



Community & Children's Services Committee

Date: WEDNESDAY, 30 APRIL 2025
Time: 2.00 pm
Venue: COMMITTEE ROOMS, 2ND FLOOR WEST WING, GUILDHALL

MEMBERSHIP OF THIS COMMITTEE WILL BE CONFIRMED AT THE ANNUAL MEETING OF THE COURT OF COMMON COUNCIL ON 25TH APRIL 2025.

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Ian Thomas CBE
Town Clerk and Chief Executive

AGENDA

NB: Certain items presented for information have been marked * and will be taken without discussion, unless the Committee Clerk has been informed that a Member has questions or comments prior to the start of the meeting. These for information items have been collated into a supplementary agenda pack and circulated separately.

Part 1 - Public Reports

1. **APOLOGIES**

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

3. ***ORDER OF THE COURT OF COMMON COUNCIL - TO FOLLOW**

To receive the Order of the Court of Common Council dated 25th April 2025
Item to follow upon Court of Common Council.

For Information

4. **ELECTION OF CHAIR**

To elect a Chair in accordance with Standing Order 28.

For Decision

5. **ELECTION OF DEPUTY CHAIR**

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

For Decision

6. **MINUTES**

To agree the public and non-public summary of the minutes of the previous Committee meeting held on 16 January 2025.

For Decision
(Pages 7 - 18)

7. ***PUBLIC OUTSTANDING ACTIONS**

Members are asked to note the outstanding actions report.

For Information

8. ***REPORT OF ACTION TAKEN BETWEEN MEETING UNDER URGENCY PROCEDURES**

Report of the Town Clerk.

For Information

9. **APPOINTMENTS TO SUB-COMMITTEES, PORTFOLIOS AND ALLOCATED MEMBERS**

Report of the Town Clerk.

For Decision
(Pages 19 - 72)

10. **ADULT SOCIAL CARE STRATEGY 2025-29**

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

For Decision
(Pages 73 - 128)

11. ***ADULT SOCIAL CARE SELF-EVALUATION FRAMEWORK 2024**

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

For Information

12. ***STANDING ADVISORY COUNCIL FOR RELIGIOUS EDUCATION (SACRE) & THE AGREED SYLLABUS CONFERENCE (ASC)**

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

For Information

13. ***GOLDEN LANE LEISURE CENTRE REFURBISHMENT UPDATE**

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

For Information

14. ***GOLDEN LANE ESTATE UPDATE BRIEFING - MAJOR WORKS AND ASSOCIATED ISSUES**

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

For Information

15. **UPDATES FROM SUB COMMITTEES, ALLOCATED MEMBERS AND PORTFOLIO HOLDERS**

To receive updates from Sub-Committees, Allocated Members and Portfolio Holders.

For Information

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

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

18. **EXCLUSION OF THE PUBLIC**

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

For Decision

Part 2 - Non-Public Reports

19. **NON-PUBLIC MINUTES**

To agree the non-public minutes of the previous Committee meeting held on 16 January 2025.

For Decision
(Pages 129 - 132)

20. ***NON-PUBLIC OUTSTANDING ACTIONS**

Members are asked to note the outstanding actions report.

For Information

21. ***REPORT OF ACTION TAKEN BETWEEN MEETING UNDER URGENCY PROCEDURES**

Report of the Town Clerk.

For Information

22. **GOLDEN LANE ESTATE INVESTMENT PROGRAMME (PHASE 1: CRESCENT HOUSE)**
Report of Executive Director, Community & Children's Services.
For Decision
(Pages 133 - 146)
23. **GOLDEN LANE ESTATE INVESTMENT PORGRAMME (PHASE 2: ALL BLOCKS EXCLUDING CRESCENT HOUSE)**
Report of the Executive Director, Community & Children's Services.
For Decision
(Pages 147 - 164)
24. **COLLINSON COURT NEW HOMES**
Report of the Executive Director, Community & Children's Services.
For Decision
(Pages 165 - 180)
25. **YORK WAY ESTATE OFFICE RESIDENTIAL CONVERSION**
Report of the Executive Director, Community & Children's Services.
For Decision
(Pages 181 - 190)
26. **GREAT ARTHUR HOUSE INVESTMENT WORKS – WINDOW REPAIR/REFURBISHMENT, ADDITIONAL VENTILATION, INTERNAL COMMUNAL REDECORATIONS, FIRE SAFETY AND ELECTRICAL COMPLIANCE**
Report of the Executive Director, Community & Children's Services.
For Decision
(Pages 191 - 204)
27. **BLACK RAVEN COURT - CITY OF LONDON PRIMARY ACADEMY ISLINGTON (COLPAI)**
Report of the Executive Director, Community & Children's Services.
For Decision
(Pages 205 - 216)
28. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE**

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

Part 3 - Confidential Reports

30. **PROPOSED ORGANISATIONAL RESTRUCTURE OF THE MAJOR WORKS TEAM (HRA), DCCS**

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

For Decision

COMMUNITY & CHILDREN'S SERVICES COMMITTEE

Thursday, 16 January 2025

Minutes of the meeting of the Community & Children's Services Committee held at Committee Rooms, West Wing, Guildhall on Thursday, 16 January 2025 at 10.00 am

Present

Members:

Munsur Ali
Matthew Bell
Deputy Keith Bottomley
Anne Corbett
Mary Durcan
Helen Fentimen OBE JP (Chairman)
Deputy John Fletcher
Dawn Frampton
Steve Goodman OBE
Alderman Prem Goyal, OBE
Deputy Natasha Maria Cabrera Lloyd-Owen

Alderman Christopher Makin
Timothy James McNally
Eamonn Mullally
Henrika Priest
Beverly Ryan
Naresh Hari Sonpar
Jacqui Webster
Deputy Ceri Wilkins
David Williams
Philip Woodhouse

In Attendance:

Deputy Marriane Fredericks

Officers:

Deborah Bell	- Community & Children's Services Department
Peta Caine	- Community & Children's Services Department
Kevin Colville	- Comptroller & City Solicitor's
Simon Cribbens	- Community & Children's Services Department
Liane Coopey	- Community & Children's Services Department
Hannah Dobbin	- Community & Children's Services Department
David Downing	- Community & Children's Services Department
Dean Elsworth	- Executive Director, Community & Children's Services
Judith Finlay	- Community & Children's Services Department
Philippe Greaves	- Community & Children's Services Department
Michael Gwyther-Jones	- Community & Children's Services Department
Kirstie Hilton	- Chamberlain's Department
Mark Jarvis	- City Bridge Foundation
Jack Joslin	- Community & Children's Services Department
Michael Kettle	- Community & Children's Services Department
Greg Knight	- Community & Children's Services Department
Rachel Levy	- Community & Children's Services Department
Chris Lovitt	- City Surveyors
Mark Lowman	- Chamberlain's Department
Goshe Munir	- Community & Children's Services Department
Scott Myers	- Community & Children's Services Department
Will Norman	- City's Surveyor's
Ola Obadara	- Community & Children's Services Department

Chris Pelham	- Community & Children's Services Department
Debby Rigby	- Community & Children's Services Department
Alice Rogers	- Community & Children's Services Department
Dan Sanders	- City Surveyor's Department
Chris Spicer	- Town Clerk's Department
Blair Stringman	- Communications & External Affairs
Chandni Tanna	- Community & Children's Services Department
Ellie Ward	- Community & Children's Services Department

1. **APOLOGIES**

Apologies for absence were received from Deputy Nighat Qureshi and Deputy Shravan Joshi.

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

Prior to declarations being received, the Town Clerk reminded Members that Under standing order 44. Interests: If a matter for decision is under consideration by the Court, or any Committee thereof, in which a Member has an interest they must act in accordance with the provisions of the Localism Act 2011 and the Members' Code of Conduct.

It was noted that it is entirely Members responsibility to declare an interest if they believe they should do so and where a Member has registered their pecuniary and non-pecuniary interests in accordance with the Code, there is no requirement to additionally declare the existence of such an interest at a meeting of the Corporation at which that interest is engaged. However, in the interests of transparency it is good practice to do so.

The following declarations were received by Members:

- Beverley Knight – declared an interest in item 7 as the governor of The Aldgate School.
- David Williams – declared that their children attend The Aldgate School, which they had previously declared.
- Jacqui Webster – declared that their organisation, Shoreditch Trust, is a named supporter of the Young Londoners' Manifesto 2024 and is listed in the cost of living responses as an organisation providing support for City residents.
- Ceri Willins - declared that their daughter was three and that they are pregnant.
- Natasha Lloyd Owen –that their 13-month-old child receives nursery provision in the City.

3. **MINUTES**

MATTERS ARISING:

- Discussion was raised about the accuracy of a statement on page 13 regarding the completion of assessments for special educational needs and disabilities (SEND). An officer confirmed that 100% of statutory assessments for education, health, and care plans for City residents were completed within the prescribed time limit.

RESOLVED – That, subject to the correction of a Members name, that the public and non-public summary of the minutes of the meeting held on 11 November 2024 be agreed as a correct record.

4. **OUTSTANDING ACTIONS**

The Committee received a report of the Executive Director, Community & Children's Services concerning outstanding actions.

The following points were noted:

- A Member raised a question about the funding for the City of London Scout Group, specifically whether there would be a cut in their funding of £7,000. An officer responded that they had encouraged the Scout group to use grant funding, as it is a non-statutory provision. Due to the proportion of scouts who live in the city, they might not qualify for grant funding. The officer confirmed that they would pay the £7,000 from their budget but noted that this might need to be revisited if there are wider cuts within the Corporation.

RESOLVED – That, the report be noted.

5. **ALLOCATED MEMBERS TO THE CITY CORPORATION'S VARIOUS HOUSING ESTATES**

The Committee considered a report of the Town Clerk concerning allocation of Members to the City of London Corporation's various Housing Estates.

It was noted that there was a previous discussion about the role of lead Members for each of the boroughs, and it was noted that post-election, the information about the role of lead Members should be updated. This would ensure that any changes in names are fully briefed and supported to take on the role more effectively.

RESOLVED – That, Members endorse the following appointments to the various housing estates:

- Southwark: Timothy McNally
- Islington: Mary Durcan
- Hackney : Ceri Wilkins
- Tower Hamlets : John Fletcher
- Lewisham: Steve Goodman
- Lambeth: Eamonn Mullally
- City of London – Golden Lane Estate: Ceri Wilkins
- Middx St Estate: John Fletcher

6. **DEPARTMENTAL BUDGET ESTIMATES 2025/26 - COMMUNITY AND CHILDREN'S SERVICES EXCLUDING HOUSING REVENUE ACCOUNT (HRA)**

The Committee considered a joint report of the Executive Director, Community & Children's Services and Chamberlain concerning approval of the budget

estimates for the Department of Community & Children's Services for 2025/26, for subsequent submission to Finance Committee.

Officers noted that the proposed revenue budget for 2025/26 totals £19,779,000, which was an overall increase of £1,854,000 from the current budget. Members were informed that the increase was mainly due to two reasons, firstly, due to an increase in the allocation of budget for recharges and support services by £648,000 following a corporation-wide review of the allocation methodology. Secondly, due to the department securing substantial additional funding to address existing and projected future pressures in adult and children's social care.

Discussion was raised regarding the pressures in adult and children's social care, with a Member raising a question about the proportion of the budget allocated to each. It was noted that the budget pressures are due to high-cost placements and increasing demand for services. Members also discussed the importance of communicating available support to residents, particularly regarding the Household Support Fund and winter fuel payments. Suggestions were made to improve communication through the City of London website, residents' WhatsApp groups, and including information with Council tax bills.

RESOLVED – That Members,

- a) review and approve the Community and Children's Services Department's (excluding HRA) proposed revenue budget for 2025/26 for submission to Finance Committee,
- b) review and approve the Community and Children's Services Department's (excluding HRA) proposed capital and supplementary revenue projects budgets for 2025/26 for submission to Finance Committee,
- c) authorise the Chamberlain, in consultation with the Executive Director of Community and Children's to revise these budgets to allow for any further implications arising from Corporate Projects and changes to the Cyclical Works Programme,
- d) agree that the Chamberlain be authorised to make minor amendments for 2024/25 and 2025/26 budgets arising during the corporate budget setting period.

7. **CHILDREN'S CENTRE SERVICES AND 0-2 CHILDCARE ARRANGEMENTS**
The Committee considered a report of the Executive Director, Community & Children's Services concerning the context in which the policy proposals for Children's Centre Services should be considered and puts forward options for Members to consider and to approve a preferred option for further development.

Members were provided with an introduction to the report by the Director for Education, outlining three options for the future of children's centre services and nought to two childcare arrangements. Members were provided with a brief outline of the options noting the following:

- Option 1 involves using the existing budget to deliver children's centre services across various venues in the City, retaining the City Childcare Accessibility scheme for eligible residents, and planning for family hub start-for-life services.
- Option 2 proposes using the existing budget to deliver children's centre services and subsidise The Aldgate School to deliver nought to two childcare, retaining the City Childcare Accessibility scheme but with no remaining funding for family hub start-for-life services.
- Option 3 suggests using the existing budget to deliver children's centre services and subsidise childcare for eligible city residents to use at providers of their choice, reducing but not necessarily removing funding for family hub start-for-life services.

Several members expressed strong support for Option 2, emphasising the importance of maintaining the current provision at The Aldgate School, which is highly valued by parents and the community. Concerns were raised about the potential disruption to The Aldgate School and the impact on families if the current provision is altered. Some Members contemplated a more equitable distribution of services across the City, suggesting that Options 1 or 3 would benefit a broader range of families. Discussion was also raised about the number of children currently using the nought to two childcare provisions at The Aldgate School, with clarification provided that the service was fully subscribed and serves a significant number of City residents.

NB: At this point during the meeting Members unanimously agreed to suspend the meeting for a period of five minutes to resolve technical issues.

After reconvening, Members noted that a non-public appendix was affixed to the report presented, and it was deemed inappropriate to make a decision without first considering this appendix. Therefore, Members unanimously agreed to exclude the public before making a decision, which would then be presented back in the public domain.

NB: Members unanimously agreed that:

- *under Section 100A(4) of the Local Government Act 1972, the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in Paragraphs 2, 3, 4 and 5 of Part I of Schedule 12A of the Local Government Act and;*
- *after formal discussion on the non-public appendix to the report, that the public be re-admitted to conclude the formal public business on the agenda.*

After reconvening, the Chairman thanked members of the public in the room and those online for their patience. It was noted that following discussion on the non-public appendix affixed to the report, an amendment had been discussed and would be put to the Committee.

Moved by Alderman Goyal. Seconded by Common Councillor Corbett, and Resolved: That Members, Support option 2 academic year which ends in August 2026 for one year and Members agree to consult on future strategic and policy direction exploring alternative models. Members unanimously agreed.

RESOLVED – That Members, Support option 2 academic year which ends in August 2026 for one year and Members agree to consult on future strategic and policy direction exploring alternative models.

8. SPECIAL EDUCATIONAL NEEDS AND DISABILITIES (SEND) AND ALTERNATIVE PROVISION STRATEGY 2025-29

The Committee considered a report of the Executive Director, Community & Children's Services concerning the Special Educational Needs and Disabilities (SEND) and Alternative Provision Strategy 2025-29 for approval.

NB: At this point in the meeting, Members unanimously agreed to extend the meeting by 30 minutes to conclude business.

Officers noted that the strategy aims to support children and young people with SEND, aged 0-25, living in the City of London. The strategy was developed through engagement activities with children, young people, parent carers, and professionals. It includes an action plan, equality impact assessment, and a summary of engagement and consultation.

Five priority areas were identified:

1. Providing the right help at the right time.
2. Supporting transitions, including preparation for adulthood.
3. Enabling a skilled, valued workforce.
4. Ensuring children and young people feel recognised and part of their community.
5. Providing high-quality, appropriate alternative provision when needed.

Members were informed the strategy emphasises early identification and response to needs, minimising waiting times for services, and supporting families while waiting. It also focuses on the emotional well-being of parent carers and aims to make families feel recognised and valued within their local community. It was noted that the strategy will be delivered and monitored by the SEND Programme Board.

RESOLVED - That Members, approve the SEND and Alternative Provision Strategy 2025-29.

9. HOUSING REVENUE ACCOUNT (HRA) AND CAPITAL BUDGETS 2025/26

The Committee considered a joint report of the Chamberlain and Executive Director, Community & Children's Services concerning the annual submission of the revenue and capital budgets.

Members were informed that the overall financial position of the ring-fenced HRA remains challenging, with a relatively low level of reserves projected for the end of 2025-2026. The balanced budget for 2025-2026 shows an increase in expenditure mainly related to employee costs and repairs, which is broadly offset by an increase in expected service income due to the inclusion of new rental income from Black Raven Court. There were questions and comments from Members regarding the overall exposure of the Corporation's properties and the need for a comprehensive view of the financial challenges across the

entire portfolio. Officers noted ongoing conversations with Members on the way forward and the need to reflect the national challenge faced by HRAs.

