City of London Corporation: local authority assessment

How we assess local authorities

Assessment published: 15 July 2026

About City of London Corporation

Demographics

The City of London Corporation (hereafter referred to as City of London) is a uniquely small local authority in England. It is predominantly urban, densely developed and functions as the financial and commercial centre of London. The resident population is small, comprising 8,579 people, with the smallest local authority area in the country covering 1.12 miles.

The Index of Multiple Deprivation (IMD) score is 10, where 10 represents the least deprived areas. The local authority area is ranked 151 out of 153 local authorities. However, areas of the city experienced significant inequalities and social challenges, including homelessness, with the city having the 5th highest rate of homelessness in London.

The population of the City of London is diverse, with 42% of residents identifying themselves as being from a Black or global majority background. The age profile shows that 14% of the population is aged 65 and over. Life expectancy is high, with females living to an average age of 90.7 years and males to 88.8 years. However, life expectancy is significantly lower for residents from minority groups, indicating inequalities in health outcomes.

The City of London sits within the North East London Integrated Care Board (ICB), which also covers 7 other local authorities. Within the Northeast London Health and Care Partnership, there are strategic aims to improve health and care services with a focus on prevention, reducing health inequalities, and creating better outcomes for the people they serve.

The City of London operates under a distinctive political and governance model. The local authority is administered through the Court of Common Council, overseen by the Lord Mayor. The city is divided into 25 wards and is represented by 100 elected Common Councillors and 25 Aldermen who were elected representatives who serve alongside Common Council member.

CQC reporting recognises that the local authority is formally exempt from the Adult Social Care Survey 2024–2025 and the Survey of Adult Carers in England (SACE) 2023–2024 due to the small number of people who met the eligibility criteria. The City of London elected to participate in the above surveys, and some of the resulting data has been utilised throughout this report. To mitigate the constraints associated with small sample sizes, findings have been triangulated with documentary evidence and the views and experiences of people, partners, staff and leaders, to ensure a balanced consistent approach to using the data. There may also be some national data sets which we have not used in this report due to these constraints.

Financial facts

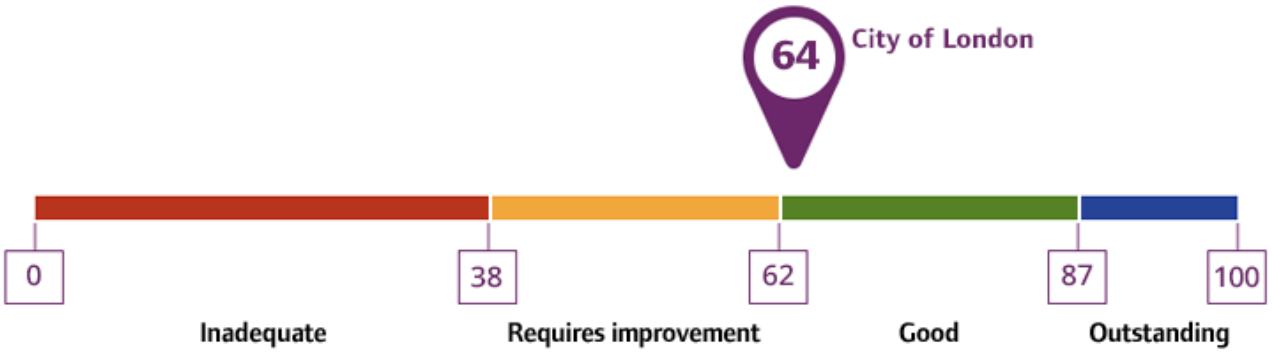
- The local authority estimated that in 2023-2024, its total budget would be £ **265,887,000** Its actual spend for that year was **£326,920,000,** which was **£61,033,000** more than estimated.
- The local authority estimated that it would spend **£6,398,000** of its total budget on adult social care in 2023-2024 Its actual spend was **£7,754,000,** which is **£1,356,000** more than estimated.
- In 2023-2024, **2.37%** of the budget was spent on adult social care.
- The local authority has raised the full adult social care precept for 2023-2024, with a value of **2%**. Please note that the amount raised through ASC precept varies from local authority to local authority
- Approximately **135** people were accessing long-term adult social care support, and approximately **10** people were accessing short-term adult social care support in 2023-2024. Local authorities spend money on a range of adult social care services, including supporting individuals. No two care packages are the same and vary significantly in their intensity, duration, and cost.

This data is reproduced at the request of the Department of Health and Social Care. It has not been factored into our assessment and is presented for information purposes only.

Overall summary

Local authority rating and score

City of London
Good



Quality statement scores

Assessing needs
Score: 3

Supporting people to lead healthier lives
Score: 3

Equity in experience and outcomes
Score: 2

Care provision, integration and continuity
Score: 2

Partnerships and communities
Score: 3

Safe pathways, systems and transitions
Score: 3

Safeguarding
Score: 2

Governance, management and sustainability
Score: 2

Learning, improvement and innovation

Score: 3

Summary of people's experiences

People told us they could generally access information and advice in ways that worked for them, and staff communicated clearly using different formats and support tools. This helped people to feel more involved in their care. Many people described positive experiences of being listened to and involved in decisions about their care. They valued assessments that focused on their strengths and respected their individual needs. Some people told us they were confused about the purpose of annual reviews, and a few felt there needed to be a greater consideration of their needs.

We heard that people generally experienced timely support when their needs changed, and examples were shared of flexible responses to urgent situations. People spoke about receiving equipment and adaptations that helped them maintain independence, and some described how staff acted quickly to arrange care that reflected their cultural preferences.

Unpaid carers shared mixed experiences. Some spoke positively about grants and wellbeing activities that helped them maintain their health and independence. They valued- opportunities to attend community events and carers' groups. Others felt unsupported after assessments and described inconsistency around the follow up from the local authority. Unpaid carers told us they wanted clearer information about their rights and more practical support, including respite and sitting services. Some unpaid carers told us they felt isolated and struggled to balance caring responsibilities.

People told us they felt safe and supported during hospital discharge and transitions between services. Staff described good coordination between health and social care professionals, and examples were shared of staff working together to avoid delays for the people they supported. Unpaid carers highlighted the need for greater clarity on support, as guidance remained unclear when the cared-for person moved out of the borough. They wanted more support around what this meant for their role.

People told us that engagement between seldom-heard groups, and the local authority had sometimes been limited. Both the local authority and partners told us there was ongoing work to strengthen connections and improve engagement across the community.

People and carers described services as being responsive and committed to person-centred care. They valued timely support and communication from staff, but there were areas for improvement, such as equitable access to services closer to home, ensuring the voice of people was embedded through co-production, and support for unpaid carers.

Summary of strengths, areas for development and next steps

The local authority had reviewed pathways and processes involved in supporting people, including assessments, safeguarding, and partnership working. There was noted progress made in improving and reviewing elements of care and support and embedding strengths-based, person-centred approaches.

The quality of assessments were viewed positively by the people who used services, although the timeliness of reviews had been identified as an area which required ongoing work. The local authority planned to enhance review scheduling systems and implement further monitoring to improve case management.

Staff and partners described positive engagement and flexibility in responding to people's needs. The local authority recognised there was still work to do but had begun reviewing ways of working that aimed to improve outcomes for people and carers. Co-production and engagement were areas which required further development. The local authority had placed a clear emphasis on co-production, with ongoing work planned to improve engagement in the community.

There was evidence of good partnership work, with partners recognising the commitment of the local authority to implement change, however, there was still an ongoing need to ensure stronger involvement of the voluntary sector. Plans had begun to improve networks and provide sustainable funding.

There was consistent alignment across strategies which communicated the vision for people within the city. However, some strategies were either new or in draft, which demonstrated that the local authority was on a development journey with ongoing work to do to fully embed new ways of working across adult social care.

Commissioning was an area which required further development. Feedback from both people and partners highlighted gaps in respite provision and accessible services within a closer proximity to the city. The local authority recognised that the next steps included improving access to data specific to the city and extending engagement to fully understand the needs of the population.

There had been a strong focus on prevention and early intervention, with services such as rapid response and reablement helping people maintain independence and avoid hospital admissions. Staff described good use of equipment and adaptations, and partnership work to meet people's needs. Next steps would include ensuring that the planned improvement in data collection supported strategic planning and service delivery, which would provide a clearer insight into the outcomes of prevention and partnership work.

The City of London demonstrated that it had a reflective learning culture, with staff describing the opportunity to learn and develop. There was also evidence of learning from feedback with action plans and improvements identified from peer reviews and audits.

Theme 1: How City of London Corporation works with people

This theme includes these quality statements:

- Assessing needs
- Supporting people to live healthier lives
- Equity in experience and outcomes

We may not always review all quality statements during every assessment.

Assessing needs

Score: 3

3 - Evidence shows a good standard

What people expect

I have care and support that is coordinated, and everyone works well together and with me.

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

The local authority commitment

We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Key findings for this quality statement

Assessment, care planning and review arrangements

The local authority offered access to care and support services through multiple channels, including online self-referral, professional referrals, and direct contact with duty teams. Staff described a variety of referral pathways, including referrals, from the community, hospitals, GPs, ambulance services as well as internal teams such as housing. The local authority operated a duty line and general email address to facilitate access, and staff confirmed that referrals were screened daily to ensure timely responses.

Staff told us they adopted a person-centred and strengths-based approach to assessment and care planning. The overall aim was to focus on the abilities and potential of people rather than their limitations. Staff described using the strengths-based practice framework to support people to live and age well. This included identifying preferred communication methods and involving advocates where appropriate. Examples included supporting a person with needs relating to their mobility by suggesting equipment that would maintain their independence.

Partners told us referrals to the local authority were made by completing a referral form. They felt that in urgent situations, there was access to direct contact details for relevant teams, enabling them to escalate concerns and request prioritisation quickly.

People told us they valued the approach of assessments which focused on their strengths and respected their individual needs. It gave them confidence, and control over their care, helping them feel listened to and understood. There was a positive reference to the responsiveness of staff, and an example provided around cultural sensitivity, specifically considering an individual's Catholic religious background. However, some people told us there was confusion about the assessment process, specifically identifying that there was a lack of information available; others highlighted confusion around the purpose of annual reviews, as they felt their needs had not been adequately considered during the review.

Staff across teams described collaborative working and flexibility in responding to people's needs. The hospital discharge team held daily meetings to assess incoming work and prioritise people's assessments and needs, with high-risk needs for people needing specialist equipment to support with moving and handling flagged for immediate action. Staff told us screening of requests for support was carried out by the duty team, who assessed urgency and arranged visits where necessary.

Staff told us they worked as an integrated team with the ability to complete minor equipment assessments and work closely with occupational therapists. There were processes in place to ensure easy access to equipment such as grab rails, pendant alarms and door sensors, with same or next-day delivery available.

Care Act assessments for people with mental health needs were undertaken by the local authority whilst a commissioned external partner organisation carried out Mental Health Act assessments. The local authority jointly provided Section 117 aftercare duties for people who were eligible with NHS partners.

