



Homelessness and Rough Sleeping Sub Committee

- Date:** MONDAY, 10 JUNE 2024
- Time:** 4.00 pm
- Venue:** COMMITTEE ROOM 1- 2ND FLOOR WEST WING, GUILDHALL
- Members:** Eamonn Mullally (Chair)
Natasha Lloyd-Owen (Deputy Chairman)
Deputy Anne Corbett
Helen Fentimen (Community & Children's Services Committee Chair)
Deputy Shравan Joshi MBE
Henrika Priest
Ruby Sayed (CCS Deputy Chair)
Robert Atkin (Safer City Partnership)
Paul Kennedy (City Churches)
VACANT (Member)
VACANT (City of London Police Authority Board)
VACANT (External Member)
VACANT (External Member)
VACANT (External Member)
- Enquiries:** **Katie Davies**
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Ian Thomas CBE
Town Clerk and Chief Executive

AGENDA

Part 1 - Public Agenda

1. **APOLOGIES**
2. **MEMBERS DECLARATIONS UNDER THE CODE OF CONDUCT**
3. **MINUTES**
To agree the public minutes and non-public summary of the meeting held on 4 March 2024.

For Decision
(Pages 7 - 12)
4. **OUTSTANDING ACTIONS**
Report of the Town Clerk.

For Information
(Pages 13 - 14)
5. **OPERATION LUSCOMBE REVIEW**
Report of the Executive Director, Community and Children's Services.

For Discussion
(Pages 15 - 32)
6. **CITY OF LONDON POLICE UPDATE**
Report of the City of London Police.

For Discussion
(Pages 33 - 38)
7. **COMBATING DRUGS PARTNERSHIP AND SUBSTANCE USE SUPPORT UPDATE**
Joint report of the Executive Director, Community and Children's Services and Director of Public Health, City & Hackney Public Health.

For Discussion
(Pages 39 - 60)
8. **STRATEGY DELIVERY UPDATE REPORT**
Report of the Executive Director, Community and Children's Services.

For Information
(Pages 61 - 68)
9. **ANNUAL SEVERE WEATHER EMERGENCY PROTOCOL (SWEP) REPORT 2023**
Report of the Executive Director, Community and Children's Services.

For Information
(Pages 69 - 76)

10. **EMERGENCY AND TEMPORARY ACCOMMODATION PLACEMENTS - STAGE 1 STRATEGY REPORT AND STAGE 2 AWARD REPORT**
Joint report of the Commercial Director and the Executive Director, Community and Children's Services.

For Information
(Pages 77 - 84)

11. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE SUB-COMMITTEE**

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

13. **EXCLUSION OF THE PUBLIC**

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

For Decision

Part 2 - Non-Public Agenda

14. **NON-PUBLIC MINUTES**

To agree the non-public minutes of the meeting held on 4 March 2024.

For Decision
(Pages 85 - 86)

15. **POST ROUGH SLEEPING INITIATIVE (RSI) PLANNING PROPOSAL REPORT**

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

For Decision
(Pages 87 - 98)

16. **QUESTIONS RELATING TO THE WORK OF THE SUB-COMMITTEE WHILE THE PUBLIC ARE EXCLUDED**

17. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT WHILST THE PUBLIC ARE EXCLUDED**

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HOMELESSNESS AND ROUGH SLEEPING SUB COMMITTEE

Monday, 4 March 2024

Minutes of the meeting of the Homelessness and Rough Sleeping Sub Committee held at the Guildhall EC2 at 4.00 pm

Present

Members:

Eamonn Mullally (Chair)
Anne Corbett
Helen Fentimen (CCS Deputy Chair)
Ruby Sayed (CCS Chair)

Officers:

John Barker	- Chamberlain's Department
Mark Jarvis	- Chamberlain's Department
Inspector Barry Booth	- City of London Police
Simon Cribbens	- Department of Community and Children's Services
Fleur Holley-Moore	- Department of Community and Children's Services
Will Norman	- Department of Community and Children's Services
Chris Pelham	- Department of Community and Children's Services
Rowan Wylie	- Department of Community and Children's Services
Polly Dunn	- Town Clerk's Department
Chandni Tanna	- Town Clerk's Department

1. **APOLOGIES**

Apologies for absence were received from Munsur Ali (CoL PAB), Deputy Marianne Fredericks, Henrika Priest, Deputy Natsha Lloyd-Owen, and Mark Wheatley.

Munsur Ali, Deputy Marianne Fredericks, and Mark Wheatley attended the meeting virtually.

2. **MEMBERS DECLARATIONS UNDER THE CODE OF CONDUCT**

There were no declarations.

3. **MINUTES**

RESOLVED, that the minutes of the meeting held on 4 October 2023 be approved as a correct record.

4. **OUTSTANDING ACTIONS**

Members received a report of the Town Clerk setting out the Sub Committee's outstanding actions list.

RESOLVED – That the Sub Committee note the report.

5. **ANNUAL REVIEW OF TERMS OF REFERENCE**

Members considered updates to the Sub Committee's Terms of Reference.

In response to a question, Members were informed that legislation does not allow for external members to have voting rights. It was discussed that as the Sub Committee does not have decision-making power, external members may have advising rights. Members were informed that any disagreement of an external member to the voting outcome would be recorded in the minutes.

RESOLVED – that the Sub Committee recommend the Community and Children's Services Committee to approve the updated Terms of Reference.

6. **CITY & HACKNEY PUBLIC HEALTH – SUBSTANCE MISUSE AND ROUGH SLEEPING**

The Sub Committee received a presentation from City & Hackney Public Health on Substance Misuse and Rough Sleeping.

A query was raised about the central government's approach impact locally. Members were informed that there is a specific City of London Working Group with five strategic aims. A treatment grant is included in the public health budget, which is comparative to the size of the City.

In response to a question, Members were informed that the Rough Sleeping Drug and Alcohol Treatment Grant was researching the impacts of grant funding. Also, that Loughborough University was researching substance use spaces generally.

Members were informed that more accommodation space would be needed for a housing first provision. However, these provisions fluctuate with the national context and market forces.

The Chair thanked City & Hackney Public Health for the presentation.

RESOLVED – That the presentation be noted.

7. **ROUGH SLEEPING ASSESSMENT SERVICE UPDATE REPORT**

The Sub Committee received a report of the Executive Director of Community and Children's Services on the Rough Sleeping Assessment Centre Update.

A query was raised concerning the equalities implications and if the centre had undergone an impact assessment. Members were informed that an impact assessment was undertaken during the tender process. The assessment resulted in a lack of mobility accessibility due to the building and its location.

A member requested published communications that could be distributed to the public with information about the Centre. Members were informed that a press release is ready to go.

Concerns were raised about the provisional opening date of the centre and the likelihood of opening on time. Members were informed that the practical completion certificate had been granted and all is in place for the opening of 13 March barring any further external factors.

In response to a question, Members were informed that the service provider will be constantly reviewing the service and user feedback.

Members were reminded that this centre is just one option available to rough sleepers. This centre is for temporary and immediate housing before re-sheltering individuals to a more suitable long-term accommodation.

The Chair thanked all those involved in the project.

RESOLVED – That the Sub Committee note the update.

8. **POST ROUGH SLEEPING INITIATIVE PLANNING REPORT**

The Sub Committee received a report of the Executive Director of Community and Children's Services.

RESOLVED – That the Sub Committee note the report.

9. **FUTURE PLANNING FOR SEVERE WEATHER EMERGENCY PROTOCOLS**

The Sub Committee received a report of the Executive Director of Community and Children's Services.

Members discussed the non-public appendix and budget relating to this item in the Non-Public session.

RESOLVED – That the Sub Committee note the report.

10. **CITY OF LONDON POLICE UPDATE**

The Sub Committee received a report of the City of London Police.

Members were informed that the majority of the beggars in The City are not rough sleeping in the City, and travel in from other areas. Members were reminded that the City of London Police continue to work with the Metropolitan and British Transport Police.

Members requested a detailed Equality Impact Assessment, and if it will include all protected characteristics. Members were informed that a review is being coordinated regarding this assessment.

RESOLVED – That the Sub Committee:

- 1) Note the report; and
- 2) Request a detailed Equality Impact Assessment.

11. **ANNUAL ROUGH SLEEPING SNAPSHOT 2022 REPORT**

The Sub Committee received a report of the Executive Director of Community and Children's Services.

Members were informed that the increase of rough sleeping in the City was also observed nationwide.

Members requested that comparative numbers be included in future reports to seek any insights.

RESOLVED – That the Sub Committee note the report.

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

There were no questions.

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

There was no other business.

14. **EXCLUSION OF THE PUBLIC**

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

Item no	Para no
15	3
16	3
17	3
18	3

15. **NON-PUBLIC APPENDIX IN RESPECT OF SWEP PLANNING (ITEM 9)**

The Sub Committee received a non-public appendix to the SWEP Planning Report and discussed its budget.

RESOLVED – That the Sub Committee:

- 1) Note the report; and
- 2) Recommend Option C to the Grand Committee.

16. **CITY OF LONDON POLICE NON-PUBLIC UPDATE**

The Sub Committee received a non-public update on a drug related incident in neighbouring boroughs.

RESOLVED – That the Sub Committee note the update.

17. **QUESTIONS RELATING TO THE WORK OF THE SUB-COMMITTEE WHILE THE PUBLIC ARE EXCLUDED**

There were no non-public questions.

18. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT WHILST THE PUBLIC ARE EXCLUDED**

There was no other business.

The meeting closed at 5.35 pm

Chair

**Contact Officer: Katie Davies
Katie.Davies@cityoflondon.gov.uk**

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Homelessness and Rough Sleeping Sub Committee – Outstanding Actions
June 2024 update

Action Number	Agenda Item	Action	Progress Update
5/22/HRS	17. Homelessness and Drugs	An informal discussion session be delivered to the Sub-Committee, Police Authority Board and Safer City Partnership around the arrangements in place in the City of London to disrupt drug supply and support individuals affected by drug misuse	Completed, to present on 10 June 2024.

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Committee(s): Homelessness and Rough Sleeping Subcommittee	Dated: 10/06/2024
Subject: Operation Luscombe Review	Public
Which outcomes in the City Corporation’s Corporate Plan does this proposal aim to impact directly?	[insert relevant number(s) from Corporate Plan outcomes listed below]
Does this proposal require extra revenue and/or capital spending?	Y/N
If so, how much?	£
What is the source of Funding?	
Has this Funding Source been agreed with the Chamberlain’s Department?	Y/N
Report of: Judith Finlay – Executive Director – Community and Children’s Services	For Discussion
Report author: Simon Cribbens – Assistant Director, Community and Children’s Services	

Summary

This report shares a review undertaken of Operation Luscombe – an operation that seeks to reduce begging in the Square Mile. It recommends a changed approach given the limited impact of the current delivery model.

Recommendation

Members are asked to:

- Note the report.
- Consider and comment on the recommendations of the review

Main Report

Background

1. At the request of the Safer City Partnership, a review of Operation Luscombe has been undertaken. Operation Luscombe provides progressive and staged interventions aimed at reducing begging within the City of London.
2. The review is appended.
3. The current model combines an approach to deter begging through a ticketing system which can result in powers used to deter begging, and could – where such powers are breached – result in arrest. It includes a “Hub” – a space in

which welfare support services are made available, with the intention this will meet vulnerability and reduce rough sleeping and the underlying causes of begging.

4. The evidence demonstrates that a minority of those begging in the Square Mile are currently street homeless, and of those, a smaller proportion would be entitled to support from City services.
5. The review concludes that the current approach is not reducing begging, and that the Hub is not effective.
6. It also points out the wide and more effective range of delivery that targets those with support needs and vulnerabilities.

Proposals

7. The review proposes replacing the Hub, developing a strategy to reduce begging – including enforcement – and adjusting the support offered by the Clinical Welfare Van to increase its reach and impact.

Corporate & Strategic Implications

Financial implications

8. The proposals – if adopted would require financing. It is suggested that both POCA funding and partnership with the City's BIDs offer a potential to meet this need.

Resource implications

9. As noted in the report.

Legal implications

10. None.

Risk implications

11. None.

Equalities implications

12. As noted in the report.

Climate implications

13. None.

Security implications

14. None.

Conclusion

15. Operation Luscombe has been a valuable project in driving a shared approach to begging and recognising the complexity of cause and response, and the role of many partners within that. However, it is not impacting as desired or an effective use of resources in its current form.

Appendices

- Appendix 1 – Operation Luscombe Review

Simon Cribbens

Assistant Director – Department of Community and Children's Services

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Operation Luscombe review

Simon Cribbens, Assistant Director – Commissioning and Partnerships

1 Background

- 1.1 Operation Luscombe was initiated in 2018. It provides progressive and staged interventions aimed at reducing begging within the City of London. For those involved in begging who are vulnerable or destitute it provides an opportunity to engage with support services.
- 1.2 The operation is described by the City Police as using a “traffic light system with four stages, designed to deter individuals from begging, by seeking the appropriate support.” These stages initially (green) invite those begging to attend the “intervention hub”. Further begging results in the issuing of a community Protection Warning (amber), followed by a Community Protection Notice (red), which if breached is deemed arrestable (blue).
- 1.3 The “Hub” provides a physical setting that those with vulnerabilities who are engaged (when begging) by the police can be directed to attend. It allows for engagement with relevant support offers – such as homelessness and substance misuses services. Interaction with support is reinforced by the potential for criminal proceedings if individuals fail to engage and continue to beg. The Hub operates fortnightly and is currently organised by the City of London Police.
- 1.4 It is widely perceived that those who beg in the Square Mile are sleeping rough within the City, and that a welfare-based approach – be it social care, housing, homelessness support or drug and alcohol services – would be the responsibility and/or statutory duty of the City Corporation’s local authority services.
- 1.5 Eligibility for support by any local authority is tightly defined. Broadly those who are homeless in the Square Mile, who are resident, and - in some service areas – those who work in the City are likely to have some eligibility for support. In circumstances where people beg – or undertake other activities implying need – in the City, but are otherwise not connected, the access to service is likely to be very limited unless there are compelling risk or safeguarding reasons. Their support will exist in the area to which they have local connection.
- 1.6 Operation Luscombe operates in the context of a range of existing approaches to engage clients who would be a target for City homelessness, adult social care, and drug and alcohol services.
- 1.7 The City Police identify that begging mainly occurs on weekdays with 80 per cent of reports occurring between 8.00am and 4.00pm, Transport hubs and the Bishopsgate, Monument and Finsbury Circus area are the main focus of begging activity.
- 1.8 There is a general acceptance – substantiated by research – of the association of begging, alcohol and drug misuse.