RESOLVED – That Members,

- a) Review the provisional 2025/26 revenue budget to ensure that it reflects the Committee's objectives and, approve the proposed budget for submission to the Finance Committee.
- b) Review and approve the draft capital budget.
- c) Authorise the Chamberlain to revise these budgets to allow for further implications arising from departmental reorganisations and other reviews.

10. **POLICY AND PROTOCOL TO TACKLE THE NEGATIVE IMPACTS OF ROUGH SLEEPING**

The Committee considered a report of the Executive Director, Community & Children's Services concerning a draft policy statement and protocol in support of interventions to tackle the negative impacts such as anti-social behaviour that can be associated with rough sleeping.

Members were informed that the aim of the policy is to allow officers and partners to act in a way that balances the response to issues arising from rough sleeping with the welfare of the individuals involved. It was noted that the policy was developed with extensive consultation with Members of the Homelessness and Rough Sleeping Sub-Committee, the government's specialist advisor on rough sleeping, and voluntary sector providers like Thames Reach. It was not about removing tents to reduce rough sleeping but ensuring a welfare-driven approach that offers credible support off the streets.

Members highlighted the importance of having a clear and consistent approach to dealing with rough sleeping, ensuring that the welfare-first approach is embedded while addressing issues that affect other city residents and workers.

RESOLVED – That Members,

- a) Approve the draft policy, protocol
- b) Note risk and resource implications
- c) Note the proposed bid for funding to pilot an approach

11. **SOCIAL HOUSING DECARBONISATION FUND CONSORTIUM GRANT AGREEMENT**

The Committee considered a report of the City Surveyor concerning the City of London Corporation joining a consortium of over 20 London Boroughs, led by London Councils, to submit a grant application to the Warmer Homes Social Housing Decarbonisation Fund.

RESOLVED – That Members, authorise the Executive Director of Community & Children's Services to enter into a Grant Agreement for WH:SHDF Wave 3.

12. ***CHILDREN AND FAMILIES SERVICE SELF-EVALUATION 2024**

The Committee received a report of the Executive Director, Community & Children's Services concerning the City of London Corporation (City Corporation) Department of Community and Children's Services (DCCS) Children and Families Service self-evaluation (SEF) 2024.

Members reviewed the self-evaluation report, which highlighted the strengths and areas for improvement within the service. It was noted that the report emphasised the importance of early identification and intervention, the need for a skilled and valued workforce, and the significance of supporting children and families throughout their journey.

Members expressed their appreciation for the comprehensive nature of the report and the efforts made by the team to achieve outstanding results in the recent Ofsted inspection. They also discussed the challenges faced by the service, including the increasing demand for services and the need for continuous improvement.

RESOLVED – That, the report be noted.

13. ***OFSTED INSPECTION OF CITY OF LONDON CHILDREN'S SERVICES 2024**

The Committee received a report of the Executive Director, Community & Children's Services concerning key findings and appends Ofsted's findings in full.

The Committee was delighted to report that the service was rated as outstanding once again. Members expressed their appreciation for the hard work and dedication of the team in maintaining high standards of service delivery.

RESOLVED – That, the report be noted.

14. ***SUPPORTED EMPLOYMENT PROGRAMME -CONNECT TO WORK**

The Committee received a report of the Executive Director, Community & Children's Services concerning information about the recently introduced Supported Employment Programme, which is grant funded by the Department for Works and Pensions (DWP).

Officers noted the programme aims to support individuals in finding employment by providing them with the necessary skills and resources. Members discussed the importance of the programme in addressing unemployment and helping individuals gain meaningful employment. They highlighted the positive impact the programme has had on participants, including increased confidence and improved job prospects.

Members also discussed the challenges faced by the programme, such as securing funding and ensuring that the support provided is tailored to the needs of the participants. They emphasised the need for continued collaboration with local businesses and organisations to provide opportunities for participants.

RESOLVED – That, the report be noted.

15. UPDATES FROM SUB COMMITTEES, ALLOCATED MEMBERS AND PORTFOLIO HOLDERS

The Committee received a report of the allocated Member for Middlesex Street.

RESOLVED – That, the report be noted.

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

There were several questions raised by Members.

- **What has caused the further delays to the Crescent House Windows replacement project?**

The delays are due to bio-safety issues and the inclusion of external works that were not part of the original programme.

- **Why weren't residents informed about the delays?**

The project team had a meeting in November with members of the Crescent House CSG to explain the issues and promised to provide an overarching programme by the end of January.

- **What impacts will the delays have on the wider estate?**

The delays have caused significant frustration among residents, particularly leaseholders, due to the increasing costs of the works.

- **Who will bear the costs of the works?**

There are ongoing discussions about who will bear the costs. Partial advice has been received from the legal team, and further advice is being sought regarding the heating issue and the improvement versus repairs issue.

- **What is the scope of the project?**

The project scope includes not just window replacements but also other pressing works such as electrics, fire doors, and concrete repairs.

- **What are the plans for future meetings with residents?**

The team is planning future meetings with residents and will send out a letter with more information shortly.

17. ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT

There was one item of urgent business regarding Golden Lane refurbishment project.

- **Delegation of Decision Making:** Members were asked to delegate decision-making responsibility to the Town Clerk in consultation with the Chairman and Deputy Chairman for the initial stages of the Golden Lane refurbishment project. This involves progressing the gateway one and two reports, which establish the project on the system, set the budget, and allow for scoping and design work. It was confirmed that the budget for the refurbishment is already in place, and the works can commence to enable the refurbishment. The scoping includes considerations for the climate action strategy, particularly focusing on remediating the boilers, which are a significant sustainability issue. Additionally, there was a mention of an interest in the City Gen extension, which will be considered as part of the project.

RESOLVED – That Members, agree to delegate authority to the Town Clerk, in consultation with the Chairman and Deputy Chairman, to approve a Gateway 1 and 2 report in relation to the refurbishment of the Golden Lane leisure Centre.

18. **EXCLUSION OF THE PUBLIC**

RESOLVED – That, under Section 100A(4) of the Local Government Act 1972, the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in Paragraphs 2, 3, 4 and 5 of Part I of Schedule 12A of the Local Government Act.

19. **NON-PUBLIC MINUTES
MATTERS ARISING:**

- Officers sought delegated authority to the Town Clerk in consultation with Chairman and Deputy Chairman in relation to a matter considered in non-public.

RESOLVED – That, the non-public minutes of the meeting held on 11 November 2024 be agreed as a correct record.

20. **OUTSTANDING ACTIONS**

The Committee received a report of the Executive Director, Community & Children's Services.

RESOLVED – That, the report be noted.

21. ***NON-PUBLIC APPENDICES**

The Committee received two non-public appendices to be read in conjunction with the relevant items on the agenda.

21.1 **Non-Public Appendix to be read in conjunction with item 7**

The Committee received a non-public appendix to be read in conjunction with item 7.

Members discussed the non-public appendix and agreed to readmit the public to continue the formal business on the agenda once concluded.

21.2 **Non-Public Appendix to be read in conjunction with item 12**

The Committee received a non-public appendix to be read in conjunction with item 12 on the agenda.

22. **GREAT ARTHUR HOUSE – ROOF AND CANOPY REFURBISHMENT**

The Committee considered a report of the Executive Director, Community & Children's Services.

23. **INSTALLATION OF SPRINKLERS IN SOCIAL HOUSING HIGH RISE BLOCKS**

The Committee considered a report of the Executive Director, Community & Children's Services.

24. **HARDSHIP GRANT PROPOSALS FOR THE CITY OF LONDON COMBINED RELIEF OF POVERTY CHARITY (CHARITY REGISTRATION NUMBER 1073660)**
The Committee considered a report of the Executive Director, Community & Children's Services.
25. **MIDDLESEX STREET, CAR PARK, MIDDLESEX STREET, E1 7AD**
The Committee considered a joint report of the City Surveyor and Commissioner of Police.
26. ***CITY CORPORATION MENTORING PROJECT**
The Committee received a report of the Strategic Director of Education and Skills.
27. ***HRA COMMERCIAL PROPERTY - DEBT POSITION, PROGRESS AGAINST ARREARS RECOVERY AND VACANT UNITS**
The Committee received a joint report of the Executive Director, Community & Children's Services, the City Surveyor, the Executive Director, of Property and the Chamberlain.
28. ***YORK WAY ESTATE PROVISION OF SOCIAL HOUSING**
The Committee received a report of the Executive Director, Community & Children's Services.
29. ***REPORT OF ACTION TAKEN BETWEEN MEETINGS**
The Committee received a report of the Town Clerk.
30. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE**
A question was raised by a Member.
31. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT AND WHICH THE COMMITTEE AGREE SHOULD BE CONSIDERED WHILST THE PUBLIC ARE EXCLUDED**
There was no urgent business.
32. ***CITY OF LONDON PAY AWARD 2024/25 – UPDATE FOLLOWING TRADE UNION ENGAGEMENT**
The Committee received a joint report of the Chief People Officer and the Chamberlain.

The meeting ended at 12.37 pm

Chairman

Contact Officer: Blair Stringman
Blair.Stringman@cityoflondon.gov.uk

City of London Corporation Committee Report

Committee(s): Community & Children's Services Committee	Dated: 30 th April 2025
Subject: Appointments and Sub-Committees, Portfolios and Allocated Members	Public report: For Decision
This proposal: <ul style="list-style-type: none"> • provides statutory duties • provides business enabling functions 	N/A
Does this proposal require extra revenue and/or capital spending?	N/A
If so, how much?	N/A
What is the source of Funding?	N/A
Has this Funding Source been agreed with the Chamberlain's Department?	N/A
Report of:	Town Clerk
Report author:	Blair Stringman, Governance Officer

Summary

The purpose of this report is to seek appointments to the Community and Children's Services Committee's various Sub Committees for the 2025/26 Civic Year, approve their Compositions and Terms of Reference, and appoint representatives to several other City Corporation positions. The arrangements for appointing Sub-Committee Chairs and Deputy Chairs has been changed as part of the Standing Orders changes approved by the Court in March 2025, with a subsequent impact on the appointment of the Chair and Deputy Chair of the various Sub-Committees.

Members are asked to make appointments to other Grand Committees and Sub-Committees, and note the positions of the Chairman and Deputy Chairman on several other Committees as set out in the report. The Terms of Reference for all City Corporation Committees and Boards can be found in the City of London Corporation's '*White Paper*', which will be presented to the Court of Common Council on 25th April 2025.

Finally, Members are asked to appoint Lead Members to various portfolios, including Allocated Members to the City's Housing Estates.

Recommendations

Members are asked to:

- a) Agree the composition and Terms of Reference of The Housing Management and Almshouses Sub Committee and Allocated Members to the City's Housing Estates as set out in the report and Appendix 1.
- b) Agree the composition and Terms of Reference of The Safeguarding & Special Educational Needs Sub-Committee as set out in Appendix 2.
- c) Agree the composition and Terms of Reference of The Homelessness and Rough Sleeping Sub Committee as set out in Appendix 3.
- d) Elect the Chair(s) for the following Sub-Committees;
 - i. Housing Management and Almshouses Sub-Committee
 - ii. Safeguarding & Special Educational Needs Sub-Committee
 - iii. Homelessness & Rough Sleeping Sub-Committee

and note that the Deputy Chair(s) of the Sub-Committees will be elected by the Sub-Committees at their first meetings;

- e) Appoint The Chair and Deputy Chair of the Community and Children's Services Committee, together with three Deputies, to the Integrated Care Sub Committee (of the City and Hackney Place-based Partnership) set out in Appendix 4 & 6.
- f) Appoint Lead Members to the following Portfolios set out in Appendix 5:-
 - i. Adult and Children Safeguarding
 - ii. Young People
 - iii. Carers' and Special Educational Needs Champion
- g) Appoint a Member to The Education Board.
- h) Appoint a Member to The Projects & Procurement Sub-Committee.
- i) Appoint The Chair or their representative to the Equality, Diversity & Inclusion Sub-Committee.
- j) Appoint The Chair and Deputy Chair of the Community & Children's Services Committee, or their representatives, to the Crime and Disorder Scrutiny Committee.

Main Report

Background

1. This report asks Members to consider arrangements for the Community & Children's Services various Sub-Committees for the 2025/26 Civic Year, approve their Compositions and Terms of Reference, and appoint representatives to several other City Corporation positions. It also details the representatives that the Committee is requested to appoint onto other City Corporation Committees or in other positions, or where the Chairman and Deputy Chairman sit on other Committees and can appoint representatives.

2. Housing Management & Almshouses Sub-Committee

The Committee is requested to approve the Housing Management & Almshouses Sub Committee's Terms of Reference and appoint up to **9 Members**.

The Housing Management & Almshouses Sub-Committee is responsible for Social Housing (i.e. the management of the property owned by the City of London Corporation under the Housing Revenue Account and the City Fund in accordance with the requirements of the relevant legislation and the disposal of interests in the City of London Corporation's Housing Estates (pursuant to such policies as are from time to time laid down by the Court of Common Council). The Almshouses is responsible for the management of the City of London Almshouses, a registered charity (no.1005857), in accordance with the charities governing instruments.

Additionally, the Committee are asked to consider allocated Members to the various Housing Estates, they are linked to specific boroughs rather than individual housing estates. This strategic approach aims to enhance representation, improve coordination, streamline decision-making, and foster stronger community engagement. The Members are responsible for:

- Providing statutory duties and business enabling functions;
- Enhancing governance;
- Community engagement;
- and effective resource allocation.

Only Members who sit on the Housing Management & Almshouses Sub-Committee may be considered for the following borough appointments:

- a) Southwark
- b) Islington
- c) Hackney
- d) Tower Hamlets
- e) Lewisham
- f) Lambeth
- g) City of London – Golden Lane Estate
- h) Middx St Estate

3. Safeguarding & Special Educational Needs Sub-Committee

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

The Safeguarding Sub-Committee is responsible for overseeing the Corporation's safeguarding function. The Sub-Committee oversees the discharge of the City of London's responsibilities to safeguard children and adults who have been identified as requiring support and protection; ensures, in respect of children entering public care, that the duty of the local authority as a corporate parent to safeguard and promote a child's welfare is fulfilled; monitors the Department of Community & Children's Services' performance in respect of its work to safeguard children and adults (making recommendations to the Grand Committee to bring about improvements as appropriate); and, exercises its functions with regards to the views of relevant service users.

4. Homelessness and Rough Sleeping Sub Committee

The Committee is requested to approve the Homelessness and Rough Sleeping Sub Committee's Terms of Reference and appoint up to **6 Members of the Community & Children's Services Committee and/or the Court of Common Council**.

The Homelessness and Rough Sleeping Sub-Committee monitors and reviews the City Corporation's efforts to tackle rough sleeping and homelessness and also evaluates the work undertaken with partner organisations to prevent rough sleeping in the City of London.

Representatives on other Committees

5. Integrated Care Board Sub Committee

The Committee is asked to appoint the **Chair, Deputy Chair and 3 Deputies** to the Integrated Care Sub-Committee.

The full Terms of Reference of the City and Hackney Place-based Partnership can be found at Appendix 4.

6. Lead Members to the Various Portfolios

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

The portfolio roles can be found at Appendix 5.

7. The Education Board

The Committee is requested to appoint **1 Member** to the Board.

8. Projects and Procurement Sub-Committee

The Committee is asked to appoint **1 Member** to the Sub-Committee.

9. Equality Diversity & Inclusion Sub-Committee

The Committee is asked to appoint the Chair or their representative.

10. Crime and Disorder Scrutiny Committee

The Committee is asked to appoint the Chair, Deputy Chair or their representatives.

Frequency of meetings

The Committee is also required to review the frequency of its meetings on an annual basis, it is proposed that this arrangement continues and be considered in November 2025.

Conclusion

Members are asked to consider the various appointments made by the Community & Children's Services Committee.

Appendices

- **Appendix 1** – Housing Management & Almshouses Sub-Committee, Terms of Reference
- **Appendix 2** – Safeguarding & Special Educational Needs Sub-Committee, Terms of Reference
- **Appendix 3** – Homelessness & Rough Sleeping Sub-Committee, Terms of Reference
- **Appendix 4** – Integrated Care Sub-Committee, Terms of Reference
- **Appendix 5** – Lead Member Portfolios
- **Appendix 6** – City & Hackney Place-Based Partnership Terms Of Reference

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Appendix 1

HOUSING MANAGEMENT & ALMSHOUSES SUB COMMITTEE

Constitution

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

Quorum

Any 3 Members.