National data from the Adult Social Care Survey for 2024- 2025 showed that 62.50% of people were satisfied with their care and support, which was similar to the England average of 65.16%. 87.50% of people felt they had control over their daily life, which was better than the national average of 77.31%. This suggested satisfaction with care. Senior leaders told us the local authority were carrying out further work to understand people's social situations as they were aware some people felt isolated. The local authority was working to ensure access to social activities and the Market Position Statement set out an ambition to "develop services that enable people to age well and maintain connections to the place they call home." In line with this, the City directly commissioned preventative services aimed at reducing social isolation and promoting wellbeing. For example, the memory cafe delivered creative activities, social eating and exercises designed to improve health outcomes, reduce loneliness and strengthen social connections. In addition, there were community-based provisions which offered regular opportunities for social interaction through monthly activities, events and outings, supporting continued community engagement and reducing the risk of isolation.

The local authority had processes in place to support assessment and safeguarding, including guidance on occupational therapy and carers' assessments. Referrals for occupational therapy tended to come through the 'front door' where there would be a trusted assessor or occupational therapist on duty. Staff expressed that they had a manageable workload, and had capacity to ensure they spent adequate time during assessments with people to ensure good rapports were built which allowed for effective support planning. Some pathways relied on managerial screening, to allocate tasks. The local authority had procedures to manage complex cases and risk, including multi-agency risk assessment conferences. Mandatory training on the Mental Capacity Act 2005 was provided, and the local authority carried out a peer audit in July 2024 which evidenced good practice and improvements from the previous audit in 2023. A practice development action plan was produced as a result of the audit to target further improvements.

Timeliness of assessments, care planning and reviews

The local authority had processes in place to manage assessments, care planning and reviews; however, they were actively working to improve the timeliness of the 8-week review when care packages had been put in place. According to national data from the Adult Social Care Activity Report (ASCAR) and Client Level Data) 2024-2025, 88.24% of long-term support clients had been reviewed (planned or unplanned) in the last year, which was better than the England average of 59.13%.

At the time of assessment, the local authority did not have a waiting list for Care Act assessments. The local authority told us that 44% of contacts and referrals were completed within 2 working days, and a social worker was subsequently allocated when necessary. Data provided showed there were 55 requests for support in Q1, of 2025-2026. Requests included 17 Care Act assessments and 26 Occupational Therapy screenings. A total of 7 Care Act assessments were completed in this period, within an average of 16 days. The local authority told us that the majority were completed within 28 days, and none exceeded the 42-day target for what the local authority determined as more complex assessments.

There was recognition that initial reviews were an area that required further development. At the time of assessment, initial reviews being undertaken within 8 weeks had been identified as a target for improvement for the period of 2025-2026. In 2024–2025, 44% of initial reviews were undertaken within 8 weeks, this had improved to 58% at the time of assessment, demonstrating an improvement in the completion of reviews.

Data between April to June 2025 showed 92% of people's annual adult care and support plan reviews were completed within 12 months of the previous review, and 58% of adult care and support plan first reviews were completed within 56 days (8 weeks). Occupational therapy reviews for both 8 weeks and 12 months had been completed according to performance targets. Staff described having the flexibility to explore different approaches to managing reviews. Staff told us that reviews were allocated to practitioners at least 4 weeks in advance of the due date, as they felt this would allow sufficient time for scheduling. Staff told us that some reviews had been completed late, the person may not have been available at an agreed time and staff had now been instructed to make a record of this on the person's case notes. Managers told us that the percentage of delayed reviews had decreased in the last quarter and that they felt they had the freedom to make decisions that supported timely care planning.

People told us that timely interventions had supported meaningful improvements in their quality of life. Some described how staff had acted promptly to arrange an assessment and find a suitable care provision. However, others told us the assessment process was undertaken, but they were left feeling like their needs had not been adequately considered and they did not fully understand the process initially due to the lack of information provided.

Most of the partners we spoke to who represented people told us delays in assessments were not a regular experience. Partners described the assessment process as responsive and collaborative. For example, a partner told us people's reviews were carried out regularly and that changes in needs were picked up and assessed quickly.

The local authority had a proactive approach to managing and reducing waiting times for reviews. We were told that they had recently introduced a traffic light system in the case management system, to flag reviews. Adult social care staff were also working closely with the departmental performance team to address system issues that had led to inconsistencies in target dates and additional work was underway with practitioners to explore reasons for delays in reviews taking place.

Assessment and care planning for unpaid carers, child's carers and child carers

The local authority recognised the needs of unpaid carers as distinct from those of the people they supported. There were processes in place to meet the needs of unpaid carers however, there was more to be done to identify their needs and signpost them to adequate support. Staff told us unpaid carers assessments were completed separately to the assessment of the cared for person. This ensured the needs of the unpaid carer were considered throughout the process. Where a person met the threshold, a direct payment was offered for support to improve their well-being. Staff told us they worked closely with unpaid carers and the carer's practice led to build trust and co-produce support plans.

Support plans were tailored to reflect individual needs. Carers were also supported by a commissioned service, which took over the Carers Support Service in October 2024 following a procurement process that included carer involvement and providing a single point of access hub, designated support coordinators, and tailored support plans. Additional services included weekly drop-ins, peer support networks, health and wellbeing activities, and free training programmes such as the Caring with Confidence initiative.

National data presented a mixed experience. According to the Survey of Adult Carers in England (SACE) 50% of carers reported being satisfied with social services, which was better than England's average of 36.83%. Similarly, 50.0% of carers felt involved or consulted as much as they wanted to be in discussions, however this was somewhat worse than the England average of 66.56% (2023- 2024). Support for carers included advice and support to carers within the City of London. We note our earlier statement about the constraints in the data and have corroborated this alongside the evidence we gathered from carers. Carers told us there was a lack of transparency in how carers were supported and the thresholds for support. Senior leaders told us the service was developed with the support of carers, with plans in place for carers to be involved in contract monitoring in the future.

There were 496 self-identified carers which was approximately 5.8% of the population within the local authority (2021 Census). The majority of unpaid carers were over 50 years of age. However, there were 29 carers aged 24 and under. At the end of Quarter 1 2025-2026 97% of unpaid carers had an up-to-date review. A priority in the London City's Carer's Strategy 2023-2027, was the early identification of carers with an action plan in place to address this. However, the local authority identified that the number of carers recorded with them, had remained consistent year-on-year with an average of 33 carers over the last 4 years. This indicated that the action taken by the local authority was not yet having an impact on people's outcomes.

Staff told us discussions were held to explore whether a person had caring responsibilities, and where identified, unpaid carers were offered assessments. Staff spoke of a holistic approach taken to support planning, and cultural needs were considered when offering short breaks. For example, an unpaid carer supporting a person living with dementia, their assessment was described as therapeutic, developed to helping the unpaid carer and person understand their own situation in a way that felt meaningful to them.

Partners spoke positively about their interaction with the local authority in relation to unpaid carers, identifying that the process for making referrals worked well. They felt there was responsive contact with staff. Partners spoke of recent work to ensure that a leaflet was produced for carers that would be available in key locations to tell them about their rights and support services available.

Unpaid carers had mixed experiences of assessment and support. Some unpaid carers described receiving grants that helped them to maintain their wellbeing. For example, unpaid carers told us they had received £700, used to support their health, while others said they had used a £125 grant to spend time with family. There was positive feedback about community events and carers groups, including seminars and meditation sessions, specifically identifying that they enjoyed attending activities organised by a voluntary group, although they were not always able to participate due to their caring responsibilities. Other unpaid carers expressed concerns about the assessment and support provided. We were told they felt unsupported following assessments. Some carers said they had not received a carer's review in the previous year and were advised by a partner organisation to escalate their concerns. Others described the assessment process as traumatic and said they were denied access to an independent advocate. A further carer said the assessment for the person they cared for felt like a tick box exercise and that they were left to manage the process alone. Others said they were referred to external agencies but did not receive follow-up support from the local authority, expressing that they had felt abandoned and that the social worker had only visited once and did not return.

Some unpaid carers told us service delivery was challenged by limited social worker involvement in mental health. They expressed a concern that the local authority lacked the resources to meet high-level mental health needs in the city. They felt that more education and engagement from social workers was needed. However, they also described positive improvements in relationships with senior leaders, detailing that they had been responsive to the concerns they had recently raised.

London City's Carer's Strategy 2023-2027 was a co-produced strategy which provided planned actions to improve outcomes for carers. This included ensuring professionals were trained and supported to proactively identify and recognise carers. It also outlined support to ensure there was support for people to recognise when they were in a caring role and where to seek help.

Help for people to meet their non-eligible care and support needs

The local authority had arrangements in place to ensure that people who did not meet the eligibility threshold for care and support under the Care Act 2014 were offered help, advice and information. Staff told us when a person was assessed as having no eligible needs, they explored the person's functional abilities and how they were managing in their home environment. Where appropriate, people were signposted to commissioned services and voluntary organisations, to access community-based support.

The local authority worked collaboratively with partners to support people who were homeless or at risk of homelessness but did not meet Care Act eligibility. Staff told us as part of work completed under the Homelessness Framework; they supported people to achieve goals, signposted to voluntary organisations and referred to drug and alcohol services. Some staff also attended a regular multi-disciplinary meeting to discuss and agree action for people who were rough sleepers who did not meet Care Act eligibility.

Eligibility decisions for care and support

The local authority had a framework in place for determining eligibility for care and support that was described by staff as transparent and consistently applied. National data from the Adult Social Care Survey for 2024-2025 showed that 87.50 % of people did not buy additional care or support privately or pay more to 'top up' their care and support. This was significantly better than the England average (63.73%).

Staff told us eligibility decisions were made following a full assessment of the person's needs, and that the process was designed to ensure fairness and clarity. Staff described how they supported self-funders who requested assistance from the local authority. They gave examples of people who wanted support for their assessed needs through a commissioned service. Staff confirmed that the local authority continued to offer annual monitoring and reviews for these individuals. Some staff told us they didn't always know about self-funders. They told us that efforts were being made to improve awareness across the wider community, including through outreach and information-sharing initiatives.

Financial assessment and charging policy for care and support

The local authority had a framework in place for assessing and charging adults for care and support. Financial assessments were carried out by another department than adult social care, in the financial services division. The local authority told us most financial assessments were completed promptly, and when there were delays these were usually due to difficulties obtaining the necessary information or where the person lacked capacity. Delays did not prevent services from being provided.

Local authority data for financial assessments showed there were 19 financial assessments undertaken between November 2024 and July 2025. Most assessments were completed on the same day or within a few days.

However, feedback from people indicated that the process could be improved in terms of the complexity experienced by the people who received the service.

Provision of independent advocacy

The local authority had arrangements in place to provide independent advocacy to support people to participate fully in care assessments and care planning processes. Independent advocacy support was provided through a commissioned service. There were no waiting lists, ensuring timely support for those referred. Most staff told us advocacy referrals were accommodated promptly. Staff described having good relationships with the advocacy provider and confirmed that advocacy was considered as part of the planning process.