- 1.9 The government is proposing a revised approach to tackle “nuisance begging” in the Criminal Justice Bill (see below).

2 Methodology

- 2.1 The records of those who received Operation Luscombe “tickets” over a six-month period, and those who attended the hub over an 18-month period were cross referenced with the CHAIN (Combined Homelessness and Information Network) database to help identify the cross over between begging and street homelessness.
- 2.2 CHAIN is used across London by homelessness services to record interactions with those seen sleeping rough. It does not record begging or the details of individuals whose rough sleeping is not verified by professional outreach teams.
- 2.3 This recording allows the identification of individuals who are currently – or have formerly been - sleeping rough and the location of that rough sleeping. CHAIN will identify if and where an individual has been accommodated.
- 2.4 It is an important feature of CHAIN that information is given freely and with the consent of those homeless to better support them and record street homelessness. It cannot be used as a tool that supports enforcement activity other than the work of homeless outreach team. The City of London Police do not have access to CHAIN and therefore cannot use it as a tool to inform their approach to individuals.
- 2.5 It should be noted that those who are street homeless will be given access to support and services in the local authority in which they sleep. There can be exceptions and complex eligibility criteria. However, this analysis has used location of rough sleeping, and engagement with relevant services, to indicate the local authority which would provide access to support services that are relevant and available to them.
- 2.6 If an individual is not on CHAIN, it is reasonable to assume that they are neither rough sleeping nor accommodated in hostels (or supported housing) for those who were street homeless anywhere in London.
- 2.7 While possible, it is unlikely that a person engaged with Operation Luscombe is sleeping rough for the very first time in the City and yet to be engaged with or seen by outreach services. The City’s outreach team operate daily in the Square Mile. It is possible - though considered unlikely - that a person may be rough sleeping outside of London (where CHAIN is not used) or in one of the outer London boroughs where outreach activity is less frequent and comprehensive and as a result have yet to be seen.

3 Analysis

- 3.1 This analysis looks at two groups:
 - i. Clients who received Operation Luscombe tickets between 02/03/23
10/08/23

- ii. Clients who had been ticketed and subsequently attended the Operation Luscombe Hub sessions (31 in total) between 30/04/2021 and 09/11/2022.

3.2 The disconnect in timescales means there is not a relationship in this data between the numbers ticketed and those attending the Hub.

Clients receiving Operation Luscombe tickets

3.3 Over six months 25 individuals received Operation Luscombe “tickets”. The totals below reflect the highest level of escalation they were at in that period:

- 8 - green
- 12 - amber
- 5 – red

3.4 Of these 25 individuals:

- 7 were sleeping rough at the time they were ticketed
- a further 13 had a CHAIN record – indicating they had been homeless at some stage - but no record of sleeping rough at the time they were ticketed
- five (20%) have no record on the CHAIN database and are assumed not to be currently or formerly rough sleeping anywhere in London.

3.5 Of the entire cohort ticketed, only seven (28%) out of 25 individuals would be considered entitled to/eligible for support services offered by the City Corporation or its commissioned providers. Therefore, for eighteen – the entitlement or opportunity for homelessness, accommodation, social service, GP registration or substance misuse support would exist elsewhere.

3.6 Of those sleeping rough when they were ticketed – only four were open to City Corporation services because they were sleeping rough in the Square Mile. One other individual was known to have accommodation in Morden but travelled to the City to beg and occasionally slept out. A further two of the rough sleeping ticketed individuals were London Borough of Tower Hamlets service users.

3.7 A further 13 people had a CHAIN record but were not sleeping rough at the time they were ticketed. CHAIN indicates the local authorities that are supporting these clients:

- Three individuals supported by the CoL and accommodated (two in Hackney and one in Southwark)
- Four supported by the London Borough of Tower Hamlets
- Two supported by the London Borough of Hackney
- Westminster (1), Southwark (1) and Haringey (1)
- One unknown

3.8 Eight of the thirteen had confirmed accommodation - none of which is in the Square Mile itself. Of the remaining five whose accommodation is unclear there was no clear evidence of current homelessness: four had not been sleeping rough for more than a year, with the remaining person last recorded rough sleeping in Hackney in January 2023 (five months before their OL ticketing).

Attendees of Operation Luscombe Hub

3.9 Over the period April 2021 to November 2022 there were 157 attendances to the Operation Luscombe Hub (the Hub) made by 100 individual people, of whom 71 attended on a single occasion and 29 attended more than once.

3.10 Of the 100 people who attend the hub, 28 had no record on CHAIN and are assumed not to be currently or formerly rough sleeping.

3.11 The remaining 72 have been recorded sleeping rough at some point. CHAIN identifies that:

- 33 were known to be sleeping rough at the time that they were ticketed
 - just 19 of whom were sleeping rough in the City of London.
 - 14 other people were sleeping rough in other local authorities - four in Westminster; four in Tower Hamlets and rest spread across five other local authorities
- 26 were known to be in accommodation at the time they attended the Hub
 - 16 of these people had a connection to the City
 - 5 were connected to Tower Hamlets
 - 5 people were each connected to one of five other local authorities
- One record is restricted

3.12 For a further twelve individuals who attended the hub, there is no clear record of current accommodation, but neither does any have a record of rough sleeping in the last 12 months. Three of these people have a known connection to City Corporation Services.

3.13 Of the 100 attendees to the hub (whether homeless or accommodated) 38 would be considered entitled to/eligible for support services offered by the City Corporation or its commissioned providers.

4 Equalities data

4.1 For those receiving a ticket or attending the Hub for whom there is no history of rough sleeping in London, there is no CHAIN record. Therefore recording and indication of protected characteristics is not available for that subset. CHAIN records equalities data where the concerned individual is willing to share that information. Not all protected characteristics are recorded. The equalities data below is based on clients engaged with Operation Luscombe who have been recorded on CHAIN.

4.2 For clients receiving a Luscombe ticket for the period recorded known to CHAIN:

- Total: 20
- Male 95%; Female 5%
- Age: 1 client aged 60-69; 0 clients aged less than 20 years; 60% aged 40-59
- Ethnicity: 11 (55%) white – British; 7 white – other; 1 Asian – Bangladeshi; 1 unknown

4.3 For clients attending the Luscombe Hub for the period recorded known to CHAIN:

- Total: 72
- Male 89%; Female 11%
- Age: 1 client aged 70-79; 3 aged 60-69; 0 clients aged less than 20 years; 56% aged 40-59
- Ethnicity: 42 (58%) white – British; 12 white – other; 2 Black – Black British; 1 Asian – Bangladeshi; 15 unknown

4.4 The annual CHAIN report for the City of London 2022/23 (latest full report available) – based on all rough sleepers contact by outreach services reports:

- Total: 469 people seen rough sleeping whose gender was known. This excludes 13 people whose gender was not known.
- Male 89.3%; Female 10.4%; Non-binary 0.2%
- Age: 60% aged 35-55 years, 13% over 55
- Ethnicity: 47.5% white – British; 28.4% white – other; 7% Black; 3.9% Asian

5 Gaps

- 5.1 Among those who were ticketed, or those who attended the Hub, there is no adequate formal indication or record of the prevalence of drug and alcohol misuse, mental ill health, physical ill health or other care needs.
- 5.2 CHAIN records only self-reported substance misuse and mental or physical ill health. It is not clinically defined and there are a number of factors that will impact on the accuracy of, willingness or motivation to declare, and completeness of data. Even where identified there is no indicator of severity – merely a yes or no measure. In addition - as set out above - not all Operation Luscombe clients are on CHAIN. For that reason, CHAIN has not been used to define these issues.
- 5.3 Despite this, it is reasonable to assume that many – if not most - of those begging will have substance misuses issues and support needs.
- 5.4 The presentation of need could be inferred from engagement with services at the Hub. Stakeholders engagement (see below) sought to identify if such needs were evident in the number of people helped because of attending the Hub. Put plainly – how many people were scripted (or engaged with treatment), how many people were accommodated, and how many had other support needs met.
- 5.5 These numbers were negligible. Of greatest relevance to this, will be the combination of those who are eligible for a service offer, and – of that number – those who are willing to engage with a service offer.

- 5.6 It is difficult to evidence a direct link between Operation Luscombe and the level of begging in the Square Mile. Begging is the consequence of and is influenced by many factors – many of which are external to the City.

6 Stakeholder feedback

- 6.1 Stakeholder interviews provided qualitative feedback from different service perspectives and sought – to a limited extent - to fill quantitative gaps about the impact of Operation Luscombe.

City of London Police

- 6.2 The City of London Police are very supportive of the Operation Luscombe model. It links to a strong sense that enforcement should only be deployed when other interventions have failed. There is also a concern that enforcement may push people away from support and relevant services.
- 6.3 There is a desire to reinforce the independence of the Hub from enforcement and policing, and a proposal that its operation should be organised by the City Corporation.
- 6.4 Police colleagues would like a wider range of service offer and support to be available at the Hub – suggesting health (GP/nurse), mental health and social services – and offers such as meals and showers.
- 6.5 The police wish to narrow their focus to enforcement and referral work leaving other welfare interventions and support to the City Corporation and its partners.
- 6.6 The police see the opening of the City Corporation's Rough Sleeping Assessment Centre (February 2024) as offering an opportunity to cease the Hub.

City Corporation Community Safety Team

- 6.7 The Community Safety Team (CST) reported Operation Luscombe as bringing a joint approach to tackling an issue using the range of powers and offers available. However, the complexities (possibly politics) and limitations of information exchange limit the extent to which the CST (and in their perception the police) can target individuals on the basis that they are coming to the City to beg and have no legitimate access to support in the City.
- 6.8 The CST reports providing an intermediary role in information and intelligence sharing, and became responsible for some set up functions and recording hub attendance. It is unclear whether this was ever formerly agreed – and there are now tensions given increasing demands on the CST that need to take priority.
- 6.9 The perception of the CST was that where enforcement was used, there was a high level of return to the City upon expiry, without specific action in response.
- 6.10 The CST identified the potential risk of enforcement being harmful in terms of access to service – but pointed to the use of the Community MARAC to manage that risk. For many, enforcement was not displacing them from a service offer, as no such offer is available to them in the City.

- 6.11 Broadly the CST felt a review of Operation Luscombe provides an opportunity to consider clarity on the strategy, approach and processes of enforcement. The proposal of new legislation in relation to tackle begging strengthens the need for a review of approach.
- 6.12 There is a potential duplication between the role of the Community MARAC and that of the Rough Sleeping Task and Targeting group. Each attract different levels of seniority in terms of police representation, that may limit the scope for more strategic operational planning.

City of London Homelessness and Rough Sleeping Service

- 6.13 The City Corporation's Homelessness and Rough Sleeping Service (the service) considered the Operation Luscombe Hub to be of limited value. They were unable to identify anyone accommodated as a consequence of attending the Hub. The potential for outcome was considered limited (in terms of their target client group) and not best use of commissioned resources.
- 6.14 The service's offer/eligibility and funding are based on delivery to those eligible for support by the City Corporation. The experience of the service was that only a minority of those attending the Hub (or ticketed) were sleeping rough in the Square Mile. Therefore, their only role would be to direct them to service in the authority in which they are homeless (be it on the street or in hostel/temporary accommodation).
- 6.15 In terms of begging, the service is focussed on reducing the begging of those who beg and sleep rough in the City. Therefore the service's perspective and ambition for any Hub is focused on those who sleep rough, and not a wider street population. The service acknowledged that the identify of know rough sleepers, and those known not to be or homeless elsewhere, is not shared with the police routinely.
- 6.16 The perception of the service is that police colleagues are not fully aware of the full extent of offer and support targeted at those rough sleeping in the Square Mile. Many replicate elements that are present or would be desired in the Hub (by police colleagues) but specifically target street homelessness.
- 6.17 It was suggested that the focus of Operation Luscombe by the police had drifted from enforcement to an over reliance on the sense that welfare-based approaches will reduce begging. This conflicts with the service's sense that enforcement – where targeted appropriately – can drive individuals into service.
- 6.18 Despite reporting limited outcomes, the service welcomed the focus Operation Luscombe has brought to partnership working and to tackling begging.

Homeless Outreach Services

- 6.19 The City Corporation's commissioned provider of street homeless outreach services is Thames Reach.
- 6.20 From the perspective of their service delivery and outcomes, Thames Reach felt Operation Luscombe is delivering limited impact. They described the Hub as offering

“very little for outreach” in terms of their target client group, but referenced to “odd examples” of clients attending who refused to engage on the streets.

