are published in the ICB's Governance Handbook.

these priorities and objectives can be found [here](#).

- (d) To oversee delivery and performance at Place against:
- national targets.
 - targets and priorities set by the ICB or the ICP, or other commitments set at North East London level, including commitments to the NHS Long Term Plan.
 - the PBP Plan, the Place objectives and priorities and the associated outcomes framework.
- (e) To provide a forum at which the partner organisations operating across Place can routinely share insight and intelligence into local quality matters, identify opportunities for improvement and identify concerns and risk to quality, escalating such matters to the NEL ICS System Quality Group as appropriate. Meetings of the Health and Care Board will give Place and local leaders an opportunity to gain:
- understanding of quality issues at Place level, and the objectives and priorities needed to improve the quality of care for local people.
 - timely insight into quality concerns/issues that need to be addressed, responded to and escalated within each partner organisation through appropriate governance structures or individuals, or to the System Quality Group.
 - positive assurance that risks and issues have been effectively addressed.
 - confidence about maintaining and continually improving both the equity, delivery and quality of their respective services, and the health and care system as a whole across Place.
- (f) To oversee the use of resources and promote financial transparency;
- (g) To make recommendations about the exercise of any functions that a partner organisation asks the Health and Care Board to consider on its behalf;
- (h) To ensure that co-production is embedded across all areas of operation, consistent with the City & Hackney co-production charter;
- (i) To support the ICS with the achievement of the 'four core purposes' of Integrated Care Systems, namely to:
- improve outcomes in population health and healthcare;

Statutory decision-making

- tackle inequalities in outcomes, experience and access;
- enhance productivity and value for money;
- help the NHS support broader social and economic development.

(j) To support the North East London Integrated Care System to deliver against its strategic priorities and its operating principles, as set out [here](#).

7. In situations where any decision(s) needs to be taken which requires the exercise of statutory functions which have been delegated by a partner organisation to a governance structure in Section 2, then these shall be made by that governance structure in accordance with its terms of reference, and are not matters to be decided upon by the Health and Care Board.

8. However, ordinarily, in accordance with their specific governance arrangements set out in Section 2, a decision made by a committee or other structure (for example a decision taken by the Place ICB Sub-Committee on behalf of the ICB) will be with Health and Care Board members in attendance and, where appropriate, contributing to the discussion to inform the statutory decision-making process. This is, however, subject to any specific legal restrictions applying to the functions of a partner organisation and subject to conflict of interest management.

Making recommendations

9. Where appropriate in light of the expertise of the Health and Care Board, it may also be asked to consider matters and make recommendations to a partner organisation or a governance structure set out in Section 2, in order to inform their decision-making.

10. Note that where the Health and Care Board is asked to consider matters on behalf of a partner organisation, that organisation will remain responsible for the exercise of its statutory functions and nothing that the Health and Care Board does shall restrict or undermine that responsibility. However, when considering and making recommendations in relation to such functions, the Health and Care Board will ensure that it has regard to the statutory duties which apply to the partner organisation.

11. Where a partner organisation needs to take a decision related to a statutory function, it shall do so in accordance with its terms of reference set out in Section 2, or the other applicable governance arrangements which the partner organisation has established in relation to that function.

Collaborative working

12. The Health and Care Board and any governance structure set out in Section 2 shall work together collaboratively. It may also work with other governance structures established by the partner organisations or wider partners within the ICS. This may include,

where appropriate, aligning meetings or establishing joint working groups.

13. The Health and Care Board may establish working groups or task and finish groups, to inform its work. Any working group established by the Health and Care Board will report directly to it and shall operate in accordance with terms of reference which have been approved by the Health and Care Board.

Collaboration with the City & Hackney HWBs

14. The Health and Care Board will work in close partnership with the HWBs and shall ensure that the PBP Plan is appropriately aligned with the joint local health and wellbeing strategies produced by the HWBs and the associated needs assessments, as well as the overarching Integrated Care Strategy produced by the ICP.

Collaboration with Safeguarding Adults/Children's Board

15. The Health and Care Board will also work in close partnership with the City & Hackney Safeguarding Children Partnership and the City & Hackney Safeguarding Adults Board.

16. The members of the Health and Care Board set out below at paragraph 23 and the partner organisations they represent agree to:

- Encourage cooperative behaviour between constituent members of the ICS, including the partner organisations, and engender a culture of "Best for Service" including no fault, no blame and no disputes where practically possible.
- Ensure that sufficient resources are available, including appropriately qualified staff who are authorised to fulfil the responsibilities as allocated.
- Assume joint responsibility for the achievement of outcomes within their control.
- Commit to the principle of collective responsibility for the functioning of the Health and Care Board and to share the risks and rewards associated with the performance of the objectives and priorities for Place, and the associated outcomes framework, set out in the PBP Plan.
- Adhere to statutory requirements and best practice by complying with applicable laws and standards including procurement and competition rules, data protection and freedom of information legislation.
- Work together on a transparent basis (for example, open book accounting where possible) subject to compliance with all applicable laws, particularly competition law, and agreed information sharing protocols and ethical walls.

Chairing and partnership lead arrangements

- Commit to evolving these partnership arrangements as national policy and legislation aimed at health and social care integration develops.

17. In addition to the Seven Principles of Public Life, members of the Health and Care Board will endeavour to make good two-way connections between the Health and Care Board and the partner organisation they represent, modelling a partnership approach to working as well as listening to the voices of patients and the general public.

18. The Health and Care Board will adopt a rotating arrangement in relation to its Chair, with responsibility being shared between the chairs of the two local authority sub-committees which form part of the City & Hackney Section 75 Board, namely:

- (a) The Deputy Chairman of the Community and Children's Services Committee (Chair of the COLC Sub-Committee);
- (b) Cabinet Member for Health, Adult Social Care, Voluntary Sector and Culture (Chair of the LBH Sub-Committee).

19. For the first twelve months following the Health and Care Board's formal approval of these terms of reference, the Chair of the COLC Sub-Committee shall be the Chair; following which the Chair of the LBH Sub-Committee shall chair for a period of twelve months. Thereafter the role of Chair shall swap every twelve months.

20. The member mentioned at paragraph 18 above who is not the Chair for the time-being will be the Deputy Chair of the Health and Care Board.

21. If for any reason the Chair and Deputy Chair are absent for some or all of a meeting, the members shall together select a person to chair the meeting.

22. The Chief Executive of the Homerton will be the Place Partnership Lead.

Membership

23. There will be a total of **26** members of the Health and Care Board, as follows:

ICB:

- (a) Delivery Director for City & Hackney
- (b) Clinical Care Director for City & Hackney
- (c) Director of Finance or their nominated representative
- (d) Director of Nursing/Quality or their nominated representative

Local authority officers:

(e) Director of Community and Children's Services (COLC)

(f) Group Director for Adults, Health and Integration (LBH)

(g) Group Director for Children and Education (LBH)

(h) Director of Public Health for City & Hackney

Local authority elected members:

(i) The Chairman of the Community and Children's Services Committee (COLC)

(j) The Deputy Chairman of the Community and Children's Services Committee (COLC) (**Chair, rotating**)

(k) The Chairman of the Health and Wellbeing Board (COLC)

(l) Cabinet Member for Health, Adult Social Care, Voluntary Sector and Culture (LBH) (**Chair, rotating**)

(m) Cabinet Member for Education, Young People and Children's Social Care (LBH)

(n) Cabinet Member for Finance, Insourcing and Customer Service (LBH)

NHS Trusts/Foundation Trusts:

(o) Chief Executive (Homerton) (**Place Partnership lead**)

(p) Non-Executive Director of Homerton

(q) Director of ELFT

(r) Non-Executive Director ELFT

Primary Care:

(s) Place-Based Partnership Primary Care Development Clinical Lead

(t) Chief Executive, City & Hackney GP Confederation

(u) Chair, City & Hackney GP Confederation

(v) PCN clinical director

(w) PCN clinical director

Voluntary sector

(x) Chief Executive Officer, Hackney Council for Voluntary Service

Healthwatch

	<p>(y) Chief Executive, City of London Healthwatch</p> <p>(z) Chief Executive, Healthwatch Hackney</p> <p>24. With the permission of the Chair of the Health and Care Board, the members, set out above, may nominate a deputy to attend a meeting of the Health and Care Board that they are unable to attend. However, members will be expected not to miss more than two consecutive meetings. The deputy may speak and vote on their behalf. The decision of the Chair regarding authorisation of nominated deputies is final. Each member should have one named nominee to ensure consistency in group attendance. Where possible, members should notify the Chair of any apologies before papers are circulated.</p>
Participants	<p>25. The Health and Care Board may invite others to attend meetings, where this would assist it in its role and in the discharge of its duties. This shall include other colleagues from the partner organisations or across the ICS, professional advisors or others as appropriate at the discretion of the Chair of the Health and Care Board.</p>
Meetings	<p>26. The Health and Care Board will operate in accordance with the evolving ICS governance framework, including any policies, procedures and joint-working protocols that have been agreed by the partner organisations, except as otherwise provided below:</p> <p><i>Scheduling meetings</i></p> <p>27. It is expected that the Health and Care Board will meet on a bi-monthly basis (subject to a minimum of four occasions each year) and that such meetings will be held in tandem with the Place ICB Sub-Committee and the broader Section 75 Board.</p> <p>28. However, the expectation for such bi-monthly meetings to be held in tandem will not preclude the Health and Care Board from holding its own more regular or additional meetings.</p> <p>29. Changes to meeting dates or calling of additional meetings will be convened as required in negotiation with the Chair.</p> <p><i>Quoracy</i></p> <p>30. For a meeting of the Health and Care Board to be quorate, six members will be present and must include:</p> <ul style="list-style-type: none"> (a) Two of the members from the ICB; (b) At least one member from each local authority; (c) One of the members from an NHS Trust or Foundation Trust; (d) One primary care member. <p>31. If any member of the Health and Care Board has been disqualified</p>

from participating on an item in the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.

32. If the quorum has not been reached, then the meeting may proceed if those attending agree, but no recommendations may be made.

Papers and notice

33. A minimum of seven clear working days' notice is required. Notice of all meetings shall comprise venue, time and date of the meeting, together with an agenda of items to be discussed. Supporting papers must be distributed at least five clear working days ahead of the meeting.
34. On occasion it may be necessary to arrange urgent meetings at shorter notice. In these circumstances the Chair will give as much notice as possible to members. Urgent papers shall be permitted in exceptional circumstances at the discretion of the Chair.

Virtual attendance

35. It is for the Chair to decide whether or not the Health and Care Board will meet virtually by means of telephone, video or other electronic means. Where a meeting is not held virtually, the Chair may nevertheless agree that individual members may attend virtually. Participation in a meeting in this manner shall be deemed to constitute presence in person at such meeting. How a person has attended a meeting shall be specified in the meeting minutes.

Admission of the public

36. Meetings will usually be open to the public, unless the Chair determines, at his or her discretion, that it would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted, or for some other good reason.
37. The Chair shall give such directions as he/she thinks fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the business shall be conducted without interruption and disruption. This shall include the Chair asking any person who is not a member to withdraw from all or part of a meeting in order to facilitate open and frank discussion on particular matters.
38. A person may be invited by the Chair to contribute their views on a particular item or to ask questions in relation to agenda items. However, attendance shall not confer a right to speak at the meeting.

Recordings of meetings

39. Except with the permission of the Chair, no person admitted to a meeting of the Health and Care Board shall be permitted to record

the proceedings in any manner whatsoever, other than in writing.

Meeting minutes

40. The minutes of a meeting will be formally taken and a draft copy circulated to the members of the Health and Care Board together with the action log as soon after the meeting as practicable. The minutes shall be submitted for agreement at the next meeting where they shall be signed by the Chair. Verbatim minutes of the meeting will not be held, instead key points of debate, actions and decisions will be captured.
41. Where it would promote efficient administration meeting minutes and action logs may be combined with those of the Place ICB Sub-Committee and/or the Section 75 Board.

Governance support

42. Governance support will be provided to the Health and Care Board by the ICB's governance team.

Confidential information

43. Where confidential information is presented to the Health and Care Board, all those present will ensure that they treat that information appropriately in light of any confidentiality requirements and information governance principles.

Decision-making

44. The Health and Care Board is the primary forum within the PBP for bringing a wide range of partners across Place together for the purposes of determining and taking forward matters relating to the improvement of health, wellbeing and equity across Place. It brings together representatives from across Place, who have the necessary authority from the partner organisation they represent to consider strategic policy matters and oversee joint programmes of work relevant to Place.
45. The Health and Care Board does not hold delegated functions from the partner organisations. However, each member shall have appropriate delegated responsibility from the partner organisation they represent to make decisions on behalf of their organisation as relevant to the Health and Care Board's remit or, at least, will have sufficient responsibility to discuss matters on behalf of their organisation and be ready to move programmes of work forwards by holding discussions in their own organisation and escalating matters of importance.
46. Members of the Health and Care Board have a collective responsibility for its operation. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view and reach agreement by consensus. Externally, members will be expected to represent the Health and Care Board's views and act as ambassadors for its work.

Conflicts of Interest

47. In the event that the Health and Care Board is unable to agree a consensus position on a matter it is considering, this will not prevent any or all of the statutory committees/sub-committees in Section 2 taking any applicable decisions they are required to take. To the extent permitted by their individual terms of reference, statutory committees/sub-committees may utilise voting on matters they are required to take decisions on.

48. Conflicts of interests will be managed in accordance with relevant policies, procedures and joint protocols developed by the ICS, and consistently with the partner organisations' respective statutory duties, their own policies on conflict management³ and applicable national guidance. As a minimum, this shall include ensuring that:

- (a) a register of the members interests is maintained;
- (b) any actual or potential conflicts are declared at the earliest possible opportunity;
- (c) all declarations and discussions relating to them are minuted.

Accountability and Reporting

49. The Health and Care Board shall comply with any reporting requirements that are specifically required by a partner organisation for the purposes of its constitutional or other internal governance arrangements. The Health and Care Board will also report to the ICP.

50. Members of the Health and Care Board shall disseminate information back to their respective organisations as appropriate, and feed back to the group as needed.

51. The Health and Care Board and the HWBs will provide reports to each other, as appropriate, so as to inform their respective work. The reports the Health and Care Board receives from the HWBs will include the HWBs' recommendations to the Health and Care Board on matters concerning delivery of the Place objectives and priorities (see [here](#)) and delivery of the associated outcomes framework. The HWBs will continue to have statutory responsibility for the joint strategic needs assessments and joint local health and wellbeing strategies.

52. Given its purposes at paragraph 6(e) above, the Health and Care Board will regularly report upon, and comply with any request of the System Quality Group for information or updates on, matters relating to quality which effect the ICS and bear on the System Quality Group's remit.

Monitoring Effectiveness and Compliance with Terms of

53. The Health and Care Board will carry out an annual review of its effectiveness and provide an annual report to the ICP and to the partner organisations. This report will outline and evaluate the Health and Care Board's work in discharging its responsibilities, delivering its objectives and complying with its terms of reference.

³ For the City of London Corporation the key guidance includes [].

Reference

As part of this, the Health and Care Board will review its terms of reference and agree any changes it considers necessary.

Section 2 (Part A)

The City & Hackney Section 75 Board

Introduction

1. The arrangements for the City & Hackney Section 75 Board set out in these terms of reference enable aligned decision-making between the following statutory partners who have established integrated commissioning arrangements under powers conferred by section 75 of the National Health Service Act 2006 (**'Section 75'**) and associated secondary legislation:
 - (a) The City of London Corporation (**'COLC'**)
 - (b) The London Borough of Hackney (**'LBH'**)
 - (c) The North East London Integrated Care Board (**'ICB'**)
2. The expectation is that many of the discussions that will inform the statutory partners decisions under these arrangements will take place within overall City & Hackney Place-Based Partnership (**'PBP'**). This will happen through aligned meetings between the sub-committees which comprise the Section 75 Board, and also the City & Hackney Health and Care Board, with decisions being taken as appropriate by each statutory sub-committee on matters within the sub-committee's authority.

Composition and authority

3. The Section 75 Board brings together the following sub-committees of the statutory partner organisations:
 - (a) COLC's Integrated Commissioning Sub-Committee, which is established as a sub-committee under the COLC's Community and Children's Services Committee (**'the COLC Sub-Committee'**);
 - (b) LBH's Integrated Commissioning Sub-Committee, which is established as a sub-committee reporting to the LBH Cabinet (**'the LBH Sub-Committee'**); and
 - (c) the City & Hackney Sub-Committee of the ICB, which is established as a sub-committee reporting to the ICB's Population Health and Integration Committee (**'the Place ICB Sub-Committee'**).
4. The COLC Sub-Committee has authority to make decisions on behalf of COLC, which shall be binding on COLC, in accordance with the terms of reference set out here and the scheme of delegation and reservation for the integrated commissioning arrangements.
5. The LBH Sub-Committee has authority to make decisions on behalf of LBH, which shall be binding on LBH, in accordance with these terms of reference and the scheme of delegation and reservation for the integrated commissioning arrangements.
6. The Place ICB Sub-Committee has authority to exercise the functions

Section 75 pooled fund arrangements

delegated to it by the ICB and to make decisions on matters relating to these delegated functions, in accordance with its terms of reference and the associated ICB governance framework.

7. Where section 75 pooled fund arrangements have been established, the following arrangements will apply:
 - (a) Members of the COLC Sub-Committee and the Place ICB Sub-Committee will manage the pooled funds for which they have been assigned authority in accordance with a section 75 agreement in place between COLC and the ICB ("**City Pooled Funds**");
 - (b) Members of the LBH Sub-Committee and the Place ICB Sub-Committee will manage the pooled funds for which they have been assigned authority in accordance with a section 75 agreement in place between LBH and the ICB ("**Hackney Pooled Funds**").
8. The LBH Sub-Committee shall have no authority in respect of City Pooled Funds and vice versa.
9. For services where no pooled fund arrangement is in place, the Section 75 Board arrangements may be used to make recommendations to the Place ICB Sub-Committee, COLC Community and Children's Services Committee or LBH Cabinet as appropriate and in accordance with the relevant section 75 agreement. Recommendations about services may also be made through the City & Hackney Health and Care Board.

Objectives

10. The Section 75 Board will support the development of the City & Hackney Place-Based Partnership, through:
 - (a) taking commissioning decisions in relation to the services which fall within the scope of the section 75 arrangements referred above (including in relation to, for example, service re-design, contracting and performance, planning and oversight);
 - (b) supporting the City & Hackney Health and Care Board to develop the plans for the Place, achieve its priorities and objectives, and to fulfil its responsibilities as set out in its terms of reference;
 - (c) developing and scrutinising commissioning intentions, including the monitoring, review, commissioning and decommissioning of activities;
 - (d) approving clinical and social care guidelines, pathways, service specifications, and new models of care;
 - (e) ensuring its decisions are made in a timely manner, with full consideration to:
 - statutory duties of the relevant organisation(s);
 - relevant in term and longer term Place, system and national

Accountability and reporting

plans, policy, priorities and guidance (as appropriate);

- the City & Hackney Co-Production Charter;
- best practice and benchmarked performance;
- relevant financial considerations.

11. The Section 75 Board will report to the relevant forum as determined by the ICB, LBH and COLC. The matters on which, and the arrangements through which, the Section 75 Board is required to report shall be determined by the ICB, LBH and COLC (and shall include requirements in respect of Better Care Fund budgets).
12. The Section 75 Board will present for approval by the ICB, LBH and COLC as appropriate proposals on matters in respect of which authority is reserved to the ICB and/or COLC and/or LBH (including in respect of aligned fund services).
13. The Section 75 Board will receive reports from the statutory partners on decisions made by those bodies where authority for those decisions is retained by them, but the matters are relevant to the work of the Section 75 Board. Discussions about such matters will be facilitated through the aligned meetings with the City & Hackney Health and Care Board.
14. The Section 75 Board will provide reports to the Health and Wellbeing Boards, the ICB Board or the NEL Integrated Care Partnership and other committees as required. The City & Hackney Health and Care Board may provide such reports on behalf of the Section 75 Board as part of its wider reporting arrangements.
15. The Section 75 Board functions through the scheme of delegation and financial framework agreed by the ICB, COLC and LBH respectively, who remain responsible for their statutory functions and for ensuring that these are met and that the Section 75 Board is operating within all relevant requirements.

Chairing Arrangements

16. The chairing arrangements set out in the City & Hackney Health and Care Board's terms of reference shall apply equally to the Section 75 Board, meaning that the Chair of the City & Hackney Health and Care Board shall also be the Chair of the Section 75 Board.

Membership

17. The membership of the sub-committees which the Section 75 Board brings together is as follows:
18. COLC Sub-Committee:
 - (a) The Deputy Chairman of the Community and Children's Services Committee (**Chair of the COLC Sub-Committee**);
 - (b) The Chairman of the Community and Children's Services Committee;

(c) The Chairman of the Health and Wellbeing Board.

19. LBH Committee:

(a) Cabinet Member for Health, Adult Social Care, Voluntary Sector and Culture (**Chair of the LBH Sub-Committee**);

(b) Cabinet Member for Education, Young People and Children's Social Care;

(c) Cabinet Member for finance, Insourcing and customer Service.

20. The membership of the Place ICB Sub-Committee is set out in its terms of reference.

Nominated deputies

21. Any member of the LBH Sub-Committee may appoint a deputy who is a Cabinet Member.

22. The COLC Community and Children's Services Committee may appoint up to three of its members who are members of the Court of Common Council to deputise for any member of the COLC Sub-Committee.

23. The Place ICB Sub-Committee's terms of reference set out its provision for nominating deputies.

24. Notwithstanding the above, any member appointing a deputy for a particular meeting of the Section 75 Board must give prior notification of this to the Chair.

Participants

25. As the three sub-committees shall meet in common, the members of each sub-committee shall be in attendance at the meetings of the other two sub-committees. It is also expected that meetings of the Section 75 Board will largely take place within the PBP structure and, therefore, subject to conflict of interest management and ensuring compliance with each component part of the Section 75 Board's governance requirements, members of the City & Hackney Health and Care Board and its participants (as specified in the City & Hackney Health and Care Board's terms of reference) may be in attendance at meetings of the Section 75 Board.

26. The following will be expected to attend the meetings of the Section 75 Board, contribute to all discussion and debate, but will not participate in decision-making:

(a) The Director of Community and Children's services (Authorised Officer for COLC);

(b) The City of London Corporation Chamberlain;

(c) LBH Group Director – Finance and Corporate Resources;

(d) LBH Group Director for Adults, Health and Integration;

	<p>(e) LBH Group Director for Children and Education</p> <p>27. Others may be invited to attend the Section 75 Board's meetings in a non-decision-making capacity. This shall include other colleagues from the partner organisations or across the ICS, professional advisors or others as appropriate at the discretion of the Chair.</p>
Quorum	<p>28. Quoracy requirements are as follows:</p> <p>(a) For the COLC Sub-Committee the quorum will be all three members (or deputies duly authorised in accordance with these terms of reference).</p> <p>(b) For the LBH Sub-Committee the quorum will be two of the three Council Members (or deputies duly authorised in accordance with these terms of reference).</p> <p>(c) For the Place ICB Sub-Committee the quorum will be as set out in its Terms of Reference.</p>
Voting	<p>29. Each of the COLC, LBH and ICB sub-committees must reach its own decision on any matter under consideration and will do so by consensus of its members where possible. If consensus within a sub-committee is impossible, that sub-committee may take its decision by simple majority, and the Chair's casting vote if necessary. The COLC Sub-Committee, the LBH Sub-Committee and Place ICB Sub-Committee will each aim to reach compatible decisions.</p> <p>30. Matters for consideration by the three sub-committees meeting in common as the Section 75 Board may be identified in meeting papers as requiring positive approval from all three sub-committees in order to proceed. Any matter identified as such may not proceed without positive approval from all of the COLC Sub-Committee, the LBH Sub-Committee and the Place ICB Sub-Committee.</p>
Meetings and administration	<p>31. The Section 75 Board's members will be given no less than seven clear working days' notice of its meetings. Notice of all meetings shall comprise venue, time and date of the meeting, together with an agenda of items to be discussed. Supporting papers must be distributed at least five clear working days ahead of the meeting. In urgent circumstances these timescales may be truncated.</p> <p>32. The Section 75 Board shall meet whenever COLC, LBH and the ICB consider it appropriate that it should do so but the three sub-committees meeting as the Section 75 Board would usually meet bi-monthly and at least four times a year, noting that the City & Hackney Health and Care Board may meet more frequently (i.e. monthly).</p> <p>33. Meetings of the Section 75 Board shall be held in accordance with Access to Information procedures for COLC, LBH and the ICB, rules and other relevant constitutional requirements. The dates of the meetings will be published by the ICB, LBH and COLC. The meetings of the Section 75 Board will be held in public, subject to any exemption provided by law or any matters that are confidential or commercially</p>

sensitive. This should only occur in exceptional circumstances and is in accordance with the open and accountable local government guidance (August 2014).

34. Governance support will be provided to the Section 75 Board and minutes shall be taken of all of its meetings. These may be incorporated into the minutes of the City & Hackney Health and Care Board. The ICB, COLC and LBH shall agree between them the format of the joint minutes of the Section 75 Board which will separately record the membership and the decisions taken by the Place ICB Sub-Committee, the COLC Sub-Committee and the LBH Sub-Committee. Agenda, decisions and minutes shall be published in accordance with partners' Access to Information procedures rules.

35. Decisions made by the COLC Sub-Committee may be subject to referral to the Court of Common Council in accordance with COLC's constitution. Cabinet decisions made by the LBH Sub-Committee may be subject to call-in by members of the Council in accordance with LBH's constitution. Decisions made by the Place ICB Sub-Committee may be subject to review by the ICB's board or its Population Health & Integration Committee, or as further set out in the Place ICB Sub-Committee's terms of reference or the wider governance arrangements. However, the ICB, LBH and COLC will manage the business of the Section 75 Board, including consultation with relevant forum and/or officers within those organisations, such that the incidence of decisions being reviewed or referred is minimised.

Conflicts of interest

36. The partner organisations represented in the Section 75 Board are committed to conducting business and delivering services in a fair, transparent, accountable and impartial manner. Section 75 Board members will comply with the arrangements established by the organisations that they represent or the ICS as a whole, and any national statutory guidance applicable to the organisation. As a minimum, this shall include ensuring that:

- (a) a register of the members interests is maintained;
- (b) any actual or potential conflicts are declared at the earliest possible opportunity;
- (c) all declarations and discussions relating to them are minuted.

37. In respect of the COLC Sub-Committee and the LBH Sub-Committee, it is for the members to declare any conflicts of interests which exist (taking into account any guidance from the Chair) and, if so, to adopt any arrangements which they consider to be appropriate. Members of the Place ICB Sub-Committee shall act in accordance with the sub-committee's terms of reference and the ICB's conflicts of interest policy and procedures.

Review

38. The terms of reference will be reviewed at least annually, to coincide with reviews of the section 75 agreements.

Section 2 (Part B)

Terms of reference for the City & Hackney Sub-Committee of the North East London Integrated Care Board

<p>Status of the Sub-Committee</p>	<ol style="list-style-type: none"> 1. The City & Hackney Sub-Committee of the North East London Integrated Care Board ('the Place ICB Sub-Committee') is established by the Population Health & Integration Committee (the 'PH&I Committee') as a Sub-Committee of the PH&I Committee. 2. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Sub-Committee and may only be changed with the approval of the Board of the ICB ('the Board'). Additionally, the membership of the Sub-Committee must be approved by the Chair of the Board. 3. The Sub-Committee and all of its members are bound by the ICB's Constitution, Standing Orders, Standing Financial Instructions, policies and procedures of the ICB. 4. These terms of reference should be read as part of the suite of terms of reference for the City & Hackney Place-Based Partnership ('PBP'), including the terms of reference for the City & Hackney Health and Care Board ('the Health and Care Board') in Section 1, which define a number of the terms used in these Place ICB Sub-Committee terms of reference.
<p>Geographical coverage</p>	<ol style="list-style-type: none"> 5. The geographical area covered will be Place, as defined in the Health and Care Board's terms of reference in Section 1.
<p>Purpose</p>	<ol style="list-style-type: none"> 6. The Place ICB Sub-Committee has been established in order to: <ol style="list-style-type: none"> (a) Enable the ICB to exercise the Delegated Functions at Place in a lawful, simple and efficient way, to the extent permitted by the ICB's Constitution and as part of the wider collaborative arrangements which form the PBP. (b) Support the development of collaborative arrangements at Place, in particular the development of the PBP. 7. The Delegated Functions which the Place ICB Sub-Committee will exercise are set out at Annex 1 and described in further detail in the Place Mutual Accountability Framework which the annex refers to. 8. The Place ICB Sub-Committee, through its members, is authorised by the ICB to take decisions in relation to the Delegated Functions. 9. Further functions may be delegated to the Place ICB Sub-Committee over time, in which case Annex 1 may be updated with the approval of the Board, on the recommendation of the PH&I Committee. The remit

of the Place ICB Sub-Committee is also described in the Place Mutual Accountability Framework, which may be updated by the Board taking into account the views of the PH&I Committee.

10. The Delegated Functions shall be exercised with particular regard to the Place objectives and priorities, described in the plan for Place (**‘the PBP Plan’**), which has been agreed with the PH&I Committee and the partner organisations represented on the Health and Care Board. A summary of the PBP’s priorities and objectives can be found [here](#).
11. In addition, the Place ICB Sub-Committee will support the wider ICB to achieve its agreed deliverables, and to achieve the aims and the ambitions of:
 - (a) The Joint Forward Plan;
 - (b) The Joint Capital Resource Use Plan;
 - (c) The Integrated Care Strategy prepared by the NEL Integrated Care Partnership;
 - (d) The HWBs’ joint local health and wellbeing strategies with the HWBs’ needs assessments for the area;
 - (e) The Place Mutual Accountability Framework and the NHS North East London Financial Strategy and developing ICS Financial Framework;
 - (f) The PBP Plan.
12. The Place ICB Sub-Committee will also prioritise delivery against the strategic priorities of the North East London Integrated Care System (see [here](#)) and its design and operating principles set out [here](#).
13. In supporting the ICB to discharge its statutory functions and deliver the strategic priorities of the ICS at Place, the Place ICB Sub-Committee will, in turn, be supporting the ICS with the achievement of the ‘four core purposes’ of Integrated Care Systems, namely to:
 - (a) Improve outcomes in population health and healthcare;
 - (b) Tackle inequalities in outcomes, experience and access;
 - (c) Enhance productivity and value for money;
 - (d) Help the NHS support broader social and economic development.
14. The Place ICB Sub-Committee is a key component of the ICS, enabling it to meet the ‘triple aim’ of better health for everyone, better care for all and efficient use of NHS resources.
15. When exercising any Delegated Functions, the Place ICB Sub-Committee will ensure that it acts in accordance with, and that its decisions are informed by, the guidance, policies and procedures of the

Key duties relating to the exercise of the Delegated

Functions

ICB or which apply to the ICB.

16. The Sub-Committee must have particular regard to the statutory obligations that the ICB is subject to, including, but not limited to, the statutory duties set out in the National Health Service Act 2006 and listed in [the Constitution](#). In particular, the Place ICB Sub-Committee will also have due regard to the public sector equality duty under section 149 of the Equality Act 2010.

Collaborative working

17. In exercising its responsibilities, the Place ICB Sub-Committee may work with other Place ICB Sub-Committees, provider collaboratives, joint committees, committees, or sub-committees which have been established by the ICB or wider partners of the ICS. This may include, where appropriate, aligning meetings or establishing joint working groups.

Collaboratives

18. In particular, in addition to an expectation that the Place ICB Sub-Committee and Health and Care Board shall collaborate with each other as part of the PBP, the Place ICB Sub-Committee will, as appropriate, work with the following provider collaborative governance structures within the area of the ICS:

- (a) The North East London Mental Health, Learning Disability & Autism Collaborative;
- (b) The Combined Primary Care Provider Collaborative;
- (c) The North East London Acute Provider Collaborative;
- (d) The North East London Community Collaborative;
- (e) The evolving Voluntary, Community and Social Enterprise Sector Alliance/Collaborative.

19. Some members of the Place ICB Sub-Committee may simultaneously be members of the above collaborative structures, to further support collaboration across the system.

Health & Wellbeing Boards and Safeguarding

20. The Place ICB Sub-Committee will also work in close partnership with:

- (a) The HWBs and shall ensure that plans agreed by the Place ICB Sub-Committee are appropriately aligned with, and have regard to, the joint local health and wellbeing strategies and the assessments of needs, together with the NEL Integrated Care Strategy as applies to Place; and
- (b) the Safeguarding Adults Board for the Place established by the local authority under section 43 of the Care Act 2014; and
- (c) the Safeguarding Children's Partnership established by the local authority, ICB and Chief Officer of Police, under section 16E of

the Children Act 2014.

Establishing working groups

21. The Place ICB Sub-Committee does not have the authority to delegate any functions delegated to it by the ICB. However, the Place ICB Sub-Committee may establish working groups or task and finish groups. These do not have any decision-making powers but may inform the work of the Place ICB Sub-Committee and the PBP. Such groups must operate under the ICB's procedures and policies and have due regard to the statutory duties which apply to the ICB.

Chairing and partnership lead arrangements

22. The Place ICB Sub-Committee will be chaired by the Chair of the City & Hackney Health and Care Board who is appointed on account of their specific knowledge, skills and experiences making them suitable to chair the Sub-Committee.

23. The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these terms of reference.

24. The Deputy Chair of the Place ICB Sub-Committee is the Deputy Chair of the Health and Care Board.

25. If the Chair has a conflict of interest then the Deputy Chair or, if necessary, another member will be responsible for deciding the appropriate course of action.

26. The Chief Executive of the Homerton will be the Place Partnership Lead.

Membership

27. The Place ICB Sub-Committee members will be appointed by the Board in accordance with the ICB Constitution and the Chair of the ICB will approve the membership of the Sub-Committee.

28. The Place ICB Sub-Committee has a broad membership, including those from organisations other than the ICB. This is permitted by the ICB's Constitution and amendments made to the National Health Service Act 2006 by the Health and Care Act 2022.

29. The membership of the Place ICB Sub-Committee includes members drawn from the following partner organisations which operate at Place:

- (a) The NHS North East London Integrated Care Board (the '**ICB**')
- (b) London Borough of Hackney ('**LBH**')
- (c) City of London Corporation ('**COLC**')
- (d) East London NHS Foundation Trust ('**ELFT**')
- (e) Homerton Healthcare NHS Foundation Trust ('**Homerton FT**')

- (f) Hackney Council for Voluntary Service
- (g) City of London Healthwatch
- (h) Healthwatch Hackney
- (i) City & Hackney GP Confederation
- (j) City & Hackney's Primary Care Networks ('PCNs')

30. There will be a total of 17 members of the Place ICB Sub-Committee, as follows:

ICB:

- (a) Delivery Director for City & Hackney
- (b) Clinical Care Director for City & Hackney
- (c) Director of Finance or their nominated representative
- (d) Director of Nursing/Quality or their nominated representative

Local authority officers:

- (e) Director of Community and Children's Services (COLC)
- (f) Group Director for Adults, Health and Integration (LBH)
- (g) Group Director for Children and Education (LBH)
- (h) Director of Public Health for City & Hackney

Local authority elected members:

- (i) The Deputy Chairman of the Community and Children's Services Committee (COLC)
- (j) Cabinet Member for Health, Adult Social Care, Voluntary Sector and Culture (LBH)

NHS Trusts/Foundation Trusts:

- (k) Chief Executive (Homerton) (**Place Partnership Lead**)
- (l) Director of ELFT

Primary Care:

- (m) Place-Based Partnership Primary Care Development Clinical Lead
- (n) PCN clinical director

Voluntary sector

- (o) Chief Executive Officer, Hackney Council for Voluntary Service

Healthwatch

- (p) Chief Executive, City of London Healthwatch

- (q) Chief Executive, Healthwatch Hackney

31. With the permission of the Chair of the Place ICB Sub-Committee, the members, set out above, may nominate a deputy to attend a meeting of the Place ICB Sub-Committee that they are unable to attend. However, members will be expected not to miss more than two consecutive meetings. The deputy may speak and vote on their behalf. The decision of the Chair regarding authorisation of nominated deputies is final.

32. When determining the membership of the Sub-Committee, active consideration will be made to diversity and equality.

Participants

33. Only members of the Sub-Committee have the right to attend Sub-Committee meetings, but the Chair may invite relevant staff to the meeting as necessary in accordance with the business of the Sub-Committee.

34. Meetings of the Sub-Committee may also be attended by the following for all or part of a meeting as and when appropriate:

- (a) Any members or attendees of the Health and Care Board (i.e. in Section 1)

- (b) Any members or attendees of the City & Hackney Section 75 Board (i.e. in Section 2: Part A)

35. The Chair may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion on particular matters.

Resource and financial management

36. The ICB has made arrangements to support the Place ICB Sub-Committee in its exercise of the Delegated Functions. Financial responsibilities of the Place ICB Sub-Committee are contained in the list of Delegated Functions in Annex 1, and further information about resource allocation within the ICB is contained in the ICB's Standing Financial Instructions and associated policies and procedures, which includes the NHS North East London Financial Strategy and developing ICS Financial Framework.

37. The Chair will be invited to attend the Finance Performance and Investment Committee where the Committee is considering any issue relating to the resources allocated in relation to the Delegated Functions.

Meetings, Quoracy and Decisions

38. The Place ICB Sub-Committee will operate in accordance with the ICB's governance framework, as set out in its Constitution and Governance Handbook and wider ICB policies and procedures, except as otherwise

provided below:

Scheduling meetings

39. The Place ICB Sub-Committee will aim to meet on a bi-monthly basis and, as a minimum, shall meet on four occasions each year. Additional meetings may be convened on an exceptional basis at the discretion of the Chair.
40. The Place ICB Sub-Committee will usually hold its meetings together with the Health and Care Board and other sub-committees which comprise the City & Hackney Section 75 Board, as part of an aligned meeting of the PBP. Although the Place ICB Sub-Committee may meet on its own at the discretion of its Chair, it is expected that such circumstances would be rare.
41. The Place ICB Sub-Committee acknowledges that the Health and Care Board and other sub-committees which comprise the City & Hackney Section 75 Board may convene their own more regular meetings, for instance where agenda items do not require a statutory decision of the Place ICB Sub-Committee.
42. The Board, Chair of the ICB or Chief Executive may ask the Sub-Committee to convene further meetings to discuss particular issues on which they want the Sub-Committee's advice.

Quoracy

43. The quoracy for the Place ICB Sub-Committee will be six and must include the following of which one must be a care or clinical professional:
 - (a) Two of the members from the ICB;
 - (b) At least one member from each local authority;
 - (c) One of the members from an NHS Trust or Foundation Trust;
 - (d) One primary care member.
44. If any member of the Sub-Committee has been disqualified from participating on an item in the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.
45. If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.

Voting

46. Decisions will be taken in accordance with the Standing Orders. The Sub-Committee will ordinarily reach conclusions by consensus. When this is not possible, the Chair may call a vote. Only members of the Sub-Committee may vote. Each member is allowed one vote and a simple majority will be conclusive on any matter. Where there is a split

vote, with no clear majority, the Chair of the Sub-Committee will hold the casting vote. The result of the vote will be recorded in the minutes.

Papers and notice

47. A minimum of seven clear working days' notice is required. Notice of all meetings shall comprise venue, time and date of the meeting, together with an agenda of items to be discussed. Supporting papers must be distributed at least five clear working days ahead of the meeting.
48. On occasion it may be necessary to arrange urgent meetings at shorter notice. In these circumstances the Chair will give as much notice as possible to members. Urgent papers shall be permitted in exceptional circumstances at the discretion of the Chair.

Virtual attendance

49. It is for the Chair to decide whether or not the Place ICB Sub-Committee will meet virtually by means of telephone, video or other electronic means. Where a meeting is not held virtually, the Chair may nevertheless agree that individual members may attend virtually. Participation in a meeting in this manner shall be deemed to constitute presence in person at such meeting. How a person has attended a meeting shall be specified in the meeting minutes.

Admission of the public

50. Meetings at which public functions of the ICB are exercised will usually be open to the public, unless the Chair determines, at his or her discretion, that it would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for some other good reason.
51. The Chair shall give such directions as he/she thinks fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the business shall be conducted without interruption and disruption.
52. A person may be invited by the Chair to contribute their views on a particular item or to ask questions in relation to agenda items. However, attendance shall not confer a right to speak at the meeting.
53. Matters to be dealt with by a meeting following the exclusion of representatives of the press and other members of the public shall be confidential to the members of the Place ICB Sub-Committee and others in attendance.
54. There shall be a section on the agenda for public questions to the Sub-Committee, which shall be in line with the Integrated Care Board's agreed procedure as set out on our website [here](#).

Recordings of meetings

55. Except with the permission of the Chair, no person admitted to a meeting of the Place ICB Sub-Committee shall be permitted to record

the proceedings in any manner whatsoever, other than in writing.

Confidential information

56. Where confidential information is presented to the Place ICB Sub-Committee, all those who are present will ensure that they treat that information appropriately in light of any confidentiality requirements and information governance principles.

Meeting Minutes

57. The minutes of a meeting will be formally taken in the form of key points of debate, actions and decisions and a draft copy circulated to the members of the Place ICB Sub-Committee, together with the action log as soon after the meeting as practicable. The minutes shall be submitted for agreement at the next meeting where they shall be signed by the Chair.
58. Where it would promote efficient administration meeting minutes and action logs may be combined with those of the Health and Care Board and/or Section 75 Board.

Legal or professional advice

59. Where outside legal or other independent professional advice is required, it shall be secured by or with the approval of the Director who is responsible for governance within the ICB.

Governance support

60. Governance support to the Place ICB Sub-Committee will be provided by the ICB's governance team.

Conflicts of Interest

61. Conflicts of interest will be managed in accordance with the policies and procedures of the ICB and those contained in the Handbook and shall be consistent with the statutory duties contained in the National Health Service Act 2006 and any statutory guidance issued by NHS England.

Behaviours and Conduct

62. Members will be expected to behave and conduct business in accordance with:
- (a) The ICB's policies and procedures including its Constitution, Standing Orders and Standards of Business Conduct Policy which includes the Code of Conduct which sets out the expected behaviours that all members of the Board and its committees will uphold whilst undertaking ICB business.
 - (b) The NHS Constitution;
 - (c) The Nolan Principles.
63. Members must demonstrably consider equality diversity and inclusion

Disputes

implications of the decisions they make.

64. Where there is any uncertainty about whether a matter relating to a Delegated Function is within the remit of the Place ICB Sub-Committee in its capacity as a decision-making body within the ICB's governance structure, including uncertainty about whether the matter relates to:

- (a) a matter for wider determination within the ICS; or
- (b) determination by another placed-based committee of the ICB or other forum, such as a provider collaborative,

then the matter will be referred to the Director who is responsible for governance within the ICB for consideration about where the matter should be determined.

Referral to the PH&I Committee

65. Where any decision before the Place ICB Sub-Committee is 'novel, contentious or repercussive' across the ICB area and/or is a decision which would have an impact across the ICB area, then the Place ICB Sub-Committee shall give due consideration to whether the decision should be referred to the PH&I Committee.

66. With regard to determining whether a decision falling within the paragraph above shall be referred to the PH&I Committee for consideration then the following applies:

- (a) The Chair of the Place ICB Sub-Committee, at his or her discretion, may determine that such a referral should be made.
- (b) Two or more members of the Place ICB Sub-Committee, acting together, may request that a matter for determination should be considered by the PH&I Committee.

67. Where a matter is referred to the PH&I Committee under paragraph 65, the PH&I Committee (at an appropriate meeting) shall consider and determine whether to accept the referral and make a decision on the matter. Alternatively, the PH&I Committee may decide to refer the matter to the Board of the ICB or to another of the Board's committees/subcommittees for determination.

68. In addition to the Place ICB Sub-Committee's ability to refer a matter to the PH&I Committee as set out in paragraph 65:

- (a) The PH&I Committee, or its Chair and Deputy Chair (acting together), may determine that any decision falling with paragraph 65 should be referred to the PH&I Committee for determination; or
- (b) The Board of the ICB, or its Chair and the Chief Executive (acting together), may require a decision related to any of the ICB's delegated functions to be referred to the Board.

Accountability

69. The Place ICB Sub-Committee shall be directly accountable to the PH&I

and Reporting

Committee of the ICB, and ultimately the Board of the ICB.

70. The Place ICB Sub-Committee will report to:

- (a) **The PH&I Committee**, following each meeting of the Place ICB Sub-Committee. A copy of the meeting minutes along with a summary report shall be shared with the PH&I Committee for information and assurance. The report shall set out matters discussed and pertinent issues, together with any recommendations and any matters which require disclosure, escalation, action or approval.

And will report matters of relevance to the following:

- (b) **Finance, Performance and Investment Committee**. Such formal reporting into the ICB's Finance, Performance and Investment Committee will be on an exception basis. Other reporting will take place via Finance and via NEL wide financial management reports.
- (c) **Quality, Safety and Improvement Committee**. Reports will be made to the Quality Safety and Improvement Committee in respect of matters which are relevant to that Committee and in relation to the exercise of the quality functions set out [here](#).

71. In the event that the Chair of the ICB, its Chief Executive, the Board of the ICB or the PH&I Committee requests information from the Place ICB Sub-Committee, the Place ICB Sub-Committee will ensure that it responds promptly to such a request.

Shared learning and raising concerns

72. Where the Place ICB Sub-Committee considers an issue, or its learning from or experience of a matter, to be of importance or value to the North East London health and care system as a whole, or part of it, it may bring that matter to the attention of the Director who is responsible for governance within the ICB for onward referral to the PH&I Committee, the Chair or Chief Executive of the ICB, the Board, the Integrated Care Partnership or to one or more of ICB's committees or subcommittees, as appropriate.

Review

73. The Place ICB Sub-Committee will review its effectiveness at least annually.

74. These terms of reference will be reviewed at least annually and more frequently if required. Any proposed amendments to the terms of reference will be submitted to the Board for approval.

Date of approval: 8 September 2022 (Initial version by ICB Board on 1 July 2022)

Version: 2.0

Date of review: 1 April 2023

Annex 1 - ICB Delegated Functions

Commissioning functions

In addition to the specific activities set out in this Annex 1 below, the Place ICB Sub-Committee will have delegated responsibility for exercising the functions described in the Place Mutual Accountability Framework at Place. These functions are referred to below as ‘the **Place Commissioning Functions.**’

The Place Mutual Accountability is contained in the ICB’s Governance Handbook and should be read alongside the equivalent accountability framework which describes the role of the provider collaboratives.

Where Place Commissioning Functions relate to a particular service they must be exercised in line with the ICB’s relevant commissioning policy for that service.

Health and care needs planning

The Place ICB Sub-Committee will undertake the following specific activities in relation to health and care needs planning, through embedding population health management:

1. Making recommendations to the PH&I Committee in relation to, and contributing to, the Joint Forward Plan and other system plans, in so far as relates to the exercise of the ICB’s functions at Place.
2. Overseeing, and providing assurance to the PH&I Committee regarding, the implementation and delivery at Place of the Joint Forward Plan, the Integrated Care Strategy and other system plans, in so far as they require the exercise of ICB functions.
3. Overseeing the development of service specification standards needed in connection with the exercise of the Place Commissioning Functions and in line with relevant ICB policy.
4. Working with the Health and Care Board on behalf of the ICB, to develop the PBP Plan including the Place objectives and priorities and a Place outcomes framework.

The PBP Plan shall be developed by drawing on data and intelligence, and in coproduction with service users and residents of City & Hackney. It is aimed at ensuring delivery of the Joint Forward Plan, the Integrated Care Strategy, each HWBs’ joint local health and wellbeing strategies and associated needs assessments, and other system plans.

In particular, this shall include developing the Place priorities and objectives to be set out in the PBP Plan, and summarised [here](#), and an associated outcomes framework developed by the PBP.

The PBP Plan shall be tailored to meet local needs, whilst maintaining ICB-wide operational, quality and financial performance standards. It shall also be consistent with, and aimed at delivery of, the Place Mutual Accountability Framework at Place.

5. Overseeing, and providing assurance to the PH&I Committee regarding, the implementation and delivery of the PBP Plan, in so far as the plan requires the exercise of ICB functions.

6. Overseeing, and providing assurance to the PH&I Committee regarding, the implementation and delivery of the Place objectives and priorities, contained within the PBP Plan and summarised [here](#), in so far as they require the exercise of ICB functions.
7. Overseeing the implementation and delivery of each HWB's joint local health and wellbeing strategy, in so far as the strategy requires the exercise of ICB functions.

Market management, planning and delivery

The Place ICB Sub-Committee will undertake the following specific activities in relation to market management, planning and delivery:

1. Making recommendations to the Board of the ICB / PH&I Committee in relation to health service change decisions (whether these involve commissioning or de-commissioning).
2. Approving commissioning policies, connected with the exercise of the Place Commissioning Functions, in line with ICB policy.
3. Approving demographic, service use and workforce modelling and planning, where these relate to the Place Commissioning Functions.

Finance

The Place ICB Sub-Committee will have delegated financial management and control, as detailed below and within the ICB's SFIs. The Finance, Performance and Investment Committee will continue to have oversight of NEL wide financial decisions, including where coordination/planning for the services concerned is best undertaken over a larger footprint. However, there will be ongoing dialogue in order to ensure a joined up approach, ensure financial sustainability, and as the NHS North East London Financial Strategy and ICS the ICB's Financial Framework develops.

1. Plan and monitor the budgets delegated to the Place ICB Sub-Committee and take action to ensure they are delivered within the financial envelope.
2. The Sub-Committee will take shared responsibility, along with partners, for the health outcomes of their population, and will work with those partners to develop a shared plan for improving health outcomes and maintaining collective financial control.
3. Review and understand any variations to plan within the delegated budget and take appropriate action to mitigate these.
4. Oversee any required recovery plans in order to ensure financial balance is achieved at Place.
5. Ensure financial plans are triangulated with performance and quality.
6. Ensure any known financial risks are escalated to the ICB's Finance, Performance and Investment Committee and the ICS Executive, as appropriate.
7. Review performance of the contracts within Place, to ensure services and activity are being delivered in line with contractual arrangements.
8. Review and understand the financial implications of new investments and transformation schemes, and ensure there is sufficient funding across the life of the investment.
9. Oversee implementation of investments/transformation schemes, ensuring financial activity,

Key Performance Indicators and required outcomes are delivered.

10. Review and agree any procurement decisions in relation to services connected with the Place Commissioning Functions, as appropriate, in line with the ICB's Standing Financial Instructions and Procurement Policy.
11. Ensure financial decisions are taken in line with the ICB's Standing Financial Instructions, and NHS North East London Financial Strategy and developing ICS Financial Framework.
12. In relation to financial risk share arrangements (including but not limited to section 75, 76 and section 256 agreements), the Place ICB Sub-Committee shall:
 - Review any current in year arrangements applicable to Place, ensuring that funding is spent appropriately in line with contractual agreements;
 - Review the risks and benefits of the allocation of funding and approve spend on pooled budgets based on recommendations from those leading the work and where all parties are in agreement;
 - Receive reports on the schemes funded through this mechanism to ensure it is delivering the expected outcomes and benefits;
 - Review the funding and arrangements for the subsequent financial year and ensure there are adequate governance and arrangements in Place that are consistent with other places across the ICB's area;
 - Review and make recommendations in relation to proposals for the ICB to enter into new agreements under section 75 of the National Health Service Act 2006 with the local authority at Place. In accordance with the Constitution, any such arrangements must be authorised by the Board of the ICB.

Quality

The Place ICB Sub-Committee will undertake the following specific activities in relation to quality:

1. Providing assurance that health outcomes, access to healthcare services and continuous quality improvement are being delivered at Place, and escalate specific issues to the Population Health & Integration Committee, the Quality Safety and Improvement Committee and/or other governance structures across the ICS as appropriate.
2. Complying with statutory reporting requirements relating to the exercise of the Place Commissioning Functions, in particular as relates to quality and improvement.
3. In addition, the Place ICB Sub-Committee will have the following responsibilities on behalf of the ICB at Place, in relation to quality:
 - Gain timely evidence of provider and place-based quality performance, in relation to the exercise of the Place Commissioning Functions at Place.
 - Ensure the delivery of quality objectives by providers and partners within Place, including ICS programmes that relate to the place portfolio.
 - Identify, manage and escalate where necessary, risks that materially threaten the delivery of the ICB's objectives at Place and any local objectives and priorities for Place.

- Identify themes in local triangulated intelligence that require local improvement plans for immediate or future delivery.
 - Gain evidence that staff have the right skills and capacity to effectively deliver their role, creating succession plans for any key roles within the services being delivered at Place.
 - Hold system partners to account for performance and the creation and delivery of remedial action/improvement plans where necessary.
 - Share good practice and learning with providers and across neighbourhoods.
4. Ensure key objectives and updates are shared consistently within the ICB, and more widely with ICS and senior leaders via the ICS System Quality Group and other established governance structures.

Primary Care

The Place ICB Sub-Committee will undertake the following specific activities in relation to primary care:

1. To develop arrangements for integrated services, including primary care, through local neighbourhoods

Communication and engagement with stakeholders

The Place ICB Sub-Committee will undertake the following specific activities in relation to communications and engagement:

1. Overseeing and approving any stakeholder involvement exercises proposed specifically in Place, consistent with the ICB's statutory duties in this context and the ICB's relevant policies and procedures. Such stakeholder engagement shall include political engagement, clinical and professional engagement, strategic partnership management and public and community engagement.
2. Overseeing the development and delivery of patient and public involvement activities, as part of any service change process occurring specifically at Place.

Population health management

The Place ICB Sub-Committee will undertake the following specific activities in relation to population health management:

1. Ensuring there are appropriate arrangements at Place to support the ICB to carry out predictive modelling and trend analysis.

Emergency planning and resilience

The Place ICB Sub-Committee will undertake the following specific activities in relation to emergency planning:

1. At the request of the any of the PH&I Committee or the Board, in relation to a local or national emergency, prepare or contribute to an emergency response plan for implementation at Place,

coordinating with local partners as necessary.

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A framework for mutual accountability between north east London's place partnerships and NHS North East London

Introduction

North east London's place partnerships are uniquely placed to drive the integration between health and care that will improve local people's wellbeing, through co-produced approaches that build on community assets. As partnerships, they understand their communities and the inequalities that local people face. Reshaping north east London's health and care system so that it is equitable, delivers improved wellbeing for everyone, and is financially sustainable, will happen only if we work together to deliver at neighbourhood, place, collaborative, and system. Each element of the system needs to be accountable for its part of our improvement journey and to work together alongside local people and communities to effect change sustainably.

This draft document continues our discussion about what NHS North East London asks place partnerships to hold accountability for and, in turn, what the partnerships can expect NHS North East London to achieve for them. We recognise that place partnerships will also need support from a wide range of partners notably local authorities, NHS Trusts, provider collaboratives and the voluntary, community and social enterprise sector in order to achieve their potential. Support will come in various forms as the partnership is enabled by the strengths and contributions of each and every partner.

This document will sit alongside an equivalent document that focuses on the role of provider collaboratives to help build our understanding of how the system overall will work best.

We recognise that our system is new and evolving, and much of this draft document seeks to outline the principles which will guide this evolution to support improved health and wellbeing for local people.

Zina Etheridge – Chief Executive Officer, NHS North East London

Background

The North East London Health and Care Partnership (NELHCP) brings together the NHS, local authorities, and community organisations across north east London to work in partnership with local people to support them to live healthier, happier lives.

Our approach is built on an understanding that partnership, conversation, and collaboration underpin all that we do. We see that place shapes and strengthens system and that system enables and builds place, underlining our appreciation of the need for our workforce to participate through a range of inter-connecting networks (operating at neighbourhood, place, collaborative, system, region, and nation) in order to be most effective in improving outcomes for everyone. NHS North East London has adopted the principle of subsidiarity to encapsulate this approach as applied to governance, decision-making, strategy, and delivery of models of care. This means we will facilitate tasks being performed at the most local level, closest to those most likely to be directly affected, and only carry out tasks that cannot be carried out at that more local level.

As north east London's integrated care system, we are ambitious and actively draw on best practice locally and internationally. We are clear that we are moving beyond performance management to maximising value, and beyond our individual responsibilities to create a shared endeavour and mutual accountability for delivering benefit and opportunity for local people. We are committed to continuous improvement and innovation across and with all partners, meaningful co-production and resident participation, and working in integrated ways together to provide better health and care outcomes for our growing and diverse population of over two million people. At the heart of our partnership is a shared commitment to meaningful participation with local people and partners, a passion for equality and addressing health inequalities, and ensuring that system collaboration underpins continuous improvements to population health and the integrated delivery of health and care services. To operate effectively, we understand that our system needs to develop continually, to be resilient, and to respond coherently and in partnership to emergencies and emerging challenges.

Our seven place partnerships and our five provider collaboratives are crucial building blocks of North East London's integrated care system. Together they play distinct but crucially interdependent roles in driving the improvement of health, wellbeing, and equity for all local people. As we mature as a system, we will increasingly call on each other to support the achievement of outcomes and to enable the collaboration and partnership on which we all rely. We recognise that this support will look different for different pathways but we recognise the fundamental importance of building relationships, sharing perspectives and working alongside local people to facilitate this support.

The places of north east London have a long history of successful place-based working. Strengthening and spreading this across north east London is critical to our overall success because places are:

- where the NHS, local authorities, and the voluntary and community sector integrate delivery, supporting seamless and joined up care;
- where local authorities can seek partner input into, and support for, their work to improve the wider determinants of health, which extends into areas including housing, education, employment, food security, community safety, social inclusion and non-discrimination, leisure and open spaces, and air pollution;
- where we will most effectively tackle many health inequalities through prevention, early intervention, and community development, including at neighbourhood level;
- where diverse engagement networks generate rich insight into local people's views;
- where we can build detailed understandings of need and assets on a very local basis and respond with appropriate support; and
- where the NHS and local authorities as a partnership are held democratically accountable, through health and wellbeing boards and overview and scrutiny committees.

Aligned to this, our collaboratives play a critical role in bringing together NHS provider trusts, primary care networks, and VCSE organisations across the whole of north east London to make use of their combined resources and expertise. We have collaboratives for acute care; mental health, learning disabilities, and autism; community services; primary care; and the VCSE sector. Across these five collaboratives, partners are focused on:

- reducing unwarranted variation and inequality in health outcomes, access to services and experience;
- improving resilience by, for example, providing mutual aid;
- ensuring that specialisation and consolidation occur where this will provide better outcomes and value;

- spreading innovation and best practice; and
- ensuring a strong voice for users of their services and other provision in ICS decision-making.