Terms of Reference

To be responsible for: -

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

Appendix 2

SAFEGUARDING & SPECIAL EDUCATIONAL NEEDS SUB-COMMITTEE

Constitution

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

Quorum

Any 3 Members.

Terms of Reference

To be responsible for: -

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

Appendix 3

HOMELESSNESS AND ROUGH SLEEPING SUB COMMITTEE

Constitution¹

- i. The Chair & Deputy Chair of the Community and Children's Services Committee;
- ii. A total of six Members elected by the Community and Children's Services Committee, consisting of:
 - a. Members of the Community and Children's Services Committee; with
 - b. Up to two Members of the Court of Common Council
- iii. One Member appointed by and representing the City of London Police Authority Board;
- iv. A representative of the City Churches;
- v. Chair of the Safer City Partnership or his/her/their representative;
- vi. Three external members in accordance with the Membership Scheme²

The **quorum** of the Sub Committee shall consist of any three Members of the Court of Common Council.

Terms of Reference³:

To scrutinise, give consideration, and make recommendations to the Grand Committee of:

1. Strategies and proposals to alleviate rough sleeping and homelessness in the City of London together with other associated activities.
2. Government and regional policies on rough sleeping; and their impact on the City of London Corporation's Rough Sleeping and Homelessness Strategy and practice arrangements.

Suggested frequency of meetings – 4 times a year

¹ As set out in the Schedule approved by the Community & Children's Services Committee on 11 March 2024.

² As set out in the Schedule approved by the Community & Children's Services Committee on 11 March 2024.

³ As set out in the Schedule approved by the Community & Children's Services Committee on 11 March 2024.

Homelessness and Rough Sleeping Sub Committee Schedule of Constitution and Terms of Reference

Appointments

1. The Representative of City Churches is appointed by the Community and Children's Services Committee, following recommendation by the Archdeacon of London.
 - a. This appointment is reviewed every 3 years
2. Even as an appointee, a City of London Officer does not have voting rights.

Member Scheme

1. The Sub Committee will have the power to co-opt up to three external members outside of the Court of Common Council.
 - a. These individuals will provide specialism and experience relevant to the subject matter; or
 - b. Who are currently working in the field of homelessness, or who have lived expertise and experience of homelessness, or expertise and experience of accessing services related to homelessness.
 - c. Two appointments are two-year terms, and one appointment a three-year term.
2. In the first instance of an external member vacancy, The City of London Police Authority Board has priority to appoint a second Member appointed by and representing the City of London Police Authority Board.
3. The external member appointment process is as follows:
 - a. Offer a vacant external membership to the City of London Police Authority Board. With up to two City of London Police Authority Board representatives on the Sub Committee.
 - b. Advertise the vacant external membership(s) on the City of London Corporation website.
 - c. The Town Clerk to redact personal information for a blind review of applications to the Panel.
 - d. The lead officers to create a shortlist of candidates.
 - e. The Recruiting Panel will consist of the Chairs and Deputy Chairs of CCS and HRS (or their representatives) along with a maximum of two officers appointed by the Executive Director, Community and Children's Services.
 - f. The Panel to approve the shortlist, conduct interviews, and present to CCS Grand Committee recommendations of appointments for final approval.

Annual Plan

Officers will report on:

1. new approaches to working with rough sleepers;
2. financial implications in delivering a service to rough sleepers;
3. the health and wellbeing of rough sleepers, what services are required and how they can be delivered;
4. implications of any enforcement activities;
5. collection of data, including the number of rough sleepers on the City streets, and other relevant evidence of outcomes; and
6. officer liaison with other local authorities and agencies working towards tackling homelessness and rough sleeping

Appendix 4

INTEGRATED CARE SUB COMMITTEE

(CITY AND HACKNEY PLACE BASED PARTNERSHIP)*

Constitution

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

Quorum

Any three Members.

The full Terms of Reference for the City and Hackney Place-based Partnership are included Separately.

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

Frequency of meetings: a minimum of 4 a year – arranged by the London Borough of Hackney.

Appendix 5

Lead Member Portfolios

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

Portfolios	Role
Adult and Children Safeguarding	The Lead Members are expected to attend the following statutory meetings: <ol style="list-style-type: none">1. The City and Hackney Safeguarding Board2. OFSTED4. Children in Care Council5. Safeguarding & Special Educational Needs Sub-Committee The Lead Members will receive regular updates on key areas of Children's' Safeguarding and will have involvement in relevant commissioning areas.
	Lead Members are expected to attend the following statutory meetings: <ol style="list-style-type: none">1. Quarterly City and Hackney Adult safeguarding board.2. Quarterly Adult Advisory Board3. Homelessness and Rough Sleeping Sub Committee4. Care Quality Commission5. Safeguarding Sub Committee The Lead Members will receive regular updates on key areas of Adult Safeguarding and will have involvement in relevant commissioning areas.

Young People	<p>The nominated Lead Member for young people is charged with championing universal needs of young people living, studying or working in the City. The Lead Member will support cross Corporation working and have involvement in relevant services for young people, such as;</p> <ol style="list-style-type: none"> 1. Universal youth provision in the square mile 2. City Youth Forum 3. Apprenticeship, work experience, volunteering opportunities and Culture Mile learning, within the Terms of Reference of the Community and Children's Services Committee.
Carers' and Special Educational Needs Champion	<p>To act as a point of contact for the City's carers.</p>

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CITY & HACKNEY

PLACE-BASED PARTNERSHIP

TERMS OF REFERENCE

Contents

Introduction

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

Section 2:

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

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

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

INTRODUCTION

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

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

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

Section 1

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

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

Role of the Health and Care Board

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

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

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

(d) To oversee delivery and performance at Place against:

- national targets.
- targets and priorities set by the ICB or the ICP, or other commitments set at North East London level, including commitments to the NHS Long Term Plan.
- the PBP Plan, the Place objectives and priorities and the associated outcomes framework.

(e) To provide a forum at which the partner organisations operating across Place can routinely share insight and intelligence into local quality matters, identify opportunities for improvement and identify concerns and risk to quality, escalating such matters to the NEL ICS System Quality Group as appropriate. Meetings of the Health and Care Board will give Place and local leaders an opportunity to gain:

- understanding of quality issues at Place level, and the objectives and priorities needed to improve the quality of care for local people.
- timely insight into quality concerns/issues that need to be addressed, responded to and escalated within each partner organisation through appropriate governance structures or individuals, or to the System Quality Group.
- positive assurance that risks and issues have been effectively addressed.
- confidence about maintaining and continually improving both the equity, delivery and quality of their respective services, and the health and care system as a whole across Place.

(f) To oversee the use of resources and promote financial transparency;

(g) To make recommendations about the exercise of any functions that a partner organisation asks the Health and Care Board to consider on its behalf;

(h) To ensure that co-production is embedded across all areas of operation, consistent with the City & Hackney co-production charter;

(i) To support the ICS with the achievement of the 'four core purposes' of Integrated Care Systems, namely to:

- improve outcomes in population health and healthcare;

	<ul style="list-style-type: none"> • tackle inequalities in outcomes, experience and access; • enhance productivity and value for money; • help the NHS support broader social and economic development. <p>(j) To support the North East London Integrated Care System to deliver against its strategic priorities and its operating principles, as set out here.</p>
Statutory decision-making	<p>7. In situations where any decision(s) needs to be taken which requires the exercise of statutory functions which have been delegated by a partner organisation to a governance structure in Section 2, then these shall be made by that governance structure in accordance with its terms of reference, and are not matters to be decided upon by the Health and Care Board.</p> <p>8. However, ordinarily, in accordance with their specific governance arrangements set out in Section 2, a decision made by a committee or other structure (for example a decision taken by the Place ICB Sub-Committee on behalf of the ICB) will be with Health and Care Board members in attendance and, where appropriate, contributing to the discussion to inform the statutory decision-making process. This is, however, subject to any specific legal restrictions applying to the functions of a partner organisation and subject to conflict of interest management.</p>
Making recommendations	<p>9. Where appropriate in light of the expertise of the Health and Care Board, it may also be asked to consider matters and make recommendations to a partner organisation or a governance structure set out in Section 2, in order to inform their decision-making.</p> <p>10. Note that where the Health and Care Board is asked to consider matters on behalf of a partner organisation, that organisation will remain responsible for the exercise of its statutory functions and nothing that the Health and Care Board does shall restrict or undermine that responsibility. However, when considering and making recommendations in relation to such functions, the Health and Care Board will ensure that it has regard to the statutory duties which apply to the partner organisation.</p> <p>11. Where a partner organisation needs to take a decision related to a statutory function, it shall do so in accordance with its terms of reference set out in Section 2, or the other applicable governance arrangements which the partner organisation has established in relation to that function.</p>
Collaborative working	<p>12. The Health and Care Board and any governance structure set out in Section 2 shall work together collaboratively. It may also work with other governance structures established by the partner organisations or wider partners within the ICS. This may include,</p>

**Principles of
collaboration and
good governance**

where appropriate, aligning meetings or establishing joint working groups.

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

Collaboration with the City & Hackney HWBs

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

Collaboration with Safeguarding Adults/Children's Board

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

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

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

Chairing and partnership lead arrangements

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

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

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

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

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

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

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

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

Membership

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

ICB:

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

Local authority officers:

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

Local authority elected members:

- (i) The Chairman of the Community and Children's Services Committee (COLC)
- (j) The Deputy Chairman of the Community and Children's Services Committee (COLC) (**Chair, rotating**)
- (k) The Chairman of the Health and Wellbeing Board (COLC)
- (l) Cabinet Member for Health, Adult Social Care, Voluntary Sector and Culture (LBH) (**Chair, rotating**)
- (m) Cabinet Member for Education, Young People and Children's Social Care (LBH)
- (n) Cabinet Member for Finance, Insourcing and Customer Service (LBH)

NHS Trusts/Foundation Trusts:

- (o) Chief Executive (Homerton) (**Place Partnership lead**)
- (p) Non-Executive Director of Homerton
- (q) Director of ELFT
- (r) Non-Executive Director ELFT

Primary Care:

- (s) Place-Based Partnership Primary Care Development Clinical Lead
- (t) Chief Executive, City & Hackney GP Confederation
- (u) Chair, City & Hackney GP Confederation
- (v) PCN clinical director
- (w) PCN clinical director

Voluntary sector

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

Healthwatch

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

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

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

Papers and notice

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

Virtual attendance

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

Admission of the public

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

Recordings of meetings

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

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

Meeting minutes

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

Governance support

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

Confidential information

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

Decision-making

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

	<p>47. In the event that the Health and Care Board is unable to agree a consensus position on a matter it is considering, this will not prevent any or all of the statutory committees/sub-committees in Section 2 taking any applicable decisions they are required to take. To the extent permitted by their individual terms of reference, statutory committees/sub-committees may utilise voting on matters they are required to take decisions on.</p>
<p>Conflicts of Interest</p>	<p>48. Conflicts of interests will be managed in accordance with relevant policies, procedures and joint protocols developed by the ICS, and consistently with the partner organisations' respective statutory duties, their own policies on conflict management³ and applicable national guidance. As a minimum, this shall include ensuring that:</p> <ul style="list-style-type: none"> (a) a register of the members interests is maintained; (b) any actual or potential conflicts are declared at the earliest possible opportunity; (c) all declarations and discussions relating to them are minuted.
<p>Accountability and Reporting</p>	<p>49. The Health and Care Board shall comply with any reporting requirements that are specifically required by a partner organisation for the purposes of its constitutional or other internal governance arrangements. The Health and Care Board will also report to the ICP.</p> <p>50. Members of the Health and Care Board shall disseminate information back to their respective organisations as appropriate, and feed back to the group as needed.</p> <p>51. The Health and Care Board and the HWBs will provide reports to each other, as appropriate, so as to inform their respective work. The reports the Health and Care Board receives from the HWBs will include the HWBs' recommendations to the Health and Care Board on matters concerning delivery of the Place objectives and priorities (see here) and delivery of the associated outcomes framework. The HWBs will continue to have statutory responsibility for the joint strategic needs assessments and joint local health and wellbeing strategies.</p> <p>52. Given its purposes at paragraph 6(e) above, the Health and Care Board will regularly report upon, and comply with any request of the System Quality Group for information or updates on, matters relating to quality which effect the ICS and bear on the System Quality Group's remit.</p>
<p>Monitoring Effectiveness and Compliance with Terms of</p>	<p>53. The Health and Care Board will carry out an annual review of its effectiveness and provide an annual report to the ICP and to the partner organisations. This report will outline and evaluate the Health and Care Board's work in discharging its responsibilities, delivering its objectives and complying with its terms of reference.</p>

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

Reference

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

Section 2 (Part A)

The City & Hackney Section 75 Board

Introduction	<ol style="list-style-type: none"> 1. The arrangements for the City & Hackney Section 75 Board set out in these terms of reference enable aligned decision-making between the following statutory partners who have established integrated commissioning arrangements under powers conferred by section 75 of the National Health Service Act 2006 ('Section 75') and associated secondary legislation: <ol style="list-style-type: none"> (a) The City of London Corporation ('COLC') (b) The London Borough of Hackney ('LBH') (c) The North East London Integrated Care Board ('ICB') 2. The expectation is that many of the discussions that will inform the statutory partners decisions under these arrangements will take place within overall City & Hackney Place-Based Partnership ('PBP'). This will happen through aligned meetings between the sub-committees which comprise the Section 75 Board, and also the City & Hackney Health and Care Board, with decisions being taken as appropriate by each statutory sub-committee on matters within the sub-committee's authority.
Composition and authority	<ol style="list-style-type: none"> 3. The Section 75 Board brings together the following sub-committees of the statutory partner organisations: <ol style="list-style-type: none"> (a) COLC's Integrated Commissioning Sub-Committee, which is established as a sub-committee under the COLC's Community and Children's Services Committee ('the COLC Sub-Committee'); (b) LBH's Integrated Commissioning Sub-Committee, which is established as a sub-committee reporting to the LBH Cabinet ('the LBH Sub-Committee'); and (c) the City & Hackney Sub-Committee of the ICB, which is established as a sub-committee reporting to the ICB's Population Health and Integration Committee ('the Place ICB Sub-Committee'). 4. The COLC Sub-Committee has authority to make decisions on behalf of COLC, which shall be binding on COLC, in accordance with the terms of reference set out here and the scheme of delegation and reservation for the integrated commissioning arrangements. 5. The LBH Sub-Committee has authority to make decisions on behalf of LBH, which shall be binding on LBH, in accordance with these terms of reference and the scheme of delegation and reservation for the integrated commissioning arrangements. 6. The Place ICB Sub-Committee has authority to exercise the functions

	delegated to it by the ICB and to make decisions on matters relating to these delegated functions, in accordance with its terms of reference and the associated ICB governance framework.
Section 75 pooled fund arrangements	<p>7. Where section 75 pooled fund arrangements have been established, the following arrangements will apply:</p> <p>(a) Members of the COLC Sub-Committee and the Place ICB Sub-Committee will manage the pooled funds for which they have been assigned authority in accordance with a section 75 agreement in place between COLC and the ICB ("City Pooled Funds");</p> <p>(b) Members of the LBH Sub-Committee and the Place ICB Sub-Committee will manage the pooled funds for which they have been assigned authority in accordance with a section 75 agreement in place between LBH and the ICB ("Hackney Pooled Funds").</p> <p>8. The LBH Sub-Committee shall have no authority in respect of City Pooled Funds and vice versa.</p> <p>9. For services where no pooled fund arrangement is in place, the Section 75 Board arrangements may be used to make recommendations to the Place ICB Sub-Committee, COLC Community and Children's Services Committee or LBH Cabinet as appropriate and in accordance with the relevant section 75 agreement. Recommendations about services may also be made through the City & Hackney Health and Care Board.</p>
Objectives	<p>10. The Section 75 Board will support the development of the City & Hackney Place-Based Partnership, through:</p> <p>(a) taking commissioning decisions in relation to the services which fall within the scope of the section 75 arrangements referred above (including in relation to, for example, service re-design, contracting and performance, planning and oversight);</p> <p>(b) supporting the City & Hackney Health and Care Board to develop the plans for the Place, achieve its priorities and objectives, and to fulfil its responsibilities as set out in its terms of reference;</p> <p>(c) developing and scrutinising commissioning intentions, including the monitoring, review, commissioning and decommissioning of activities;</p> <p>(d) approving clinical and social care guidelines, pathways, service specifications, and new models of care;</p> <p>(e) ensuring its decisions are made in a timely manner, with full consideration to:</p> <ul style="list-style-type: none"> • statutory duties of the relevant organisation(s); • relevant in term and longer term Place, system and national

	<p>plans, policy, priorities and guidance (as appropriate);</p> <ul style="list-style-type: none"> • the City & Hackney Co-Production Charter; • best practice and benchmarked performance; • relevant financial considerations.
<p>Accountability and reporting</p>	<p>11. The Section 75 Board will report to the relevant forum as determined by the ICB, LBH and COLC. The matters on which, and the arrangements through which, the Section 75 Board is required to report shall be determined by the ICB, LBH and COLC (and shall include requirements in respect of Better Care Fund budgets).</p> <p>12. The Section 75 Board will present for approval by the ICB, LBH and COLC as appropriate proposals on matters in respect of which authority is reserved to the ICB and/or COLC and/or LBH (including in respect of aligned fund services).</p> <p>13. The Section 75 Board will receive reports from the statutory partners on decisions made by those bodies where authority for those decisions is retained by them, but the matters are relevant to the work of the Section 75 Board. Discussions about such matters will be facilitated through the aligned meetings with the City & Hackney Health and Care Board.</p> <p>14. The Section 75 Board will provide reports to the Health and Wellbeing Boards, the ICB Board or the NEL Integrated Care Partnership and other committees as required. The City & Hackney Health and Care Board may provide such reports on behalf of the Section 75 Board as part of its wider reporting arrangements.</p> <p>15. The Section 75 Board functions through the scheme of delegation and financial framework agreed by the ICB, COLC and LBH respectively, who remain responsible for their statutory functions and for ensuring that these are met and that the Section 75 Board is operating within all relevant requirements.</p>
<p>Chairing Arrangements</p>	<p>16. The chairing arrangements set out in the City & Hackney Health and Care Board's terms of reference shall apply equally to the Section 75 Board, meaning that the Chair of the City & Hackney Health and Care Board shall also be the Chair of the Section 75 Board.</p>
<p>Membership</p>	<p>17. The membership of the sub-committees which the Section 75 Board brings together is as follows:</p> <p>18. COLC Sub-Committee:</p> <ul style="list-style-type: none"> (a) The Deputy Chairman of the Community and Children's Services Committee (Chair of the COLC Sub-Committee); (b) The Chairman of the Community and Children's Services Committee;

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

19. LBH Committee:

- (a) Cabinet Member for Health, Adult Social Care, Voluntary Sector and Culture (**Chair of the LBH Sub-Committee**);
- (b) Cabinet Member for Education, Young People and Children's Social Care;
- (c) Cabinet Member for finance, Insourcing and customer Service.