- 6.21 The outreach team consider a having an “enforcement strategy” to be useful in working with targeted clients.
- 6.22 They considered a Hub could offer more, creating a low threshold, multidisciplinary space with the weekly health van co-located. This should be weekly. They acknowledged this would only deliver for those eligible for City support – with others directed away from the City to the areas in which they have a support entitlement.
- 6.23 The outreach service is keen to ensure clients see it as independent from “the council” or the police. It acknowledges the limitations, and operational tension, of information sharing.
- 6.24 The service felt there could be a stronger role for the Community Safety Team in terms of complex clients. It also acknowledged that there could be improved working with the police, and suggested a strategic police lead that could direct the strategy (with partners) for complex individuals and areas.
- 6.25 The service delivers eight outreach shifts weekly – offering daily coverage.

Drug and Alcohol Services

- 6.26 The Corporation’s commissioned provider of substance misuse services is Turning Point.
- 6.27 Turing Point colleagues report assessing two clients at the Operation Luscombe Hub. Neither engaged with treatment and there has been no further contact with the service.
- 6.28 Turning Point considered a close collaboration with partner services essential to tackling substance misuse among the street homeless population. They see the banner of Operation Luscombe as a potential to develop that, but reported their presence at the Hub as “not being productive”.
- 6.29 The provider pointed out its weekly joint patrolling with street homelessness services, weekly drop in at the City’s Portsoken Community Centre, and weekly attendance alongside the homeless health van (see below) as offering alternative – and in terms of working with outreach more effective - access points for welfare support.

7 Other wellbeing provision and aligned services and operations

- 7.1 The City Corporation commissions a number of services to support those homeless on the streets of the Square Mile. These are:

Accommodation pathway

- 7.2 The City Corporation has access to a pathway of accommodation to provide appropriate support and access to emergency accommodation. It includes a 30-bed

hostel for those with complex needs (LB Southwark); the Lodge projects providing 22 beds and a further 20-bed lower needs hostel (Southwark).

Rough Sleeping Assessment Centre

- 7.3 A dedicated Rough Sleeping Assessment Centre (Snow Hill Court) opened in the Square Mile early in 2024. It will provide 14 emergency bed spaces, and a place to assess immediate and on-going needs. The target duration of stay is now more than 28 days.
- 7.4 Snow Hill Court will not be a day centre. It is not intended to provide open access. It will operate in conjunction with outreach services – who will be the only referring service. It will provide opportunity for limited coworking arrangements, but lacks the space required for a wider welfare offer.

Street homeless outreach

- 7.5 Commissioned outreach services (delivered by Thames Reach) provide eight shifts weekly, and operate on every day. The service is focused on those who are street homeless. Further support is provided by commissioned community patrolling (delivered by Parkguard) so support access to clients in difficult settings and situations.
- 7.6 Thames Reach participates in a weekly joint patrol with substance misuse outreach workers (see below) and supports delivery of the weekly City Wellbeing Project (see below).

Substance misuse outreach and drop in

- 7.7 Substance misuse services – including securing access to treatment and prescribing – are delivered by a commissioned provider (Turning Point). Their rough sleeping team delivers a joint patrol with the City’s homeless outreach service every Friday morning to target those in need of support.
- 7.8 Turning Point also delivers a weekly client drop in every Tuesday at the Portsoken Community Centre.
- 7.9 The contract allows for ad hoc outreach targeting where that is an agreed strategy.

Clinical Wellbeing Clinical Van

- 7.10 A mobile primary care clinic is deployed weekly (on a Wednesday) at Liverpool Street to provide outreach health care to street homeless people. The deployment is coordinated by City of London and jointly delivered by NHS East London Foundation Trust (ELFT) via Greenhouse (GP) surgery, Turning Point (substance misuse), f Thames Reach outreach workers and Groundswell peer workers.

Specialist rough sleeping social worker

- 7.11 A specialist social worker is embedded in the City Corporation’s Homelessness and Rough Sleeping Service to carry out all statutory social work functions for those who are sleeping rough in the square mile. The post has a flexible, relationship-based approach to manage risk, safeguard vulnerable people and promote positive

outcomes. The aim is to ensure all those entitled to adult social care support in response to additional needs (and the duties of the Care Act) receive appropriate care and support, and case co-ordination.

Severe Weather Emergency Protocol (SWEP) accommodation

- 7.12 Severe Weather Emergency Protocol (SWEP) is a set of measures triggered by weather conditions which are considered an acute risk to the health of rough sleepers. This includes extreme heat and cold.
- 7.13 Activation results from an alert by the Greater London Authority – in line with a pan-London protocol. In cold weather the City Corporation's SWEP is activated when there is a single night forecast of zero degrees (or below) anywhere in Greater London. It will remain until nighttime temperatures rise above freezing. The City Corporation adopts a local approach whereby deactivation is stalled if it makes more logistical and operational sense to extend a SWEP activation – over a weekend or bank holiday for example.
- 7.14 The City Corporation utilises 11 spaces available in its accommodation pathway (all in communal or repurposed rooms) plus B&B bookings and use of discretionary temporary accommodation to ensure that there is an offer for anyone who will come off the street.
- 7.15 Over the last 3 years The City Corporation has averaged 30 nights of Cold Weather SWEP activation per winter period.
- 7.16 All clients accessing accommodation via SWEP bedspaces are assessed by the City Outreach Service and supported to enter the CoL accommodation pathway if eligible for services. The City Corporation operates an 'In for Good' principle dictates that local authorities operating under the GLA SWEP protocol should aim to retain all rough sleepers placed into accommodation during SWEP periods until there is a support plan in place to end their rough sleeping.
- 7.17 Hot Weather SWEP deviates from the cold weather model by not focussing on accommodation at night. Instead, outreach teams work to get rough sleepers into cool daytime spaces.

8 New legislation - Criminal Justice Bill: Nuisance begging and rough sleeping

- 8.1 The Government is going to replace the Vagrancy Act 1824 with a suite of modern replacement powers “to enable the police and local authorities to respond to begging and rough sleeping where it causes nuisance to the public, including by obstructing shop doorways and aggressively begging by cash points”.
- 8.2 Police forces and local councils will be given the tools they need to help move vulnerable individuals off the streets and direct them to the appropriate support they need, such as accommodation, mental health or substance misuse services.
- 8.3 The Government reports the Bill will:

- a) Prohibit begging where it is causing a public nuisance, such as by a cashpoint, in a shop doorway, on public transport, approaching people in their cars at traffic lights, and any broader incidence that cause harassment or distress. Where such situations arise, it would be for the police and/or local authorities to determine the appropriate response, be it a move on direction, prosecution for a criminal offence, issuing a nuisance begging prevention notice or applying to the court for a nuisance begging prevention order.
- b) Introduce a new offence targeted at organised begging, which can be facilitated by criminal gangs to obtain cash for illicit activity.
- c) Introduce powers for the police and local authorities to address rough sleeping where it is causing damage, disruption, harassment or distress, or a security or health and safety risk, such as by obstruction of fire exits and blocking pavements. Where such situations arise it would be for the police and/or local authorities to determine the appropriate response, be it a move on direction, issue of a nuisance rough sleeping prevention notice or applying to a court for a nuisance rough sleeping prevention order which can help those who are genuinely homeless and with complex needs be directed to appropriate support.

9 Conclusions

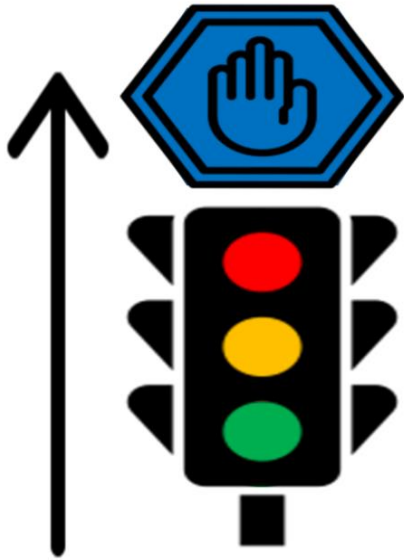
- 9.1 The conclusions set out are those of the report author
- 9.2 In its concept, Operation Luscombe has been a valuable project in driving a shared approach to begging and recognising the complexity of cause and response, and the role of many partners within that.
- 9.3 The ticketing approach of escalation provides a reasonable and balanced approach to use of enforcement with the opportunity for behavioural change. However, it is not a mandate to seek support and is not linked to monitoring of hub attendance.
- 9.4 Ticketing is more effective as a system of fair warning of the enforcement consequences of continued begging, than as a means to reduce begging, homelessness, or drive individuals to take up support services.
- 9.5 The Hub element of Operation Luscombe is problematic. It provides a reassurance that a welfare offer is available, but the reality is that the number entitled to support is limited, engagement with support is very low, and impact negligible. It is not reducing begging or rough sleeping. It also seeks to duplicate welfare offers that are better targeted through other operational approaches that exist.
- 9.6 For police colleagues there is an over reliance on the belief that those begging have support needs that can or would be met by the City. This underpins the justification of the Hub.

- 9.7 Other welfare support is available and more effectively targeted at those known to be sleeping rough in the Square Mile or supported by City services. It is possible that there is limited knowledge or confidence in these.
- 9.8 The City does not have a day centre. This is not a model that will be delivered in the Square Mile – or is recommended. But the opportunity to use day centres proximate to the City does not seem to have been actively considered.
- 9.9 The concern that enforcement may displace individuals from their support is not well founded in the City. For the majority who encounter Operation Luscombe there is no entitlement to support from City Corporation services, so no risk of displacement.
- 9.10 Many who beg in the City – regardless of whether they have support needs or not – are coming to the City to beg. This behaviour is manifesting away from the areas in which the majority have a connection or entitlement to services.
- 9.11 The ability of the police to target those who are begging in the City - but who are not homeless or a focus for City Corporation services - is hampered by the inability or unwillingness to share data and information with them to enable targeting.
- 9.12 There is no consensus or strategic approach to tackling begging, and the role of and use of enforcement as an element of that. Political appetite for, and interest in, enforcement-based approaches is limited – potentially due to an assumption that those who beg are destitute and street homeless.
- 9.13 The ambition held by all for a partnership based approach is very credible, but it is not delivering.

10 Recommendations

- 10.1 The ticketing element of Operation Luscombe should be retained. Where a CPN is issued as a result of a red ticket, and on expiry an individual returns to the City, it is recommended that an expedited approach is adopted to deter begging, rather than starting afresh.
- 10.2 The Hub should cease. It is an ineffective use of resource.
- 10.3 The Hub should be replaced with a dedicated role. This role would act as an interface between the CoLP and the City's Homelessness and Rough Sleeping Service. The role would allow for the identification of those known to rough sleeping services – and the location of that offer of support. It would give assurance that those sleeping rough in the City are engaged by the support services available to them. It would also support the identification of those whose support entitlement is outside of the Square Mile, or for whom there is no identification of rough sleeping. The role could also enable and identify appropriate joint patrolling. This role could sit within the Community Safety Team.
- 10.4 The Community MARAC should be used to refer and agree a strategy for individuals where there are issues of risk and anti-social behaviour, and for whom a multi-agency approach with an agreed and shared strategy is required.

- 10.5 Existing welfare focused provision could be further developed. The timing of the clinical welfare van could be adjusted to improve take up. It should be co-located to physical premises that would allow a wider service offer and engagement. Premises could be identified, and potentially funded, in collaboration with the City's Business Improvement Districts, but needs to be proximate to need. Its routine presence would give assurance to CoLP that there is a setting to which those they engage on the streets can be directed.
- 10.6 The City Corporation and CoLP should develop an enforcement strategy, accompanied by clear operational practice in which roles, process and aims are shared and understood. This should cover begging, and the role enforcement can play in breaking the cycle of rough sleeping.



BLUE

This is issued when the individual breaches their red ticket / CPN. The individual may be arrested or issued with a summons.

RED

This is the equivalent of a Community Protection Notice (CPN). This is issued if the individual breaches their CPNW. The CPN is bespoke to the individuals but generally bans the individual from the whole of the City of London. These are valid for 3 months. The individual can be prosecuted if they are seen to breach the CPN.

AMBER

This is the equivalent of a Community Protection Notice Warning (CPNW). It is an official warning letter written to the individual with a date and signature. These are valid for 12 months. The warnings can be bespoke but generally state the individual should not be seen begging or littering. They are subject to a Community Protection Notice if caught breaching requirements over the next 12 months. The individual is also expected to attend the monthly Hub.

GREEN

An invitation to the hub
Warning issued to stop begging. A warning before the official warning.



Please ensure you have read the [EIA Policy / Procedure](#) and [Guidance](#) document before completing this form. If you need assistance please contact the Equality and Inclusion Unit (E & I). Please return the completed form to E & I.

STEP 1 - Define policy/ practice
i. Name of policy/ practice/ significant change
Operation Luscombe
Command & Control I&I Directorate
iii. Date of policy/ practice approved
iv. Approved by?

STEP 2 - Description of policy/ practice
i. What are the aims?
To identify if there is an individual characteristic targeted when issuing tickets for begging
ii. Who does it cover?
Anyone who has been issued an op Luscombe ticket
iii. How often is this policy / practice reviewed?