Principles for working together as place, collaborative, and system

- Our approach is built on a shared understanding of subsidiarity: that decisions are best taken closest to those most affected by them. There is freedom to lead, innovate, experiment, and deliver through place partnerships, without non-value-adding interventions from NEL-wide structures.
- Subsidiarity will be enabled by financial and functional delegation to place sub-committees and to provider collaboratives where required.
- Aligned to this is a shared belief that the place partnerships created in our new arrangements are equal partnerships, with organisations, including collaboratives, coming to the table as equal partners to improve outcomes for local people.
- Our model of working together sees place partnerships holding responsibility for the health and wellbeing of their local population across all age groups, for key local outcomes, for improving care and support, and for reducing health inequalities, calling on collaboratives and NHS North East London to support.
- Our ambition is for system to support the journey towards greater integration strategically and operationally, building on best practice in places and recognising this might look different in each place.
- We are committed to working from existing arrangements in each place to develop the capacity and infrastructure that best supports place partnerships to respond to the specific and varied health and wellbeing needs of their local populations.
- NHS North East London will play a role in facilitating partners across the patch to enable effective place working, including problem-solving with and on behalf of place partnerships, advocating for the centrality of place, and organising teams and processes in ways that recognise the relevance of place.
- NHS North East London supports the approach that places shape the system and the system shapes places, and will address behaviours that promote the idea of it as an organisation standing apart from places rather than built from them, such as how its teams communicate and how north east London-wide work is described.
- Place partnerships and provider collaboratives are equal and co-dependent partners in the improvement of health, wellbeing, and equity. They will frequently rely on each other to achieve their objectives. For example, provider collaboratives will often depend on place partnerships for the insight required to ensure that north east London-wide programmes of work meet the varied needs of communities across north east London. Equally, place partnerships will rely on provider collaboratives to leverage the capacity and expertise that enables local people to be cared for in the quickest and safest way possible. The links between place partnerships and provider collaboratives will come from the overlap of leaders, focused engagement on particular areas work, and formally through the population health and integration committee of the Integrated Care Board.
- Place partnerships will recognise their role within, and contribution to, the wider system in line with the principle of subsidiarity. This means that, whilst places work principally to respond to the needs and aspirations of their local people and communities, they will also work in alignment with co-created wider approaches and, along with provider collaboratives, to deliver local elements of wider programmes. Whilst some such approaches and programmes may span north east London, some may cover identified geographies within this or dedicated communities for example.

Delivering care and support that improve health, wellbeing, and equity

Our shared work to improve health, wellbeing, and equity combines outcomes and priorities identified by each place partnership with north east London-wide programmes in which places play a critical strategic and delivery role alongside collaboratives and NHS North East London.

We are already identifying clear and quantifiable outcomes goals – co-produced with local people – so that we can be clear about the impact we are making. Where these already exist, they will be at the front and centre of the outcomes model.

Area	Place partnership accountabilities
<p>Overall ambition</p>	<p>Place partnerships will be responsible for the health and wellbeing of their local populations. In order to support this, a key role of place partnerships will be to convene a range of partners and enable their contribution to the delivery of integrated local care, based on smaller neighbourhoods and reflecting the system and community assets held locally.</p> <p>Each place will facilitate and co-ordinate the work necessary across collaboratives and geographies to ensure that all local people can access same-day urgent care when they need it and deliver continuity of care for agreed cohorts of local people in line with the Fuller Stocktake and any associated policy or legislative developments.</p> <p>Through prevention and earlier intervention, across the age range, focused on the wider determinants of health and wellbeing, place partnerships will help to reduce the proportion of the population needing the most acute health and social care, including hospital stays and residential and nursing care, creating health and wellbeing for a wider range of local people for longer. Partners will also work together in integrated ways to minimise pressure on the social care front door, including by promoting earlier intervention and the use of community assets that support local people to avoid reaching crisis.</p> <p>In the context of a rapidly growing population, this approach is key to moderating the growth in demand for both NHS health provision and local authority social care, which is critical to our system’s long-term sustainability.</p>
<p>Leadership and infrastructure</p>	<p>Places hold a number of key strategic functions for the integrated care system, including:</p> <ul style="list-style-type: none"> • relationships with local authorities, local providers, community groups, and local people; • participation and co-production with local people; • the insight to understand and tackle local population health and inequalities; • supporting system financial sustainability; and • building integrated models of insight, planning, and delivery. <p>In order to fulfil these functions, places will need the resources identified in the proposal for core place teams, as well as support from north east London-wide teams who will provide embedded teams or individuals working at place. Places will be supported by an effective financial strategy and the requisite delegations for decision making.</p> <p>We envisage the leadership role at place as a system leadership role that builds on the strengths and assets of local communities and of our system, actively convening conversations, facilitating different perspectives, hosting partners to share best practice and building collaborative approaches. We will need to remind ourselves constantly of our system gaze, scanning a range of</p>

	elements to build the strengths-based system we need.
Neighbourhood working	<p>The place partnership will facilitate strong connections within each neighbourhood, building integrated teams encompassing NHS and social care services, the wider local government offer, and community-led care and support. Along with a central role for primary care, including the primary care collaborative, this joined-up locality working will strengthen the integration of health and care and directly drive better local outcomes.</p> <p>➤ <i>How NHS North East London will help</i></p> <p>Where a lack of geographical coherence of primary care networks poses a challenge to neighbourhood working in a place, NHS North East London will work with the primary care collaborative and places to support and drive the alignment of footprints to maximise the impact of neighbourhood working.</p>
Partnership working	<p>The place partnership will promote and enable the widest possible view of partnership working. This means working beyond statutory health and care organisations and ensuring that representatives from (for example) the voluntary sector, housing, and police are actively involved in the work of the partnership. This wide view of partnership includes a default to meaningful engagement of, and co-production with, local people.</p> <p>The place partnership lead and NHS North East London will together support the development of the partnership as a high-functioning executive team. This includes the encouragement of peer collaboration and constructive debate between partners, along with transparency and candour about organisational challenges. The Place Partnership Lead, the Director of Partnerships, Impact and Delivery, the Clinical Lead, and the collaboratives' leads in each place will together manage the business of the partnership as well as leading co-production, innovation, and the sharing of best practice.</p> <p>On safeguarding specifically, there is an important opportunity to join up existing statutory forums with the work of the broader partnership. Statutory arrangements are not affected by the development of the place partnership or the sub-committee of NHS North East London. However, the place partnership can play a vital role in facilitating the contribution of safeguarding leads' expertise into the broader agenda of the place partnership, including care model and pathway design. Equally, the place partnership can help to facilitate all partners' contribution towards additional preventative work across the safeguarding agenda.</p> <p>➤ <i>How NHS North East London will help</i></p> <p>NHS North East London will connect place partnerships with each other, including robust mechanisms to share learning and leading practice across place partnership leads, clinical and care professional leaders, and staff from all levels in partner organisations. NHS North East London will also provide elements of development support across the seven places, by agreement with the place partnership leads.</p>
Mental health and wellbeing	<p>The place partnership, working closely with provider collaboratives at place, will develop and, through its partners, deliver integrated services that enable local people, from children and young people to older people, with mental ill-health to live well in the community. This will focus on agreed priority cohorts and prioritise prevention and more equitable access to services.</p> <p>The place partnership lead will ensure a strong focus on the wider mental wellness agenda, including access to support for children and young people, access to employment and access to community-based care and support</p>

	networks, rather than our collective historic default to focus on the acute end of mental health services.
Babies, children, and young people	<p>Place partnerships, working closely with provider collaboratives at place, will make sure that north east London's places are the best places for babies, children and young people to develop and grow.</p> <p>Place partnerships will take an all-age approach, with parity between the needs of babies, children, young people, and adults, as the basis for sustainable long-term improvements to population health and wellbeing.</p> <p>The place partnership lead will drive creation of a coherent approach to early years, adolescents, and young people up to the age of 24, bringing in partners from across the NHS, local government (families, education, housing), and community organisations, working with parents and families and building holistic support for all babies, children and young people.</p>
Workforce	<p>The place partnerships will lead local design of more integrated workforce models, based around neighbourhoods and focused on community delivery by a broad range of clinical and care professionals alongside VCSE. Place partnerships will also enable local employment by forging effective links with local education and training institutions.</p> <p>The place partnership lead will sponsor this work whilst participating in, and facilitating broader place contributions to, NEL-wide work on broader systemic issues relating to recruitment, retention, design of new roles, and skills development across north east London.</p>
Long-term conditions	<p>Place partnerships have a significant role in ensuring a strong focus on prevention and early intervention, convening work across collaboratives, places and system and facilitating the creation of health-promoting communities and neighbourhoods. Partnerships will support the co-ordination of end-to-end pathway responses for local people at risk of and experiencing long-term conditions, working at different geographies and across different age cohorts to facilitate the best outcomes for local people and communities.</p> <p>Please see the annex for further detail.</p>
Community-based care	<p>Place has a significant role in co-ordinating care in the community, ensuring a strong focus on prevention and early intervention, working across collaboratives, places and system and creating health-promoting communities and neighbourhoods for all.</p> <p>Much of the focus will be on a multi-agency approach to Ageing Well, ensuring that north east London is a good place to age, for example with dementia-friendly policies which could be met by the all-age approach supported by place partnerships.</p> <p>Place partnerships will seek to ensure local people can be supported at the end of their lives, dying with dignity in the place of their choice. This could include ensuring good information, advice, and guidance, palliative care at home, effective community support, and residential options are all available, reflecting the cultural and specific needs of our diverse populations. Place partnerships will ensure informal carers are well supported through the experience of end-of-life care for their loved ones.</p> <p>Please see the annex for further detail.</p>
Learning disability and autism	<p>Recognising the leadership role for local authorities in valuing people with learning disabilities and autism to lead fulfilling lives, place partnerships will bring together partners at a place level, including to improve the levels of</p>

	<p>employment, independent living, and quality of life for people with a learning disability. Place partnerships will enable good system working and ensure the needs of people with learning disabilities and autism are considered across all pathways.</p> <p>Place partnerships will work with all partners to seek to ensure people with learning disability and autism do not experience inequality of outcomes across any health or wellbeing domain, as reflected here and in performance and quality metrics.</p> <p>Place partnerships working across partners will be accountable for improving the rates of Learning Disability Health Checks carried out annually, and how the outcomes of these checks are followed through. Place partnerships will work with the Mental Health, Learning Disability and Autism Collaborative to ensure that Transforming Care responses are timely and support the principles of independent, community-based living for this cohort.</p>
Carers	<p>Place will play an active role in facilitating and joining up work across partners to ensure that carers are valued, supported to care, and able to enjoy fulfilling lives beyond their caring responsibilities. This will include developing a joint carers' strategy and action plan, as well as delivering on the NHSE metrics and deliver against specific targets on carer assessments, commissioning carer support agencies, etc.</p> <p>Place partnerships will work with local authority leads to ensure carers' strategies reflect wider system working and build awareness of the need for identification and support to carers to be system-wide. Place partnerships will deliver strengthened carers' offers that reflect the needs of their local communities and build best practice.</p>
Homelessness	<p>Recognising the leadership role of local authorities, place partnerships will be responsible for improving the health and wellbeing of those sleeping rough or facing homelessness by:</p> <ul style="list-style-type: none"> • ensuring GP registration and primary care support to this cohort; • improving access to secondary and tertiary care as appropriate; • recognising the needs of the homeless population for all levels of support, care, and treatment across mental and physical health; and • co-ordinating local support to the street homeless population and participating in work led by local authorities work to improve their health and wellbeing outcomes.
Asylum seekers and refugees	<p>Recognising the leadership role of local authorities, place partnerships will be responsible for improving the health and wellbeing of asylum seekers and refugees, including those accommodated in Home Office hotels, by:</p> <ul style="list-style-type: none"> • ensuring GP registration and primary care support to this cohort; • improving access to secondary and tertiary care as appropriate; • recognising the needs of the asylum seekers for all levels of support, care, and treatment across mental and physical health; and • co-ordinating local health and wellbeing support to the asylum seeker and refugee population and participating in work led by local authorities to improve their health and wellbeing outcomes.
Person-centred care	<p>Place partnerships will be held accountable for enabling person-centred care in their local area. This will include bringing together a range of initiatives that support local people and communities to be at the centre of decisions that</p>

	are made around their care, reflecting the principle of ‘Nothing about us, without us’. Ways of testing effectiveness in this area could include rates of satisfaction and levels of personal health budgets and direct payments in a specified area and for specific communities.
Health creation and primary prevention	Place partnerships will lead for ensuring that the wider determinants of health are effectively understood and influence approaches to all areas of accountability. Place partnerships will lead on the involvement of the whole local authority and wider partners to build an effective model for addressing wider determinants and their impacts on health and wellbeing. Place partnerships will be held accountable for supporting models to reduce health inequalities and improve health and wellbeing through a series of performance and quality metrics, attached.
Immunisations	Place partnerships are key in enabling uptake of immunisations across all communities in a local area. They will be accountable for the vaccination and immunisation rates of their local population, across children and adults and for routine and reactive vaccination programmes. Places will be required to ensure capacity for all vaccination and immunisations activity and to support take up with a focus on inequalities and ensuring equitable take up across all communities.
Local system flow	As the principal forum for local health, care and wellbeing partners, place partnerships have a critical role in addressing more immediate operational pressures whose resolution require input from multiple organisations. The place partnership lead will ensure that place-based mechanisms exist to convene relevant partners as required to maintain consistent and adequate system flow, as well as to respond to periodic additional pressures. This will be with the support of the relevant commissioning and transformation teams from within NHS North East London and will ensure the pressures on all parts of the system are paid equivalent attention.

Accountability for improving performance and quality at place

Many of the performance and quality metrics – and related outcomes for local people – that NHS North East London is required to deliver can be achieved only through effective collaboration in place partnerships. Each partnership is working on a performance and quality metrics framework that will set out in greater detail the metrics for which place partnerships are responsible and will be held accountable, whether the lead is with the NHS, the local authority, or other partners.

These metrics are a combination of performance and quality metrics contained in NHS North East London’s operating plan, which is agreed each year with NHS England; the Better Care Fund Plans approved by Health and Wellbeing Boards in each local authority area; and in place partnership delivery plans, based on locally-identified priorities. The partnership will monitor performance and quality, identify trends and clusters of concern, agree and implement corrective action where necessary, and sense check data quality, with the support from the relevant local and north east London-wide commissioning and transformation teams from NHS North East London.

Target set by NHSE// London or national or regional policy or guidance ambitions driving locally developed targets	Requirement set by national guidance for both health and care
<p>22/23 Operational Planning Metrics</p> <ul style="list-style-type: none"> • Hospital Discharge Pathway activity • Community Waiting List • 2 Hour Crisis Response • Virtual Ward • NHS 111 referrals into SDEC • LD Healthchecks • LD Inpatients • Personal Health Budgets • Social Prescribing • Personalised Care and Support Plans • GP appointments • Extended access • 18 weeks access for Children's Wheelchair 	<p>Better Care Fund</p> <ul style="list-style-type: none"> • Percentage of inpatients who have been in hospital for longer than 14 days • Percentage of inpatients who have been in hospital for longer than 21 days • Percentage of hospital inpatients who have been discharged to usual place of residence • Unplanned hospitalisation for chronic ambulatory care sensitive conditions

How NHS North East London will help

NHS North East London will direct its people to work with place partnerships to develop their approaches in each of the areas described above, specific to the local context. This includes offering the tools, capacity, and skills required. It will build up north east London-wide approaches from work done at place. These north east London-wide approaches will aim to remove systematic barriers which obstruct effective place-level work. It will also work with places to direct additional available financial resources to support work in these areas.

In this role, NHS North East London will also work across the system to enable the contributions of partners including NHS Trusts, the provider collaboratives and local authorities to each place partnership to enhance their understanding and delivery.

Additional commitments from NHS North East London:

Theme	Commitment
<p>Localism and subsidiarity</p>	<ul style="list-style-type: none"> • NHS North East London will operate, and shape the wider north east London health and care partnership, around a <i>default to place</i> – the assumption that places (and neighbourhoods within them) are the optimum organising footprint for our work unless there is a clear reason for operating at a larger scale • NHS North East London will provide its leaders at place with sufficient autonomy and flexibility to work in the ways required to deliver for their places, as well as encouraging and enabling this way of working in provider trusts • NHS North East London will ensure the ICB Board effectively delegates to Place Sub-Committees the functions and financial influence required to deliver its accountabilities – with an objective of this coming into place from 1 April 2023, with the requisite place-level engagement on new sub-committee terms of reference approvals happening in advance of this
<p>Capacity to deliver</p>	<ul style="list-style-type: none"> • NHS North East London will lead all partners across the health and care partnership to devise an integrated workforce strategy that sets out how the workforce needed in each place will be delivered • NHS North East London will organise its own workforce so that it

	<p>supports the work of each place partnership, including through a core team based permanently in each place and an extended team at place drawn from colleagues working in NEL-wide structures</p> <ul style="list-style-type: none"> • NHS North East London colleagues who are part of the extended team will spend time in the places to which they are aligned, building local knowledge and relationships • NHS North East London will encourage other partners who work across multiple places to align their structures and teams to place partnerships, where this supports delivery of place partnerships' objectives • NHS North East London will fund the substantial portion of clinical and care professional leadership roles operating at place
Money	<ul style="list-style-type: none"> • NHS North East London will lead the codesign of a system-wide financial strategy, including place partnerships, which will move investment into community health services and support the transformation required for place partnerships to deliver their objectives • This will include NHS NEL working with partners to agree the specific budgets for which place sub-committees hold responsibility, along with and the associated requirements (such as reporting and treatment of over/under-spends). NHS NEL's objective is that, subject to system agreement, place sub-committees take on these responsibilities during the 2023/24 financial year (potentially at different points in the year for different places), with all places responsible for delegated budgets ready for the 2024/25 planning round • An underpinning principle of the financial strategy will be that allocations are made to trusts and place sub-committees on the assumption of active and meaningful engagement with partners in how they are invested, through the place sub-committees and the broader place partnerships as well as through the provider collaboratives • NHS North East London will support the development of a strategic overview of all funding enabling health and wellbeing in each place – including money spent by the NHS, local government, the direct schools grant and other education spending, and other public services – to create the insight required for each place partnership to exert influence across a greater spread of relevant investment • NHS North East London's financial strategy will drive a levelling up agenda so that the money spent on health services in each place is increasingly in line with relative need and reflects the pressures of population growth
Data and insight	<ul style="list-style-type: none"> • NHS North East London will provide place partnerships with the shared data and insight collectively agreed to be required to improve local outcomes, focused on outcome measures, service performance, and the information needed to plan and evaluate local transformation work • This will be in the form of a defined data set agreed between NHS NEL and the place partnerships • As part of the financial development programme, NHS NEL will lead the co-design of a suite of reports and tools that support

	<p>discussions between place partners within places about the best allocation of capacity. These will include benchmarking of finance and performance and operational data and support transparency within and between places.</p> <ul style="list-style-type: none"> • NHS North East London will provide capacity for bespoke local analysis commissioned and directed by place partnerships • NHS North East London will also lead on working across partners to resolve issues that inhibit effective provision and sharing of data, including information governance, conflicting data sets, and unclear points of contact
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Annex

We recognise that there are some specific areas where place partnerships and collaboratives working together will need to determine by pathway how we best enable population health and wellbeing.

Examples of areas where we may work to define roles in more detail include:

- **Long Term Conditions**

- In addition to the roles and functions outlined above, places could be required to:
 - understand local needs, have insight into local communities and plan for future needs;
 - deliver engagement and outreach into our diverse communities to build awareness and community support;
 - innovate to deliver primary and secondary prevention;
 - identify and manage long-term conditions;
 - develop integrated teams that support people with rising and complex needs, which will encompass a lot of long-term conditions management (Fuller);
 - empower patients to manage their own health as far as possible;
 - support people to live independently and well at home, avoiding admission to hospital or long-term care;
 - develop out of hospital services that support people with long-term conditions;
 - implement a consistent community-based rehabilitation offer; and
 - share best practice, identifying opportunities to work on a cross-borough basis and making pathways into secondary care as simple as possible.

- **Ageing Well**

- In addition to the roles and functions outlined above, places could be required to:
 - understand local needs, have insight into local communities and plan for future needs;
 - deliver engagement and outreach into our diverse communities to build awareness and community support;
 - innovate to deliver primary and secondary prevention for older local people and those in need of community-based care;
 - develop integrated teams that support people in need of community-based care, aligning with implementation of the Fuller Stocktake;
 - empower patients to manage their own health as far as possible;

- support people to live independently and well at home, avoiding admission to hospital or long-term care;
- develop out-of-hospital services that support and are accessible to local people;
- implement a consistent community-based rehabilitation offer; and
- share best practice, identifying opportunities to work on a cross-borough basis and making pathways into secondary care as simple as possible.

Lead Member Portfolios

1. At the Grand Committee meeting held on 10 May 2013, Members agreed the Member Portfolio System. The purpose of the Portfolio system is for Members of the Committee to have responsibility for specific areas of the Community & Children's Services Department's work and gain expert knowledge and expertise, thus enhancing the Committee's oversight role.
2. The Portfolio system operates through direct liaison between relevant officers in the Department and Lead Members. An officer nominated by the Director, in the relevant area of business, makes regular contact with their respective Lead Members, keeping them informed of developments or issues which may arise throughout the year.
3. Lead Members oversee the work that takes place, challenging and following up issues where necessary. The Portfolio system boosts the support which the Committee provides to the Department in delivering outcomes. Lead Members are encouraged to raise issues at the Grand Committee to ensure that appropriate action is taken.

Portfolios	Role
<p>Children Safeguarding Lead Member The Chairman & 1 Member of the Safeguarding Sub Committee</p> <p>THE COMMITTEE IS ASKED TO APPOINT 1 MEMBER OF THE SAFEGUARDING SUB COMMITTEE</p>	<p>The lead member role is a statutory role charged with championing the needs of children and young people. The Chairman and the nominated lead member will fulfil the statutory role as the lead member responsible for children's services.</p> <p>Lead members are expected to attend the following statutory meetings:</p> <ol style="list-style-type: none"> 1. The City and Hackney Safeguarding Board 2. Statutory meetings with the Director of Children's Services 3. Statutory meetings with OFSTED 4. Statutory meetings with Children in Care Council 5. Be a member of the Safeguarding Sub Committee. <p>The Lead Members will receive regular updates on key areas of Children's' Safeguarding and will have involvement in relevant commissioning areas.</p>
<p>Adult Safeguarding 2 Members of the Safeguarding Sub Committee.</p> <p>THE COMMITTEE IS ASKED TO APPOINT TWO MEMBERS OF THE</p>	<p>The lead members are expected to champion the needs of older people.</p> <p>Lead members are expected to cover the following statutory meetings:</p> <ol style="list-style-type: none"> 1. Attend the quarterly City and Hackney Adult safeguarding board. 2. Attend the quarterly Adult Advisory Board 3. Attend the Homelessness and Rough Sleeping Sub Committee

<p>SAFEGUARDING SUB COMMITTEE.</p>	<p>4. Attend statutory meetings with CQC 5. One Member to be part of the safeguarding subcommittee.</p> <p>The Lead Members will receive regular updates on key areas of Adult Safeguarding and will have involvement in relevant commissioning areas.</p>
<p>Young People 1 Member THE COMMITTEE IS ASKED TO APPOINT <u>ONE</u> MEMBER OF THE GRAND COMMITTEE.</p>	<p>The nominated Lead Member for young people is charged with championing universal needs of young people living, studying or working in the City. The Lead Member will support cross Corporation working and have involvement in relevant services for young people, such as;</p> <ol style="list-style-type: none"> 1. Universal youth provision in the square mile 2. City Youth Forum 3. Apprenticeship, work experience, volunteering opportunities and Culture Mile learning, within the Terms of Reference of the Community and Children's Services Committee.
<p>Rough Sleeping and Homelessness 1 Member THE COMMITTEE IS ASKED TO APPOINT <u>1</u> MEMBER OF THE GRAND COMMITTEE.</p>	<p>The lead member is expected to support, challenge, scrutinise and champion the work undertaken in relation to rough sleepers, attend quarterly meetings of the Homelessness and Rough Sleeping Sub Committee.</p>
<p>A Carers Champion (NEW) THE COMMITTEE IS ASKED TO APPOINT <u>1</u> MEMBER OF THE GRAND COMMITTEE.</p>	<p>In accordance with the recommendation of the Covid Working Party, convened between November 2020 and March 2021, to act as a point of contact for the City's carers.</p>

Community & Children's Services Housing Service

Guidelines for Allocated Members

1. Background

- 1.1 The Allocated Members Scheme matches Members from the Community & Children's Services Committee to each of the City's social housing estates. There are eight Allocated Member positions, with some covering more than one small estates. It is possible for more than one Members to share the Allocated Member role on a large estate if they wish to do so.
- 1.2 The purpose of the Scheme is to:
 - Give residents and staff a named Member to 'champion' their estate;
 - Allow Members to take an interest in the estate, its residents and staff;
 - Develop a group of members with housing knowledge & experience to contribute to the CC&S Committee.
- 1.3 Allocated Members are appointed each year by the Chairman of the Housing Management Sub-Committee.

2. Role of the Allocated Member

- 2.1 The Allocated Member exists to champion the estate and its whole community, covering staff and all residents. This involves:
 - Making occasional visits to the estate and attending some events, to ensure familiarity with the estate, its residents and staff.
 - Promoting the interests of the estate within the City – raising its profile by drawing attention to new developments, initiatives and good practice.
 - Liaising with other departments, outside agencies, and home local authorities over matters which are of concern to the whole estate community. For example, a general rise in anti-social behaviour, affecting many residents on an estate might be helped by the involvement of the Allocated Member, working with managers, to encourage intervention from the police or home borough.
- 2.2 Allocated Members exist to champion the whole estate community, not the interests or issues of individual residents. If an individual attempts to raise an issue with an Allocated Member, they should be referred to local staff or

managers. If the matter is a complaint, the resident must be referred to the formal complaints process.

Managers and staff cannot discuss individual residents with Allocated Members, for confidentiality reasons. Allocated Members should not normally meet privately with residents, or visit them in their homes, unless part of a formal visit with managers. The Allocated Member Scheme is not a forum through which residents can seek to challenge management decisions, and it is not appropriate for residents to request this of the Allocated Member, thus putting them in a difficult position.

- 2.3 There is a clear difference between the role of a Ward Member and that of an Allocated Member. A Ward Member has a democratic responsibility for protecting the interests of residents in his/her ward, and can, therefore, take up a matter with officers on behalf of an individual. Residents outside the City will have their own ward councillors whom they have elected to represent them, and who, therefore, can take up an issue on their behalf.

Allocated Members, however, have not been elected as democratic representatives, and, therefore, officers cannot discuss individual issues or complaints with them. The Allocated Member is selected to represent the estate as a whole, not individuals.

- 2.4 If an individual raises a personal issue with an Allocated Member, the Member will either:
- a) give the resident details of the appropriate local manager so that they can contact them, or
 - b) bring the matter to the attention of the local manager and ask them to contact the resident direct in order to resolve the issue through proper processes.

3. Responsibilities of Allocated Members

- 3.1 An Allocated Member makes an initial commitment to a familiarisation visit to the estate, to be shown around and to meet staff.
- 3.2 Following the familiarisation visit, the Allocated Member is expected to visit the estate on two occasions during the year. One of these occasions will be a formal estate walkabout, organised by the Area Manager and open to residents to take part. The other visit may be an informal one, or might be to attend the Annual General Meeting of a recognised Residents' Association, to chair an estate meeting, or to be at a social event for all residents.
- 3.3 Further visits to the estate are at the discretion of the Allocated Member. The Area Housing Manager should always be informed, as a matter of courtesy, when the Allocated Member proposes to visit the estate.
- 3.4 Officers will prepare a six-monthly report on activities on the estate and will circulate this to Allocated Members for comment in advance of it being presented to the Housing Sub-Committee, and referred to the Grand

Committee. Allocated Members should be prepared to answer questions on any matter included in the estate at the appropriate Committee meeting.

- 3.5 The contact details for Allocated Members will be displayed on notices on the estate and in relevant publications. From time to time, Allocated Members may be asked to contribute a piece for the estate newsletter or other publication.

4. Support for Allocated Members

- 4.1 The Area Housing Manager responsible for an estate will contact the Allocated Member at least on a quarterly basis to discuss issues and activities on the estate.
- 4.2 The Area Housing Manager will also e-mail the Allocated Member at the end of each month with a short update on estate matters.
- 4.3 The Area Housing Manager will also contact the Allocated Member if there are any significant issues on the estate, over and above those which are purely management matters. Examples might be an emergency situation on the estate such as a fire, flood or major crime.
- 4.4 Allocated Members will be informed about forthcoming estate events as so as these are arranged, and will be given the dates of estate walkabouts at least six months in advance.
- 4.5 Briefing events will be held for Allocated Members at appropriate times. These might be to discuss matters of national housing policy and how they affect estates, or to talk about a general issue.

MEMBERS ALLOCATED TO ESTATES
Last updated May 2022

ESTATE	ALLOCATED MEMBER
Avondale Square (Southwark), including Harman Close	Tim McNally
Small Estates: Isleden House (Islington); Windsor House (Hackney)	Ceri Wilkins
Golden Lane (City)	Marianne Fredericks Ceri Wilkins
Holloway & York Way (Islington)	Mary Durcan
Middlesex Street (City) & Dron House/Spitalfields (Tower Hamlets)	John Fletcher
South Bank Estates: Southwark Blocks (Southwark) William Blake (Lambeth)	Tim McNally
City of London & Gresham Almshouses (Lambeth)	Florence Keelson-Anfu
Sydenham Hill: Lammas Green/Otto Close (Lewisham)	Ruby Sayed Florence Keelson Anfu

EDUCATION BOARD

1. **Constitution**

A Non-Ward Committee consisting of,

- 10 Members elected by the Court of Common Council, at least two of who shall have fewer than five years' service on the Court at the time of their appointment
- Up to four external representatives, appointed by the Education Board, with appropriate expertise in the field of education (i.e. non-Members of the Court of Common Council, who shall have voting rights)
- One member appointed by the Policy & Resources Committee
- One member appointed by the Community & Children's Services Committee

2. **Quorum**

The quorum consists of any three Common Council Members and one of the four external representatives, except for the appointment of external representatives, when the quorum consists of any three Common Council Members.

3. **Membership 2023/24**

AS APPROVED BY THE COURT OF COMMON COUNCIL ON 27TH APRIL 2023

4. **Terms of Reference**

- (a) To monitor and review the City of London Strategies for Education, Cultural and Creative Learning, and Skills and to oversee their implementation (including skills and work related learning, and cultural and creative learning) in consultation, where appropriate, with Policy and Resources Committee and the relevant Service Committees; referring any proposed changes to the Court of Common Council for approval;
- (b) To oversee generally the City of London Corporation's education activities (including, where relevant, the City Corporation's commitment to ensuring education promotes healthy lifestyles); consulting with those Committees where education responsibilities are expressly provided for within the terms of reference of those Committees and liaising with the City's affiliated schools and co-sponsors; post school learning providers, and cultural organisations but excluding Gresham College and any responsibilities of the Gresham (City Side) Committee;
- (c) To be responsible for the oversight and monitoring of the City of London Corporation's sponsorship of its Academies, including the appointment of academy governors and, where relevant Members, Directors and Trustees;
- (d) To manage of The City of London Corporation Combined Education Charity (registered charity no. 312836), subject to consulting with the Community and Children's Services Committee as to any policy to be adopted for the application of the charity's funds;
- (e) To manage of the City Educational Trust Fund (registered charity no. 290840), subject to consulting with the Community and Children's Services Committee as to any policy to be adopted for the application of the charity's funds;
- (f) To recommend to the Court of Common Council candidates for appointment as the City of London Corporation's representative on school governing bodies where nomination rights are granted and which do not fall within the remit of any other Committee;
- (g) To monitor the frameworks for effective accountability, challenge and support in the City Family of Schools**;
- (i) To be responsible for the distribution of funds specifically allocated to it for education purposes, in accordance with the City of London Corporation's strategic policies;
- (j) To assist with promotion of skills training and education-business link activities in line with the City of London Corporation's Skills Strategy.

**The expression "the City Family of Schools" means those schools for which the City has either direct responsibility as proprietor, sponsor or local authority, or historic links. These include but are not restricted to: The Aldgate Primary School, the City of London School, the City of London School for Girls, the City of London Freemen's School, and the academies managed by the City of London Academies Trust.

COMMUNITY & CHILDREN'S SERVICES COMMITTEE

Monday, 13 March 2023

Minutes of the Meeting held at Guildhall at 2.30 pm

Present

Members:

Ruby Sayed (Chair)	John Griffiths
Anne Corbett	Florence Keelson-Anfu
Mary Durcan	Alderman Ian David Luder
Helen Fentimen (Deputy Chairman)	Alderman Christopher Makin
Deputy John Fletcher	Timothy James McNally
Deputy Marianne Fredericks	Naresh Hari Sonpar
Steve Goodman OBE	

Officers:

Clare Chamberlain	-	Interim Executive Director, Community and Children's Services
Simon Cribbens	-	Community & Children's Services
Jason Hayes	-	Community and Children's Services
Paul Murtagh	-	Community and Children's Services t
Chris Pelham	-	Community and Children's Services
Chris Lovitt	-	Assistant Director of Public Health, City and Hackney
Mark Jarvis	-	Chamberlains
Julie Mayer	-	Town Clerks
Chandni Tanna	-	Town Clerks, Communications
Ellie Ward	-	Community and Children's Services Department
Ola Oadara	-	City Surveyors
Suzanne Spooner	-	City Surveyors

1. **TO APPOINT A MEMBER TO THE HOUSING MANAGEMENT AND ALMSHOUSES SUB COMMITTEE**

The Town Clerk advised that there had been two expressions of interest, from Joanna Abeyie and John Griffiths and a statement in support of John Griffiths' nomination had been circulated before the meeting. As there were just two nominees for one vacancy it was RESOLVED, that – John Griffiths and Joanna Abeyie be appointed to the Housing Management and Almshouses Sub Committee for the ensuing year.

2. **APOLOGIES**

Apologies were received from :

Deputy John Absalom, Munsur Ali, Sophie Fernandes, Alderman Alastair King, Deputy Natasha Lloyd-Owen, Alderman Bronek Masojada, and Henrika Priest

The following Members had submitted apologies but joined the meeting remotely:

- James Bromiley Davies
- Ben Murphy

- Jason Prichard

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

The Town Clerk had circulated advice from the City Solicitor to all Members in respect of the reports on Crescent House at items 9 (a) Major Works Refurbishment Programme – Golden Lane Estate and 17 Windows and Common Parts Redecorations – Golden Lane Estate (Phase 1 Crescent House) on today's agenda .

The Town Clerk specifically reminded those Members, who are also Members of the Planning and Transportation Committee and wish to participate in any future Planning Decisions in this matter, to recuse themselves from taking part in the discussion and decision on the above items and ask for this to be recorded in the minutes.

For resident Members on the Golden Lane Estate, the City Solicitor had further advised that the Code of Conduct states that this will need to be considered on a case-by-case basis, but *“You will only be expected to exclude yourself from speaking or voting in exceptional circumstances, for example, where there is a real danger of bias.”*

In respect of the report on the Golden Lane Leisure Centre, at agenda item 14 , if a Member does not have any particular financial interest in the leisure centre itself or in respect of the company being granted the lease extension and a management contract, then they would not have a disclosable pecuniary interest.

The following Members recused themselves during items 9(a) and 17:

- Mary Durcan
- Marianne Fredericks
- Alderman Ian Luder

Deputy John Fletcher is a Member of Planning and Transportation but decided to remain for the above items and recuse himself at the Planning and Transportation Committee, should they receive an application in the future.

4. **MINUTES**

RESOLVED, that – the public minutes and non-public summary of the meeting held on 23rd January 2023 be approved.

5. **OUTSTANDING ACTIONS**

A Member asked if actions could state ‘by’ for a target date, rather than ‘to be confirmed’.

6. **ISSUES REPORT FOR THE FUNDING FOR 347 CRESCENT PILOT PROJECT AND WINTER MEASURES FOR THE GOLDEN LANE ESTATE - WITHDRAWN**

Members noted that this item had been withdrawn and replaced by item 9.1 in the Supplementary Pack under ‘Items of Urgent Business: Major Works Refurbishment Programme - Golden Lane Estate’.

7. COMBINED RELIEF OF POVERTY CHARITY - ADMINISTRATION UPDATE AND FUNDING FOR APPROVAL

The Committee considered a report of the Interim Executive Director, Community and Children's Services Committee in respect of the City of London Corporation Combined Relief of Poverty Charity (1073660). The report presented various matters for consideration, consistent with the City Corporation's duty as Trustee; ie - to keep such matters under review and to ensure that the charity is operating effectively. Specifically, decisions were sought in respect of a strategic grant proposal to Family Action, noting that this was seed funding and the applicant would still be able to apply to other funders.

Members noted the various funding pots available to new tenants for items such as white goods and furniture. The Chair advised that she is a Trustee of Housing for the Homeless, to which applications can be made via the Community and Children's Services Committee (CCS) on behalf of qualifying residents. Another similar Charity is the City of London Magistrates Fund, which also accepts referrals from CCS.

Members also noted that the First Love Foundation, which provided food delivery services in the City of London Corporation didn't reach as many City residents as expected but had been successful in reaching tenants on the City's borders.

The officer further advised that, three years ago, the City of London Combined Relief of Poverty Charity had been reviewed. The Chair advised that this would be the subject of a future informal Member Briefing in terms of how the charities and grants work together.

RESOLVED, that:

1. A grant of £82,790 be approved to Family Action, over 24 months, to deliver a food pantry service for City of London residents and those residing in bordering boroughs.
2. The finance update for the Charity be noted.
3. The work of the Charity Review be noted and officers be instructed to review and make recommendations on the funding criteria for the Charity, to be considered at a future meeting of this committee.

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

There were no questions.

9. ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT

Members noted a leaflet, provided by Alderwoman Pearson, which had been posted through letterboxes on the Golden Lane Estate, and on the Golden Lane Website, in respect of the costs of major works. The Assistant Director, Barbican and Property Services stressed that the information was incorrect, it had not originated from the City Corporation and its source was under investigation. The Town Clerk agreed to circulate the letter to Members after the meeting. DONE

The Chair then invited updates from the Chairs of the various Sub Committees and Lead Members, including the Health and Wellbeing Board, noting that this would be a standing item on future agendas.

Members were reminded that the agendas and minutes from the various Sub Committees are available on the Intranet and they are welcome to attend meetings as observers.

Homelessness and Rough Sleeping Sub Committee (HRSSC) – Deputy Marianne Fredericks

The Chair (of the HRSSC) reported on the national Annual Count. London boroughs try to co-ordinate the date and, in 2022, it took place on 22nd November between midnight and 4 am. Officers, outreach workers and the Chair of the Sub Committee cover all the City's streets and walkways, looking for those who are rough sleeping. There was a significant increase in numbers in November but the December count was lower. The Severe Weather Emergency Plans (SWEPs) have been very successful; ie - when temperatures drop to zero, anyone found rough sleeping can come in immediately and have access to pathways to keep them off the streets. Rough sleeping generally is up by 26% across the country but the City Corporation has been very successful in keeping people off the streets, once they come in. The next meeting of the Homelessness and Rough Sleeping Sub Committee will receive a presentation from Homeless Link, who operate the Street Link network.

As there are a number of housing reports on this agenda, there would not be an update from the **Housing Management and Almshouses Sub Committee**.

City and Hackney integrated care board (ICB) – Helen Fentimen

The Deputy Chair (of CCS) advised that the Board had met the previous week and signed off the new Terms of Reference, which incorporated work on the place accountability framework. Officers agreed to circulate the final copy to Members for their information.

The Navigation Programme is based at a neighbourhood level and navigates residents of the City and Hackney to services such as befriending, voluntary services etc, which can be complex. The effectiveness of the programme will be monitored.

Finances are still at a City and Hackney level but delegations are not yet clear. Once North East London are in a position to analyse their final allocation from the Department of Health, and agree as to how it will be shared amongst Integrated Health and Care Boards in North East London, the ICB will receive an update.

Members were asked to note the report in the 'For Information' pack; Consultation: 2023-2027 Joint Local Health and Wellbeing Strategic Priorities. The City and Hackney Health and Wellbeing Board are instrumental in informing the City and Hackney Health Partnership Strategy. Objectives are set out in this information report and Members were invited to contact the Deputy Chair, should they have any comments to feed into the joint discussions.

Members noted that a briefing session on the City and Hackney Care Board's Financial Arrangements, and how they apply to local priorities, had been re-arranged

and invitations sent to HWB and CCS Members for 15th March at 11.30 am. The session would be a hybrid and recorded for those unable to attend.

Safeguarding Sub – Ruby Sayed

The Chair advised that the recent focussed Ofsted Visit for Children’s Social Care and Early Help had been very positive and the been circulated to all Members of the Court.

The Sub Committee had received the Annual Report of the City and Hackney Safeguarding Children Partnership, Corporate Parenting Annual Report and Strategy updates and the Annual Report on Adult Social Care. A new Virtual Head Teacher was in post.

Further assistance would be provided for care experienced young people in terms of travel cards during school holidays and dentistry services. The young people were keen to attend a black tie event or ball.

Lead Members

Carers – Anne Corbett

The Lead Member for Carers advised that the City’s Connections contract, which is run by Age UK East London, had been extended in April 2022 to run until March 2024. Members noted that City Connections provide early intervention and prevention but not specialist advice to carers.

Since October 2022, the City has provided funding for a special carers project and the Tower Hamlets Careers Centre has been sub contracted by Age UK East London. They have a full-time employee and provide drop in centres twice a week at Portsoken and Golden Lane. This service has been very well received and found a further 28 new carers. The City are now aware of 60 carers, representing 10% of the census count. Plans are underway for a carers week between 5 and 11 June 2023. The Lead Member will be helping with fund raising for special events and the Lady Mayoress has offered to host an afternoon tea at Mansion House. Members were very supportive of continued funding for this project and asked for a further update at the next meeting.

Young People – Florence Keelson-Anfu

The Lead Member had been working with the Chair (of CCS) and would be attending a meeting at the DfE this week in respect of care leavers. The Lead Member had also met with the Chief Constable at the British Transport Police and the team at Kings Cross Station about their operations in respect of county lines, stop and search and the prevention of violence against women and girls. (VAWG). The BTP officers offered to provide a briefing for Members in terms of how the City can offer support across its rail network.

Updates from the Housing Estate’s Allocated Members

The Chair reminded the Committee that all Members of CCS can be Allocated Members, not just members of the Housing Sub Committee, and each estate can have more than one member, given the volume of live housing projects.

The Town Clerk reminded Members that there will be re-elections to this and the above positions at the May meeting of the Committee.

Chair thanked all Members of the Sub Committees and Lead and Allocated Members for their input.

Sydenham Hill – Ruby Sayed

This project had been the subject of a protracted planning application and appeal. The Chair (of CCS) had chaired a meeting with the resident liaison group, attended by developers and stakeholders, which had enabled residents to set out their grievances. The Chair has asked for a reset to work together going forward and there was confidence that works would commence soon.

Avondale Estate – Tim McNally

A fire on the Estate was being investigated by the London Fire Brigade. There had been a 6-month delay to the sprinkler project, as one of the sub contractors had gone into liquidation. Walkabouts on the Estate were continuing, with one planned for 14th March.

Golden Lane – Marianne Fredericks

Fallen masonry from the roof of Great Arthur House had been reported to officers.

Middlesex Street – John Fletcher

Members noted that the space had been declared as surplus and the next phase would involve the planning application and City of London Police move. Residents welcomed the resealing of the podium, as it would present an opportunity to redesign from scratch. The Chair thanked Portsoken Members, Members of the Committee and officers for their work in rebuilding relationships between residents and the City Corporation.

Update on the Green Box

Members noted that this had once been a Community Centre and it had been moved to an interim site in Newham, working with West Ham Sea Cadets. This interim move would cost considerably less than the six figure sum originally expected for restoring the site. The Assistant Director, Commissioning and Partnerships, was thanked for his tenacity in this project, given that the Green Box had originally been considered beyond salvage. The Deputy for Portsoken Ward, also a Member of this Committee, further advised that the removal of the Green Box would open up the stairway to Little Somerset Street, reducing the walk from the houses and flats to the station. The Guinness Trust had enquired as to who would be paying for the security gate and asked to meet with the Grants Officer in terms of CILF funding. The Chair offered her assistance in this matter.

The Assistant Director, Commissioning and Partnerships had also been working with the Barbican Association in respect of the Barbican Community Room. A funding bid had been submitted and the outcome would be reported to Members.

Savill Review

The Chair advised that, although Savill Report was for information, she had asked for it to be placed on the Committee's main agenda. Members noted that the Chair would

speak to the Chair of Policy and Resources in respect of arranging a breakfast briefing for all Members, noting its close alignment with the HRA and lessons learnt from other major projects. If not, then there would be a briefing for CCS Members, after the next meeting scheduled for 3rd May 2023. The Chair of HMASC also asked if the report could go to the next meeting of HMASC.

The new Department of Community and Children's Services Handbook had been tabled and would be available to all Members of the Court.

9.1 Major Works Refurbishment Programme - Golden Lane Estate

Members noted that item 6 on the published agenda had been replaced with this new item of urgent business. As this report had been circulated very close to the meeting, copies were also around the tables. The Chair and Town Clerk apologised for the late circulation of papers but this had enabled the Chair of Policy and Resources to provide input and for the most up to date information to be included.

The Committee considered a report of the Interim Executive Director, Community and Children's Services, which sought approval of an expedited Major Works Refurbishment Programme for the Golden Lane Estate, to include an agreed expanded option for the repair/refurbishment of existing window frames and associated roofing, heating and ventilation works.

Members were also asked to note Item 17 on the non-public agenda, in respect of Windows and Common Parts Redecorations - Golden Lane Estate (Phase 1 Crescent House) and officers advised that they would batch reports together in future, to reduce the number of decisions required. Members noted that this project does not include fire safety works; they are part of a separate budget approved by the Policy and Resources Committee. The Assistant Director, Barbican and Property Services, advised of ongoing issues with recruitment and was working with HR in terms of improving the City's offer, when compared to similar employers.

The Deputy Chair of the HMASC asked about recent communications, which might have caused concern to residents. Members noted that all costs are estimates at this stage and further communications, with more accurate figures, will take place before the Section 20 Consultation. The officer advised that all of the consultation reports are on the City Corporation's website and will be updated with cost information as the 'Gateway 4' reports are approved.

The Chair asked for 6 monthly updates on this report.

RESOLVED, that :

1. Option 4 in the report be approved; ie - an expedited Major Works Refurbishment Programme for the Golden Lane Estate, that includes an agreed expanded option for the repair/refurbishment of existing window frames and all associated roofing, heating and ventilation works.

2. Option 2 in the report be approved; ie - for repairing/refurbishing the windows and installing new vacuum glazing as part of the expedited Major Works Refurbishment Programme on the Golden Lane Estate
3. The overall estimated cost of £29,054,000 be approved for the Major Works Refurbishment Programme for the Golden Lane Estate, to be funded from the current provision for the HRA Major Works Programme. NB. Affordability is subject to making ongoing revenue savings from 2025/26 and will need to be kept under review.

AT 4.25pm Members agreed to extend the meeting to conclude the business on the agenda

10. **EXCLUSION OF THE PUBLIC**

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

Item no(s)	Para No(s)
11 – 18	3

11. **NON-PUBLIC MINUTES**

RESOLVED, that – the non-public minutes of the meeting held on 23 January 2023 be approved.

12. **NON-PUBLIC OUTSTANDING ACTIONS**

The Committee received the actions list.

13. **REPORT OF ACTION TAKEN**

The Committee received a report of the Town Clerk.

14. **GOLDEN LANE LEISURE CENTRE**

The Committee considered and approved a report of the Interim Executive Director, Community and Children’s Services.

15. **MIDDLESEX STREET ESTATE (MSE) COMMERCIAL TENANTS RENT ARREARS**

The Committee considered and approved a report of the City Surveyor and the Interim Executive Director, Community and Children’s Services.

16. **PROPOSED EASTERN BASE FOR COLP -VACANT POSSESSION STRATEGY - PROPOSED VARIATION OF FINANCIAL ASSISTANCE TO COMMERCIAL TENANTS**

The Committee considered and approved a report of the City Surveyor.

17. **WINDOWS AND COMMON PARTS REDECORATIONS - GOLDEN LANE ESTATE (PHASE 1 CRESCENT HOUSE)**

The Committee considered and approved a report of the Interim Executive Director, Community and Children’s Services.

18. **RETROFIT SPRINKLERS**

The Committee Considered and approved a report of the Interim Executive Director, Community and Children 's Services.

At 4.25 pm Members agreed to extend the meeting to conclude the business on the agenda.

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

There were no questions

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

There were no items.

The meeting ended at 4.40 pm

Chairman

Contact Officer: julie.mayer@cityoflondon.gov.uk

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Title	Date added	Action	Action owner	By When	Update/status
Bike parking	20/07/2022	Officers to investigate the provision of a bike parking shed or secure area (Middx St)	Asst Director - Housing & Barbican		Additional safe cycle storage is included in the proposals for the Eastern Hub
City of London Primary Academy Islington and Isleden House- local Lettings Plan	03/11/2022	A Member requested that a visual map regarding overcrowding of social housing be provided.	Housing Needs Manager	TBC	The current report mechanism of our databases does not allow this. The IT team are assisting to provide the information, and then Martin can give an indication as to where the overcrowding issues are within the city. Information dependent on IT.
Draft Carers Strategy	23/01/2023	Members requested if next draft could be shared with Unpaid carers before it comes to committee	Head of Strategy & Performance	TBC	The initial draft was developed with carers and received critique and updates from the CSIG prior to consultation. The CSIG will meet again to review the updates from the consultation before the strategy goes to final sign off.
Middlesex Street Estate	23/01/2023	A number of complaints have been received regarding the noisy fans on Middlesex Street Estate and if this could be resolved immediately	Housing Manager		There is a protocol in place for dealing with activation of the fans quickly. Further work has been done to ascertain the underlying cause of the activations but nothing untoward identified. We continue to monitor the situation.
Carers	13/03/2023	A further update on the carers strategy to be given at May committee			Update to be given for May Committee
Great Arthur house	13/03/2023	Officers to investigate the falling masonry from the roof of great Arthur house			The falling masonry was a result of spalled concrete from the roof feature. This has now been made safe and repair options are being assessed.
Barbican Community room	13/03/2023	The outcome for the funding bid to be reported to members			An Application is to be considered by RASC following an assessment.
Saville Review	13/03/2023	Briefing to be scheduled for members after May committee if a breakfast briefing has not been arrange. A report of this to go the next HMASC meeting			Report went to HMASC as agreed. The Town Clerk has agreed to commission an independent overview of the Savills report and its application to the Corporation's residential portfolio.
Major works Refurbishment programme -Golden Lane Estate	13/03/2023	Chair has requested for a 9 monthly update on the refurbishment works			This has been included in the reporting process for the project and the first report will be presented to C&CS in the autumn

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Agenda Item 10

<p>Committee(s):</p> <p>Communications and Corporate Affairs Sub Committee (For Decision)</p> <p>Community and Children’s Services Committee (For Information)</p> <p>Streets and Walkways Sub Committee (For Information)</p> <p>Policy and Resources Committee (For Decision)</p>	<p>Dated:</p> <p>19th April 2023</p> <p>3rd May 2023</p> <p>23rd May 2023</p> <p>8th June 2023</p>
<p>Subject: Global City of Sport – A New Sport Strategy for the Square Mile (2023-2030)</p>	<p>Public</p>
<p>Which outcomes in the City Corporation’s Corporate Plan does this proposal aim to impact directly?</p>	<p>2, 3, 4, 7, 9, 10, 11 and 12</p>
<p>Does this proposal require extra revenue and/or capital spending?</p>	<p>Y</p>
<p>If so, how much?</p>	<p>£175,000</p>
<p>What is the source of Funding?</p>	<p>PIF</p>
<p>Has this Funding Source been agreed with the Chamberlain’s Department?</p>	<p>Y</p>
<p>Report of: Philip Saunders, Interim Director of Communications and External Affairs</p>	<p>For Information/ discussion</p>
<p>Report author: Sam Hutchings, Sport Engagement Manager, Town Clerk’s Department</p>	

Summary

This report sets out the work that has taken place to respond to Member requests to prioritise sport engagement and develop a strategy to guide this work over the medium term.

Following independent stakeholder analysis of sport needs, five priorities – linked to initial deliverables - have been identified for the City Corporation to take forward as part of the new strategy.

To deliver a meaningful strategy, this area of work needs to be adequately resourced and managed. It is therefore recommended that a phased approach be used to address priority issues efficiently. This approach requires additional funding which should initially be met from the Policy Initiatives Fund (PIF) over a 3-year period.

As well as Member involvement via the Sounding Board, the strategy has been formulated through extensive consultation with officers from the Departments of Environment, Community & Children’s Services, Chamberlain’s and Innovation & Growth.

Recommendation(s)

Members of Communication and Corporate Affairs Sub-Committee are asked to:

- Note and approve the five sport priorities for the City Corporation set out in Appendix 1 of this report: ‘Global City of Sport – A New Sport Strategy for the Square Mile (2023-2030)’;
- Agree the proposed objectives for Phase 1 of the strategy delivery, as outlined in paragraph 6 of this report;
- Endorse proposals for the Member Sport Sounding Board – chaired by the Member Lead for Sport – to informally oversee progress of the strategy delivery, as outlined in paragraph 8 of this report; and

Members of the Policy and Resources Committee are asked to:

- Agree an allocation from the Policy Initiatives Fund of £175,000 each year for 3 years from 2023/24 to 2025/26 to cover costs of delivering Phase 1 of the sport strategy, to be categorised as ‘Sport Strategy’ and charged to City’s Cash.

Members of Community and Children’s Services Committee and **Streets and Walkways Sub-Committee** are invited to note the report.

Main Report

Background

1. In June 2022, the Communications and Corporate Affairs Sub Committee (which has responsibility for sport engagement at the City Corporation (with power to act), as per its Terms of Reference) met to consider an independent review of the City Corporation’s approach to sport, and agreed that:
 - i. delivering an improved sport offer should be a priority for the City Corporation going forward
 - ii. the Sport Engagement Manager – should lead on the response to the review and prepare a new sport strategy aimed initially at the Square Mile
 - iii. the sport strategy work should continue to be part of this Sub Committee’s remit and that no additional governance arrangements are set up for the time being
 - iv. as part of the development of the strategy, the Sport Engagement Manger should work with the Chamberlain to consider essential funding requirements for a greater sport offer and what the source of this funding might be.
2. Since that meeting, the Sport Engagement Manager has worked with sector leading sport and leisure consultants – Max Associates – to engage with stakeholders on sport needs and develop a sport strategy for the Square Mile

which will guide the City Corporation's approach to sport until 2030. In addition, a Member Lead for sport has been appointed by the Policy and Resources Committee and an informal Member sounding board on sport has met several times to guide the development of the strategy.

A New Sport Strategy

3. Working with the Sport Engagement Manager, Max Associates undertook extensive stakeholder analysis, consulting our residents, workers and potential visitors on their sport interests and needs. This is in addition to recent surveys undertaken for the City Corporation by London Sport and ukactive. Details of the stakeholder analysis are set out in the Consultant's Report at Appendix 2. The responses from stakeholders through this engagement have helped to formulate the sport priorities for the Square Mile going forward.
4. A Sport Sounding Board has also been set up by the Member Lead for Sport to support the formulation of a new strategy. The Sounding Board consists of those Members of the Court of Common Council with an interest in sport (currently 23 Members). It has met five times since October last year to discuss the feedback from the stakeholder analysis and agree the priorities for sport going forward.
5. The new sport strategy – Global City of Sport – is attached as Appendix 1 to the report. It sets out a vision and five sport themes / priorities for the City Corporation over the next seven years. These include:
 - INVEST in sport facilities - to ensure they are fit-for-purpose, commercially viable and meet stakeholder needs
 - ACTIVATE our streets / spaces – to encourage accessible sport and physical activity that is free to use and open to all
 - CELEBRATE the impact of sport – to continue delivering a focused sport engagement programme that brings long term benefits to our stakeholders
 - ATTRACT more high quality sport events – to entice more mass participation and high-profile spectator sport events onto City streets and public spaces
 - SUPPORT community sport – help to establish more sport clubs, classes and activities in the Square Mile, with a particular focus on activities for young people and those from disadvantaged backgrounds

Phase 1: Strategy Delivery (2023-26)

6. Owing to the current financial context it is acknowledged that the roll out of the new sport strategy will need to be phased to address the most pressing issues first. On this basis, the sport strategy should be considered as a direction of travel instead of an end point. Within this context, it is suggested that the following sport objectives be taken forward initially by the Sport Engagement Manager with the aspiration that they will be on track to be delivered in the first three years of the new strategy (i.e. by 2026):

- **INVEST in facilities** – City Sport Business Case: Within the context of the need to urgently address ongoing challenges at Golden Lane Leisure Centre (GLLC), a clear fully costed business case should be formulated, with help from external consultants, to direct the City Corporation’s long term future leisure offer in the Square Mile. This should reflect on:
 - existing provision, including the role and future of GLLC
 - alternative location options – including new and existing builds
 - potential to align with the City Plan and other corporate priorities, such as the Climate Action Strategy
 - hub v satellite facilities appraisal
 - ‘Destination City’ viability – providing ‘unique and attractive’ facilities
 - external funding opportunities – to support capital and revenue spends
 - staff incentivisation – to encourage people into the office
 - provision of sport development function and other public health services
 - flexible office space for domestic and international sports organisations
 - alignment with needs of residents and those experiencing socio-economic disadvantage

The aim will be to complete this business case, with a clear rationale for future investment of sport and leisure facilities in the Square Mile in line with the new sport strategy, with sufficient time to guide Members decisions on the leisure service contract at GLLC, which currently can be extended until March 2025.

- **ACTIVATE spaces** – Urban Fitness Trail: aligned with Destination City aspirations to make the Square Mile environment more attractive, it is proposed that a review of available locations and suitable equipment options be undertaken with the intention to pursue a network of accessible free-to-use outdoor fitness equipment and spaces across the Square Mile. This network could then be mapped, sign-posted and promoted to encourage users to follow a ‘fitness trail’ through the City of London. Funding for the installation of new facilities at 6 -12 locations across the City could be sought from relevant internal and external allocations. A proposal for the new trail, including funding options, will then be considered by relevant Committees once the review has been completed hopefully early next year.
- **CELEBRATE impact** - Sport Engagement Programme: with the Olympics and Paralympics taking place in Paris next year, and numerous other opportunities to engage with business and international policy makers through sport, an ongoing priority should be to continue delivering an effective sport engagement programme that helps to demonstrate the value of the City Corporation and promote soft power efforts. Already the City Corporation has been approached to sponsor UK House in Paris during the Games, which will provide a unique opportunity to support this strategically important venue and engage with an international audience on national objectives. Other initiatives, such as the Global Sport Agora, provide an important forum for senior leaders from business and sport to discuss shared issues. As has been the case previously, sport engagement events will continue to be overseen by the Communications

& Corporate Affairs Sub Committee with funding provided from any PIF allocation.