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

Nominated deputies

- 21. Any member of the LBH Sub-Committee may appoint a deputy who is a Cabinet Member.
- 22. The COLC Community and Children's Services Committee may appoint up to three of its members who are members of the Court of Common Council to deputise for any member of the COLC Sub-Committee.
- 23. The Place ICB Sub-Committee's terms of reference set out its provision for nominating deputies.
- 24. Notwithstanding the above, any member appointing a deputy for a particular meeting of the Section 75 Board must give prior notification of this to the Chair.

Participants

- 25. As the three sub-committees shall meet in common, the members of each sub-committee shall be in attendance at the meetings of the other two sub-committees. It is also expected that meetings of the Section 75 Board will largely take place within the PBP structure and, therefore, subject to conflict of interest management and ensuring compliance with each component part of the Section 75 Board's governance requirements, members of the City & Hackney Health and Care Board and its participants (as specified in the City & Hackney Health and Care Board's terms of reference) may be in attendance at meetings of the Section 75 Board.
- 26. The following will be expected to attend the meetings of the Section 75 Board, contribute to all discussion and debate, but will not participate in decision-making:
 - (a) The Director of Community and Children's services (Authorised Officer for COLC);
 - (b) The City of London Corporation Chamberlain;
 - (c) LBH Group Director – Finance and Corporate Resources;
 - (d) LBH Group Director for Adults, Health and Integration;

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

	<p>sensitive. This should only occur in exceptional circumstances and is in accordance with the open and accountable local government guidance (August 2014).</p> <p>34. Governance support will be provided to the Section 75 Board and minutes shall be taken of all of its meetings. These may be incorporated into the minutes of the City & Hackney Health and Care Board. The ICB, COLC and LBH shall agree between them the format of the joint minutes of the Section 75 Board which will separately record the membership and the decisions taken by the Place ICB Sub-Committee, the COLC Sub-Committee and the LBH Sub-Committee. Agenda, decisions and minutes shall be published in accordance with partners' Access to Information procedures rules.</p> <p>35. Decisions made by the COLC Sub-Committee may be subject to referral to the Court of Common Council in accordance with COLC's constitution. Cabinet decisions made by the LBH Sub-Committee may be subject to call-in by members of the Council in accordance with LBH's constitution. Decisions made by the Place ICB Sub-Committee may be subject to review by the ICB's board or its Population Health & Integration Committee, or as further set out in the Place ICB Sub-Committee's terms of reference or the wider governance arrangements. However, the ICB, LBH and COLC will manage the business of the Section 75 Board, including consultation with relevant forum and/or officers within those organisations, such that the incidence of decisions being reviewed or referred is minimised.</p>
Conflicts of interest	<p>36. The partner organisations represented in the Section 75 Board are committed to conducting business and delivering services in a fair, transparent, accountable and impartial manner. Section 75 Board members will comply with the arrangements established by the organisations that they represent or the ICS as a whole, and any national statutory guidance applicable to the organisation. As a minimum, this shall include ensuring that:</p> <ul style="list-style-type: none"> (a) a register of the members interests is maintained; (b) any actual or potential conflicts are declared at the earliest possible opportunity; (c) all declarations and discussions relating to them are minuted. <p>37. In respect of the COLC Sub-Committee and the LBH Sub-Committee, it is for the members to declare any conflicts of interests which exist (taking into account any guidance from the Chair) and, if so, to adopt any arrangements which they consider to be appropriate. Members of the Place ICB Sub-Committee shall act in accordance with the sub-committee's terms of reference and the ICB's conflicts of interest policy and procedures.</p>
Review	<p>38. The terms of reference will be reviewed at least annually, to coincide with reviews of the section 75 agreements.</p>

Section 2 (Part B)

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

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

<p>Key duties relating to the exercise of the Delegated</p>	<p>of the Place ICB Sub-Committee is also described in the Place Mutual Accountability Framework, which may be updated by the Board taking into account the views of the PH&I Committee.</p> <p>10. The Delegated Functions shall be exercised with particular regard to the Place objectives and priorities, described in the plan for Place (‘the PBP Plan’), which has been agreed with the PH&I Committee and the partner organisations represented on the Health and Care Board. A summary of the PBP’s priorities and objectives can be found here.</p> <p>11. In addition, the Place ICB Sub-Committee will support the wider ICB to achieve its agreed deliverables, and to achieve the aims and the ambitions of:</p> <ul style="list-style-type: none"> (a) The Joint Forward Plan; (b) The Joint Capital Resource Use Plan; (c) The Integrated Care Strategy prepared by the NEL Integrated Care Partnership; (d) The HWBs’ joint local health and wellbeing strategies with the HWBs’ needs assessments for the area; (e) The Place Mutual Accountability Framework and the NHS North East London Financial Strategy and developing ICS Financial Framework; (f) The PBP Plan. <p>12. The Place ICB Sub-Committee will also prioritise delivery against the strategic priorities of the North East London Integrated Care System (see here) and its design and operating principles set out here.</p> <p>13. In supporting the ICB to discharge its statutory functions and deliver the strategic priorities of the ICS at Place, the Place ICB Sub-Committee will, in turn, be supporting the ICS with the achievement of the ‘four core purposes’ of Integrated Care Systems, namely to:</p> <ul style="list-style-type: none"> (a) Improve outcomes in population health and healthcare; (b) Tackle inequalities in outcomes, experience and access; (c) Enhance productivity and value for money; (d) Help the NHS support broader social and economic development. <p>14. The Place ICB Sub-Committee is a key component of the ICS, enabling it to meet the ‘triple aim’ of better health for everyone, better care for all and efficient use of NHS resources.</p> <p>15. When exercising any Delegated Functions, the Place ICB Sub-Committee will ensure that it acts in accordance with, and that its decisions are informed by, the guidance, policies and procedures of the</p>
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Functions

ICB or which apply to the ICB.

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

Collaborative working

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

Collaboratives

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

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

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

Health & Wellbeing Boards and Safeguarding

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

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

	<p>the Children Act 2014.</p> <p><i>Establishing working groups</i></p> <p>21. The Place ICB Sub-Committee does not have the authority to delegate any functions delegated to it by the ICB. However, the Place ICB Sub-Committee may establish working groups or task and finish groups. These do not have any decision-making powers but may inform the work of the Place ICB Sub-Committee and the PBP. Such groups must operate under the ICB's procedures and policies and have due regard to the statutory duties which apply to the ICB.</p> <p>22. The Place ICB Sub-Committee will be chaired by the Chair of the City & Hackney Health and Care Board who is appointed on account of their specific knowledge, skills and experiences making them suitable to chair the Sub-Committee.</p> <p>23. The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these terms of reference.</p> <p>24. The Deputy Chair of the Place ICB Sub-Committee is the Deputy Chair of the Health and Care Board.</p> <p>25. If the Chair has a conflict of interest then the Deputy Chair or, if necessary, another member will be responsible for deciding the appropriate course of action.</p> <p>26. The Chief Executive of the Homerton will be the Place Partnership Lead.</p> <p>27. The Place ICB Sub-Committee members will be appointed by the Board in accordance with the ICB Constitution and the Chair of the ICB will approve the membership of the Sub-Committee.</p> <p>28. The Place ICB Sub-Committee has a broad membership, including those from organisations other than the ICB. This is permitted by the ICB's Constitution and amendments made to the National Health Service Act 2006 by the Health and Care Act 2022.</p> <p>29. The membership of the Place ICB Sub-Committee includes members drawn from the following partner organisations which operate at Place:</p> <ul style="list-style-type: none"> (a) The NHS North East London Integrated Care Board (the 'ICB') (b) London Borough of Hackney ('LBH') (c) City of London Corporation ('COLC') (d) East London NHS Foundation Trust ('ELFT') (e) Homerton Healthcare NHS Foundation Trust ('Homerton FT')
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- (f) Hackney Council for Voluntary Service
- (g) City of London Healthwatch
- (h) Healthwatch Hackney
- (i) City & Hackney GP Confederation
- (j) City & Hackney's Primary Care Networks ('PCNs')

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

ICB:

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

Local authority officers:

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

Local authority elected members:

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

NHS Trusts/Foundation Trusts:

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

Primary Care:

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

Voluntary sector

	<p>(o) Chief Executive Officer, Hackney Council for Voluntary Service</p> <p><i>Healthwatch</i></p> <p>(p) Chief Executive, City of London Healthwatch</p> <p>(q) Chief Executive, Healthwatch Hackney</p> <p>31. With the permission of the Chair of the Place ICB Sub-Committee, the members, set out above, may nominate a deputy to attend a meeting of the Place ICB Sub-Committee that they are unable to attend. However, members will be expected not to miss more than two consecutive meetings. The deputy may speak and vote on their behalf. The decision of the Chair regarding authorisation of nominated deputies is final.</p> <p>32. When determining the membership of the Sub-Committee, active consideration will be made to diversity and equality.</p>
Participants	<p>33. Only members of the Sub-Committee have the right to attend Sub-Committee meetings, but the Chair may invite relevant staff to the meeting as necessary in accordance with the business of the Sub-Committee.</p> <p>34. Meetings of the Sub-Committee may also be attended by the following for all or part of a meeting as and when appropriate:</p> <p>(a) Any members or attendees of the Health and Care Board (i.e. in Section 1)</p> <p>(b) Any members or attendees of the City & Hackney Section 75 Board (i.e. in Section 2: Part A)</p> <p>35. The Chair may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion on particular matters.</p>
Resource and financial management	<p>36. The ICB has made arrangements to support the Place ICB Sub-Committee in its exercise of the Delegated Functions. Financial responsibilities of the Place ICB Sub-Committee are contained in the list of Delegated Functions in Annex 1, and further information about resource allocation within the ICB is contained in the ICB's Standing Financial Instructions and associated policies and procedures, which includes the NHS North East London Financial Strategy and developing ICS Financial Framework.</p> <p>37. The Chair will be invited to attend the Finance Performance and Investment Committee where the Committee is considering any issue relating to the resources allocated in relation to the Delegated Functions.</p>
Meetings, Quoracy and Decisions	<p>38. The Place ICB Sub-Committee will operate in accordance with the ICB's governance framework, as set out in its Constitution and Governance Handbook and wider ICB policies and procedures, except as otherwise</p>

provided below:

Scheduling meetings

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

Quoracy

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

Voting

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

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

Papers and notice

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

Virtual attendance

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

Admission of the public

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

Recordings of meetings

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

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

Confidential information

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

Meeting Minutes

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

Legal or professional advice

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

Governance support

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

Conflicts of Interest

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

Behaviours and Conduct

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

	implications of the decisions they make.
Disputes	<p>64. Where there is any uncertainty about whether a matter relating to a Delegated Function is within the remit of the Place ICB Sub-Committee in its capacity as a decision-making body within the ICB's governance structure, including uncertainty about whether the matter relates to:</p> <ul style="list-style-type: none"> (a) a matter for wider determination within the ICS; or (b) determination by another placed-based committee of the ICB or other forum, such as a provider collaborative, <p>then the matter will be referred to the Director who is responsible for governance within the ICB for consideration about where the matter should be determined.</p>
Referral to the PH&I Committee	<p>65. Where any decision before the Place ICB Sub-Committee is 'novel, contentious or repercussive' across the ICB area and/or is a decision which would have an impact across the ICB area, then the Place ICB Sub-Committee shall give due consideration to whether the decision should be referred to the PH&I Committee.</p> <p>66. With regard to determining whether a decision falling within the paragraph above shall be referred to the PH&I Committee for consideration then the following applies:</p> <ul style="list-style-type: none"> (a) The Chair of the Place ICB Sub-Committee, at his or her discretion, may determine that such a referral should be made. (b) Two or more members of the Place ICB Sub-Committee, acting together, may request that a matter for determination should be considered by the PH&I Committee. <p>67. Where a matter is referred to the PH&I Committee under paragraph 65, the PH&I Committee (at an appropriate meeting) shall consider and determine whether to accept the referral and make a decision on the matter. Alternatively, the PH&I Committee may decide to refer the matter to the Board of the ICB or to another of the Board's committees/subcommittees for determination.</p> <p>68. In addition to the Place ICB Sub-Committee's ability to refer a matter to the PH&I Committee as set out in paragraph 65:</p> <ul style="list-style-type: none"> (a) The PH&I Committee, or its Chair and Deputy Chair (acting together), may determine that any decision falling with paragraph 65 should be referred to the PH&I Committee for determination; or (b) The Board of the ICB, or its Chair and the Chief Executive (acting together), may require a decision related to any of the ICB's delegated functions to be referred to the Board.
Accountability	<p>69. The Place ICB Sub-Committee shall be directly accountable to the PH&I</p>

and Reporting

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

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

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

And will report matters of relevance to the following:

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

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

Shared learning and raising concerns

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

Review

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

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

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

Version: 2.0

Date of review: 1 April 2023

Annex 1 - ICB Delegated Functions

Commissioning functions

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

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

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

Health and care needs planning

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

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

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

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

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

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

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

Market management, planning and delivery

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

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

Finance

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

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

Key Performance Indicators and required outcomes are delivered.

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

Quality

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

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

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

Primary Care

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

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

Communication and engagement with stakeholders

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

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

Population health management

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

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

Emergency planning and resilience

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

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

coordinating with local partners as necessary.

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City of London Corporation Committee Report

Committee(s): Community & Children's Services Committee	Dated: 30/04/2025
Subject: Adult Social Care Strategy 2025-29	Public report: For Decision
This proposal: <ul style="list-style-type: none"> • delivers Corporate Plan 2024-29 outcomes • provides statutory duties 	Diverse engaged communities Providing excellent services
Does this proposal require extra revenue and/or capital spending?	No
If so, how much?	N/A
What is the source of Funding?	N/A
Has this Funding Source been agreed with the Chamberlain's Department?	No
Report of: Judith Finlay, Executive Director – Community & Children's Services	
Report author: Scott Myers, Strategy & Projects Officer, Community & Children's Services	

Summary

This report presents the City of London Corporation's draft Adult Social Care Strategy 2025-29 for approval.

The draft strategy went through a period of public consultation between September 2024 and March 2025.

The draft strategy sets out our vision and commitments for Adult Social Care over the next 4 years.

Recommendation(s)

Members are asked to:

- Approve the draft Adult Social Care Strategy 2025-29 set out in Appendix 1.

Background

1. The Adult Social Care service at the City of London Corporation is undergoing a process of reform and improvement, focusing on our strength-based practice and working with residents to maximise their independence and improve the quality-of-care provision.
2. This process of service improvement also supports the assurance process relating to the new inspection programme introduced by the Care Quality Commission in 2023.
3. The development of this strategy aligns with our statutory responsibilities under the Care Act 2014 and reflects the unique challenges and opportunities of providing Adult Social Care in the City of London.