Partners told us advocacy could be accessed through referral by the local authority; they felt that this potentially limited access for people who may be eligible for the service. It was felt that improved communication around the service would improve the referral rate. We were told that the local authority had responded positively to improving the visibility of the service, enhancing the accessibility of advocacy information online. Staff told us that there was support to access advocates on mental health wards, with access to a list of advocates available to support immediate referrals for Independent Mental Capacity Advocate (IMCA) support.

While advocacy was available and accessible, partners described referrals to the service for Care Act reviews as low. In response awareness sessions were being delivered to social workers from the commissioned advocacy provider.

Supporting people to live healthier lives

Score: 3

3 - Evidence shows a good standard

What people expect

I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.

I am supported to plan ahead for important changes in my life that I can anticipate.

The local authority commitment

We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and where possible, reduce future needs for care and support.

Key findings for this quality statement

Arrangements to prevent, delay or reduce needs for care and support

The local authority worked with people, partners and the local community to provide a range of services, facilities and resources to promote independence and to prevent, delay or reduce the need for care and support.

There was an Adult Social Care Early Intervention and Prevention Strategy, produced in February 2025. This strategy identified ways to prevent, reduce and delay increasing needs where possible. The local authority utilised a commissioned partner to provide a variety of early intervention services for people. The prevention approach aimed to reduce hospital admissions and discharge delays, tackle social isolation and loneliness, enhance quality of life by delaying escalating care needs, and address financial hardship alongside safeguarding risks.

This preventative approach was also embedded in the Joint Local Health and Wellbeing Strategy 2024-2028. This strategy was developed through engagement and co-production, including peer research and resident-led insight, and it aimed to improve health and wellbeing for residents and workers, reduce health inequalities across the city, and embed a strong focus on prevention through integrated care. It also sought to build resilience by strengthening social connections and fostering community networks that supported long-term wellbeing. The strategy was developed through resident engagement, peer research and consultation, and was overseen by the Health and Wellbeing Board.

Preventative services included a rapid response offer that provided up to 72 hours of home-based support to help avoid hospital admission or enable timely discharge. This included intensive home care, minor aids and adaptations, and Care Act assessments delivered in people's homes. The occupational therapy-led reablement service focused on helping people regain skills and independence through equipment, technology and short-term care. Staff told us a trusted assessor model enabled the timely provision of low-level equipment. The local authority's own data showed 86% of assessments resulted in equipment being provided without the need for a full occupational therapy assessment. This had the potential to positively impact people's outcomes with timely home-based responses that supported independence, prevented unnecessary hospital admissions and facilitated timely discharge.

The early intervention fund allowed staff to make one-off purchases of up to £300 without delay. Between April 2023 and December 2024, 19 adults benefited from this scheme, with 34 items purchased. Staff told us 16 of these people experienced improved outcomes, leading to reduced or no ongoing care. Alongside this, the local authority used welfare checks and a multi-agency hoarding, self-neglect and fire risk panel to address risks early. In 2023-2024, £1,225 was spent on fire-prevention equipment for people at risk, and £6,855 was spent on food vouchers for adults in crisis, including those being discharged from hospital without access to food or money.

Hospital discharge pathways were designed to promote continuity of care by ensuring individuals received appropriate support during transitions between services. The care navigator role, funded through the Better Care Fund, coordinated information-sharing and practical support across multiple hospitals. The role worked closely with adult social care, reablement and health partners to support continuity of care and timely discharge. Senior leaders and staff described the care navigator role as successful, with an increase in people accepting support that had previously declined. This demonstrated a positive impact from this role supporting both people and partners to experience a more coordinated approach to hospital discharge. The approach also demonstrated effective use of the Better Care Fund resources to strengthen integrated discharge pathways and support coordinated transitions between hospital and community services.

National data from the Adult Social Care Survey 2024-2025 showed that 87.50% of people using services said help and support helped them think and feel better about themselves. This was compared to England's Average of 61.64% which was significantly better than England's average. Additionally, 87.50% of people reported that they spend their time doing things they value or enjoy, which was somewhat better than the England average of 68.85%. The local authority provided examples of how they supported people to live independently, providing flexible one-to-one support. This included regular working with people to build independent living skills, such as cooking and home safety.

Partners had mixed views about the services in the community, identifying that although there were examples of positive work undertaken by the local authority, there were areas of work that were still required. Partners described good prevention measures funded or coordinated by the local authority. Examples were provided of the memory café, physical activity programmes and social groups for older people. Some partners highlighted positive joint work to address social isolation through befriending services and mental health street triage in partnership with the local authority, health and the police. One partner felt that the Neighbourhoods Forum action group supported a focus on local priorities and gaps currently in services. In contrast, other partners felt there were gaps in joint prevention work. They highlighted a gap in services for people who live alone and were housebound, suggesting an increased need for more online support. Partners felt that the authority needed to focus more on local issues and priorities, such as identifying opportunities for adult social care to engage with partners on issues such as the standard of homes. They also noted that while support for complex needs was promoted, lower-level support options were less visible and should be better explained and advertised within communities to ensure increased accessibility.

The Joint Local Health and Wellbeing Strategy 2024-2028 acknowledged a number of challenges such as rising social isolation and loneliness, mental health challenges and housing and environmental issues. Actions to increase social connection, strengthen voluntary sector capacity and improve mental health support were identified within a four-year strategy period between 2024–2028.

Unpaid carers had mixed experiences of services and support. Some spoke of positive access to leisure activities, enabling their relatives to maintain community support. Others spoke of the limited options of services available in the community. Examples were provided of the support needed for a person's relative with hoarding issues, specifically expressing limited options of service.

Whilst there were areas of ongoing improvement, we were told that data and performance was an area with opportunities for further development. For example, we heard that data collection around protected characteristics needed to improve and that there were less recordings around where people were signposted to. This could potentially limit the local authority's visibility of the outcomes of preventative work. One partner also told us there was some work to be done to develop the accessibility of online information, however they told us this had been suggested to the local authority and was received well. Staff acknowledged that the local authority was not always aware of people's needs until they had reached a crisis point.

Provision and impact of intermediate care and reablement services

The local authority worked with partners to deliver intermediate care and reablement services that supported people to regain independence after illness or hospital admission. Reablement formed a central component of the local authority's prevention and early intervention strategy. Staff told us the reablement offer was occupational therapy led. Occupational therapists visited people in their homes to carry out assessments and worked alongside community therapy services to deliver short-term, goal-based interventions designed to help people return to their optimal level of independence. Staff described how goals were agreed with individuals and reviewed throughout the reablement period to support recovery, independence and improved wellbeing outcomes.

The Early Intervention and Prevention in Adult Social Care February 2025 Strategy highlighted that preventing hospital admissions was a key area of focus both to improve people's outcomes and to relieve pressure on the wider system. To support this, a rapid response service was commissioned to prevent hospital admissions and support urgent care needs. National performance data from the Adult Social Care Outcomes Framework 2024-2025 showed that 4.98% of people aged 65 and over received reablement or rehabilitation services after discharge from hospital, this was similar to the England average of 5.77%. There were 64 referrals to the OT service in 2023-2024 and a further 35 in April–Dec 2024. 69.23 % of people aged 65 and over discharged from hospital into reablement had remained in the community within 12 weeks of discharge, this was similar to England's average of 60.66%. According to the local authority's own monitoring data reablement was effective for many people, between 2022 and 2024, showing 66% of those who received reablement did not require ongoing support, with others reporting that their care needs had reduced.

People told us reablement support improved their quality of life and helped them achieve personal goals. For example, a person said their care provision had enabled them to live as they had wished and that their quality of life had improved since moving home other examples were provided of how people had telecare they could use in an emergency and found this to be beneficial and build confidence. People detailed reablement packages put in place immediately after discharge, which supported their care and support needs. Others cited that where they had expressed concerns with their care provider support, they felt the social worker acted promptly to make new arrangements which supported their ongoing care and support.

The local authority demonstrated good practice in delivering reablement, demonstrating successful outcomes for people that used the service. Referrals were frequently received through hospital pathways as part of discharge and recovery support. Alongside this, the local authority was working with partners to identify people whose needs were increasing and intervening earlier to prevent escalation to crisis. This included community-based preventative work and rapid response services designed to prevent avoidable hospital admissions and support urgent care needs.

Access to equipment and home adaptations

People were able to access equipment and minor home adaptations to maintain their independence and continue living in their own homes. The local authority provided equipment through its occupational therapy service and embedded a trusted assessor model to allow access to low-level aids. Staff told us this approach enabled timely and proportionate support without waiting for a full occupational therapy assessment. However, staff also told us delays occurred with major adaptations which was due to processes and installations. Whilst waiting for major adaptations through disabled facilities grant, risks were assessed and care package arrangements were increased to support people in their home while they waited.

The local authority had a clear process for assessment and provision of equipment. Occupational therapists carried out assessments in people's homes and worked closely with practitioners and care navigators to ensure equipment supported people's goals.

People shared mixed experiences of receiving equipment that improved their independence. Some people spoke of mobility aids and equipment that helped them feel confident moving around. Other people described how there had been delays in either being assessed for the right equipment or waiting long periods for communication around improvements to their home. For example, a person specifically spoke of still waiting for a walk-in shower to be installed and not being provided with alternative options.

Staff consistently described prevention as a core part of their role in occupational therapy. The occupational therapy, reablement and trusted assessor model supported early intervention through equipment provision, housing adaptations, reablement and technology-enabled care. Staff also highlighted the pilot of an occupational therapy assistant role to manage equipment stock and prevent discharge delays. Strengths-based practitioners told us the early intervention fund gave them flexibility to respond to people's goals without bureaucracy.

The local authority informed us that there was no current waiting list for equipment. Data provided illustrated that reablement was having a positive impact on the people using services. The early intervention scheme provided staff with the ability to purchase low-cost items costing up to £300 without authorisation to improve independence and wellbeing. Staff felt equipment was well embedded in the city to support intervention.

Provision of accessible information and advice

People could access information and advice on their rights under the Care Act and ways to meet their care and support needs. This included unpaid carers and people who funded or arranged their own care and support. National data from the Adult Social Care Survey 2024–2025 showed that 100.00% of people who use services said it was easy to find information about support, which was significantly better than the England average of 67.88%. Additionally, data from the Survey of Adult Carers in England reported that 75% of carers found it easy to access information and advice, which was better than the England average of 59.06% (2023-2024).

People told us information was generally provided in formats they could understand. For example, a person said information was given in a format they could understand, which helped them feel more involved in their care. However, others cited receiving information from the local authority that did not meet their accessibility needs.

Staff told us they were able to signpost people to appropriate information and advice and saw this as a core part of their preventative approach. Staff told us leaflets were available in multiple languages and that interpreters were arranged when needed. Some staff told us that there were sometimes difficulties in sourcing translators who understood different Turkish languages, however it should be considered that the number of people whose main language is Turkish within the City of London area is very small.