- **ATTRACT events** - Sport Mega Events: also aligned with Destination City outcomes, efforts would be made to entice at least two high profile spectator sport events to the Square Mile by the end of 2026. It is likely that one of these events would be an urban sport concept, such as 3X3 basketball, padel tennis or urban cricket. The other event could be linked to active travel and involve cycling or skateboarding. Any proposed event will need to meet obligations around health and safety as well as local community outreach. Such events would be largely dependent on commercial sponsorship and an interested event organiser, although some seed funding could be used from the agreed PIF allocation. Approval for the events will be in line with all road events in the City and subject to endorsement from the Streets and Walkways Sub Committee.
- **SUPPORT community** - Inclusive Sport Activations: to look at options for bringing regular inclusive and accessible pop-up sport activities and classes to the Square Mile, particularly focusing on young people, over 60s, those with a disability, empowering women and girls in sport and encouraging physical activity amongst our diverse communities. An option to look at meanwhile use of buildings for pop-up activities will also be considered. Costs incurred from these activations will need to be met from the PIF allocation, although it is hoped that they will be largely self-funding through commercial sponsorship or a user fee where applicable.

Delivering the Sport Strategy

7. Although formal oversight will continue to be through appropriate committees, it is suggested that – in line with Sport England governance guidance – a structure be put in place to check on the progress of delivering the strategy. Members may feel that the recently established Sport Sounding Board should meet on a quarterly basis to provide this strategic oversight of the sport approach and ensure the new priorities are delivered on track. Success of the new sport strategy will be measured against the delivery of the five objectives for Phase 1 at the end of the first three years i.e. by 2026. Targets will be set around each of the priorities that contribute to the Destination City agenda and will be focused on, but not limited to, driving footfall that encourages spend, driving increased dwell time, enhancing customer perceptions and experience and increasing stakeholder satisfaction. Agreement for funding and objectives for Phase 2 will need to then be reviewed towards the end of Phase 1 by Members.
8. Assuming the Member Lead for Sport continues to be appointed by the Policy and Resources Committee and have responsibility for overseeing the delivery of the new strategy, that person could continue to chair the Sport Sounding Board. Its membership could continue to include all Members of the Court of Common Council with an interest in sport although the size might be capped at 20 to facilitate productive discussion. It also could be deemed appropriate that steps are taken to ensure those committees with an interest in sport are represented on the sounding board.

9. Delivery of the sport strategy as well as our sport engagement function currently rests solely with the Sport Engagement Manager. It is suggested that, to recognise the increased prioritisation of sport going forward, this post should continue to have responsibility for overseeing the strategic direction of sport at the City Corporation and taking forward objectives set out in the new strategy. Given the additional workload that will arise from this new strategy, it is also suggested that a new post be created to support the Sport Engagement Manager on delivering the sport priorities. A primary responsibility of this new post will be to develop an action plan and seek and apply for external funding opportunities that will help deliver and expand on the five sport priorities.

Corporate & Strategic Implications

10. Strategic implications – the new sport strategy aligns with and will support the delivery of the Corporate Plan, mainly by improving the wellbeing of our community but also in support of plans to make the City of London a vibrant and attractive destination. Reviews of the City Plan and the Transport Strategy are at an advanced stage and will be likely to be finalised before the City Sport Business Case and the Urban Fitness Trail. However, there is scope to explore further how the overarching aspirations of the Sport Strategy can be supported in the City Plan and Transport Strategy, and how they can contribute towards delivery alongside other land use and transport and priorities.
11. Resource implications - to address the additional workload created by the strategy, it is proposed that a new fixed term full-time post should be created - Sport Strategy Officer (Grade E) - to support the Sport Engagement Manager on delivering phase 1 of the sport delivery. In addition, there is a case for reviewing the job title and grade of the Sport Engagement Manager to reflect the change in responsibilities and increased prioritisation of sport within the organisation. This will be carried out in accordance with relevant HR procedures.
12. Financial implications - The City Corporation currently allocates £80,000 per year to sport engagement, which predominantly covers the salary of the Sport Engagement Manager. Additional funding to cover costs of delivering the new sport priorities is essential to achieve successful outcomes. Owing to current financial constraints it has so far not been possible to source a permanent uplift to the sport budget at present. It is therefore suggested that Phase 1 of the sport strategy be funded from Policy Initiatives Fund, categorised as 'Sport Strategy' and charged to City's Cash, to ensure the work can get underway as quickly as possible. A request is made for £175,000 per year for 3 years from 2023/24 to 2025/26 covering the following allocations:

£75,000	Additional Staff Costs
£70,000	Sport Engagement, Events & Activations
£30,000	Sport Facility Appraisal
£175,000	TOTAL

The current uncommitted balance available within the 2023/24, 2024/25 and 2025/26 Policy Initiative Fund is £517,000, £800,000 and £1,150,000, prior to any allowances being made for any other proposals on today's agenda.

Subject to the financial context and successful progress on Phase 1 of the new sport strategy implementation, a permanent funding solution for sport, addressing potential external sources of funding and ongoing maintenance costs, should be considered by Members before the end of 2025.

13. Legal implications - None

14. Risk implications - None

15. Equalities implications – In line with our Public Sector Equality Duty 2010, proposals set out within the strategy are intended to have a positive impact on people protected by existing equality legislation – age, disability, gender, race etc. Sport naturally breaks down barriers and encourages social cohesion. Efforts will be made to support events and initiatives that have a positive impact on diversity and equality.

16. Climate implications – Owing to the nature of sport and physical activity, objectives are likely to reinforce climate goals and the need to reduce the organisation's carbon footprint. Particularly by encouraging active travel options and by using outdoor facilities which do not require energy supplies. Furthermore, the aim of developing new facilities could also set out to attain renewable energy options and maximise energy efficiency. We will seek to reduce the environmental impacts of delivery, for example by reusing materials and choosing materials with the lowest whole life carbon footprint. Opportunities to use recycled materials to reduce the use of new material and incorporate climate resilience measures will be explored. In addition, new events should be encouraged to align with relevant sustainability guidelines.

17. Security implications – Any planned new high profile sport events and activations would need to be assessed appropriately for potential security risks.

Conclusion

18. This report sets out a proposal for a new sport strategy – A Global City of Sport. The recommendations in this report provide the framework for initiating the first step in the delivery of a new sport strategy. Extensive internal and external stakeholder engagement and oversight by the Sport Sounding Board has guided the design of the strategy and creation of a vision and five key priorities. These priorities will guide the City Corporation's approach to sport over the next seven years and help ensure appropriate allocation of time and resources to the sport needs that matter to our stakeholders. Members of the Policy and Resources Committee and Communication & Corporate Affairs Sub Committee are asked to approve this new sport strategy and agree the resource and funding implications.

Appendices

- Appendix 1 – A Global City of Sport: A Sport Strategy for the Square Mile (2023-30)
- Appendix 2 – Sport Strategy Consultant’s Review - Summary Evidence Paper

Background Papers (these can be requested separately by Members from the Sport Engagement Member):

- i) Ukactive Worker Consultation Report – March 2021
- ii) London Sport Resident Consultation Report – May 2021
- iii) [Communications & Corporate Affairs Sub Committee ‘Sport Review’ Report – June 2022.](#)
- iv) Leisure-net Visitor Consultation Report – January 2023
- v) Leisure-net Resident and Worker Consultation Report – February 2023

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A New Sport Strategy for the Square Mile

Introduction

The City of London Corporation is the governing body for the Square Mile. It has a unique and significant role in supporting and promoting London, the UK and globally. As well as providing local authority services in the Square Mile, it promotes trade and business opportunities to an international audience, in addition to supporting the cultural sector and managing open spaces across London.

Since the London 2012 Games, and more recently hosting the Women's Euro Football Championships in England, sport is increasingly seen as a vehicle for social and economic advancement, in addition to promoting health and wellbeing. Further details on how we deliver sport across the organisation can be found on our [website](#).

Through this strategy, which outlines the direction of travel for sport in the Square Mile over the next seven years and beyond, the City Corporation stands ready to use its resources and convening power to help maximise the impact of sport to all our stakeholders.

For the purposes of this strategy, the term 'sport' covers all forms of team sport, physical activity, fitness exercise, play and wellness. Active travel is covered separately by our Local Plan and Transport Strategy, delivering measures such as widening pavements or creating pedestrian priority streets, will also help enable people to exercise, including walking and cycling for leisure, in the public realm.

Who are our stakeholders?

The Square Mile is used by a number of stakeholder groups, including:

- Residents – the City of London currently has around 8000 residents
- Workers – there are over half million workers based in the City of London
- Visitors – the City of London gets approximately 20 million tourist visits a year

The priorities set out in this strategy reflect the findings of recent stakeholder analysis undertaken by various external consultancies since 2019. This engagement has been through a mix of focus groups and surveys.

How can we deliver sport outcomes?

The City Corporation has a long history of supporting sport, through the facilities and spaces we manage, as well as events and engagement with partners and stakeholders. For the purposes of this strategy, which is focused on the Square Mile specifically, our role in supporting and promoting sport includes:

1. Facilities – we oversee delivery of sport services and facilities at Golden Lane Leisure Centre, including a gym, swimming pool, tennis courts and indoor sports hall

2. Public Spaces – as the highway and planning authority for the Square Mile, we design, manage and maintain the City’s streets and public spaces and guide the development of the built environment
3. Engagement – using our venues and convening power, we aim to celebrate the impact of sport with our stakeholders and the wider community
4. Events – sites in the City of London provide an inspiring backdrop for mass participation and high-profile spectator sport events and we oversee road closures and safety checks on large events
5. Activities – we support efforts by sport clubs and groups to improve the wellbeing of our residents and workers

Why are we prioritising sport and physical activity?

Similar to our cultural offer, sport provides the opportunity to demonstrate the value of the City Corporation to a wide and diverse audience. From elite to grassroots sport, it touches most people’s lives in some way and can provide inspiration and hope to people from different backgrounds irrespective of age, gender, ethnicity, ability and affluency.

Owing to recent events and the changing nature of work arrangements, the Square Mile is evolving to ensure it continues to be a place where people want to live, work and visit. Through this overarching ‘Destination City’ approach, the City Corporation is determined to offer attractive and relevant amenities so that it continues to be an internationally recognised destination for business and tourism. Sport facilities, events and engagement provide the City Corporation with an unparalleled opportunity to reach out to a wide and diverse audience and demonstrate our relevance in a global landscape. Sport can also have a positive contribution to range of benefits including:

- Health and wellbeing – being active provides a variety of physical and mental health benefits
- Social cohesion – sport and physical activity brings people together and breaks down social and cultural barriers
- Economic – productivity, economic regeneration and local investment often stem from sport participation and events
- Soft power and trade – success in sport and event hosting can enhance international diplomacy efforts and boost trade opportunities
- Diversity and Equality – sport promotes the importance of diversity and equality of opportunity

Following extensive stakeholder analysis and feedback from our residents, workers and visitors there is now a clear justification for prioritising sport and physical activity within the Square Mile and in the various strategies that we prepare, including the Local Plan and Transport Strategy. In addition, agreeing clear and ambitious targets for sport and physical activity could help us deliver other strategic outcomes in relation to issues such as tackling climate change, reducing anti-social behaviour and social isolation, as well as improving outcomes for young people.

Who are our partners to deliver on the strategy?

To deliver on our sport priorities, it is imperative that we work hand in hand with our partners to achieve an ambitious set of goals. These partners include the UK Government, the Mayor of London, London Boroughs, UK Sport, Sport England, London Sport, National and International Sport

Federations, and various sport consultancies and not-for-profit organisations. There will also be many occasions when we will need to work with the private sector, City businesses, developers and Business Improvement Districts (BIDS) on specific sport related initiatives.

How will we make sure we deliver on the sport strategy?

Key to ensuring the new sport strategy is delivered successfully will be appropriate oversight and management arrangements that keep the objectives on track. In addition to allocation of staff resources, a Member Lead and Sounding Board will help guide the new strategy and provide feedback on outcomes. Regular reports on progress will also be provided to the Communications & Corporate Affairs Sub Committee to maintain a necessary level of accountability for delivering on the strategy. It is anticipated that an action plan will be developed stemming from the identified sport priorities over the next seven years and beyond. Benchmarking against other urban areas within the UK and internationally can help ensure that our actions place the City at the forefront of urban sports, as well as highlighting alternatives sports, activity and play options that could be pursued.

Key departments involved in delivering on this strategy

- Town Clerk's – responsibility for overall management of the sport strategy
- Community & Children's Services – responsible for our leisure contract and public health aspects
- Environment – responsible for planning, public realm, active travel, highway management and open spaces in the Square Mile
- Innovation Growth – responsible for business engagement and trade promotion

Owing to funding constraints, the strategy will need to be split into two phases. The first phase – Phase 1 (2023-26) - will identify five major objectives, each linked to the priorities, that should be delivered in the first three years of the strategy's implementation. Success of the strategy will be measured against the delivery of these five objectives at the end of the first three years i.e. by 2026. Agreement for funding and objectives for Phase 2 will be reviewed at the end of Phase 1 by Members and agreed prior to the commencement of the second half of the sport strategy delivery.

How will we pay for this?

Of course, in order to deliver a meaningful strategy it is essential that appropriate resources are allocated to the identified priority areas. However, given the current financial challenges facing the City Corporation, a degree of flexibility and creativity will need to be followed to achieve these outcomes. There is also an expectation that efforts will be made to source external funding opportunities as well as realising the revenue enhancing potential that sport and physical activity can offer in the future.



A Global City of Sport **2023-2030**

Vision – to be a leading global city of sport, through valued and exceptional sport facilities, events and engagement

Our sport priorities are:

1. INVEST in our sport and leisure facilities

- a) By assessing options for long term future sport and leisure investment in the Square Mile
- b) By optimising existing facilities and recreational areas to maximise use and benefits to our stakeholders
- c) By collaborating with local partners and the private sector to offer a wide range of unique and appealing sport facilities and attractions

2. ACTIVATE our streets and public spaces to encourage sport and physical activity

- a) By expanding free-to-use outdoor sport and fitness facilities on our streets and public spaces
- b) By encouraging sport and fitness as an integral part of appropriate new developments
- c) By delivering our Transport Strategy to give people walking, running and cycling more space and priority on our streets

3. CELEBRATE the impact of sport

- a) By utilising our venues and convening power to promote the benefits of sport to a wide and diverse audience
- b) By maximising our domestic and international reach to promote sport opportunities in London and the UK
- c) By supporting events and initiatives that encourage collaboration between sport and business

4. ATTRACT more high quality sport events

- a) By enhancing the relationship with sport event organisers and actively promoting the City as a destination for sport
- b) By reviewing the delivery process to maximise positive outcomes from mass participation and spectator events
- c) By encouraging domestic and international sport organisations to visit and operate within the Square Mile

5. SUPPORT local community sport

- a) By opening up our venues and spaces for sport and physical activity classes and group sessions
- b) By ensuring our sport facilities and play areas are fully accessible and open to all
- c) By championing youth focussed sport clubs and initiatives targeting people over 60, with a disability or from disadvantaged backgrounds

SPORT PRIORITY 1:


INVEST in our sport and leisure facilities

What do our stakeholders say?


- *The current leisure centre is not accessible for everyone and has limited scope for expansion*
- *We want unique state-of-the-art facilities, which take advantage of the urban landscape*
- *Swimming, sport and wellbeing facilities are important to us*

How will we deliver on this priority?


- a) By assessing options and delivering for long term future sport and leisure investment in the Square Mile

 We will undertake an in-depth feasibility study, with costed business plan, on the long term investment options for sport and leisure facilities in the Square Mile. Similar to other local authorities, we will look at partner opportunities to help with costs involved in building and managing the new site. Any proposal will need to be commercially viable in the long term and ensure revenue streams are maximised.

- b) By optimising existing facilities and recreational areas to maximise use and benefits to our stakeholders

 We will consider the role and future of our existing leisure centre at Golden Lane, as well as opportunities to partner with neighbouring boroughs to ensure access to leisure services can be maintained. We will also explore options to enhance existing sport and play areas across the Square Mile to ensure they meet adequate standards and local needs. Where this is not the case, we will look to work with partners on improving these facilities.

- c) By collaborating with local partners and the private sector to offer a wide range of unique and appealing sport facilities and attractions

 We will continue to welcome private gym, spa and leisure providers into the Square Mile and work with them to ensure our stakeholder needs are met. Where applicable we will also look to partner with these organisations to help deliver on our own sport objectives.

SPORT PRIORITY 2:

ACTIVATE our streets and public spaces to encourage sport and physical activity

What do our stakeholders say?

- *We want to use our green and grey spaces for exercise and sport*
- *Space for team games and informal sport is important*
- *Active travel must be prioritised and enhanced*

How will we deliver on this priority?

- a) By expanding free-to-use outdoor sport and fitness facilities on our streets and public spaces



We will look to find suitable locations in the Square Mile that can accommodate bespoke free-to-use outdoor fitness equipment and, where space is limited, consider alternative multi-use facilities that encourage physical activity. In the long term, a network of outdoor facilities will be progressed across the Square Mile to provide no cost access to fitness equipment all year round.

- b) By encouraging sport and fitness as an integral part of appropriate new developments



As the planning authority for the Square Mile, we will work with developers to ensure new planning applications reflect on the need for sport and leisure access in local public and publicly accessible spaces, including spaces within buildings, where appropriate. We will consider how this priority can be identified in the new City Plan.

- c) By delivering our Transport Strategy to give people walking, running and cycling more space and priority on our streets.



We will continue to invest in our streets to make them safer and more attractive places to walk, run and cycle.

SPORT PRIORITY 3:


CELEBRATE the impact of sport

What do our stakeholders say?


- *We love coming to Guildhall to celebrate sport*
- *The City Corporation plays an important role in bringing sport and business leaders together*
- *Sport can generate so many positive outcomes and its great that we reflect on this*

How will we deliver on this priority?


- a) By utilising our venues and convening power to promote the benefits of sport to a wide and diverse audience

 We will continue to host events that celebrate the benefits of elite and grassroots sport to our stakeholders. Using venues such as Guildhall and Mansion House, we will welcome visiting dignitaries and guests to the City of London and provide unique backdrop to help raise awareness of the wide-ranging benefits of sport

- b) By maximising our domestic and international reach to promote sport opportunities in London and the UK

 We will utilise our overseas programme to promote London and the UK as a destination for major sport events and sporting success. We will also work with partners to use sport as a tool for international diplomacy and support the expansion of high profile international sports to London and the UK.

- c) By supporting events and initiatives that encourage collaboration between sport and business

 We will develop our role as an interlocutor between sport federations and global business firms. At a time when business and financial gain from sport is so prescient, we will bring business and sport leaders together to discuss shared issues and find solutions to current challenges.

SPORT PRIORITY 4:


ATTRACT more high-quality sport events

What do our stakeholders say?


- *A third of people from across the UK would be interested in visiting the Square Mile to watch a high-profile sport event*
- *Watching road races and events on the City streets offer a unique opportunity to promote the Square Mile's attractions*
- *Sport events need to be tied in to local stakeholder outcomes*

How will we deliver on this priority?


- a) By enhancing the relationship with sport event organisers and actively promoting the City as a destination for sport

 We will work with organisers of sport events to ensure they are supported and embraced as an important partner in delivering on objectives to make the Square Mile more appealing to visitors. As part of this relationship, we will also look to maximise outcomes from the event for our local community, including residents and City workers.

- b) By reviewing the delivery process to maximise positive outcomes from mass participation and spectator events

 We will review internal and external processes for planning sport events on City streets and public spaces and consider any opportunities to enhance efficiencies and maximise outcomes to benefit local stakeholders.

- c) By encouraging domestic and international sport organisations to visit and operate within the Square Mile

 Efforts will be made to encourage sport bodies to base themselves in the City of London. Additionally, alongside efforts to investigate options for leisure provision in the Square Mile, consideration will also be given to providing collaborative office space for domestic and international sport federations on a permanent and temporary basis.

SPORT PRIORITY 5:

SUPPORT local community sport

What do our stakeholders say?

- *It would be great if some of the City's iconic attractions be used for pop-up sport activities*
- *We love the social side to sport clubs and classes*
- *Accessible and inclusive activities, such as yoga and pilates, are important to us*

How will we deliver on this priority?

- a) By opening up our venues and spaces for sport and physical activity classes and group sessions



We will review current assets owned by the City Corporation to see whether any buildings or outdoor spaces could be made available for sport activities and group sessions. We will also work with businesses, schools and developers to ensure consideration is given to this aspect when designing new buildings and public realm in the Square Mile.

- b) By ensuring our sport facilities and play areas are fully accessible and open to all



We will audit our current sport facilities to ensure they are fully accessible and, where this is not the case, address the issues that are preventing access. We will also consider gender, social and cultural barriers that might limit access to a facility or space and seek to resolve these matters where possible.

- c) By championing youth focussed sport clubs and initiatives targeting people over 60, with a disability or from disadvantaged backgrounds



We will work with local sport clubs to help them establish regular community focused activities and sessions in the Square Mile, providing support on external funding opportunities as well as assistance with access to local facilities and spaces. Particular focus will be given to young people, those from disadvantaged backgrounds, as well as people over 60, carers and those with a disability



Sport Strategy Consultant's Review
Summary Evidence Paper

March 2023



1. Introduction

- 1.1. Max Associates was commissioned by the **City of London Corporation** (CoLC) to support the development of a new sports strategy for the Square Mile.
- 1.2. The two main elements of support were around: **engagement and facility review**. The findings are set out below.

2. Engagement

- 2.1. Engagement focused on three key areas:

- visitors to the Square Mile;
- residents; and
- workers.

2.2. Visitor

- 2.2.1. Research was undertaken by Leisure-net in November 2022 using a consumer panel, with a national database of 62k people. A sample of 500 people was used to understand attitudes to visiting the Square Mile and what type of sporting activities and events would attract people to the City. A report of the engagement outcomes was considered by the Sport Sounding Board in January 2023.

2.3. Residents and Workers

- 2.3.1. The engagement methods used for residents and workers included focus groups and surveys (for those who couldn't attend the focus group sessions). This was to supplement engagement via surveys undertaken with both groups by the City during the Covid-19 pandemic.
- 2.3.2. The focus groups were undertaken by Leisure-net in December 2022 and January 2023 with 21 residents and representatives from employers taking part. A report of the engagement outcomes was considered by the Sport Sounding Board in February 2023

2.4. Key Findings

- 2.4.1. The key findings from all engagement methods have been set out under the following core themes:

FACILITIES

- Issues were raised by residents in relation to Golden Lane Sports Centre, and the operation of it, mentioning issues such as, poor programming, limited opening hours, poor maintenance, and attitude of staff.
- Many City workers and potential visitors unfamiliar with the Centre, perhaps given its location.
- People need an offer to be available to supplement provision for those who can afford 'private' interventions.
- Consider rooftop spaces for swimming, wellness and ball games.

- Rooftop swimming and spa / wellness centres were the facilities most likely to attract people to the Square Mile (Visitor survey), particularly visitors from within London.
- Activities like rooftop swimming, spa and outdoor gyms, Pilate / Yoga would attract people to take part.
- A unique facility in a suitable location in the Square Mile, is likely to be an important element of the strategy to attract City workers into the office, instead of working from home.
- Opportunity to work with large organisations to link residents to CSR activity which involves physical activity.

SPACES

- Employee's core requests focused on routes in the City for running, cycling and walking, which are free from obstruction, traffic and circular.
- Street signage for walking and jogging routes would be of value.
- Residents felt more could be done to enable physical activity in green and grey spaces.
- Space for team games and informal sport and relocating sound proofed ball cages were suggested.
- Active travel is important.
- Outdoor gym equipment would be popular amongst City workers during non-working time.

IMPACT

- Residents felt that older and younger generations required greater opportunities to take part in social integration which included physical activity. This didn't have to be building based but could be an engagement / enabling resource to make use of existing indoor and outdoor space.
- Socialising with others, maintaining fitness and strength levels were important.
- Employers and employees knew the benefits of physical activity for mental well-being and improved productivity.
- Keen to provide opportunities for younger people to be active, particularly after the pandemic where people were 'stuck in flats'.
- Encouraging children to play as part of a team is important to reduce social isolation. Being part of structured activity is good to feel part of a team, learn how to follow instructions etc. However unstructured play is also important (playgrounds).
- Being active together help individuals feel part of the community.
- Being active gives confidence and creates a feeling of being a part of 'something'.

EVENTS

- 34% of visitor respondents from across the UK said that spectating high profile events / competitions would attract them to the Square Mile
- Just under 30% of visitor respondents have either taken part or would like to take part in a mass participation event in the Square Mile.

COMMUNITY

- Other indoor spaces could be used for physical activities; libraries, art centre and other social areas, to provide more communal ‘bumping into’ spaces.
- Play and gymnastics are seen as new areas for investment.
- Have multi-use spaces, e.g. GP surgery, location for occupational therapy, social care, yoga, café, etc.
- Could the Barbican exhibition centre be used for pop up events / activities?
- Spaces to play indoors (soft play) and outdoors are important.

2.4.2. The full reports are provided in separate documents; City of London Consultation Report Final Feb 23 and City of London visitor survey final Feb 23.

3. Summary of recommendation actions

3.1. In addition to the stakeholder engagement, a review of sports facilities across the City and just beyond the borders was -compared by management type; public, private and educational providers. Further analysis of what other global Cities provide was also reviewed for good practice and innovative solutions. The findings of this review together with the stakeholder engagement are included in the recommendations, under the five key themes below.

INVEST IN FACILITIES

- There has been strong negative feedback in relation to Golden Lane Sports Centre. There are limited options for development and being located in the north of the City, within a residential estate is not accessible to all City residents, particularly those living in areas on the eastern side of the City. Nearby workers are generally unaware of the centre and tend not to use the facilities. It is also close to two similar centres in Islington, Ironmonger Row and Finsbury Leisure Centre. Finsbury is to be re-developed as part of a regeneration and housing scheme.
- The Square Mile has a wealth of private and school sport and fitness provision, private facilities include higher end fitness brands like Virgin and Nuffield. There is also education provision of pools in the City of London schools.
- A City Corporation owned facility is important to ensure full accessibility to all stakeholders aligned with corporate objectives and – similar to other local authorities - providing a leisure offer that meets everyone’s needs, irrespective of aspects such wealth and location.
- Given the private swimming and fitness offer in the Square Mile, new facilities must be unique, create a ‘wow’ factor taking advantage of the City-scape where possible and not compete directly with the private market. It is recommended the City Corporation considers site options available and given the space work up a suitable facility mix and outline business case.

ACTIVATE SPACES

- There was strong feeling about the important of open space, active travel, use of ‘green’ and ‘grey’ spaces and the benefits of being outdoors.
- Reviewing other Cities, many were advanced in having fitness trails, interactive running routes, guided walks and fitness equipment incorporated into the natural environment.

- It is recommended the City considers circular walking, running or fitness trails, enabling workers and residents to be active outdoors around and through the City.

CELEBRATE IMPACT

- Engagement with residents and workers strongly demonstrated the positive impact sport has on individuals at a local level. However, given the City's unique position, links with business, and growing popularity of international sporting events, there is an opportunity for the City to develop a strong sport engagement programme, bringing value back into the City.
- The wider economic and soft power benefits of sport are an added impact that the City Corporation has successfully championed.

ATTRACT EVENTS

- Given the strength of visitor engagement to either take part in or spectate at sporting events, there is an opportunity for the City, as part of its global reach to attract both traditional or urban sports events to the City.

SUPPORT COMMUNITY

- The engagement demonstrated local passion and commitment to be more active and not necessarily in traditional sports centres. The City has the opportunity to reach inactive residents and workers, through engagement and try-out sessions, both in alternative or temporary locations.
- Priority groups highlighted were inactive people, older people, women and girls and younger people.

Disclaimer

Although the information in this report has been prepared in good faith, with the best intentions, on the basis of professional research and information made available to us at the time of the study, it is not possible to guarantee the financial estimates or forecasts contained within this report.

Max Associates cannot be held liable to any party for any direct or indirect losses, financial or otherwise, associated with any information provided within this report. We have relied in a number of areas on information provided by the client and have not undertaken additional independent verification of this data.

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Committees: Community and Children’s Services Committee – For Decision Homelessness and Rough Sleeping Sub-Committee – For Information	Dated: H&RS - 26/04/23 CCS - 03/05/23
Subject: Homelessness and Rough Sleeping Strategy 2023–2027	Public
Which outcomes in the City Corporation’s Corporate Plan does this proposal aim to impact directly?	1,2,3,4
Does this proposal require extra revenue and/or capital spending?	N
If so, how much?	N/A
What is the source of Funding?	N/A
Has this Funding Source been agreed with the Chamberlain’s Department?	N/A
Report of: Clare Chamberlain, Interim Executive Director – Community and Children’s Services	For Decision
Report author: Scott Myers, Strategy & Projects Officer, Community and Children’s Services	

Summary

This report updates Members on the response to the public consultation of the Homelessness and Rough Sleeping Strategy for 2023–2027 following its 12-week public consultation.

This paper also sets out the final version of the strategy for Members’ approval.

Recommendation

Members are asked to:

- Members of the Homelessness and Rough Sleeping Subcommittee are invited to endorse the following recommendations for approval by the Community & Children’s Services Committee

Main Report

Background

- The Homelessness and Rough Sleeping Strategy 2023–2027 has been through a 12-week public consultation period. The strategy was shaped by analysis of homelessness and rough sleeping in the City of London, current service delivery, a review of the previous strategy, engagement with key stakeholders and service providers, and feedback from service users. It also reflects changes in related government legislation, guidance and strategy, and the City Corporation’s participation in the Mayor of London’s Life of the Streets Taskforce.
- The strategy for 2023–2027 put forward to public consultation four key outcomes:

- a. Rapid, effective and tailored interventions minimise the duration of and prevent homelessness
 - b. Access to suitable and affordable accommodation is increased
 - c. Collaboration and partnership is strengthened and reaches across traditional boundaries
 - d. Support beyond accommodation secures wellbeing, improves employability and supports recovery.
3. Following the consultation, the strategy was reviewed, and a copy of the final strategy for approval can be found in Appendix 1.
 4. When Members have approved this strategy, a dedicated action plan will be undertaken. Actions will be developed by using the feedback from the public consultation, further engagement with individuals who have lived experience of homelessness and rough sleeping, as well as further discussions with our key partners.
 5. The action plan will show how we and our partners intend to tackle the identified outcomes and objectives and progress will be determined by providing statements of impact.
 6. The strategy and action plan will be overseen and monitored by the Homelessness and Rough Sleeping Sub-Group.
 7. Details of the response to the public consultation are set out in Appendix 2.

Current Position

Response to consultation feedback

8. Overall response to the proposals consulted on have been very positive, with most of the suggestions relating to the delivery of the strategy through a dedicated action plan.

Action Plan

9. Consultation feedback strongly noted the need for meaningful actions to achieve the proposed outcomes and objectives, with clear identification of which agency is responsible, how and when this will be delivered, and what success will look like.
10. Following Members' approval, an action plan will be developed to sit alongside the strategy, incorporating consultation feedback, other recent engagement work with people who have lived experience of homelessness and rough sleeping, and further conversations with key partners. This is to ensure that actions are evidence-based, using feedback from service users and service professionals.

Corporate & Strategic Implications

Strategic implications

11. This strategy's outcomes are designed to contribute to the delivery of the Corporate Plan 2018–2023 by aligning to these four outcomes:

Outcome 1: People are safe and feel safe

Outcome 2: People enjoy good health and wellbeing

Outcome 3: People have equal opportunities to enrich their lives and reach their full potential

Outcome 4: Communities are cohesive and have the facilities they need.

Financial implications

12. None identified.

Resource implications

13. None identified.

Legal implications

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

Risk implications

15. Homelessness and rough sleeping are high-priority topics. Therefore, should the strategy not be agreed, there is a reputational risk to the City of London Corporation.

Equalities implications

16. Developing a dedicated Homelessness and Rough Sleeping Strategy with a strong action plan will work towards tackling inequality of opportunity. A dedicated Equality Impact Assessment has also been developed to demonstrate this, as inequality disproportionately impacts on those with protected characteristics. A copy of the Equality Impact Assessment can be found in Appendix 3.

Climate implications

17. None identified.

Security implications

18. None identified.

Conclusion

19. The proposed strategy is the overarching strategic document that guides how the City Corporation and its partners will support those facing homelessness and/or rough sleeping through its outcomes and objectives. The strategy is a partnership document that allows us to deliver our services and activities in synergy with our key partners to improve outcomes for people who use homelessness services or who are rough sleeping.

Appendices

- Appendix 1 – Homelessness and Rough Sleeping Strategy 2023–2027
- Appendix 2 – Homelessness and Rough Sleeping Strategy Consultation Responses
- Appendix 3 – Homelessness and Rough Sleeping Strategy Equality Impact Assessment

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City of London Corporation

Homelessness and Rough Sleeping Strategy 2023-2027

OUR VISION

When homelessness occurs - or is threatened - the strength of our response ensures it is brief, it does not re-occur, its impact on the individual and our communities is minimised, and it is prevented where we can act to do so.

The City Corporation's services and partners work to prevent or resolve the homelessness of those seeking our help – many of whom come to the Square Mile from other areas. Issues leading to homelessness may have arisen beyond our boundaries or ability to influence before we are approached for help, giving focus to our response to act with urgency and prevent crisis. Our services also respond to those who are homeless on the streets of the Square Mile – focused by a shared ambition with government to bring rough sleeping to an end. Whichever route brings people into our services, we aim to act swiftly and effectively with compassion, fairness and respect.

A PICTURE OF HOMELESSNESS IN THE CITY

- With London's smallest population, the City Corporation also deals with the lowest number of approaches for homeless assistance – having a duty to assist 25 households in 2021/22 - and has the lowest number of households placed in temporary accommodation
- With 450,000 day time workers, it is unsurprising that the majority of those seeking homelessness advice, information and assessment are connected to the City through work
- In 2021/22 428 people approached the City Corporation for help because of the risk of experience of homelessness – an increase of 26 per cent on 2020/21
- 45 households were placed into temporary accommodation – an increase by a quarter from the previous year
- In the same year, 372 people were recorded sleeping on the streets of the Square Mile – the seventh highest level among London's local authorities
- Half of those sleeping rough are new to the streets – having no record of street homelessness anywhere in London
- 38 per cent of those street homeless have long term histories of rough sleeping, with some being very resistant to service offers and engagement
- 14 per cent of those sleeping rough had returned to homelessness
- The profile of those sleeping rough moved towards a younger, more complex cohort with higher support needs

OUR STRENGTHS

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

OUR CHALLENGES

- Housing insecurity and homelessness is increasing, and the wider economic context would suggest this will continue in the period ahead
- Increasing demand places pressure on our services and budgets, and is increasing London wide competition for - and the cost of - temporary accommodation
- The diversity of need we respond to – including from those fleeing domestic violence, those from the LGBTQI+ community, those with uncertain migration status and youth homeless - is growing and more evident
- Secure, affordable housing options are severely limited and constrain the timely move-on from our hostel and interim accommodation provision
- Many of those homeless on our streets are very transient – moving across service boundaries and interrupting service interventions
- Housing solutions are predominantly beyond the boundaries of the Square Mile and the statutory remit of our wider services
- Access to primary care for those homeless on the streets is limited by location of provision
- Some of those homeless on our streets can be associated with anti-social behaviour or other criminality – as victim or perpetrator – causing concern to those who live, work in or visit the City
- Services that play a vital role in preventing homelessness and sustaining life away from the streets – including mental health services and voluntary sector services – are facing significant pressures

OUR OUTCOMES

The outcomes needed to bring about the vision of this strategy are:

1. **Rapid, effective and tailored interventions** minimise the duration of and prevent homelessness
2. Access to **suitable and affordable accommodation** is increased
3. **Collaboration and partnership** is strengthened and reaches across traditional boundaries
4. **Support beyond accommodation** secures wellbeing, improves employability and supports recovery

DELIVERING THE STRATEGY

The objectives below are those things needed to achieve the outcomes of this strategy

Rapid, effective and tailored interventions

- Work with those with lived experience of homelessness to review our services and design and implement service improvement
- Open a dedicated Rough Sleeping Assessment Centre in the Square Mile to provide emergency accommodation, and a safe place of rapid intervention and assessment
- Deliver a clear, consistent approach to protect those sleeping rough, our communities and our services from ASB and criminality ensuring our community feels safe for all
- Strengthen our communication to better support self-help, access to services, signposting and early intervention

Suitable and affordable accommodation

- Increase access to safe and suitable accommodation for specific needs groups including those fleeing domestic violence
- Develop a temporary accommodation procurement framework to secure a better and consistent quality of interim housing
- Deliver an attractive and supportive private rented sector offer increasing options and supporting move on
- Mobilise the high support hostel to deliver support to those with complex needs
- Expand the City's Housing First offer
- Develop new affordable homes to increase opportunities for those in housing need

Collaboration and partnership

- Strengthen system wide approaches – including health, policing, neighbouring authorities, outreach and accommodation providers – to manage complexity and vulnerability, and develop solutions around complex and transient clients sleeping rough

- Work with the City’s Business improvement Districts to better engage and inform the business community about the response to street homelessness and shape their potential to support our work
- Refresh our Youth Homelessness Protocol and implement a “positive pathways” approach focused on holistic support for the young person
- Strengthen engagement with health partners to ensure continuity of support and intervention for those most vulnerable
- Maximise the contribution commissioned drug and alcohol services, the City Advice service and psychology services to prevent and resolve homelessness
- Work with partners to make sure non-UK nationals with restricted eligibility for public funds have a clear pathway off the streets
- Work with the City & Hackney Safeguarding Adults Board to ensure partners co-operate and collaborate to safeguard vulnerable adults that are street homeless

Support beyond accommodation

- Secure a clinical space providing front door access to primary care in the City for those homeless on the street
- Enhance the scale and reach of tenancy sustainment to provide help when and where needed regardless of tenure or landlord
- Unlock the potential in the City to employ and train those who have or who are experiencing homelessness
- Utilise pan-London services to support those with complex substance misuse issues
- Strengthen and widen feedback opportunities to ensure the voice of service users shapes improvement and service development

WHERE THE STRATEGY SITS

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

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

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

The Homelessness and Rough Sleeping Strategy is agreed, renewed and monitored by the City of London Corporation’s Homelessness and Rough Sleeping Subcommittee. A detailed action plan will support the delivering of this strategy and refreshed annually.

Introduction

1. This paper sets out details on the 12-week public consultation, including how it was promoted, data on who responded and details of the feedback received.
2. As part of the consultation, a series of questions were asked about various aspects of the strategy, and whether respondents agreed with the identified outcomes and priorities.

Public consultation

3. Following the development of the strategy, a twelve-week public consultation period was undertaken to gather feedback from service users, Members, City of London residents and service professionals on the identified outcomes and priorities.
4. The consultation was hosted on the City of London website and was open for a period of twelve weeks (12 December 2022 – 12 March 2023).
5. The consultation was promoted to various individuals and groups to provide the widest range of feedback. This included elected Members of the City Corporation, City of London business and resident groups, City Corporation staff, the voluntary and community sector, health and care, City of London Police, the Safer City Partnership and homelessness and rough sleeping services, such as hostels.
6. As well as promoting the consultation to individual groups, other forms of advertising the consultation was conducted. This included:
 - a. Resident, Member & estate newsletters
 - b. Full page advertisement in print copies of City Matters and City AM
 - c. Frequent social media posts of the City Corporation Twitter and LinkedIn pages

Consultation response data

7. Over the course of the consultation period, page visits and the bounce rate of the consultation page were monitored on a weekly basis to provide analysis of the amount of people attempting to complete the survey. This provided evidence that promotion of the survey was having an impact on the number of people completing the survey, and if necessary, adjustments to the level of promotion could be made.
8. Page visits and engagement with the consultation remained good throughout the consultation period. At the end of the consultation period, over 80 unique hits to the consultation web page were registered, with 80% of page viewers engaging with the material displayed on the page.

9. Over the 12-week consultation period, a total of 34 responses were received. Of these...
 - a. 62% (21) were residents of the City of London
 - b. 37% (13) were not residents of the City of London
10. The consultation asked respondents why the Homelessness and Rough Sleeping Strategy was important to them. Respondents were able to select more than one option. Of these, 50% (20) said because they were a resident of the City, 25% (10) said because they were a worker in the City, 5% (3) said because they had lived experience of homelessness and 20% (8) gave another reason.
11. Due to the discrepancy between page hits, the high percentage of individuals who engaged with the page content and the lower number of submitted responses, it can be assumed that most individuals who engaged with the proposed strategy had no further comment.

Consultation response

12. The below sets out the questions asked during the consultation, as well as responses to each of the questions.
13. Question 1: What do you think is the biggest challenge facing people who are homeless or rough sleeping in the City of London today?
 - a. For those that rely on the private rented sector for their accommodation, the increasing cost of rent and the shortage of rented properties in London is having a negative affect on those who are already homeless or rough sleeping, or at risk of being homeless.
 - b. Issues around addiction and mental health
 - c. wider economic and national policies
 - d. Lack of local housing choice & provision locally to assist people rough sleeping, lack of employment opportunities and accessibility of drugs and physical and mental health issues
 - e. Availability of safe shelter
 - f. Secure, safe housing
 - g. Money
 - h. Access to secure affordable accommodation and support for mental health
 - i. Being homeless / sleeping rough
 - j. It will vary
 - k. how to find help from the various organisations they might think of turning to
 - l. Finding a safe place to sleep
 - m. Desire to come off and have a safe place
 - n. Lack of affordable accommodation
 - o. Multiple complex needs but only eligible for a TA offer
 - p. Multiple support needs - mental health, addiction and lack of suitable, affordable, housing
 - q. Lack of care by the UK's richest local authority

- r. Comprehensive support
- s. Affordability
- t. Demand exceeds supply of accommodation and associated services.
- u. Access to information
- v. Lack of any realistic prospect of obtaining housing at a reasonable price.
- w. Fear, mental health, addiction
- x. City of London does not wish to know, they have deliberately sold off housing within the Barbican, such as Blake Tower, Bernard Morgan House, anything to remove and or provide any social housing within the City of London boundary areas.
- y. Having a safe, secure place over their head
- z. Long term accommodation
- aa. Finding somewhere to live that is affordable.
- bb. Being treated with respect whilst being on the street and finding somewhere to live that is suitable
- cc. Being able to afford a property for rent in the private sector
- dd. Lack of resources, both statutory services and the charity sector are running on very limited means whilst being asked to do more and more. Funding is decreasing whilst demand is not only increasing but the approaches have more and more complex needs. Increasing suitable housing stock and appropriate support provision is impossible without more funding but also stronger collaboration and integration of services. Indeed now that the pandemic has “ended” we are back to a lack of robust links and communication between services, and lack a holistic approach in practice.
- ee. Getting access initially to appropriate assessments and intervention e.g. CMHT, palliative Care, GP and subsequently access to affordable Move on Accommodation.
- ff. Knowing how to access services and where they are
- gg. Increasing numbers and individuals have complex needs. Greater cost of living.
- hh. The transient nature of rough sleepers in the City of London, particularly in the square mile, makes it difficult to provide a health response throughout the day

14. Question 2: How do you think the Draft Strategy could be improved?

- a. An action plan is one is planned
- b. Outreach is the biggest challenge - eg. Responding to Street Link
- c. Include a more holistic approach to earlier support (skills development, mental health support) for young people to a) demonstrate a systems thinking approach and b) improve life chances for all so that their risk of future homelessness is reduced
- d. Words on paper do not necessarily become action without leadership and commitment- it's important this strategy and agenda continues to be championed, challenged and resourced

Homelessness & Rough Sleeping Strategy 2023-27 Consultation Responses

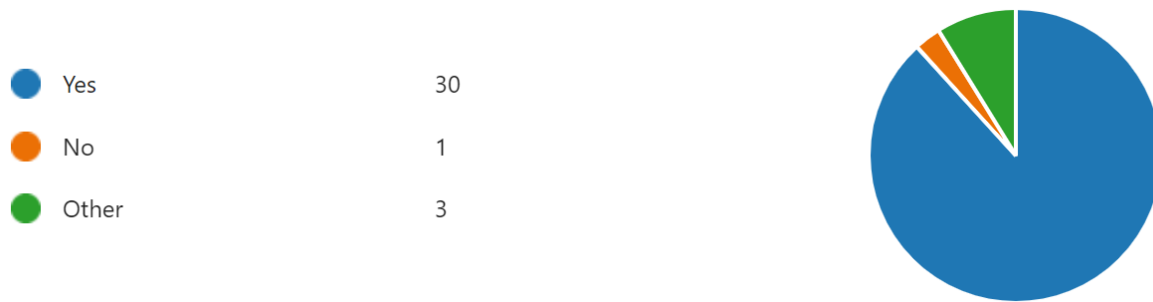
- e. I didn't see any metrics / benchmarks etc... how do you measure what is good/success?
- f. Convert some empty offices into decent flats at capped social rents
- g. There is no description of HOW you will action your objectives. Its very open, and appears a standard document used by all local councils.
- h. Supplementing the objectives with quantified and time-specific commitments
- i. Actually remove homeless people / rough sleepers from public areas - it's to no-ones benefit to allow this
- j. Set more measurable objectives and make homelessness less attractive to the 38 per cent of those street homeless who have long term histories of rough sleeping, who remain very resistant to service offers and engagement
- k. specify location of help and let general public/police/social services/City clergy know of this ONE place or contact point that they can call
- l. Could say more about the abuse of homeless people. Trafficking - gangs - exploitation - cuckooing etc.
- m. I think this is the most important bit and should be maintained.. Open a dedicated Rough Sleeping Assessment Centre in the Square Mile to provide emergency accommodation, and a safe place of rapid intervention and assessment
- n. Making accommodation and benefit caps accessible to all
- o. More concrete detail on delivery
- p. Increase the amount of truly affordable rented accommodation in the City
- q. Not sure why the City needs public consultation on this - just tackle the issue
- r. Ensuring people with lived experience co-produce and feed into it
- s. We support various homeless charities active in and around the city. Why does your strategy make no reference to these? Or indeed to the facilities in neighbouring areas. Have you reviewed availability of public sector and charity-provided accommodation for the homeless who happen to stray into the square mile? Surely better liaison and sharing with these and better information for those affected would be preferable to setting up yet another homeless shelter within the City for such relatively small numbers. This might have the effect of increasing the numbers coming into the city boundaries which businesses and residents may not welcome.
- t. Would like to see the "everybody in" and "housing first" angle emphasised and foregrounded more strongly – where somebody is already homeless / rough sleeping, that needs to come first, everything else follows.
- u. Provide access to appropriate mental health support and how to sustain a home
- v. It is absolutely pointless having these consultations as the City of London NEVER listens to residents, I should know - as I have studied and lived within the City boundary areas for over 25 years! Office buildings owned by the City of London Corporation need to be rebuilt where possible with a mixture of real affordable social housing for residents, families and key

workers. Demolish buildings that are decaying, such as the Golden Lane Estate, replacing with similar style but at least 5-10 stories increase in height on the same foot print. All other new office blocks, in the private sector within the City of London, should be compelled to have at least one floor of social housing, one to two floors of affordable housing to rent or for sale, a mixture is required. City of London should consider lands immediately abutting its boundary areas to increase its land mass and so then increase social housing. Install solar panels where possible on existing buildings, just look at the mass of flat roofs all over Golden Lane Estate, the electricity generated could reduce the bills for communal areas and or provided for free to the community buildings!

- w. Focus on housing first and then support after they are housed.
- x. good strategy and needs emphasis on long term accommodation - especially private rented sector
- y. set out how you are going to help people into stable accommodation
- z. I think it is good
- aa. This is hard to tell without an impact assessment of the old strategy or an up to date needs assessment. Add an outcome/action about how to address the lack of immediate safe spaces away from the street for all rough sleepers (be more transparent about gaps in service provision). Recognize that the City takes in Rough sleepers from all over london so they could play a bigger/influencer role pan london/regionally (lead by example), especially in terms of encouraging pan london funding to help all RS. An outcome or action on how the housing stock for move on accommodation and independent living needs to be amplified Explicit focus on health priorities Tackling problems of data sharing among support agencies : strategic approach to data and insight Ensuring services fit the individual, rather than expecting individuals to conform to services : person centric approach - trauma informed, accessible, timely and flexible support (e.g: peer led approach : advocacy, wellbeing, assertiveness)
- bb. The strategy is very clear and covers lots of the key challenges, I did not see anything in regards Palliative Care.
- cc. Details of how to publicise the service
- dd. I think it seems comprehensive
- ee. Strengthening system wide approaches should discuss the commissioning of services that sit in the City - there needs to be an understanding

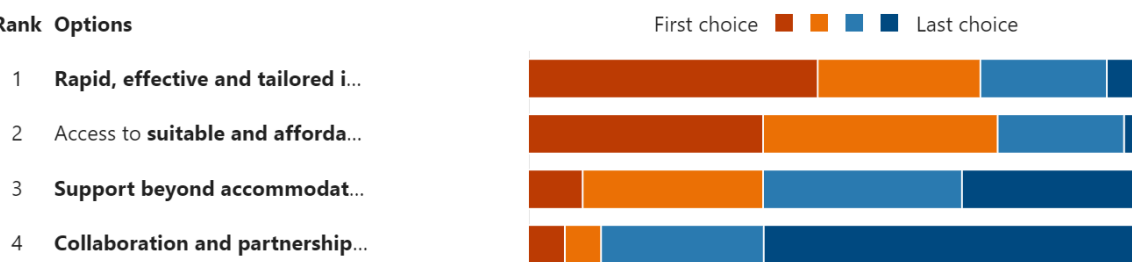
15. Question 3: Do you agree with our Outcomes?

Homelessness & Rough Sleeping Strategy 2023-27 Consultation Responses



16. Question 4: What do you think is the most important outcome for supporting those at risk of, or experiencing homelessness and rough sleeping?

Rank Options



17. Question 5: What gaps do you think there are in the outcomes?

- None x10
- People leaving hostels/returning to the streets
- Yes the gaps/weaknesses above is the risk of seeing the intervention as a graded list of importance. They are all equally vital for a successful outcome in each individual case. It's the mix and timed intervention of each one that will be different, and will be key to an individual's success.
- I do think this should be a 'fluid' strategy... there will always be gaps but that's ok as this will need to be adopted as work commences
- Recognise that a return to the last area they lived in might have been abusive
- Collaboration with other areas. There should be a GLA joined up service across all of London. A one place shop, who coordinates across these invisible boundaries. This would then support specialist staff.
- Quantified and time-specific commitments
- You seem to accept homelessness / rough sleeping as a legitimate choice - in fact it is incredibly anti-social
- None of these deal with 38 per cent of those street homeless have long term histories of rough sleeping, who remain very resistant to service offers and engagement
- Co-production - a strengths based approach
- I think it's a good start
- Time to build social and affordable PRS housing
- Update planning strategy to prevent further depletion in social housing in the City

Homelessness & Rough Sleeping Strategy 2023-27 Consultation Responses

- n. Just give these people a home
- o. Continuing support to stop it reoccurring
- p. It includes collaboration and partnership but not co-production with people with lived experience
- q. The outcomes are fine but the strategy makes little reference to partnership with charities and neighbouring areas that already have provision
- r. There are no gaps, exactly. But it would be good to start with something like "A housing-first, everybody-in approach is implemented, coming as close to eliminating rough sleeping as is possible without coercion".
- s. Tailored help to meet individual needs
- t. The biggest gap which has widened is that the City keeps on selling off much needed housing stock within the City boundary areas. More health funding for the Neaman Practice. Have Lay Member Seats on your housing committee.
- u. The main gap with be enough housing provision
- v. support within accommodation
- w. Not gaps as such but a real focus required on improving the health outcomes to our clients and addressing the inequality of access to health services. Dealing with complex trauma should also include assessments for brain Injury
- x. More detail of the accommodation available and who heads the service
- y. Outcomes are good. I'm interested to see how progress will be measured.

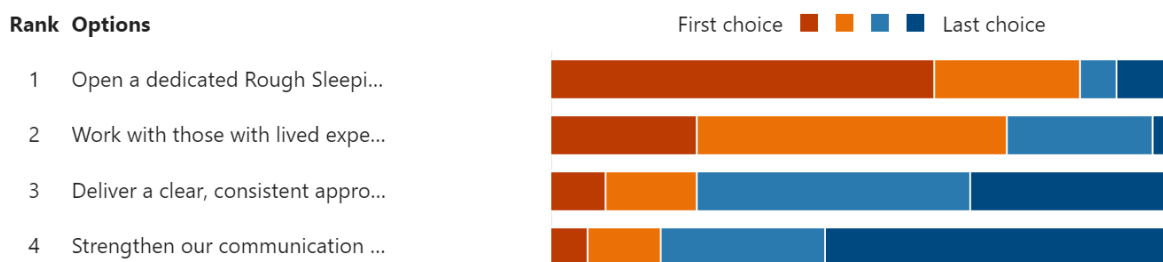
18. Question 6: What improvements would you make to the outcomes?

- a. None x8
- b. Moving onto more stable accommodation asap
- c. Include influencing gov policy
- d. Dealing with drug accessibility, better early drug support and interventions, working with the police to tackle drug selling. Reducing anti social behaviour sometimes connected with begging and tough sleeping. Improved communication with our community on what the City does to assist and how the City residents & businesses can assist.
- e. No human being is on the streets beyond 1 night
- f. It all comes down to cost benefit.
- g. Be more specific as to the timing and concrete elements to be achieved eg as to how, how many and how quickly secure, affordable homes are to be provided
- h. Prioritise removal of rough sleepers from public areas - no tolerance
- i. Make the City of London less attractive to the 38 per cent of those street homeless have long term histories of rough sleeping, who remain very resistant to service offers and engagement
- j. More person centred - building on the strengths and outcomes of the homeless person
- k. Strategies to get people back into employment
- l. Bring legislation and benefits up to date
- m. How you're going to deliver them
- n. More social housing in the City
- o. Just give them a home

Homelessness & Rough Sleeping Strategy 2023-27 Consultation Responses

- p. That people who have been helped before can be fast tracked for support if the feel things are starting to go wrong ie before it happens.
- q. Include co-production and focus more on prevention rather than interventions after homelessness has occurred. Focus on the root causes of homelessness and preventing it.
- r. The outcomes are fine but the strategy for achieving them is flawed especially the proposal to set up a dedicated sleep centre within the City without evidence that there is overall inadequate provision that could be accessed through better signposting and cooperation with other providers
- s. They are all a bit too vague and woolly. Obviously any amount of increased access to suitable and affordable accommodation is good so far as it goes. But it would be possible to increase that access by a very small amount and claim to have met the outcome. It would be better to say stronger and more definite things.
- t. Support should last as long as needed and let people keep their dogs
- u. Convert City of London offices to mixed offices and social housing. Buy office buildings on Goswell Road from Islington Council to convert to social housing for City residents and homeless persons. Where the City owns Victorian housing buildings, the foundations are strong enough to add at least two extra floors to the buildings, this should be done asap to allow increased heights with increased social housing.
- v. Ensure enough funding for partnerships.
- w. Add post tenancy support to outcome 2
- x. It is hard to judge outcomes without an impact assessment of the prior strategy and a proposed action plan for the new strategy.
- y. Use the legal Acts to support in raising Safeguarding alerts and getting the appropriate interventions.
- z. Include details of how residents can refer others to the services
- aa. Develop an action plan with timescales and some form of measurement.

19. Question 7: Please put these objectives into order from most important to least important

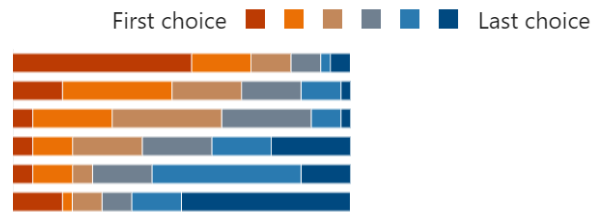


20. Question 8: Please put these objectives into order from most important to least important

Homelessness & Rough Sleeping Strategy 2023-27 Consultation Responses

Rank Options

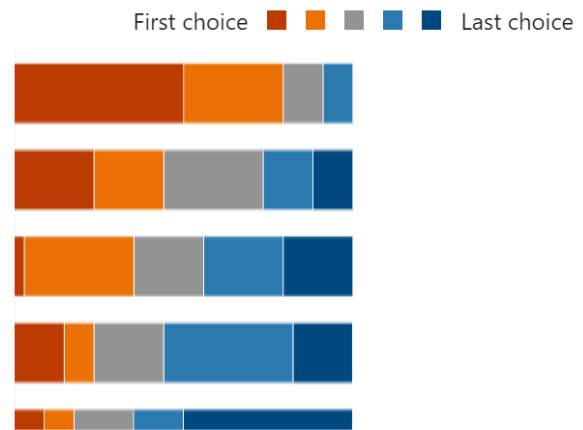
- 1 Increase access to safe and suitable...
- 2 Develop a temporary accommodo...
- 3 Mobilise the high support hoste...
- 4 Deliver an attractive and suppor...
- 5 Expand the City's Housing First ...
- 6 Develop new affordable home...



21. Question 9: Please put these objectives into order from most important to least important

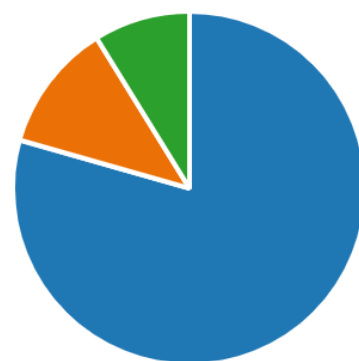
Rank Options

- 1 Secure a clinical space providing...
- 2 Enhance the scale and reach of t...
- 3 Unlock the potential in the City ...
- 4 Utilise pan-London services to s...
- 5 Strengthen and widen feedback ...