Current Position

4. The draft Adult Social Care Strategy 2025-29 has been developed through collaboration with community groups and stakeholders, our own staff and service users and their carers, incorporating their feedback and priorities.
5. The strategy went through a public consultation period from September 2024 to March 2025. Full details of consultation activity and response to the consultation, as well as our response has been included in appendix 2.
6. The strategy identifies four key commitments:
 - a. Helping individuals meet their own needs and aspirations in a safe and supportive way.
 - b. Providing a skilled, supported, and adaptable workforce dedicated to delivering high quality care.
 - c. Working collaboratively with partners to provide the right support, in the right place, at the right time.
 - d. Providing a range of high quality, accessible care options to meet diverse needs.
7. These commitments are underpinned by a Strengths Based Approach and anti-racist practice, which form the core of our Adult Social Care model.
8. The strategy acknowledges the City of London's unique position as the smallest local authority in London, with specific challenges including:
 - Limited physical space within the City of London to develop place-based support services.
 - No residential care home within the City's boundary.
 - The need for effective collaboration in spot purchasing care and support.
 - Demands on a small social care workforce.
 - Challenges in co-designing services with a small resident population.

9. Despite these challenges, the City of London has strengths, including:
- An experienced and knowledgeable workforce with good staff retention rates.
 - A coordinated, multi-agency approach to assessment and support.
 - A strong hospital discharge model.
 - Well-established integrated care models and relationships with health and voluntary sector organisations.
 - Robust safeguarding responses.
 - Strong political engagement and commitment.
10. The strategy outlines specific focus areas for each commitment, including:
- Increasing the use of Direct Payments.
 - Improving the 'front door' service for information and guidance.
 - Expanding the use of technology-enabled care and social prescribing.
 - Developing a dedicated Adult Social Care Workforce strategy and training plan.
 - Strengthening collaboration with health providers and social housing providers.
 - Working with care providers to ensure cultural awareness and service quality.
11. The strategy aligns with and supports the delivery of other key City Corporation strategies, including the Corporate Plan 2024-29, Our People Strategy 2024-29, the Carers Strategy 2023-27, and the Joint Health and Wellbeing Strategy 2023-27.
12. Implementation of the strategy will be supported by the Adult Social Care Action Plan 2025-29, which will be reviewed on an annual basis and remain responsive to changing needs and circumstances.
13. The strategy includes measures of success for each commitment, which will be used to monitor progress and impact over the four-year period.

Corporate & Strategic Implications

Strategic implications – This strategy aligns with the City Corporation's Corporate Plan for 2024-29, particularly in supporting diverse, engaged communities, and providing excellent services. It also supports the objectives of the City Corporation's People Strategy to deliver a strong and stable workforce.

Financial implications – This strategy will be delivered within existing budgets.

Resource implications – There are ongoing pressures around resources for Adult Social Care in light of increasing complexity of cases.

Legal implications – The strategy has been developed within the scope of the City of London Corporation's statutory duties under the Care Act 2014.

Risk implications – None identified.

Equalities implications – The strategy promotes inclusivity considering the diverse needs of the City of London’s population. It emphasises anti-racist practice and cultural sensitivity being the cornerstone of our service delivery.

Climate implications – None identified.

Security implications – None identified.

Conclusion

14. The draft Adult Social Care Strategy 2025-29 provides a framework for the continued improvement of our social work practice by focusing on empowering individuals, developing the workforce, strengthening partnerships, and ensuring high-quality care options.

15. By approving this strategy, it will enable the City Corporation to continue to build and strengthen high quality support and to improve outcomes for adults and their carers who need care and support in the City of London.

Appendices

- Appendix 1a- Draft Adult Social Care Strategy
- Appendix 1b – Action Plan 2025-29
- Appendix 2 – Public consultation report
- Appendix 3 – Equality Impact Assessment

Scott Myers

Strategy & Projects Officer

Department of Community & Children’s Services

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Our Strategy for Adult Social Care

2025-2029

Status: DRAFT

(V3 - partner feedback update)

DRAFT

1. Introduction

The City of London Corporation's adult social care services provide support and protection to adults who may be vulnerable due to mental or physical ill health, learning disabilities or those who are frail in their old age. We also give help and support to those who are carers that provide protection for vulnerable adults who may be at risk of, or currently, experiencing abuse.

Our ambition for adult social care is:

To create and sustain a compassionate and inclusive system that empowers individuals to lead fulfilling lives with independence, control, choice and dignity. We aim to prevent and delay the onset of care needs, with our communities empowered to remain and return to independence.

A skilled workforce will provide person-centered care driven by the unique needs, culture and context of each individual, promoting their well-being while enabling them to contribute meaningfully to their communities.

Excellent services – built on effective partnerships and integration – will provide better outcomes and more efficient delivery.

The delivery of this ambition is underpinned by **four strategic commitments** through which we will:

- 1) help people meet their own needs and aspirations in a safe and supportive way
- 2) provide our communities with a skilled, supported, and adaptable workforce dedicated to delivering high-quality care
- 3) work collaboratively with our partners to provide people with the right support, in the right place at the right time
- 4) provide a wide range of high-quality, accessible care options to meet people's needs.

These commitments provide the framework for our strategy to deliver better outcomes, with more efficient and effective services. The commitments will be supported by a strategy delivery plan and supported by an Adult Social Care Service Development Plan which will be continuously refreshed, so that it remains responsive to emerging needs, as well as political, policy and economic change.

2. Strategic Context

This strategy sits within the context of national and regional policy, as well as a range of City Corporation strategies and responsibilities.

National

The delivery of adult social care is underpinned by a range of policies, legal responsibilities, and strategic initiatives designed to support a diverse and aging population, and strengthen the collaboration of local authority and health services.

For adults in need of care and support, social care delivery is rooted in key legislative acts, primarily the Care Act 2014. This act mandates local authorities to assess individuals' needs, determine their eligibility for support, and arrange appropriate care services. It emphasizes the importance of promoting well-being, safeguarding adults at risk, and supporting people to maintain their independence.

A significant focus of national policy is the integration of health and social care services. The Better Care Fund, introduced in 2015, encourages collaboration between local authorities and the National Health Service to deliver joined-up care.

The future delivery and resourcing of adult social care services remains a challenge for government, and has been the subject of successive reviews. While future policy direction continues to be debated and shaped, local authorities remain at the forefront of delivering this critical service.

Regional

Adult social care in London faces its own specific challenges and possibilities:

- **Younger but ageing:** While London's population is younger than England overall, it still has a growing number of older adults who need care.
- **High cost of living:** The high cost of living in London makes it harder to provide services, and for residents to afford care themselves.
- **33 local authorities:** London's division into 32 boroughs and the City of London requires close cooperation between them to ensure smooth care services across boundaries.
- **Integrated Care Systems (ICS):** London is divided into regional Integrated Care Systems for health and social care to deliver a partnership approach to deliver joined-up care based on local need. The City of London is part of the North East London integrated care system.

Local

At a local level, our ambition and objectives are shaped by the City Corporation's *Corporate Plan 2024-2029*. It recognises that supporting people to live healthy, independent lives and achieve their ambitions is dependent on excellent services – the provision of which is one of six key objectives.

Providing excellent services is a key driver of this strategy. It will also support and deliver in conjunction with key local strategies including the City Corporation's *Carers Strategy*, *Joint Health and Wellbeing Strategy* and *Homelessness and Rough Sleeping Strategy*.

The delivery of adult social care sits within the Department of Community and Children's Services. The Department is committed to being anti-racist in everything we do ensuring equity and inclusion are at the forefront of our services.

At a service level, our Adult Social Care model of practice is based on a strengths-based approach which shifts the focus from an individual's limitations to their abilities, skills, and resources.

Our delivery is shaped, strengthened and supported by close collaboration and partnership with neighbouring local authorities. We share a Safeguarding Adults Board with the London Borough of Hackney. We are part of the North East London Health and Care Partnership, and the City & Hackney Placed Based Partnership - delivering the latter's strategic commitments to ageing well, living well and mental health.

This national and local context has shaped this strategy and the ambition and commitments it sets out, and will inform its delivery.

3. Background

The City of London is unique in its size and position; 8,600 residents living in the Square Mile that is surrounded by seven local authorities. The number of residents in the City of London has increased by 16% since 2011. The majority are working age but there are 1200 people (14%) who are aged 65 and over. Although the percentage of population aged over 65 has stayed the same between the censuses, the actual number of people has increased. Just over half (51%) of households in the City of London are single person households.

The City's population is diverse – with 42% from a black or global majority background. While it is associated with the wealth of the financial centre, there are pockets of affluence and deprivation in the Square Mile, particularly in the East of the City. Our adult social care users are predominantly White-British, comprising 53% (157 users). The second-largest

group is White-Other at 13% (39 users), followed by Asian (12%), Black (5%), Other (2%), and Mixed (1%) – with a further 14% (41 users) who have chosen not to disclose their ethnicity.

Life expectancy in the City of London is better than both the London and England average - with females having a life expectancy of 90.7 and males 88.8 years.

The City of London experiences a high level of street homelessness – with 656 different people recorded sleeping rough across 2023/24.

Within the Square Mile there is only one NHS GP Practice – the Neaman Practice – where 75% of residents are registered. A further 20% are registered in the London Borough of Tower Hamlets.

There are no residential, nursing or supported living facilities within the City of London's boundaries.

Adult social care needs in the City of London

Key points:

- **133 new requests:** In 2023/24, we received 133 new requests for help, compared to thousands in larger boroughs.
- **Changes in demand:** Requests rose by 6% in the four years from 2019/10 to 2022/23, and by 73% among those over 65; however the headline figure fell 19% from 165 in 2022/23 to 133 in 2023/24.
- **Long-term service users:** 109 adults were receiving long-term service at 31 December 2024.
- **Types of care:** In 2023/24, 24 residents were placed in residential care and 69 received care at home. Almost half of those receiving long-term care were of working age.
- **Supporting carers:** We supported 34 unpaid carers at the end of December 2024.
- **Safeguarding adults:** 19 safeguarding enquiries in the City of London during 2023/24
- **Commissioned Services:** We commission 24 Adult Social Care services with an annual cost of just under £1 million, with 8 of them being from the voluntary sector.

Adult social care strengths

- An experienced and knowledgeable workforce, with good rates of staff retention, and a workforce who know our residents well and develop positive relationships.
- A Strengths Based Approach Practice model.
- Being strongly anti-racist in everything we do.
- A coordinated, multi-agency approach to the assessment and support of our residents.
- A strong hospital discharge model.
- Agile and flexible commissioning approach with the ability to spot purchase to meet needs.
- Well established integrated care models locally and established relationships with health, voluntary and community sector organisations.
- Robust and rapid professional response to safeguarding concerns, incidents and provider issues, ensuring safe and personalised responses.
- Stable political leadership across the City of London Corporation, underpinned by robust and effective financial management.
- Clear visibility and access of senior management within the Department.
- Strong political engagement and commitment from elected Members.
- Listening to service user views.

Adult social care challenges

- The diversity and range of need and the size of the City of London's population means there is not a sufficient demand to develop a residential and /or nursing home.
- The City of London has no supported living placements within its boundary.
- Spot purchasing small amounts of care and support required effective collaboration, to ensure value for money and quality.
- The size of the City Corporation's social care workforce, and the smaller demand for our services we respond to, does not allow for specialism of social work staff seen in other local authority structures.
- Small resident population of the City of London provides challenges of opportunity for co-design of services.

4. Developing this strategy

A core principle for the Adult Social Care service is to work collaboratively with residents and carers, to make sure how we work and what we do is shaped by the experiences and view of people who will use the services.

We have developed this strategy through the voice of those who use our services, through

our commissioned services and community groups who work within the City of London.

To achieve this, a series of visits to community groups were arranged to listen to what was important to the attendees, both for the approach to co-production and to contribute to the development of this strategy. The information shared during these meetings with community groups has been incorporated into this strategy.

We will look to further co-production with residents and carers as we deliver the strategy through the introduction of an Adult Social Care service user advisory group.

5. Our commitments

Commitment one: Help people meet their own needs and aspirations in a safe and supportive way.

The City of London Corporation believes in people's right to live their life the way they want. We are here to support those in our communities in leading a safe, healthy, and fulfilling life by putting their needs and goals first.

Our strengths-based approach means we focus on abilities and work with people in our communities to find solutions that fit their unique situation. This can include:

- **Direct Payments:** giving people the freedom to choose and manage their own care and support.
- **Technology:** using the latest care technology to improve peoples quality of life in a way that suits them best
- **Housing adaptations:** to help people live as independently as possible in their own home, or in a home that best suits them.
- **Local community:** linking people with their local community so they can be actively involved and contribute to society.

To deliver this we will:

- Continue to promote a Strengths Based Approach across all our practice.
- Maintain the high levels of Direct Payments used to provide greater choice.
- Review our 'front door' service to deliver the right information and guidance from first contact.
- Build on our approach to severe weather guidance so people can stay safe and well
- Improve our progression pathways for children with learning disabilities from Children Social Care to Adult Social Care.
- Provide technological solutions that enable remote monitoring, telecare, and virtual consultations, allowing individuals to receive support and care in their own homes.

- Further expand the use of social prescribing to connect individuals to local community resources.
- Collaborate with individuals to co-create plans that reflect their unique circumstances and desired outcomes, and regularly review and update these plans in response to changing needs.
- Offer a wide range of choice and control of placements wherever possible and ensuring access to information and advocacy services so that individuals and families can make the right choice that is best for them.
- Explore alternative approaches to managing personal budgets, including the opportunity to pool budgets.
- Always acknowledge the differences between people and treating people's values, beliefs, cultures, and lifestyles with respect.
- Work with our commissioned providers and engage with non-commissioned providers to share and develop best practice approaches and support in the delivery of care to City of London residents.

Measures of success:

- Percentage of Direct Payments being issued to eligible individuals' year-on-year remains consistent and does not decrease.
- Reduction in the average time it takes for clients to receive a comprehensive assessment and personalised care plan after initial contact.
- Expand on the number of community groups that we socially prescribe people to.
- Increased variety of care technology being used to support individuals and families with their needs.
- Increase in the number of referrals made to social prescribing programs and the percentage of individuals who report positive outcomes from their participation.

Case study - Rough Sleeping Social Worker

An adult was rough sleeping in and around the City of London prior to the Coronavirus pandemic. They made a claim for asylum, but this was declined.

The Adult was experiencing a mixture of mental and physical health problems and was assessed as having care and support needs under the Care Act (2014), and that the local authority had a responsibility to offer support under the Human Rights Act (1998). Following an Occupational Therapy assessment, temporary accommodation was organised.

The adult had a care package of support, which over time was reduced and later discontinued, as they readapted to living independently and their mental and physical health improved.

Our Strengths Based Practitioners supported the adult over time, building their confidence and relationship within the local community and with services.

The strengths-based practitioner helped them look into aspirational training courses which they had identified, such as security and forklift driver, following this lead to help them work out what they can and can't do rather than shutting doors. They also supported them to attend the local library to use their computers, so that they can do their own research.

Commitment two: Provide our communities with a skilled, supported, and adaptable workforce dedicated to delivering high-quality care.

We know that our dedicated team is at the heart of everything we do. To provide people with the best possible care, we are committed to supporting our staff through ongoing training and developing an environment that allows them to provide the best possible care. This means:

- **Skilled and knowledgeable staff:** Our team is equipped with the latest knowledge and skills to meet peoples diverse and changing needs.
- **Compassionate care:** We believe in treating people with dignity and respect, and our staff and services provide an excellent standard of support.
- **Valued and motivated staff:** By valuing our team, we ensure they are engaged and fulfilled in their roles, leading to better care for those in our communities.

Investing in our staff is not only the right thing to do, it is also essential for ensuring that people receive the highest quality care, now and in the future.

To deliver this we will:

- Deliver the Adult Social Care Workforce strategy.
- Develop a dedicated Adult Social Care training plan for all our Social Care staff.
- Implement mentorship and coaching programmes where experienced staff guide and support student Social Workers and agency staff to foster knowledge transfer and professional development.
- Create clear career progression paths within the service offering opportunities for advancement and specialisation.
- Support ongoing social work learning through workshops, conferences and professional qualifications to keep staff up to date with the latest practices and research.
- Promote critical analysis and reflective practice to create space to explore experiences, intuition and ways of knowing to enable learning to help transform our practice.
- Provide a positive workplace culture that values staff contributions, encourages open communication, and provides opportunities for feedback and recognition.
- Collaborate between different health and social care disciplines (such as social workers, nursing staff and occupational therapists) to provide a holistic approach to care and maximise positive outcomes for individuals.