Recent opportunities for staff to attend community networking events was well received by staff who felt it provided a good insight into the voluntary sector. They also described plans to extend outreach through community events, such as attending local events which showcased occupational therapy services. Staff felt that access to information in the community supported them to better advise and support the people they worked with.

Partners told us the local authority worked to improve access to information, providing tailored information and advice solutions to anyone living, studying or working in the City of London. Examples were provided of accessible information available for unpaid carers online, which was also distributed to key locations such as hospitals and libraries. Other partners said the local authority was proactive in promoting services in the city that would support with advice on welfare benefits, housing, debt, and health and wellbeing.

The local authority had taken steps to improve the accessibility of information, to improve the quality and accessibility of information, and they had specifically worked to improve information and review their front door service. This had become a priority within the new Adult Social Care Strategy; they had launched a new leaflet detailing how to contact and access support from their adult social care services. The internet pages updated its web page to ensure better access to information. Efforts were also being made to provide information in more languages and easy-read versions to cater to diverse community needs. Staff told us out-of-hours contact details were clearly displayed on the website and included in printed materials, although the demand for this service was not very high.

Leaders acknowledged that there was limited tailored information for self-funders, despite recognising that they make up a significant proportion of the local population. It was highlighted that there was a gap around the promoted offer for self-funders, although there was recognition that there are high numbers of self-funders. There was a gap around information and advice to enable them to support themselves fully. People had requested a central source of information about local authority and health services, voluntary sector services, and volunteering opportunities. To address this, the local authority had refreshed an online directory for City and Hackney, called Finding Support Services which relaunched in February 2025, and provided a central source of information about local authority services, health services, voluntary sector organisations and community support in the area.

Direct payments

The local authority supported the use of direct payments to give people more choice and control over how their care and support needs were met. However, data showed there was work to do to improve the number of people using the direct payment methodology. National data from the Adult Social Care Outcomes Framework ASCOF 2024-2025 showed the uptake for direct payments for people aged 18–64 was 22.22%, which was worse than the England average of 35.43%. For people aged 65 and over, 33.33% received direct payments, which was better than the England average of 13.64%.

Staff told us that there had been a historical review of direct payments, which sought to find out what people wanted. This review highlighted that there were problems experienced by people using pre-paid cards, the local authority was actively working with providers to address these issues.

The local authority told us they had a comprehensive framework to support the promotion and safe management of direct payments, which included a formal policy and accessible guidance for staff. People were also supported to access information about direct payments through published policies and easy-read guides. The Direct Payments Officer worked alongside social workers during assessments to explain the benefits and practicalities, which staff described as helpful. Reviews ensured payments were used in line with support plans.

Staff told us they were making creative use of direct payments, including enabling people to employ personal assistants and access culturally appropriate care. Examples included a person using their direct payment to attend the Mosque regularly, and a carer who funded driving lessons to take more control of their children's care.

Equity in experience and outcomes

Score: 2

2 - Evidence shows some shortfalls

What people expect

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

The local authority commitment

We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.

Key findings for this quality statement

Understanding and reducing barriers to care and support and reducing inequalities

The local authority understood the population profile and the inequalities; however, there was more work to do to ensure that there was an embedded targeted approach to ensure it was meeting people's needs. The local authority recognised the need to strengthen its use of evidence-based data to understand the needs of its population and reduce inequalities in experience and outcomes. Senior leaders were working with partners to ensure data held was shared and consistently collected. Specific reference was made to working with the voluntary and charity sector (VCS) and statutory partners on how data collection could be improved, to enable the local authority to have a richer source of data to understand inequalities within the community better.

Equality data was collected, staff felt this supported them to understand the different communities; however, it was acknowledged that some areas of recording, such as areas including sexual orientation and religion, needed to be improved. The local authority had rolled out anti-racist approaches to support staff to ask more sensitive questions. Senior leaders acknowledged the challenges and would continue to address these through anti-racist practice standards, advocacy services, and culturally sensitive training.

There was a shared understanding among teams that some communities faced barriers to accessing care and support. Staff and partners told us the Bangladeshi community was a key focus for engagement, as traditional service models did not always meet their needs. This community used translated materials and language translation services to provide support. Senior leaders were aware that one of the main issues for people was socio-economic inequality, which demonstrated a strong correlation between poverty and ethnicity. We also heard specific areas within the city, such as Golden Lane, had a higher proportion of people who required specific support. One of the issues identified was the increase in people who required support with hoarding. The local authority was part of a multi-agency Hoarding, Self-Neglect and Fire Risk Panel which ensured a coordinated response to work with people and address risk**.** Leaders understood that minority ethnic communities in the city faced barriers to equality of access, and work was currently being undertaken by a health partner to improve service reach.

Frontline teams demonstrated cultural awareness and described using advocates to build trust in communities where there was a reluctance to engage with statutory services. Staff gave examples of adapting practice for people with learning disabilities, offering double GP appointments to people who required it and access to supported employment opportunities. They also described targeted work with rough sleepers, who were identified as the most isolated group, and confirmed that a dedicated outreach service was in place to meet their needs. We were told anti-racist practice standards were introduced in 2023. To implement the standards reflective sessions were held in 2023 to discuss each section of the standards and to promote inclusive practice. Senior managers had attended cultural competency training, and plans were in place to roll this out to all staff.

The Equality, Diversity and Inclusion groups had been in place over the last 18 months and were currently focused on areas such as improving data collection and engagement. Staff told us that current actions were self-directed by the groups as they were awaiting a corporate-wide review of equality and diversity, which would be embedded into the internal group's action plans in the future. Although the local authority demonstrated an understanding of the local population and the diverse needs of the community, there was work to do to ensure there was a consistent strategic approach, which was evidence-driven to ensure better outcomes in the community. The local authority had developed a guide called Working with people more difficult to reach, dated August 2024. This document set out intentions to engage with residents' advisory groups to explore barriers to engagement to identify solutions.

Partners had mixed views about the work currently undertaken by the local authority. Most partners felt that there was an awareness of the community and groups such as unpaid carers were high on the agenda, with work undertaken to encourage people to identify themselves. A voluntary sector partner told us many ethnic minority unpaid carers did not identify as carers and were therefore seldom heard. The local authority had plans to work with the voluntary sector organisations to improve engagement and awareness in the future. Partners described positive collaboration with the local authority to address gaps in engagement. Other partners felt that there needed to be more work done to reflect more on the diverse needs of the community. It was felt that there was a need for the local authority to engage more with specific communities to ensure a greater understanding of their needs.

While the local authority understood the community and demonstrated areas of good practice in engaging with particular groups, it was clear that it was on a development journey to both understand the needs of seldom heard groups and ensure that a robust strategic plan had been put in place. There was currently an absence of targeted objectives in relation to equality, which shaped service delivery for adult social care. The local authority was aware that, currently, no residents from ethnic minority groups received local authority-funded nursing or care placements. The local authority planned to improve current work on equality and diversity with plans to address this equality through the application of Anti-Racist Practice training, advocacy services and culturally sensitive training. There was also a plan to ensure wider engagement initiatives in the community.

Inclusion and accessibility arrangements

The local authority recognised the importance of inclusion and accessibility so that people could engage with services in ways that worked for them. However, there was more to be done to ensure that people who used services experienced equality of access to adult social care services. Staff told us that interpretation services were readily available through a commissioned offer and were used without delays when required. An example was provided where interpretation was arranged promptly for a Japanese speaker who was hard of hearing. Examples were provided of how staff drew on their own cultural knowledge and second languages to support people, and where this was not possible, they accessed professional interpreters. Staff described using a strengths-based approach during assessments, which included mapping cultural, religious, and personal needs to ensure care was holistic and person-centred. Specific examples were provided of engagement with a Bangladeshi women's group, which was utilised to support learning and develop guidance for staff. The local authority had identified the Bangladeshi community as a key group to engage with to ensure their views were heard and models were adapted to meet their needs.

The local authority commissioned a language service to support people whose first language was not English. This included British Sign Language provision, and data showed that 35 people accessed the service in 2023-2024. Staff confirmed that this arrangement worked well and was responsive. The local authority also produced inclusive leaflets covering topics such as hospital discharge, occupational therapy, carers' support, and safeguarding adults.

Unpaid carers shared mixed experiences of accessibility. Some unpaid carers told us cultural needs were not always considered. It was felt that people's needs were not well represented. Examples were provided of personal care offered, with gaps identified in meeting cultural and religious preferences. Others highlighted issues in being offered interpreter services, with examples provided of a deaf carer who had to complain to receive the support of the interpretation services.

Partners confirmed that the local authority worked to engage seldom-heard groups and address accessibility barriers. However, there were suggestions for specific training for all staff to help them to understand the needs of diverse communities and to ensure inclusion and celebration of all communities.

Theme 2: Providing support

This theme includes these quality statements:

- Care provision, integration and continuity
- Partnerships and communities

We may not always review all quality statements during every assessment.

Care provision, integration and continuity

Score: 2

2 - Evidence shows some shortfalls

What people expect

I have care and support that is co-ordinated, and everyone works well together and with me.

The local authority commitment

We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

Key findings for this quality statement

Understanding local needs for care and support

The local authority demonstrated a clear commitment to ensuring it understood the needs of its local population. It had developed a strategic equality framework and had undertaken needs assessment related to specific areas, such as tobacco and alcohol use, cancer and sexual health which had informed strategic decision making. It had embedded a strengths-based practice framework which recognised people's diverse backgrounds when assessing needs and planning support. Whilst some data and insights currently informed commissioning the local authority was in the process of developing its future commissioning strategy.

The local authority used the Joint Strategic Needs Assessment (JSNA) and associated data sets to inform planning and commissioning decisions. At the time of the CQC assessment the JSNA was produced jointly with Hackney. Although some work had been done to identify some specific City of London population insights senior leaders and partners recognised that further work was needed to identify more detailed City of London specific data to fully understand the needs of its population and support a robust evidence-based approach to addressing areas of deprivation and health inequalities. Senior leaders acknowledged that more was needed to fully understand the mental health needs, identify carers who did not recognise themselves as such and understand why some carers did not feel supported.

The Joint Local Health and Wellbeing Strategy 2024–2028 highlighted the unique demographic profile of the City of London. The population was small, with approximately 8,600 residents, and had a mix of affluence and deprivation. Although the City of London had significantly lower levels of income deprivation compared to the England average, there were significant pockets of deprivation, with the Portsoken ward on the east of the city amongst the top 20% in the country for levels of deprivation. Overall, 16.8% of the City of London population were of Asian backgrounds, and the Portsoken ward was the most diverse and where the youngest population was fastest growing. According to the 2021 Census, 496 people, or 6% of the population, identified as unpaid carers, with nearly 32% providing 20 or more hours of unpaid care weekly. Many unpaid carers had not sought assistance or identified themselves, prompting the local authority to plan outreach initiatives to improve engagement.