22. Question 10: Do you agree with our Objectives?

- Yes 27
- No 4
- Other 3



23. Question 11: What gaps do you think there are in the Objectives?

- a. None x11
- b. Identify and support those with increased risk factors at an earlier age
- c. Developing strategies and interventions to assist people staying in accommodation, to stop the revolving door senerio.
- d. Secure, sustainable housing

Homelessness & Rough Sleeping Strategy 2023-27 Consultation Responses

- e. You can't fix all the problems, aim for 60% and drop the rest.
- f. Quantification and specifics
- g. There should be no acceptance of rough sleeping in the Square Mile
- h. Physical health need
- i. Work with employers to establish ready routes to work
- j. Housing legislation, lack of social and affordable PRS, benefits do not adequately support clients
- k. Practical delivery
- l. More social housing in the City
- m. Communicating progress successes and failures with council tax payers
- n. Co-production opportunities from the outset/ to prevent and focusing on prevention
- o. the emphasis should be more on working with others outside the City not replicating things
- p. They seem quite comprehensive.
- q. I'm not convinced the private sector will provide
- r. Build more social housing, stop selling social housing, where foundations allow build one to two additional floors on top of the existing buildings - private developers are doing this, as are other councils, why is the City not doing this? The new Law Courts - there should have been an element of social and key workers housing within the new complex.
- s. Difficult to tell until the programme is up and running
- t. More developed and clearer on how to prevent homelessness. There is no mention of working with education, employment services or the private rental sector to prevent homelessness
- u. Strategy for publicising services
- v. It may be too granular; however, under Collaboration and Partnership - something about training for staff

24. Question 12: What improvements would you make to the objectives?

- a. None x15
- b. More facilities for women
- c. Provide more accommodation for rough sleepers who have animals so they can keep their pets with them
- d. Ask the homeless
- e. Need a cost benefit analysis
- f. Add quantification and specific time-defined goals (also helping future assessment of progress in achieving the objectives)
- g. Zero tolerance for rough sleeping - it is in everyone's interests that this not be tolerated / allowed
- h. Include an/some objectives to reduce the 38 per cent of those street homeless have long term histories of rough sleeping, who remain very resistant to service offers and engagement
- i. Bring legislation and benefits up to date
- j. Practical delivery
- k. Milestones and progress reports
- l. Make two outcomes focused on prevention and 2 outcomes on intervention

Homelessness & Rough Sleeping Strategy 2023-27 Consultation Responses

- m. The objective should be to work with and enhance provision of services by charity partners and other nearby local authorities - not try to replicate services within the square mile which risks attracting more homeless people to come into a predominantly business area with inevitably limited public sector services which is not conducive to their needs either environmentally or socially
- n. I'd like to see more definite concrete commitments.
- o. Have City residents as Lay Committee members on all housing committees. STOP selling off social housing blocks. Buy offices on adjoining streets to the City, and convert them to social housing.
- p. prioritise private sector solutions for both homeless families and rough sleepers
- q. Mention more partners, homelessness and rough sleeping are cross cutting, there should be mention of early intervention, the importance of community to stay in housing (how to create a sense of community in the City, how to help someone create social capital).
- r. These are focused and realistic
- s. Include a strategy for making services widely known
- t. As a subset of the strategy - clear action plan.

25. Question 13: What do you see as the biggest opportunity for the City of London Corporation to tackle issues around Homelessness and Rough Sleeping?

- a. Reduction of pressures on multiple services, such as health
- b. Better outreach and response to Street Link
- c. Government policies
- d. National Political consensus to eradicate homelessness & rough sleeping - City needs to make hay whilst this sunshine period lasts.
- e. Collaboration across the whole business area
- f. If the City is successful they can use their experience can be used in City property
- g. Stop making the city so safe. You create the problem.
- h. The City's wealth enabling direct funding and provision of accommodation, services, training and employment
- i. Reduce crime and anti-social behaviour
- j. Demonstrate some progress compared with the apparent stasis of the last 15 years.
- k. provide a beacon for other local authorities to inspire them
- l. Small LA can be focused, nimble and reactive
- m. Remove the problem from the Streets making it better for all
- n. Build more accommodation
- o. Increase social housing by repurposing office accommodation
- p. Residents and workers support an active strategy that supports people who find themselves on the streets
- q. Partnerships
- r. working more effectively - financially and in other ways- with other service providers (public private and charity sector) to enhance information about and access to existing services outside the City boundaries
- s. The will to make it happen. I've been told by a community police officer that all beggars have a home to go to!

Homelessness & Rough Sleeping Strategy 2023-27 Consultation Responses

- t. Build real social housing within the City boundary areas. Employ homeless persons within the Corporation, compel ALL City companies to employ as a priority City residents.
- u. Preventative measures are the easiest and cheapest interventions, then everything becomes more expensive
- v. City has relatively few homeless households which gives the best opportunity to solve the presenting issues
- w. see less people sleeping rough on the streets
- x. Helping people who are homeless to get off the street
- y. The CoL leads by example in many areas and this could be one of them. We could demonstrate greater joint working between social care, health and housing in order to have a truly holistic approach in practice; we could find a space for the provision of clinical services for rough sleepers in the Square mile, creative ideas for increasing the City's housing stock, and the City could foster a greater sense of community.
- z. A clear direction, providers who are flexible in their approach and all with objectives to improve the outcomes for Rough Sleepers and those at risk of being homeless.
 - aa. The extra funding
 - bb. I think working in partnership is key; both with partners within the Square Mile but those in NEL and other neighbouring LA's.
 - cc. Have a clinical health hub in the square mile - will make a big difference

26. Question 14: What other comments do you have on the strategy?

- a. We have a lot to celebrate as numbers are low and outcomes are good already
- b. Ensure the strategy has enough flexibility to always remain dynamic - The City should be trailblazers.
- c. A rich country should not have anybody homeless or in poor or dangerous housing
- d. It would benefit from a firm deadline for achievement of its objectives
- e. Good initiative, I hope it is not short term
- f. I'm impressed
- g. Equality Impact assessments to ensure representation of service users and co-production
- h. Look forward to seeing the final draft.
- i. See previous comments to the effect that the strategy should not be setting out to replicate within the City boundaries services that the City has neither space nor experience to provide and which risk attracting more homeless people into the square mile. The City should be facilitator and financier but not a provider
- j. Educate people about the real causes and needs of street homeless
- k. Examine ALL Corporation owned buildings within the City that require demolition, demolish and build mixed schemes with offices, shops, and REAL social housing.
- l. Understanding the prior strategy is difficult without an impact assessment. The process and evidence/data used to arrive at the objectives and outcomes is unclear. A draft proposed action plan against which progress for this strategy will be monitored would be helpful. Unclear if any

Homelessness & Rough Sleeping Strategy 2023-27 Consultation Responses

consideration has been given to the NEL strategic priorities on homelessness and health inequalities.

- m. It is very clear, accessible to a variety of audiences and the objectives are realistic and achievable
- n. It needs to be widely publicised
- o. It's useful to see where the strategy sits with in the Corporation.

Scott Myers
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EQUALITY ANALYSIS (EA) TEMPLATE

Decision

Date



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

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

How to demonstrate compliance [Double click here for more information / Hide](#)

Deciding what needs to be assessed [Double click here for more information / Hide](#)

Role of the assessor [Double click here for more information / Hide](#)

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

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

Assessor name: Kate Bygrave

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

1. What is the Proposal?

The Homelessness Strategy 2023-27 sets out the City of London Corporation's (City Corporation) vision, approach and commitment to tackle homelessness in the Square Mile in all its forms.

2. What are the recommendations?

Outcome 1: We will aim that homelessness is Prevented

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

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

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

3. Who is affected by the Proposal?

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

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

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

Key borough statistics:

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

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

- [Population projections](#)

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

[Double click here to show borough wide statistics / hide statistics](#)

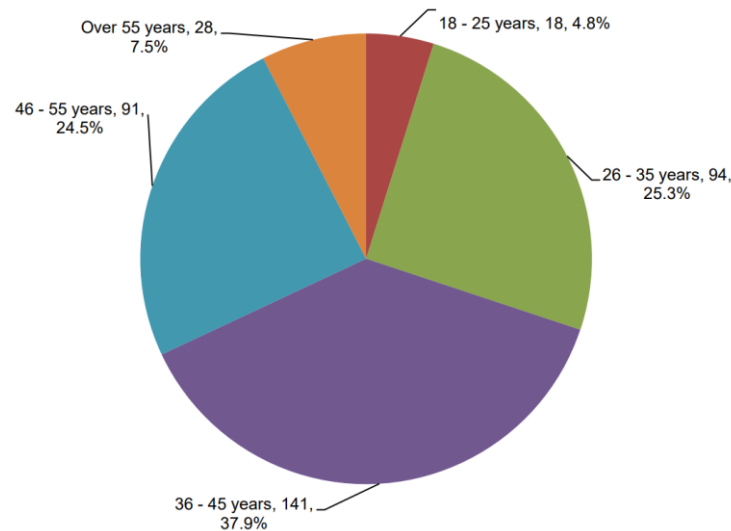
Age

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

Rough Sleepers

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

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Statutory Homelessness

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

Age

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

Young people

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

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

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

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

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

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

- Ensure that statutory services and teams across the Community and Children's Services department are aware of situations that can lead young people to homelessness.
- Ensure that all services and teams are able to identify those at risks, leading to support from the necessary service in a timely manner.
- Ensure that all City of London front line staff are able to signpost young people to the right service and information they may need. This includes involving education services and across borough.
- Review the offering of housing to young people and that it is affordable for them to rent.
- Ensure that housing issues faced by older people, and those at risk are identified, and that services take into account housing needs
- Ensure that the complex nature and multiple needs of older homeless are recognised and that older people experiencing homelessness or at risk of homelessness are not marginalised.

Age

consistently identified in research as precursors to young people becoming homeless (Watts, E. E., Johnsen, S., & Sosenko, F. (2015). *Youth Homelessness in the UK: A Review for The OVO Foundation*. Edinburgh: Heriot-Watt University).

Reports differ on their estimation of youth hidden homelessness, the study by Centrepont estimated that as many as 73% of homeless young people had experience of being hidden homeless or sofa-surfing, Clark (2006) (Clarke, A., (2016) *The Prevalence of Rough Sleeping and Sofa Surfing Amongst Young People in the UK. Social Inclusion Volume 4, Issue 4*. Available at:

<https://www.cogitatiopress.com/socialinclusion/article/viewFile/597/597>)

identified in the region of 35% of all young people had experience of sofa-surfing and hidden homelessness and 26% of all young people had slept rough at some point. Whereas reports from Crisis suggest that over 100,000 young people in England, over half of young people homeless, rough sleeping or in unsuitable or temporary accommodation had experience of sofa surfing. (Crisis (2022) *The Homelessness Monitor 2022: England*. London: Crisis. Available at:

https://www.crisis.org.uk/media/246967/the-homelessnessmonitor-england-2022_full-report.pdf)

In March 2021 the Mayor of London launched an initiative to provide specialist accommodation for 18-25 year olds rough sleeping in Greater London. It is estimated that across Greater London 11% of those rough sleeping are between 18 and 25 years old

Figures from DLUHC (*Department for Levelling Up, Housing and Communities (DLUHC), Live Tables on Homelessness*. Available at:

<https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness>) show that in England 61,960 16-24 year olds were assessed for prevention duties , which also shows an increase in these assessments of this age group since 2018.

Older people

Research also support that homelessness amongst older people is also increasing, with the Centre for Policy and Aging rapid review (2017) (*CPA-Rapid-Review-Diversity-in-Older-Age-Older-Homeless-People.pdf*) showing that between 2010 and 2015 the number of street homeless older people has more than doubled. The increased health issues experienced by those who are homeless and rough sleeping is likely to have a higher significant impact on those over 50 years of age -

Age

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

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

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

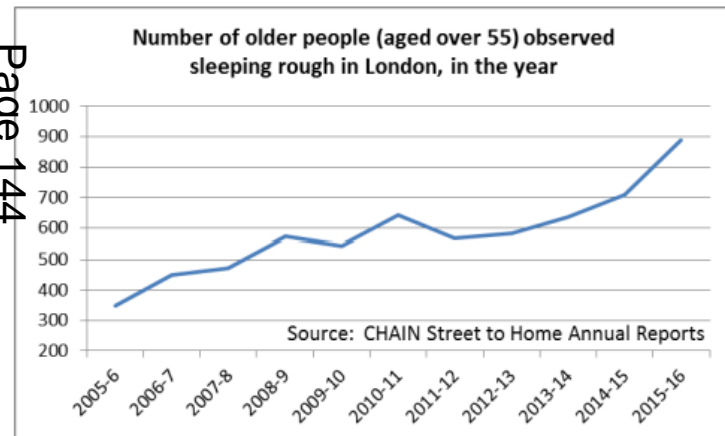


Figure 3

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

Age

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

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

Disability [Double click here to add impact / Hide](#)

[Check box if NOT applicable](#)

Key borough statistics:

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

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

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

Source: 2011 Census: [Long-term health problem or disability, local authorities in England and Wales](#)

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

[Double click here to show borough wide statistics / hide statistics](#)

Disability

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

Rough Sleepers

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

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

Disability

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

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

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

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

Statutory homelessness

DLUHC's data for the statutory homelessness for the City of London does not record the disability status of those applying for prevention or relief duties. However a report produced in England, from April-June 2018, of the 58,660 households who were owed a homelessness duty, 27,580 households were identified as having support needs. Of these households 40,110 support needs were identified - an average of 1.5 support needs per household. The most common support need identified was a history of mental health problems which was reported by 12,700 of households with support needs. The second largest group was those with physical ill health or disability, identified by 8,190 households. Other notable groups included those with experience of domestic abuse (5,500 households), those with drug (3,090 households) and alcohol dependency needs (2,510 households).

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

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

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

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

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

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

Disability

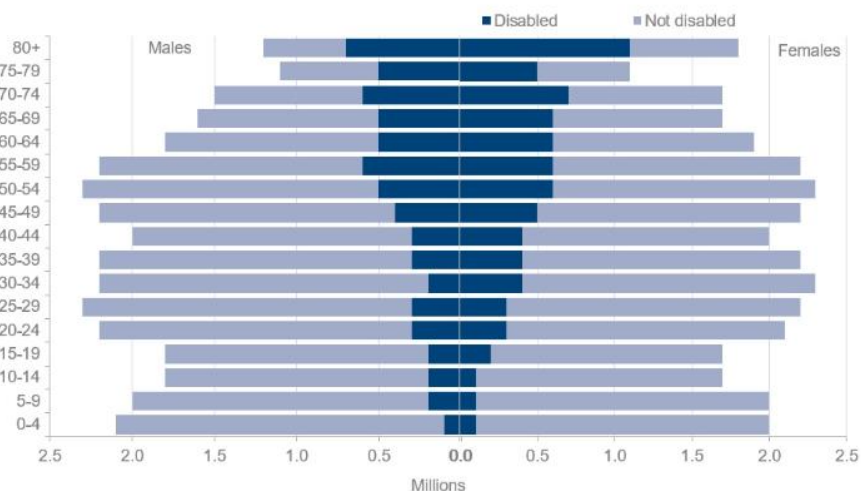
with long-term health conditions and disabilities and those who experience or at high risk of homelessness.

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

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

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

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



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

Disability

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

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

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

Rough Sleepers

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

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

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

- Mental ill-health is a significant issue for people experiencing rough sleeping.

There is no clear pathway to services, and gaps in services, across the spectrum of need, for people in this situation, and those who have moved off the streets e.g., living in the Lodge, who may need continued support to sustain their homes.

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

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

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

Disability

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

Pregnancy and Maternity [Double click here to add impact / Hide](#)

Check box if NOT applicable

Key borough statistics:

Under the theme of population, the [ONS website](#) has a large number of data collections grouped under:

- [Conception and Fertility Rates](#)
- [Live Births and Still Births](#)
- [Maternities](#)

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

[Double click here to show borough wide statistics / hide statistics](#)

Pregnancy and Maternity

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

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

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

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

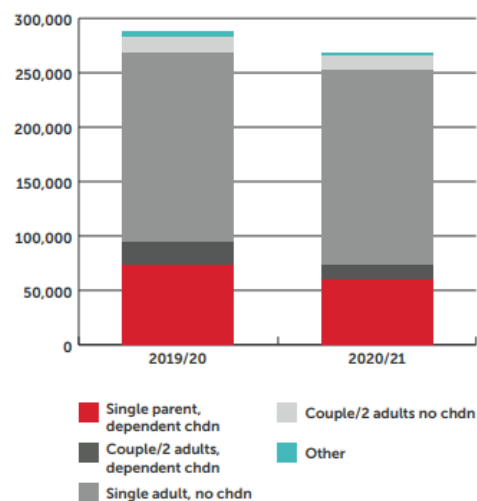
Pregnancy and Maternity

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

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

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

(b) All prevention and relief duty applicants: 2020/21 compared with 2019/20



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

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

However, as this demographic are generally prioritised as in priority need, the strategy and on-going actions must look at how individuals are also supported. This will be done by ensuring that the duties under the Homelessness Reduction Act (HRA) 2017 are fully undertaken by the City Corporation. The HRA provisions require local housing authorities to provide homelessness advice services to all residents in their area and expands the categories of people who they have to help to find accommodation. Individuals will be better supported through:

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

Pregnancy and Maternity

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

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

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

Race [Double click here to add impact / Hide](#)

[Check box if NOT applicable](#)

Key Borough Statistics:

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

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

[See ONS Census information](#) or [Greater London Authority projections](#)

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

[Double click here to show borough wide statistics / hide statistics](#)

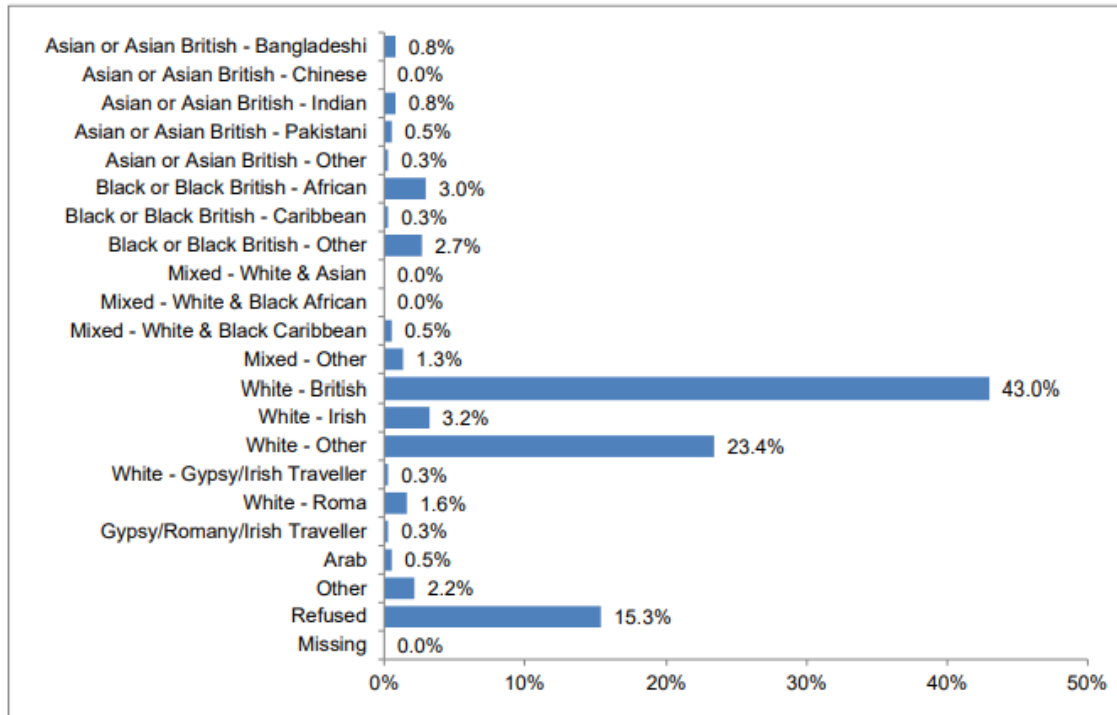
Race

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

Rough Sleepers

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

Race



Base: 372

Statutory Homelessness

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

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

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

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

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

This could be done through:

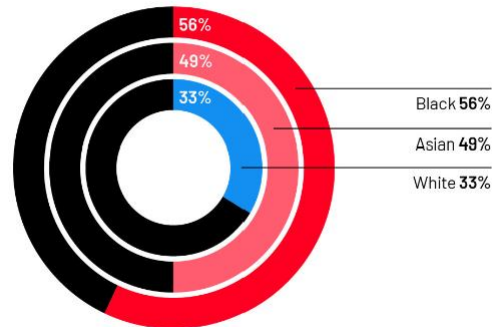
Race

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

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

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

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

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

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

Race

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

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

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

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

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Religion or Belief [Double click here to add impact / Hide](#)

Check box if NOT applicable

Key borough statistics – sources include:

The ONS website has a number of data collections on [religion and belief](#), grouped under the theme of religion and identity.

[Religion in England and Wales provides a summary of the Census 2011 by ward level](#)

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

Religion or Belief

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

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

Religion or Belief

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

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

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

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

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

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

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

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

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

This could be done through:

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

Key borough statistics:

At the time of the [2011 Census the usual resident population of the City of London](#) could be broken up into:

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

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

- [Population projections](#)

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

Double click here to show borough wide statistics / hide statistics

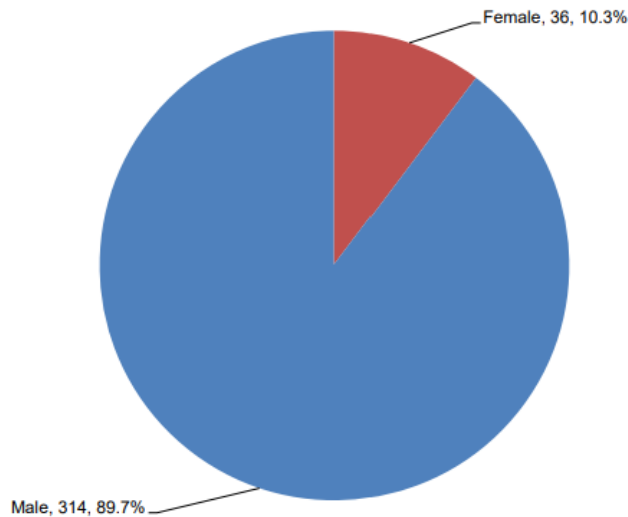
Sex

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

Rough Sleepers

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

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Statutory Homelessness

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

Sex

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

2021 saw a shift in focus for many organisations to identify and create work specifically to support women who experience homelessness and rough sleeping. Especially as it is well known that women are likely to be much harder to identify. There is growing evidence that men and women experience homelessness differently, and the results of gender-neutral services can often lead to women avoiding seeking support.

Women's homelessness makes up the majority of all recorded homelessness in the UK when taking into account families in temporary accommodation, sofa surfing, rough sleeping and 'hidden' forms of homelessness. Women comprise 67% of statutory homeless people, and single mothers make up two-thirds (66%) of all statutory homeless families with children (*Women's Budget Group (2018) Housing and Gender: Briefing from the UK Women's Budget Group on the gender impact of changes in housing policy since 2010. London: Women's Budget Group*)

Women who are homeless are especially vulnerable to violence and experience risk differently to men, subject to stigma, sexual abuse and harassment, robbery, and severe stress, in addition to violence, with the serious impact on physical and mental health that this has, as well as on self-esteem (*Groundswell (2020) Women, homelessness and health: A peer research project. London: Groundswell*).

Research from St Mungo's found that one-third of the women involved said that domestic abuse had contributed to their becoming homeless (*Hutchinson, S., Page, A. and Sample, E. (2014) Rebuilding Shattered Lives. London: St Mungo's*) Furthermore, this research found that many women experiencing homelessness are mothers, although they may not have their children with them currently due to their circumstances, and the high degree of shame and cultural judgement this carries cannot be underestimated.

Homelessness is frequently viewed through the perspective of rough sleeping, yet studies have found that women will turn to sleeping on the streets as a last resort, as they would be at such risk, opting for other precarious and potentially unsafe arrangements, such as long-term sofasurfing, remaining with or returning to

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

Even if few, actions to support women sleeping rough in the City of London will be part of the strategy and on-going action plan. This can be done through:

- Training for all front-line staff that may come into contact with females suffering from domestic abuse that need help.
- Training for all outreach workers on how to best support any females found sleeping rough in the City of London.

Mitigation of disadvantage among the statutory homeless can be done by ensuring that the duties under the Homelessness Reduction Act (HRA) 2017 are fully undertaken by the City Corporation. The HRA provisions require local housing authorities to provide homelessness advice services to all residents in their area and expands the categories of people who they have to help to find accommodation. Individuals will be better supported through:

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

Sex

dangerous partners, or sexual exploitation in exchange for accommodation
(Bretherton, J. and Maycock, P. (2021) *Women's Homelessness: European Evidence Review*. Brussels: FEANTSA.).

Whilst the majority of people known to the City of London Housing Team are male, this should not prevent further mitigation to ensure that individual males in need are not disadvantaged.

St Martin's have produced a specific report on ending Homelessness for women in London (*Womens-Development-Unit_Womens_Homelessness_Evidence_Report.pdf* (connection-at-stmartins.org.uk))

Sexual Orientation and Gender Reassignment [Double click here to add impact / Hide](#)

[Check box if NOT applicable](#)

Key borough statistics – suggested sources include:

[Sexual Identity in the UK – ONS 2014](#)

[Measuring Sexual Identity – ONS](#)

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

[Double click here to show borough wide statistics / hide statistics](#)

Sexual Orientation and Gender Reassignment

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

Rough Sleepers

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

Statutory Homelessness

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

Sexual Orientation and Gender Reassignment

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

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

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

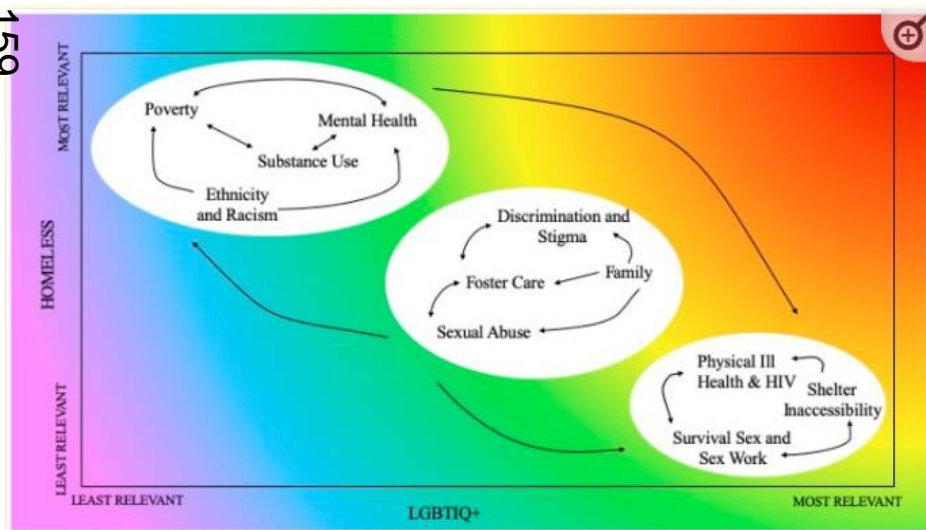
Action for children estimate that 24% of all homeless young people are LGBTQ+

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

The Homelessness Strategy and on-going actions must ensure that training and awareness is incorporated across all service front line staff on how to effectively support LGBTQ+ people.

Given that it is unclear how many LGBTQ+ people are among the City of London homeless population, it is critical that all front-line staff are aware of specific LGBTQ+ services and that signposting to these services makes up part of the standard package offered.

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

Sexual Orientation and Gender Reassignment

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

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

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

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

Key borough statistics - sources include:

- [The 2011 Census contain data broken up by local authority, Homelessness statistics - GOV.UK \(www.gov.uk\) and CHAIN data](#)

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

[Double click here to show borough wide statistics / hide statistics](#)

Marriage and Civil Partnership

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

Rough Sleepers

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

Statutory Homelessness

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

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

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

Rough Sleeping

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

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

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

The Homelessness strategy and on-going action will support those who are impacted negatively by not being married or in a civil partnership due to the increase in duties through the HRA 2017. The HRA provisions require local housing authorities to provide homelessness advice services to all residents in their area and expands the categories of people who they have to help to find accommodation. Individuals will be better supported through:

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

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Marriage and Civil Partnership

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

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

Statutory homelessness

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

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

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

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

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

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

Marriage and Civil Partnership

ethnicity and disability, there is no breakdown of households with children by sex in statutory homelessness statistical releases

Domestic abuse services such as refuges are often left out of homelessness statistics but are almost exclusively for adult women and their children. This form of homelessness is therefore often missing from discussions on homelessness
(Bretherton, J. (2017) Reconsidering Gender in Homelessness, European Journal of Homelessness (11) pp 1-2)

St Mungo's have developed a specific toolkit for working with couples, supported by the City of London Corporation and other local authorities -
StMungos_Homeless_Couples_Toolkit.pdf

Intersectionality [Double click here to add impact / Hide](#)

Check box if NOT applicable

Intersectionality

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

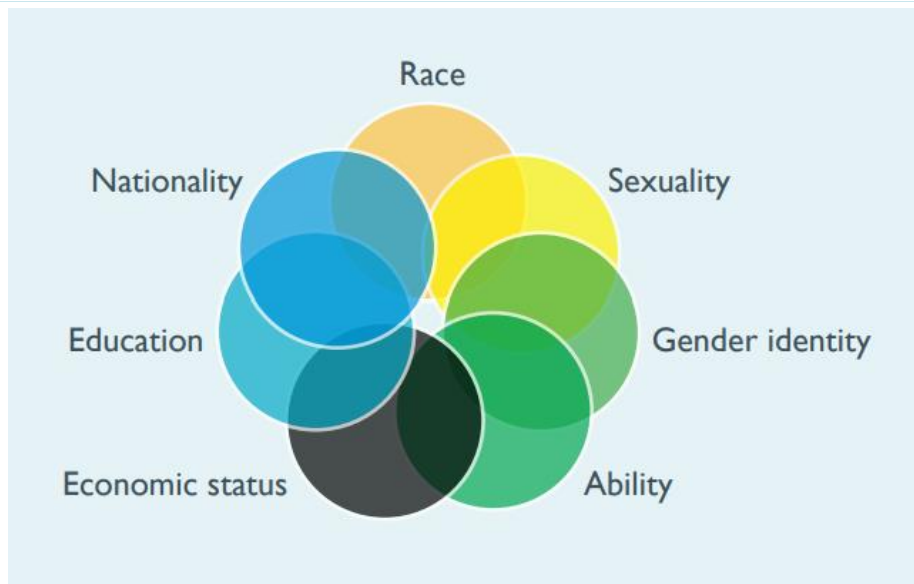
What is the proposal's impact on the equalities aims? *Look for **direct impact** but also evidence of **disproportionate impact** i.e. where a decision affects a protected group more than the general population, including **indirect impact***

Intersectionality of equality should also be considered, as most individuals do not only fall within one protected characteristic.

Viewing homelessness through an intersectional lens needs to occur at all levels, throughout every stage of someone's journey, from data disaggregation and co-production to ensuring a service is truly accessible to all, with policies in place to reduce barriers to access – whether those are physical barriers, language barriers, or by making someone feel unwelcome or unrepresented

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

Intersectionality



Page 104

55% of LGBTQ+ homeless young people supported by Akt were also people of colour. And research by this organisation also found that a third of LGBTQ+ young people of colour facing homelessness were not aware of any support available to them, compared with 21% of white LGBTQ+

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

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

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

Intersectionality

there is strong evidence for a considerable connection between experiences of abuse and mental ill-health either as a result of the abuse, or a result of it, leading to increased vulnerability, and potentially further abuse.

Migrant women may also face further vulnerabilities due to insecure immigration status, language barriers or unfamiliarity with UK systems

Additional Impacts on Advancing Equality & Fostering Good Relations [Double click here to add impact / Hide](#) Check box if NOT applicable

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

- Equality monitoring data in relation to take-up and satisfaction of the service

- Equality related employment data where relevant
- Generic or targeted consultation results or research that is available locally, London-wide or nationally
- Complaints and feedback from different groups.

Conclusion and Reporting Guidance

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

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

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

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

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

This analysis has concluded that...

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

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

Outcome of analysis - check the one that applies

Outcome 1

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

Outcome 2

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

Outcome 3

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

Outcome 4

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

Signed off by Director: Clare
Chamberlain, Interim Director

Name: Scott Myers, Strategy & Projects Officer

Date: 17/04/23

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Committee:	Date:
Community and Children’s Services Culture, Heritage and Libraries	03/05/2023 22/05/2023
Subject: Draft High-Level Business Plan 2023/24 – Department of Community and Children’s Services	Public
Report of: Clare Chamberlain; Interim Executive Director of Community and Children’s Services	For Decision
Report author: Ellie Ward, Head of Strategy and Performance	

Summary

This report presents for approval the high-level Business Plan for the Department of Community and Children’s Services for 2023/24.

Recommendation

Members are asked to:

- i. **Note** the factors taken into consideration in compiling the Business Plan for Community and Children’s Services; and
- ii. **Approve**, subject to the incorporation of any changes sought by this Committee, the departmental Business Plan 2023/24 (or the elements therein that fall within this Committee’s Terms of Reference).

Main Report

Background

1. As part of the new framework for corporate and business planning, departments were asked to produce standardised high-level, 2-side Business Plans for the first time in 2017 for the 2018/19 year. Members generally welcomed these high-level plans for being brief, concise, focused and consistent statements of the key ambitions and objectives for every department.
2. For 2023/24, the high-level Business Plan has been further evolved to add more narrative and improve readability. The Business Plan now incorporates TOM departmental structure changes. As a high-level plan, this document does not capture the granularity of departmental work but gives the overall picture of departmental activity, customer feedback, trends where applicable and direction of travel.

Draft final high-level Business Plan for 2023/24

3. This report presents, at Appendix 1, the draft final high-level Business Plan for 2023/24 for the Community and Children’s Department.
4. All elements of the Business Plan presented are relevant to this committee apart from reference to libraries which are relevant to the Culture, Heritage and Libraries Committee.

5. The priorities outlined in the Headline Business Plan reflect a range of strategies, which are informed by stakeholder engagement and approved by Members, and our statutory requirements.
6. The Department has a wide range of statutory responsibilities and receives a range of Government Funding and Grants to deliver this. The Housing Revenue Account is ringfenced in terms of what it can be spent on.
7. The Department produces a range of dashboards to monitor performance and various sub-committees scrutinise these on a regular basis. Performance is also benchmarked with other relevant organisations through published data and relevant networks run by organisations such as London Councils and the Association of Directors of Adult Social Care.
8. Feedback from citizens on services is gathered in a variety of ways including a compliments and complaints process, regular surveys undertaken across a range of services, and the monitoring of specific outcomes from service users.
9. To ensure value for money, the Department utilises sub regional and regional frameworks for some services such as placements and regularly benchmarks itself against other relevant organisations. Organisations such as the Local Government Association also regularly produce analysis of costs of services such as social care at regional and national levels to allow value for money to be assessed.
10. Members will receive quarterly updates on progress on the Business Plan KPIs and there are specific scrutiny committees such as the Health and Social Care Scrutiny Committee who look at specific areas of the Department's work.
11. In relation to the assets allocated for the delivery of services, these are broadly fully utilised. As noted in the Headline Business Plan, operational space within Guildhall (North Wing) provides for 58% of the departments staff, with 42% located across the Barbican Estate Office, three Community Libraries, two community centres, and small estate offices on out of City housing estates. At Guildhall, the Department operates at a 4.5:10 desks-to-staff ratio. Operations includes social care, homeless assessment and rough sleeping outreach where the nature of delivery requires higher rates of attendance. This evaluation was carried out using local electronic data on desk usage.
12. The Barbican Estate Office includes floor space for public receptions and meeting facilities and provides a greater square metre per staff area. It is subject to a more detailed occupancy review which will be carried out this financial year by a Business Support Manager.
13. The Golden Lane Community Centre is integral to the estate (and a Housing Revenue Account asset), providing staff space to support its operation. The Department leases (at pepper corn rent) the Portsoken Community Centre. The Golden Lane Leisure Centre is leased to the commissioned provider of leisure services.

Corporate & Strategic Implications

14. The strategic priorities and commitment of the Department are expressed in the Headline Business Plan in Appendix 1. These reflect the many statutory responsibilities that the Department has. They contribute broadly to the Corporate Plan priorities but more specifically outcomes 1 – 4.

Security implications

15. Actions highlighted in the Headline Business Plan contribute to the departmental objective that people of all ages and all backgrounds live in safe communities, that our homes are safe and well maintained and that our estates are protected from harm and the corporate priority that people are safe and feel safe.

Financial implications

16. The 2023/24 Budget includes additional resources totalling £1.2m to help meet the ongoing pressures across Adults and Children's Social Care and the cost of Unaccompanied Asylum-Seeking Children which have led to overspends in these areas in the previous year. Underlying inflationary pressures beyond this still exist however and will need to be monitored throughout the year. The ring-fenced funding position of the Housing Revenue Account continues to be very difficult.

Equalities implications

17. The strategic commitments and actions outlined in this headline business plan are designed to improve outcomes for protected characteristic groups. Where any new services or initiatives are developed, Equality Impact Assessments are carried out as part of the process to inform their development and consider their impact on different groups.

Resourcing implications

18. Any significant changes to resources were identified and delivered through the move to the Target Operating Model.

Climate

19. The Department is committed to taking action to contribute to delivery of the Climate Change Action Plan. A major workstream is to deliver a number of housing projects, as set out in the Action Plan, to reduce the City Corporation's carbon footprint.

Conclusion

20. This report presents the high-level Business Plan for 2023/24 for the Department of Community and Children's Services for Members to consider and approve.

Appendices

- Appendix 1 – DCCS High-Level Business Plan 2023/24

Ellie Ward

Head of Strategy and Performance

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Community and Children's Services

Community and Children's Services works to support the most vulnerable in the City, tackle health inequalities, provide safe and secure homes, deliver education to children and adults, and deliver services enhancing the welfare of the City's communities. It does so through maximising the use and reach of its assets (libraries, housing stock, community centres and staff), through its wider partnerships with health, policing, neighbouring authorities and corporate colleagues, and leading on pan-London initiatives.

The departmental handbook can be found at [here](#)

Our aims and objectives are...

Through our delivery and response to statutory requirements and the outcomes of Corporate Plan, the department aims to secure its priority outcomes:

Safe: People of all ages live in safe communities; our homes are safe and well maintained and our estates are protected from harm

Potential: People of all ages are prepared to flourish in a rapidly changing world through exceptional education, cultural and creative learning and skills which link to the world of work

Independence, Involvement and Choice: People of all ages can live independently, play a role in their communities and exercise choice over their services

Health and Wellbeing: People of all ages enjoy good mental and physical wellbeing

Community: People of all ages feel part of, engaged with and able to shape their community

Our major workstreams this year will be...

- delivering **outstanding statutory services** to adult and child residents with needs – including adult and children's social care, support with special educational needs, access to education, and those that ask the local authority for help with homelessness
- fulfilling the statutory responsibility for **improving the health of our local population** – including the **reduction of health inequalities** - and for ensuring provision of public health services; and deliver the statutory duty to provide a library service
- addressing **housing needs and homelessness** through the delivery of 69 new social rented homes (of a programme of 270) in 2023/24
- enhancing services to **reduce rough sleeping** through the capital works and service commissioning to deliver a rough sleeping assessment centre by December 2023
- Securing greater relevance, and improved service offer and increased community reach through the **refurbishment of the Artizan Street Library** by June 2023
- **alleviating poverty** through the delivery of a "food pantry" for low-income and struggling households
- **transforming adult social care delivery** to drive better integration with health services, support more residents to remain cared for in their homes, and deliver efficiencies to mitigate increased demand for care and support
- revitalising and refocusing the work of the **Safer City Partnership** to better deliver the Corporation's statutory community safety responsibilities
- supporting **social mobility and tackling pupil disadvantage** through the delivery of a new education funding model impacting 7, 294 pupils by December 2023 (the end of the current Education, Cultural Learning and Skills strategies period), with ongoing annual investment informed by the 2024-2028 strategies being developed during 2023.
- delivering **safer homes** through the installation improved fire safety rated doors across our social housing portfolio and the Barbican Estate by 2025
- delivering **better, more thermally efficient homes** through the repair of windows to approximately 500 properties on the Golden Lane Estate by 2026
- securing an agreed medium-term strategy and associated investment for the delivery and management of the **Golden Lane Leisure Centre**

What's changed since last year...

External drivers:

- *Cost of living pressures and recessionary pressures/risk impacting on community needs and service demand*
- *Inflationary pressures driving up costs of care, interim accommodation, commissioned service delivery, capital project costs and threatening viability of leisure services provision*
- *Pressures on interdependent services – notably health*
- *Government and legislative drivers: wider homelessness duties; focus on rough sleeping; adult social care delivery and funding reform*

Internal drivers:

- *Implementation of Target Operating Model (TOM) changes*
- *Reduced resource base at time of increased demand for statutory delivery*

Major achievements:

- *Secured, refurbished and mobilised delivery of 29 bed **high support hostel** in partnership St Mungos, the Greater London Authority and LB Southwark to secure more effective response to rough sleeping*
- *Developed and delivered **Children and Young People's Plan** and Achieving Excellence Board to sustain and improve the quality of children social care delivery (Ofsted rated Outstanding)*
- *Delivered comprehensive multi-agency **response to cost of living pressures** to alleviate pressures on community*
- *Developed and secured commitment to a **new Safer City Partnership Strategy** - and refreshed governance - on behalf of the responsible authorities of that partnership, to delivery more comprehensive and co-ordinated to community safety issues*
- *Secured £200k in **savings and value** in the recommissioning of service delivery*
- *implemented a **new housing management structure** to strengthen emphasis on customer service and deliver efficiencies*

Our strategic commitments

Sustaining outstanding children’s services

- Children looked after have stable accommodation (number of placements <=2 – 100%) *KPI1*
- All children looked after given Initial Health Assessment within timescale *KPI2*
- All care leavers have up-to-date pathway plan and live in suitable accommodation *KPI3; KPI5*
- All care leavers are in education, employment or training *KPI4*
- All children with special educational needs and disability receiving an Education Health and Care Plan within 20 days *KPI6*

Delivering new social homes and improving our existing housing stock

- 69 new social rented homes delivered in 2023/24
- Deliver major works programme: windows refurbishment, fire door replacement; sprinkler retrofit *KPI7; KPI8*
- New housing management strategy (Oct 2023) and customer service standards (Dec 2023)

Reducing the impact and incidence of rough sleeping

- New rough sleeping assessment centre opened November 2023
- Achieve 20% reduction in those defined as living on streets *KPI9*
- All individuals new to rough sleeping offered a route off the streets within 72 hours of first contact with City outreach *KPI10*
- Approve and deliver new homelessness and rough sleeping strategy

Delivering effective adult social care that secures choice and independence, and evidence person centred care

- All Adult Social Care Assessments completed within 28 days *KPI11*
- All Carer Reviews completed within 12 months of previous review *KPI12*
- Brokerage review and process redesign complete (Mar 2024)
- Effective reablement supports independence *KPI13*
- Approve and deliver Unpaid Carers Strategy (Sep 2023)

Reducing health inequalities

- Mobilise food pantry to tackle food and income poverty
- Mitigate impact of cost-of-living pressures
- Approve and deliver new Joint Health and Wellbeing Strategy (Sep 2023)

Delivery exceptional education, cultural and creative learning and skills

- Deliver new education funding model (Dec 2023)
- Complete refurbishment and delivery of Maker Space at Artizan Street Library (Aug 2023)

Key Performance Indicators

#	KPI	Current Performance	Target
1	Proportion of children looked after with 3 or more accommodation placements	0%	0%
2	Proportion of children looked after receiving initial health assessment within timescale	90%	100%
3	Proportion of care leavers with up-to-date pathway plan	79%	90%
4	Proportion of Care Leavers in education, employment or training	88%	100%
5	Proportion of Care Leavers in suitable accommodation	95%	100%
6	Proportion of children with special educational needs and disability receiving an Education Health and Care Plan within 20 days	100%	100%
7	Proportion of 2023/24 major works programme (3,880 windows, 1,510 fire doors) delivered	new	90%
8	Increase the thermal efficiency (SAP Rating) of the social housing stock	69	↑
9	20% reduction of defined as living on streets	↓ 9%	↓ 20%
10	Proportion of individuals new to rough sleeping to be offered a route off the streets within 72 hours of their first contact with City outreach	84%	100%
11	Proportion of Adult Social Care Assessments completed within 28 days	new	70%
12	Proportion of Carer Reviews completed within 12 months of previous review	70%	100%
13	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	85%	90%

Our People

313 staff (303 FTE)

- male 54%; female 46%
- White 59%; BAME 33%; not known 8%
- Declared disability 8%
- LGBT 9%

2022 Staff Engagement score: 48%

What our staff told us:

I have the right opportunities to learn and grow and can access the training and development I need to do my job



I feel valued and recognised for the work that I do



I am proud to say I work for the Corporation



Legend: positive (green), neutral (blue), negative (yellow)

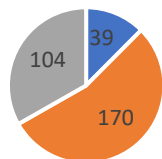
Where could we do better?

40% of staff responded negatively to the statement "senior leaders manage change well and communicate this to staff" (coincided with TOM)

In response:

- Strengthened communications
- 23/24 staff conference
- Embedding post- TOM structures

Where we work:



- Barbican & Community Libraries
- City housing estates and Barbican Estate Office
- Guildhall

Our plans to progress EDI

Our developing role and commitments :

- **Anti-racist practice standards** developed to support delivery
- management development via the London wide **Leadership in Colour Development Programme**
- Staff survey: 68% of staff agree positively with the statement "I feel I can be **my true self at work**", 18% neutral, 14% negative
- Staff survey: 61% of staff agree positively with the statement "**Leaders understand that Diversity is critical** to our future success", 24% neutral, 15% negative
- **Celebration of diversity** in departmental newsletter including special editions celebrating Pride and Black History month and through the events and exhibitions of our libraries
- **Culturally relevant service delivery** to unaccompanied asylum seekers, Afghan evacuees and our wider service users
- **Equality Analysis completed** for new policies, strategies and commissioned delivery
- **Targeted employment support** to those disadvantaged in the labour market through the Connecting Communities programme

Our additional plans ahead

- Improvements to diversity monitoring processes and recording in Adult Social Care
- Reassessing ED&I Assessment Score
- Establish Departmental EDI Working Group
- Delivering an EDI statement for Resident Associations
- Embedding Equality Impact Assessments in all eviction processes

Our Stakeholder and Customer Needs

- 8,500 residents of whom 1,200 are aged 65 and over
- **Adult Social Care Services:** 165 residents requested support (21/22) - up 6% over the last four years, but among those aged over 65 up by 73%. Support given to around 30 carers.
- **Children's services:** 57 Care Leavers supported - grown from 42 at the end of 2020/21. Eleven Children Looked After; 19 children and young people in the City of London supported with an Education, Health, and Care Plan (EHCP)
- 12 housing estates, containing approximately 2,000 homes; 13,505 housing related calls (2022)
- 820 households on the City Corporation's Housing waiting list as of 11 January 2023 of which 327 are in the two highest need categories
- 428 people approached the City Corporation for help because of the risk of experience of homelessness - an increase of 26% on 2020/21
- 372 people were recorded as sleeping on the streets of the Square Mile In 2021-22 - the seventh highest among London's local authorities
- 172,000 visits to the libraries in 2021-22

Our Partners



MAYOR OF LONDON



Office for Health Improvement & Disparities

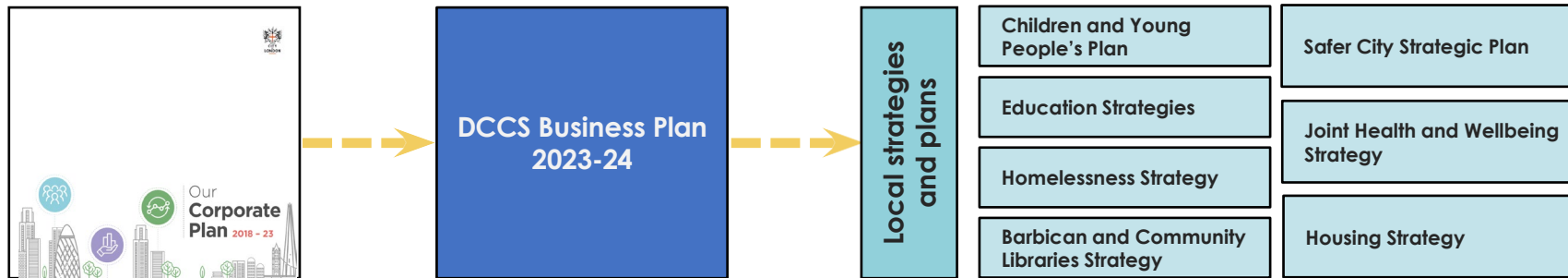


Department for Levelling Up, Housing & Communities



North East London

Our delivery, impact and accountability



Corporate Plan Outcomes

1	People are safe and feel safe
2	People enjoy good health and wellbeing
3	People have equal opportunities to enrich their lives and reach their full potential
4	Communities are cohesive and have the facilities they need
8	We have access to the skills and talent we need
12	Our spaces are secure, resilient and well-maintained



Our Impact

<ul style="list-style-type: none"> Children's Services rated 'Outstanding' Ofsted focussed visit 2022: 'High-quality practice which ensures that children benefit from effective and responsive front-door services' Carer satisfaction with Adult Social Care: ranked 1st within the peer group and 12th out of 150 councils. Carer-reported quality of life score ranked 1st in the peer group and 52nd out of 150 councils Social care-related quality of life score ranked 1st within peer group and of 150 councils. But overall satisfaction of fell by 42% in 21-22. 98% of expected social housing rent collected 125 street homeless people provided accommodation in 2022/23 3,400 hours of community activity this year in our community centre provision in the Square Mile Library service and activities valued by 90% of survey respondents
<ul style="list-style-type: none"> Adult Skills Ofsted rated 'Good' 6 of 10 City of London Academy schools and the City's only primary maintained school rated 'Outstanding' 91% of respondents said libraries offer good range of indivual and group learning
<ul style="list-style-type: none"> 674 fire doors, 782 smoke and heat detectors, 391 carbon monoxide detectors Overall social tenant satisfaction with repair and maintenance services 94% Safer City Partnership and Strategy renewed

Accountability and transparency

Community and Children's Services Grand and Sub Committees	City and Hackney Safeguarding Adults Board (independently chaired)	City and Hackney Safeguarding Children's Partnership (independently chaired)	Health and Social Care Scrutiny Committee	Achieving Excellence Board (independently chaired)	Crime and Disorder Scrutiny Committee	Ofsted, Care Quality Commission, Social Housing Regulator
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Key Risks

Risk Title	Score
Blake Tower – Barbican Estate	16
Lone working	12
Safeguarding	8
Departmental emergency response	8
Failure to carry out and review effective fire risk assessments for residential and commercial accommodation	8
Major works programme	8
Failure to deliver new homes programme	8
Commissioned Contracts	6
Failure of the City of London Academies to meet the high performance and financial expectations of the City of London	6
Health and Safety Procedures	6
Housing Finance Changes	6

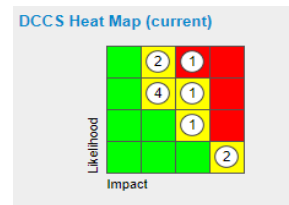
Operational Property requirements

Operational space within Guildhall (North Wing) provides for 58% of the departments staff, with 42% located across the Barbican Estate Office, three Community Libraries, two community centres, and small estate offices on out of City housing estates.

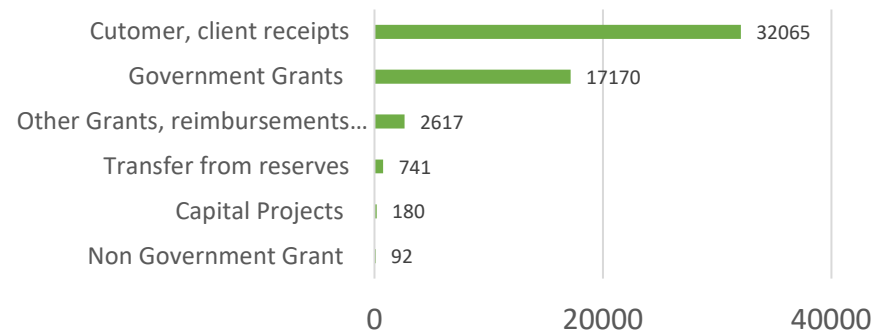
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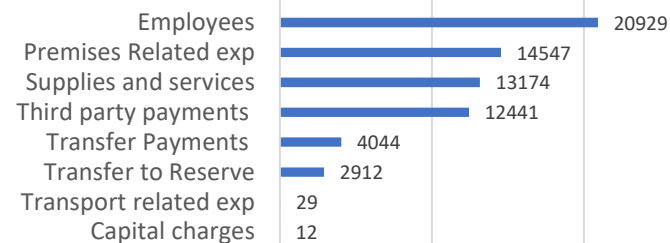
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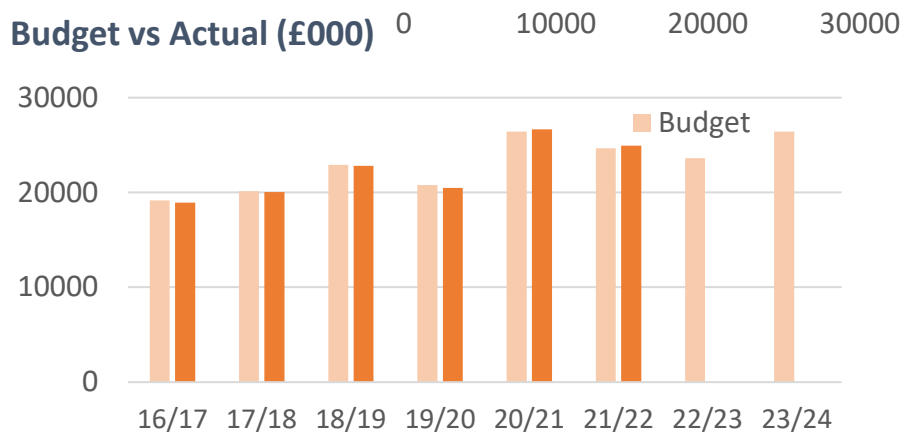
Where our money comes from (£000)



Where our money is spent (£000)



Budget vs Actual (£000)



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Committee:	Dated:
Community and Children’s Services Capital Buildings Board	03 May 2023 10 May 2023
Subject: Middlesex Street Estate – Resident Improvements and the Impact on the Service Charge	Public
Which outcomes in the City Corporation’s Corporate Plan does this proposal aim to impact directly?	4, 12
Does this proposal require extra revenue and/or capital spending?	N
If so, how much?	N/A
What is the source of Funding?	N/A
Has this Funding Source been agreed with the Chamberlain’s Department?	N/A
Joint Report of: Clare Chamberlain, Interim Executive Director Community & Children’s Services Paul Wilkinson, City Surveyor	For Decision
Report author: Paul Murtagh Assistant Director Housing & Barbican	

Summary

The purpose of this report is:

To set out for members the benefits for residents arising from the City of London Corporation’s (the Corporation) proposal to redevelop parts of the Middlesex Street Estate’s basement, ground-floor, and first-floor car parks and, seven retail units along Gravel Lane, to provide an operational base for the City of London Police (CoLP) in the East of the City of London.

In addition, the report sets out the impact of these benefits to residents in respect of the annual service charges and seeks members approval to the recovery of future costs of running, servicing and maintaining these residents’ benefits through the service charge account.

Recommendations

Members are asked to:

1. Note the range and cost of benefits to be provided to residents of the Middlesex Street Estate as part of the proposal to develop surplus space within the car parks to provide an operational base for the CoLP.
2. To agree that the fair and reasonable costs incurred by the Corporation in running, servicing, and maintaining these benefits be recovered from residents through the service charge account for the estate.

3. Consider the introduction of a new post of Car Park Attendant/Officer to help ensure the efficient management of the space in the Middlesex Street Estate car parks and how this post may be funded.
4. To agree that £360,000 of the £3.45million ring-fenced for housing use, in respect of the appropriation of the Middlesex Street Estate Car Park, be set aside to fund, if necessary, further improvements and landscaping to the podium requested by residents.

Main Report

Background

1. At its meeting on 20 January 2023, the Community and Children's Services Committee agreed that identified areas in the car parks and the seven Gravel Lane shop units proposed for non-housing use at the Middlesex Street Estate were no longer required for housing purposes and may be appropriated for other use.
2. The Corporation (in its capacity as the police authority) is exploring the proposal to redevelop parts of the Middlesex Street Estate's basement, ground-floor, and first-floor car parks and, seven retail units along Gravel Lane, to provide an operational base for the CoLP in the East of the City of London.
3. If the CoLP proposal does proceed, there will be significant tangible benefits to the residents of the Middlesex Street Estate that are set out later in this report. Many of these benefits are a direct result of consultation undertaken with residents to understand how we can work together to provide improvements to the Estate that will enhance the health and wellbeing of its residents.

Considerations

4. Attached at Appendix 1 to this report is a table that sets out the many resident benefits that will be provided if the CoLP proposal does proceed. The table identifies that £2,756,100 will be spent on resident benefits as part of the CoLP project. This does not include the cost of the following beneficial works that are included and costed within the overall inherent design scheme for the project:
 - provision of electrical vehicle charging points.
 - improvements to disabled access.
 - improvements to the public realm and active frontage.
 - improvements to the roller shutters/barriers to the car parks.
5. The table at Appendix 1 identifies that the annual cost of running, servicing and maintaining these residents' benefits will likely be in the region of £34,000 per annum. Crudely, based on a total of 234 flats on the Middlesex Street Estate, this would result in an additional annual cost of around £145 per flat, if the running, servicing, and maintenance costs are to be recovered from residents by way of the service charge.
6. It should be noted however, that some of the residents' benefits such as, the waterproofing of the podium and the improvement works to the shutters and barriers to the car parks, will reduce the current cost of repairs due to water leaks and mechanical breakdowns. It is likely that the additional £145 per annum per flat

would be significantly offset by the compensatory savings from the improvement works.

7. It is the view of officers that the annual cost of running, servicing and maintaining the residents' benefits should be recovered from residents by way of the service charge. The initial capital outlay of £2,756,100 is a significant investment that is being made in additional works that will benefit residents and the estate at no cost to the residents and, it is not unreasonable to ask residents to contribute to the cost of the upkeep of these works once completed.

Management and Control of the Car Parks

8. During the consultation process undertaken with residents, serious concerns have been raised with the management and control of the Middlesex Street Estate car parks especially, in relation to the CoLP proposal and the impact that this will have on the ground floor in particular.
9. There is no doubt that the space in the car parks will need to be managed very carefully if the proposal for the incorporation of the new Eastern Base into the Middlesex Street Estate is to be successful. Work is underway to develop a robust Management Plan for the car parks that, if the CoLP proposal does proceed, will be brought back to this Committee for approval. This will include matters such as:
 - traffic management
 - pedestrian management
 - access control
 - security provisions and management
 - visitor protocols
 - proposals around strategy, resources
 - managing refuse collection, bins, storage facilities etc
 - other day-to-day operational matters
 - resources including the introduction of a Car Park Attendant/Officer.
10. It is felt that the existing staff resources in the Middlesex Street Estate Office are simply not sufficient to absorb the role of managing the car parks if the CoLP proposal does proceed. It is anticipated that a new post of Car Park Attendant/Officer will need to be created and funded. The estimated cost of this post, working normal hours (not 24/7), will be £100,000 per annum. It should be noted however, that it may be possible to reduce this cost by integrating the role into the Estate Office staff and making better use of modern technology. It may also be the case that the new post could also include responsibility for the management of other additional assets that the CoLP proposal will deliver including, the gym facility, community room and podium improvements. Officers will naturally, explore these options as the project progresses.
11. The introduction of this post will result in considerable benefits for residents such as, additional security and safety, properly managed car parks and pedestrian/visitor management. However, residents will likely argue that this post was only required because of the CoLP taking up surplus space in the estate car parks.
12. It is not considered reasonable that the cost of providing a Car Park Attendant should be recovered, in full, from residents through their service charge. An

equitable arrangement needs to be found and, members are asked to give their views and guidance on this matter. As a starting point, consideration could be given to an equal three-way split of the cost between residents, the HRA and the CoLP service charge.