Measures of success:

- Completion of a comprehensive workforce strategy, including clear goals, times, and assigned responsibilities.
- Increase in staff completing specialised training courses.
- Increase in the percentage of staff promotions, new specialisms or role changes into higher level of specialised positions within the City Corporation.
- Increase in the number of staff obtaining relevant professional qualifications or certifications.
- Improved staff satisfaction scores (via staff survey or other mediums)
- Our adult social care workforce remains stable whilst benefiting from fresh perspectives and new ideas from new members of staff.

Case study

We have a full-time stand-alone post of Principal Social Worker, and our Senior Occupational Therapist is a member of Principal Occupational Therapists Network. These practitioners enable local and national networking, share policies and guidance, and make improvements to our processes and practice.

We also have a “Staff Suggestions digital box” system, where our staff can make positive suggestions and share their views, and we learn from our exit interviews, which are reviewed by the Principal Social Worker.

We invite external guests and speakers to our events, to boost our engagement in the ASC national and local agenda, such as at World Social Work Day or visit by the previous Chief Social Worker, Lyn Romeo.

Staff feedback: “I think there is a well-balanced understanding of case workload and stress. I feel listened to and understood, for example if I ask for a little space/time to finish off work before new cases are allocated.”

Commitment three: Work collaboratively with our partners to provide people with the right support, in the right place at the right time.

We know that providing the best possible support means working together collaboratively. That is why we collaborate with a range of organisations, including:

- **Healthcare providers:** Ensuring smooth transitions between health and social care, such as when people are discharged from hospital.
- **Community and voluntary groups:** Connecting you with local resources and networks that can enhance your wellbeing and independence.
- **Other key partners:** Working together to tackle important issues like safeguarding and keeping people safe and protected.

By sharing knowledge and resources with our partners, we can understand people’s needs and provide support better than we can do alone. The services we provide you can be tailored to meet people’s unique circumstances and are delivered in a joined-up approach, regardless of which organisation they reach out for support in the first place.

To deliver this we will:

- Strengthen collaboration between health, children’s social care and social care providers to ensure seamless transitions and coordinated care pathways.

- Build on our strong partnerships with local GPs, community nurses, and other healthcare providers to ensure a joined-up approach to preventive care.
- Work with social housing providers to ensure that homes are safe, accessible, and adapted to meet the changing needs of residents.
- Work with our care providers to focus on the upcoming themes and trends related to the quality of care to enable us to identify issues at an early stage and share learning.
- Work with our neighbouring local authorities to deliver consistency in quality monitoring methods and improve good practice and avoid duplication.
- Maximise the use of community and voluntary groups to provide information and advice to service users.
- Work with partners across North East London Integrated Care System to deliver a systemwide approach to address health inequalities.
- Continue to work in partnership with unpaid carers in the City of London to deliver the Carers Strategy.
- Deliver new models of integration through the City & Hackney Strengths Based Partnership.

Measures of success:

- Delayed transfers of care between health and social care settings kept as low as possible.
- Increase in the number of individuals receiving preventative care interventions based on referrals from health partners.
- Increase in the number of adaptations carried out within homes to adapt them to resident needs.
- Increase in number of service users accessing information and advice through community and voluntary groups or commissioned local services.
- Reduction in health inequalities amongst specific target populations within the Northeast London Integrated Care System.
- Increase in the number of unpaid carers accessing support services and reporting improved well-being.
- Increase in number of referrals to social community groups and voluntary organisations.
- Positive feedback from our partners and local community groups.

Case Study – Hospital Discharge, Care Navigator

The Care Navigator from Age UK worked with an Adult in hospital who had been struggling at home for some time but had been reluctant to ask for help and to share information. However, working with the Care Navigator, the individual wanted to be fully involved in their discharge planning but had a difficulty hearing, so by using email, they were able to provide more information about needs and requirements to help with the discharge home.

The Care Navigator acted as a bridge to adult social care to create positive outcomes for the adult by ensuring equipment such as key safe and pendant alarm were in place to prevent delays and ensure a safe discharge. Finally, the Care Navigator ensured relevant details were shared with the GP including the arranged outpatient appointments.

Commitment four: Provide a wide range of high-quality, accessible care options to meet people's needs.

We are committed to building a strong and diverse care system that can meet the needs of everyone in our communities. This means commissioning the right care providers who can offer people different options for high-quality care and support, whenever and wherever they need it.

Our strong care system benefits people in several ways:

- **More choices:** People will have more options to find care that suits their individual needs and preferences.
- **Better quality:** Commissioned care providers are monitored to constantly improve their services.
- **Prepared for the future:** Our diverse care system will be more adaptable to changes in the population and unexpected challenges, ensuring long-term access to care.

As a smaller local authority, we carefully choose the best care providers and options to ensure you receive the most suitable and cost-effective care possible.

To deliver this we will:

- Work in partnership with local care providers to ensure we have a social care market that can meet the needs of City of London residents.

- Spot purchase care provision using commissioning arrangements that provide the best value and the right support.
- Work with providers to develop and test emergency plans for situations such as pandemics and unexpected closures to ensure continuity of care.
- Require providers to demonstrate cultural awareness so that they provide services that respect the diverse backgrounds, beliefs and preferences of service users.
- Update our market sustainability plan and market position statement on a regular basis to ensure we have the correct support available based on local need.
- Explore how we can maximise diversity in the care market through the development of new and innovative care models.
- Continue to undertake fair cost of care exercises and review the rates we pay care providers to make sure they are sustainable but also provide optimum value for money.

Measures of success:

- Increase in the number of commissioned care providers with fully developed and tested emergency plans, including contingency plans for alternative care arrangements in case of disruptions.
- Percentage of service users reporting satisfaction with the cultural sensitivity and responsiveness of care providers, based on regular feedback surveys.
- Yearly review and update of the City Corporation's market sustainability plan and market position statement.
- Increase in the number of new and innovative care models piloted or implemented within a specified timeframe, increasing the range of care options available to residents.
- Positive feedback from service users reported to us through the Adult Social Care Advisory group.
- Feedback from service users through the regularly commissioned questionnaires.

6. Implementation

This strategy has been developed amidst ongoing reforms to the adult social care sector and its funding landscape. It serves as a cornerstone for the City of London Corporation to achieve the objectives outlined in its Corporate Plan, working in synergy with the implementation of both the City Corporation's Carers Strategy and Health and Wellbeing Strategy. This approach ensures a comprehensive and integrated support system for individuals in need of care.

The strategy will also be implemented by promoting its priorities with our partners, our workforce and with City of London residents.

This strategy also aligns and delivers priorities identified within the City of London Corporation's Corporate Plan for 2024-29 and supports the objectives of the City Corporation's People Strategy to deliver a strong and stable workforce. Additionally, the strategy also aligns to the City Corporation's Adult Social Care Development Plan 2023-28, which is the main vehicle of delivery of the strategy's five identified priorities.

Oversight and accountability for the Adult Social Care Strategy rests with the City Corporation's Community & Children's Services Committee, which is responsible for its approval, renewal, and ongoing monitoring to ensure its continued relevance and effectiveness in addressing the evolving needs of the community. This dynamic framework allows the strategy to adapt and respond to emerging challenges within the sector, while maintaining a focus on person-centered care, strong partnership working, safeguarding the most vulnerable and promoting proactive and preventative approaches.

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Adult Social Care Strategy 2025 - 2029 Action Plan

The action plan

- The strategy and action plan relates to adults who live in the City of London and have care and support needs.
- This version of the action plan was developed alongside the strategy during 2025 and presents thinking at the time, also informed by the learning from a Peer Review in 2023. Most of the actions and success measures focus on year 1 as these will inform future actions.
- Lead teams have been identified for each action. For many actions there will be other partners involved in delivery of the actions.

Governance and review

- The Adults Senior Management Team will hold responsibility for the Strategy and Action Plan with additional oversight by the City of London Adults Assurance Board and an Annual Report to the Community and Children's Services Committee.
- A full review of progress against the action plan will be undertaken on an annual basis where leads for each priority will report into the Assurance Board. ASC service users will be invited to be part of the review process.
- At each annual review, there will be consideration as to whether actions and/or key success measures need amending, for example in response to progress made, external factors such as inspection findings or changes in national policy that have implications for local delivery. An updated version of the action plan will be produced at each annual review point.

Equality impact assessments

An equality impact assessment (EIA) was completed as part of the strategy development. Where appropriate, each individual initiative or service that emerges from the actions within this plan will have its own EIA completed.

Contents – click the link to take you to the relevant section

- [Commitment 1 - Help people meet their own needs and aspirations in a safe and supportive way](#)
- [Commitment 2- Provide our communities with a skilled, supported and adaptable workforce dedicated to delivering high-quality care](#)

- Commitment 3 - Work collaboratively with our partners to provide people with the right support, in the right place, at the right time
- Commitment 4 - Provide a wide range of high-quality, accessible care options to meet people's needs

Commitment 1: help people meet their own needs and aspirations in a safe and supportive way

Action	Timescale	Outcomes	Success measures at end of year 1	Lead	Progress and impact
Enhance Strengths Based Practice					
Deliver sessions on Strengths Based Practice for teams supporting Adult Social Care	By Q3 25/26	Enhanced staff confidence in applying Strengths-Based Practice	Sessions for staff delivered and feedback demonstrates value and application	ASC	
Deliver training on Strengths Based Leadership	By Q3 25/16	Enhanced staff confidence in applying Strengths-Based Practice	Training session delivered	ASC	
Undertake annual audits of strengths-based practice and reflect any areas for further development in the Service Development Plan	Annual	Clear, evidence-based identification of specific areas requiring development, enabling targeted interventions to improve strengths-based practice	Annual audit completed and learning embedded	ASC	
Enhance support for Direct Payments					
Co-produce the new service for supporting personal budgets	New service October 2025	Development of a personal budget support service that is shaped by and responsive to the preferences of service users and carers	New co-produced service implemented	Commissioning	
Co-produce alternative approaches for managing personal budgets	Work will be ongoing towards start of new service in 2028	Development of innovative solutions, informed by lived experience, potentially leading to more efficient or	Scoping of new service underway	Commissioning	

Action	Timescale	Outcomes	Success measures at end of year 1	Lead	Progress and impact
		effective use of personal budgets			
Increase awareness amongst staff in providing support around Direct Payments	Q3 2025/26	Improved staff knowledge and confidence in accurately explaining direct payments, including eligibility, processes, benefits, and responsibilities	Increased staff confidence of staff in providing support around direct Payments	ASC	
Review internal client affairs roles and undertake a pilot	Six-month pilot beginning Q4 2025 /26	Clearly defined roles, responsibilities, and reporting lines within the client affairs function, ensuring clarity and accountability.	Six-month pilot informing the final agreed model	ASC	
Strengthen information, advice and support					
Review and update ASC information (leaflets and webpages) with service users	Quarterly reviews on different areas with Adult Engagement Group	Increased accuracy, relevance, and timeliness of publicly available Adult Social Care information across both print and digital formats	2 reviews completed and changes made to leaflets and webpages where required Service users report satisfaction with the information	ASC with Healthwatch and Adult Engagement Group	
Develop communications and engagement plan for raising adult social care awareness (to include	Plan developed by end of Q2 2025/26	A clear, strategic, and approved plan is in place, guiding coordinated communications and engagement activities to	Communication plan developed and implemented	Strategy and Performance Team with Healthwatch and Adult	

Action	Timescale	Outcomes	Success measures at end of year 1	Lead	Progress and impact
prevention, adaptation, how to access services etc) through range of channels		raise awareness of Adult Social Care		Engagement Group	
Re-commission a City of London Care Advice to include advice around care and support information and advice	Q4 2025/26	Provision of care and support information and advice as defined by the Care Act 2014	Tender process completed and new service re-commissioned	Commissioning	
Increase use of advocacy in safeguarding and care and support	Ongoing	Strengthened compliance with statutory duties under the Care Act 2014 and Mental Capacity Act 2005 regarding the provision of independent advocacy	Advocacy use increases	ASC	
Make effective use of technology					
Train staff in technology that can be included in Care and Support Plans	By end of Q4 2025/26	Improved ability for individuals to live safely and independently for longer, supported by the effective integration of technology into their care arrangements	Scoping exercise for new technology completed	ASC	

Action	Timescale	Outcomes	Success measures at end of year 1	Lead	Progress and impact
Be strongly anti-racist and culturally competent in everything we do					
All staff undertake departmental training on anti-racism and cultural competency	Q4 2025-26	Increased staff awareness, knowledge, and skills to recognise and respond appropriately to the diverse cultural needs, values, and preferences of service users and carers	Departmental training completed	People's Directorate	
Undertake thematic reviews to assess impact of work with rough sleepers and on engagement with seldom heard groups	Ongoing	Clear identification of specific seldom heard groups within the community, the barriers to their engagement with Adult Social Care, and effective strategies to overcome these	One review completed and one started	ASC	
Publish and promote new guidance on working with people from different cultures	Q2 2025/26	Increased staff awareness and accessibility of the new guidance on culturally competent practice	New guidance developed. Staff report useful guidance	ASC	
Strengthen our assessment and review processes					
Increase the percentage of long-term support clients receiving planned or unplanned reviews within 12 months	Ongoing	Improved compliance with the statutory duty under the Care Act 2014 to review care and support plans annually	90% of plans reviewed within 12 months.	ASC	
Make the most of our Electronic Social Care Database					

Action	Timescale	Outcomes	Success measures at end of year 1	Lead	Progress and impact
Review forms annually to assess still meeting needs of service	Annual	Increased efficiency and reduction of unnecessary duplication	Forms reviewed and any changes made	ASC and Strategy and Performance	
Update the Finance and brokerage processes on the system	By end Q2 2025/26	Strengthened management oversight and reporting capabilities related to finance and brokerage	Processes updated	ASC and Strategy and Performance	
Strengthen our adoptions offer					
Implement the Housing Assistance Policy and monitor impact	Ongoing	Successful operational delivery of the Housing Assistance Policy, ensuring eligible residents can effectively access available support for adaptations	At least 3 eligible residents use the new measures of the Housing Assistance Policy Review of impact (year 2)	ASC and Strategy and Performance	

Commitment 2: Provide our communities with a skilled, supported and adaptable workforce dedicated to delivering high-quality care

Action	Timescale	Outcomes	Success measures at end of year 1	Lead	Progress and impact
Implement the Adult Social Care Workforce Development Strategy					
Develop partnerships and programme to have newly qualified social workers in the City of London	Programme Developed by end of 2025/26 AYSE social workers in place September 2026	Improved ability to attract and recruit NQSWs, contributing to workforce stability and minimising any vacancies within Adult Social Care	Partnership programme developed	ASC	
Develop secondment opportunities with neighbouring Local Authorities	October / November 2025	Increased cross-borough learning, knowledge sharing, and adoption of best practices between the City of London and participating neighbouring local authorities	Programme with a neighbouring local authority scoped and implemented	ASC	
Provide a robust training programme for ASC					
Provide training to staff on critical analysis and reflective practice	Q4 2025-26	Strengthened culture of continuous professional development, accountability, and evidence-informed practice within the Adult Social Care workforce	Training plan implemented Increased use of critical analysis and reflective practice within the team	ASC	
Train team in trauma informed practice and	By end of Q4 2025/26	Better outcomes for, service users affected by trauma,	Team trained and framework developed	ASC	

Action	Timescale	Outcomes	Success measures at end of year 1	Lead	Progress and impact
build practice framework around it		facilitated by a sensitive and responsive approach			
Make the most of technology					
Develop and implement plan for use of AI in ASC to support efficiency and allow more time for strengths-based work	Plan by end of Q2 2025/26 Implementation ongoing	Innovation in service delivery by leveraging AI technology responsibly to optimise resource allocation and enhance the focus on person-centred outcomes	Plan developed	ASC	
Foster career progression					
Develop further practice leads in the team	Ongoing	Increased capacity and availability of specialist practice expertise across a wider range of key areas within the Adult Social Care team.	New practice lead roles identified	ASC	

Commitment 3: Work collaboratively with our partners to provide people with the right support, in the right place at the right time

Action	Timescale	Outcomes	Success measures at end of year 1	Lead	Progress and impact
Strengthen co-production and engagement					
Establish, build and empower a new service user engagement group	By Q2 2025/26	A strengthened culture of engagement and co-production embedded within ASC	Group established and 2 initial meetings held	ASC, Healthwatch and Strategy and Performance	
Co-produce commissioned services related to Adult Social Care where appropriate	Ongoing	A strengthened culture of co-production embedded within ASC	Evidence of co-production during the tendering and re-commissioning process	Commissioning	
Collaborate through the City and Hackney Public Health Resident Participation Group	Ongoing	A strengthened culture of engagement and co-production embedded within ASC	Greater evidence of engagement and co-production	Strategy and Performance	
Strengthen and raise awareness of our prevention offer					
Collaborate in the system wide prevention task and finish group	Ongoing	Increased shared understanding across the local system (e.g., NHS, Public Health, voluntary sector) of ASC's specific role and contribution to preventative approaches	Any learning applied and preventative approach strengthened	ASC	
Contribute to the system wide review of	New pathway designed by	A more seamless, integrated, and effective falls prevention	New pathway meets City of London needs	ASC	