The Adult Social Care Market Position Statement (2024–2027) detailed that the local population living in the City of London was projected to increase, with growth of 41% in people over the age of 60 by 2043.

Staff told us the local authority was unique due to the size of the area for example, there was only one GP practice within the city, serving about 75% of residents, with the remainder registered in neighbouring boroughs. There were no residential, nursing, or supported living units within the city, meaning all placements were out of area. To mitigate risks, the local authority worked in partnership with other authorities. Staff told us there was a need for more local services to support people with learning disabilities and autistic people within the city. There was also an awareness that public transport links into Hackney presented difficulties for people who were accessing health services.

Data provided by the local authority showed that physical support was the main reason for accessing services, followed by mental health support. The local authority reported that 25.5% of people supported had mental health needs and 7.8% had dementia.

Partners described good working relationships with the local authority and confirmed that frontline teams had a strong understanding of local needs. They highlighted collaborative work through the place-based partnership and recognised that the City of London had different needs to neighbouring places due to the population make-up.

The Joint Local Health and Wellbeing Strategy 2024-2028 identified 3 main priorities in understanding the needs of the population. This included increasing financial resilience, increasing social connection & reducing isolation and improving mental health. Although there was evidence of strategic planning to meet residents' needs, senior leadership acknowledged there were challenges in acquiring city-specific data and recognised the staff had actively lobbied to get city specific intelligence to support them to better meet the needs of all in the City of London. There was also a renewed drive to develop a commissioning strategy for the future to ensure a focus on improving contract monitoring and reporting, providing evidence of outcomes for commissioned services and strengthening contract monitoring. Although there was a clear commitment to fully understanding the needs of the local population and evidence of progress, the local authority acknowledged further work was needed to ensure strategic planning took account of all of its population needs, improve collaboration with partners, particularly health and voluntary sector partners and to build on positive engagement with people to ensure these shaped services for the future.

Market shaping and commissioning to meet local needs

At the time of the CQC assessment, the local authority's Market Position Statement 2024-2027 detailed market opportunities and aspirations. The City of London had no residential or nursing care homes within its boundaries. The small population, land constraints and low demand for residential placements within the square mile meant that development of residential services would not be economically viable or sustainable. Therefore, residents who required residential or nursing care were offered a place in one of 120 care homes that were within a 5-mile radius of the City of London and situated in the 7 local authorities that surrounded it. At the time of the CQC assessments all people in residential placement were no more than 5 miles away from the City.

The local authority operated a flexible commissioning model designed to respond to the characteristics of its small population. This model combined formally contracted services with spot purchasing, enabling the authority to respond effectively to individual needs and fluctuations in demand. Staff told us commissioning used spot purchasing for mental health support and other services, which ensured the same offer was available to the wider community. We heard that the commissioning team focused on ensuring services were person centred and tracked trends to assess service needs.

The Adult Social Care Commissioning Overview Report (February 2025) showed the local authority commissioned 24 adult social care services, including home care, direct payments, community equipment, technology-enabled care, and early intervention services. Sixteen of these services were procured through formal agreements, while 8 were spot purchased. It was felt that this approach allowed flexibility and agility, enabling the local authority to respond quickly to individual needs and make spot purchasing decisions when required.

Senior leaders told us a future commissioning strategy was under consideration and involved exploring residential care models, including shared lives, extra care provision and alternatives but that although current data did not provide a detailed picture of current demand the local authority was mindful of the large provision within a 5-mile radius. Senior leaders described how through the good provision of person-centred services it was able to support people to stay their own homes for much longer so preventing or delaying the need for residential placements.

The local authority worked closely with the City and Hackney Place-Based Partnership and participated in wider North East London sub-regional commissioning arrangements. These arrangements enabled the authority to benchmark fee rates, share market intelligence, and access a larger provider market to support people appropriately. Feedback from partners about working with the local authority was mixed with some describing a proactive approach. Some praised the proactive market shaping events, where stakeholders were invited to share views and shape services. Others described commissioning as an area for improvement. They recognised that the local authority placed a focus on unpaid carers and wanted to support them, this had not followed through into commissioning practices. Partners felt some services were commissioned by extending contracts held by neighbouring authorities, which allowed unpaid carers to access support. However, they said these created challenges because services were physically located in Hackney which created challenges due to transport difficulties in traveling to Hackney

National Data from the Adult Social Care Survey 2024-2025 suggested that there was some work to do to ensure people had choice, the Adult Social Care Survey (2024-2025) showed 60.00% of people who used services felt they had choice over services, which was somewhat worse than the England average of 70.70%.

Unpaid carers told us there was more that needed to be done to understand their needs. Feedback identified that they would like to see a carers employment programme in place. They felt the local authority would benefit from learning from good practice in other local authorities and implementing a more proactive approach, instead of what they classified as a reactive approach to carers needs. Staff felt that there had been improvements to the carers' offer, specifically in line with the new Carers champion role. However, it was expressed that there was a lot of scope to continue to improve. In 2024, the City of London's carers support service was recommissioned. Unpaid carers were involved in the recommissioning process; the local authority reviewed the current service and co-produced many of the areas which prepared this contract for tender. There were also plans in place to allow carers to be involved in contract monitoring.

National data specific to unpaid carers showed that there was work to do to improve the access and effectiveness of local services ensuring unpaid carers could take short breaks. National data from the Adult Social Care survey showed that 0% of carers accessed support for breaks of more than 24 hours or at short notice, which was significantly worse than the England average of 16.14%, with 25.00% of carers accessing support or services allowing them to take a break from caring for 1-24 hours. This was similar to the England average of 21.73%. However, 0% of carers were accessing support or services allowing them to take a break from caring at short notice or in an emergency, which was significantly worse than the England average of 12.08%. Unpaid carers told us there was a lack of access to respite, sitting services, and befriending services locally. Senior leaders told us placing commissioning functions within both children's and adults' services had strengthened strategic partnerships and supported joint commissioning arrangements. Staff also highlighted innovative approaches, such as recommissioning carers services through co-production and using technology enabled care to support independence.

The local authority provided access to services within the boundaries of the city. Whilst staff outlined their focus on ensuring services were person-centred by working across partners to embed this approach, both data, people and partners felt that more could be done to ensure that market shaping and commissioning met the needs of the local community. Senior leaders spoke of key challenges, including improving co-production, strengthening the JSNA and ensuring it linked to a commissioning strategy. We were told of the work needed to ensure outcomes reflected peoples' wishes, specifically plans to address the gaps in data collection for self-funded placements. This had been added to the commissioning team's action plan. The local authority reported that it currently had no mechanisms in place to collate data for self-funded placements in relation to monitoring and procurement. However, it gathered intelligence through provider and partner engagement and placement monitoring to inform commissioning decisions. Work to strengthen the local authority's understanding of self-funders was being considered as part of its work on commissioning. These developments were expected to support ongoing engagement with providers and ensure services were responsive to local needs.

Ensuring sufficient capacity in local services to meet demand

The local authority was able to maintain sufficiency of care and support through partnerships and spot purchasing. The context in which the City of London operated meant that the provision of residential services within its boundaries would not be economically viable or sustainable given that there was considerable provision within close proximity in neighbouring boroughs. However, there was more to be done to ensure there was a long-term plan to manage the identified needs of the growing population specifically in relation to availability of short breaks for unpaid carers and easy access to specific services such as those for people with a learning difficulty, autism or mental health problems. Staff told us where support could not be provided at home due to a lack of provision, people had to be placed out of the city for nursing and residential support. In these instances, staff ensured conversations were held with people to explain the actions that needed to be taken to meet their needs. We heard that the majority of placements were within 5 miles of the square mile as they prioritised using their neighbouring boroughs with the furthest placement made was within Havering.

The local authority commissioned 1 home care agency to provide domiciliary care to residents in the City of London and also commissioned a range of specialist and out-of-borough homecare and support arrangements, including autism support, specialist learning disability support and complex needs provision, however, some people found transport difficulties posed challenges in accessing services in neighbouring boroughs**.** As of December 2024, there were 19 people living in supported living accommodations in neighbouring boroughs, commissioned by the local authority, most of which were less than 5 mile away. It also commissioned care at 17 residential and 13 nursing homes outside of the City. There was a total of 56 active placements at the time of this assessment. Senior leaders told us that it was very unlikely that there would be residential care provision within the City due to the high costs associated with this, because of the location. It was noted that property and rental prices were very high. Leaders confirmed that its plans for extra care provision were unclear at present but there were plans to develop and improve the local authority extra care offer.

There was work to be done to improve the availability of mental health services locally; either in the City or in easily accessible locations nearby. Staff told us transportation was a barrier, as people often had to travel significant distances to access services, which limited the recommendations they could make. An example was provided of staff not recommending services in Hackney due to the location, whilst near in miles, lack of public transport made access difficult. While staff felt the local authority supported people to visit people outside the City, managers acknowledged there was a gap in some residential and supported living provision. We were told that the local authority generally managed to keep people in the London area and avoided placements further afield unless it was by choice. Sourcing supported mental health placements for younger people was highlighted as sometimes challenging. As with other accommodation, there was no mental health accommodation within the City of London and most people with mental health problems living in the City had to travel to Hackney to access community services. Senior leaders and staff recognised there was a need to offer more community mental health services locally. The local authority tried to mitigate the issues around housing by using its housing stock outside the borough, to accommodate city residents. There was also ongoing work with neighbouring boroughs to operate joint schemes, offering people social housing. Plans were in place to offer adult social care support as part of social housing. An example provided was Black Raven Court with whom the local authority was working jointly with Islington Council to ensure people moving in received support from the day they moved in without delays.

The unpaid carers we spoke to identified ongoing issues with the lack of provision in the area. Specifically, they identified that there were no care homes, respite centres, sitting services, or befriending services within the city. One carer said they had waited two years for a care home placement in another area, while another described travelling 40 minutes each way to visit a relative placed out of the borough of the City. Carers also highlighted the absence of services for young carers.

Partners had mixed views on the sufficiency of care. A voluntary sector partner confirmed that overnight short breaks and care home placements were all out of area and said this had been an ongoing source of frustration for unpaid carers. Others recognised work that had been done to provide in-person support twice a week in two community centres located in housing estates, identifying that the local authority was trying to find ways to ensure equity of access for all carers.

Staff told us there were sufficient services to meet the needs of those with learning disabilities and older adults within the city. Examples were provided of a befriending service, and a community programme provided by a commissioned partner, which provided activities including walking groups as well as memory services. There was an acknowledgement from staff that there were families and young people who wanted access to more local services, which supported transitions as they were having to travel for more specialist input, and people did not want to travel into Hackney to access this. Work was identified as ongoing within the local authority to ascertain how they could introduce more localised services, for example, the family hub work. They noted, however, that their numbers were small, with perhaps only 1 or 2 people potentially requiring this service.

Both senior leaders and staff had a clear understanding of the challenges presented by the size of the City of London, and current arrangements utilised partnership working to provide services provision for people currently needing care. However, during conversations on our site visit they demonstrated that they recognised that there were several areas which required further development to ensure people had equal access to care and support which met their needs.