Further Works to the Podium

13. Following recent further consultation as part of the design work for the project and, preparations for the submission of a planning application, residents have requested additional works, landscaping, and improvements to the podium. The cost of these additional items is estimated at around £360,000.
14. It has been agreed by the Community Steering Group (CSG), that has been set up to help move this project forward, that every effort should be made to try and fund these additional items from external sources and grant funding including, for example, a bid for funding from the Corporation's Community Infrastructure Levy (CIL).
15. It is clear from the resident members of the CSG that these additional items are very important to the residents on the Middlesex Street Estate and, not including them in the scope of the project could have a detrimental impact and may encourage opposition to the planning application.
16. Members will be aware that, in recognition of the appropriation of surplus land in the Middlesex Street Estate Car Park, a capital sum of £3.45million has been ring-fenced for housing use. In the event that funding cannot be secured from external sources and grant funding, members are asked to agree that £360,000 of the £3.45million be set aside to fund the further improvements and landscaping to the podium requested by residents.

Financial Implications

17. There are no further financial implications arising from this report at this stage.

Legal Implications

18. There are no further legal implications arising from this report at this stage.

Equalities Implications

19. There are no further equalities implications arising from this report at this stage.

Appendices:

Appendix 1: Residents Benefits

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	Project Description	Cost/Estimate	Estimated Annual Costs/Service Charge
	CoLP Project Related Works		
1.	Podium and Roof Waterproofing Works (including £50,000 for community space provided on podium).	£1,500,000	Should result in service charge reduction (less leaks etc).
2.	Improved Finishes, Doors and to Pedestrian Areas.	£72,000	No additional impact.
3.	Improvements to Podium Football Cage.	£50,000	No additional impact.
4.	Security Measures to Unit 20 (ground and first floor).	£290,000	£10,000 per annum.
5.	MEP Fit Out and Link (Unit 20).	£180,000	No additional impact.
6.	Additional CCTV and Security Measures.	£60,000	£7,000 per annum.
7.	Secure Bicycle Storage and Cycle Racks.	£63,500	£3,000 per annum.
8.	Provision of Two Cycle Lifts (including repositioning generator).	£160,000	£12,000 per annum.
9.	Provision of Gym Equipment on Podium.	£25,000	£2,000 per annum.
10.	Upgrade Paving Areas to Podium/Line Marking Basement/Ground Floor.	£180,000	No additional impact.
11.	Preliminaries and OHP.	£175,600	Not applicable.
	Totals:	£2,756,100	£34,000 per annum.
	Improvements Included in Project Design		
12.	Electric Vehicle Charging Points.		No additional impact.
13.	Improvements to Disabled Access.		No additional impact.
14.	Improvements to Public Realm and Active Frontage.		No additional impact.
15.	Improvements to Roller Shutters/Barriers to Car Parks.		Should result in service charge reduction (less faults/breakdowns etc).

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Committee(s): Department of Community and Children’s Services Grand Committee – For Information Health and Social Care Scrutiny Committee – For Information Health and Wellbeing Board – For Information	Dated: 12/04/2023
Subject: Adult Social Care Inspection Framework - Care Quality Commission (CQC)	Public
Which outcomes in the City Corporation’s Corporate Plan does this proposal aim to impact directly?	1,2,3
Does this proposal require extra revenue and/or capital spending?	N
If so, how much?	n/a
What is the source of Funding?	n/a
Has this Funding Source been agreed with the Chamberlain’s Department?	n/a
Report of: Clare Chamberlain, Director of Community and Children’s Services	For Information
Report author: Emma Masters, Transformation Programme Manager, Adult Social Care	

Summary

The [Health and Care Act 2022](#) gives new powers to the Care Quality Commission (CQC) to provide a meaningful and independent assessment of care at a local authority and integrated care system level, starting in April 2023.

In response to the requirement, Adult Social Care is undertaking a self-evaluation against the [Assessment framework for local authority assurance](#) and its four quality themes.

Below, we outline CQC’s launch plan and an update on our progress and ongoing approach to local authority and integrated care system assessments.

Recommendation

Members are asked to:

- Note the report.

Main Report

Background

1. The Health and Care Act received Royal Assent in April 2022 and introduced significant reforms to the organisation and delivery of health and care services in England, including the return of CQC assessment of local authority Adult Social Care services.
2. From 1 April 2023, CQC will have new powers to assess local authorities in England and will be looking at how we meet our duties under the Care Act (2014). CQC have published an implementation plan, with a view to start full inspection activity from September 2023.
3. From 1 April 2023 through to September 2023, CQC will start to review data and published documentary evidence across all local authorities. The data and evidence from this activity will be published at an overall national level as a collection of evidence, for example, in CQC's annual statutory State of Care report to Parliament. This national review will be the first element towards full assessment of two quality statements. It will constitute CQC's first steps in developing judgements for individual authorities. It will also provide valuable context and an opportunity to benchmark national data.
4. During the same period, CQC will commence pilot assessment activity for up to five local authorities, on a voluntarily basis. Publication of findings from these pilots are subject to further determination between the CQC and local authorities involved. City of London Adult Social Care have not requested to participate at this time.
5. From September to December 2023, CQC will start the roll out of formal inspection activity for all local authorities, with an aim to conduct up to 20 assessments during this period. City of London may be chosen as one of the local authorities in this tranche. We would have around four weeks' notice to plan and start activity.
6. From early 2024 onwards, CQC will continue to conduct further formal assessments and report on their findings. The Government has requested that CQC publish individual ratings of local authorities following the pilots and assessments. CQC plan to work with local authorities and Department of Health and Social Care during this time to inform how findings are published and rated.

Current Position

7. We are finalising our self-assessment against the four quality themes and collating the required supporting data and evidence. Our aim is to have a final draft completed by early June 2023.
8. On 13 and 14 June 2023, a peer review via the Local Government Association to provide additional input into and scrutiny of our Adult Social Care self-assessment and inspection readiness. This activity is expected to provide further opportunity for insight and reflection to enhance our final self-assessment, and strengthen our improvement plans to ensure compliance.
9. Alongside the self-assessment we have a draft Adult Social Care Improvement Plan, which is required as supporting evidence. Our aim is to know ourselves and know ourselves well, ensuring that any identified plans for improvement are well documented, governed and have delivery plans. The Adult Social Care Transformation Programme is currently documenting and providing the governance for this.

10. The initial data requirement to accompany the self-assessment is the Client Level Data (CLD) return. From April 2023, the Government has introduced person-level data collection to provide better insights into care journeys and outcomes to show which interventions work best and how we can improve how people move between health and social care. This is a new nationally, and a significant piece of work, with the first return due in July 2023. We currently have this project in delivery and will assess outputs in early May 2023.
11. On completion of the peer review activity, we will share the outcomes. The findings, expected to be both positive and self-reflecting, will inform the production of our final Self-Assessment document.
12. In addition to the completion of documentation and evidence, we are producing a practical plan, similar to our Ofsted inspection approach, which outlines clear responsibilities, roles and resources required to manage the inspection activity.
13. This is the start of how things will change for Adult Social Care with a continuous rolling plan.
14. **Financial implications:** The cost of the peer review is £5,000.00 plus expenses and is met via Adult Social Care grant funding.

We anticipate that additional resources may be required to support improvement delivery. Adult Social Care grant funding has been identified to meet the current pressures.
15. **Resource implications:** The extent that the Adult Social Care statutory inspections will impact on Adult Social Care resources will be determined by the ongoing pressures of inspection activity. While we are seeking synergies across Children's and SEND inspections, the additional governance and resourcing requirement are expected to have impact in the longer term.
16. **Legal implications:** This is a legislative change for Adult Social Care service delivery. The City of London will need to ensure that there is legislative compliance.
17. **Risk implications:** The CQC's assessment of local authority Adult Social Care services represents a reputational risk on a par with the Ofsted assessment of Children's Services.
18. **Equalities implications:** The Government has conducted Equalities Impact Assessments on all reform initiatives.
19. **Climate implications:** N/A
20. **Security implications:** N/A

Conclusion

21. The implementation of the new Adult Social Care Inspection Framework carries with it a level of reputational, legal, and financial risk over the next few years. The City of London has put in place a programme structure to effectively plan for and deliver the requirements of inspection outlined in CQC's launch plans. There remains a level of uncertainty across the Adult Social Care sector regarding the future funding of this additional responsibility.

Appendices

- **Background Papers**
 - [Health and Care Act \(2022\)](#)
 - [Assessment framework for local authority assurance](#)

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Agenda Item 27

Committee:	Dated:
Community and Children's Services Committee	05/05/2023
Subject City of London Children's Centre Services – Review	Public
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	<ul style="list-style-type: none"> • Contributing to a flourishing society • Support a thriving economy. • Shape understanding environments.
Does this proposal require extra revenue and/or capital spending?	No
What is the source of Funding?	City - local risk funding
Has this Funding Source been agreed with the Chamberlain's Department?	Yes
Report of: Clare Chamberlain, Interim Director of Community and Children's Services	For Information
Report author: Theresa Shortland, Head of Service – Education and Early Years	

Summary

- There is one Child and Family Centre in the City, based at The Aldgate School. Childcare and a range of other services for children aged under 5 years are provided at the centre, including early education, early help, parenting support, health visitor, adult learning, outreach, stay and play, family support, and support for children with special educational needs and disability (SEND).
- The City of London Corporation is the 'Accountable Body' for Children's Centre services in the City of London (COL), as defined by the Department for Education (DfE) and the Apprenticeship, Children and Learning Act 2009. Delivery of Children's Centre services across the COL is currently managed by the one Designated Children's Centre, The City of London Child and Family Centre based at The Aldgate School.
- A review of Children's Centre Services was undertaken in 2019, the outcome of which was to change the service delivery model to a 'hub and spoke' system that delivered services across the COL local area from the base at

The Aldgate School. The COVID-19 pandemic significantly impacted on this development.

- The Government has set out a vision for the development of Family Hubs that will provide a universal ‘front door’ to families, offering a ‘one-stop shop’ of family support services across their social care, education, mental health and physical health needs, with a comprehensive Start for Life offer for parents and babies at its core.
- The COL is undertaking an independent review of the Children’s Centre Services within the City in the context of developing a Family Hub – a system-wide model of providing high-quality, joined-up, whole-family support services. Family Hubs deliver these services from conception, through a child’s early years until they reach the age of 19 (or 25 for young people with SEND).

Recommendation

- Members are asked to note the report. The outcome of this review will be submitted to this Committee in the autumn for further consideration.

Main Report

Background

1. Children’s Centres provide a range of services for families and young children from birth to the age of 5 years. Children’s Centres also act as the hub for the Early Years sector in their locality, sharing good practice, training, and new ideas and initiatives. The fundamental purpose of Children’s Centre Services is to improve outcomes in the Early Years for all young children and their families in the local area, with a focus on the most disadvantaged children.
2. The City of London Corporation is the ‘Accountable Body’ for Children’s Centre services in the COL, as defined by the DfE and the Apprenticeship, Children and Learning Act 2009. Delivery of Children’s Centre Services across the COL is currently managed by the one Designated Children’s Centre, The City of London Child and Family Centre based at The Aldgate School.
3. The Children’s Centre was designated in 2007 as part of phase three of the national Children’s’ Centre programme. The governing body of The Aldgate School is the ‘Lead Agency’ for the delivery of Children’s Centre Services in the COL. They are accountable to the COL and a service level agreement is in place. The Children’s Centre Manager is employed by the school and they

report to the school's governing body. The school also provides additional childcare places that are managed as part of the Children's Centre offer within the school's Early Years Foundation Stage.

4. Children's Centre Services are also provided by the COL library service at linked sites in the City's libraries (Artizan, Shoe Lane, and Barbican). The sessions provided are primarily 'stay and play', 'rhyme time' and drop-in sessions. Until recently, the Museum of London was also used as a site for providing breastfeeding support.

Context

5. In March 2021, the Government launched 'The best start for life: a vision for the 1,001 critical days'. This set out the Government's vision for building strong, secure relationships between parents and babies.
6. A progress report in April 2023 suggested that there is more to do to ensure that families get the support they need through the first 1,001 days of a child's life. To transform Start for Life and Family Hub services, the DfE awarded funding to 75 upper-tier local authorities across England. This programme will fund a network of Family Hubs, Start for Life and Family Help services, including breastfeeding services, parenting programmes and parent-infant mental health support.
7. The COL is not in the current DfE development programme for Family Hubs; however, London Borough of Hackney (LB Hackney) is part of the programme alongside a number of our neighbouring local authorities. As COL share health services with LB Hackney, there is an opportunity for the City to work with LB Hackney as they develop their Family Hub to align health services to any COL developments..

Family Hub

8. Family Hubs will provide a universal 'front door' to families, offering a 'one-stop shop' of family support services across their social care, education, mental health and physical health needs, with a comprehensive Start for Life offer for parents and babies at its core.
9. A Family Hub is a system-wide model of providing high-quality, joined-up, whole-family support services. Hubs deliver these services from conception, through a child's early years until they reach the age of 19 (or 25 for young people with SEND).

Current Position

10. The COL Children's Centre Services offer comprises a number of commissioned universal services, including the Library service, Children's Social Care Services, Early Help Service, Family Information Service, and Adult and Community Learning, each led by the City of London Corporation. A range of health services are also provided, including universal health visiting services.
11. A review of Children's Centre Services was undertaken in 2019, the outcome of which was a change to the delivery model from a centre-based model to a 'hub and spoke' model that delivered services across the COL local area from the base at The Aldgate School.
12. The Children's Centre Advisory Board was also established to ensure that there was a strategic overview of all services, and to support the integrated delivery of the services. The Board is multi-agency, and representation reflects the services that are provided by a range of partners and organisations in the City of London, including:
 - The Aldgate Primary School
 - The City of London Child and Family Centre
 - City of London Libraries Services
 - Integrated Commissioning Board – Northeast London
 - Health Visitor Service
 - Other Public Health commissioned services
 - Early Help Services
 - Adult learning
 - Other locally commissioned services
 - Voluntary and community organisations.

COVID-19

13. The pandemic has had a significant impact on children and families. While services responded quickly and adapted their services in real time to support families during the pandemic with access to face-to-face services, referrals and diagnostics were greatly reduced. The impact of this on babies, children and young people is continuing to emerge in the needs of current service users. There are early indications of increased demand for therapies and mental health services alongside a particular impact on those with additional vulnerability, and SEND.

Proposals

14. The purpose of an independent review is to support the City to determine how the current service provision meets the needs of local children and families in

the City, and if the existing service model, (a 'hub and spoke' model), supports the delivery of these services. Plans to develop the 'hub and spoke' model were paused during the pandemic; services have since resumed, however, the needs of children and families have changed. A number of factors have contributed to this, including the current cost of living issues.

15. The aim of this work is to review and evaluate the current Children's Centre Services in the COL, determine if they are value for money, and provide a co-ordinated, integrated and effective range of services for our residents that deliver support and essential services which are vital to ensuring that every baby gets the best start in life. We want to ensure that these services are available and accessible to children and families within the COL local area.
16. The specification of the review went out to tender 16 February 2023. The Place Group have been appointed as the independent reviewers of the COL Children's Centre Services, and they will undertake the review commencing on 3 April 2023 to 30 June 2023.

The aim of the review is to:

- Evaluate the delivery and performance of our current services against the service aims objectives and key performance indicators.
 - Identify any gaps in the existing services and establish the issues that impact on delivery, including premises and locations of Children's Centre Services.
 - Engage and consult with children, parents and carers to gather their views on the current service and the potential for future developments.
 - Engage with key partners including Early Years providers, health visitors, adult learning, and community libraries on the potential for future developments in the COL local area.
 - Consider the national guidance and recommendations for Family Hubs as the context to develop options for the future model the COL could use to deliver services for children aged under 5 years going forward. (See Family Hubs and Start for Life programme at <https://www.gov.uk/government/collections/family-hubs-and-start-for-life-programme>).
 - Complete an options appraisal of a maximum of three different Children and Family Centre/Hub service models, which would be suitable for delivery in the COL.
17. The COL will provide a small team to work alongside the independent reviewer for the engagement and consultation events with children, parents, carers. A management reference group made up of senior managers and representatives of the Children's Centre Advisory Board will be available to the reviewers to ensure access to services, information and data needed for the review.

18. The outcome of this review is to consider the options for how the COL will provide Children’s Centre Services as part of the ‘Start for Life’ offer in the future. This review will look at the governance, commissioning arrangements, performance management and budgets required to develop co-ordinated services locally. The COL is at the early stage of developing a Family Hub, and this review will consider a model for that builds on this evaluation and the work undertaken with children aged under 5 years in the COL.

Timeline	Date
Appoint an Independent reviewer	10 March 2023
Start of project	3 April 2023
Preliminary findings	15 May 2023
Proposed changes with associated benefits	12 June 2023
Final report	30 June 2023

Options

19. An options appraisal paper will be submitted to this Committee in the autumn to present the feasible options for delivering Children’s Centre Services in the COL in the context of a Family Hub.

Key Data

20. The Children’s Centre Services have a database which will be used alongside other relevant data as part of the review. Data for the Foundation Stage and SEND services will also be used alongside relevant data from health services.

Corporate & Strategic Implications

21. This review will support the development of the City Corporation’s Corporate Plan and The Children and Young People’s Plan 2022–25 (CYPP).

Financial implications

22. The City Local Risk budget will provide the funding for the COL Children’s Centre Services. This review will focus on value for money and identify any financial implications. The findings will be included in the report and taken forward in the recommendations.

Resource implications

23. The majority of the budget is allocated to staff resources. Some of the options may outline recommendations that propose alternative staffing arrangements. These will

need to be considered once a decision has been made on the option for future developments of the Children's Centre Services in the COL.

Equalities implications

24. Children's Centre Services are universal and are also targeted to help those children and families who are likely to need additional support.

25. The development of the Family Hub is designed to support those who are more vulnerable and need support. Evidence is clear that identifying risks early and preventing problems from escalating leads to better long-term outcomes. Some families with babies, children and young people will need additional, targeted help. This support has an important role to play in reducing health and education disparities, and improving physical, emotional, cognitive and social outcomes in the longer term.

Conclusion

26. The COL is undertaking an independent review of the Children's Centre Services within the City in the context of developing a Family Hub. The outcome of this review is to consider the options for how the COL will provide Children's Centre Services as part of the 'Start for Life' offer in the future. This review will look at the governance, commissioning arrangements, performance management and budgets required to develop co-ordinated services locally. The outcome of this review will be submitted to this Committee in the autumn for further consideration.

Appendices

- None

Report author

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Committee(s): Communications & Corporate Affairs Sub Committee – For information Policy and Resources Committee – For information Community and Children’s Services Committee – For information	Dated: 14 February 2023 23 February 2023 3 May 2023
Subject: Results of survey of City residents and workers	Public
Which outcomes in the City Corporation’s Corporate Plan does this proposal aim to impact directly?	1-12
Does this proposal require extra revenue and/or capital spending?	No
If so, how much?	N/A
What is the source of Funding?	N/A
Has this Funding Source been agreed with the Chamberlain’s Department?	N/A
Report of: Bob Roberts, Deputy Town Clerk and Executive Director of Communications and External Affairs	For Information
Report authors: Yassar Abbas, Town Clerk’s Department Mark Gettleson, Town Clerk’s Department	

Summary

In June 2022, Members agreed that a polling organisation be commissioned to carry out a survey of 500 City residents and 1,000 City workers.

The aim of the survey was to help determine satisfaction levels with the services we provide and perceptions of the City as a place to live and work, to see how well we are delivering against the Corporate Plan and help shape future versions.

This report summarises some of the key findings from the survey, which was conducted between October and December 2022 by DJS Research.

Recommendation(s)

Members are asked to note this report summarising key findings from the survey and the detailed report compiled by DJS Research attached as Appendix 1.

Main Report

Background

1. The City of London Corporation last carried out surveys of four key City stakeholders (workers, residents, businesses, and senior executives) in 2013.
2. In June 2022, Members agreed that a polling organisation be commissioned to carry out a survey of City residents and workers.
3. A competitive tendering process was undertaken between July and August 2022, which was won by DJS Research.

Current Position

4. Polling was successfully conducted by DJS Research between October and December 2022, with results now available. A summary of some of the key findings is provided below and the full survey is attached.
5. This poll broadly presents a positive picture of the Square Mile and the City Corporation. It shows:
 - 90% of residents are satisfied (very or fairly) with the City as a place to live and 90% of workers are satisfied with the City as a place to work.
 - The vast majority of residents (around 90%) also agree that the City of London is safe, clean, visually attractive, has good shops, bars and restaurants, and is enjoyable to walk around. Slightly less workers agree on each of these points.
 - Over two thirds of residents (69%) and workers (74%) are satisfied with the way the City Corporation performs its functions.
 - 12% of residents are unfavourable towards the City Corporation – and 13% are not satisfied with the way it performs its functions.
 - Satisfaction levels with the way the City Corporation performs its functions have dropped since 2013 when they were for 87% for residents and 75% for workers. This is however, in line with LGA polling which shows satisfaction levels with local councils currently averaging just over 60% and steadily going down over the last year from just over 70%.

Proposals

6. We intend to share the findings with Chief Officers for them to consider the findings and what they mean for their service areas.

Key Data

7. The survey was completed by 1,523 individuals. This consists of 416 residents, 979 workers, and 128 who both live and work in the City of London, providing a robust sample size with a low margin of error for residents and workers. Quotas were set to help ensure the views of a diverse range of people were obtained.

Corporate & Strategic Implications

Strategic implications – The full survey results will contain findings relevant to many areas of the City Corporation’s work. They will assist Chief Officers in determining how well the organisation is performing against the aims of our current Corporate Plan. They also offer an opportunity to understand how important different policies are to residents and workers.

Financial implications - None

Resource implications - None

Legal implications - None

Risk implications - None

Equalities implications – The results of the survey help indicate the diverse resident and worker demographics of the City. This will assist the City Corporation in ensuring the services it provides meet the needs of all those who live and work here.

Climate implications - None

Security implications - None

Conclusion

8. Nearly a decade has passed since the City Corporation commissioned an independent polling company to survey key City stakeholders. Since then, there have been major changes in the way people live and work, and in how businesses operate, many of which have been spurred on by the COVID-19 pandemic.
9. The results of this survey provide a valuable and timely insight into satisfaction levels with the services we provide and perceptions of the City of London and the City Corporation, amongst residents and workers.
10. The results of this survey will be used as a baseline on which to measure future performance.

Appendices

- Appendix 1 – Residents and Workers Report: City of London prepared by DJS

Background Papers

Survey of City residents and workers report of the Deputy Town Clerk - 7 June 2022

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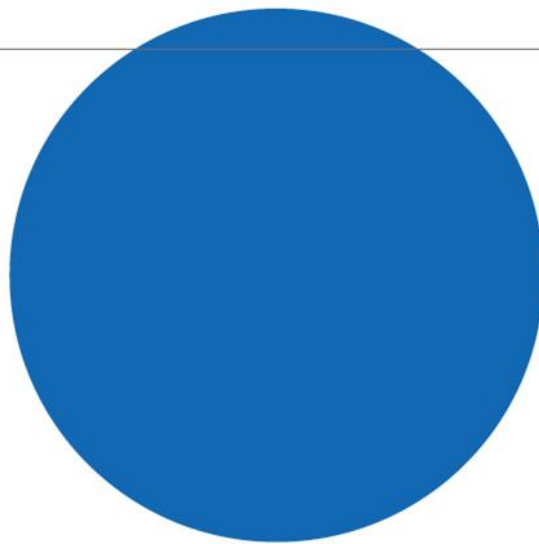
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Appendix 1 – Residents and Workers Report: City of London prepared by DJS

Prepared for:



Residents & Workers Report:

City of London

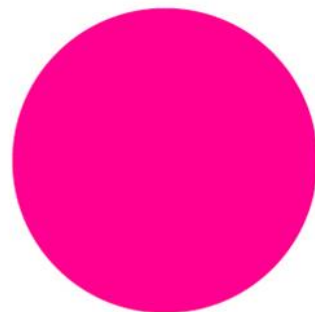


December 2022

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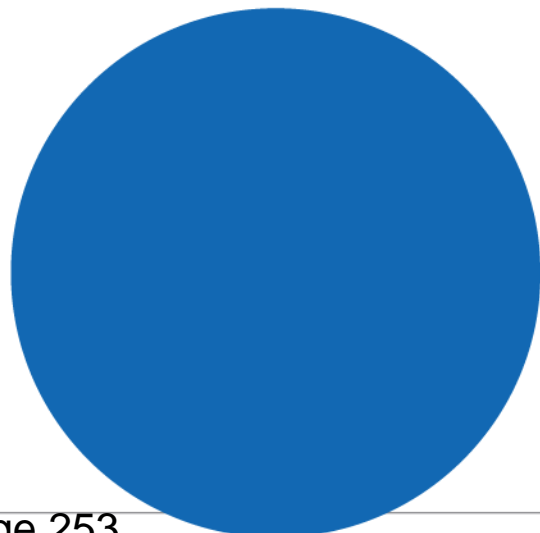
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Introduction



Background and context

The City of London Corporation is the governing body of the City of London, or Square Mile which is the major business and financial centre within London. The City boundaries reach from Temple to the Tower of London on the River Thames, including west to east, Chancery Lane and Liverpool Street.

The City has an estimated resident population of c.9,401 (ONS 2016 estimate) and over 500,000 workers.

The City Corporation are looking to investigate residents' and workers' satisfaction levels of the City and the City Corporation's work, and the services provided in order to measure how well these were being delivered against the current City Corporate plan as well as to help shape future plans.

As a result, the City Corporation commissioned DJS Research Ltd, an independent market research agency to conduct surveys on its behalf for both its residents and workers.

Research Methodology

The research was conducted via two methodologies:

- Face to face interviews
- Online survey

In total, 1,523 interviews were completed.

Face to face interviews

Interviews were conducted across various locations within the City Boundary.

Interviewing shifts were carried out between 13th October and 6th December 2022 with a mix of interviews during the week and weekend. In order to achieve surveys with residents, a door-to-door approach was adopted where possible. Where it was not possible to conduct interviews this way with residents, in-street interviews were conducted instead close to local amenities within a residential vicinity.

In-street interviews were primarily used to obtain feedback from City workers with interviewers located near coffee shops and business premises within the City.

In total, **1,243** face to face interviews were conducted with residents (373), workers (814) and those who both lived and worked in the City (56).

All the interviewers used for the research project were fully trained to IQCS (i.e. the Market Research Industry) Standards and abided by the Market Research Society Code of Conduct.

Online Survey

In order to boost the interview numbers, an online version of the survey was set up and sent out to panelists located in the City to complete.

The online survey was live between 1st and 15th November 2022 and in total **280** surveys were completed with residents (43), workers (166) and those who both lived and worked in the City (72).

The below table shows the total split by methodology:

Table 1: Methodology
(all responses: Total=1,523).

Respondent type	No. responses	% responses
CAPI (Face to Face)	1243	82%
Online	280	18%

A similar satisfaction study was also conducted in 2013. Where applicable, we have included references to 2013 scores for tracking/comparison purposes. While a lot will have changed over the past decade, not least the impact of the Covid-19 pandemic, there are still interesting comparisons that can be made from the 2022 survey and 2013 survey where questions were the same.

*Please note that some percentages throughout may be out by 1 or 2 percent when comparing net scores to individual percentage scores added together, this is due to rounding.

Preface

This poll broadly presents a very positive picture of the Square Mile and the City Corporation – which is remarkably consistent with when it was last conducted in 2013 and with previous years. The majority of residents and workers like living and working in the City, especially it’s great transport links, are satisfied with the job we do and believe the policies we are pursuing are important. The City itself is seen positively across a series of metrics, though is not seen as especially “fun”. This is in line with LGA polling which shows the vast majority of people across the country are currently satisfied with their local area and their local authority.

There is more of a feeling of optimism than pessimism about where the City is headed, and more people feel it’s changed for the better over the past five years than changed for the worse. This correlates with a recent YouGov poll which showed almost all authorities nationwide, where more people felt their area had improved, were in inner London.

As has been seen in previous years, residents are significantly more familiar with the City Corporation than workers, reflecting the fact they have no other local authority and we make a more direct impact on their daily lives. A small but significant minority of residents are unfavourable towards the City Corporation (12%) – and not satisfied with the way it performs its functions (13%). Those who have been here longer are less satisfied – either meaning they’ve had longer to build up a bad picture, or more likely that they don’t have anywhere else to compare it with (3% of new arrivals rising to 17% of those here more than twenty years). About 1 in 5 residents think we do a bad job on consultation and shaping the built environment. Despite strong scores across a range of topics, 36% of residents do not see us as “listening” and 33% as “caring about people like me”. However, while listening more to residents is very important to the most residents (62%) – all other policies tested were also seen as important, including ensuring the City remains attractive to business, improving footfall in local SMEs, as well as achieving net zero by 2040.

Whilst a sizeable proportion of residents continue to give us a top rating for providing value for money (44%), this has dropped by 29 points since 2013. This reflects the

results of recent LGA polling which show a downward trajectory on this metric nationwide over the last year and may reflect a broader economic picture amid a cost-of-living crisis. This may also be a driver behind the decrease in satisfaction levels with how the City Corporation performs its functions.

Among workers, there is more indifference to us than among residents and they are less likely to have had a direct interaction with the City Corporation (20% of workers have had no interaction at all vs 3% of residents). Visits to physical spaces, including the Barbican Centre and open spaces, are the most common interaction both workers and residents have had with us. Along with support for business, workers see achieving net zero as the most important City policy tested.

Media habits of residents and workers likely reflect their respective age profile. Quality traditional media is extremely important for our residents, with half following BBC News most days, 4 in 10 looking at a broadsheet newspaper, and notably few reading tabloids regularly. While social media is of high importance in reaching workers, with almost half using Instagram most days (3 in 10 every day), use of both Instagram and Facebook is also significant among residents.

2022 vs 2013 survey

In 2022, 72% of residents feel they know the City Corporation either very or fairly well vs 67% in 2013. Workers saw a significant increase in how well they knew the City Corporation, with 51% stating they know them well vs 36% in 2013.

90% of residents are satisfied with the City as a place to live vs 95% in 2013 and 90% of workers say they are satisfied with the City as a place to work vs 92% in 2013.

69% of residents are either very or fairly satisfied with the way the City Corporation performs its functions which is a significant drop when compared to 87% in 2013. 74% of workers are satisfied in 2022 and this practically mirrors 2013's score of 75%.

2022 has seen a significant drop in residents agreeing that the City Corporation represents good value for money, with 45% rating 1 or 2 (with 1 being great extent and 5 being not at all) compared to 73% in 2013. 49% of workers in 2022 agree they provide value for money, giving them a rating of 1 or 2 which is similar to 2013, where 50% of workers gave a rating of 1 or 2.

Executive Summary

Both workers and residents were interviewed either face to face or online to gauge their views on the City (also known as the Square Mile) and the City Corporation.

Knowledge

The majority of residents (91%) know the City well (very or fairly well) with just 4% stating they know it not well or not at all well. Just under three quarters (72%) said they know the City Corporation either very or fairly well. In comparison, eight out of ten (83%) of workers say they know the City either very or fairly well and around half (51%) said they know the City Corporation (very or fairly well)

Favourability

Nine in ten of all residents are favourable (either very or somewhat) towards the City (91%) and two thirds (67%) of all residents favorable towards the City Corporation. 88% of workers feel favourable towards the City, which is similar to residents. Workers are also similar to residents when it comes to how favourable they are with the City Corporation, with 64% being very or somewhat favourable.

Place to live and work

Around six in ten (59%) of all residents are very satisfied with the City as a place to live, whereas 45% of workers are very satisfied with the City as a place to work. Around half (47%) of residents who also work in the City are very satisfied. In comparison, just over half (52%) of those who live and work in the City are very satisfied with the City as a place to work. Those who are 65+ tend to be the most satisfied with the City as a place to live (74% are very satisfied), and those in Socio-Economic Group (SEG) AB tend to be the most satisfied with the City as a place to work (48% = very satisfied).

Attribute ratings for the City as a place

Almost all residents (97%) and workers (94%) either strongly or somewhat agree that the City has good transport connections. Around 9 out of 10 residents would strongly or somewhat agree that the City is safe, clean, visually attractive, has good transport connections, enjoyable to walk around and has good shops, bars and restaurants (between 88% and 92%). The lowest rated attribute from workers and residents is seeing the City as fun, with 75% of workers and 77% of residents in the City stating they either strongly agree or somewhat agree with the statement.

The City Corporation

Around two out of three (69%) of residents are satisfied (very or fairly) with the way the City Corporation performs its functions whereas three quarters (74%) of workers tend to be very or fairly satisfied.

32% of residents feel to a great extent, that the City Corporation is committed to the success of the UK economy. This is followed by an effective method of local Government with a quarter (27%) giving this the highest rating. The highest rated attribute for the City Corporation amongst workers is also being committed to the success of the UK economy, with 27% rating this 1 - Great extent. This is again followed by an effective method of local Government with a quarter (26%) giving this the highest rating.

Ensuring the City remains an attractive place for businesses to locate is considered the most important policy for the City Corporation by workers, with 9 in 10 (90%) choosing this. Achieving net zero in the City by 2040 was the second policy considered important by those who work in the City (89%). The top policy for residents when asked how important they considered them to be was for the City Corporation to listen more to the views of local residents, with 91% saying this was important (very or somewhat).

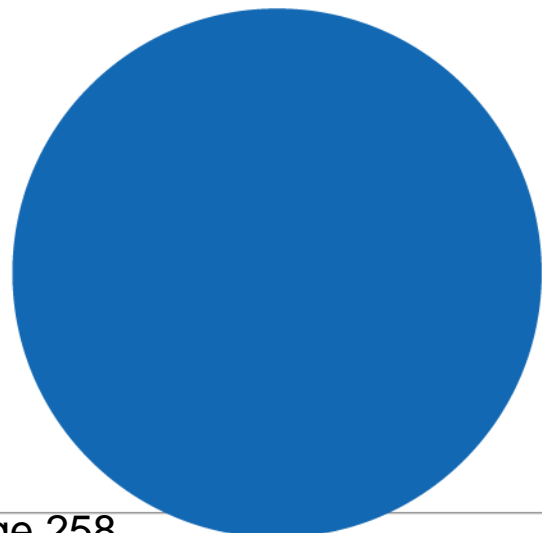
NPS score for City as a place to live or work

When recommending the City as a place to live or work to a friend or colleague, 47% of everyone surveyed said they would recommend the City (giving a score of 9 or 10 out of 10) and are classed as a promoter. Only 14% would not recommend it (scoring between 0 and 6) and are classed as a detractor. When you take the detractor figure away from the promoter figure, you are given a net promoter score (NPS), which in this case equals 33%, this is considered a good score. Residents NPS is at 38% and workers NPS is at 30%. The NPS is a number from -100 through to +100, scores higher than 0 are typically considered good, above 50 are considered excellent. Residents, workers and the two combined all have NPS ratings that are good.

Interactions with the City Corporation

Three quarters of residents (76%) have visited the Barbican Centre while half (50%) have visited the Mansion House, whilst social media was their least popular way of interacting with the City Corporation (22%). Visiting the Barbican Centre was also the most popular interaction for workers, with 53% saying they had done this. Two fifths of workers (42%) Visited a City managed open space.

General attitudes

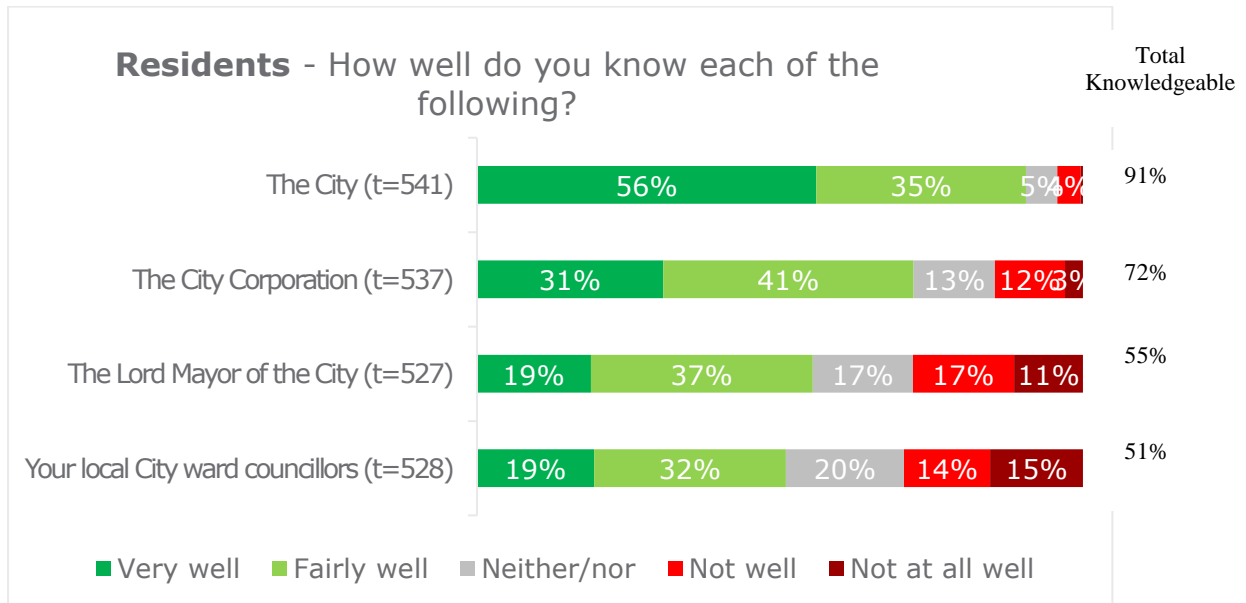


Q09. How well do you feel you know each of the following?

When asking residents how well they know certain aspects of the City, 91% said they know the City either very or fairly well.

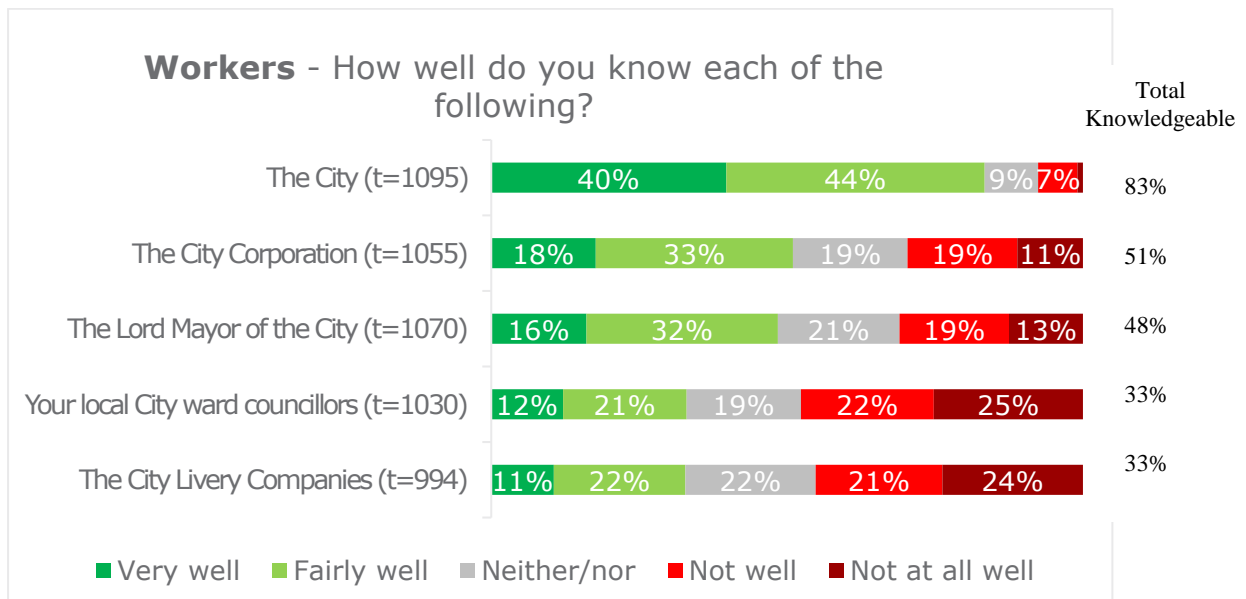
Just under three quarters (72%) said they know the City Corporation either very or fairly well, an increase since the research was conducted in 2013 where 67% of residents said they knew the City Corporation either very or fairly well.

Around half (55%) are knowledgeable of the Lord Mayor and 51% also know their local ward councillors, stating they know them either very or fairly well.



8 out of 10 workers (83%) say they know the City either very or fairly well.

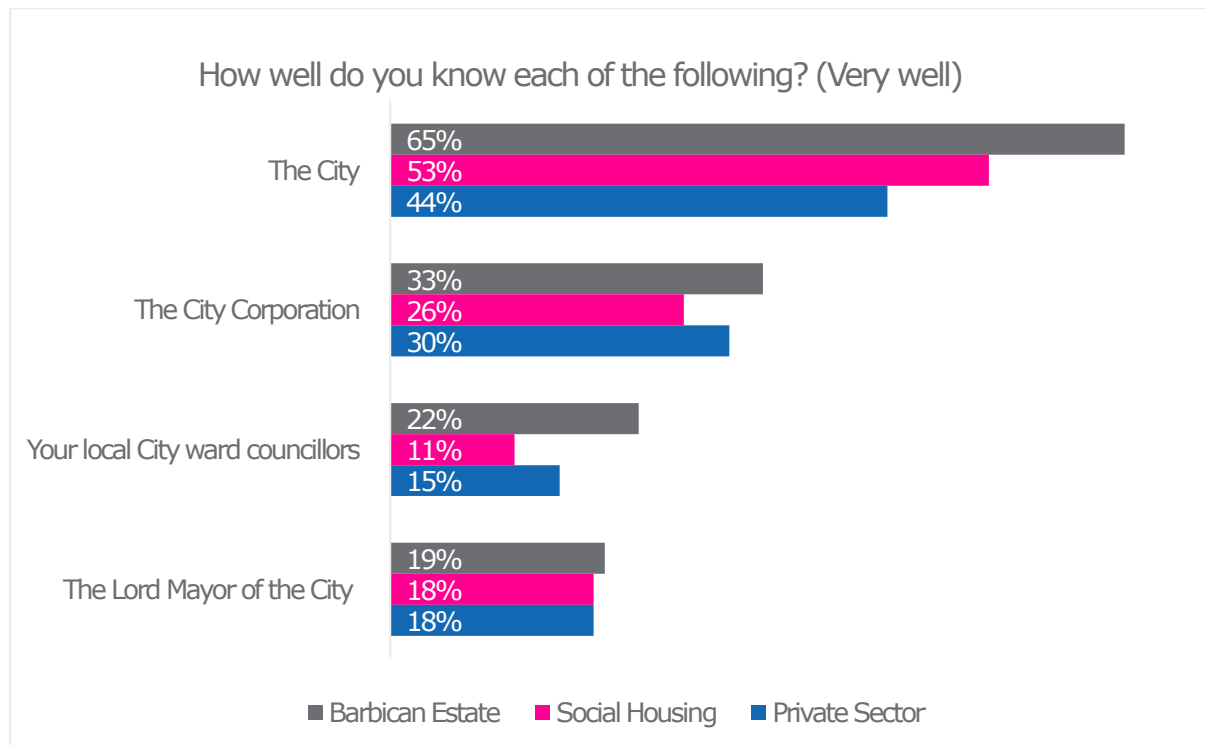
Around half (51%) said they are knowledgeable (very or fairly) of the City Corporation; this is an increase on 2013 where 36% of workers said they know the City Corporation either very or fairly well.



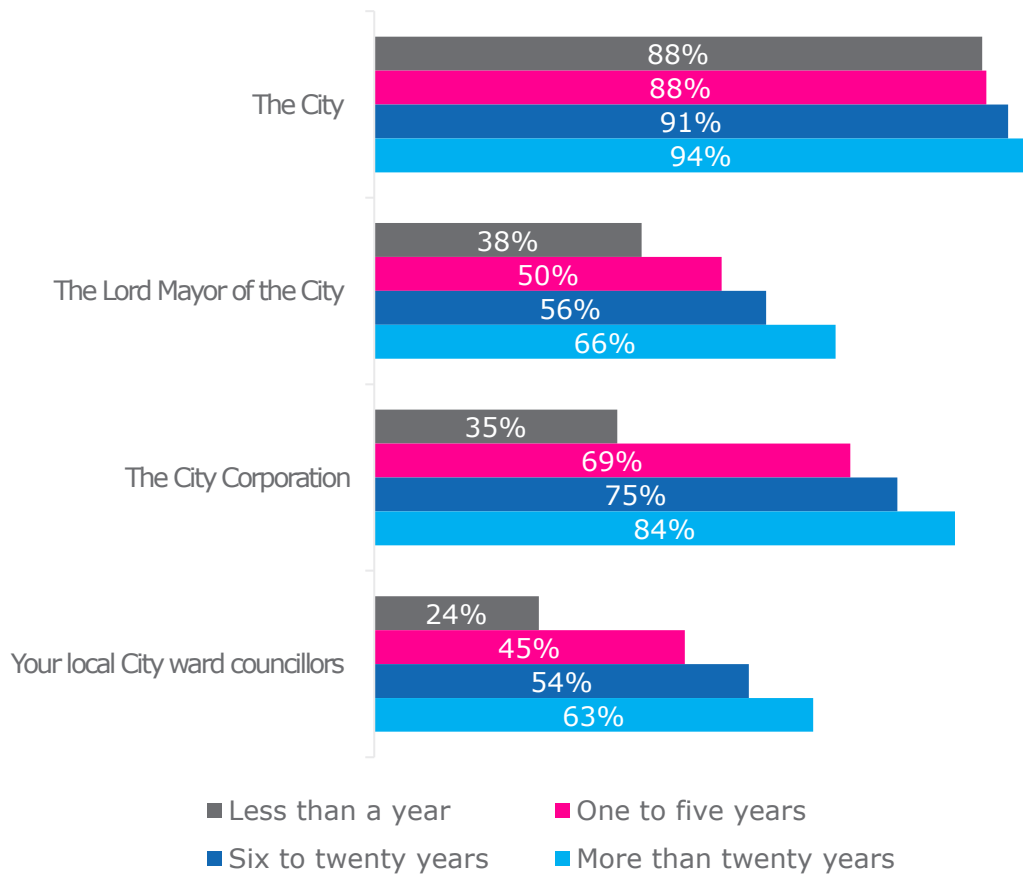
Those at the Barbican Estate (22%) tend to know their local ward councillors very well, more than residents in the Private Sector (15%) or Social Housing (11%).

The Barbican Estate, Social Housing and Private Sector residents seem to all be on par when it comes to knowing the Lord Mayor, with between 18% and 19% stating they know the Lord Mayor very well.

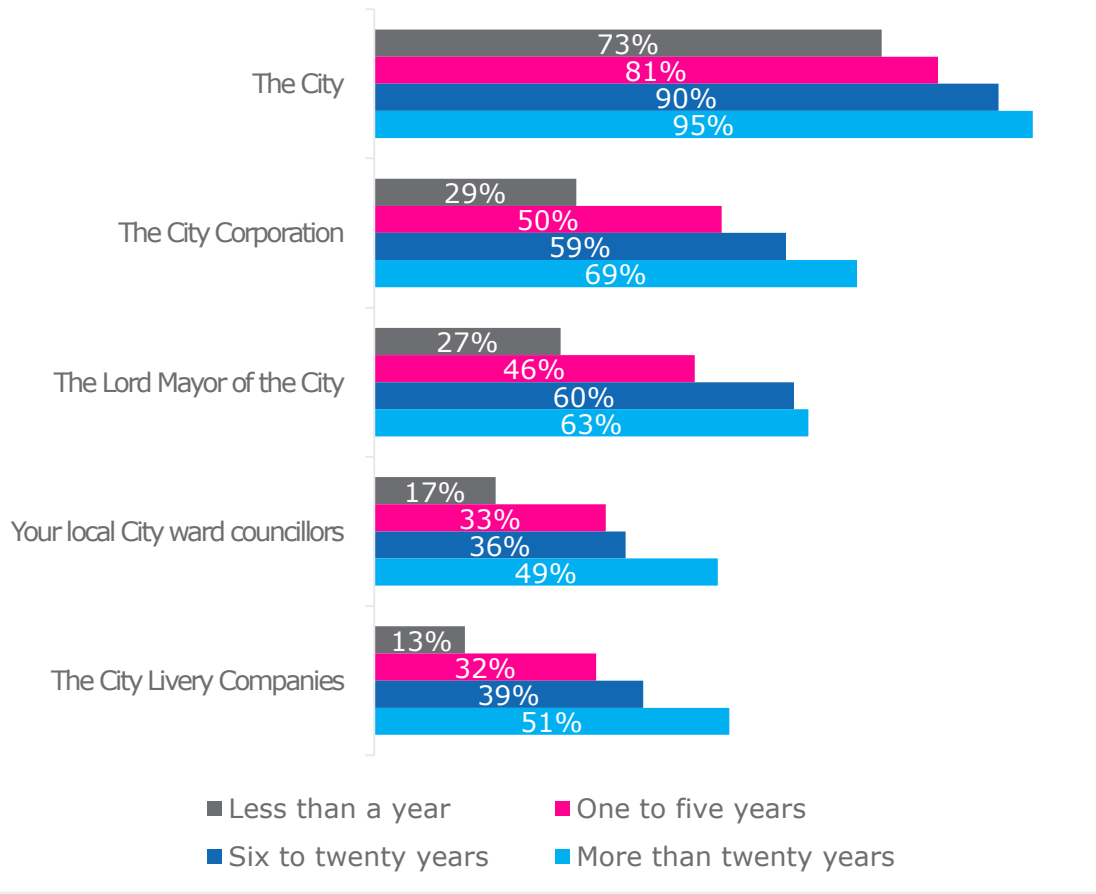
Barbican Estate and Private Sector residents are similar when it comes to knowing the City Corporation, with 33% at Barbican Estate and 30% of Private Sector residents saying they know it very well.



Length of time **living** in the City - How well do you know each of the following?
 (total = knowledgeable)



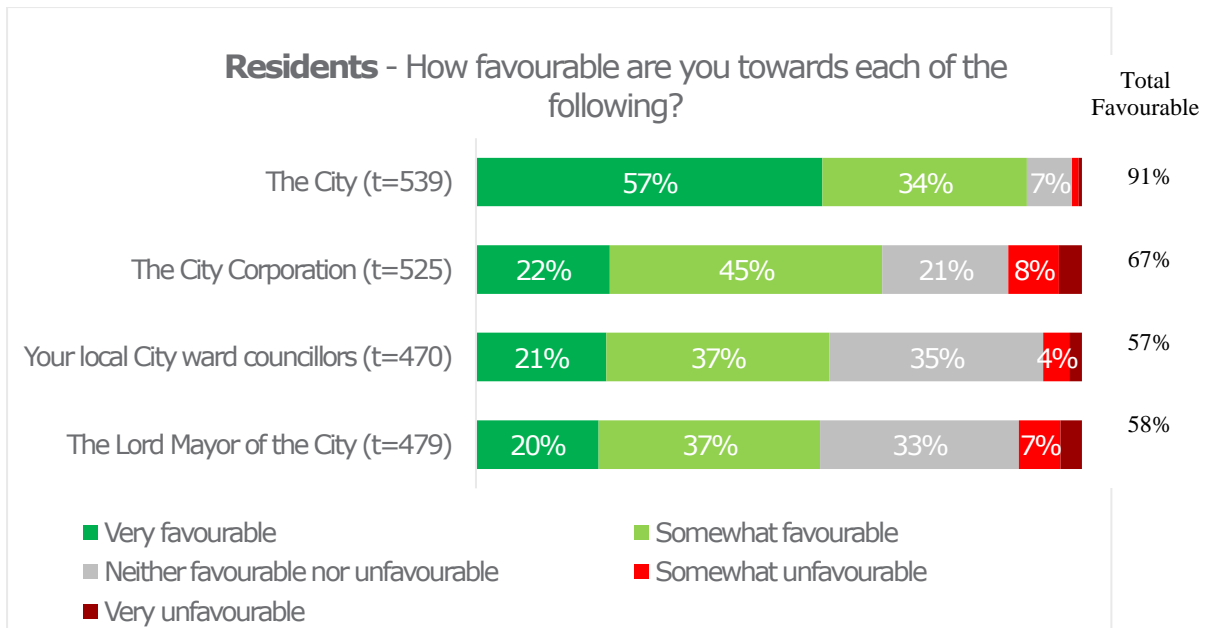
Length of time **working** in the City - How well do you know each of the following?
(total = knowledgeable)



Q10. Overall, how favourable are you towards each of the following?

91% of residents are either very or somewhat favourable towards the City.

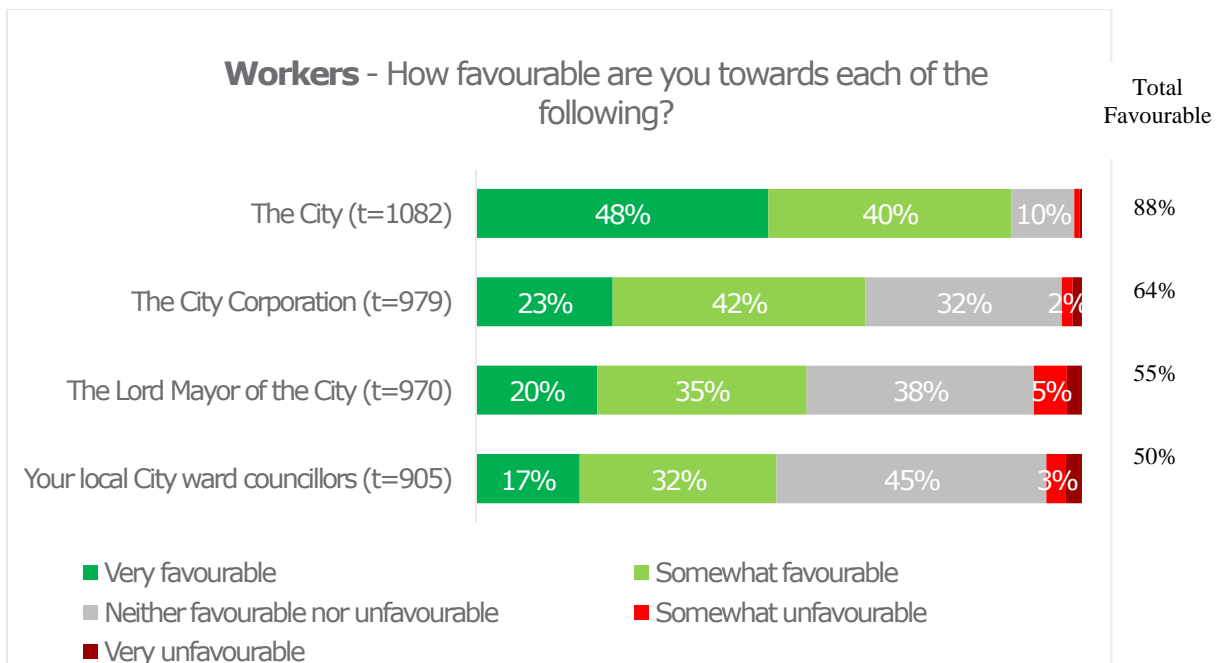
One fifth are very favourable towards the Lord Mayor (20%) and local ward councillors (21%).



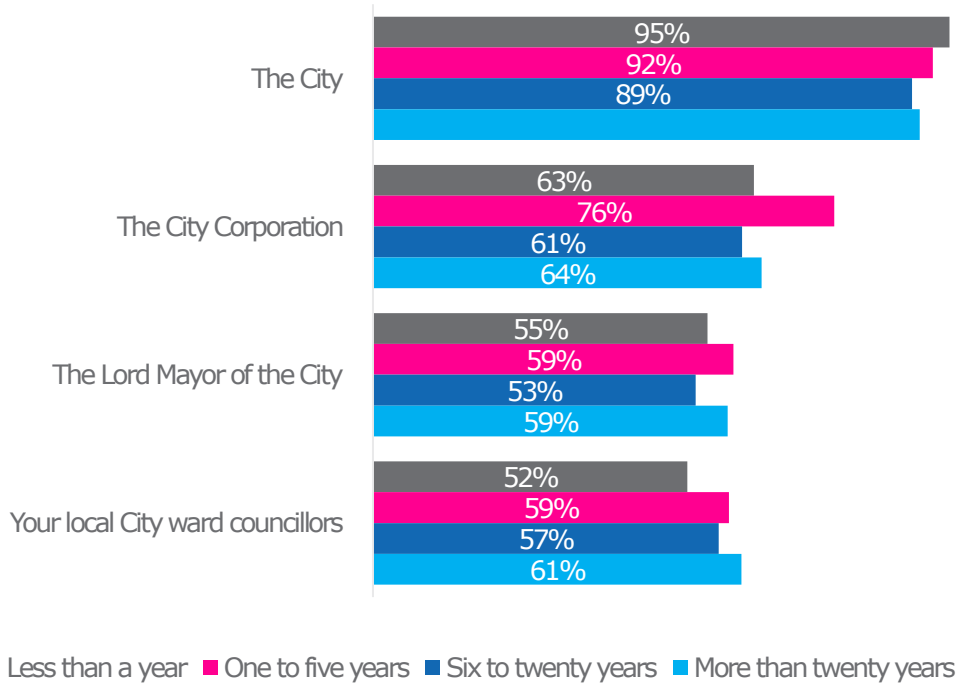
88% of workers are very or somewhat favourable towards the City, a similar score to residents (91%).

Almost two thirds (64%) are very or somewhat favourable towards the City Corporation, this is also similar to residents, of which two thirds (67%) also said they were favourable towards the City Corporation.