Action	Timescale	Outcomes	Success measures at end of year 1	Lead	Progress and impact
the falls pathway and consider how City of London needs will be met in this	December 2025	and management pathway is co-developed, improving coordination between City of London ASC and relevant partners.			
Ensure that City of London services are included in Finding Support Services or its successor Directory of Services	By end of Q3 2025/26	Residents are better empowered to make informed choices about their support needs through reliable and accessible directory information.	City of London services included in any directory	Strategy and Performance	
Strengthen collaboration with partners					
Work with domiciliary care providers to utilise and link up with their outcomes data	By end of Q3 2025/26	Improved evidence base available to ASC commissioners, demonstrating the extent to which commissioned domiciliary care services are achieving desired outcomes for individuals.	Improved used of outcomes data	Commissioning	
Implement priorities of the City and Hackney Safeguarding Adults Board	Ongoing	Active and effective contribution by ASC to the multi-agency safeguarding arrangements and strategic objectives overseen by the SAB.	Increased focus on the priorities of the SAB	ASC	
Develop a City of London Multi-Disciplinary Meeting to include primary care, social care and	Q3 2025/2026	Improved communication, collaboration, and mutual understanding between key health and social care	Multi-disciplinary meeting set up and active	ASC	

Action	Timescale	Outcomes	Success measures at end of year 1	Lead	Progress and impact
community health services		professionals working within the City of London			
Deliver a training programme for external and internal partners on preventative services such as Making Every Contact Count and a strengths-based approach	Q3 2025/26	Enhanced knowledge, skills, and confidence among staff across internal and external partner organisations to effectively apply MECC principles and strengths-based approaches in their interactions with City of London residents.	Training programme delivered	ASC, Strategy and Performance and Public Health	
Apply learning from the Population Health Hub e.g. health literacy, prevention and health equity	Ongoing	Increased alignment between ASC's operational delivery and the broader population health management objectives of the City & Hackney Population Health Hub	Learning applied	ASC	
Agree focus for Match Project (population health initiative)	Q2 2025/26	Consensus and commitment secured from key stakeholders, including from Adult Social Care and health partners	Focus agreed amongst partners	Strategy and Performance and ASC with residents	
Maintain presence and involvement in Neighbourhood Action Group work	Ongoing	Strengthened collaborative relationships and effective partnership working between ASC, other statutory services, voluntary sector organisations, and community	Ongoing participation in this work	Strategy and Performance	

Action	Timescale	Outcomes	Success measures at end of year 1	Lead	Progress and impact
		representatives at the neighbourhood level			

Commitment 4: Provide a wide range of high-quality, accessible care options to meet people's needs

Action	Timescale	Outcomes	Success measures at end of year 1	Lead	Progress and impact
Commission high quality accessible care and support					
Update Market Sustainability Plan and Market Position Statement in line with their review schedules	Market Sustainability Plan due for update in Q4 2025-26 Market Position Statement due for update in Q1 2027	A stable, high-quality, and diverse local care market that effectively meets the current and future needs of adults requiring care and support, improving their access, choice, and outcomes	Review and amendment of Market Sustainability Plan completed	Commissioning	
Shape the care market					
Review the uplift rates for care providers to make sure they are sustainable and offer value for money	Ongoing annually	Sustainable, fairly-priced care services are available to meet needs, ensuring continued access and	Reviews completed and uplifts applied where required	Commissioning	

Action	Timescale	Outcomes	Success measures at end of year 1	Lead	Progress and impact
		high-quality care options			

Adult Social Care Strategy 2025-29

Consultation Activity and Response

Introduction

1. This paper provides a concise overview of the consultation activities undertaken regarding the new draft Adult Social Care Strategy.
2. An online public consultation survey was conducted between September 2024 and March 2025. Promotion included internal communications to all staff, targeted outreach to over 50 key stakeholders (including commissioned providers, NHS partners, and City Advice).
3. In collaboration with Healthwatch City of London, a 'Patient Panel' session was held. This event was open to all residents and attracted eight attendees. The session involved a presentation of the draft strategy, followed by a discussion focused on adult social care within the City of London and specific feedback on the proposed strategy.

Feedback from consultation survey

4. There were only two responses to the online survey. The following summarises the feedback received from the online consultation survey. Both respondents:
 - agreed with our vision statement included in the consultation version
 - believed that there was nothing missing from our vision statement
 - stated that 'providing a wide range of high-quality, accessible care options' was the most important priority in the strategy, and 100% of respondents stated that 'help people meet their own needs and aspirations in a safe and supportive way' was their least important priority.
 - said that there was nothing missing from the priorities
5. To boost responses, all our social care clients (or their nominated carers where appropriate) were informed via letter about the strategy and consultation and how to participate, with offers of support from their social worker or via telephone to support participation.
6. The strategy and consultation were disseminated at an Adult Social Care partners event where all attendees received a paper copy of the draft strategy. This led to some additional feedback being portrayed verbally or written on to copies of the strategy from partners for us to consider.
7. Feedback during the consultation was also received from the Adult Social Care Management Team, the Adult Social Care Assurance Board and from the City & Hackney Place Based Partnership.

Feedback from the Patient Panel event

8. To gather feedback on the strategy from residents with experience of our adult social care services, we held a Patient Panel in collaboration with Healthwatch City of London on the 28th of November 2024, to present the Adult Social Care Strategy to attendees and take part in a discussion about Adult Social Care and their thoughts on the strategy.
9. A total of 8 resident attendees attended the event, and key feedback themes emerged from the Patient Panel discussion.
 - Regarding Service Delivery and Resources, comments included concerns about long-term financial sustainability despite current resourcing levels, the need for greater clarity on how outsourced services are monitored, ensuring adequate support mechanisms for individuals with no recourse to public funds, the requirement to include advocacy within the strategy, evaluating the current shopping service provision, and addressing digital inclusion training needs.
 - Under Prevention and Support, attendees strongly advocated for prevention to be a core strategic element, building upon existing successful services like City Connections. There was also a request to reinstate the voluntary befriending service active during the pandemic period.
 - Integration and Partnership discussions highlighted the importance of aligning the Adult Social Care Strategy with other key City Corporation initiatives, including the Barbican transformation programme, the transport strategy (particularly concerning blue badge spaces), and the policing strategy (referencing Operation Pegasus). The inclusion of grants and funding streams within the strategy, alongside clarification on hospital discharge pathways and care navigator service accessibility, were also raised.
 - Finally, Environmental and Access Concerns were noted, emphasising consideration for the environmental realm and physical spaces within the City of London. Addressing barriers to service access, which can include residents' fear of engaging with statutory services, was deemed important, whilst acknowledging the value of current commissioning arrangements that include outreach and wellbeing support.

Feedback from Adult Social Care staff

10. Internal staff engagement was facilitated through dedicated discussions during monthly team meetings. Staff were invited to provide feedback on the draft strategy, specifically concerning its overall vision and priorities.

11. Staff feedback on the adult social care strategy highlighted key areas of consideration. There were concerns regarding the frequent use of the word 'care' and the tone of the vision statement, with suggestions for alternative language.
12. Whilst safety is a priority, our staff emphasised client empowerment and independence as being a strong theme. Effective information sharing and strategic alignment with other Corporation strategies were noted, alongside a recommendation to strengthen diversity and inclusion throughout the document.

How we have responded to consultation feedback

13. We have used the consultation feedback received to further refine the draft Adult Social Care Strategy. As a result of feedback, the following changes have been made:
 - A refined vision statement, setting the overall ambition for the service
 - Amendments to the wording of the four 'commitments' to reflect comments made regarding the use of the word 'care'
 - A new, distinct introduction section to the strategy. This section defines the purpose of adult social care services and clearly identified an overarching ambition for the strategy.
 - A more clearly structured 'strategic context' section, explicitly divided into National, Regional, and Local sub-sections
 - Greater detail on national policy, mentioning the Better Care Fund and acknowledging the ongoing challenges and reviews concerning future policy and funding.
 - Stronger links to other key City Corporation strategies, including the Carers Strategy, Joint Health and Wellbeing Strategy and the Homelessness and Rough Sleeping strategy.
 - Improved statistical information about our resident population, such as age breakdowns, household composition, service user ethnicity, life expectancy figures and other key data points to strengthen the overall picture of the City of London from a social care perspective.
 - Improved statistical information relating to service specific information, relating to reviews and assessments, safeguarding concerns and carer support.

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EQUALITY ANALYSIS (EA) TEMPLATE

Decision

Adult Social Care Strategy

Date

April 2025



What is the Public Sector Equality Duty (PSED)?

The Public Sector Equality Duty (PSED) is set out in the Equality Act 2010 (s.149). This requires public authorities, in the exercise of their functions, to have 'due regard' to the need to:

- Eliminate discrimination, harassment and victimisation
- Advance equality of opportunity between people who share a protected characteristic and those who do not, and Foster good relations between people who share a protected characteristic and those who do not

The characteristics protected by the Equality Act 2010 are:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex (gender)
- Sexual orientation

What is due regard?

- It involves considering the aims of the duty in a way that is proportionate to the issue at hand
- Ensuring real consideration is given to the aims and the impact of policies with rigour and with an open mind in such a way that it influences the final decision

The general equality duty does not specify how public authorities should analyse the effect of their business activities on different groups of people. However, case law has established that equality analysis is an important way public authorities can demonstrate that they are meeting the requirements.

Case law has established the following principles apply to the PSED:

- **Knowledge** – the need to be aware of the requirements of the Equality Duty with a conscious approach and state of mind.
- **Sufficient Information** – must be made available to the decision maker.
- **Timeliness** – the Duty must be complied with before and at the time that a particular policy is under consideration or decision is taken not after it has been taken.
- **Real consideration** – consideration must form an integral part of the decision-making process. It is not a matter of box-ticking; it must be exercised in substance, with rigour and with an open mind in such a way that it influences the final decision.
- **Sufficient information** – the decision maker must consider what information he or she has and what further information may be needed in order to give proper consideration to the Equality Duty.
- **No delegation** – public bodies are responsible for ensuring that any third parties which exercise functions on their behalf are capable of complying with the Equality Duty, are required to comply with it, and that they do so in practice. It is a duty that cannot be delegated.
- **Review** – the duty is not only applied when a policy is developed and decided upon, but also when it is implemented and reviewed.

- Due regard should be given before and during policy formation and when a decision is taken including cross cutting ones as the impact can be cumulative.

What is an Equality Analysis (EA)?

An equality analysis is a risk assessment tool that examines whether different groups of people are, or could be, disadvantaged by service provision and decisions made. It involves using quality information, and the results of any engagement or consultation with particular reference to the protected characteristics to understand the actual effect or the potential impact of policy and decision making decisions taken.

The equality analysis should be conducted at the outset of a project and should inform policy formulation/proposals. It cannot be left until the end of the process.

The purpose of the equality analysis process is to:

- Identify unintended consequences and mitigate against them as far as possible, and
- Actively consider ways to advance equality and foster good relations.

The objectives of the equality analysis are to:

- Identify opportunities for action to be taken to advance quality of opportunity in the widest sense;
- Try and anticipate the requirements of all service users potentially impacted;
- Find out whether or not proposals can or do have any negative impact on any particular group or community and to find ways to avoid or minimise them;
- Integrate equality diversity and inclusion considerations into the everyday business and enhance service planning;
- Improve the reputation of the City Corporation as an organisation that listens to all of its communities;

However, there is no requirement to:

- Produce an equality analysis or an equality impact assessment
- Indiscriminately collect diversity data where equalities issues are not significant
- Publish lengthy documents to show compliance
- Treat everyone the same. Rather, it requires public bodies to think about people's different needs and how these can be met
- Make service homogenous or to try to remove or ignore differences between people.

An equality analysis should indicate improvements in the way policy and services are formulated. Even modest changes that lead to service improvements are important. In it is not possible to mitigate against any identified negative impact, then clear justification should be provided for this.

By undertaking an equality analysis officers will be able to:

- Explore the potential impact of proposals before implementation and improve them by eliminating any adverse effects and increasing the positive effects for equality groups
- Contribute to community cohesion by identifying opportunities to foster good relations between different groups
- Target resource more effectively
- Identify direct or indirect discrimination in current policies and services and improve them by removing or reducing barriers to equality

- Encourage greater openness and public involvement.

How to demonstrate compliance

The Key point about demonstrating compliance with the duty are to:

- Collate sufficient evidence to determine whether changes being considered will have a potential impact on different groups.
- Ensure decision makers are aware of the analysis that has been undertaken and what conclusions have been reached on the possible implications.
- Keep adequate records of the full decision making process.

In addition to the protected groups, it may be relevant to consider the impact of a policy, decision or service on other disadvantaged groups that do not readily fall within the protected characteristics, such as children in care, people who are affected by socio-economic disadvantage or who experience significant exclusion or isolation because of poverty or income, education, locality, social class or poor health, ex-offenders, asylum seekers, people who are unemployed, homeless or on a low income.

Complying with the Equality Duty may involve treating some people better than others, as far as this is allowed by discrimination law. For example, it may involve making use of an exception or the positive action provisions in order to provide a service in a way which is appropriate for people who share a protected characteristic – such as providing computer training to older people to help them access information and services.

Taking account of disabled people's disabilities

The Equality Duty also explicitly recognises that disabled people's needs may be different from those of non-disabled people. Public bodies should therefore take account of disabled people's impairments when making decisions about policies or services. This might mean making reasonable adjustments or treating disabled people better than non-disabled people in order to meet their needs.

Deciding what needs to be assessed

The following questions can help determine relevance to equality:

- Does the policy affect service users, employees or the wider community, including City businesses?
- How many people are affected and how significant is the impact on them?
- Is it likely to affect people with particular protected characteristics differently?
- Is it a major policy, significantly affecting how functions are delivered?
- Will the policy have a significant impact on how other organisations operate in terms of equality?
- Does the policy relate to functions that engagement has identified as being important to people with particular protected characteristics?
- Does the policy relate to an area with known inequalities?
- Does the policy relate to any equality objectives that have been set?

Consider:

- How the aims of the policy relate to equality.
- Which aspects of the policy are most relevant to equality?
- Aims of the general equality duty and which protected characteristics the policy is most relevant to.

If it is not clear if a policy or decision needs to be assessed through an equality analysis, a Test of Relevance screening tool has been designed to assist officers in determining whether or not a policy or decision will benefit from a full equality analysis.

Completing the Test of Relevance screening also provides a formal record of decision making and reasoning. It should be noted that the PSED continues up to and after the final decision is taken and so any Test of Relevance and/or full Equality Analysis should be reviewed and evidenced again if there is a change in strategy or decision.

Role of the assessor

An assessor's role is to make sure that an appropriate analysis is undertaken. This can be achieved by making sure that the analysis is documented by focussing on identifying the real impact of the decision and set out any mitigation or improvements that can be delivered where necessary.

Who else is involved?

Chief Officers are responsible for overseeing the equality analysis proves within departments to ensure that equality analysis exercises are conducted according to the agreed format and to a consistent standard. Departmental equality representatives are key people to consult when undertaking an equality analysis.

Depending on the subject it may be helpful and easier to involve others. Input from another service area or from a related area might bring a fresh perspective and challenge aspects differently.

In addition, those working in the customer facing roles will have a particularly helpful perspective. Some proposals will be cross-departmental and need a joint approach to the equality analysis.

How to carry out an Equality Analysis (EA)

There are five stages to completing an Equality Analysis, which are outlined in detail in the Equality Analysis toolkit and flowchart:

2.1 Completing the information gathering and research stage – gather as much relevant equality-related information, data or research as possible in relation to the policy or proposal, including any engagement or consultation with those affected;

2.3 – Developing an action plan – set out the action you will take to improve the positive impact and / or the mitigation action needed to eliminate or reduce any adverse impact that you have identified;

2.4 Director approval and sign off of the equality analysis – include the findings from the EA in your report or add as an appendix including the action plan;

2.2 Analyse the evidence – make and assessment of the impact or effect on different equality groups;

2.5 Monitor and review – monitor the delivery of the action plan and ensure that changes arising from the assessment are implemented.

The Proposal

Assessor Name:	Scott Myers	Contact Details:	Scott.Myers@cityoflondon.gov.uk
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1. What is the Proposal

Adult Social Care Strategy 2025-29

2. What are the recommendations?

A five-year strategy to set strategic priorities for the Adult Social Care service as well as a dedicated action plan to deliver these priorities.