Ensuring quality of local services

The local authority had clear arrangements in place to monitor the quality and impact of commissioned care and support services. A quality assurance framework had been implemented, we were told that this was underpinned by commissioning activity, which promoted continuous improvement. Processes in place ensured quarterly contract monitoring meetings, placement visits, and quality alerts, which enabled early identification of concerns and timely intervention. Staff told us they oversee quality throughout adult social care, with referral pathways tracked and feedback shared with the assessment teams.

Staff described processes which allowed consistent quality monitoring. We were told that when people were placed out of area, they prioritise placing people in places rated as good or outstanding provision by CQC. It was also noted that they complete additional checks and work with the host authority to identify any additional intelligence. For example, a placement was made in a provision rated as requiring improvement as a person wanted to be placed there as it met their religious preferences and needs. The local authority told us they received assurances from the host authority that they were still placing residents there despite the CQC rating, as the concerns previously highlighted had been resolved and rectified.

The City of London's Quality Alert process had helped staff raise and resolve concerns about care services quickly and clearly. It used a step-by-step system to track issues, involve providers, and ensure actions were taken. Staff had been supported to act early, and serious concerns were escalated appropriately. The process used data systems monitor quality and improve services. It also helped commissioners understand local needs, spot service gaps, and support providers to improve. Staff felt this approach strengthened care quality, provider accountability, and the sustainability of local services.

The local authority had processes for managing poor performance and implementing commissioning embargoes when necessary. Processes highlighted an immediate change of provider would become necessary, and the commissioning team would work closely with the social care team to determine the best course of action. Partners described positive relationships with the local authority, describing regular quarterly meetings to review contract performance and discuss improvements. They said commissioners were accessible, responsive, and supportive. Another partner told us quarterly monitoring meetings were held, and providers were expected to share quality data and improvement plans.

The local authority had identified areas which required further development to improve practice. The Adult Social Care Commissioning Overview Report 2024–2025 identified a number of areas which were being developed with an action plan to address these areas. The report identified the need to strengthen the Care Purchasing Cycle project by providing oversight and further assurance of spot-purchased activity to enhance the quality-of-service provision. The report also highlighted the need to improve the level of service user feedback as part of contract monitoring and reporting. Work was ongoing to achieve the areas that were identified.

Unpaid carers shared mostly positive feedback on service quality monitoring. Most carers described support which enabled them to regain independence and build on their strengths.

Ensuring local services are sustainable

The local authority had mechanisms to monitor and support the sustainability of its adult social care market. However, there were gaps in provision identified in some areas, such as short breaks. The City of London had identified in the Market Sustainability Plan 2024-2026 that it faced ongoing challenges in ensuring sufficient care provision, highlighting that providers consistently highlighted concerns about staff retention, recruitment, and inflationary pressures. These elements heavily impacted it operational and financial positions. To manage this, the City of London ensured it remained a Living Wage employer and Living Wage commissioner. However, it could not always secure this in making placements.

The local authority recognised that both the population size and geographical location of the City of London required a range of different considerations and the need to work in partnership with other local authorities to provide services.

The local authority told us that it maintained sufficiency through flexible spot-purchase commissioning and access to regional care markets. Placements were made based on individual needs, although the authority prioritised home-based care to reduce residential demand. Staff said this approach had proven effective but required more complex support when placements were necessary. They recognised that rising demand from an ageing population with high life expectancy was increasing care complexity and costs, and there were future plans identified to address this, including exploring extra care partnerships beyond the city's boundaries.

At the time of the CQC assessment, senior leaders told us care provision was currently sustainable, with no quality concerns identified. However, it was acknowledged that as a local authority, it could not shape the market of provision or price in the way that purchasers of scale could. One of the ways the local authority ensured market sustainability was through fair contracting arrangements. Partners said contracts provided stability and allowed providers to plan. For example, a partner told us their contract carried no risk and included regular formal and informal meetings. Other partners said the local authority supported them in building their contract and workforce. They explained that contract workers were paid for travel time, and additional benefits such as discounts for home care staff were offered. Providers said these measures helped maintain a stable workforce and supported retention.

The local authority recognised the risks of maintaining sustainable care and identified actions to mitigate these concerns. This included updating the Market Position Statement, using the Market Sustainability and Improvement Fund for fee uplifts, and developing a market analysis policy. The authority was also committed to collaborating with neighbouring councils, exploring dynamic purchasing frameworks, and remodelling brokerage systems.

While the local authority had an action plan to ensure sustainable services, gaps in services and feedback from partners and people demonstrated that there was a need for more localised services to manage people's individual needs. The local authority identified that long-term sustainability required continued investment in preventative measures that enable residents to remain at home longer. It also had plans to review its telecare models and explore opportunities for further integration to enhance care delivery.

Partnerships and communities

Score: 3

3 - Evidence shows a good standard

What people expect

I have care and support that is co-ordinated, and everyone works well together and with me.

The local authority commitment

We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

Key findings for this quality statement

Partnership working to deliver shared local and national objectives

The local authority worked collaboratively with partners to agree strategic priorities and for people in the area. The City of London Corporation was part of the North-East London Integrated Health and Care Systems (ICS) and, at a place level, was part of the City and Hackney Place Based Partnership.

The City and Hackney Place-Based Partnership brought together adult social care, public health, housing, and health partners. The priorities focused on starting well, living well, and aging well, involving various initiatives, including implementing neighbourhood work. Partners told us there were good relationships at officer level and good examples of collaborative working. There were highlighted future ambitions for senior leaders to advocate for the City of London specifically; examples were provided of partnership working, such as community health services delivered from libraries and community centres, and rapid collaboration when 800 asylum seekers required support in the city. A multi-agency group was created, meeting weekly for a year to coordinate health checks, mental health support, and transition planning. Senior leaders told us the local authority was integrated into the North-East London Integrated Care System and worked closely with Hackney through a shared public health team. They said governance arrangements supported collaboration across health and social care, although the size of the Integrated Care Board, covering 2.4 million people, sometimes made it challenging to secure engagement for city-specific priorities. Leaders described examples of working together to find solutions for rough sleeping in the city. It was highlighted that although there had been previous issues collaborating across boundaries, there was joint prioritisation and investment to ensure engagement with rough sleeping. Staff told us this partnership improved access and quality of care by making better use of combined resources. Priorities included neighbourhood working, prevention, and integrated care pathways, which were aligned with the Health and Wellbeing Board's objectives.

Staff told us there was good partnership working across hospital discharge teams, and key stakeholders to facilitate hospital discharges. Staff regularly communicated and attended joint meetings to ensure continued partnership working. Staff said multidisciplinary meetings were held regularly to plan for people with additional needs and ensure timely discharge. Occupational therapy services worked closely with district nurses and GPs, describing communication as effective and responsive.

Partners' views on the local authority's partnership working were positive. They described them as a strong advocate for its population and engaged effectively in system-level conversations. We were told that the authority sat on numerous partnership boards and contributed to improving urgent care responses. Other partners described the local authority as a thoughtful critical friend providing sound advice to shape future plans collectively. Examples were provided where partners raised concerns, and it was felt that they responded quickly.

Staff spoke of collaboration and joint working across adult social care. Examples were provided of joint working arrangements which looked at providing operational solutions to housing issues.

The Better Care Fund supported integrated commissioning across social care, health, and the voluntary sector, which provided an additional platform for shared priorities.

The local authority worked well with partners and demonstrated that partnership working had strengthened focus on priorities in the community. There was, however, an acknowledgement that there needed to be ongoing development to ensure collaborative data-sharing and enhanced data quality and utilisation.

Arrangements to support effective partnership working

The local authority had governance and operational arrangements in place to support partnership working across health, social care, housing, and the voluntary and community sector. Senior leaders described strong relationships which were unique in that they combined local authority functions with their role as a financial centre, enabling them to serve a small residential footprint.

The local authority and health partners jointly led the City and Hackney Place-Based Partnership. This partnership acted as a mechanism for aligning strategic priorities and commissioning decisions. The joint population health hub allowed partners across the system to address inequalities through various initiatives, including Making Every Contact Count (MECC). Public Health commissioned services that addressed areas such as weight management and the exercise referral service for adults in the City of London. The stop smoking service was available for individuals aged 12 and older across the City of London as part of a joint City of London and Hackney initiative. Public Health also funded a falls prevention service in the City of London, which was currently being reviewed.

The local authority described partnership arrangements which allowed for shared commissioning. Specific reference was made to partnership arrangements which allowed for holding lived experience panels for Adult Social Care, Special Educational Needs and Disabilities (SEND), and the Carers Strategy. Through partnership working, social care users were supported to complete a national survey on their experiences and establish an Adult Social Services User Advisory Group that was to commence in March 2025.

The Better Care Fund (BCF) was used to support the City of London in delivering services. There was joint working with Hackney and decision making regarding the use of the Better Care Fund. They aimed to bring together health and social care organisations that worked collaboratively to support improved outcomes and reduce inequalities. The partnership had oversight from the City and Hackney Health and Care Board, which had agreed on a set of strategic focus areas, and partners had developed a delivery plan. The City Health and Wellbeing Board oversaw the City of London. The fund supported multi-agency collaboration, including health partners, social care, and voluntary sector services.

Staff told us of good working relationships with the local authority, and this was evidenced through quarterly meetings with the commissioners and team managers to share any changes in process, review data and ensure the processes were fit for purpose.

Partners described strong relationships and the opportunity to use forums such as the disability forum to further understand the community's needs. We heard that regular meetings supported good communication between frontline team managers and commissioners. People's experiences reflected this joined-up approach, with shared experiences of referrals successfully made by district nursing and GPs to support people's improvements and promote independence.

Impact of partnership working

The local authority demonstrated that there had been an impact from partnership working. It was evident that the City of London's commissioning approach supported them to agree care and support in neighbouring authorities due to the geographic availability of care within the square mile. The multi-disciplinary approach supported partnership working, which facilitated joined up working to discuss and improve care. We were told that joint working added value to the work which the local authority delivered, specifically supporting a strong partnership with health, the delivery of services such as the out-of-hours emergency duty team and the safeguarding board.

Senior leaders spoke of collaborating on initiatives like Multi-Agency Risk Assessment Conference (MARAC), Prevent, the Strategic Vulnerability Board and the Rough Sleeping Task and Action Group. Examples were provided of the City Belonging project which was helping to extend networks across the city's workforce, promoting inclusion and reducing exclusion. People told us co-production had improved and recognised that ongoing engagement with other authorities had helped to begin to bridge the gap in services which needed improving, such as the carers offer. We were told that regular attendance to boards by co-production group members supported a stronger voice to impact change.

Partners described joint work to respond to rising care needs by identifying people who were not yet at highest priority and intervening earlier to prevent escalation to crisis. They reported that an independent evaluation of this programme demonstrated improved outcomes, generating an additional 73 Quality Adjusted Life Years (QALYs) for the 854 residents who received support. Quality Adjusted Life Year (QALY) is a recognised way of measuring the impact of a health or care intervention.