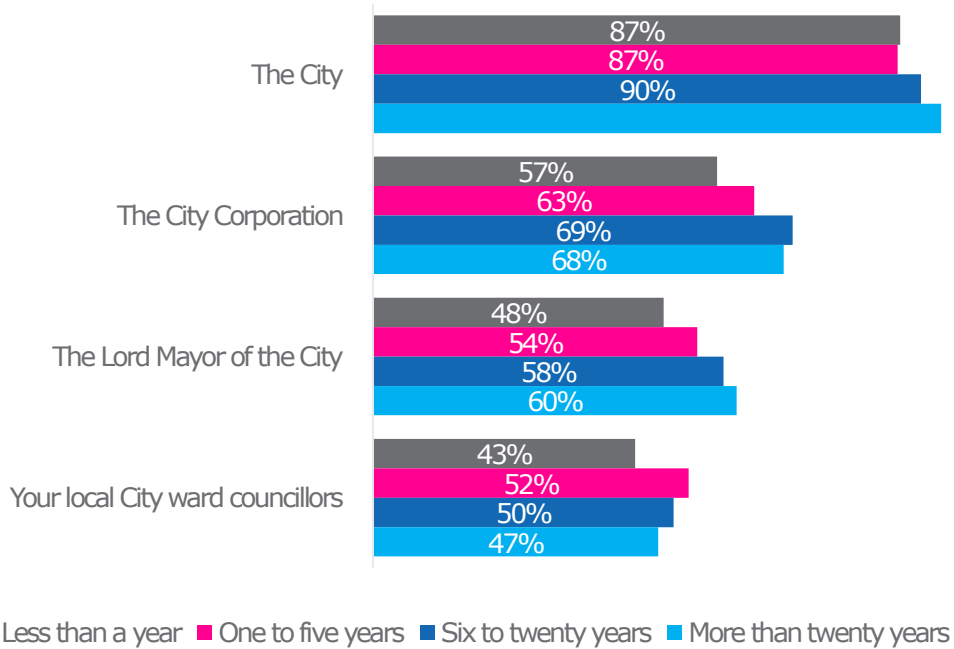
Only 17% are very favourable towards the City local ward councillors.



Length of time **living** in the City - How favourable are you towards each of the following?



Length of time **working** in the City - How favourable are you towards each of the following?



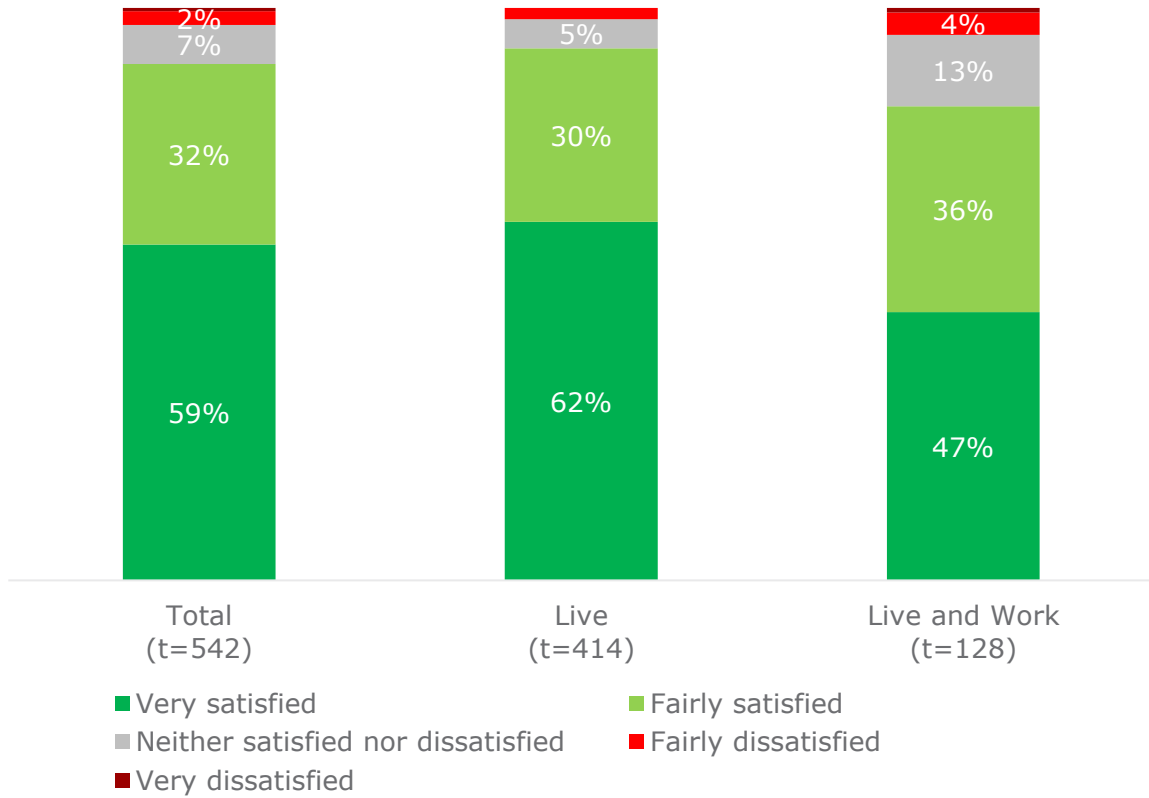
Q11a. How satisfied are you with the City as a place to live?

Overall, three fifths (59%) of those who live in the City are very satisfied. Of those who both live and work there, nearly half (47%) are very satisfied with the City as a place to live.

Compared to 2013, there has been a slight decrease in the total satisfaction (very and fairly) with the City as a place to live, 90% in 2022 vs 95% in 2013, although this is still a very similar score.

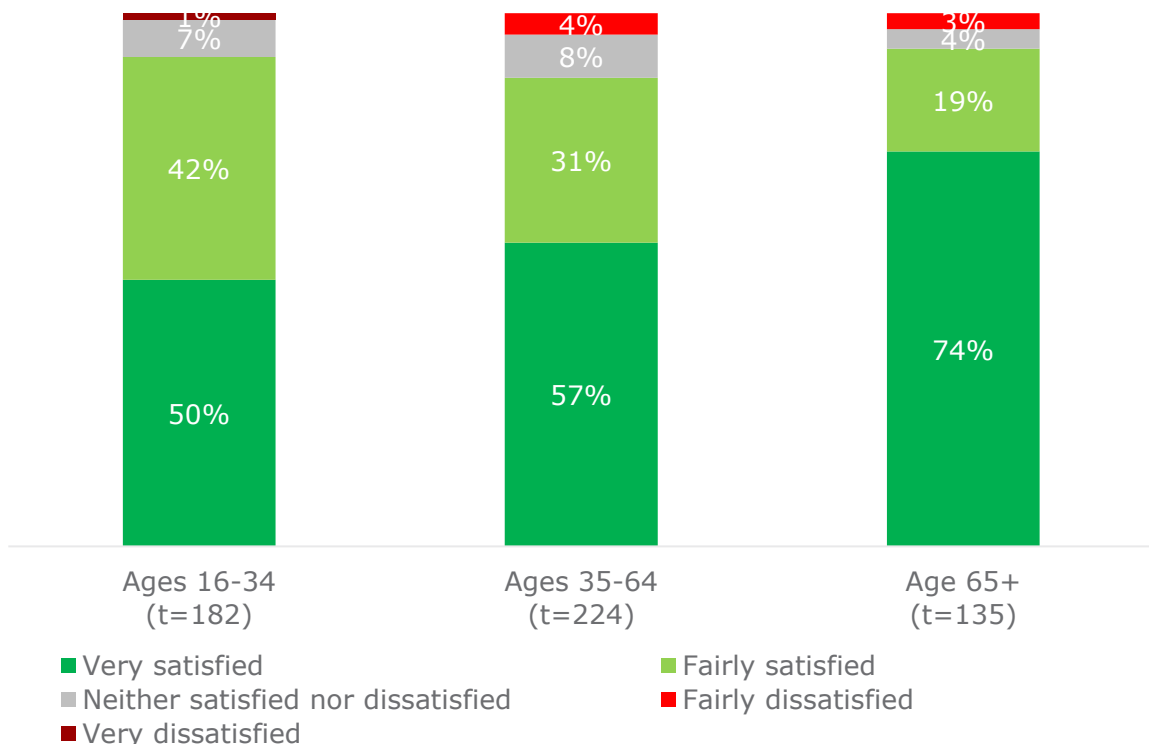
Although these results are very positive, they are in line with LGA polling which shows most people (80%) are satisfied with their local area across the country.

How satisfied are you living in the City?



Three quarters (74%) of residents aged 65+ are very satisfied with the City as a place to live, this is significantly greater compared to residents who are aged 16-34 (50%) and 35-64 (57%).

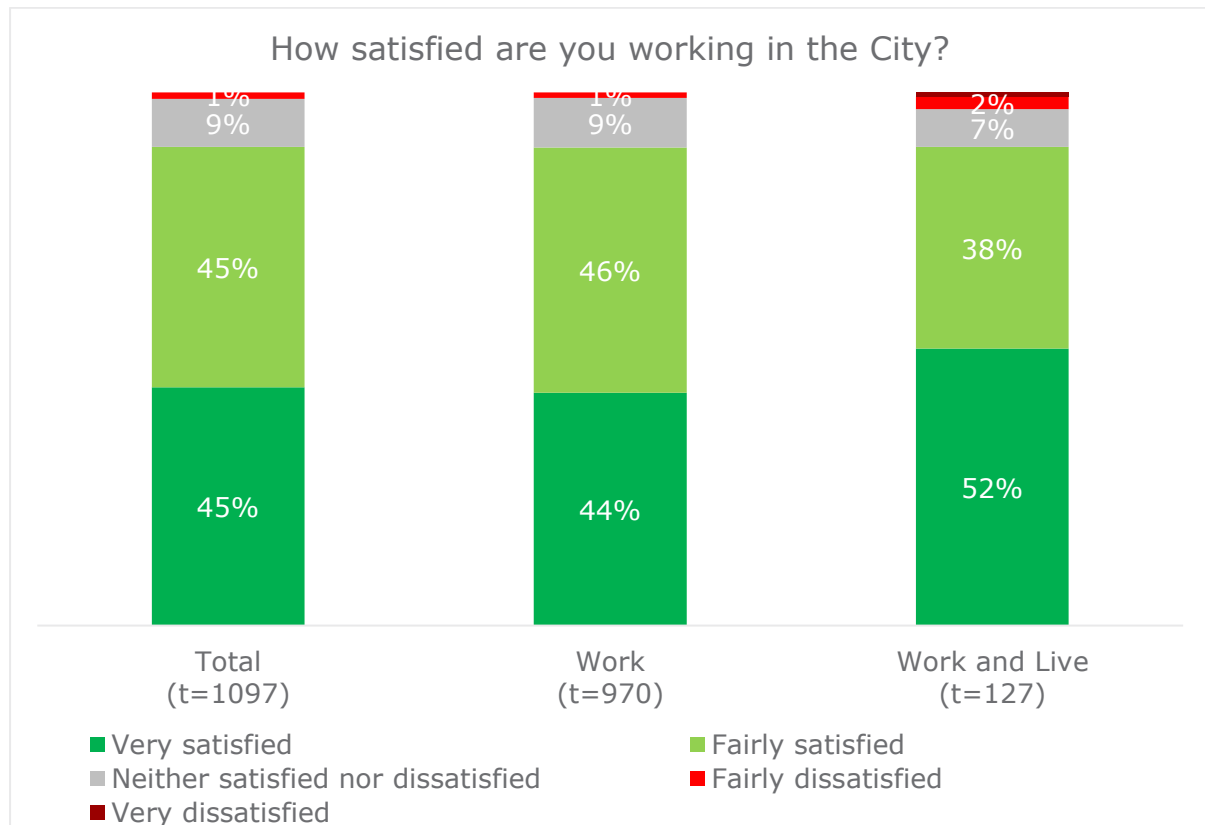
Residents - How satisfied are you living in the City?



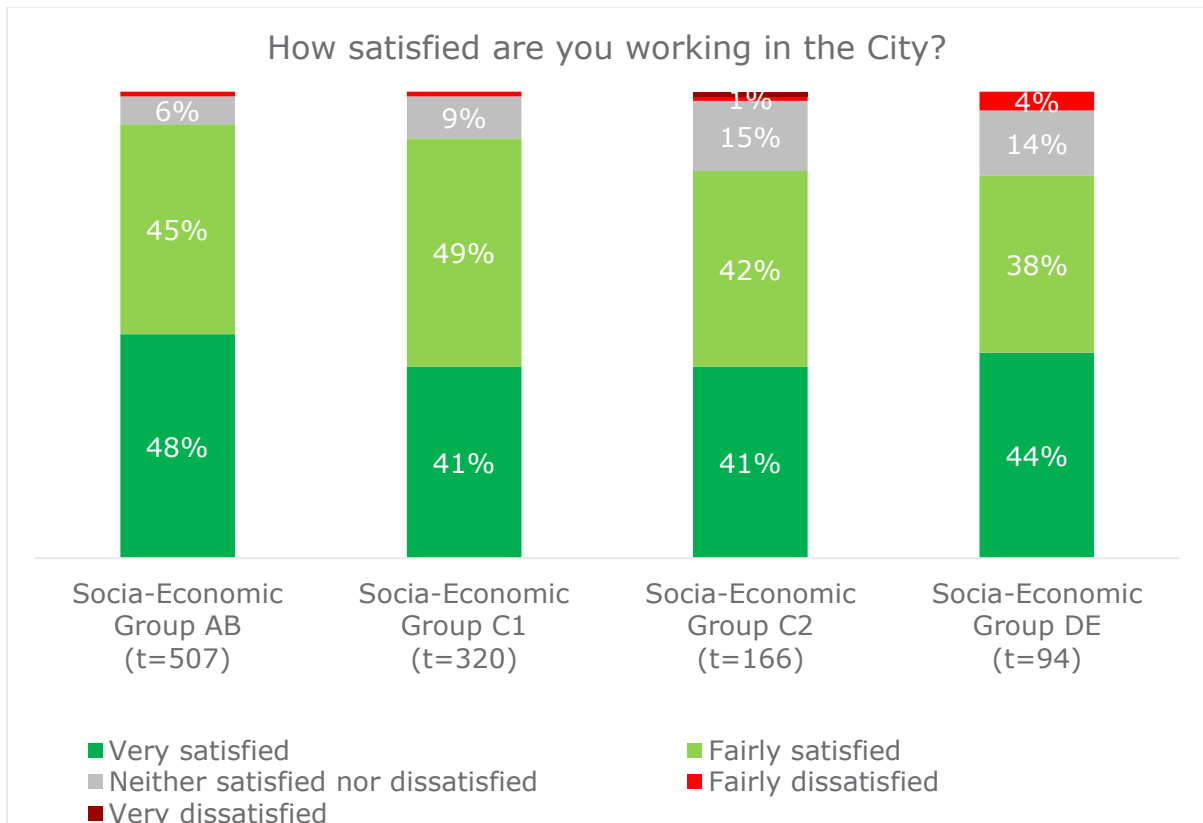
Q11b. How satisfied are you with the City as a place to work?

Overall, 90% of those who work in the City are either very or fairly satisfied, a very slight decrease from 2013 (92%).

Over half (52%) of those who both live and work in the City are very satisfied with working in the City compared to those who just work, at 44%.



9 in 10 of those who fall into Socio-Economic Groups A, B, and C1 are either very or fairly satisfied with City as a place to work, this is significantly greater than those in C2 (83%) and those in group D and E (82%) that are either very or fairly satisfied with the City as a place to work.



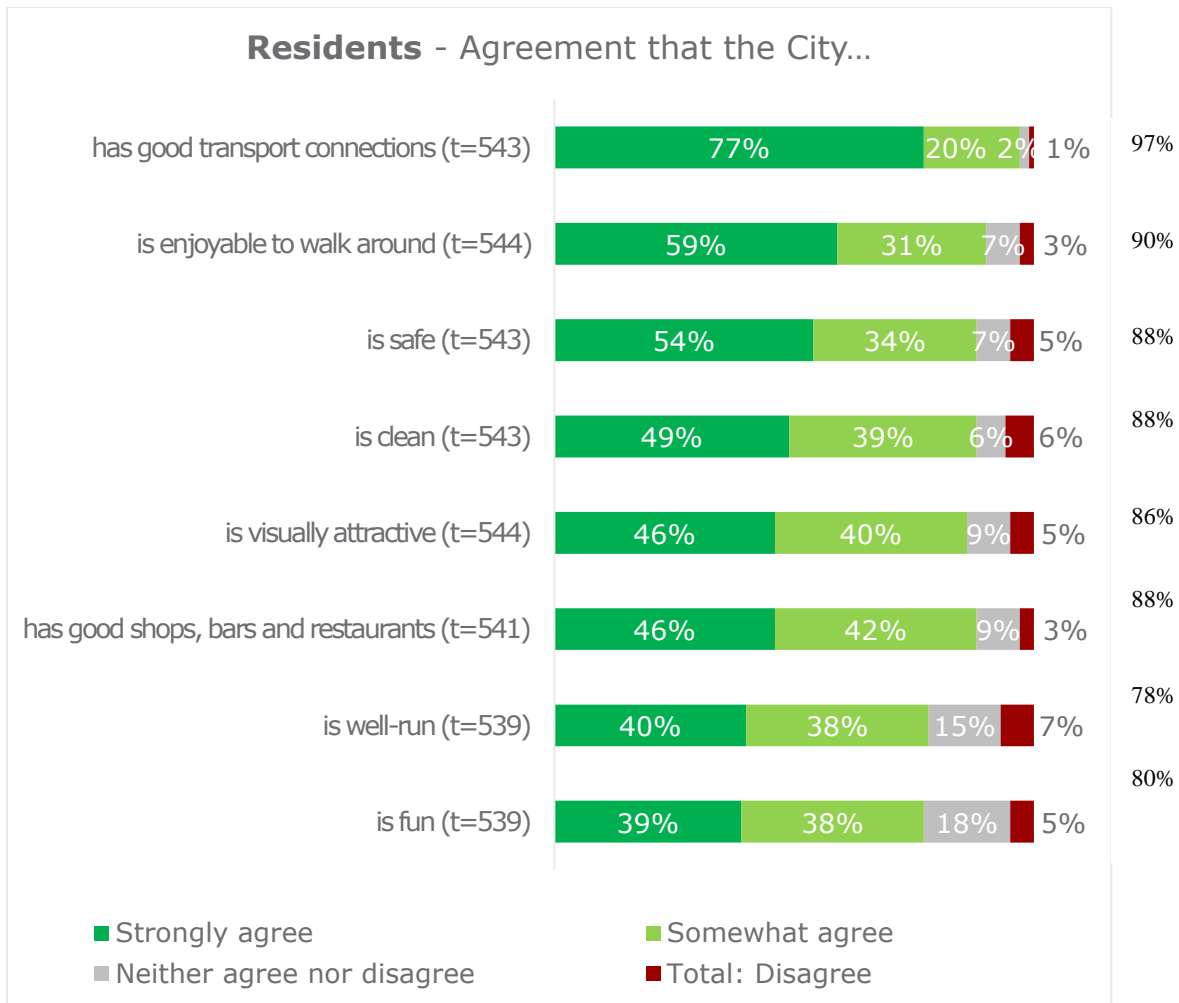
Q12. How much do you agree that the City as a place is...

Good transport links was the highest rated attribute of the City, with 81% of residents and 77% of residents who also work in the City strongly agreeing that the City has good transport connections.

Around 9 out of 10 would strongly or somewhat agree that the City is safe, clean, visually attractive, has good transport connections, enjoyable to walk around and has good shops, bars and restaurants (between 88% and 92%).

Almost two in five residents (37%) and residents who also work in the City (39%), strongly agree that the City is fun, while 40% strongly agree that it is well-run.

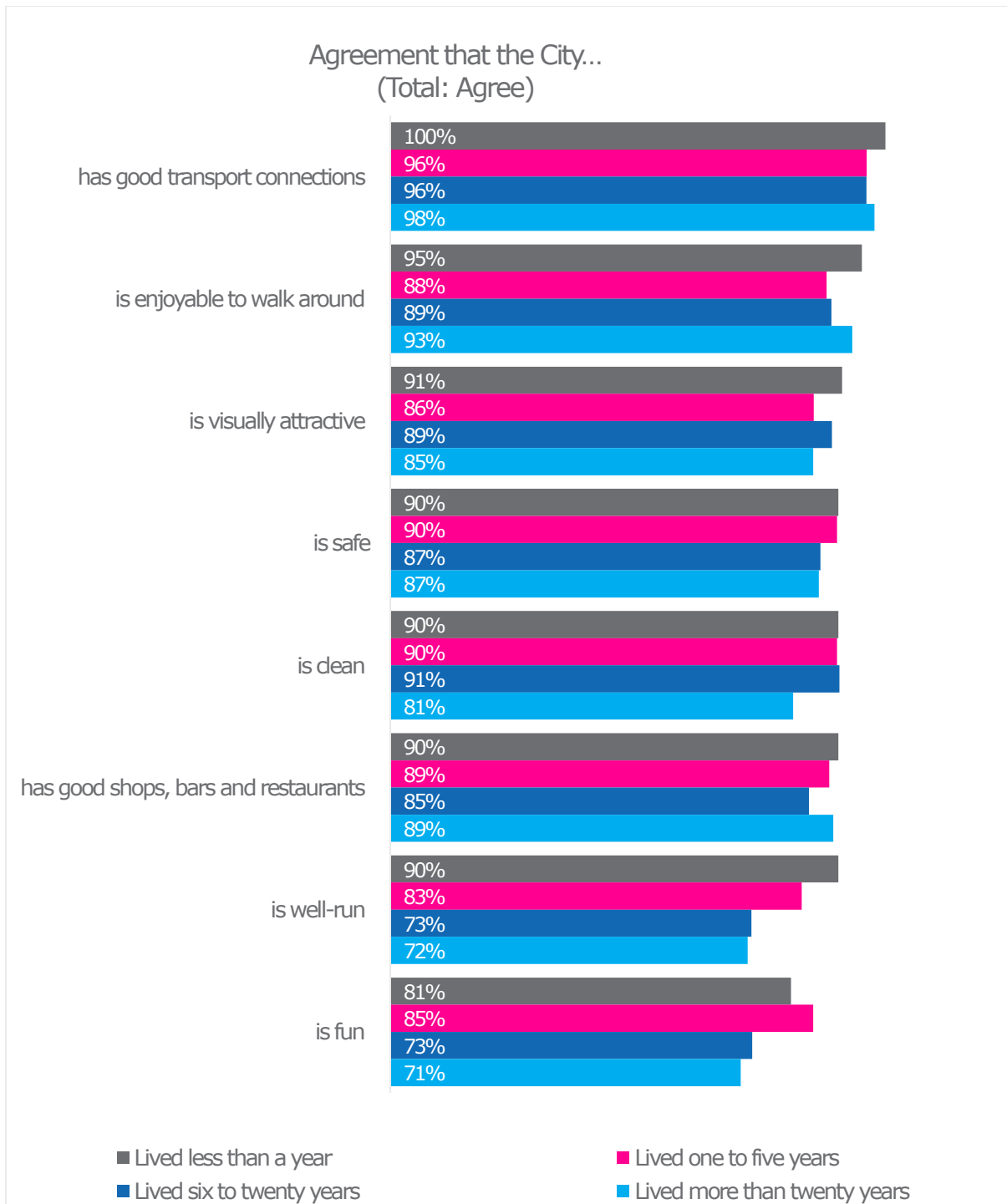
Total Agree



Those who have lived in the City between one and twenty years are significantly more likely to agree that the City is clean compared to those who have lived there for more than 20 Years.

Those who have lived in the City for six to twenty years are significantly less likely to agree that the City is visually attractive, compared to those who have lived there for five years or less.

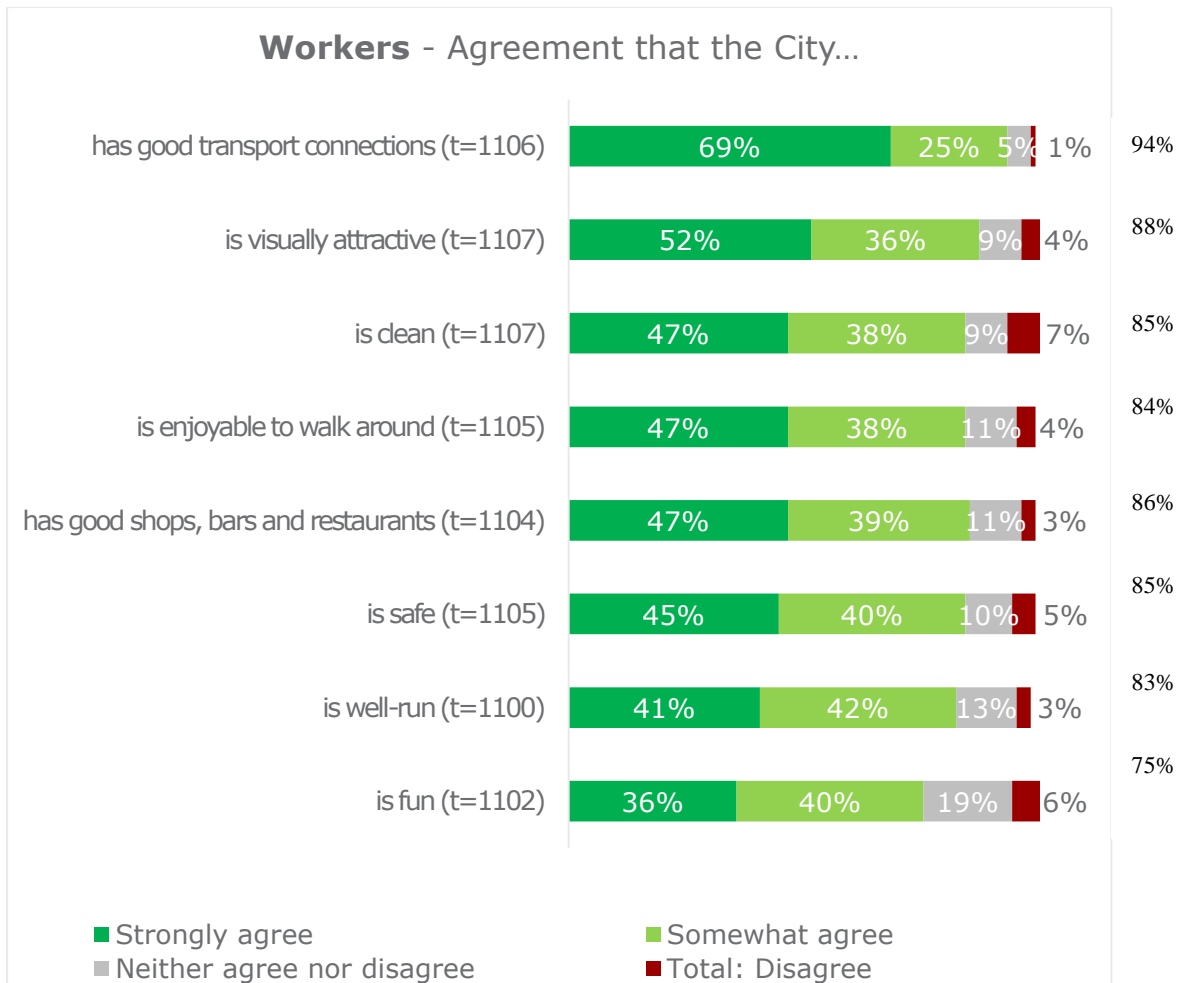
Those who have lived in the City for five years or less are significantly more likely to think of the City is well run compared to those who have lived there for six or more years.



As with residents, good transport connections is the highest rated attribute among workers, with seven in ten stating strongly agree and 69% of workers who live in the City strongly agreeing.

The lowest rated attribute from workers, but still significantly high, is seeing the City as fun, with 75% of workers in the City stating they either strongly agree or somewhat agree with the statement.

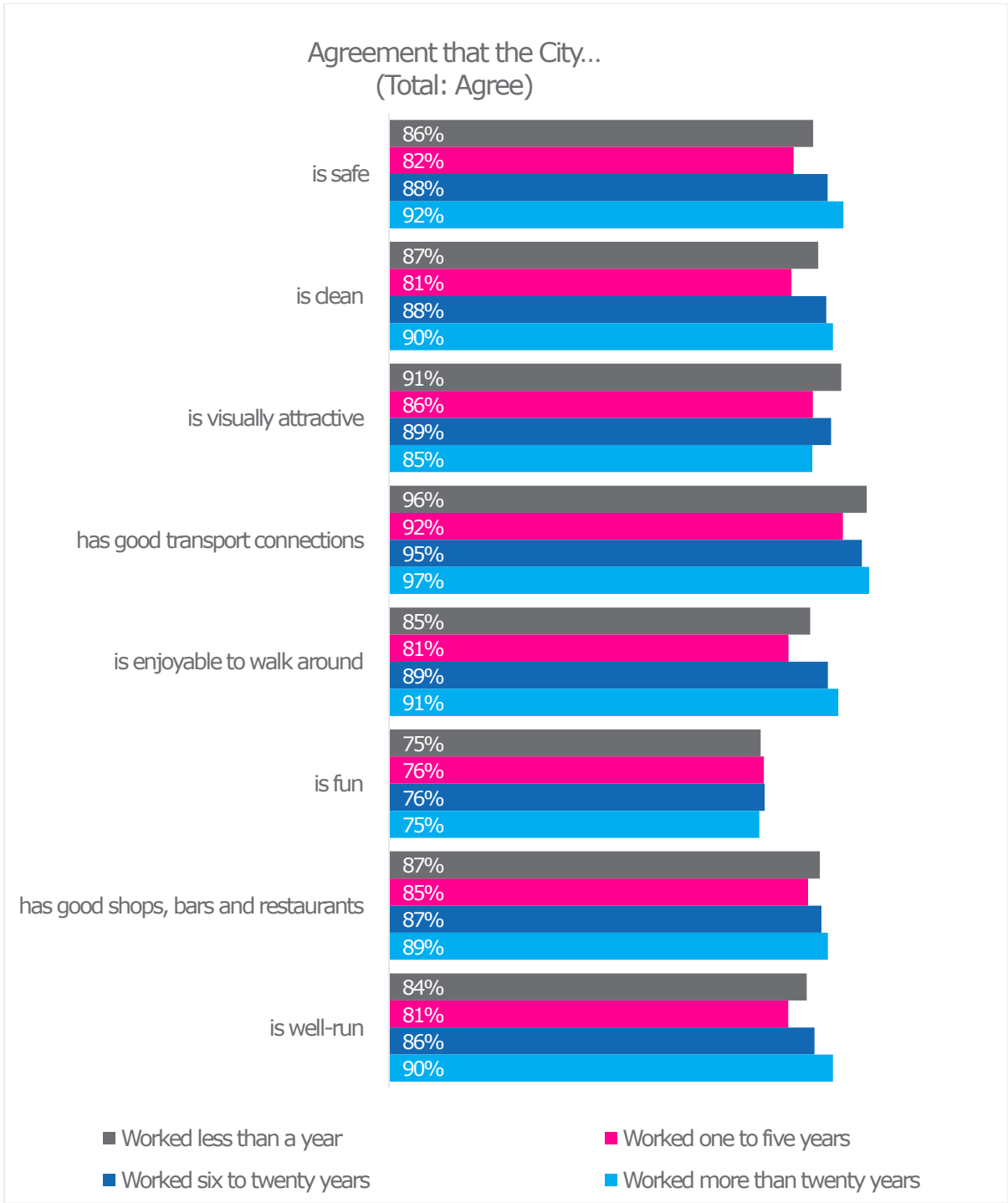
Total
Agree



Those who have worked in the City for one to five years are significantly less likely to agree that its safe and clean compared to those who have worked in the City for six or more years.

New workers to the City who have held their position for less than a year are significantly more likely to agree that transport connections are good, compared to those who have worked in the City between one and five years.

Those who have worked in the City for more than twenty years are significantly more likely to agree the City is well run compared to those who have worked between one and five years.



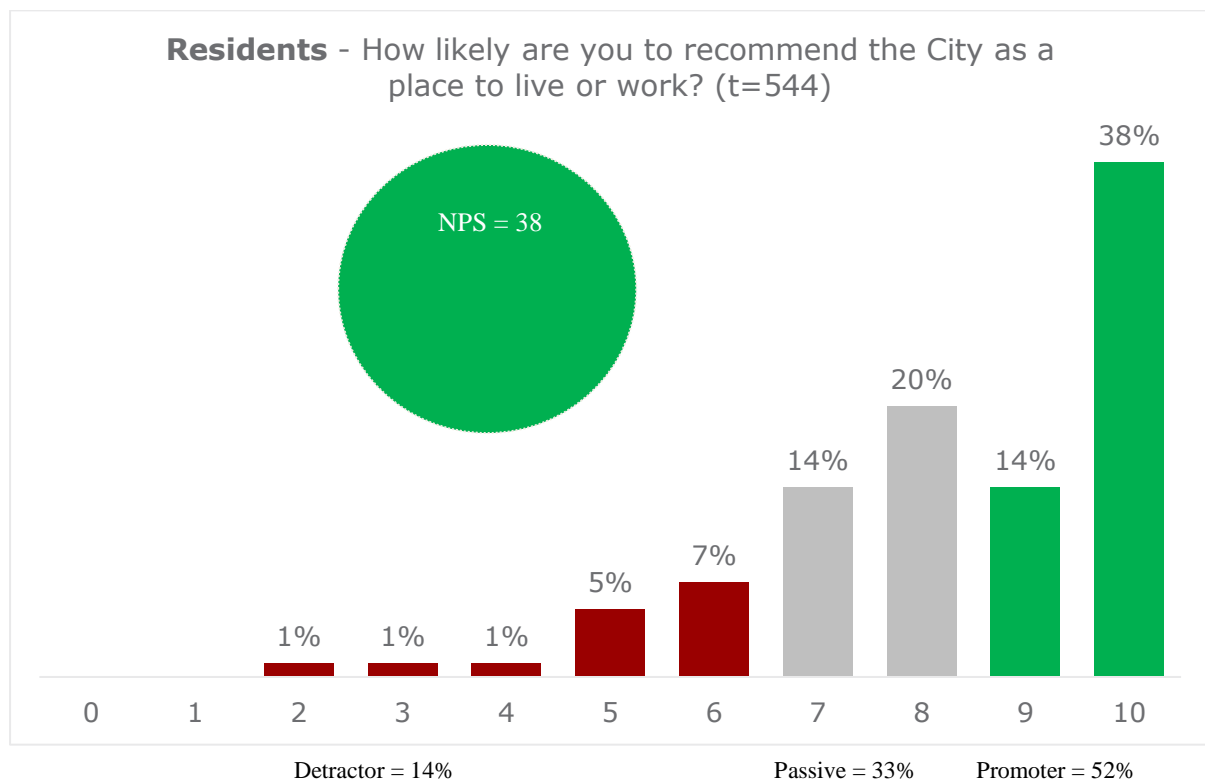
Q13. On a scale of 0 to 10, how likely are you to recommend the City to a friend as a place to live or work?

Over half (52%) of residents gave a score of either 9 or 10 when rating how likely they would be to recommend the City as a place to live.

14% of residents scored between 0 and 6, meaning they are unlikely to recommend the City as a place to live.

One third of residents (33%) rated either 7 or 8 as place to live or work and therefore would neither likely nor unlikely recommend the City.

When you take the detractor score away from the promoter score you are left with the overall Net Promoter Score, for residents this is 38% which is considered good.

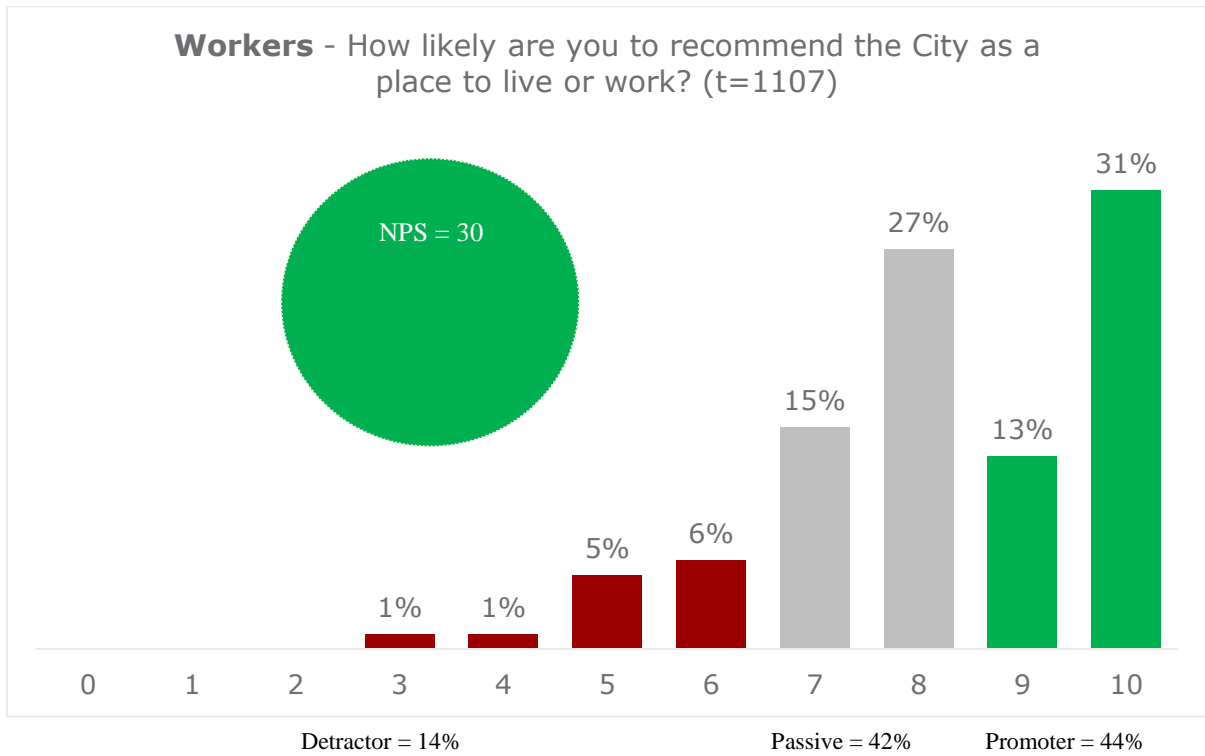


44% of workers gave a score of either 9 or 10 when rating how likely they would be to recommend the City as a place to live.

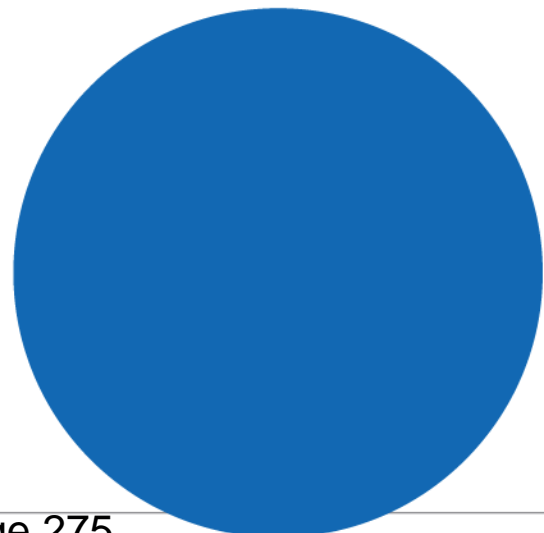
14% of workers scored between 0 and 6.

42% of workers scored 7 or 8 as place to live or work.

The NPS for workers is at 30%



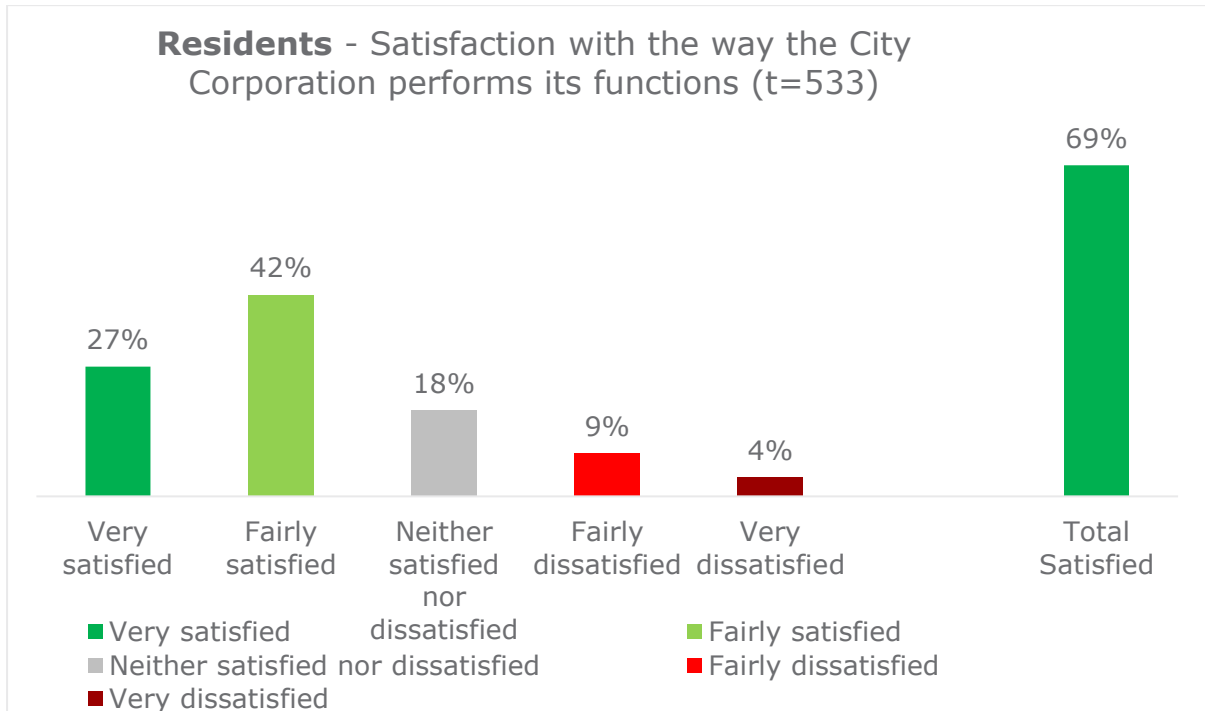
The City Corporation



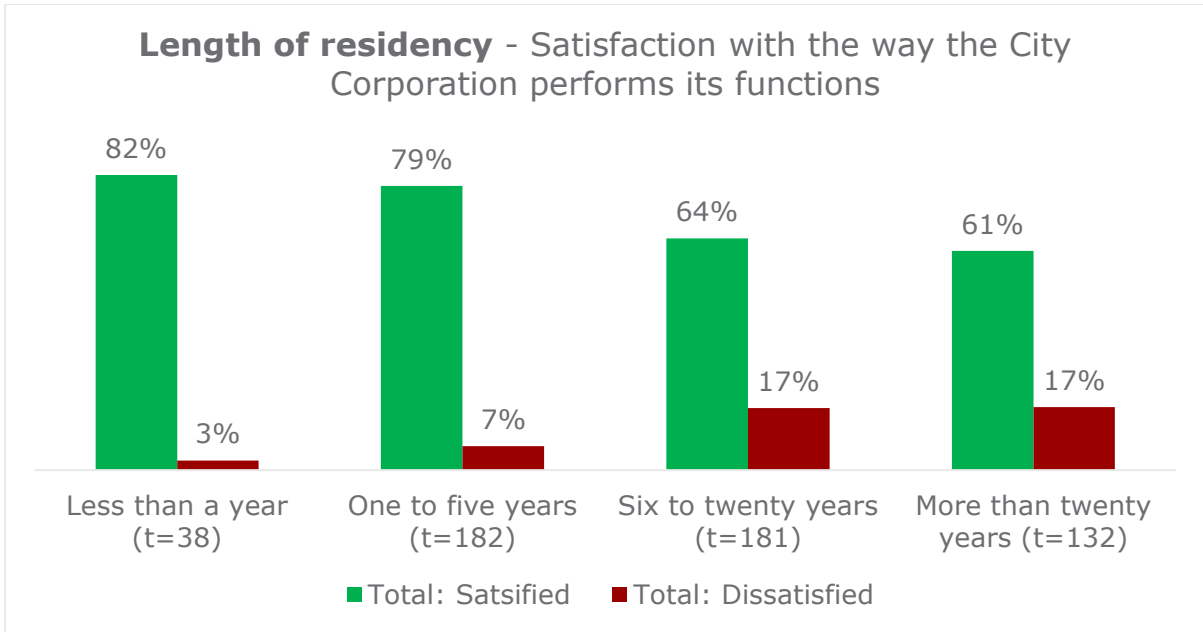
Q14. Overall, how satisfied or dissatisfied are you with the way the City Corporation performs its functions?

Around two out of three residents (69%) are either very or fairly satisfied with the way the City Corporation performs its functions. This is a significant drop when compared to 2013 where 87% of residents were either very or fairly satisfied with the way the City Corporation performs its functions.

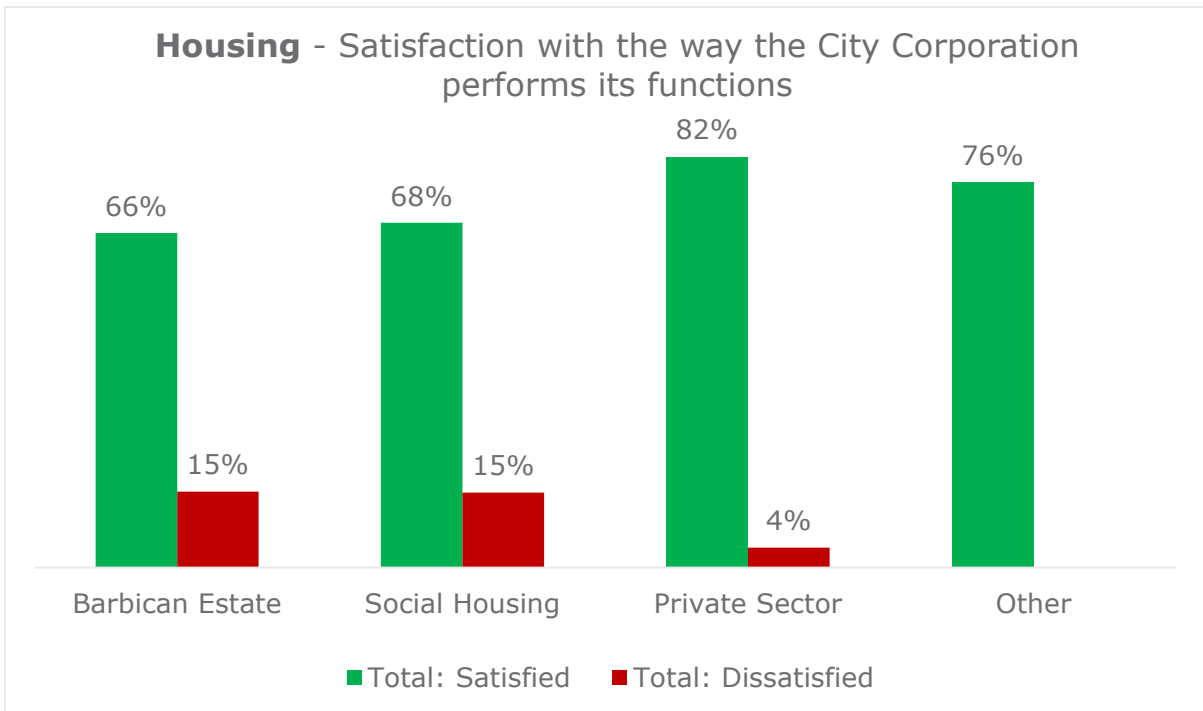
This is in line with LGA polling shows satisfaction levels with local councils currently averaging just over 60% and steadily going down over the last year from just over 70%.



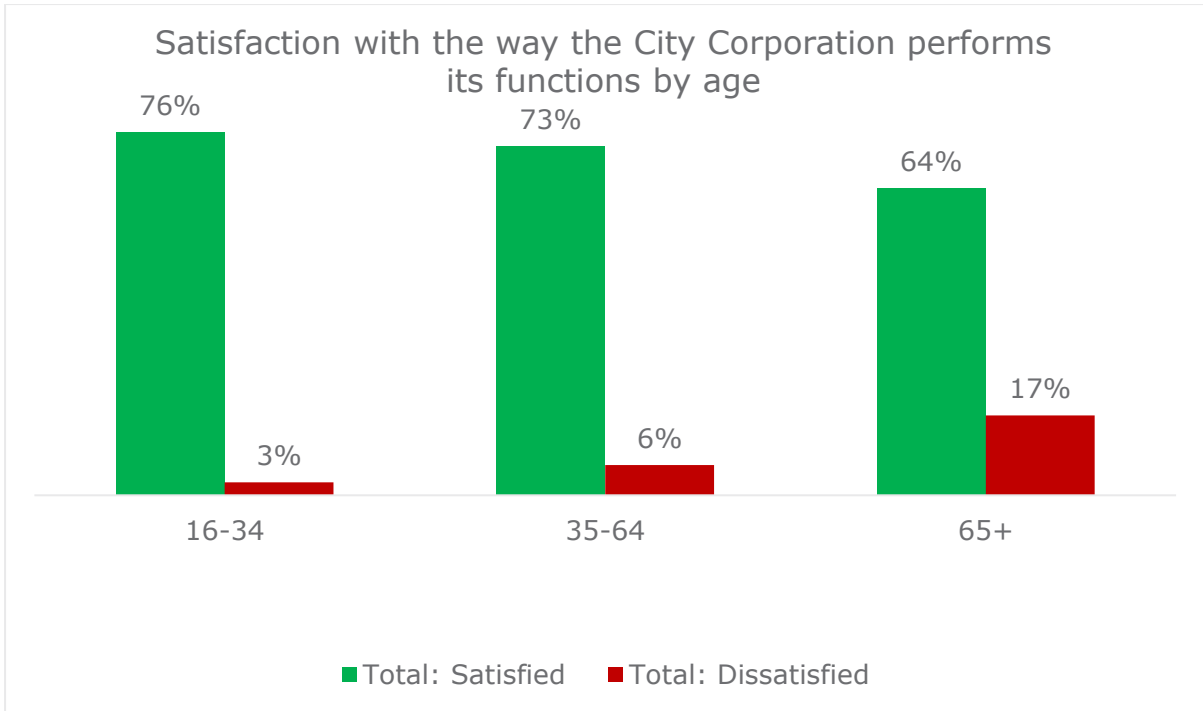
New residents to the City tend to be more satisfied with the way the City Corporation performs its functions compared to those who have lived in the City for longer. By contrast, those who have lived in the City for longer tend to become more dissatisfied with the way the City of London Corporation performs its functions.



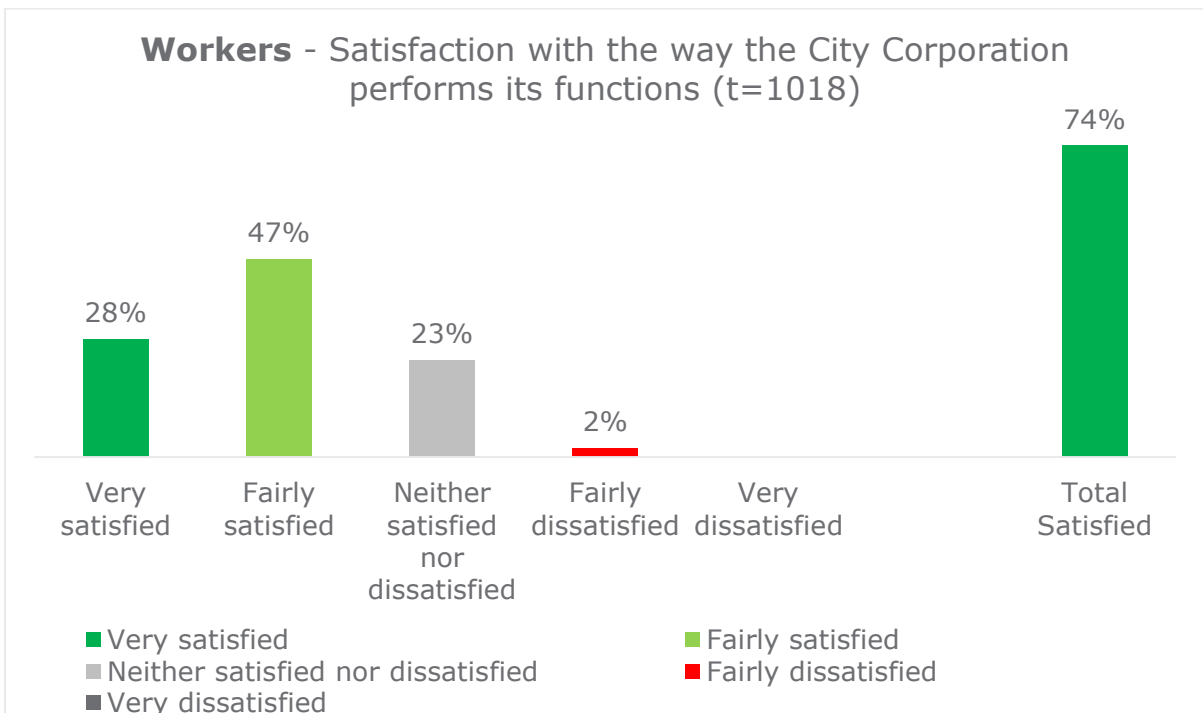
Those in the Private Sector (82%) are significantly more satisfied than those in Social Housing (68%) or the Barbican Estate (66%).



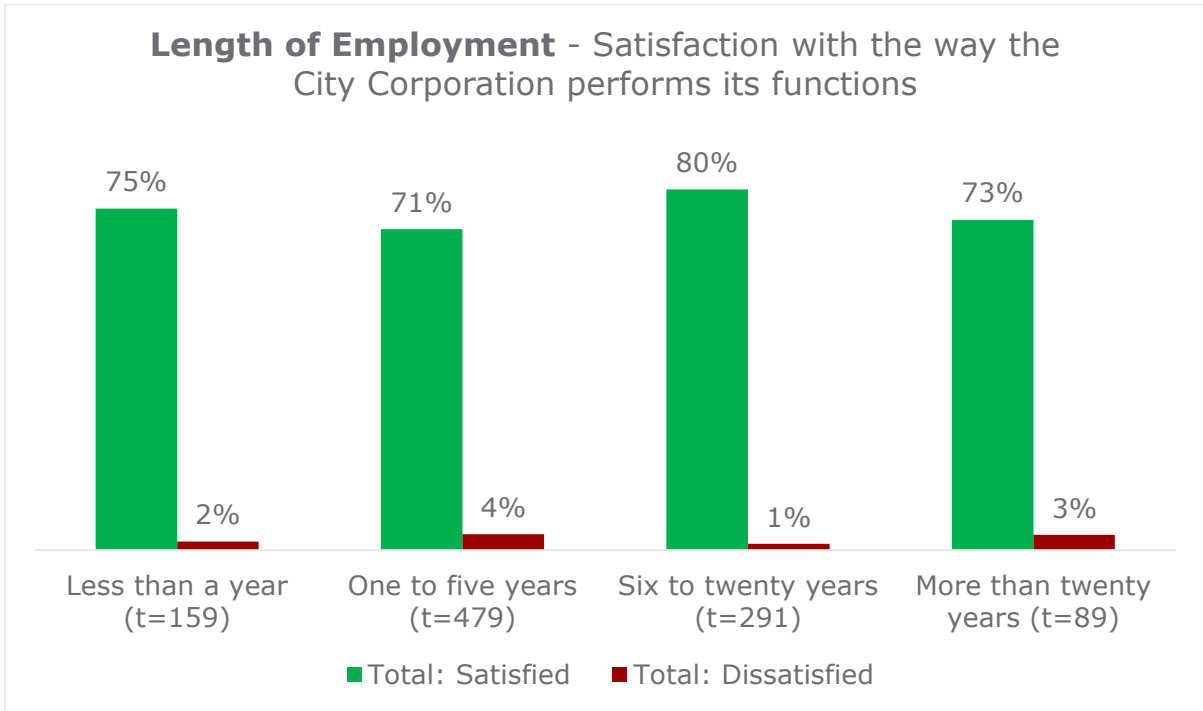
Those who are under 65 years of age (16-34 = 76% and 35-64 = 73%) are more satisfied with the way the City Corporation performs its functions compared to those who are 65 and over (64%).



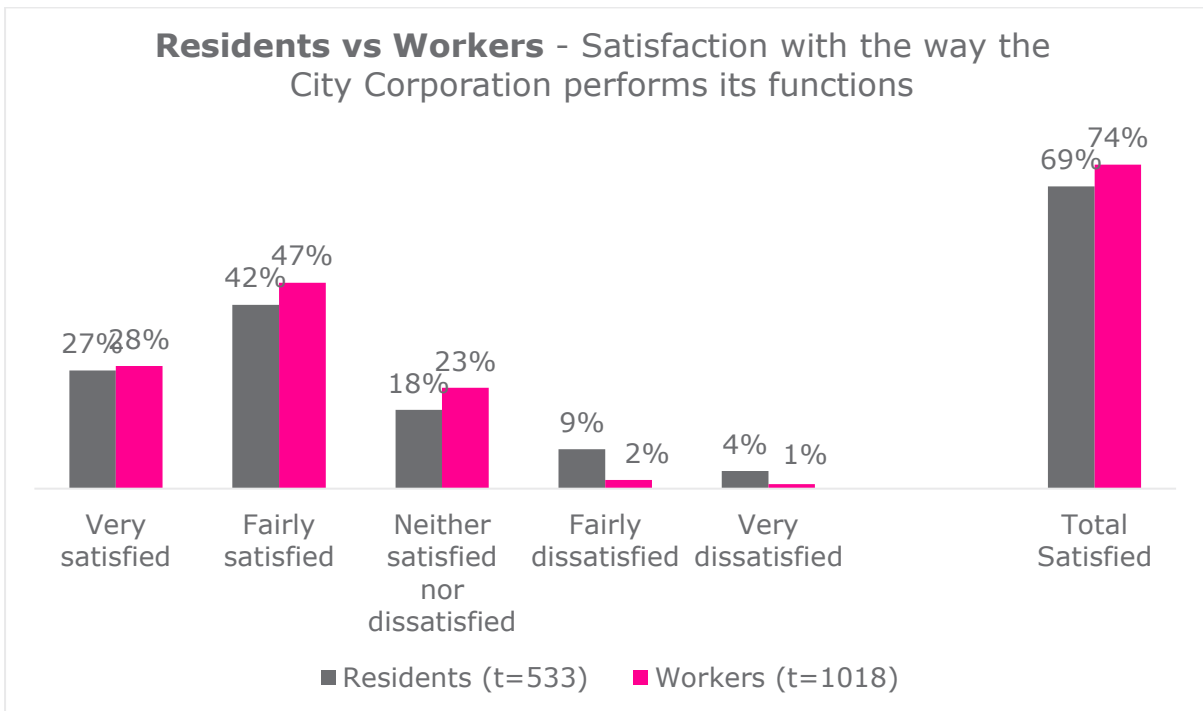
Three quarters of workers (74%) are either very or fairly satisfied with the way the City Corporation performs its functions, this mirrors 2013's score.



Those that have worked in the City for six to twenty years tend to be most satisfied with how the City Corporation performs its functions, with 80% being either very or fairly satisfied.



Workers tend to be more satisfied with the way the City Corporation performs its functions compared to residents, with three quarters of workers (74%) being either very or fairly satisfied vs just over two thirds (69%) of residents.