STEP 3 - Could there be any implications for a protected characteristic group (as defined by the Equality Act 2010) in this (or the development of) policy/ practice?
--

STEP 3a - Yes, there is a potential implication or barrier for a protected characteristic group. (All these need to be added to the next section with what impact this would have on them, positive or negative.)		Go to Step 4	
Please tick all that are relevant <input checked="" type="checkbox"/>			
	Notes		
Age	/		Any person or group can be effected by ASB
Disability	/		Any person or group can be effected by ASB
Gender Reassignment	/		Any person or group can be effected by ASB
Marriage and Civil Partnership	/		Any person or group can be effected by ASB
Pregnancy and maternity	/		Any person or group can be effected by ASB
Race	/		Any person or group can be effected by ASB
Religion or Belief	/		Any person or group can be effected by ASB
Sex	/	Any person or group can be effected by ASB	
Sexual Orientation	/	Any person or group can be effected by ASB	

STEP 3b - No, please provide a detailed rationale as to why you have reached this conclusion, including your considerations.	to Step
---	----------------

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STEP 4 - What evidence do you have for this conclusion (potential implication for a protected characteristic group)?

Briefly explain:

Anti-social behaviour does not need to be dealt with by the police. Law enforcement action may not necessarily be the best cause of action to resolve the matter, if the issue can be resolved by contacting social services or charities, who can provide support for the vulnerable person or persons.

Age
Age range has mainly within the 41-50 age limit. If someone is seen under the age of 18 then police would take action into the welfare of tis individual due to concerns for immediate risk to the individual and powers police have to do this which would be taking them into police protection and getting social services involved.

Disability
Police database doesn't hold this information when issuing tickets to people begging and as such I cannot provide statistics on this. Police dealing with a person with a disability via issuing a ticket will take this into consideration. Somone may not have a visible disability but have a disability police deal with and are trained to identify and ask questions and referrals will be submitted depending on the officers

Gender reassignment
None have disclosed gender reassignment but no one is asked this as a question nor is it documented for statistics on our system.

Pregnant
No one had stated they are pregnant when dealt with through Luscombe and if they did provide this information to officers then referrals will be submitted.

Ethnicity
This would be captured by officer defined ethnicity which shows below on the separate chart. Looking at the statistics it shows a large proportion are white who are seen begging and dealt with by operation Luscombe.

Religious belief
We have no statistics to determine which religious beliefs anyone issued with a ticket any have as crimming standard we only take certain details from individuals.

Gender
Looking at the below stats it shows predominantly people issued with tickets are males as 107 from the 123 individuals issued have been male.

Sexual orientation
This is not a questions which is asked by officers when issuing tickets

Operation Luscombe only targets beggars not rough sleepers which on reviewing the below stats shows only 35 individuals out of 123 who have been issued tickets are reported to be NFA. Baring in mind NFA doesn't necessarily mean they are rough sleeping.

Further on from this looking forward I would be looking to try and capture the protected characteristics more by using questions similar to below when issuing Luscombe tickets. Then depending on answers we can identify if any other support maybe necessary for the individual. The questions will not be mandatory so we may miss out on some data.

What is your age?
Do you class yourself to have a disability?
Gender reassignment?

Have you been married/civil partnership or still married/civil partnership?
 Are you currently Pregnant?
 What is your defined ethnicity?
 Are you religious and if so what belief?
 What do you define your gender as?
 What is your Sexual Orientation?

Tickets issued since Operation Luscombe

	Tickets	Proportion	Individuals	Proportion
Total:	232		123	
Drugs	101	43.5%	36	29.3%
Address NFA	65	28.0%	35	28.5%
Male	203	87.5%	107	87.0%
Female	22	9.5%	12	9.8%
Unemployed	93	40.1%	32	26.0%
Employed	5		5	
UK	102	44.0%	33	26.8%
Age 18 - 30	36	15.5%		
Age 31 - 40	65	28.0%		
Age 41 - 50	83	35.8%		
Age 51 - 60	43	18.5%		
Age 60+	5	2.2%		

Ethnicity	Tickets (232 Total)	Individuals (123 Total)
0. Unknown	7	4
1. White - North European	182	95
2. White - South European	22	12
3. Black	8	5
4. Asian	6	4
5. Chinese, Japanese, SE Asian	5	1
6. Middle Eastern	2	2

STEP 4a - Does the evidence show a positive impact?

Please provide an example and attach evidence:

Go to Step 5

--	--

STEP 4b - Does the evidence show a negative impact?	
You need to consult with relevant stakeholders - the E & I will assist with this process Please provide brief details and attach evidence:	
no	Go to Step 6

STEP 4c - Does the evidence show no impact?	
Attach evidence to this form	
	Go to Step 8

STEP 5 - Continue to promote good opportunity for all people	
Promote and implement as exemplar policy/ practice	
	Go to Step 8

STEP 6 - Involve and consult stakeholders to address any negative impacts	
E & I can assist with this process Please provide brief details of involvement and consultations:	
	Go to Step 7

STEP 7 - Outline any changes made to the policy/ practice as a result of the consultation	
Please provide details of changes:	
May look at add extra questions when issuing tickets for begging.	Go to Step 8

STEP 8 - Publish results	
Please return this form, once completed, along with copy of amended policy or practice and any relevant information, to the Equality & Inclusion Manager, Kam Dhaliwal for annual reporting and for inclusion on the CoLP website.	
	Go to Step 9

STEP 9 - Regular review	
Regular reviews ensures that policy and practice is kept up to date and meets the requirements of current equality legislation. Where a negative impact has been identified and remedial actions is being implemented, the policy owner should define a timescale for review.	

Please give details of review process:	
--	--

SIGNING OFF PROCESS				
Name of EIA Owner				
Signature				
Department				
Date of Completion				
Date received by E & I				
	Approved in principle?	Yes	No	
Any actions required? Please specify				
Signed on behalf of E & I on	Signature			

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Committee(s): City of London Health and Wellbeing Board	Dated: 03 May 2024
Subject: Combating Drugs Partnership and Substance Use Support Update	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?	Other (please specify) (Public Health Grant)
Has this Funding Source been agreed with the Chamberlain’s Department?	N/A
Report of: Sandra Husbands, Director of Public Health	For Information
Report author: Simon Young <i>Principal Public Health Specialist</i> Andrew Trathen <i>Consultant in Public Health</i>	

Summary

This paper provides an update on current government policy on drugs, our local Combating Drugs Partnership, and progress in substance use support.

Recommendation(s)

Members are asked to note the report.

Main Report

1. Introduction

- 1.1. Since 2021 there has been a significant increased focus on Substance use support nationally.
- 1.2. Following on from [Dame Carole Black’s independent review of drugs](https://www.gov.uk/government/collections/independent-review-of-drugs-by-professor-dame-carol-black)¹ in 2021, the government responded with an increase in funding for Local Authorities to

¹<https://www.gov.uk/government/collections/independent-review-of-drugs-by-professor-dame-carol-black>

help support service and system development for people with problematic drug and alcohol use.

- 1.3. Alongside increased funding, Central Government has also released a ten year drug strategy, titled [‘from harm to hope’](#)², outlining its ambitions to reduce the harms of illegal drug use.
- 1.4. The strategy aims are:
 - Reducing drug use
 - Reducing drug-related crime
 - Improving recovery outcomes
- 1.5. These aims are further supported by more immediate outcomes:
 - Reducing drug supply
 - Increasing engagement in treatment
 - Improving recovery outcomes
- 1.6. All local authorities have been tasked to support in delivering these aims.
- 1.7. To monitor success against these aims, Central Government has laid out 11 headline and 22 subsidiary metrics which all Local Authorities are measured against.
- 1.8. These metrics include:
 - Increasing numbers of individuals engaging in substance use treatment (‘tier 3’)
 - Increasing the percentage of individuals leaving prison with a drug treatment need entering community provision
 - Increasing the number of young people entering treatment
 - Increasing the number of individuals engaging in residential placement for detoxification and rehabilitation
 - Increase in the number of individuals showing ‘substantial progress’ whilst engaging with treatment
- 1.9. Central Government has instructed that areas form local ‘Combating Drugs Partnerships’ (CDP) to help monitor and drive success against these measures.

2. The City and Hackney Combating Drugs Partnership

- 2.1. The City of London (CoL) and London Borough of Hackney (LBH) formed their CDP in late 2022. The CDP is responsible for delivering against the national strategy, setting local objectives, and overseeing the use of funds from the government’s Supplementary Substance Misuse Treatment and Recovery Grant (SSMTR).
- 2.2. Dr Sandra Husbands, the Director of Public Health for both authority areas, was named as the senior responsible officer. Other members of the Public Health team have key roles in coordinating and developing the CDP.

²<https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives>

- 2.3. The public health team commissions local substance use services, and our lead provider is currently Turning Point. Following a period of service improvement, a recent CQC inspection rated the service as 'Good' across all domains. The public health team also provides intelligence functions to monitor outcomes at the service and population levels.
- 2.4. As such, the public health team has been well positioned to initiate the CDP and support joint decision making around local priorities. It is also able to ensure close liaison with the Office for Health Improvement and Disparities and ensures continued adherence to the World Health Organisation's international directive to take a health-led approach to drug-related harms.
- 2.5. The CDP is a broad partnership including but not limited to:
- LBH/City Adult Social Care
 - LBH/City Children's Social Care
 - LBH/City Community Safety
 - Drug treatment provider
 - Integrated Care Board
 - Local Metropolitan Police
 - City of London Police
 - LBH/City Young person's services
 - LBH/City Other local third sector organisations
- 2.6. Governance and delivery within the CDP is overseen by a Strategy Group (CDPSG) of senior leaders that meets quarterly and a series of working groups that meet as required, focusing on specific topics.
- 2.7. The CDPSG has defined strategic outcomes for the overall CDP. These outcomes take into account both the key aims of Central Government as well as both LBH and CoL's vision for reducing drug related harms.
- 2.8. The top level strategic aims are:
- Reducing the premature deaths of people who use drugs
 - Reducing the impacts of drugs on our communities
 - Improving the wellbeing of people exposed to the harms of drugs
 - Reducing inequalities in substance use support
- 2.9. In order to help meet these aims working groups currently focus on substance use and:
- Mental Health
 - Equalities in access and treatment
 - Social care needs, including homelessness
 - Physical Health
 - Premature death, and end of life care
 - Criminal Justice

Further to this, there is also a dedicated working group for the City of London. This focuses on issues unique to the City that tie into wider CDP strategic aims. Current actions plan items include:

- Enhance scripting offers from the Community Wellbeing Team Vehicle
- Develop chemsex pathway and harm reduction offering
- Develop pathways from the City Assessment Centre
- Continuing to progress and develop the relationship between substance use services and social care teams, particularly in identifying Children and families affected by drug use

2.10. Although the main focus of the drug strategy and funding has been towards drugs other than alcohol, Turning Point continues to work with the Alcohol Care Team at the Homerton Hospital, to provide support for those with problematic alcohol use. We will shortly commence an Alcohol Working Group and ensure it is well connected to the broader CDP.

3. **Current Position**

3.1. The CDP has had successes delivering against strategic aims, particularly when compared to other London Authorities. Across London and the country we are seeing many metrics worsen, and on several issues we are experiencing the same locally. However, we are also seeing improvements in several key areas and outperforming peer LAs.

3.2. Whilst most London Authorities have seen decreases in their numbers in treatment, City has seen a small increase of 4% against its baseline, with 49 individuals having received support for substance use between March 2023 and Jan 2024. In comparison Tower Hamlets reduced by 3% in the same reporting period/same baseline period. London as a whole saw an increase of 2%.

3.3. New presentations increased over last year, from 7 in January 2023 to 21 in December 2023. Throughout most of 2023, around 30 clients in a given month required further support for a mental health need, although more than half of them were not receiving this support. There is a dedicated CDP working group focussing on the needs of clients with co-occurring mental health and substance use issues.

3.4. Continuity of Care (CoC), the percentage of individuals accessing community treatment following prison discharge, remains a key metric for national government and the CDP as a whole.

3.5. With regards the City of London this metric presents unique challenges, as the number of referrals made to the authority area are inaccurate, often relating to individuals who live in 'London' inaccurately recorded as being referred. We are working with the National Drug Treatment Monitoring System to ensure this data is accurate.

3.6. An immediate challenge is the increasing incidence of high harm substances across London and the UK, predominantly in the form of nitazene adulterated opiates and benzodiazepines.

- 3.7. Nitazenes are a class of synthetic opioid with particularly harmful potencies. They have been indicated as a driver behind a spike in deaths across the UK, and are becoming more prevalent across London.
- 3.8. There have been instances of nitazene seizures in and around the City of London.
- 3.9. In order to help respond effectively to this increasing risk we have improved and developed our system of monitoring and assessing the impacts of substances on our communities, both through our Local Drug Information System (LDIS) structure as well as our Drug Related Death (DRD) review system.
- 3.10. Appendix 1 is a paper previously presented to the City and Hackney health protection forum concerning the LDIS, and appendix 2 is the ToR for our DRD review panel which details the procedure around case review. There have been no DRDs in the City of London since the outset of our DRD review process.

4. **Next Steps**

- 4.1. In consultation with the CDPSG and working groups, as well as with OHID, the strategic actions we will focus on are:
 - Developing access to and provision of mental health support for individuals using substances
 - Increasing the availability of inpatient detox and rehabilitation
 - Further developing mobile, outreaching approaches to support to engage underserved populations
 - Developing and working with local, grass roots organisations working with individuals who face significant barriers to substance use treatment
 - Increasing the clinical capacity, and oversight, of our core treatment provider
 - Develop further work to focus on drug use amongst LGBTQ+ populations, including our work to support individuals engaged in chemsex
- 4.2. Focusing on these areas will help us to continue to deliver increases in numbers in treatment, and more meaningful engagement with our treatment services to meet the holistic needs of people using substances.
- 4.3. We will additionally be further developing our approach to high harm substances, including nitazines and other synthetic opioids. This includes through our presence on an Incident Management Team (IMT) and other high level strategic groups focussed on synthetic opioids operating on a pan-London level.
- 4.4. Our work in the year ahead will also include other high level engagement with pan-london structures, including through the chairing of a working group focussed on developing options for inpatient detox and residential rehabilitation offers within the footprint of London.