3. Who is affected by the Proposal?

Social Care staff, adults with care and support needs, their carers and families.

Check this box if NOT applicable ☐

Age - Additional Equalities Data (Service Level or Corporate)

What is the proposal's impact on the equalities aim?

Age is a highly significant factor in the need for and access to adult social care services. National data indicates higher usage among older adults. For example, the King's Fund highlights around twice as many people aged 65+ receive council-funded long-term care compared to working-age adults (18-64). This impact is particularly pronounced for those aged 85+, who represent a large proportion of care home residents nationally. With the UK population ageing, demand for services, particularly for older people, is projected to intensify significantly.

The City of London has a relatively young population profile compared to England, with a median age of 37 in 2021. Approximately 14% of residents were aged 65+ in

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

The draft Adult Social Care strategy recognises that age is a significant factor in how adults' access, experience and benefit from social care services. With targeted interventions and a focus on prevention, the strategies priorities consider all age groups while actively promoting equality across generations.

To mitigate potential negative impacts, the strategy puts an emphasis on a strength-based approach to care and support of individuals to make sure that regardless of age, a person's strengths are promoted to support them with their care and support needs.

<p>2021 (around 1,200 people), with the largest proportions in the 25-34 and 35-49 age bands, according to Census 2021 data.</p> <p>Despite the younger resident profile, there has been a 73% increase in requests from over-65s between 2019/20 and 2022/23. Significantly, almost half (49%) of residents receiving long-term care were of working age (18-64) in 2023/24. This highlights the importance of meeting the needs of working-age adults alongside the growing needs of older residents.</p> <p>Providing effective support for young people transitioning from children's to adult social care services (typically around age 18-25) is crucial to ensure continuity of care and support independent living.</p> <p>The adult social care workforce nationally has an average age of 45, with nearly a third (29%) aged 55 or over and potentially nearing retirement, posing future capacity challenges. Those under the age of 25 are underrepresented in the sector.</p>	<p>The strategy prioritises the development of our workforce and includes a focus on improving our training offer available to social care practitioners that will equip staff to further challenge aged, based assumptions and stereotypes, whilst developing cultural competence in working with people across all age groups.</p> <p>Engagement also plays a significant part in mitigating any potential negative impacts regarding this protected characteristic. The strategy emphasises a co-production approach with adults, carers, their families and professionals, in service design and evaluation. This co-production approach ensures that diverse perspectives are incorporated into service development, whilst working in partnership with organisations will strengthen the understanding of varied needs amongst different age groups.</p> <p>Additionally, information about services is provided in accessible formats suitable for different age groups, recognising that communication preferences and digital skill levels may vary significantly across different generations.</p>
<p>Key borough statistics:</p> <p>The City has proportionately more people aged between 25 and 69 living in the Square Mile than Greater London. Conversely there are fewer young people. Approximately 955 children and young people under the age of 18 years live in the City. This is 11.8% of the total population in the area. Summaries of the City of London age profiles from the 2011 Census can be found on our website.</p>	<p>A number of demographics and projections for Demographics can be found on the Greater London Authority website in the London DataStore. The site details statistics for the City of London and other London authorities at a ward level:</p> <ul style="list-style-type: none"> • Population projections <p>NB: These statistics provide general data for these protected characteristics. You need to ensure you have sufficient data about those affected by the proposal.</p>

Disability - Additional Equalities Data

What is the proposal's impact on the equalities aim?

According to the 2021 Census 11.8% of residents in the City of London reported that their day-to-day activities were limited 'a little' or 'a lot' by a long-term health problem or disability. This was the lowest proportion among local authorities in England and compares to the England average of 17.7%. Analysis also suggests that within the City of London, around 31% of disabled people report their day-to-day lives are limited 'a lot'. It is important to note the City's unique demographic profile and small population size (approx. 8,600 residents).

The Strategy notes that in 2023/24, 133 new requests for help were received. At that time, 24 residents were placed in residential care and 69 received care at home. Almost half (49%) of those receiving long-term care were of working age (18-64). Data on ethnicity indicates adult social care users are predominantly White-British (53%).

The Strategy highlights that there are no residential, nursing, or supported living facilities within the City of London's boundaries, meaning placements are typically spot-purchased out-of-borough.

The small size of the social care workforce means less opportunity for staff specialisation compared to larger authorities.

National and London-wide challenges faced by disabled people accessing social care include financial pressures due to care charging and cost of living, difficulties navigating complex systems and challenging decisions, accessing suitable information and advocacy, physical and digital accessibility barriers, securing appropriate housing, and sometimes encountering attitudinal barriers.

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

Overall, the Strategy has the potential to positively impact on the aim of advancing equality for disabled people, particularly through its strong emphasis on personalisation, choice and control, independence, and strengths-based practice. However, the positive impact is contingent on effectively managing the inherent challenges related to the City's small scale, reliance on external markets, and ensuring genuine accessibility and co-production.

The Strategy reinforces key principles aligned with disability rights, such as promoting independence, choice and control (Direct Payments, co-created plans), community connection, and using enabling technology. Commitments to workforce development and partnership working aim to improve service quality and coordination.

The continued commitment to a Strengths-Based Approach and anti-racism, coupled with the aim to respect individuals' values, beliefs, cultures, and lifestyles, should help reduce discriminatory assumptions based on disability or other characteristics. Requiring commissioned providers to demonstrate cultural awareness further supports this. Providing access to information and advocacy services is intended to support informed choices.

While the Strategy aims to provide technological solutions, a significant shift towards digital interactions without robust, equally accessible non-digital alternatives could inadvertently discriminate against disabled people with limited digital access, skills, or specific sensory/cognitive impairments. The effectiveness of ensuring providers are culturally aware relies heavily on monitoring and enforcement.

Commitment one strongly emphasises empowering individuals through promoting Direct Payments, exploring pooled budgets, using technology to support independence, supporting housing adaptations, and offering choice and control over placements where possible. Collaborating with individuals to co-create and review plans and linking people with community resources via social prescribing aim to

	<p>enhance participation and wellbeing. Improving pathways for young people with learning disabilities transitioning to adult services addresses a specific potential inequality. The focus on integrated working (Commitment 3) with health, housing, and voluntary sectors aims to provide more joined-up support.</p> <p>The reliance on spot purchasing care due to the lack of provision within the City of London could limit choice or consistency for individuals with complex needs if suitable providers are scarce or unwilling to engage at fair cost. While the Strategy aims for high-quality options, market pressures and the small scale could pose challenges in securing highly specialised support. Ensuring the workforce has the skills (Commitment 2) to support diverse and complex needs, despite the lack of specialism opportunities noted as a challenge, will be critical. The success of co-production depends on meaningful engagement with a diverse range of disabled residents, which is noted as a challenge due to the small population size.</p>
<p>Key borough statistics:</p> <p>Day-to-day activities can be limited by disability or long term illness – In the City of London as a whole, 89% of the residents feel they have no limitations in their activities – this is higher than both in England and Wales (82%) and Greater London (86%). In the areas outside the main housing estates, around 95% of the residents responded that their activities were not limited. Additional information on Disability and Mobility data, London, can be found on the London Datastore.</p>	<p>The 2011 Census identified that for the City of London’s population:</p> <ul style="list-style-type: none"> • 4.4% (328) had a disability that limited their day-to-day activities a lot • 7.1% (520) had a disability that limited their day-to-day activities a little <p>Source: 2011 Census: Long-term health problem or disability, local authorities in England and Wales</p> <p>NB: These statistics provide general data for these protected characteristics. You need to ensure you have sufficient data about those affected by the proposal.</p>

Gender Reassignment

Check this box if NOT applicable ☒

Gender Reassignment - Additional Equalities Data (Service Level or Corporate)

What is the proposal's impact on the equalities aim?

No identified impact.

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

No identified impact.

Key borough statistics:

- [Gender Identity update 2009 - ONS](#)

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

Pregnancy and Maternity

Check this box if NOT applicable ☒

Pregnancy and Maternity - Additional Equalities Data (Service Level or Corporate)

<p>What is the proposal's impact on the equalities aim?</p> <p>No identified impact.</p>	<p>What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?</p> <p>No identified impact.</p>
<p>Key borough statistics:</p> <p>Under the theme of population, the ONS website has a large number of data collections grouped under:</p> <ul style="list-style-type: none"> • Contraception and Fertility Rates • Live Births 	<p>NB: These statistics provide general data for these protected characteristics. You need to ensure you have sufficient data about those affected by the proposal.</p>

Race

Check this box if NOT applicable ☐

Race - Additional Equalities Data (Service Level or Corporate)	
<p>What is the proposal's impact on the equalities aim?</p> <p>The City of London has a diverse population. 42% of residents are from a black or global majority background. This aligns with broader London data showing significant ethnic diversity across the city.</p> <p>Data within the strategy shows Adult Social Care users in 2023/24 were predominantly White British (53%), with 13% White Other, 12% Asian, 5% Black, 2% Other, 1% Mixed, and 14% undisclosed. Comparing this to resident demographics suggests potential underrepresentation among some ethnic minority groups in accessing services, or variations in need across groups.</p> <p>Structural racism is recognised as a key driver of ethnic inequalities in London, impacting health, housing, employment, and poverty, which in turn affect social care needs and outcomes. Evidence indicates that people from global majority backgrounds may face barriers accessing social work (e.g. lack of information,</p>	<p>What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?</p> <p>The strategy explicitly states that the City Corporation and Department of Community & Children's Services is "committed to being anti-racist in everything we do ensuring equality and inclusion are at the forefront of our services".</p> <p>The explicit anti-racist commitment and the aim to respect diverse cultures, values, and lifestyles directly target the elimination of racial discrimination. Requiring cultural awareness from commissioned providers further supports this. A strengths-based approach can help challenge stereotypes. However, if the requirement for provider cultural awareness is not robustly monitored and enforced, services delivered via spot purchasing could vary significantly in quality and appropriateness for diverse ethnic groups, leading to indirect discrimination. Generic processes (e.g., assessments, 'front door' service) could disadvantage individuals if they do not adequately account for language needs or cultural differences in expressing need.</p>

language barriers, professional assumptions) and can report poorer experiences or outcomes compared to those of the White ethnic background. Additionally, the Equalities and Human Rights Commission have stated that within the workforce, global majority staff nationally report disproportionately higher levels of discrimination and face barriers to career progression.

Actively working to address health inequalities through the North-East London Integrated Care System could disproportionately benefit ethnic groups known to experience poorer health outcomes. Ensuring access to information and advocacy can empower individuals from all backgrounds. The focus on co-production, if successful in reaching diverse groups, can ensure services better meet varied needs.

Challenges in co-production due to the small population might make it harder to ensure representation from smaller minority communities. However, to address this we have set up a dedicated ASC Advisory Group that will look to represent the communities we provide services for.

To further challenge the career progression and workplace discrimination barrier the workforce strategy could further improve opportunities for staff for progression and developing new experiences essential for successful career progression, as well as a raining plan and components for further promoting anti-racism, cultural competence and tackling workplace discrimination.

The main risks lie in the effective implementation and monitoring of these commitments. Ensuring genuine cultural competence from providers, equitable access regardless of language or digital skills, meaningful co-production with diverse groups, and addressing potential workforce inequalities are crucial. Without robust action and monitoring, disparities could persist or widen, particularly given the reliance on external providers.

Key borough statistics:

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

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

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

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

Religion or Belief

Check this box if NOT applicable ☒

Religion or Belief - Additional Equalities Data (Service Level or Corporate)

What is the proposal's impact on the equalities aim?

No identified impact.

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

No identified impact.

Key borough statistics – sources include:

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

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

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

Page 23

Check this box if NOT applicable ☐

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

Click or tap here to enter text.

What is the proposal's impact on the equalities aim?

Life expectancy in the City of London is higher for females (90.7 years) than males (88.8 years), according to Census 2021 data.

According to the LGA, nationally women make up most adults accessing long-term social care support (approx. 56%), particularly in residential and nursing settings (around 60%). This reflects higher female life expectancy and potentially higher rates of conditions associated with older age, such as dementia.

Across England and Wales, women are significantly more likely to provide unpaid care than men (10.3% vs 7.6%), especially those aged 55-59. Men are more likely to provide care only in the oldest age groups (80+), according to Census 2021 data. The

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

The commitment to person-centred care driven by individual needs, culture, and context aims to prevent assumptions based on sex or background. The strengths-based approach promotes fairness and ensures that an individual's strengths and independence are at the forefront of the support they receive.

The focus on supporting unpaid carers and delivering the Carers Strategy is likely to disproportionately benefit women, given they constitute most unpaid carers nationally and locally. Services or support mechanisms might be less attuned to the needs of male carers if assumptions are based on female caring roles. Men may face different barriers to accessing support or may present with different types of needs which could be overlooked if services are not tailored to their specific needs.

<p>Strategy notes that 34 unpaid carers were supported in the City of London as of December 2024.</p> <p>The adult social care workforce survey states that nationally and in London, the adult social care workforce is predominantly female (around 79-82%) Men are underrepresented, particularly in direct care roles. This statistic is reflected within our own social care workforce.</p>	<p>Efforts to improve and promote prevention and delay care needs could particularly benefit women due to their longer life expectancy.</p> <p>The workforce strategy must consider potential gender-specific issues such as flexible working needs (often, but not exclusively, impacting women), pay gaps, progression barriers, and health issues like menopause support, to ensure equality for the largely female workforce.</p>
<p>Key borough statistics:</p> <p>At the time of the 2011 Census the usual resident population of the City of London could be broken up into:</p> <ul style="list-style-type: none"> • 4,091 males (55.5%) • 3,284 females (44.5%) 	<p>A number of demographics and projections for demographics can be found on the Greater London Authority website in the London DataStore. The site details statistics for the City of London and other London authorities at a ward level:</p> <ul style="list-style-type: none"> • Population projections <p>NB: These statistics provide general data for these protected characteristics. You need to ensure you have sufficient data about those affected by the proposal.</p>

Sexual Orientation

Check this box if NOT applicable ☒

Sexual Orientation - Additional Equalities Data (Service Level or Corporate)

What is the proposal's impact on the equalities aim?	What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?
No identified impact.	No identified impact.
Key borough statistics: <ul style="list-style-type: none">Sexual Identity in the UK – ONS 2014Measuring Sexual Identity - ONS	NB: These statistics provide general data for these protected characteristics. You need to ensure you have sufficient data about those affected by the proposal.

Marriage and Civil Partnership

Check this box if NOT applicable ☒

Marriage and Civil Partnership - Additional Equalities Data (Service Level or Corporate)

What is the proposal's impact on the equalities aim?	What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?
No identified impact.	No identified impact.
Key borough statistics – sources include: <ul style="list-style-type: none">The 2011 Census contain data broken up by local authority on marital and civil partnership status	NB: These statistics provide general data for these protected characteristics. You need to ensure you have sufficient data about those affected by the proposal.

Additional Impacts on Advancing Equality and Fostering Good Relations

Check this box if NOT applicable ☒

Additional Equalities Data (Service Level or Corporate)

Are there any additional benefits or risks of the proposals on advancing equality and fostering good relations not considered above?

None identified.

What actions can be taken to avoid or mitigate any negative impact on advancing equality or fostering good relations not considered above?

None identified.

This section seeks to identify what additional steps can be taken to promote these aims or to mitigate any adverse impact. Analysis should be based on the data you have collected above for the protected characteristics covered by these aims.

In addition to the sources of the information highlighted above – you may also want to consider using:

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

Additional Impacts on Social Mobility

Check this box if NOT applicable ☐

Additional Social Mobility Data (Service level or Corporate)

Are there any additional benefits or risks of the proposals on advancing Social Mobility?

None identified.

What actions can be taken to avoid or mitigate any negative impact on advancing Social Mobility not considered above?

None identified.

This section seeks to identify what additional steps can be taken to promote the aims or to mitigate any adverse impact on social mobility. This is a voluntary requirement (agreed as policy by the Corporation) and does not have the statutory obligation relating to protected characteristics contained in the Equalities Act 2010. Analysis should be based on the data you have available on social mobility and the access of all groups to employment and other opportunities. In addition to the sources of information highlighted above – you may also want to consider using:

- Social Mobility employment data
- Generic or targeted social mobility consultation results or research that is available locally, London-wide or nationally
- Information arising from the Social Mobility Strategy/Action Plan and the Corporation's annual submissions to the Social Mobility Ind

Conclusion and Reporting Guidance

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

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

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

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

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

This analysis has concluded that ...

Click or tap here to enter text.

Outcome of analysis – check the one that applies

☒ Outcome 1

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

☐ Outcome 2

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

☐ Outcome 3

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

☐ Outcome 4

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

Signed off by Director: Assistant Director People ; Chris Pelham.

Name: Chris Pelham.

Date April 2025.

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