The local authority demonstrated that partnership working had successfully supported collaborative working and the development of particular initiatives; however, they had recognised that areas of development included enhancing data quality and utilisation across partnerships and improving robust data management practices. This area of development would be an important step to ensure that partnership working could provide qualitative data to demonstrate a measurable impact across peoples' outcomes.

Working with voluntary and charity sector groups

The local authority worked with voluntary and community sector (VCS) organisations, however, there was more to do to ensure the sustainability and inclusivity of the VCS. The city had recently grant-funded Hackney VCS (part of the local place-based partnership) to provide support and capacity building for voluntary and community sector organisations in the City of London, enabling them to develop and bid for grants. This project also involved regular coffee mornings where local organisations were either based or had existing links to the community. Staff told us there was specific work with the voluntary sector currently taking place for commissioned services, these organisations worked to promote prevention and meet a range of needs. However, there was recognition that the City of London lacked an embedded VCS infrastructure, unlike other neighbouring authorities. We were told, corporately, the city had offered grant schemes such as the Stronger Communities Fund, which provided up to £10,000 for small projects however, it was challenging and competitive to get grant funding. The local authority identified there was ongoing work taking place to align funding streams with broader strategic goals, to ensure long-term stability for VCS organisations. It was also identified that there was a future desire to increase volunteer participation.

Strengthening the partnership work with the voluntary and community sector was identified as an area of development. The desire was to ensure that communication and collaboration channels improved. Senior leaders told us there was a need to build the voluntary and community sector (VCS), and this approach was considered essential for progress. Plans were underway with grant funding provided to map available community and grassroots assets through a pilot phase of a partnership project.

Partners shared mixed views about the quality of relationships with the local authority. Some voluntary organisations reported positive experiences, describing commissioning arrangements as refreshing and flexible. They told us the local authority worked with them during contract mobilisation to agree on effective ways to measure service quality and outcomes. Other partners explained the local authority had commissioned them directly and had supported them to offer more inclusive services for people experiencing loneliness. Other organisations reported challenges with their relationship with the local authority, expressing that they were not consulted when city-wide strategies were developed and highlighted missed opportunities for inclusion in local events. They felt more could be done to foster understanding and involve voluntary organisations in strategic planning. It was felt funding was a challenge for some VCS organisations, and there were communication gaps.

The local authority was aware of the work, which was required to build a sustainable VCS sector, the understanding of the community's assets was still in its early stages, which affected the local authorities' understanding of the community's needs.

Theme 3: How City of London Corporation ensures safety within the system

This theme includes these quality statements:

- Safe pathways, systems and transitions
- Safeguarding

We may not always review all quality statements during every assessment.

Safe pathways, systems and transitions

Score: 3

3 - Evidence shows a good standard

What people expect

When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place. I feel safe and am supported to understand and manage any risks.

I feel safe and am supported to understand and manage any risks.

The local authority commitment

We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.

Key findings for this quality statement

Safety management

The local authority had processes in place to ensure safety across all areas of its work, including transitions between services such as hospital discharge. Operational relationships had been developed with health partners, including joint working to prevent falls among older people. The local authority did not have an integrated hospital team; however, they had set out the principles of multi-agency assessment and joint working in partnership with the NHS. The hospital discharge service followed the national pathways; home without formal support, home with reablement, short term rehabilitation or care home placements. Senior leaders described collaborative work with partners to improve discharge planning and fed back that there were good support mechanisms in place. Staff told us there was more than one professional involved in a person's hospital discharge process, and they ensured that the recording of information was in real time, supporting timely processes.

The Hospital Discharge Team worked collaboratively with various professionals to ensure timely and effective discharge. Both staff and partners told us the Care Navigator role was vital for linking staff, providers and primary care, to support smooth transitions. The introduction of the role ensured information was shared between the local authority and hospital. This was a strategic decision as the local authority recognised that there was a risk of people falling between the gaps for the provision of care and support when being discharged from the wide range of hospitals around the geographic area.

Staff described arrangements that supported safe transitions with the utilisation of a rapid response service, which could support people at home with support on the same day. This was seen to support avoidable hospital avoidance and ensure the best pathway for a person following a discharge from the hospital. Senior leaders told us use of the Better Care Fund mental health provision and joint discharge work had improved outcomes.

Some partners told us mental health discharge coordination worked well; however, staff told us there were delays in hospital discharge due to having to spot purchase beds. Other partners raised concerns around hospital discharge, specifically identifying that there was a trend of people being discharged from the hospital and providers being informed at short notice about these planned hospital discharges. They expressed a challenge around scheduling regular care workers to visit people at the required time. They highlighted this was communicated to the staff who were actively working closely with the hospitals to ensure that notifications were provided promptly to allow the provider to reallocate care workers. This could potentially affect people's ability to access care that met their individual needs in a timely way.

The local authority had also highlighted an action plan to enhance service user engagement, reduce waiting time and improve the reporting capabilities of the systems to support this. There were plans to improve the local authorities' reporting system to support brokerage placements, this planned to focus on improving hospital delays due to spot purchasing of beds.

Safety during transitions

The local authority had arrangements in place to ensure care and support were planned and organised with people, partners and communities in ways that improved safety and continuity across care journeys. These arrangements covered referrals, admissions, hospital discharge and transitions between services. However, there were areas for development, particularly in clarifying support for carers when the cared-for person moved out of borough.

The local authority had developed operational relationships with health partners to support safe hospital discharge. The local authority had discharge-to-assess arrangements, early discharge planning, and a rapid response service. The rapid response service also provided reablement, offering flexibility for people using this service. There was a care navigator role that facilitated safe hospital discharge. Occupational therapy supported the early stages of discharge planning. National data showed that more than 95% of people were still at home 91 days after discharge, and the rapid response service also supported the avoidance of readmission. The local authority recognised that the current discharge model was Monday to Friday and identified there was still a need to support people with hospital discharge out of hours, including weekends. Currently, the adult social care head of service provides the final decision on the requirement of responsive weekend cover. Partners highlighted challenges for people requiring care, detailing that they felt there were significant challenges accessing adult social care, as they were mainly outside the city boundaries. They felt there was a need to scrutinise out-of-area support to ensure that it met the needs of people in the City of London.

The local authority was part of a multi-agency Transitions Forum, which began planning for young people from the age of 14. The forum assessed whether a transition assessment was required and monitored progress through a register. Staff told us the same worker often remained involved throughout the transition to adulthood, which helped maintain continuity and build trust. They explained that bespoke support was provided due to low numbers, with examples of young people receiving systemic therapy or tailored educational opportunities. Staff told us that they were now using the feedback from the city's parent carers forum to shape services and be responsive to the needs of specific areas of the community. The local authority told us their transitions register included people from the age of 14 who had an Education, Health and Care Plan (EHCP), known to both children's social care, health services or are known as a young carer. Staff told us children's services undertook initial transitions assessments, and the transitions forum monitored progress. Staff told us due to the low numbers of people supported, they were able to provide a bespoke service to young people moving to adult services, as they had recognised that one size did not fit all and it had been necessary to tailor their approach as required. For example, a young adult being supported through school and another young adult who had a period of systemic therapy implemented to better understand their needs.

People we spoke to said transitions were managed well. They described regular meetings and timely involvement from staff, which supported a person-centred approach to meeting the young person's needs.

Staff told us that a rapid response service and discharge-to-assess model were in place, supported by occupational therapists and a commissioned reablement provider. Weekly multidisciplinary meetings were held to plan discharges and manage risks collaboratively. Providers described flexibility and responsiveness, including examples where staff waited in people's homes for equipment deliveries to ensure safety. Staff and partners described mostly positive processes that supported safe transitions and continuity of care from hospitals, with examples provided of effective reablement and support from the community to ensure that people could remain independent at home. Partners told us that hospital discharge processes were smooth and timely, and unpaid carers reported positive experiences of coordination between health and social care professionals.

Partners felt that they had received positive feedback from carers in relation to hospital discharge. However, carers highlighted that there was work to do to improve co-production with carers to ensure their voice was heard. It was specifically highlighted that carers had experienced issues related to their formal status when the cared-for person moved out of the borough. People expressed the need for training to clarify whether someone remained a carer in such circumstances. They felt the current process was unclear and the support available needed to be clearer for people experiencing a change in circumstances.

There was evidence of good practice in early discharge planning, rapid response and person-centred transition support. Some areas required continued focus, including clearer arrangements for carers during transitions and work to ensure there were minimal delays in hospital discharge due to the spot purchasing of beds. The local authority recognised these challenges and began work to address them.

Contingency planning

The local authority had arrangements in place to ensure preparedness for possible interruptions in the provision of care and support. The local authority had a process in place for dealing with concerns regarding providers' quality of care. As all commissioned services were within neighbouring boroughs, the decision was taken not to commission services with a provider with an inadequate rating from CQC, or providers with a requires improvement CQC rating. In exceptional circumstances, placements could be made to best meet the people's needs.

The Emergency Duty Team operated out of hours and was initially handled by a commissioned external provider, who operated a triage function and then passed the information on to the out-of-hours local authority staff who engaged with people, making relevant contact. Staff told us emergency duty operated as an out of hours service and not a conventional EDT. Staff told us that demand for the service was extremely low, with only 2 calls received in the previous 6 months. They explained that this low demand meant there were no challenges in prioritising calls or distinguishing urgent concerns. Where Approved Mental Health Professional (AMHP) input was required out of hours, referrals were made to the mental health trust's emergency service.

Processes showed the local authority had embedded contingency plans within its preventative measures to ensure continuity of care during emergencies or unexpected changes.

Safeguarding

Score: 2

2 - Evidence shows some shortfalls

What people expect

I feel safe and am supported to understand and manage any risks.

The local authority commitment

We work with people to understand what being safe means to them and work with our partners to develop the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.

Key findings for this quality statement

Safeguarding systems, processes and practices

There were systems, processes and practices in place to ensure people were protected from abuse and neglect. The local authority had an established joint City and Hackney Safeguarding Adults Board (CHSAB), the CHSAB brought together statutory and non-statutory partners and had established sub-groups providing assurance, accountability and shared learning. Leaders told us there was a robust approach to safeguarding through a multi-agency and data led approach. The chair for the board had been appointed in late 2024, with an active sub-group that ensured assurance, accountability, and the sharing of best practices, including considering reviewing data and priorities that informed the workplan. The Principal Social Worker participated in this sub-group in addition to other members of the senior leadership team. This supported leaders in providing oversight of practice, and assurance that safeguarding activity remained aligned with statutory responsibilities and learning from practice.