5. **Conclusion**

- 5.1. There has been a significant increase in focus on reducing drug related harms nationally, accompanied by a 10-year strategy and increased local funding.
- 5.2. The formation of the local Combating Drugs Partnership, and its associated governance structures has helped develop a set of locally relevant strategic aims to reduce drug related harms.
- 5.3. Work to deliver against these aims continues at pace, with clear success across key metrics, notably Numbers in Treatment and Continuity of Care.
- 5.4. Some areas of delivery require further improvement, particularly treatment progress and successful completions of treatment.
- 5.5. There are clear strategic areas of focus for the treatment system in the year ahead, including critical areas of pan-london work we seek to support and influence.

Appendices

Appendix 1 - City & Hackney Health Protection Forum paper: Local Drug Information System

<https://docs.google.com/document/d/13340lp3zYhonHn4SD7ozBS4ik6fn2xUAS92dfu1Xp5l/edit>

Appendix 2- Drug-Related Death Review Panel review Terms of Reference

https://docs.google.com/document/d/1p6ZEYyBlx6FnI7-y-6sHFcRVGo5NerA_vDqgDcMINzI/edit

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Health Protection Forum TITLE OF REPORT: Local Drug Information System (LDIS) and substance use developments	
MEETING DATE:	26th September 2023
Report Authors:	Simon Young Principal Public Health Specialist (Substance Use) City and Hackney Public Health Jason Foster Senior Public Health Specialist (Substance Use) City and Hackney Public Health

1. Introduction

- 1.1. This paper informs the Health Protection Forum (HPF) of critical developments in Substance Use workstreams, specifically the Local Drug Information System (LDIS) and the associated Professional Information Network (PIN). These cover the London Borough of Hackney and the City of London.
- 1.2. The paper also outlines national environment changes to drug markets and increases in high risk adulteration of drug supplies.
- 1.3. Other relevant strategic and operational changes are also discussed.

2. Background

- 2.1. In response to the Central Government’s 10 year drug strategy ([From Harm to Hope](#)) LBH/CoL set up a multi-agency governance structure to help drive substance use system developments. This is known as the ‘Combating Drugs Partnership (CDP)’.
- 2.2. Key decisions and strategic direction for the CDP is owned by a Strategy Group (CDPSG) chaired by the Director of Public Health for City and Hackney, Dr Sandra Husbands. Membership of the group is comprised of senior leaders across key organisations and departments.

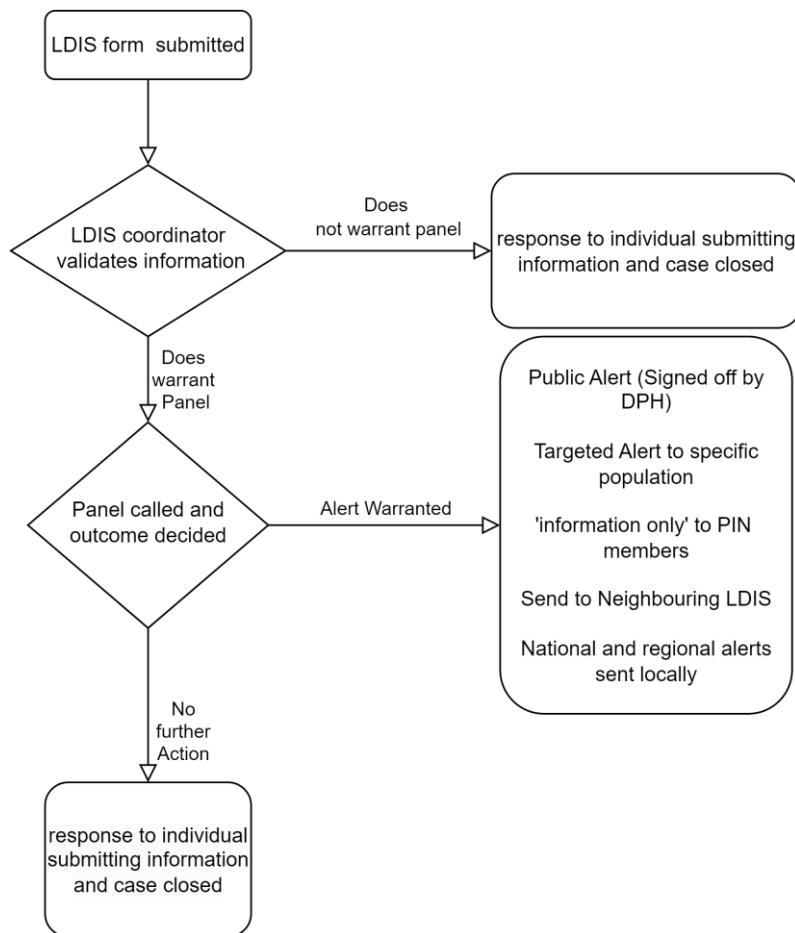
2.3. The CDPSG has defined four strategic outcomes for the two authority areas. Each outcome contains three to four objectives.

<p>1) Prevent and reduce premature deaths of people who use drugs.</p>
<ul style="list-style-type: none"> a) Increase the number of drug users engaging in treatment as well as increases in those achieving and sustaining recovery. b) Increase the number of people making significant improvements whilst working with services. c) Increase the number of people engaging for other health needs.
<p>2) Reduce the impact of drugs on our communities</p>
<ul style="list-style-type: none"> a) Provide better cohesion from community exclusion (secure estate/reconnection to local area/post hospital discharge) into community. b) A reduction in drug related reoffending amongst prolific offenders within local areas. c) A reduction in drug supply. d) Reduced costs for local health services and police forces due to lower health and crime harms, and lower costs to the criminal justice system (as fewer people are dealt with by the courts).
<p>3) Improve the wellbeing of people exposed to the harms of substance use</p>
<ul style="list-style-type: none"> a) Increase in the number of people moving into paid employment from drug treatment services. b) Reduce the impacts of homelessness and insecure housing for people exposed to drug harms. c) Increase the number of young and vulnerable people safeguarded.
<p>4) Reduce inequalities in substance use support</p>
<ul style="list-style-type: none"> a) Improve quality and comprehensiveness of demographic data. b) Increase the proportion of underrepresented groups engaging in treatment. c) Increase positive outcomes from underrepresented groups.

- 2.4. A number of working groups have been formed to help deliver on these strategic outcomes. Each working group has additional aims to help achieve top level strategic outcomes.
- 2.5. In addition to working groups, other new systems and groups have been implemented to help work towards strategic outcomes.
- 2.6. The Local Drug Information System (LDIS), along with its associated Professional Information Network (PIN), is a development intended to help achieve the strategic priority of preventing and reducing premature deaths of people who use drugs.

3. LDIS and PIN

- 3.1. Whilst all drug use presents risks of harm to people who use drugs, there are occasions when drug supplies increase risks to drug using populations due to:
 - adulteration of drug supplies
 - increased potencies
 - misrepresentation
 - novel/synthetic substances
 - novel processes involved in the manufacture or use of drugs
- 3.2. The LDIS is a multi-agency response to drugs presenting in this manner. Its aim is to ensure that where there is an indication of high harm substances posing a risk to people who use drugs, that this information is used to inform a robust and potentially life-saving response.
- 3.3. The below figure outlines the LDIS process:



- 3.4. Referral forms into the LDIS can come from any professional body who has information, or has received information, related to particularly high harm drugs. Members of the Health Protection Forum are invited to use the referral form (appendix 1) should they need.
- 3.5. The LDIS coordinator assesses all referrals based on national best practice criteria to ensure that information is of a suitable standard to aid conversation, namely that specific concerns have been raised with clear information about risks.
- 3.6. The responses detailed in the flow chart help guide action following the convening of an LDIS panel, though they are not exhaustive. Practice changes can also be directed and recommended by the panel to help ensure that risks are minimised as much as possible.
- 3.7. Key to the success of the LDIS is the PIN, a wide reaching network of key contacts submitting information into the LDIS, as well as communicating risks and advice to people most at risk. Any professional is able to join the PIN, and to do so must contact cityandhackneydrugalerts@hackney.gov.uk

- 3.8. The PIN also enables national and regional information to be cascaded locally, ensuring national developments which could impact the local area are understood and acted on appropriately at the earliest opportunity.

4. National developments

- 4.1. There have been a number of reports nationally concerning the adulteration of heroin supplies with a group of substances known as nitazenes.
- 4.2. Nitazenes are synthetic opioids with significantly higher levels of potency than organic opiates and other known synthetic opioids
- 4.3. Due to the higher levels of potency, nitazenes significantly increase the risk of overdose and death amongst opiate using populations, particularly as it is unlikely individuals are aware they are using them.
- 4.4. Locally we have not yet been informed of any overdoses having occurred due to the use of nitazene adulterated heroin, though we are aware that a small seizure of heroin tested positive for the inclusion of two different nitazenes.
- 4.5. Due to these developments our treatment provider has increased the amount of naloxone issued to their service users. Naloxone is a substance which can be administered to reverse the effects of opioid use. It is crucial to administer this as early as possible if someone has overdosed in order to decrease the risk of serious harm and death.
- 4.6. Naloxone can be carried and used by anyone who is likely to come into contact with someone who has overdosed on opioids, including professionals and members of the public.
- 4.7. In both City and Hackney training can be arranged for individuals who wish to both carry and use naloxone.

5. Service delivery developments

- 5.1. To reach groups most at risk of the harms of drug use we have implemented new models of service delivery within both City and Hackney.
- 5.2. There is an increase in the number of substance use outreach sessions across both authority areas, particularly multi-agency sessions delivered in collaboration with the Community Wellbeing Team (CWT).
- 5.3. Outreach is targeted at areas with high levels of rough sleeping, street drug usage or areas where data suggests there are low numbers of residents accessing drug treatment services

- 5.4. Alongside increases in outreach the commissioned substance use service provider, Turning Point, have begun using 'hubs' across LBH and CoL to ensure equitable access to the service. This is a significant development as previously access and support was only available through their site on Mare Street.

6. Conclusion

- 6.1. The new Local Drug Information System covering the City and Hackney is a robust model intended to ensure any information related to high harm substances can be shared effectively across services.
- 6.2. The LDIS ensures a robust response to emerging harms, directing both practice of services and communication to at risk groups.
- 6.3. A Professional Information Network enables the rapid cascading of important information relating to high risk substances to any service or individual that may come into contact with individuals at risk.
- 6.4. Increased levels of harmful synthetic opioids have been identified nationally, the LDIS has enabled local developments to respond to potential risks.
- 6.5. Other practice developments, including outreach into underserved communities, have also been established to minimise risks.
- 6.6. Strategically there is strong governance over changes, with the Combating Drugs Partnership and its associated strategic outcomes driving development of responses to the harms of drug use.

APPENDIX 1: City and Hackney LDIS notification form

Please complete as much of the form as possible and return to
cityandhackneydrugalerts@hackney.gov.uk

If submitting several incidents please list chronologically using 1.2.3 to separate incidents

Your contact details: <i>if appropriate role and service</i>		
Date & Location where incident occurred: <i>geographical area and location if known (i.e. home, street, nightclub, hostel, hospital)</i>		
Name of drug: <i>if known, indicate if brand name on packet, street name, chemical name etc.</i>		
Route of administration: <i>how was the drug taken? (delete as appropriate)</i>		
Smoked, Swallowed, Sniffed, Injected, Not applicable, Unknown	If injected: IV, IM, Skin pop	Other: (specify)
Effect of drug: <i>the effect of the drug as described to you</i>		
How was this effect different from what expected? <i>(e.g. lasted longer, was more potent)</i>		
Polydrug use? <i>Was the drug used with any other drugs or alcohol?</i>		
Yes, No, Unknown, N/A	If yes, please list others	
Dosage: <i>how much was taken; if more than one type of drug please list amount for each</i>		
Cost: <i>please specify if price is for weight, per bag, pill etc.</i>	Appearance of drug: <i>(i.e. white powder, pill) If available, please attach photograph (next to coin for scale)</i>	
Concern: <i>please indicate concern (ie, adverse effect, altered behaviour, violence, overdose)</i>		
Did the incident involve a hospital admission? <i>(delete as appropriate)</i>		
Yes, No, Unknown, N/A	If known please specify which hospital, when this occurred, whether still ongoing?	
Did the incident result in death or other serious harm? <i>(Give details if known)</i>		
Where was the drug purchased? <i>(delete as appropriate)</i>		
Internet, Shop, Dealer, Friend, Unknown, N/A	Other (describe)	
Has this issue or concern been raised by other service users? <i>(How many times?)</i>		
No, Yes, Unknown, N/A	If yes, roughly how many times	
If known, please indicate drug experience of person concerned <i>(delete as appropriate)</i>		
Experienced drug user, Recreational drug user, Naive drug user, Unknown, N/A	Other relevant background information, i.e. vulnerable adult, young person (age)	
Any other information including forensic information available		

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City and Hackney Combating Drugs Partnership: Drug-Related Death Review Panel

Terms of Reference

1. Background

- 1.1. On 22 May 2023 Central Government published the [National Combating Drugs Outcomes Framework Supporting metrics and technical guidance](#) as part of its ten year drug strategy.
- 1.2. One of the key strategic outcomes is to **reduce drug-related deaths and avoidable deaths of drug users in treatment.**
- 1.3. Local authorities are expected to help meet this national target and have been directed by the Central Government to operate 'combating drugs partnerships' (CDPs).
- 1.4. CDPs provide strategic focus, helping to develop and embed best practice approaches to minimising the harms of drug use.
- 1.5. DRDs in the London Borough of Hackney (LBH) have risen by 50% between 2021 and 2022. DRDs have also increased in the City of London (CoL), but remain low, comparatively.
- 1.6. Drug-related death review panels are seen as best practice in assessing trends and formulating both strategic and operational responses in relation to DRDs.
- 1.7. A Drug-Related Death Review (DRDR) Panel consisting of multi-agency stakeholders will enable immediate and confidential reflection and expert consultation on individual cases following a death caused directly by drug use. Information and recommendations stemming from this panel will enhance the DADU working group's efforts to implement and monitor actions and developments for partners to help ensure best practice to reduce avoidable deaths of people who use drugs.