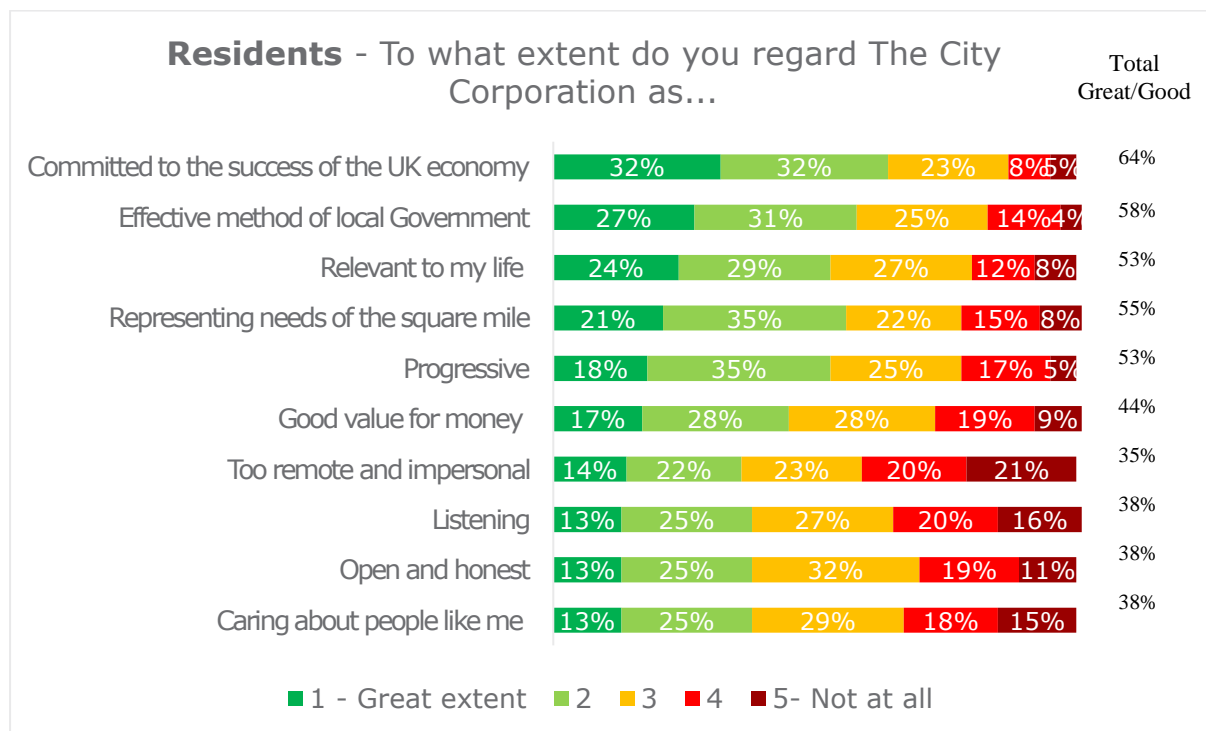
Q15. On a scale of 1 to 5 (with 1 being Great extent and 5 being Not at all) what extent do you regard the City Corporation as...?

The highest rated attribute for the City Corporation amongst the residents of the City is being committed to the success of the UK economy, with 32% rating this 1 - Great

extent. This is followed by an effective method of local Government with a quarter (27%) giving this the highest rating.

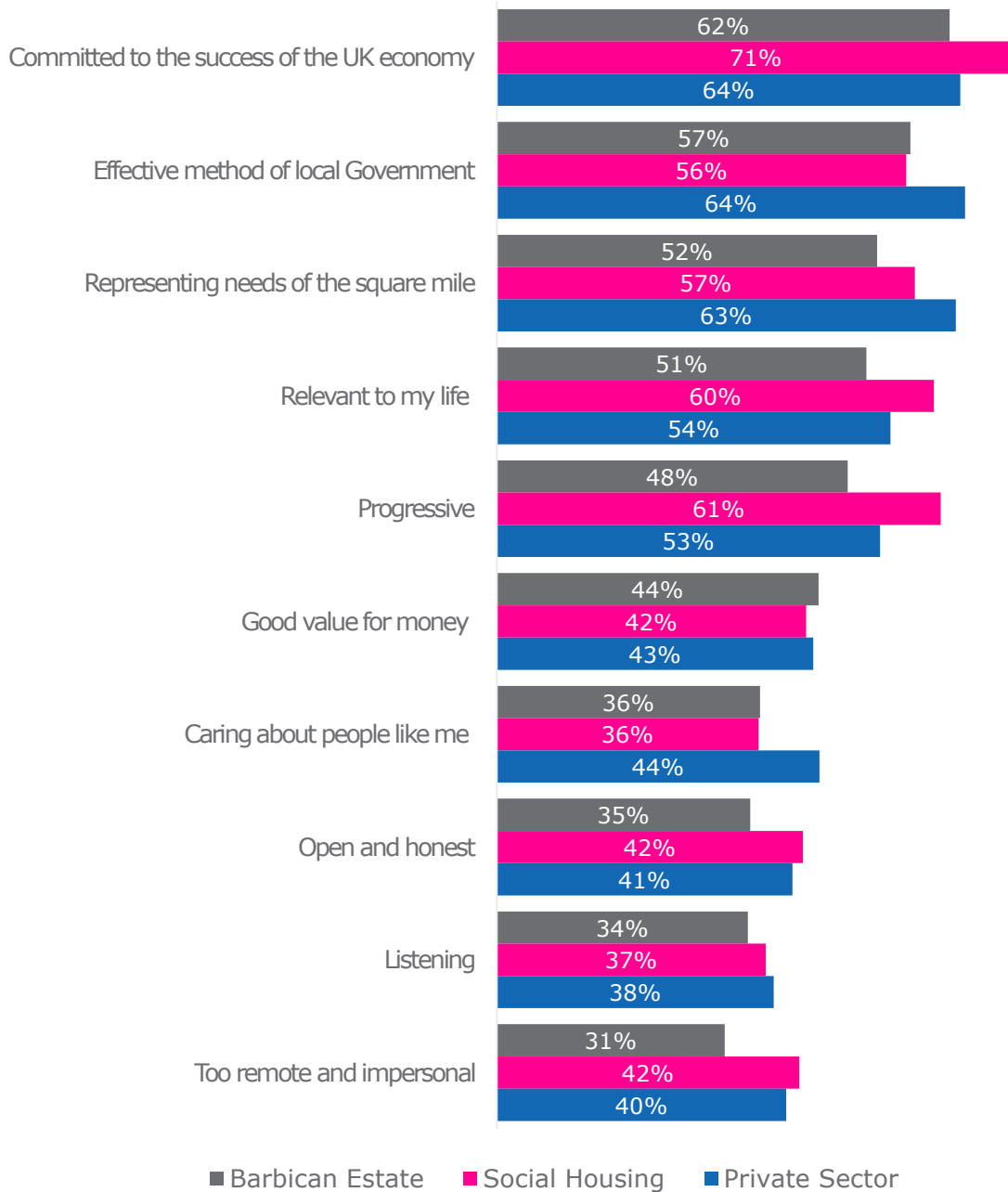
In 2013, 73% of residents scoring agreed the City Corporation provides value for money giving it a rating of 1 or 2 on a scale of 1 to 5. 2022 has seen a significant drop with 45% of residents giving a rating of 1 or 2 for providing good value for money.

LGA polling shows that currently around 46% of people across the country feel their local council provides value for money, declining over the last year from over 57%. Nearly two-fifths of residents do not regard the City Corporation as listening giving a low rating (4 or 5 out of 5). Again, this is in line with LGA polling which shows that currently around 40% of people feel their local council acts on their concerns.



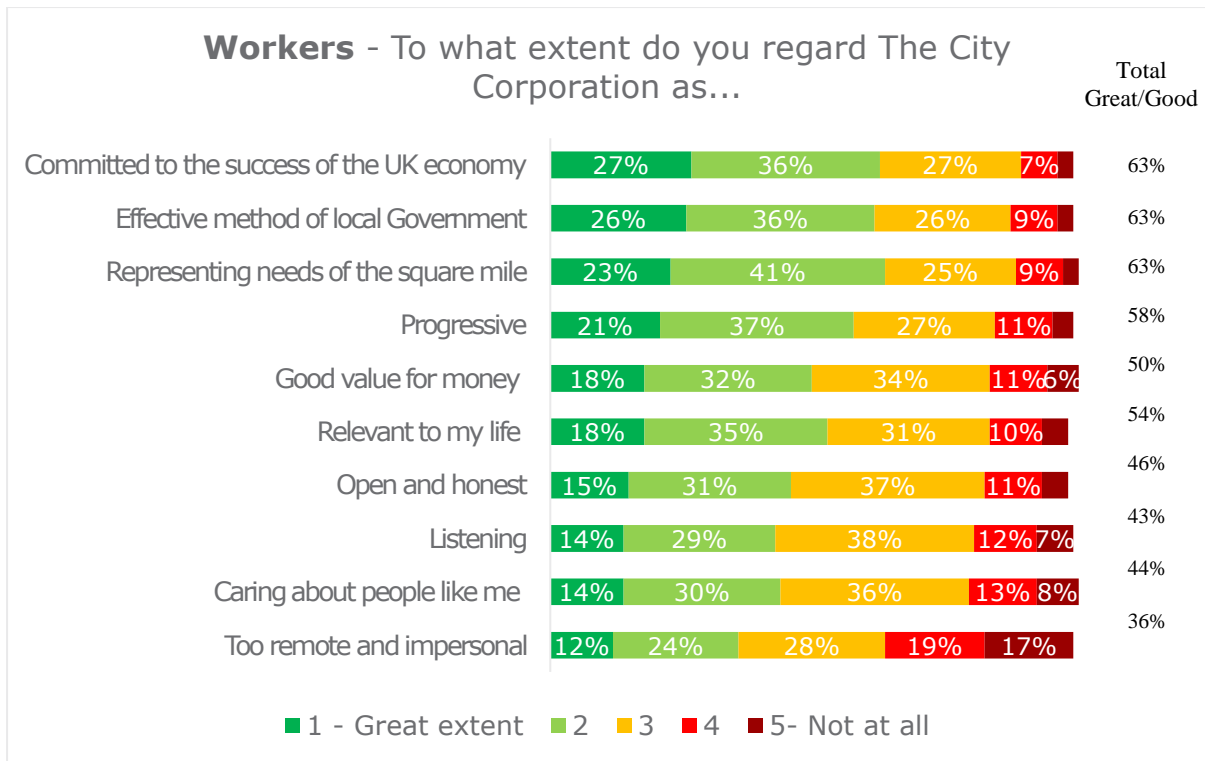
The City Corporation being committed to the success of the UK economy is the highest rated attribute (scoring 1 or 2) by the Barbican Estate residents (62%), Social Housing residents (71%) and Private Sector residents (64%), which tallies up with this being the top-rated attribute by residents overall.

Housing - To what extent do you regard The City Corporation as... (Score 1 or 2)



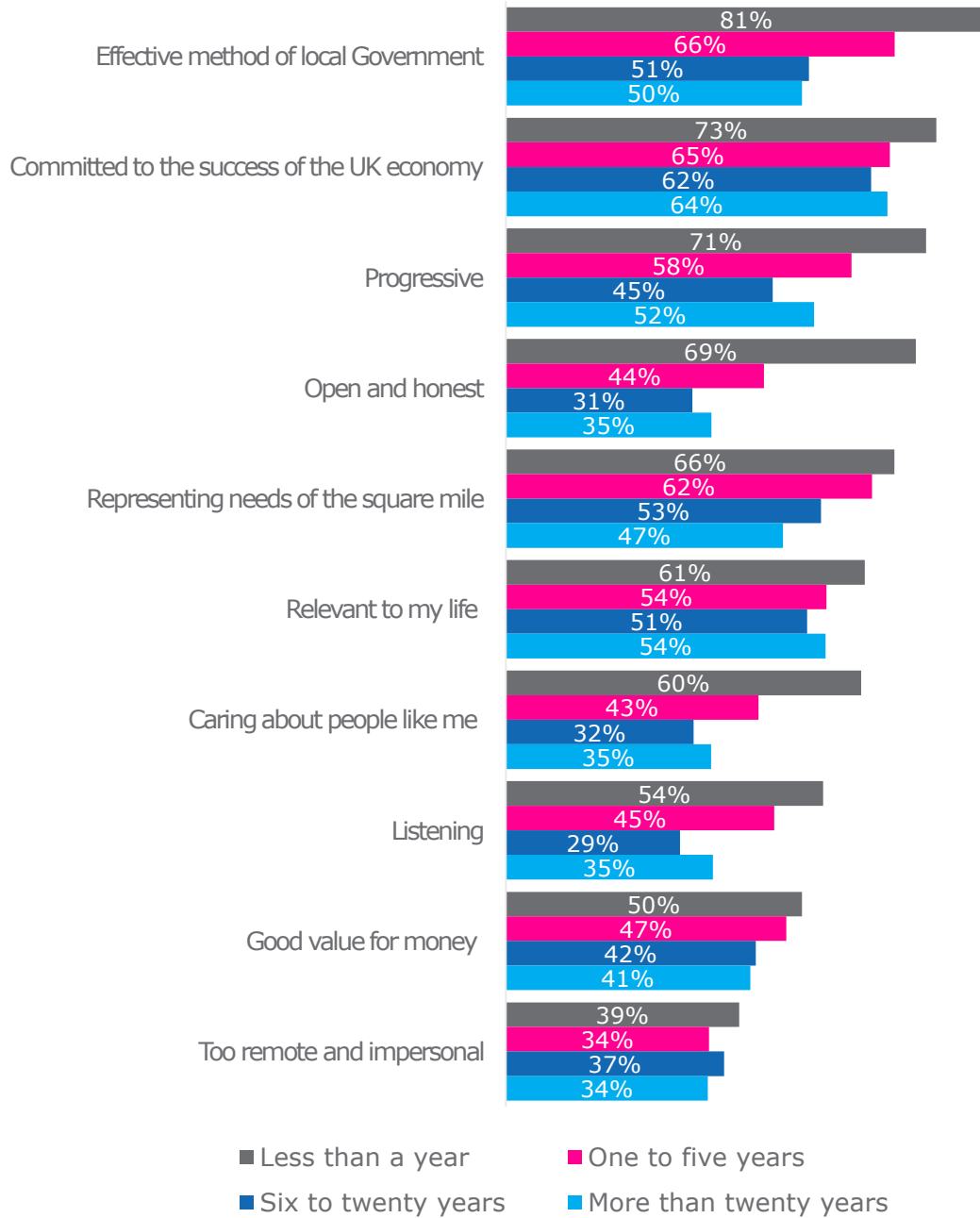
The highest rated attribute for the City Corporation amongst the Workers of the City is also being committed to the success of the UK economy, with 27% rating this 1 - Great extent. This is followed by an effective method of local Government with a quarter (26%) giving this the highest rating.

In 2013, 49% of workers agreed the City Corporation provides value for money giving it a rating of 1 or 2 on a scale of 1 to 5. In this regard workers views have remained broadly consistent, with 50% now giving a rating of 1 or 2. The highest rated attribute goes to representing the needs of the Square Mile, which stands at 64%.

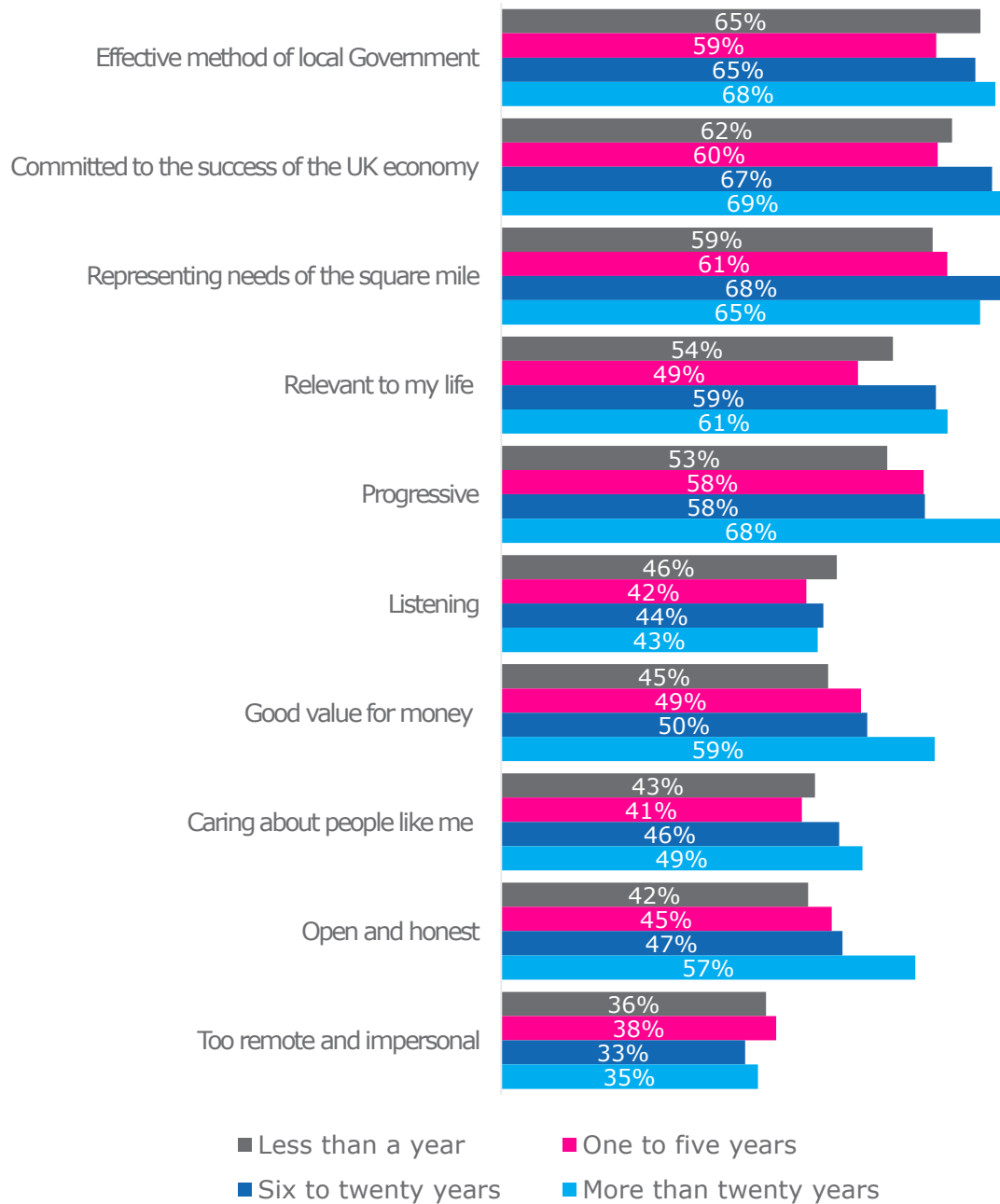


Residents who have been in the City for less than a year rate all attributes towards the City Corporation higher when compared to those who have only worked in the City for less than a year, whereas those who have worked in the City for more than twenty years rate all attributes higher than those who have lived in the City for more than twenty years

Length of time **living** in the City - To what extent do you regard The City Corporation as... (Score 1 or 2)



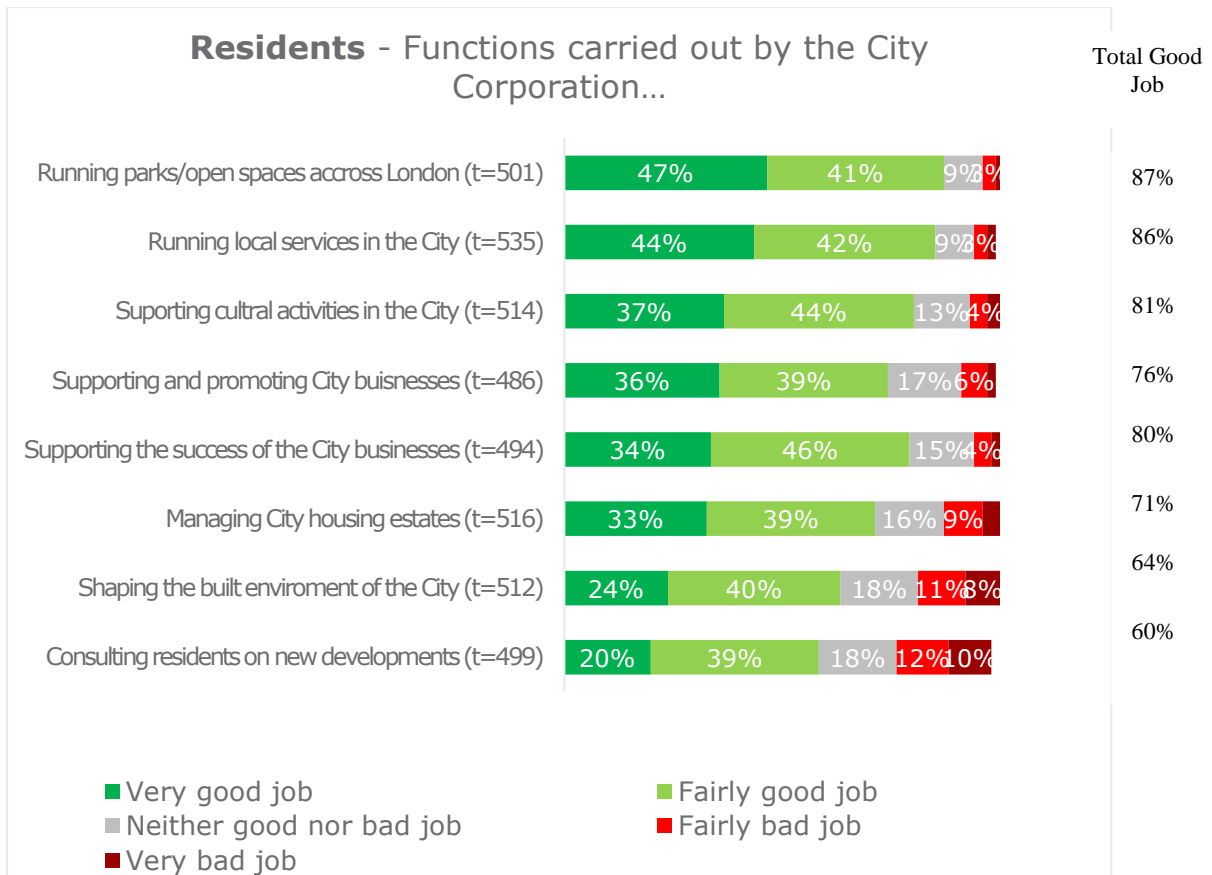
Length of time **working** in the City - To what extent do you regard The City Corporation as... (Score 1 or 2)



Q16. Thinking about functions carried out by the City Corporation, how good or bad a job do you feel they do of each of the following?

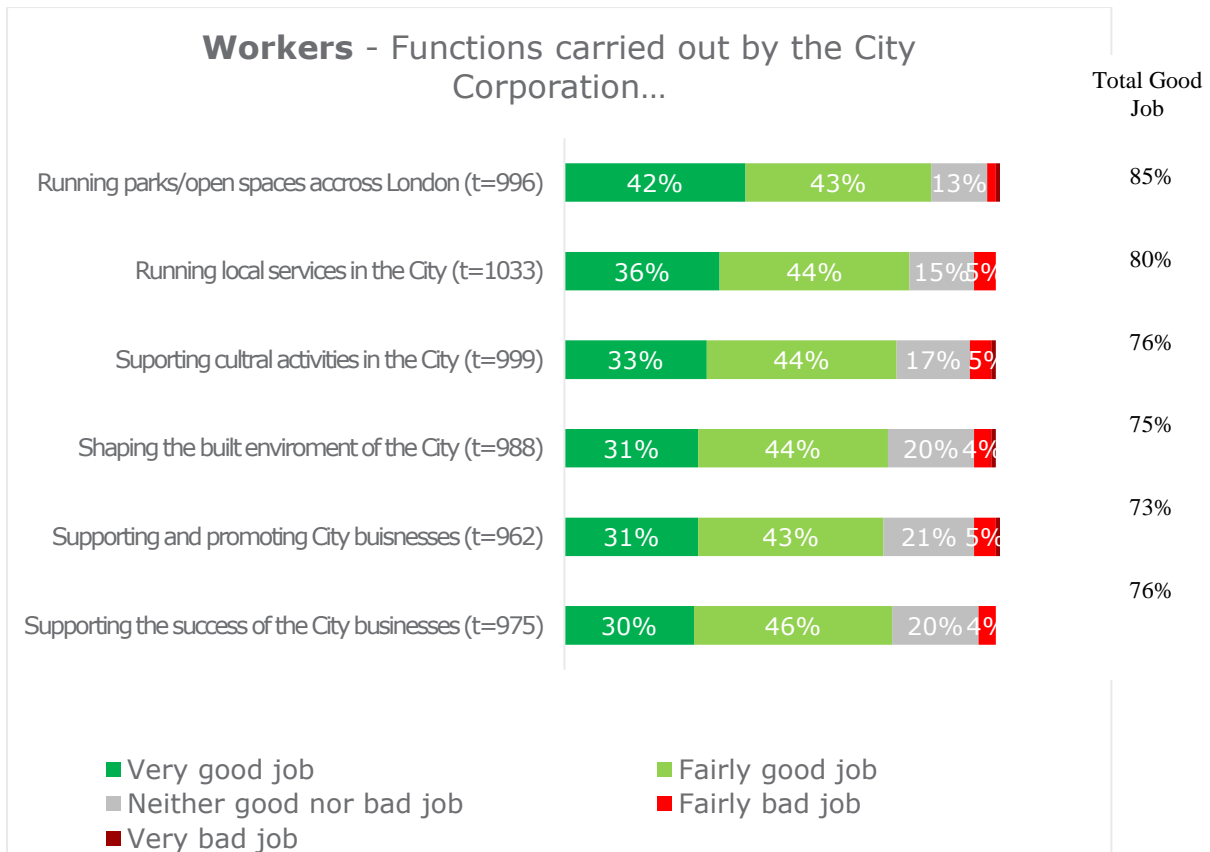
The highest rated function carried out by the City Corporation is running parks and open spaces across the City with 88% of residents saying they do a very or fairly good job.

The lowest rated function is consulting residents on new developments with 59% with residents rating them as either fairly or very good.



The highest rated function carried out by the City Corporation is running parks and open spaces across London with 85% of workers also saying they do a very or fairly good job.

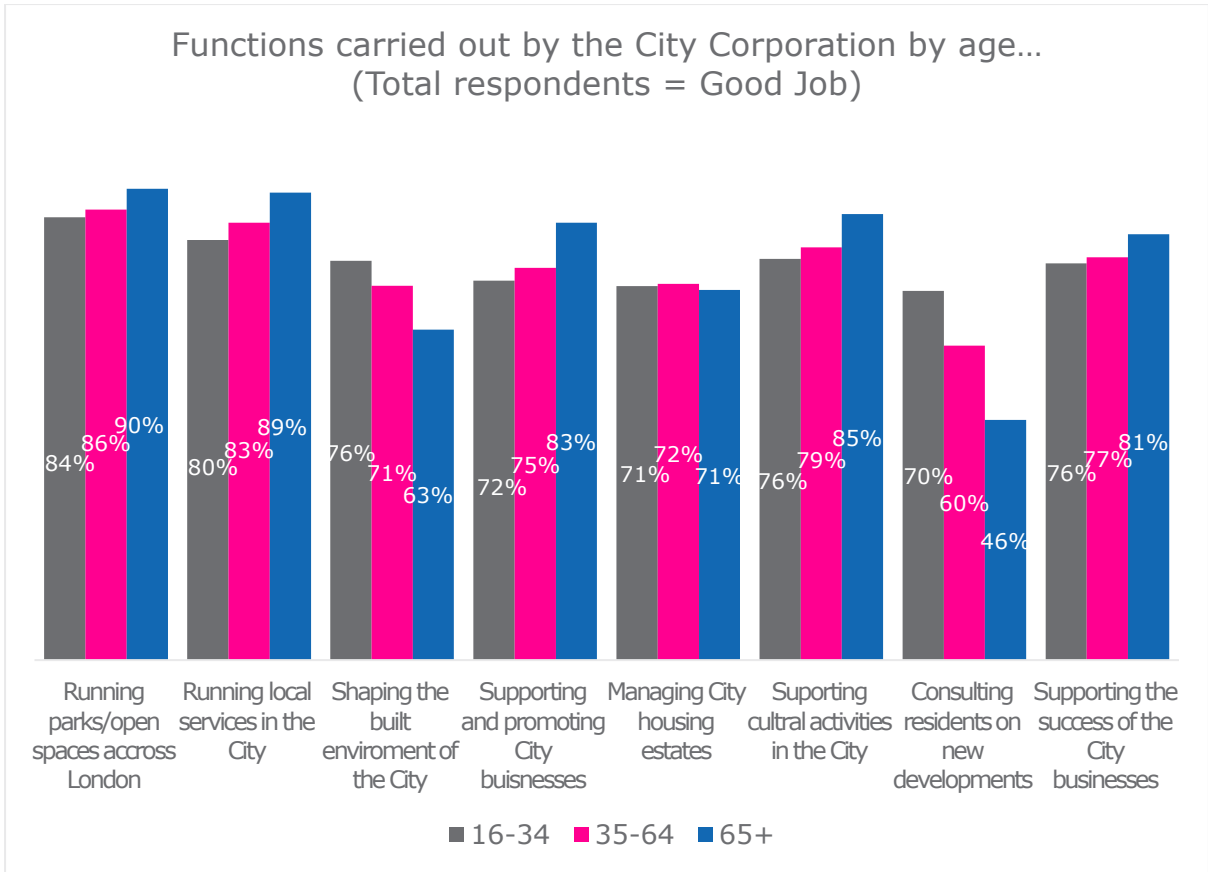
The lowest rated function is supporting and promoting City businesses, but still significantly high with 74% of residents rating them as either fairly or very good.



All respondents (residents and workers) age 16-34 are more likely to say the City Corporation does a good job shaping the built environment of the City (76%) compared to those age 65 and over (63%).

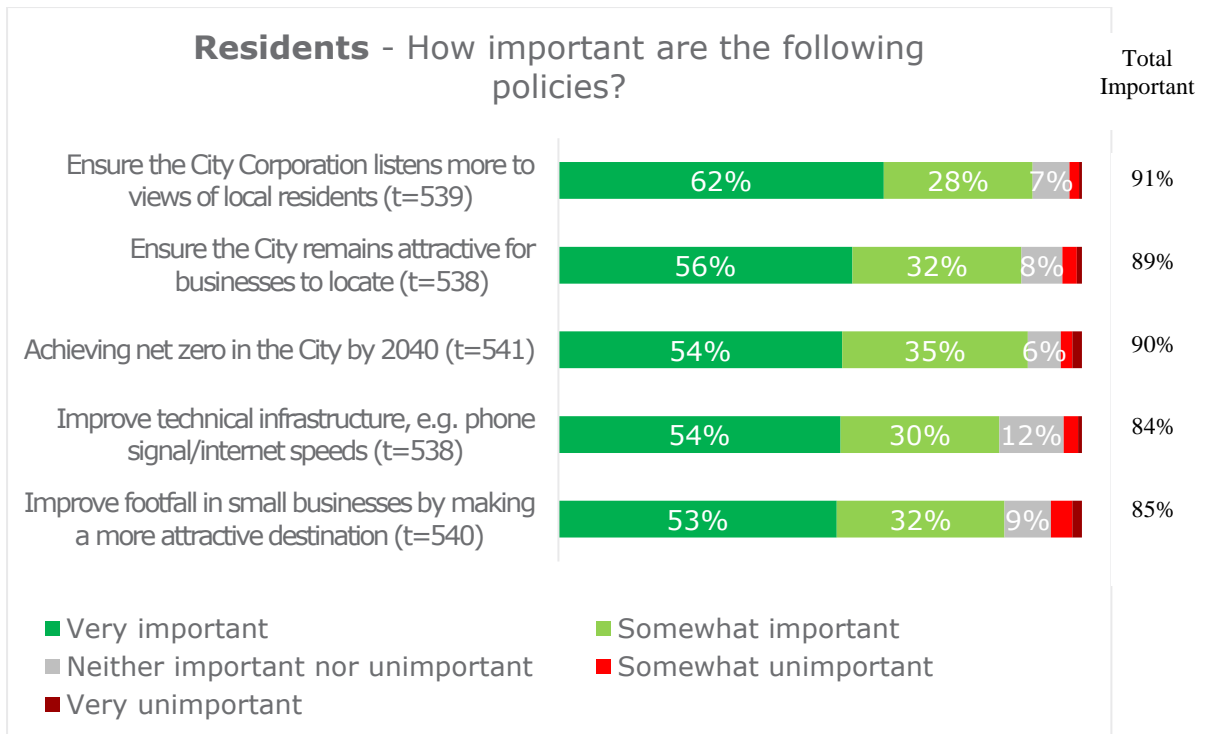
The same can be said for consulting residents on new developments, with 70% of 16-34-year-olds stating the City Corporation do a good job compared to just 46% of those 65 and over.

All age groups equally agree that the City Corporation do a good job managing housing estates (71-72%)

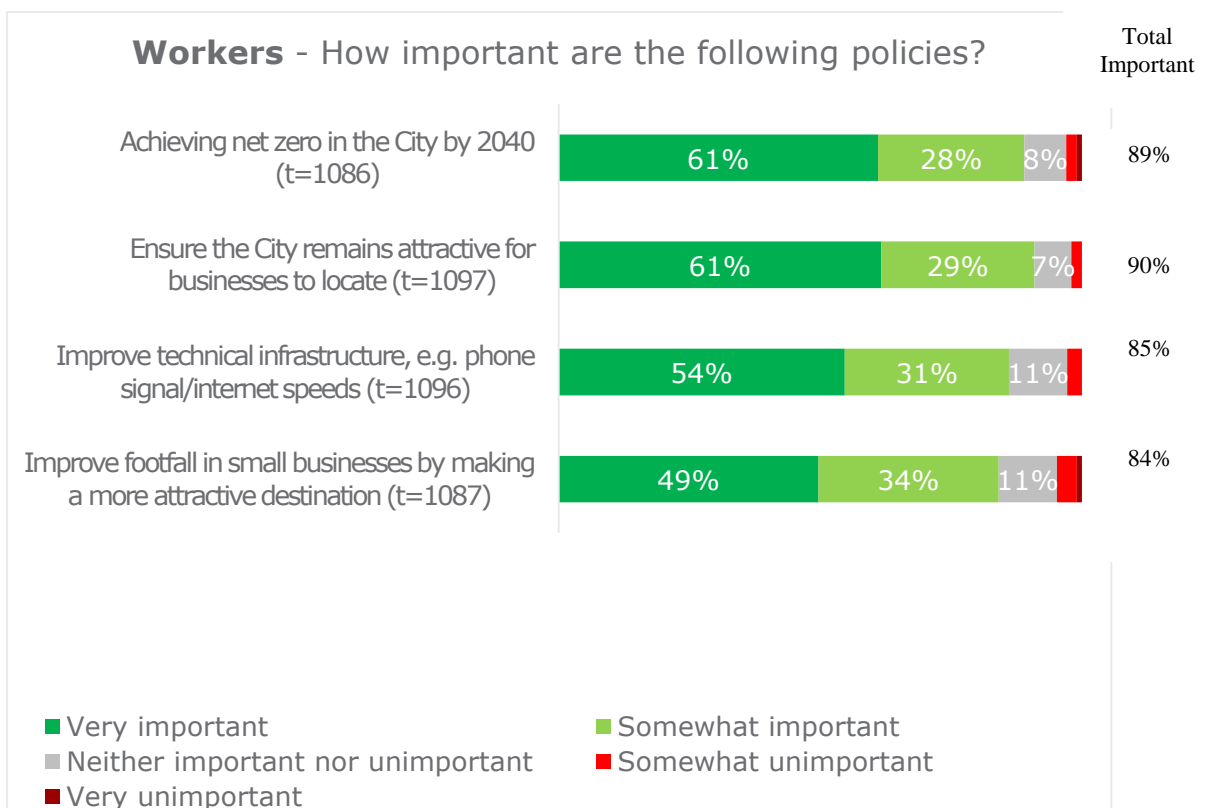


Q17. How important do you think each of the following policies should be for the City Corporation?

The top policy that residents find important is to ensure the City listens more to views of residents (91% saying either very or somewhat important). Achieving net zero in the City by 2040 is the second most important policy for residents with 90% saying this is either very or somewhat important.



The top policy that workers find important is ensuring the City remains attractive for businesses to locate (90% saying either very or somewhat important), this is closely followed by achieving net zero in the City by 2040 with 89% saying this is either very or somewhat important.



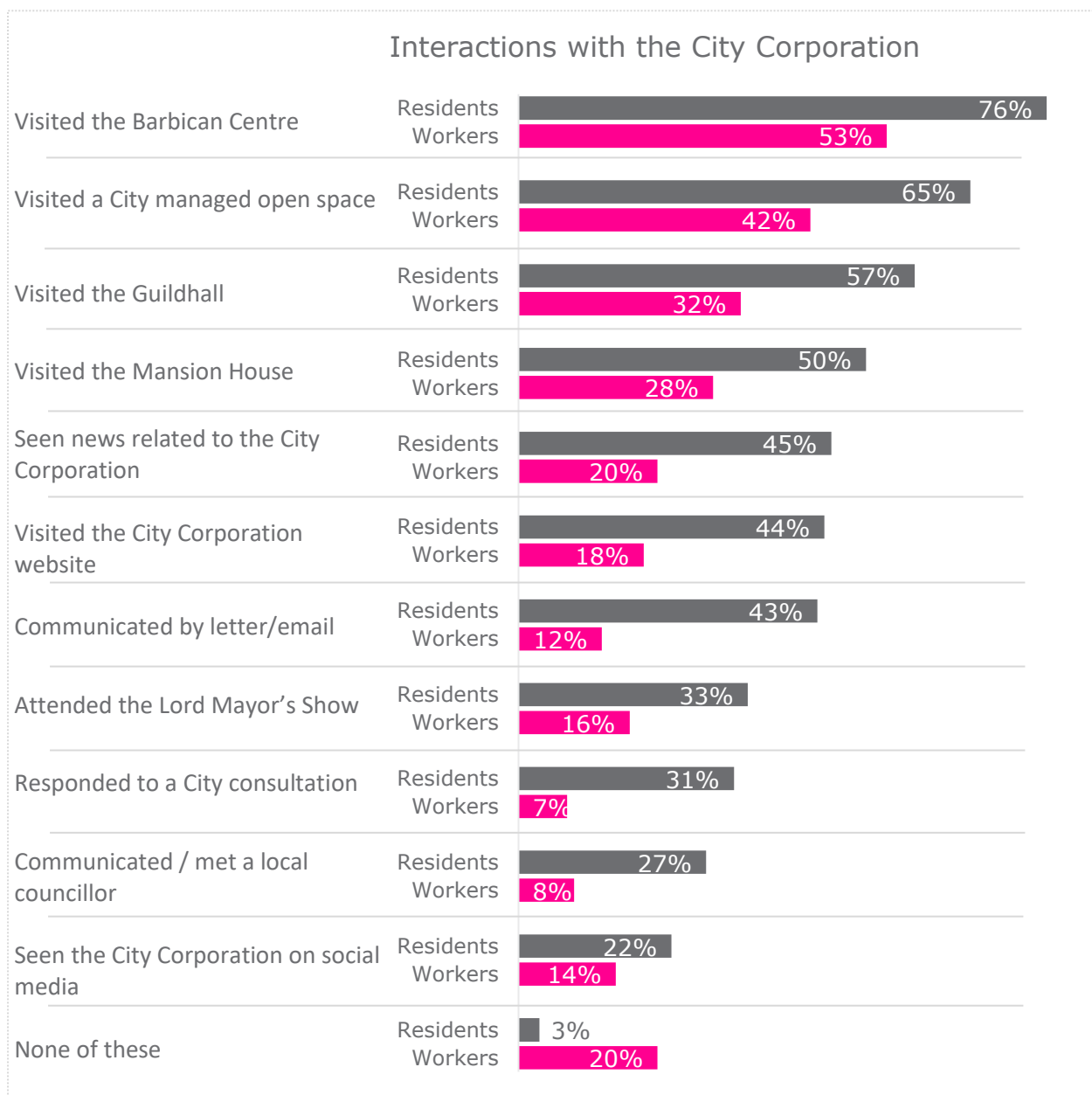
Q18a. Thinking about interactions with the City Corporation, which of the following have you done?

The most popular interaction for residents with the City Corporation is visiting the Barbican Centre, with 76% of residents having done this, a 10% increase since 2013 (66%). Half of those asked (50%) had also visited the Mansion House.

The least interaction with the City Corporation is seeing it on social media (22%).

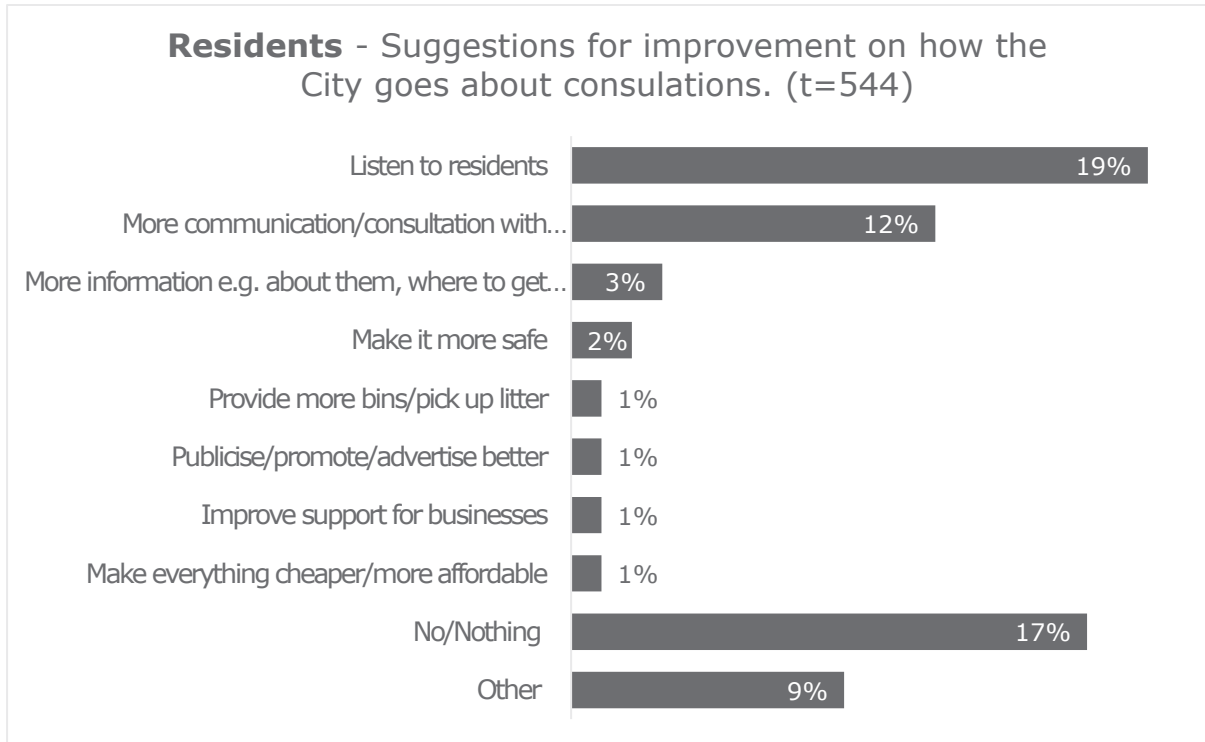
The most popular interaction workers have with the City Corporation is visiting the Barbican Centre, with 53% having done this. Two fifths of them (42%) also visited a City managed open space.

The least popular form of interaction for workers is responding to a City Corporation consultation (7%)

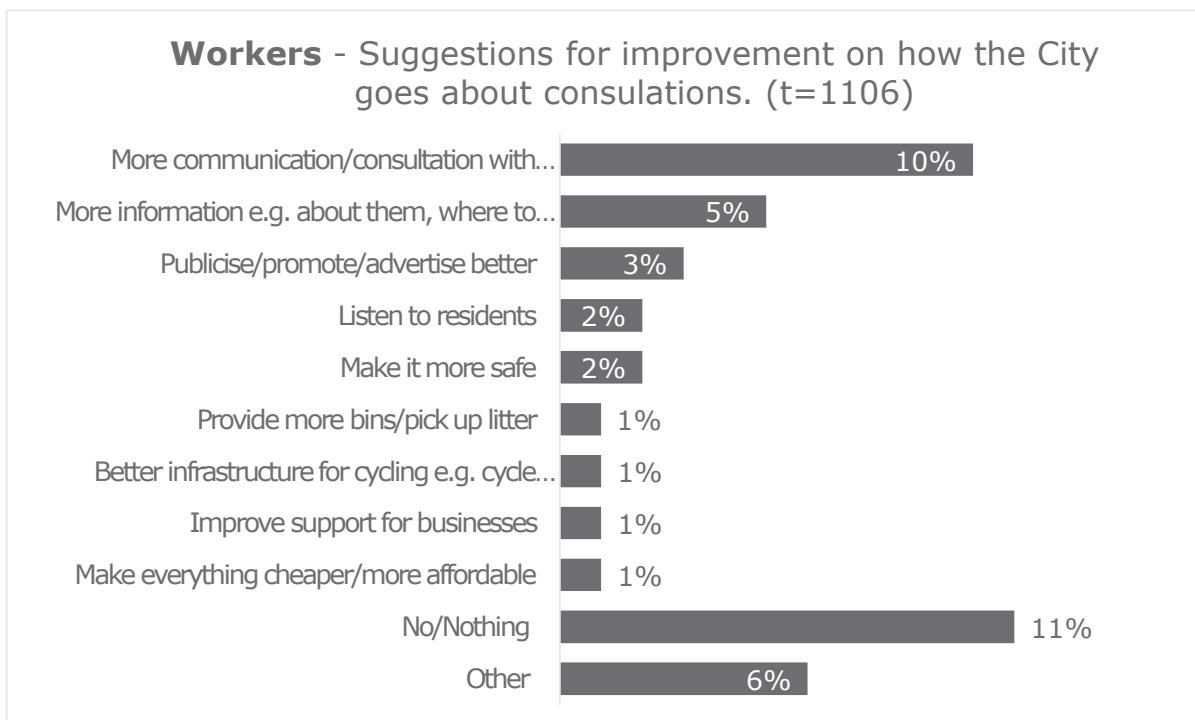


Q18b: Thinking about how the City Corporation goes about consultation, do you have any suggestions of how it could be improved?

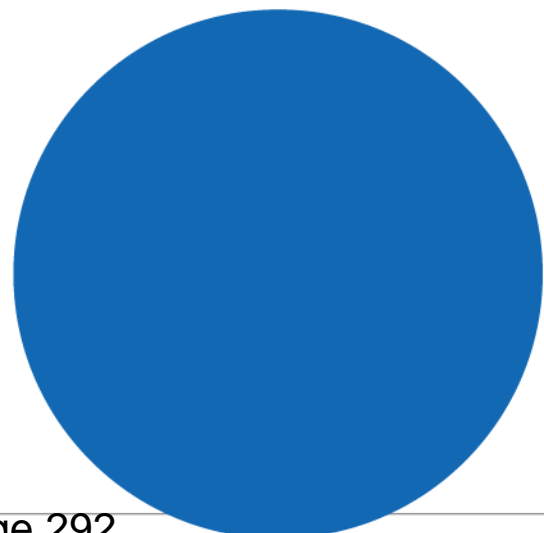
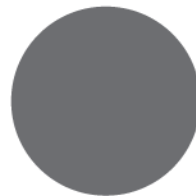
The most suggested improvement from residents was listen more to residents, with 19% of them suggesting this.



The most suggested improvement from workers was more communication/consultation with residents/local business, with 10% of workers suggesting this.



Working and visiting



Example comments:

It's a busy and vibrant part of London, centre of business and culture.

Female, 35-54, Student Accommodation

Easy access to work, and theatres. Good transport links.

Male, 25-34, Barbican Estate

Easy to get around, the combination of tubes and buses is a blessing. Good place to start a business.

Male, 25-34, Barbican Estate

Good parks and open spaces. It is safe and secure.

Male, 35-54, Barbican Estate

My community, interesting events to attend and the area has good transport.

Female, 35-54, Golden Lane Estate

The good things are that it's easy to find a job and beautiful.

Female, 16-24, Middlesex Street Estate

Example comments:

It's a very social place and there's a lot of diverse people which is amazing. Everything is close by so you'll never have to travel too far for anything. A lot of opportunities work wise and you can really develop your experience and be on the top.

Female, 16-24, Health

Excellent transport links

**Male, 35-54,
Financial & Insurance**

Welcoming city. Full of opportunities. Promote and encourage small scale business.

Male, 25-34, Information & communication/Tech

The most passionate and career minded, forward thinking employees work for the country. A great place for networking, collaborative working cross industry. Great place to socialise and a great vibe and makes you proud to work here.

Female, 55-64, Financial & Insurance

It's brilliant. Lively, diverse, great transport links. Lots of restaurants and bars and I love walking around.

Female, 35-54, Public administration & defence

Example comments:

It is expensive to live here.

Male, 35-54, Middlesex Street Estate

The high crime rate's especially street theft and knife crime.

Female, 25-34, Barbican Estate

Too much construction noise, crowded pavements. Lack of understanding about what residents need from a local council.

Female, 65+, Barbican Estate

Busy, crime, expensive.

Male, 35-54, Owner occupier

Residents are completely overlooked in favour of business. Major repairs and improvements take far too long to implement. We haven't been painted in 20 years.

Male, 65+, Golden Lane Estate

Example comments:

Very congested and frequent train delays.

Female, 25-34, Health

The public transport such as trains are always very busy.

Male, 16-24, Information & communication/Tech

It's too expensive to visit cafes and restaurants in the area because of the high fees they pay just to open the door and not enough new business wants to come to the area.

Male, 35-54, Education

Stations can be overcrowded. Not enough green spaces to enjoy lunch outside in.

Female, 35-54, Financial & insurance

It is quite congested now.

Female, 25-34, Financial & insurance

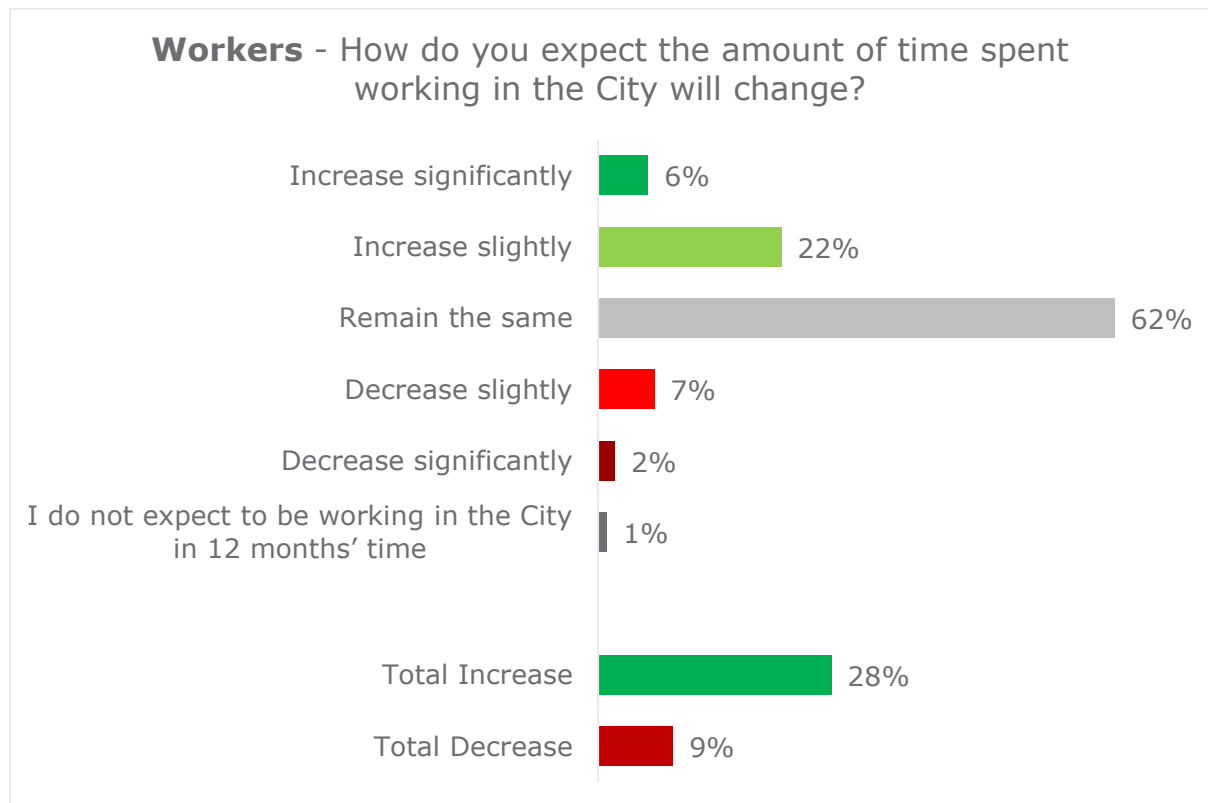
Fear of crime and it is too crowded or congested.

Male, 55-64, Health

Q22. Over the next 12 months, how do you expect the amount of time you spend working in the City to change? (all responses, excluding Don't know: t=1,040)

Workers mainly expect the amount time spent working in the City to remain the same (62%). 28% expect the amount of time working in the City to increase (6% increase significantly and 22% increase slightly).

9% expect the amount of time to decrease (7% decrease slightly and 2% decrease significantly). Just 1% (11 people) expect not to be working in the City at all in the next 12 months.

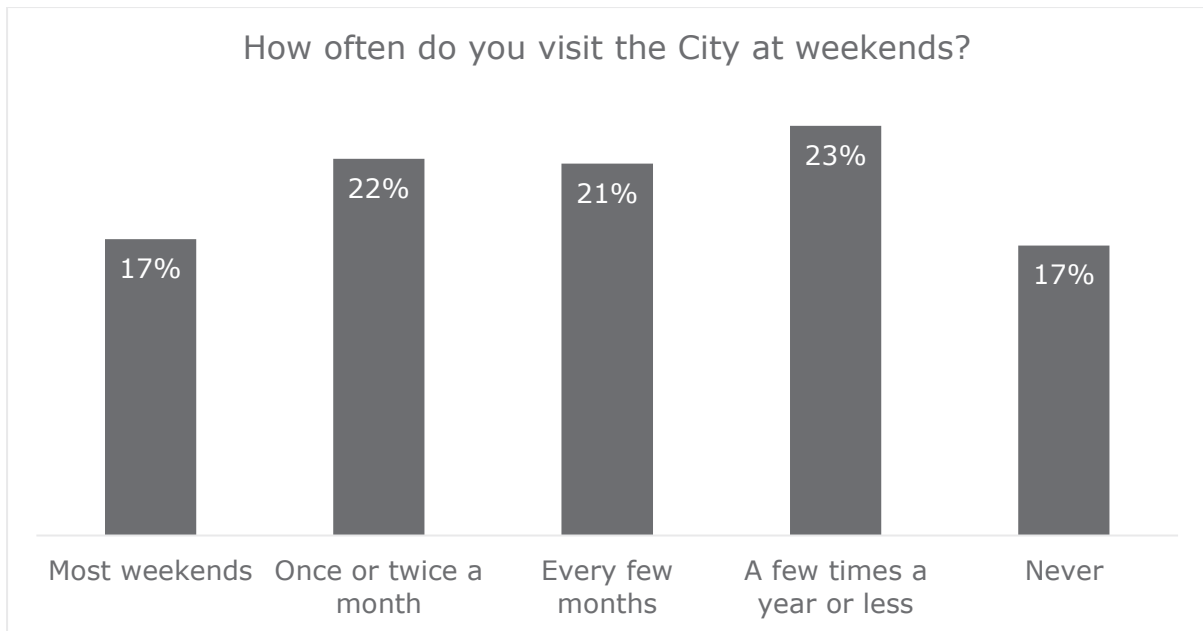


Q23. How often do you visit the City at weekends? (all responses: t=1,107).

Of all workers who answered if they visit the City at weekends, 923 (83%) said they do visit at some point during the year.

260 say they visit a few times a year or less (23%), 239 say they visit once or twice a month (25%), 236 say they visit every few months (21%) and 188 visit most weekends (17%).

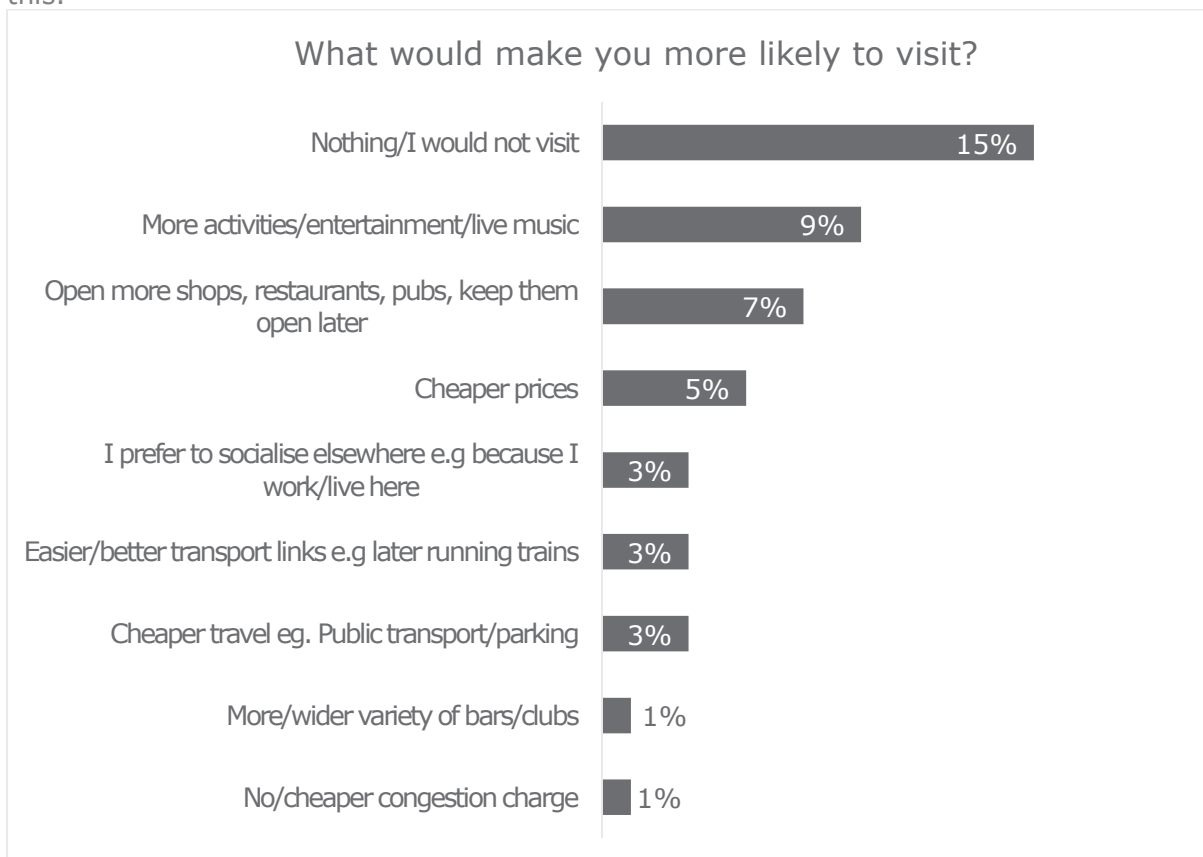
184 workers (17%) said they never visit the City at weekends.