2. Purpose

- 2.1. The purposes of the DRDR Panel are to:
 - Conduct multidisciplinary, multi-agency reviews of available information about deaths suspected to be directly attributable to drug use;
 - Identify points of contact between deceased individuals and healthcare, social services, criminal justice, and other systems;
 - Identify the specific factors that put individuals at increased risk for drug-related harms, including death;

- Improve coordination and collaboration between member agencies/entities that investigate drug-related deaths and provide services to individuals who use drugs;
- Make recommendations to the DADU working group for changes to agency policies and procedures, partnership work, and strategic priorities of LBH to further the development of drug-related death prevention initiatives;
- Advise key local and national stakeholders, including coroners, the Office of Health Improvement and Disparities (OHID), and Central Government on findings to enhance the national response to drug-related deaths; and
- Inform key public health and public safety partners about suspected high-harm substances needing attention of the Local Drug Information System (LDIS).

3. Membership

- 3.1. The meeting will be chaired by the Substance Use Operational Delivery & Development Coordinator for City and Hackney Public Health, who may deputise to another member of the substance use team, when necessary.
- 3.2. The standing membership of the DRDR Panel will include:
 - Substance Use Operational Delivery & Development Coordinator for City and Hackney Public Health (chair)
 - City and Hackney Recovery Service (Turning Point) Quality & Governance Manager
 - Metropolitan Police Central East BCU - Lead ADDER officers
 - City of London Police representative
 - London Ambulance Service representative
 - Homerton Accident & Emergency representative
 - City and Hackney Probation Delivery Unit representative
 - Adult Social Care representative
 - East London Foundation Trust representative
 - North London Coroner's office representative

- 3.3. The DRDR Panel may request the presence of other individuals who possess information relevant to the cases being discussed at specific meetings. Invited individuals must sign a Confidentiality Agreement.

4. Procedure

- 4.1. Two meetings will be held following the notification of the death of an individual in LBH or CoL which is suspected to be directly related to drug use, either from intentional or unintentional overdose or misadventure by drug use.
- 4.2. The first meeting (Rapid Meeting) will be conducted within 24-48 hours following the notification of a DRD in LBH or CoL. The purpose of this meeting will be to convene stakeholders involved in the initial discovery and notification of the decedent to ascertain suspected involvement of high-harm substances needing the attention of the LDIS panel.
 - In the event that it is not possible to meet, intelligence and information will be shared through email.
 - Following the meeting, the DRDR Panel chair will pass any information relevant to the LDIS onto the LDIS coordinator.
- 4.3. The second meeting (Panel Meeting) will be held monthly on the fourth week of each month to discuss all DRDs that occurred in LBH or CoL during the previous months.
- 4.4. Meetings will be no more than 2 hours.
- 4.5. Meetings will be closed to the public.
- 4.6. Immediately following notification of a DRD, the DRDR Panel chair will:
 - Create a case record for the new decedent in the secure data repository.
 - Convene individuals involved in the discovery and notification of DRD for a Rapid Meeting.
 - Disseminate any information obtained about the circumstances of the DRD, including information of suspected high-harm substances in circulation, to the LDIS coordinator.
 - Send a confidential email to all standing DRDR Panel members to: alert them of the death, schedule a time within 3 weeks for the DRDP to convene to review the death, and request any information that DRDR Panel members may have about the decedent's interactions with services.
- 4.7. Two weeks before the Panel Meeting, the DRDR Panel chair will:
 - Send the Panel Meeting agenda to all invited individuals

- Send a confidential email to all invited individuals summarising the information gathered by the chair about the decedent
 - Invite standing members and invited members to attend the meeting
- 4.8. One week before the Panel Meeting, the DRDR Panel Members will: Within 1 weeks following the notification of a DRD, the DRD Panel chair will:
 - Send the Chair relevant service-level information regarding the cases to be discussed at the Panel Meeting
 - Send signed confidentiality agreements to the Chair
- 4.9. The meeting agenda will be structured as follows:
 - Reminder of meeting goals and ground rules
 - Summary of decedent's case
 - Report-outs from panel members to develop timeline
 - Group discussion to clarify case timeline and risk factors
 - Formulation of recommendations to propose to the DADU working group
 - Summary and adjournment
- 4.10. Within 1 week of a DRDR Panel meeting, the chair will:
 - Disseminate meeting minutes to all invited members
 - Update the decedent's case record in the data repository
 - Coordinate any action items stemming from meetings
 - Discuss panel recommendations with the chair of the DADU working group

5. Roles & Responsibilities

- 5.1. The DRDR Panel chair will be responsible for:
 - Facilitating DRDR Panel meetings and Rapid Meetings
 - Recruiting DRDR Panel members
 - Orienting new DRDR Panel members
 - Maintaining appropriate Confidentiality Agreements with DRDR Panel members and invited individuals
 - Obtaining and sharing case information with DRDR Panel members
 - Reviewing data and reports from DRDR Panel meetings

- Drafting DRDR Panel meeting agendas
- Delegating one DRDR Panel member (typically other Public Health Operational Coordinator) to take minutes
- Managing meeting logistics
- Updating the LDIS Coordinator of any information related to potential high-harm substances suspected to be in circulation
- Updating the DADU working group and DADU working group chair of data and recommendations stemming from the DRDR Panel meetings
- Coordinating progress on action items following meetings
- Maintaining appropriate information on cases in the data repository
- Drafting formal recommendations for presentation to DADU working group

5.2. DRDR Panel members and invited individuals will be responsible for:

- Disclosing any potential conflicts of interest related to case discussions
- Providing the DRDR Panel chair with information on cases when requested in advance of meetings
- Attending DRDR Panel meetings and contributing to discussions during meetings to enhance understanding of the risk factors associated with DRD and develop recommendations
- Carrying out any relevant action items resulting from meetings

6. Data Collection Information Sharing

- 6.1. Data concerning individuals who have passed away present no GDPR concerns, but in order to respect the ongoing dignity of individuals, all standing DRDR Panel members will submit a signed Confidentiality Agreement in advance of the first meeting.
- 6.2. All individuals invited to DRDR Panel meetings will submit a signed Confidentiality Agreement to the chair in advance of the meeting.
- 6.3. Any data that is reported to the DADU working group and working group chair will be anonymised and stripped of any identifiable information.
- 6.4. No information containing identifiable information of individuals who are still living will be shared at DRDR Panel meetings.
- 6.5. Data collected in advance of and during DRDR Panel meetings and associated with a specific case will be stored in a password-protected central data

repository that can be accessed only by the chair and the Public Health Operational Coordinator.

- 6.6. The data collected and stored in the data repository will follow a standard format for each case record and will broadly include information on the decedent's:
- Name and aliases
 - Demographics
 - Suspected cause of death
 - Death scene investigation
 - Interventions following death
 - History of life circumstances and stressors before death
 - Interactions with various health and social services, criminal justice system, and other public services
 - Community context

7. Governance

- 7.1. The DRDR Panel is a panel convened on an ad hoc basis and reports to the DADU working group of the CDP on key findings and recommendations for system enhancement based on the review of DRDs.
- 7.2. The DADU working group and leadership of the CDP may direct the DRDR Panel to investigate and explore specific deaths of interest and report on key findings and recommendations for consideration by the DADU working group.
- 7.3. In developing and presenting recommendations, the DRDR Panel may advise the DADU Working Group that other CDP working groups or external bodies, including but not limited to the Local Drug Information System (LDIS), CDP Criminal Justice Working Group, CDP Mental Health Working Group, CDP Physical Health Working Group, and the CDP Equalities Working Group, review and take up implementation of system recommendations.
- 7.4. The DRDR Panel will review its ToRs and procedures on an annual basis.
- 7.5. Progress of the DRDR Panel will be monitored and assessed by the DADU Working Group and reported to the CDP Steering Group on an annual basis.
- 7.6. With oversight from the DADU Working Group and CDP Steering Group, the DRDR Panel will develop a suitable process evaluation framework within its first year of existence to evaluate the panel's progress against its stated purpose (2.1).

8. Declaration of Interests

- 8.1. All DRDR Panel members and invited individuals will be required to disclose any potential conflicts of interest as they relate to the discussion of specific cases and development of recommendations in advance of panel meetings.
- 8.2. DRDR Panel members and invited individuals will be excluded from making any decision connected with the declared interest.

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Committee: Homelessness and Rough Sleeping Subcommittee	Dated: 10/06/2024
Subject: Strategy Delivery Update Report	Public
Which outcomes in the City Corporation’s Corporate Plan does this proposal aim to impact directly?	1,2,3,4,10
Does this proposal require extra revenue and/or capital spending?	N
If so, how much?	N/A
What is the source of Funding?	N/A
Has this Funding Source been agreed with the Chamberlain’s Department?	N/A
Report of: Judith Finlay – Executive Director, Community and Children’s Services	
Report author: Will Norman – Head of Homelessness, Prevention and Rough Sleeping	For information

Summary

This report provides Members with a summary of progress against the aims set out in the Homelessness and Rough Sleeping Strategy 2023-27. Strategy delivery is administered through a Service Delivery Plan (SDP). The first part of the report offers members a high-level summary of SDP actions underway and completed.

The second part of the report introduces Members to the Homelessness and Rough Sleeping Strategy 2023-27 Performance Dashboard. This first iteration of the dashboard uses retrospective data from 2023-24 to preview the dashboard features and establish a baseline ahead of the Quarter 1 2024-25 reporting period.

These metrics are designed to offer Members helpful insights into the successes and challenges encountered through the delivery of the SDP across the lifespan of this strategy. A presentation of the performance dashboard will accompany the report.

This report references the following priority areas from the 2023–27 Homelessness and Rough Sleeping Strategy:

- Priority 1 – Rapid, effective and tailored interventions
- Priority 2 – Securing access to suitable, affordable accommodation
- Priority 3 – Achieving our goals through better collaboration and partnership
- Priority 4 – Providing support beyond accommodation

Recommendation

- Members are asked to note the report

Main Report

Background

1. The new City of London Homelessness and Rough Sleeping Strategy 2023-27 (the Strategy) was launched in December 2023.
2. The Strategy covers all areas of work currently delivered from the Homelessness and Rough Sleeping service area. These are:
 - Statutory Homelessness
 - Rough Sleeping
 - Residential Pathway (including Tenancy Sustainment)
3. Homelessness Health is a cross-cutting area with its own Homelessness Health Work plan.
4. The Strategy is divided into 4 thematic areas which are listed under the summary of this report. Each report that is heard by the Subcommittee references the priority area which the report addresses.
5. The SDP is a live document used by Officers to record specific actions which help the strategy achieve its aims. The SDP is a live document, the first iteration of which is developed during the authoring of the Strategy. New actions can be introduced to reflect emerging issues or ideas. As actions are closed or completed, the rate at which new actions are added may increase.
6. Oversight of the SDP is carried out the Homelessness and Rough Sleeping Strategy Group (HRSSG) which meets quarterly. Each quarter is designated a reporting period – there are 12 across the lifespan of the Strategy and the April HRSSG meeting discussed an update from reporting period 2 – the second iteration of the SDP and approximately 6 months into its lifespan.
7. The HRSSG membership is made up from key internal and external partners and stakeholders with an interest in the prevention and relief of homelessness in the Square Mile. It includes strategic managers and leaders from our main commissioned providers, City of London Police, local health systems, Community Safety etc.
8. Performance dashboards are in use in other CCS service areas, notably Children's and Adults Services. The previous Homelessness and Rough Sleeping Strategy 2019 -23 did not use a performance metric framework.
9. The metrics selected for the new Performance Dashboard are based on what they inform us about the operating context, as well as the progress of the SDP and the Strategy. The metrics are all measurable, the data can be retrieved from a reliable data source and the work of the Homelessness and Rough Sleeping Service directly influences the metric itself.

Current Position

Service Delivery Plan

10. Progress at reporting period 2 (RP2) or six months into the SDP is summarised as follows:

	Priority 1 Rapid, effective and tailored interventions	Priority 2 Securing access to suitable, affordable accommodation	Priority 3 Achieving our goals through better collaboration and partnership	Priority 4 Providing support beyond accommodation	Totals
Not started	2	5	6	3	16
Risk	0	0	0	0	
Underway - issues	1	2	0	1	4
Underway - no issues	7	3	7	3	20
Complete	2	0	2	1	5
Totals	12	10	15	8	45

- There are currently 45 actions underway
- 3 new actions were added in the reporting period
- 29 actions are now underway
- 5 actions are completed
- Priority 1 – ‘Rapid, effective and tailored interventions’ and Priority 3 – ‘Achieving our goals through better collaboration and partnership’ are the areas where we have the most actions
- No significant risks have been identified at this stage

Performance Metrics and Dashboard

11. There are 14 metrics covering the 4 priority areas of the strategy. A summary of these, including data for FY 2023-24 can be found at Appendix 1.

12. Each metric is collated quarterly, and updates will be available to Members at each Homelessness and Rough Sleeping Subcommittee. Exceptions may apply where the required data has not been published or there are two Subcommittee in a quarter.

13. At the time of writing, Quarter 1 data is not yet available so retrospective data for 2023/24 has been supplied. This data is available in tabular form and will be presented to each Subcommittee as a dashboard using charts generated in Power BI.

14. The dashboard generated by this initial tranche of retrospective data has been used as a prototype to test the availability of source data, the relationship between the metrics and the legibility of the final dashboard.
15. Data for each quarter for each metric is available, with the exception of 3.3 (Increased satisfaction reported through service user feedback) which is yet to be developed. This is included in the service delivery plan 2023-27.

Corporate & Strategic Implications

16. Financial implications – N/A
17. Resource implications – N/A
18. Legal implications – N/A
19. Risk implications – N/A
20. Equalities implications – N/A
21. Climate implications – N/A
22. Security implications – N/A

Conclusion

23. The Homelessness and Rough Sleeping Service Delivery Plan is in the second reporting period of the 12 scheduled over the lifetime of this strategy.
24. Of the 45 actions in the SDP, 29 are now either underway or complete.
25. 5 actions have been completed and 3 new actions were added to the plan in reporting period 2 (Quarter 1 2024-25).
26. No significant risks have been identified at this time.
27. A performance dashboard has been developed in collaboration with the strategy and performance team in Community and Children's Services. The dashboard uses 14 metrics which cover the 4 priority areas within the Strategy.
28. At time of writing, data is not yet available for Quarter 1 2024-25. The first prototype dashboard has been populated with retrospective data from FY 2023-24 to establish a baseline for future reporting.
29. The performance dashboard data is available in tabular form at Appendix 1. A presentation of the data in charts will be available to attendees of the Subcommittee.

Background papers

- City of London Homelessness and Rough Sleeping Strategy 2023-27

Appendices

- Appendix 1 – Homelessness and Rough Sleeping Strategy Reporting Metrics

Will Norman

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HRS Performance Dashboard Metrics			Q1 2023-24	Q2 2023-24	Q3 2023-24	Q4 2023-24	
1. Providing rapid, effective and tailored interventions							
		Source	Area				
1.1	> Statutory homelessness is prevented and relieved (Pt7 Housing Act)	Jigsaw	Stat. H	7	7	1	2
1.2	> Reduction in the number of individuals sleeping (R1)	Chain	RS	180	190	279	260
1.3	> Decrease in City T1000 cohort seen rough sleeping	Chain	RS	37	25	18	17
1.4	> Number of people rough sleeping who have moved into accommodation	SITRS	RS	23	28	38	11
2. Securing access to suitable and affordable accommodation							
2.1	> Reduction in the length of statutory temporary accommodation stays	Jigsaw	Stat. H	221	150	170	49
2.2	> Increase in the supply of properties available to individuals facing homelessness or are rough sleeping	RISE	Path	89	89	89	89
2.3	> Increase in the number of people accessing private rented sector tenancies	RISE, H-CLIC	Path/Stat. H	0	1	1	0
3. Working collaboratively							
3.1	> Increase in the number of referrals received under S.213b Duty to Refer	Jigsaw	Stat. H	9	12	9	10
3.2	> Reduction in the number of individuals rough sleeping in high impact rough sleeping sites (HIRSS)	Chain	RS	34	34	57	55
3.3	> Increased satisfaction reported through service user feedback	Local	X Cutting				
4. Support beyond accommodation							
4.1	> Individuals with an assessed substance misuse need are referred to a specialist agency	Chain, RISE	RS/Path	49	54	50	66
4.2	> Increase in the number of rough sleepers registered with a GP (% of 1.2)	Chain	RS	36%	44%	18%	28%
4.3	> Increase in the number of service users accessing education, employment or training	Local	RS/Path	15	17	12	14

4.4	> Reduction in the number of people rough sleeping who had previously moved into settled supported accommodation	SITRS	RS	6	5	6	4
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Agenda Item 9

Committee: Homelessness and Rough Sleeping Sub-Committee	Dated: 10/06/2024
Subject: Annual Severe Weather Emergency Protocol (SWEP) Report 2023	Public
Which outcomes in the City Corporation’s Corporate Plan does this proposal aim to impact directly?	1,2,3,4,11
Does this proposal require extra revenue and/or capital spending?	N
If so, how much?	N/A
What is the source of Funding?	N/A
Has this Funding Source been agreed with the Chamberlain’s Department?	N/A
Report of: Judith Finlay, Executive Director of Community and Children’s Services	For Information
Report author: Rowan Wyllie, Rough Sleeping Co-ordinator	

Summary

This report presents narrative and analysis on the City of London’s (CoL’s) provision and outcomes in relation to its Severe Weather Emergency Protocol (SWEP) 2023/2024. It also includes references to previous years’ SWEP activations. Reference is made to the ‘Winter SWEP’ which, for this report, is between September and April, as temperatures are decreased, there is risk of temperatures dropping below 0 degrees, and activation of SWEP is likely to occur.

This report draws Members’ attention to the main findings from last winter’s activity. The ‘key data’ referenced in the report can be found in Appendix 1.

This year, there were less SWEP activations and fewer active days compared to the previous year. There was a 24.5% increase in individuals who accepted SWEP in 2023/2024 compared to the previous year. Most SWEP placements ended in assessment of the individual (78%) with 51% of total placements ending with an accommodation outcome.

This report references the following priority areas from the 2023–2027 Homelessness and Rough Sleeping Strategy:

- Priority 1 – Rapid, effective and tailored interventions
- Priority 3 – Achieving our goals through better collaboration and partnership.

Recommendation

Members are asked to:

- Note the report.

Main Report

Background

1. SWEP aims to prevent loss of life during periods of extreme and freezing weather in the CoL.

- SWEP is both a local protocol, with CoL-specific guidance and procedures; it is also a Greater London Authority (GLA) protocol. This is reflected in two main ways:

SWEP Accommodation: GLA has Pan-London SWEP provision, though local authorities will also provide their own local accommodation. The expectation is that, under normal circumstances, local authorities will exhaust their own accommodation before using the GLA Pan-London offer, though there are exceptions based on clients' needs.

SWEP Activation: The GLA will activate SWEP when any part of the capital is forecast to be 0 degrees or lower overnight. CoL can activate its own SWEP protocol independent of GLA activation, but the scenarios where this would occur are rare.

2. Once SWEP has been activated by the GLA and CoL officers, Thames Reach City Outreach team target all rough sleepers currently bedding down in the CoL and offer SWEP accommodation placements.

Current Position

Provision

3. The local SWEP accommodation provision available for City Outreach consists of a range of different accommodation projects within the CoL Pathway. This provides a varied set of offers for frontline services to deliver a person-centred approach and appropriate placement.

4. The following local SWEP placements offers were available during the year:

Space in communal spaces of accommodation projects: **11**

- Grange Road: 6
- City Inn Express: 1
- The Lodge: 2
- Crimscott Street: 2
- Hotel bookings (Travelodge): flexible

5. The Outreach team can refer to Pan-London provision once the local provision is exhausted. This Pan-London provision consists of self-contained hotel spaces. This resource is managed by the Department for Levelling Up, Housing and Communities. During the third SWEP activation, senior officers were told that, where possible, support from referring local authorities was required to receive clients back into their local provision during SWEP activation. This was to ease resource pressure and maximise space for teams that did not have access to

their own local provision (Pan-London Outreach teams, Rapid Response Outreach team).

Operational Process

6. Once placed into SWEP accommodation, people were given a Credible Service Offer and a prioritised move-on plan that reflected their individual eligibility and needs. Operational management of case progression was provided by CoL officers to uphold the 'In for Good' principle. An extra member of staff was recruited in the Outreach team for Winter SWEP to support this process and additional need.
7. The 'In for Good' principle dictates that local authorities operating under the GLA SWEP protocol should aim to retain all rough sleepers placed into accommodation during SWEP periods until there is a support plan in place to end their rough sleeping. This was adhered to by the CoL.

Activation

8. SWEP was activated three times across Winter SWEP 2023/2024, amounting to 18 active days (See Appendix 1, Figure 1).
9. Winter SWEP 2023/2024 saw the lowest number of SWEP activations in the last four years (See Appendix 1, Figure 2). Notably, there was one working day between the second and third activation. Therefore operationally, activations 2 and 3 felt like one sustained SWEP activation, with many clients remaining in SWEP accommodation across both activations in the same placement.

10. Key Data

In total, 64 of the 157 people offered SWEP across the 18 days of activation accepted a placement (40.76%) (See Appendix 1, Figure 3).

11. CoL-commissioned teams worked in collaboration to ensure that those accessing SWEP stays were assessed and offers of move-on accommodation were made. Of those assessed, 51% of the placements ended with an accommodation placement confirmed (33 of 64 stays).
12. Of the closed SWEP stays without outcome of assessment or accommodation (16 of 64), only one was due to eviction, which was implemented after SWEP was deactivated. (See Appendix 1, Figure 4).
13. Compared to the last Winter SWEP, there was a 24.56% increase of clients who accepted SWEP (50 clients accepted in 2022/2023, 64 accepted in 2023/2024). (See Appendix 1, Figure 5).

Cost

- Total Winter SWEP 2023/2024 cost: £46,738.66.

This can be broken down by:

- Cost of delivering SWEP through local Pathway: £16,581.43
- Cost of additional hotel placements (flexible capacity): £30,157.23

14. The forecast cost of Winter SWEP 23/24 reported to Members at the March Homelessness and Rough Sleeping Subcommittee was £47,000. This forecast was based on an estimate of 30 nights of SWEP activation (the average of the previous 3 years). The increase in cost per night of activation (18 nights can be explained by the increased use and cost of hotel accommodation).

Corporate & Strategic Implications

- 15. Financial implications – N/A
- 16. Resource implications – N/A
- 17. Legal implications – N/A
- 18. Risk implications – N/A
- 19. Equalities implications – N/A
- 20. Climate implications – N/A
- 21. Security implications – N/A

Conclusion

- 22. Winter SWEP 2023/2024 reflects the increasing demand on homelessness services in the CoL witnessed throughout 2023/2024. More people are accessing support and receiving accommodation offers year on year (see Appendix 1, figure 2).
- 23. The CoL-commissioned Outreach team deliver SWEP offers and assessment to a large number of people, multiple times, during the acute periods of risk to life in cold temperatures. The aim is to ensure that everyone receives a SWEP offer. Appendix 1 shows the volume of the workload (Appendix 1, Figure 3) and the follow-up work of driving the 'In for Good' principle (Appendix 1, Figure 4).

Appendices

- Appendix 1 – Key Data

Background Papers

- Future SWEP Planning Report – Homelessness and Rough Sleeping Subcommittee, March 2024

Rowan Wyllie (she/her)

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Appendix 1:
Key Data for City of London (CoL) Severe Weather Emergency Protocol (SWEP)
2023/2024

1) SWEP activation in Winter 2023/2024

2023/2024	
SWEP activation – deactivation	Nights
29/11/2023 – 04/12/2023	5
08/01/2024 – 11/01/2024	3
12/01/2024 – 22/01/2024	10
Total Nights	18

2) The frequency and duration of total SWEP activations in last four financial years

SWEP Period	Frequency of Activation	Total nights	Number of clients accepting SWEP
2020/2021	8	42	21
2021/2022	8	15	21
2022/2023	6	34	50
2023/2024	3	18	64

3) City Outreach team’s attempts to find clients during SWEP activations, the offers of SWEP made, and rate of acceptance each period

SWEP PERIOD	From	To	Attempted (tried to find)		Offered (seen and offered SWEP)		Accepted	In	
			Recorded Contacts*	Unique Client ID**	Recorded Contacts*	Unique Client ID**	Unique Client ID**	Unique Client ID**	% of Offered
1	29/11/2023	04/12/2023	386	126	118	66	23	20	30%
2	08/01/2024	11/01/2024	214	105	139	72	25	21	29%
3	12/01/2024	22/01/2024	475	127	201	91	24	23	25%
TOTAL			1075	233	459	157	72	64	40.76%

*Recorded contacts = Recorded individual entries on Combined Homelessness and Information Network (CHAIN) by City Outreach Worker

** Unique Client ID = Unique individuals recorded on CHAIN

Therefore, in SWEP period 1, 66 people were offered SWEP 118 times, showing multiple attempts to offer clients SWEP provision.