Q24: What changes would be required to make you more likely to visit the City at weekends? (all responses: t=1,107).

15% (166) of workers said no changes are required to make them more likely to visit the City as they would not visit.

The most popular change to encourage workers to visit the City during weekends is more activities, events, entertainment and/or live music, with 9% (100) of those asked stating this.



Some comments from workers around what would make them more likely to visit during a weekend can be found below:

Remove the congestion charge and offer free parking.

Male, 55-64, Health

This part of London most places close at the weekend.

Male, 25-34, Property and real-estate

Discounts of train/tube tickets during the weekends or at least once a month.

Female, 25-34, Transport & storage

If I felt more safe, less busy and travel into London was less expensive, I would travel to the City of London more frequently.

Female, 25-34, Health

Communication and letting everybody know what's going on socially and encourage people to come.

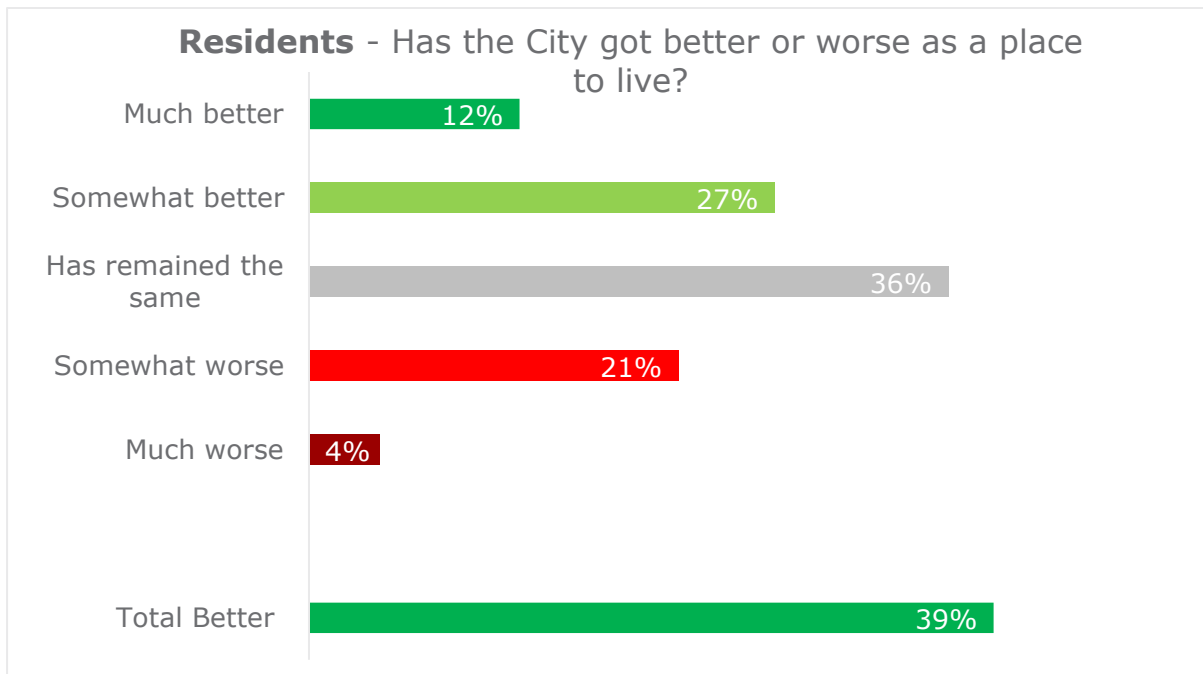
Female, 55-64, Financial & insurance

More pubs etc being open at weekends.

Male, 55-64, Public administration & defence

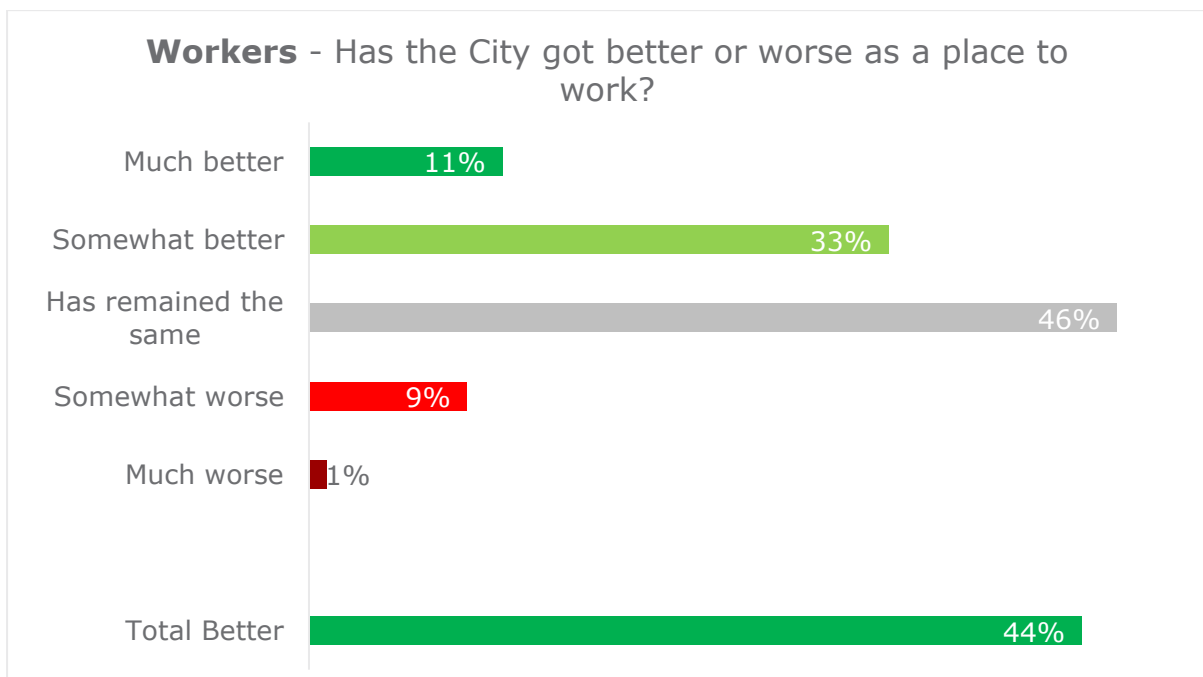
Q25a: Compared to five years ago, has the City got better or worse as a place to live? (all responses: t=475).

Two fifths of residents (39%) say that the City has gotten much or somewhat better as a place to live compared to 5 years ago. A quarter (25%) would say it has got either somewhat or much worse than it was 5 years ago.



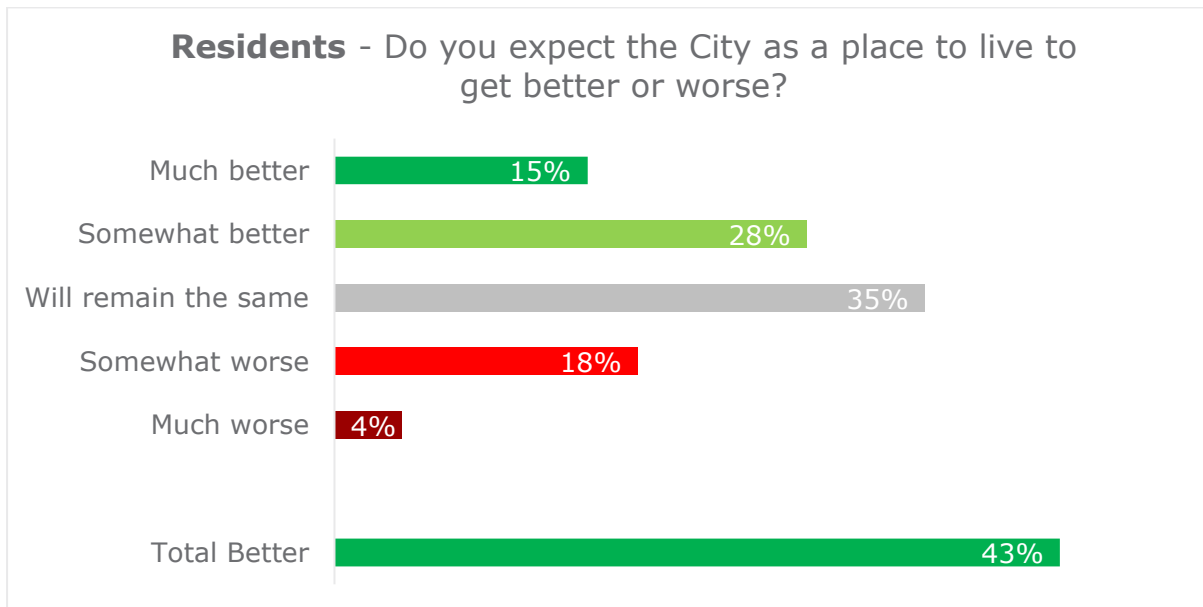
Q25b: Compared to five years ago, has the City got better or worse as a place to work? (all responses: n=901).

Only 11% of workers think the City is much better as a place to work. 46% of workers say it has remained the same. Just 1% of workers believe it is much worse.



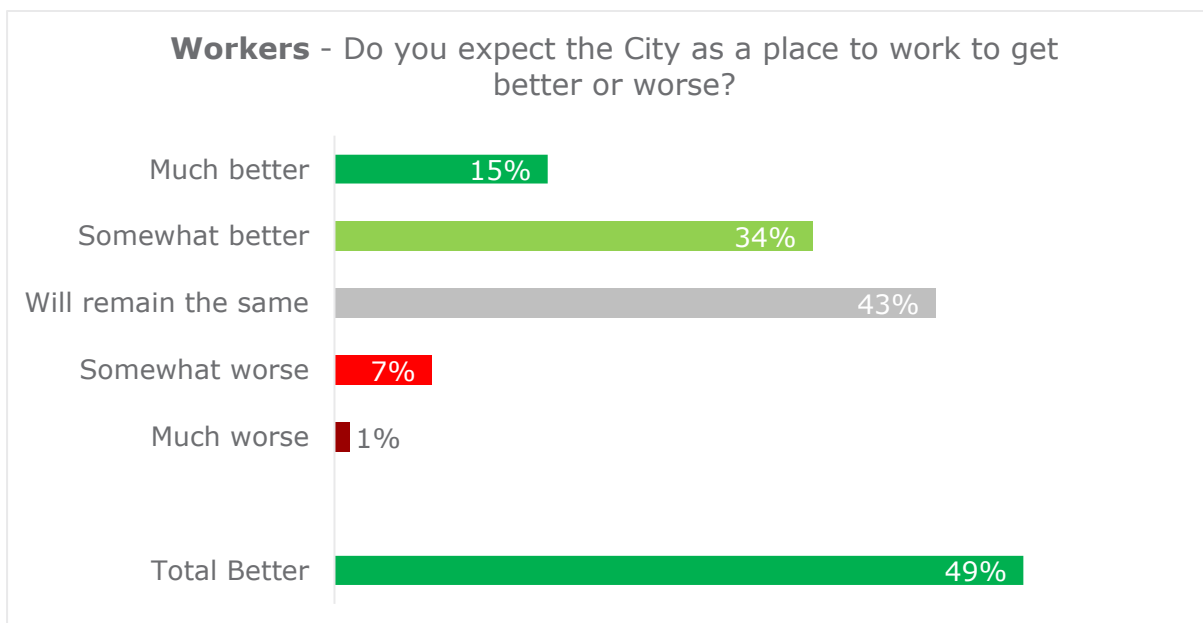
Q26a: Looking to the future, do you expect the City to be a better or worse place to live over the next few years? (all responses: t=482).

43% of residents expect the City to be better as a place to live over the next few years (much and somewhat better). Just over a third (35%) expect things to remain the same. 4% (18 people) of residents expect the City to become much worse as a place to live over the next few years.



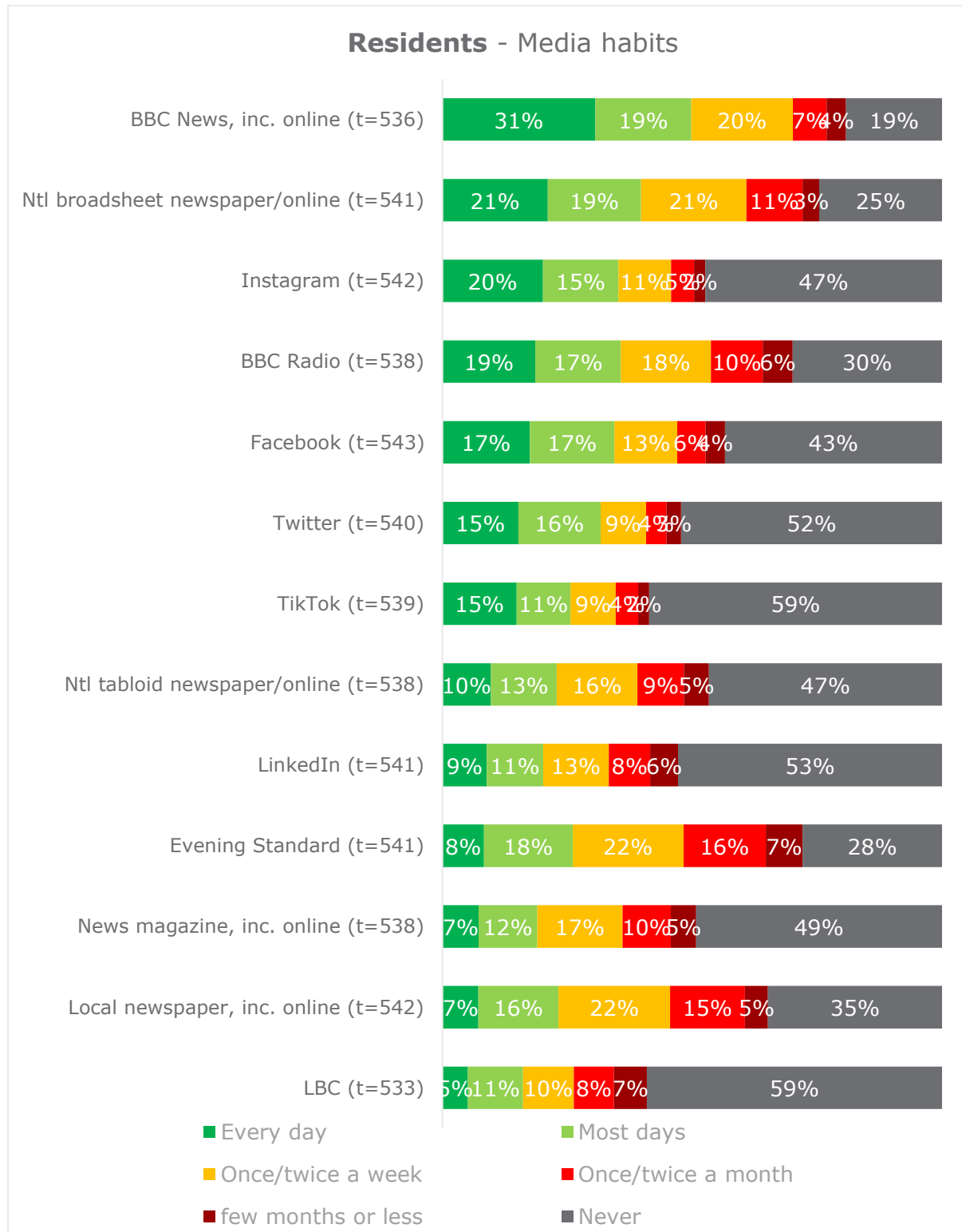
Q26b: Looking to the future, do you expect the City to be a better or worse place to work over the next few years? (all responses: t=982)

15% of workers think working in the City will get much better, with 34% believing it will be somewhat better. 43% think it will remain the same and 8% say it will get worse (7% somewhat worse and 1% much worse).

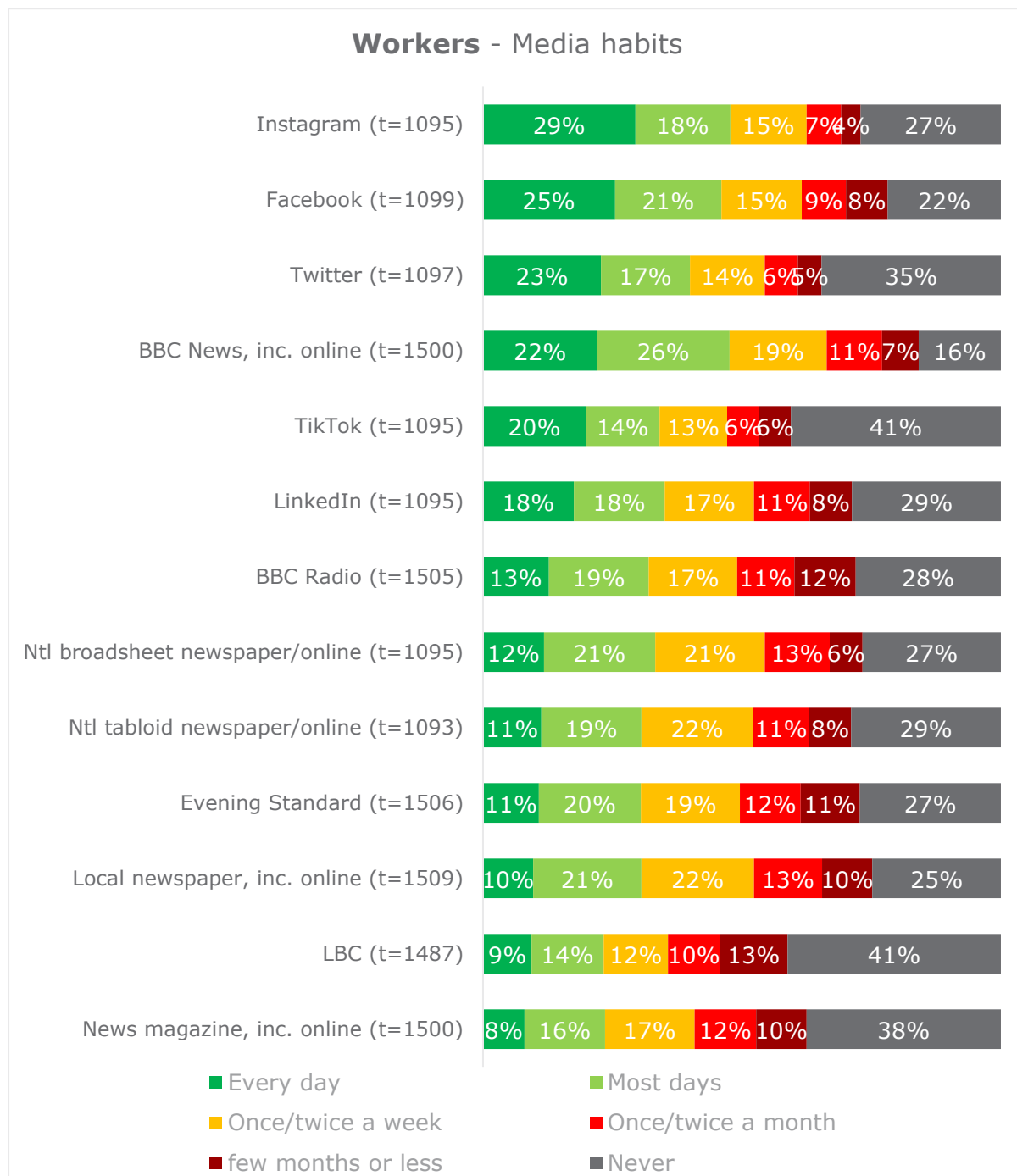


Q27: How often do you use, read or listen to each of the following?

Nearly a third of residents (31%) access BBC News (including online) every day, with 21% accessing national broadsheet newspapers every day. LBC is used rarely by residents; with 59% reporting they never use it. 59% of residents never use TikTok, closely followed by LinkedIn (53%) and Twitter (52%).

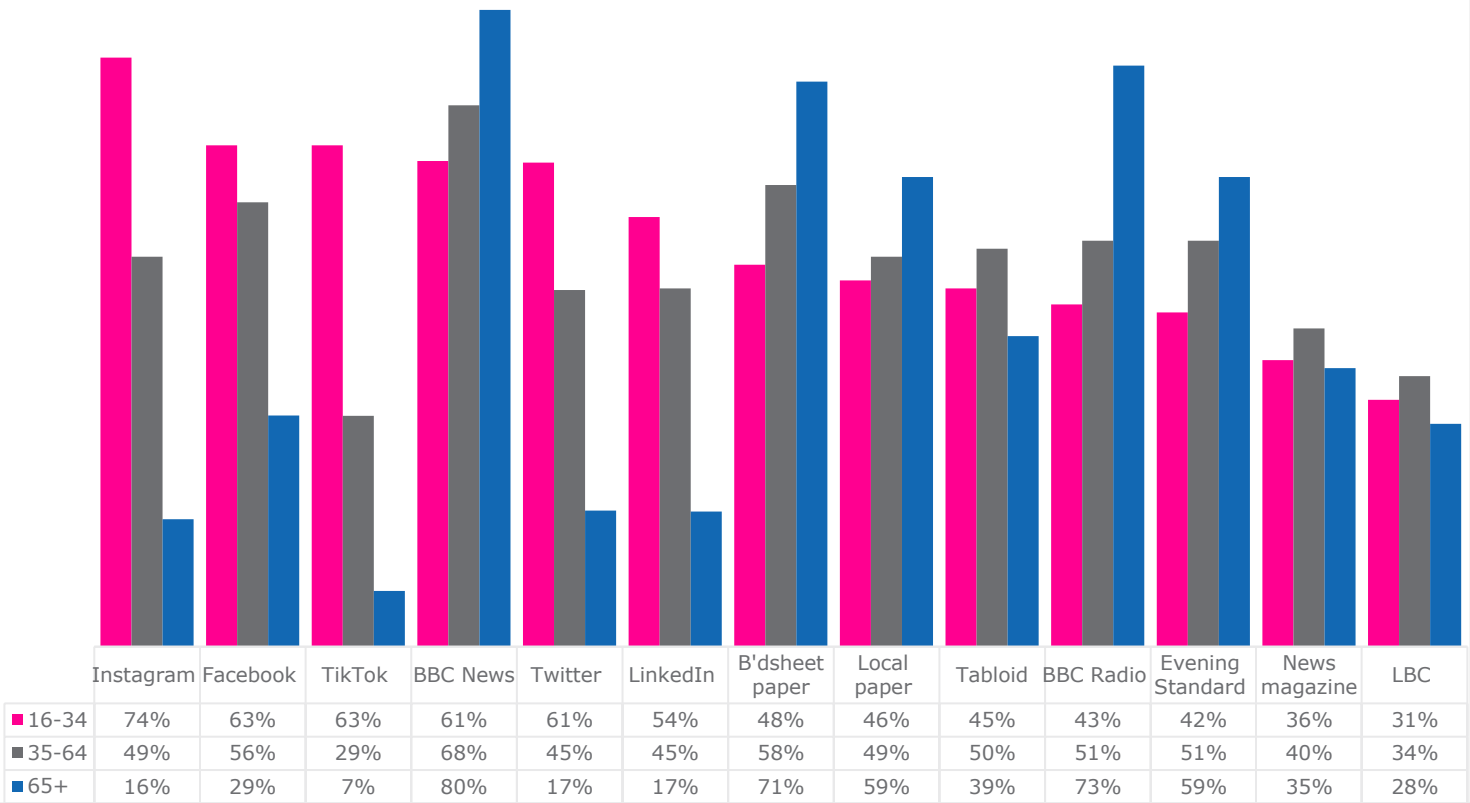


Over a quarter of workers (29%) use Instagram on a daily basis, followed by Facebook, with 25% using it every day. 41% of workers never use TikTok or LBC. Nearly half (49%) of workers interact with BBC News (including online) on a weekly basis or more often.



As expected, social media is significantly more likely to be used weekly (ranging from every day to at least 1 or 2 times a week) to interact with the City Corporation by residents and workers who are 16-34 and 35-64 compared to those who are 65+ whereas those who are 65+ are more likely to interact with the City Corporation via more traditional mediums such as national and local newspapers and BBC radio and BBC news, compared to those younger age groups.

Residents and Workers media habits by age (at least weekly)



Appendix 1: Respondent Profile

In total, the survey received 1,523 responses. A profile of the respondents to the survey is provided below.

Table 2: Q04. Do you live or work in the City?
(all responses: Total=1,523).

Respondent type	No. responses	% responses
Live	416	27%
Work	979	64%
Both	128	8%

Table 3: Q21. Average days per week currently working in the City?
(all responses: Total=1,107).

Respondent type	No. responses	% responses
5 days a week or more	470	42%
4 days a week	181	16%
3 days a week	270	24%
2 days a week	146	13%
1 day a week	40	4%

Table 4: Q01. Gender.
(all responses: Total=1,523).

Respondent type	No. responses	% responses
Male	845	55%
Female	678	45%

Table 5: Q02. Age.
(all responses: Total=1,523).

Respondent type	No. responses	% responses
16-24	237	16%
25-34	411	27%
35-54	426	28%
55-64	259	17%
65+	187	12%
Prefer not to say	3	0%

Table 6: Q03. Ethnicity.
(all responses: Total=1,523).

Respondent type	No. responses	% responses
Asian or Asian British (Indian, Pakistani, Bangladeshi or any other Asian background)	201	13%
Black or Black British (Caribbean, African, or any other Black background)	164	11%
Chinese	50	3%
Mixed (White and Black Caribbean, White and Black African, White and Asian and any other mixed background)	86	6%
White (British, Irish, Scottish or any other white background)	1004	66%
Other	13	1%
Prefer not to say	5	0%
NET: Ethnically diverse	514	34%

Table 7: Q05a. How long have you lived in the City?
(all responses: Total=544).

Respondent type	No. responses	% responses
Less than a year	42	8%
One to two years	83	15%
Three to five years	102	19%
Six to ten years	93	17%
Eleven to twenty years	90	17%
More than twenty years	134	25%

Table 8: Q05b. How long have you worked in the City?
(all responses: Total=1,107).

Respondent type	No. responses	% responses
Less than a year	194	18%
One to two years	239	22%
Three to five years	272	25%
Six to ten years	186	17%
Eleven to twenty years	120	11%
More than twenty years	96	9%

Table 9: Q06a. Where in the City do you live? (all responses: Total=510).

Respondent type	No. responses	% responses
Barbican Estate	295	58%
Golden Lane Estate	51	10%
Middlesex Street Estate	40	8%
Social rented accommodation elsewhere in the City of London	27	5%
Private rented accommodation elsewhere in the City	55	11%
Owner occupier elsewhere in the City	23	5%
Student accommodation elsewhere in the City	14	3%
Other	5	1%

Table 10: Q06b. Which of the following best describes the sector you work in? (all responses: Total=1,107).

Respondent type	No. responses	% responses
Agriculture, forestry & fishing	2	0%
Mining, quarrying & utilities	3	0%
Manufacturing	22	2%
Construction	93	8%
Motor trades	12	1%
Wholesale	11	1%
Retail	143	13%
Transport & storage (inc. postal)	55	5%
Accommodation & food services	71	6%
Information & communication/Tech	98	9%
Financial & insurance	229	21%
Property and real-estate	59	5%
Professional, scientific & technical	59	5%
Business administration & support services	72	7%
Public administration & defence	30	3%
Education	34	3%
Health	53	5%
Arts, entertainment, recreation & other services	42	4%
Prefer not to say	19	2%

Table 11: Q06c. How would you describe the occupation of the chief income earner in your household? (all responses: Total=1,523).

Respondent type	No. responses	% responses
Higher managerial / professional / administrative	280	18%
Intermediate managerial / professional / administrative	472	31%
Supervisory or clerical / junior managerial / professional / administrator	376	25%
Skilled manual worker	195	13%
Semi-skilled or unskilled manual worker	81	5%
Student	43	3%
Retired and living on state pension only	37	2%
Unemployed for over 6 months or not working due to long term sickness	18	1%
Prefer not to say	21	1%
NET: AB	752	49%
NET: C1C2	571	37%
NET: DE	179	12%

Table 12: Q07. Working status. (all responses: Total=1,107).

Respondent type	No. responses	% responses
Full-time	906	82%
Part-time	201	18%

Table 13: Q08. Can you estimate the number of employees employed by your organisation within the City? (all responses: Total=1,110).

Respondent type	No. responses	% responses
1-4	21	2%
5-9	58	6%
10-49	224	22%
50-249	259	26%
250-499	160	16%
500-1000	142	14%
More than 1000	146	14%

Appendix 2: 2022 vs previous years

The following tables show the results based on the total figures from previous surveys and the total figures from the 2022 survey for comparison.

Table 1: Q09. How well do you know each of the following? (The City Corporation)

Year	Resident (Total: Very and Fairly Well)	Worker (Total: Very and Fairly Well)
2022	72%	51%
2013	67%	36%
2009	62%	41%

Table 2: Q11a/Q11b. How satisfied are you with the City as a place to live/work?

Year	Resident (Total: Very and Fairly satisfied)	Worker (Total: Very and Fairly satisfied)
2022	90%	90%
2013	95%	92%
2009	95%	88%

Table 3: Q14. Overall, how satisfied or dissatisfied are you with the way the City Corporation performs its functions?

Year	Resident (Total: Very and Fairly Well)	Worker (Total: Very and Fairly Well)
2022	69%	74%
2013	87%	75%
2009	83%	71%

Table 4: Q15. On a scale of 1 to 5 (with 1 being great extent and 5 being not at all) what extent do you regard the City Corporation as... Representing good value for money?

Year	Resident (Total: score 1 and 2)	Worker (Total: score 1 and 2)
2022	44%	50%
2013	73%	49%

Table 5: Q18a. Thinking about interactions with the City Corporation, which of the following have you done?

Visited the Barbican Centre

Year	Resident	Worker
2022	76%	53%
2009	66%	N/A

Visited a City managed open space, such as Hampstead Heath

Year	Resident	Worker
2022	65%	42%
2009	74%	N/A

Appendix 3: Questionnaire

Client name:	City of London Corporation
Project name:	Residents and Workers
Job number:	8544
Methodology:	Online and F2F
Version	1

SCREENERS

Q04.

Base: All respondents

Please can you tell me if you live or work in the City of London (Sometimes known as the City or The Square Mile) or do both?

Please see the map to show the area we are talking about.

SINGLE RESPONSE

DP NOTE: PLEASE INCLUDE THE OPTION TO SHOW THE CITY OF LONDON MAP

Code	Answer list	Scripting notes	Routing
1	Live	Class as Resident	
2	Work	Class as Worker	
3	Both	Class as Both	
4	Neither		SCREEN

Q21.

Base: All workers (Q04/2,3)

How many days per week do you currently work in the City of London, on average?

SINGLE RESPONSE

Code	Answer list	Scripting notes	Routing
1	5 days a week or more	-	
2	4 days a week	-	
3	3 days a week	-	
4	2 days a week	-	
5	1 day a week	-	
6	Less than once a week	-	SCREEN

Demographics

Q01.

Base: All respondents

Please tell us your gender

SINGLE RESPONSE

Code	Answer list	Scripting notes	Routing
1	Male		
2	Female		

Q02.

Base: All respondents

Please can you tell me which age band you belong to?

SINGLE RESPONSE

Code	Answer list	Scripting notes	Routing
1	16-24		
2	25-34		
3	35-54		
4	55-64		
5	65+		
86	Prefer not to say		

Q03.

Base: All respondents

Which of the following best describes your ethnicity?

SINGLE RESPONSE

Code	Answer list	Scripting notes	Routing
1	Asian or Asian British (Indian, Pakistani, Bangladeshi or any other Asian background)		
2	Black or Black British (Caribbean, African, or any other Black background)		
3	Chinese		
4	Mixed (White and Black Caribbean, White and Black African, White and Asian and any other mixed background)		
5	White (British, Irish, Scottish or any other white background)		
80	Other (please specify)	OPEN	
86	Prefer not to say		

Q05a.**Base: All residents (Q04/1,3)**

How long have you lived in the City of London (The City/The Square Mile)?

SINGLE RESPONSE

Code	Answer list	Scripting notes	Routing
1	Less than a year		
2	One to two years		
3	Three to five years		
4	Six to ten years		
5	Eleven to twenty years		
6	More than twenty years		

Q05b.**Base: All workers (Q04/2,3)**

How long have you worked in the City of London (The City/The Square Mile)?

Please include any time spent working remotely due to the pandemic?

SINGLE RESPONSE

Code	Answer list	Scripting notes	Routing
1	Less than a year		
2	One to two years		
3	Three to five years		
4	Six to ten years		
5	Eleven to twenty years		
6	More than twenty years		

Q06a.**Base: All residents (Q04/1,3)**

Where in the City of London (The City/The Square Mile) do you live?

SINGLE RESPONSE

Code	Answer list	Scripting notes	Routing
1	Barbican Estate		
2	Golden Lane Estate		
3	Middlesex Street Estate		
4	Social rented accommodation elsewhere in the City of London		
5	Private rented accommodation elsewhere in the City of London		
6	Owner occupier elsewhere in the City of London		
7	Student accommodation elsewhere in the City of London		
80	Other (please specify)	OPEN	

Q06b.**Base: All workers (Q04/2,3)**

Which of the following best describes the sector you work in?

SINGLE RESPONSE

Code	Answer list	Scripting notes	Routing
1	Agriculture, forestry & fishing		
2	Mining, quarrying & utilities		
3	Manufacturing		
4	Construction		
5	Motor trades		
6	Wholesale		
7	Retail		
8	Transport & storage (inc. postal)		
9	Accommodation & food services		
10	Information & communication/Tech		
11	Financial & insurance		
12	Property and real-estate		
13	Professional, scientific & technical		
14	Business administration & support services		
15	Public administration & defence		
16	Education		
17	Health		
18	Arts, entertainment, recreation & other services		
86	Prefer not to say		

Q06c.**Base: All respondents**

How would you describe the occupation <SHOW TO RESIDENTS ONLY: (or if retired the former occupation)> of the chief income earner in your household?

SINGLE RESPONSE

Code	Answer list	Scripting notes	Routing
1	Higher managerial / professional / administrative	AB	
2	Intermediate managerial / professional / administrative	AB	
3	Supervisory or clerical / junior managerial / professional / administrator	C1	
4	Skilled manual worker	C2	
5	Semi-skilled or unskilled manual worker	DE	
6	Student	DE	
7	Retired and living on state pension only	DE	
8	Unemployed for over 6 months or not working due to long term sickness	DE	
86	Prefer not to say		

Q07.**Base: All workers (Q04/2,3)**

Please can you tell me your working status

SINGLE RESPONSE

Code	Answer list	Scripting notes	Routing
1	Full-time		
2	Part-time		

Q08.**Base: All workers (Q04/2,3)**

Can you estimate the number of employees employed by your organisation within the City of London?

SINGLE RESPONSE

Code	Answer list	Scripting notes	Routing
1	1-4		
2	5-9		
3	10-49		
4	50-249		
5	250-499		
6	500-1000		
7	More than 1000		
85	Don't know		

General attitudes**Q09.****Base: All respondents**

How well do you feel you know each of the following?

SINGLE GRID

Code	Answer list	Scripting notes	Routing
1	Very well	-	
2	Fairly well	-	
3	Neither/nor	-	
4	Not well	-	
5	Not at all well	-	
85	Don't know	-	

Statement number	Statement	Scripting notes	Routing
1	The City of London, the area sometimes known as the City or the Square Mile		
2	The City of London Corporation		
3	The Lord Mayor of the City of London		
4	Your local City of London ward councillors		
5	The City Livery Companies	Workers only (Q04/2,3)	

Q10.**Base: All respondents**

Overall, how favourable are you towards each of the following?

SINGLE GRID

Code	Answer list	Scripting notes	Routing
1	Very favourable	-	
2	Somewhat favourable	-	
3	Neither favourable nor unfavourable	-	
4	Somewhat unfavourable	-	
5	Very unfavourable	-	
85	Don't know	-	

Statement number	Statement	Scripting notes	Routing
1	The City of London, the area sometimes known as the City or the Square Mile		
2	The City of London Corporation		
3	The Lord Mayor of the City of London		
4	Your local City of London ward councillors		

Q11a.**Base: All residents (Q04/1,3)**

How satisfied are you with the City of London (The City/The Square Mile) as a place to live?

SINGLE RESPONSE

Code	Answer list	Scripting notes	Routing
1	Very satisfied		
2	Fairly satisfied		
3	Neither satisfied nor dissatisfied		
4	Fairly dissatisfied		
5	Very dissatisfied		
6	Don't Know		

Q11b.**Base: All workers (Q04/2,3)**

How satisfied are you with the City of London (The City/The Square Mile) as a place to work?

SINGLE RESPONSE

Code	Answer list	Scripting notes	Routing
1	Very satisfied		
2	Fairly satisfied		
3	Neither satisfied nor dissatisfied		
4	Fairly dissatisfied		
5	Very dissatisfied		
6	Don't Know		

Q12.**Base: All respondents**

Thinking about the City of London (The City/The Square Mile) as a place, to what extent do you agree the following apply?

SINGLE GRID, RANDOMISE

Code	Answer list	Scripting notes	Routing
1	Strongly agree	-	
2	Somewhat agree	-	
3	Neither agree nor disagree	-	
4	Somewhat disagree	-	
5	Strongly disagree	-	
85	Don't know	-	

Statement number	Statement	Scripting notes	Routing
1	Safe		
2	Clean		
3	Visually attractive		
4	Good transport connections		
5	Enjoyable to walk around		
6	Fun		
7	Good shops, bars and restaurants		
8	Well-run		

Q13.**Base: All respondents**

On a scale of 0 to 10, how likely are you to recommend the City of London to a friend as a place to live or work?

SINGLE RESPONSE

Code	Answer list	Scripting notes	Routing
0	0 – not at all likely		
1	1		
2	2		
3	3		
4	4		
5	5		
6	6		
7	7		
8	8		
9	9		
10	10 – Extremely likely		

Q14.**Base: All respondents**

Overall, how satisfied or dissatisfied are you with the way the City of London Corporation performs its functions?

SINGLE RESPONSE

Code	Answer list	Scripting notes	Routing
1	Very satisfied		
2	Fairly satisfied		
3	Neither satisfied nor dissatisfied		
4	Fairly dissatisfied		
5	Very dissatisfied		
6	Don't Know		

Q15.**Base: All respondents**

On a scale of 1 to 5 (with 1 being great extent and 5 being not at all) what extent do you regard the City of London Corporation as...?

SINGLE GRID, RANDOMISE

Code	Answer list	Scripting notes	Routing
1	1 - Great extent	-	
2	2	-	
3	3	-	
4	4	-	
5	5 - Not at all	-	
85	Don't know	-	

Statement number	Statement	Scripting notes	Routing
1	An effective method of local Government for the City of London?		
2	Representing the needs of the square mile?		
3	Representing good value for money?		
4	Progressive and forward-looking in its services?		
5	Too remote and impersonal?		
6	Listening		
7	Open and honest		
8	Caring about people like me		
9	Relevant to my life		
10	Committed to the success of the UK economy		

Q16.**Base: All respondents**

Thinking about functions carried out by the City of London Corporation, how good or bad a job do you feel they do of each of the following?

SINGLE GRID, RANDOMISE

Code	Answer list	Scripting notes	Routing
1	Very good job	-	
2	Fairly good job	-	
3	Neither good nor bad job	-	
4	Fairly bad job	-	
5	Very bad job	-	
85	Don't know	-	

Statement number	Statement	Scripting notes	Routing
1	Running parks and open spaces across London, such as Hampstead Heath and Epping Forest		
2	Running local services in the Square Mile, such as libraries and street cleaning		
3	Shaping the built environment of the City of London, such as approving new developments		
4	Supporting and promoting City businesses		
5	Managing City of London Housing Estates, such as the Barbican Estate, Golden Lane and Middlesex Street	Residents only (Q04/1,3)	
6	Supporting cultural activities in the City/the Square Mile, such as the Barbican Arts Centre		
7	Consulting residents on new developments or other issues	Residents only (Q04/1,3)	
8	Supporting the success of City of London businesses		

Q17.**Base: All respondents**

How important do you think each of the following policies should be for the City of London Corporation, the organisation that runs the Square Mile?

SINGLE GRID, RANDOMISE

Code	Answer list	Scripting notes	Routing
1	Very important	-	
2	Somewhat important	-	
3	Neither important nor unimportant	-	
4	Somewhat unimportant	-	
5	Very unimportant	-	
85	Don't know	-	

Statement number	Statement	Scripting notes	Routing
1	Achieving net zero in the City of London (The City/The Square Mile) by 2040		
2	Improving footfall in local small businesses by making The Square Mile a more attractive destination for visitors		
3	Improving technical infrastructure in the City of London such as phone signal and internet speeds		
4	Ensuring the City of London remains an attractive place for businesses to locate		
5	Ensuring the City of London Corporation listens more to the views of local residents	Residents only (Q04/1,3)	

Q18a.**Base: All respondents**

Thinking about interactions with the City of London Corporation, which of the following have you done?

Please tick any that apply.

MULTI RESPONSE

Code	Answer list	Scripting notes	Routing
1	Visited the Guildhall	-	
2	Visited the Mansion House	-	
3	Visited the Barbican Centre	-	
4	Visited a City of London-managed open space, such as Hampstead Heath	-	
5	Communicated with the City of London Corporation by letter or email	-	
6	Seen a news item related to the City of London Corporation	-	
7	Communicated with or met a City of London local councillor	-	
8	Attended the Lord Mayor's Show	-	
9	Visited the City of London Corporation website	-	
10	Seen City of London Corporation content on social media	-	
11	Responded to a City of London Corporation consultation, such as for a new building or development	-	
87	None of these	EXCLUSIVE	

Q18b.**Base: All respondents**

Thinking about how the City of London Corporation goes about consultation, do you have any suggestions of how it could be improved?

OPEN RESPONSE

Code	Answer list	Scripting notes	Routing
85	Don't know	-	

Working and visiting

Q19a.**Base: All residents (Q04/1,3)**

What would you say are the **good** things about living in the City of London?

OPEN RESPONSE

Code	Answer list	Scripting notes	Routing
85	Don't know	-	

Q19b.**Base: All workers (Q04/2,3)**What would you say are the **good** things about working in the City of London?

OPEN RESPONSE

Code	Answer list	Scripting notes	Routing
85	Don't know	-	

Q20a.**Base: All residents (Q04/1,3)**What would you say are the **bad** things about living in the City of London?

OPEN RESPONSE

Code	Answer list	Scripting notes	Routing
85	Don't know	-	

Q20b.**Base: All workers (Q04/2,3)**What would you say are the **bad** things about working in the City of London?

OPEN RESPONSE

Code	Answer list	Scripting notes	Routing
85	Don't know	-	

Q22.**Base: All workers (Q04/2,3)**

Over the next 12 months, how do you expect the amount of time you spend working in the City of London to change?

SINGLE RESPONSE

Code	Answer list	Scripting notes	Routing
1	Increase significantly	-	
2	Increase slightly	-	
3	Remain the same	-	
4	Decrease slightly	-	
5	Decrease significantly	-	
6	I do not expect to be working in the City of London in 12 months' time	-	
85	Don't know	-	

Q23.**Base: All workers (Q04/2,3)**

How often do you visit the City of London at weekends?

SINGLE RESPONSE

Code	Answer list	Scripting notes	Routing
1	Most weekends	-	
2	Once or twice a month	-	
3	Every few months	-	
4	A few times a year or less	-	
5	Never	-	

Q24.**Base: All workers (Q04/2,3)**

What changes would be required to make you more likely to visit the City of London at weekends?

OPEN RESPONSE

Code	Answer list	Scripting notes	Routing
85	Don't know	-	

Q25a.**Base: All residents (Q04/1,3)**

Compared to five years ago, has the City of London got better or worse as a place to live?

SINGLE RESPONSE

Code	Answer list	Scripting notes	Routing
1	Much better		
2	Somewhat better		
3	Has remained the same		
4	Somewhat worse		
5	Much worse		
85	Don't know		

Q25b.**Base: All workers (Q04/2,3)**

Compared to five years ago, has the City of London got better or worse as a place to work?

SINGLE RESPONSE

Code	Answer list	Scripting notes	Routing
1	Much better		
2	Somewhat better		
3	Has remained the same		
4	Somewhat worse		
5	Much worse		
85	Don't know		

Q26a.**Base: All residents (Q04/1,3)**

Looking to the future, do you expect the City of London to be a better or worse place to live over the next few years?

SINGLE RESPONSE

Code	Answer list	Scripting notes	Routing
1	Much better		
2	Somewhat better		
3	Has remained the same		
4	Somewhat worse		
5	Much worse		
85	Don't know		

Q26b.**Base: All workers (Q04/2,3)**

Looking to the future, do you expect the City of London to be a better or worse place to work over the next few years?

SINGLE RESPONSE

Code	Answer list	Scripting notes	Routing
1	Much better		
2	Somewhat better		
3	Has remained the same		
4	Somewhat worse		
5	Much worse		
85	Don't know		

Behaviours**Q27.****Base: All respondents**

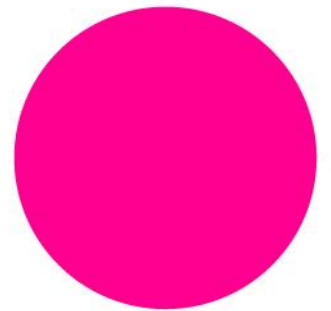
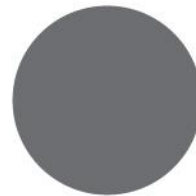
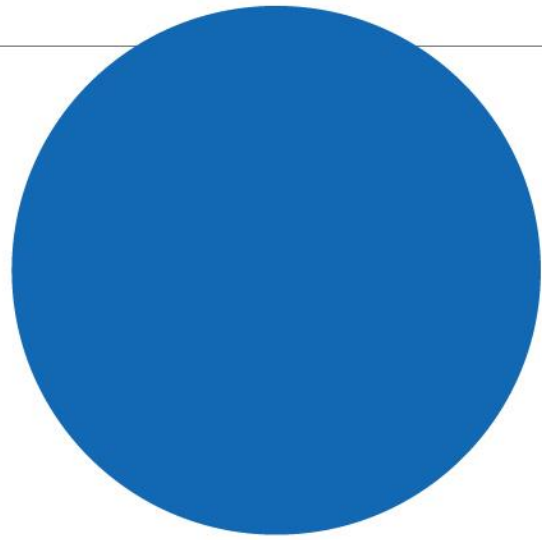
How often do you use, read or listen to each of the following?

SINGLE GRID

Code	Answer list	Scripting notes	Routing
1	Every day	-	
2	Most days	-	
3	Once or twice a week	-	
4	Once or twice a month	-	
5	Every few months or less	-	
6	Never	-	
85	Don't know	-	

Statement number	Statement	Scripting notes	Routing
1	Twitter		
2	LinkedIn		
3	Facebook		
4	Instagram		
5	TikTok		
6	National broadsheet newspaper, including online (e.g. The Guardian or Times)		
7	National tabloid newspaper, including online (e.g. Daily Mail or Sun)		
8	News magazine, including online (e.g. The Economist)		
9	Local newspaper, including online		
10	Evening Standard		
11	LBC		
12	BBC Radio		
13	BBC News, including online		

For more information



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Committee:	Dated:
Community and Children’s Services Grand Committee	03/05/2023
Subject: School Admissions Update	Main report is Public <u>Appendix A is Non-Public</u>
Which outcomes in the City Corporation’s Corporate Plan does this proposal aim to impact directly?	- Contributing to a flourishing society - Support a thriving economy - Shape understanding environments
Does this proposal require extra revenue and/or capital spending?	No
What is the source of Funding?	The Dedicated Schools Grant – High Needs Block
Has this Funding Source been agreed with the Chamberlain’s Department?	Yes
Report of: Andrew Carter, Clare Chamberlain, Interim Director of Community and Children’s Services	For Information
Report author: Theresa Shortland, Head of Service – Education and Early Years	

NOT FOR PUBLICATION

This report’s appendices are exempt by virtue of the paragraphs 1 & 2 of Part 1 of Schedule 12A of the Local Government Act 1972. All sections of the report contain sensitive information which may be exempted under the Act, and as this cannot be presented to Members as a separate appendix this report needs to be considered in closed session. It is considered that information falling under the following paragraphs outweighs the public interest in disclosing information:

Appendix A, Schools List – March 2023 contains very low figures of children attending certain schools, therefore, could identify individual children.

Summary

- The purpose of this report is to inform Members of the allocation of primary and secondary school places to City of London pupils for the academic year 2023/24.

- The City of London has complied with the statutory duty to co-ordinate school applications as part of the cross-borough, Pan-London Admissions Scheme process.
- All children whose parents applied on time for a school place for entry in September 2023 received a place on national offer day.

Recommendation

Members are asked to:

- Note the points raised in the report.

Main Report

Background

1. The City of London has a statutory duty to ensure that sufficient school places are available for every child of school age whose parents wish them to attend school. There is only one maintained primary school in the City – The Aldgate School. City of London residents apply for school places at schools in neighbouring boroughs for both primary and secondary places.
2. The School Admissions Code (the Code) has been issued under Section 84 of the School Standards and Framework Act 1998 (SSFA 1998). This Code came into force on 19 December 2014. The Code applies to admissions for all maintained schools in England and it sets out how school applications are processed. It is the responsibility of admission authorities to ensure that admissions arrangements are compliant with this Code. Where a school is the admission authority, this responsibility falls to the governing body or Academy Trust for that school.
3. Regulations 26 to 32 and Schedule 2 of the School Admissions Regulations 2012 require local authorities to co-ordinate school applications and ensure that cross-borough processes are compatible with each other. The City of London is part of the Pan-London Admissions Scheme process, where all 33 London local authorities and Surrey County Council have reciprocal admissions arrangements.
4. For The Aldgate School, the governing body is the admission authority. This means that the governors set the admissions policy for the school and make decisions about which pupils are allocated places and admitted to the school. There are 30 pupil admission places for The Aldgate School for each year group.

Current Position

Update on City of London Afghan Families

5. In early September 2021, the City of London welcomed more than 600 Afghan people (including 300 children and young people) into two bridging hotels to support the Home Office's Afghan Citizens Resettlement Scheme.

6. The Education & Early Years' Service allocated school places for more than 200 children of statutory school age. The children were offered a school place at one of 16 schools including the Aldgate School and schools in neighbouring areas by the school census date of 7 October 2021.
7. The Education and Early Years' Service then led on the co-ordination of the 2022 secondary school applications for all Afghan children in Year 6. This was later followed with identical support for children transitioning from Early Years into primary education. The Education and Early Years' Service successfully supported the Afghan children with a total of 27 primary and secondary applications, which resulted in 100% of primary applications receiving a first preference offer (14 children). For the secondary school cohort, 79% secondary received their first preference (11 children), 7% received their fourth preference (one child), and 14% received an allocated place (two children).
8. Almost all Afghan children left the City of London prior to the start of the 2022/23 academic year. Only two children remained at The Aldgate School during the Autumn term 2022. Following the end of the Spring term 2023, all of the Afghan children were successfully relocated to other local authority areas.

Primary School Places

9. The deadline for applications for a primary school place for entry in September 2023 was 15 January 2023. Offers for school places were confirmed on 17 April 2023.
10. When parents make their application for a primary school place, they can apply to a maximum of six schools in order of preference. They only receive one offer, which is based on their order of preference, and this is the highest preference offer that can be allocated. Table 1 illustrates the primary school place offers for City of London pupils offered on 17 April 2023.

Table 1: Primary school place offers for City of London pupils, 17 April 2023			
School	Total number of children offered a place at each school	Place offered – 1st preference offer	Place offered – other preference offer
City of London Primary Academy Islington (COLPAI)	10	10	0
Columbia Primary School	1	0	1
Harry Gosling Primary School	1	1	0
Moreland Primary School	1	1	0
Prior Weston Primary School and Children's Centre	1	1	0
Saint Joseph's Catholic Primary School	1	1	0
The Aldgate School	9	9	0
Total	24	23	1

11. We received 24 applications by the closing date (15 January 2023) for primary school places in the City of London – in April 2023 all primary school pupils were allocated places. Out of these 24 offers, 96% (23 children) received their first preference and 4% (one child) received their second preference. In comparison, for 2022, 34 City of London applications were received with 94% (32 children) receiving their first preference and 6% (two children) receiving their second preference. Every child received an offer of a school place.
12. The reduction in the number of primary applications for school places over the last year is primarily due to the departure of the Afghan refugee children. At the time of the January deadline in 2022, there were 13 children of preschool age living in the bridging hotels.
13. Without the Afghan population, the City of London would have received 21 school applications, the lowest number of primary school applications since the primary co-ordination process began in 2010. Therefore 24 applications should be considered as an increase in applications, even though it is vastly different to the 30 plus applications received before the pandemic. It is worth noting that there has been a noticeable decline in the number of primary school applications across London over the last few years.
14. There has been a steady increase in the number of children being offered places at The Aldgate School and COLPAI since COLPAI opened in 2017 (see Table 2). Both schools are rated 'outstanding' by Ofsted, and both are part of The City of London family of schools.

Table 2: Offers at Aldgate and COLPAI		
Year	Offers at The Aldgate School	Offers at COLPAI
2017	6	6
2018	10	8
2019	6	9
2020	11	12
2021	10	14
2022	14	9
2023	9	10

15. In 2023, The Aldgate School was oversubscribed. The school received 77 school applications for places. The governing body met during February 2023 to process all applications and allocate places at the school for entry in September 2023 in line with their oversubscription criteria. Both The Aldgate School and COLPAI received more first-preference applications than places available.

Secondary School Places

16. The deadline for applications for a secondary school place for entry in September 2023 was 31 October 2022. Offers for secondary school places were confirmed on 1 March 2023.

17. When parents make their application for a secondary school place, they can apply to a maximum of six schools and mark them in order of preference. They receive only one offer, which is based on their order of preference, and this is the highest preference offer that can be allocated. Table 3 illustrates the secondary school place offers for City of London pupils on 1 March 2023.

Table: 3 Secondary school place offers for City of London pupils, 1 March 2023			
School	Total number of children offered a place at each school	Place offered – 1st preference offer	Place offered – other preference offer
Anglo European School	1	1	0
Central Foundation Boys' School	7	7	0
City of London Academy - Islington	5	5	0
City of London Academy - Southwark	5	4	1
Elizabeth Garrett Anderson Language College	2	0	2
Greenshaw High School	1	0	1
Haberdashers' Aske's Borough Academy	1	0	1
Mulberry School for Girls	3	3	0
St Michael's Catholic College	1	1	0
Stepney All Saints School	1	1	0
The London Oratory School	1	1	0
The St Marylebone CE School	3	3	0
(allocated offer) City of London Academy Highbury Grove	1	0	1 (allocated)

18. For September 2023 entry, 32 applications were received by the closing date on 31 October 2022. On 1 March 2023, 81% of City of London secondary-aged pupils received an offer of their first preference and 16% other preferences; 3% were allocated a place (one child).

19. In comparison, in 2021 we received 34 applications by the closing date of 31 October 2021 for a September 2022 entry. This included applications from our Afghan children. On 1 March 2022, 74% of City of London secondary-aged pupils got their first preference and 15% received other preferences; 12% received an allocated offer (four children.)

20. It is worth noting that, during the latest round of admissions, we achieved an increase of 7% in first preferences, which is a positive result. The last time first preferences reached above 80% was during the 2013/14 application year.

Admission Appeals

21. Following the COVID-19 pandemic and the social distancing rules, temporary regulations (The School Admissions (England) (Coronavirus) (Appeals Arrangements) (Amendment) Regulations 2020) and accompanying guidance were introduced in April 2020, giving admission authorities, local authorities and admission appeal panels more flexibility when dealing with appeals. The Department for Education (DfE) made some permanent changes to the regulations and published the revised School Admission Appeals Code in 2022.

22. The main changes to this extension of regulations include:

- a. appeal hearings to be held in person or remotely by video conference or a mixture of the two (“hybrid”)
- b. appeal hearings held entirely by telephone are permitted only where video conferencing cannot be used for reasons relating to connectivity or accessibility, and if the appellant and presenting officer both agree.

City resident children

23. The Education and Early Years’ Service have updated the *School Tracker* and identified where our children attend school. As of 31 March 2023, we have identified 373 City of London resident children of statutory school age (Appendix A). We know of 52 schools that City of London pupils currently attend.

24. As the City of London has one maintained primary school in the local area, a shortfall of places for primary school is not a current concern. The Aldgate School remains very popular and oversubscribed for school admissions. The choice of secondary schools is largely within neighbouring boroughs, interest in City-sponsored schools has increased and these schools continue to offer priority places to City resident children.

25. London local authorities and schools are currently dealing with a significant and sustained period of reduction in demand for reception places. The fall in demand reflects the decline in the birth rate since 2012 and changes in migration patterns in London. In January 2023, London Councils published *Managing surplus places in London schools*. This report sets out the analysis of borough four-year forecasts of demand, and the current challenges facing schools and local authorities in relation to planning school places. The fall in demand is something to continue monitoring in the future. Even though it has not currently had an impact on the one maintained school in the City, this developing picture may impact on future schools admission places for City residents.

Corporate & Strategic Implications

26. Strategic implications – Corporate outcome: Contribute to a flourishing society by ensuring that people have equal opportunities to enrich their lives and reach their full potential.
27. Resource implications – There is an Admissions and Attendance Manager who oversees the operational admissions function within the local authority. The School Admissions Services is a commissioned service, which is currently being delivered by Islington Borough Council.
28. Financial implications – There is a cost associated with the School Admissions Service and access to the Pan-London Admissions Scheme.
29. Legal implications – There is a statutory duty to ensure that the City of London co-ordinates all school applications at standard transition points.
30. Risk implications – The City of London has sufficient school places for primary-aged children. There has been a reduction in school places across London in recent years, but this has not been an issue for City of London families. Children continue to apply to a wide range of schools, primarily in neighbouring areas, but also further afield.
31. Equalities implications – All children have the right to a school place. If a child is not offered a school place, then our service will allocate a place at a school within reasonable distance.
32. Climate implications – n/a
33. Security implications – n/a

Conclusion

34. The City of London has complied with the statutory duty to co-ordinate school applications as part of the cross-borough, Pan-London Admissions Scheme process. All children and young people who applied for a school place for entry in September 2023 have been offered school places, and therefore the City of London has fulfilled its statutory duty.

Appendices (Non-Public)

- Appendix A – Schools List – April 2023

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By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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