4) Total 'move-ons' recorded from CoL SWEP placements across winter 2023/2024

Outcome Summary	Details	Move-on from final SWEP stay
Accommodated – CoL Pathway (12)	Grange Road	2
	Staging Post	2
	Part 7 application	1
	Temporary Accommodation	7
Accommodated – External (20)	New Horizons youth	1
	Newham Hub (North East London Winter Hub)	4
	Reconnection	13
Institutional stay (1)	Hospital admission	1
Assessed – Closed (17)	End of stay assessed	17
Closed (16)	Abandoned	10
	End of stay	5
	Evicted, returned to rough sleeping (after SWEP deactivation)	1
Grand Total		64

5) Gender of individuals accepting SWEP in CoL SWEP placements across Winter SWEP 2023/2024 compared to Winter SWEP 2022/2023

Gender	Frequency 2022/2023	Frequency 2023/2024
Female	7	6
Male	43	58
Non-binary	0	0
Grand Total	50	64

6) Immigration status of individuals accepting SWEP in CoL SWEP placements across winter 2023/2024

Immigration Status	Count 2023/2024
EUSS Pre-settled status	5
EUSS Settled Status	4
Irish National	1
Limited leave to remain	1
Indefinite leave to remain	0
No clear status	9
No valid leave/undocumented	5
UK National	39
Grand Total	64

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Agenda Item 10

<p>Committee(s):</p> <p>Finance Committee</p> <p>Projects and Procurement Sub-Committee</p> <p>Court of Common Council</p> <p>Homelessness and Rough Sleeping Sub-Committee – For Information only</p> <p>Community & Children's Services Committee – For Information only</p>	<p>Dated:</p> <p>4th June 2024</p> <p>10th June 2024</p> <p>20th June 2024</p> <p>10th June 2024</p> <p>4th July 2024</p>
<p>Subject: Emergency and Temporary Accommodation Placements – Stage 1 Strategy Report and Stage 2 award Report</p>	<p>Public</p>
<p>Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?</p>	<p>Contribute to a flourishing society: outcomes 1, 2, 3 and 4</p>
<p>Does this proposal require extra revenue and/or capital spending?</p>	<p>No</p>
<p>If so, how much?</p>	<p>N/A</p>
<p>What is the source of Funding?</p>	<p>N/A</p>
<p>Has this Funding Source been agreed with the Chamberlain's Department?</p>	<p>N/A</p>
<p>Report of:</p> <p>Genine Whitehorn – Commercial Director</p> <p>Judith Finlay – Executive Director, Department of Community and Children's Services</p>	<p>For Decision</p>
<p>Report author:</p> <p>Monica Patel – Commercial Lead (Corporate and Peoples Service)</p> <p>John Barker – Commissioning Manager, Homelessness & Rough Sleeping</p>	

Summary

The Corporation has a statutory duty to provide Emergency and Temporary Accommodation for Homeless Households under the Housing Act Pt VII 1996 and the Homeless Reduction Act 2017; and for people identified as Street Homeless in the City of London on a discretionary basis as part of their resettlement.

This report seeks Member approval of the recommended procurement strategy to access Emergency and Temporary Accommodation by way of call off from the YPO

Framework and award to the Access Group for the use of their Housing Placements Platform, Adam Housing. Approval is sought for a four year contract (two years plus an optional two year extension) at a total value of £8,000,000.

Following market research, the Adam Housing platform was identified and is in use by the WREN Group of Local Authorities (Waltham Forest, Redbridge, Enfield and Newham) and is rolling out across other London Boroughs including Southwark and Croydon.

In accordance with the Procurement Code Part Two Rule 14 the contract value has been determined at £8 million (total amount payable), however Members should note that the actual cost of the Access Group contract is £81,950 with the remaining spend being the cost of the individual placements. Approval is sought in accordance with Section 16.2 of the Procurement Code Part One as this value exceeds £2 million.

The procurement strategy and procurement options have been reviewed and approved by the Communities and Children's Services Category Board on the 23rd of May 2024.

Recommendation(s)

Members are asked to:

- Approve the procurement strategy via a direct award call-off from the YPO framework (Commissioning Solution ref 1017 / Commissioning Solution 2 ref 001231), to the Access Group.
- Grant delegated authority to the Community and Children's Services Category Board for the approval of the two-year extension, should it be required.

Finance Committee Members are asked to:

- Due to the date ordering of the committee meetings, approval will be sought from the Projects & Procurement Sub Committee on 10th June 2024 following Finance Committee on 4th June 2024. Therefore approval is requested for delegated authority to the Town Clerk, in consultation with the Chairman and Deputy Chairman of the Finance Committee to approve the procurement strategy via a direct award call-off from the YPO framework (Commissioning Solution ref 1017 / Commissioning Solution 2 ref 001231), to the Access Group.

Main Report

Background

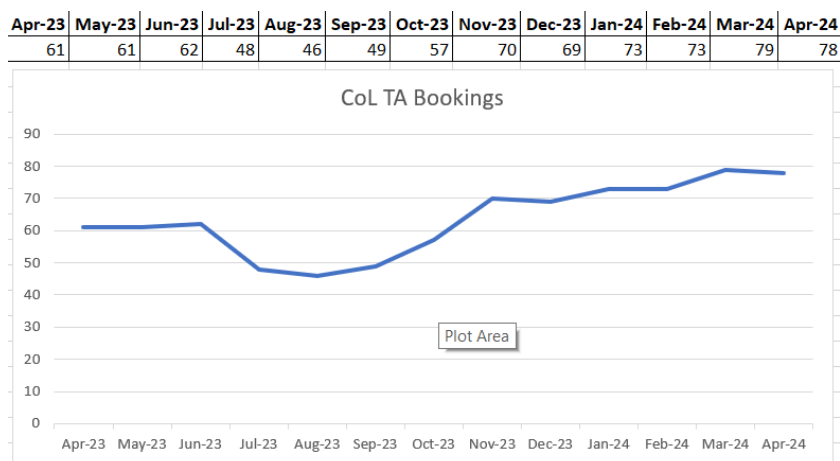
1. The City of London Homeless and Rough Sleeper Service has an ongoing need to procure on a regular basis, emergency and temporary accommodation for a host of clients ranging from Homeless Households for whom a relief duty under

the Homeless Reduction Act is owed; Rough Sleepers as an emergency route away from the dangers of sleeping out and people fleeing or at risk from domestic or other abuse or violence. The provision of such accommodation stems not only from statutory duties under the Housing Act 1996 and Homeless Reduction Act 2017 but also the City of London's Homelessness Strategy 2023 - 27 and ongoing work to tackle rough sleeping in the Square Mile.

2. Provision of Emergency and Temporary Accommodation is currently subject to a non-compliant waiver approved by CCS Committee in 2023 which expires in August 2024. The proposed recommendations in this paper will also allow placements to continue with the existing suppliers.
3. A previous strategy was presented to Projects and Procurement Sub Committee on 12th February 2024. However an emerging risk due to market pressures identified with the commercial envelope, requiring adherence to the pan London nightly paid rates agreement saw this strategy halted following legal advice from Comptrollers.

Current Position

4. Soft Market testing has been conducted and a Prior Information Notice published. The response from the market was very limited with only four providers expressing an interest in tendering for a City of London Corporation Framework which would have required a minimum of 15 suppliers
5. The working group assigned to this project continued to undertake wider market research and in doing so identified an alternative route to market via Adam Housing, a specialist software platform supplied by the Access Group.
6. Following a supplier presentation and a demonstration by London Borough of Redbridge enabling officers to assess and evaluate the system in use, the working group have determined that this is the best strategy for the Corporation to fulfil its statutory requirement. The system allows the service to benefit from access to a wider range of providers, automate the process of individual property searches, bookings, quality management, on boarding of new providers and financial management offering greater efficiency in managing the process.
7. The platform is in use by the WREN Group of Local Authorities (Waltham Forest, Redbridge, Enfield and Newham) and is rolling out across other London Boroughs including Southwark and Croydon.
8. There is a rising demand for emergency and temporary accommodation. The Homeless and Rough Sleeper Service currently make some bookings on a block basis and the rest as and when demand requires.



Options

9. The following Route to Market Options were considered:

9.1. Option 1 – Direct Award via Call off from YPO Framework

Advantages: Compliant Route to Market, Single Supplier, Increased Efficiency, Best Value, Access to Competitive Rates.

Disadvantages: Cost of the System Licence however this has been significantly discounted following negotiation.

9.2. Option 2 – Direct Award via call off from G-Cloud Framework

Advantages: Compliant Route to Market, Single Supplier, Increased Efficiency, Best Value, Access to competitive rates.

Disadvantages: Higher cost as demonstrated in Paragraph 13, Higher administration burden to access framework

9.3. Option 3 – Open Tender for City of London Corporation Framework Agreement

Advantages: Potential access to a range of providers, No system licence fee payable, no reliance on a third party system

Disadvantages: Need to develop terms for the framework, Very resource intensive to manage, no control over market interest, high level of manual processing

Finance

10. In accordance with the Procurement Code Rule 14 the contract value has been determined at £8 million (total amount payable), however Members should note that the actual cost of the Access Group contract is £81,950 with the remaining spend being the cost of the individual placements.

11. Costs are increasing as suppliers' rates also increase. The current cost projections based on current provider invoices are as follows. It should be noted that these are for current bookings, some of which were made some time ago with historic lower nightly rates.

	Blocks	Invoices	Total
Provider 1	£ 19,231.33	£ 63,218.85	£ 82,450.18
Provider 2	£ -	£ 37,617.00	£ 37,617.00
Provider 3	£ -	£ 12,110.00	£ 12,110.00
Provider 4	£ -	£ 1,922.00	£ 1,922.00
Total per Month			£ 134,099.18
Annual Projection			£ 1,609,190.16

12. A 33% discounted quotation has been negotiated with the Access Group and a compliant route to market identified via the YPO Framework.

13. The table below demonstrates the costings via each of the frameworks

Access Group - Call-off through G-Cloud		Access Group - Call-off through YPO	
4 Years Total Licence Fee	Average Technology Implementation Fee	4 Years Total Licence Fee	No Implementation Fee, only one of the Initial fees
£129,303.75	£20,000	£80,000	£1,950
Total for 4 years £149,303.75		Total for 4 years £81,950	

Total Savings for 4 years if calling off from YPO £67,353,75

Proposals

14. The proposed recommendation is Option 1, which is to direct Award via Call off from the YPO Framework. The YPO Framework grants access to the established Adam Housing Software Platform for a negotiated licence fee of £20,000 per annum and a one off onboarding fee of £1,950. This platform will allow the Homeless & Rough Sleeper Service to automate their onboarding of accommodation providers adhering to Corporations Service Specification and standards; and automate their searches, bookings, quality management, dispute resolution and financial management of the emergency and temporary accommodation bookings. This will free up officer resource and not necessitate specific officer time to manage a local framework.

15. Benchmarking nightly rates on the Adam Housing System against rates given to the Homeless and Rough Sleeper Service by regular providers demonstrate some significant difference.

Unit Size – North London location	Rate via Adam Housing	CoL available rates 9/5/24
1 bed s/c Family	£ 62.00	£ 80.00
3 bed s/c Family	£ 115.00	£ 150.00
2 bed s/c Family	£ 85.00	£ 130.00
Studio (single person)	£ 48.00	£ 60.00

Procurement Timetable

16. The provisional timetable proposed is as follows:

Stage	Date(s)
Soft Market Testing	1 st April 24 – 30 th April 24
Evaluation of Platform	1 st April 24 – 30 th April 24
Category Board Approval	23 rd May 2024
Submission to Finance Committee	4 th June 24
Submission to Projects and Procurement Sub Committee	10 th June 2024
Submission to Court of Common Council	20 th June 2024
Contract Start and Implementation	1 st July 2024
Go Live	1 st October 2024

The current iteration of the YPO Framework ends on the 17th July 2024. The reference numbers for both the existing and new iterations of the YPO framework are included in this report as a contingency.

Corporate & Strategic Implications

Strategic implications

17. This procurement allows the Corporation to continue to meet its statutory obligations under the Housing Act Part 1996 VII and to contribute to the Homelessness Strategy.

Financial implications

18. The Financial implications are as set out in the body of the report. The cost of contract will be funded from within existing local risk resources.

Resource implications

19. Use of the Adam Housing Software Platform effectively outsources and automates the resource needed to onboard providers and manage the framework. This creates a saving in resources compared to current arrangements and other potential procurement strategies. This enables the Homeless and Rough sleeper service to focus its resources on customer service and their core business.

Legal implications

20. Due diligence has been undertaken upon the YPO Framework in accordance with Rule 20 [Using Frameworks created by External Contracting Authorities] of the City's Procurement Code , and it is legally permissible for the City to utilise

the YPO Framework. If the City utilises the Framework, then further approval will be required from the Comptroller and City Solicitor and the Chamberlain in accordance Regulation 13.6 of the City's Financial Regulations to enter into the indemnity set out in the terms of the YPO Framework. Any UK GDPR implications will also need to be considered. The YPO Framework is silent on TUPE. Clarification has been sought from the YPO direct. YPO have clarified that TUPE will not apply to the YPO Framework as the use of the Solution will enable the City to contract with Adam HTT Ltd who will create the DPS or framework for the City if it utilises the YPO Framework, and current providers then onboard to the DPS or framework the City will create.

Risk implications

21. The failure to provide accommodation in line with statutory duty would expose the City Corporation to the risk of legal challenge. Equally, providing temporary accommodation of insufficient quality exposes a further to risk to the Corporation of legal challenge surrounding suitability under Section 202 of the Housing Act 1996. The use of the Adam Housing Platform contributes to mitigating these risks.

Equalities implications

22. An Equalities Impact Assessment has indicated that the needs of people with disabilities, and of old age are chiefly those most impacted by the use of Temporary Accommodation. The procurement takes this into account, ensuring that a full range of accommodation can be made available to the City of London, including ground floor and accessible accommodation.

Climate implications

23. Due consideration to the Corporations responsible procurement commitments has been considered as part of procurement options and the Access Group's carbon reduction strategy and social value strategy have been provided and reviewed.
24. Providers on the platform will be required to adhere specifically to the City of London's Service Specification for Emergency and Temporary Accommodation which includes sustainability standards.

Security implications

25. None

Conclusion

26. As outlined in this paper there is a notable advantage to the recommendation to award to the Access Group via Call off from the YPO Framework to the established Adam Housing Software Platform to allow the City Corporation to discharge its statutory duties under the Housing Act 1996 Part VII.

Appendices

None

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