The local authority utilised the London multi-agency safeguarding policy and procedures, sharing definitions, principles and roles across agencies, and aligning practice with Care Act requirements. Information-sharing protocols were applied through multi-agency mechanisms, including specialist Multi Agency Risk Assessment Conferences (MARAC) arrangements, domestic abuse strategies, community safety programmes and cross-boundary initiatives designed to protect people at risk of harm. We were told that both the children and adults divisions worked together to keep people safe from domestic abuse, and both participated in the Domestic Abuse MARAC. The CHSB strategy cited that the priorities for 2024-2025 included improving the quality of mental capacity assessments. This priority also identified a need to continue to embed and develop frontline practitioners understanding of mental capacity in relation to complex issues. This report identified that whilst the local authority's understanding of mental capacity had improved, there were a number of more complex matters relating to mental capacity such as higher executive functioning that the local authority needed to continue to explore.

Strategic partnerships formulated by adult social care also operated in the community. The local authority worked with the police, housing and other partners on initiatives such as sanctuary schemes to support people to remain safe at home. These programs were supported by shared referral routes to support timely risk management. National data demonstrated that safeguarding was having a positive impact on the people who were supported. The Adult Social Care Survey 2024- 2025 showed that 75.00% of people who used services felt safe, which was which was similar to the England Average of 70.16%. In addition to this,87.50% of people who used services said that those services had made them feel safe and secure, which was similar to England's Average of 87.81%. Partners told us the local authority were flexible and responsive in their approach to people's safety. Senior leaders told us performance reporting was regularly shared with elected members, ensuring transparency and accountability. Senior leaders highlighted that scrutiny was effective in safeguarding, although there was an acknowledgement that there was room to strengthen oversight of scrutiny in broader adult social care areas.

Staff and leaders told us that safeguarding concerns could be raised through multiple channels. They explained that referrals were made through established procedures, usually by contacting the duty manager at the local authority's front door and following up by email. Out-of-hours safeguarding concerns were managed by senior social workers trained as Safeguarding Adult Managers, who assessed immediate risks and took protective action, including contacting emergency services or arranging temporary accommodation. Staff felt there was adequate training in relation to safeguarding and provided examples of making safeguarding personal, working in a strengths-based way with homeless people.

Providers described good communication with the local authority in relation to safeguarding, with a flexible and responsive approach. Providers reported active participation in the Safeguarding Adults Board and the provider forum. However, although the communication was good and concerns were raised robustly, care providers told us that they would like the local authority to share more learning from safeguarding. This could potentially limit the local authority's ability to ensure consistency in disseminating and embedding safeguarding learning across services.

The local authority had multi-agency arrangements and governance to implement safeguarding decisions. While improvement activity was underway, the local authority had identified areas of improvement which would positively impact safeguarding. This included the recommendations from the SARS in 2024 which made recommendations such as including improving multi-agency coordination, strengthening safeguarding and escalation pathways, and ensuring timely access to advocacy for people experiencing homelessness. It also recommended enhanced workforce training in areas such as palliative care, self-neglect, and mental capacity, as well as better integration between health, housing, and social care services. The Safeguarding Adults Board had a future focus on ensuring that the Board was used as a vehicle to drive engagement with seldom heard communities from a safeguarding lens.

Responding to local safeguarding risks and issues

There was an understanding of the safeguarding risks and issues in the area. The local authority worked with safeguarding partners to reduce risks and prevent abuse and neglect from occurring. Staff and leaders told us homelessness, self-neglect and financial abuse were the most significant safeguarding themes for the City of London. The local authority had commissioned a discretionary review to identify learnings from the death of a person who was seen as a rough sleeper as although a significant incident it was judge not to meet the Safeguarding Adults Review criteria A Safeguarding Adult Review (SAR) takes place following the death or serious injury of an adult as a result of harm, abuse or neglect. The review looks at whether partner agencies could have worked more effectively to protect the adult. Prior to the review there was an outreach service in place to support rough sleepers. However, following the discretionary reviews a qualified social worker was added to the team to strengthen the multidisciplinary approach to ensure the protection of people in the population who were homeless and sleeping rough.

Staff told us learning from SARs was disseminated by management, who delivered feedback sessions as well as presentations. We were told there were opportunities to go through the learning during team meetings or learning and development sessions, and there had been joint learning and development sessions with the bordering local authority, where representatives shared feedback with the wider workforce.

Leaders told us that funding was allocated for fire prevention equipment in 2023-2024, following the discretionary review of the death of an adult in March 2023.A senior leader chaired the panel and attended the Safeguarding Adults Review (SAR) group to ensure learning informed practice. This review produced 13 recommendations that led to the development of a multi-agency plan, resulting in improvements in the Rough Sleeping and Safeguarding systems. Key actions taken included an updated Adult Social Care discharge model to reflect the review's findings, incorporating the review into Level 3 mandatory safeguarding training, conducting an independent review of multi-agency collaboration by Homeless Link, and establishing new processes for the involvement of the Rough Sleeping Mental Health team in related meetings. The discretionary review identified how both the police and health services worked in isolation and did not share information. The review highlighted the challenges of engagement of people in services. Monthly meetings were introduced with the police to share information about rough sleepers and homeless people, and links with health partners were strengthened to improve risk management and support for people with suicidal ideation.

The discretionary review highlighted gaps in inter-agency communication and missed opportunities for follow-up after discharge from mental health services. The review identified the need for face-to-face engagement within 24 hours post-discharge and raised concerns about categorising homeless people as “no fixed abode,” which limited access to services. Learning from these reviews informed the development of mental health street triage, which the local authority related to the reduction in the number of people detained under section 136 of the Mental Health Act.

The Safeguarding Adults Board published SAR’s outcomes on its website and commissioned training on trauma-informed approaches, self-neglect and hoarding, and outlined safeguarding adult manager responsibilities. There was an acknowledgement in the review of issues, such as advocacy for homeless people and executive functioning in mental capacity assessments. People who used services had recently joined the London Safeguarding Voices group, a pan-London initiative for people with lived experiences of the adult safeguarding process. They were working with the London Safeguarding Board to improve safeguarding practices across London.

Data from the local authority showed that safeguarding concerns decreased from 60 in the previous year to 49 in 2023-2024, with a 51% increase in concerns leading to section 42 enquiries. A Section 42 enquiry is a safeguarding process mandated by the Care Act 2014, requiring local authorities to investigate if an adult is at risk of abuse or neglect. The overall trend for the past 5 years has been an increase in concerns raised, except for 2023-2024. Most safeguarding risks occurred in people's own homes, and 64% involved someone known to the adult, a 10% reduction from the previous year. Outcomes were mostly positive, with 90% of adults reporting that their desired outcomes were fully or partially met at the conclusion of enquiries. This was from a sample size of 52% of adults being asked.

The local authority showed evidence of proactively working on safeguarding to ensure that it addressed the areas of concern. There was a demonstration of both an understanding of local safeguarding risks and work with partners to reduce harm and reduce the identified risks. There was evidence of learning from serious incidents and SARs, which led to changes in practice and improved multi-agency collaboration. The local authority's Safeguarding Practice Improvements Plan (action plan) which was reviewed in February 2024 and updated in February 2025 demonstrated that there were actions in place to implement the areas of development highlighted. This included further embedding co-production in safeguarding strategies and ensuring training addressed all themes identified in reviews. However, there was an absence of clear timelines to identify when recommendations would be fully implemented and clear guidance on how ongoing quality assurance would measure the effectiveness of the changes made.

Responding to concerns and undertaking Section 42 enquiries

The local authority demonstrated processes were in place to support the identification of Section 42 safeguarding enquiries, however there was ongoing work underway to ensure that there was a consistent embedded approach to ensuring the threshold of Section 42 enquiries was applied. Staff told us referrals were received through the duty system, where a registered social worker and a manager were assigned to review each person's situation. The manager would then make the Section 42 eligibility decision. This process sought to ensure that threshold decisions were consistent. Staff told us referrals were primarily submitted via email, with a high proportion coming from the police, care agencies, libraries and public protection notices. Members of the public usually raised concerns through the contact centre, although some were submitted by email.

Alternative pathways were considered for people who did not meet the section 42 threshold. Staff gave an example of a person whose home fire safety visit identified risks linked to hoarding and mental health needs. Although this did not progress to a section 42 enquiry, a multi-disciplinary approach was taken, which included efforts made to engage the person. An MDT meeting was arranged with the GP as a result of this. A service was commissioned to visit the person weekly to provide support and begin clearing the premises. We also heard if there was evidence of domestic violence or evidence of a coercive relationship, a multi-agency approach would be taken through engagement with all relevant partners to ensure joined up working and support the person at risk.

The local authority's Safeguarding Improvement Action Plan was developed to address the recommendations from the safeguarding independent audit. There were 6 recommendations identified, including the need to focus on assuring the safety of people to avoid crisis where neglect and abuse was identified as a need. This was to be implemented by ensuring prevention principles were recorded and consistently applied. The local authority planned to monitor these areas of practice and develop a system for monitoring enquiries, specifically out-of-area enquiries. At the time of assessment, this remained an ongoing piece of work.

The discretionary review undertaken in 2022 identified missed opportunities for safeguarding risks to have been identified by partners; it was also identified that a referral to MARAC had not taken place. As a result of the review, a number of changes were made which strengthened arrangements which included Community Multi-Agency Risk Assessment meetings embedded into local practice. There was evidence that referrals could be made by any agency, and meetings were monthly, supporting a multi-agency approach to risk management.

Between 2020 and 2023, conversion rates from concerns to Section 42 enquiries fluctuated. In 2020, 73% of concerns progressed to enquiries, compared with 58% in 2021 and 50% in both 2022 and 2023. For 2024-2025, quarterly reports indicated conversion rates between 34% and 38%. An independent safeguarding audit identified that some safeguarding concerns should have progressed to a section 42 safeguarding enquiry, reflecting the low statutory threshold set out under the Section 42 duty, progressing to a section 42 duty where there is reasonable cause to suspect abuse or neglect. In response to this, the local authority implemented a Safeguarding Improvement Action Plan (February 2024). This included the introduction of reflective practice sessions and strengthened auditing arrangements to support staff understanding and applying the legal threshold, particularly in recognising reasonable causes to suspect and making proportionate decisions to initiate adult safeguarding enquiries. The Improvement Action Plan also highlighted that some areas of monitoring required further work to ensure improvements, particularly for out-of-area enquiries.

Data provided by the local authority (2024-2025) showed 56% of Section 42 enquiries resulted in an elimination or reduction of risk, with 11% remained static and 33% not recording an outcome. There was an acknowledgement from senior leaders that the complexities of working with particular groups leading to missed opportunities to ensure people involved in Section 42 enquiries were asked about their desired outcomes.

There had been an improvement in the recording of people's desired outcomes, with 7 of 12 people asked about these in Quarter 3 of 2024-2025, compared with 5 in the previous quarter. Data showed that safeguarding activity was actively monitored. The average time taken to conclude an adult safeguarding enquiry in Quarter 4 of 2024-2025 was 67 days.

Staff told us there were clear standards and quality assurance processes in place, and that safeguarding plans were developed and acted upon to reduce future risks for individuals. These plans were regularly reviewed, and relevant agencies were informed of outcomes where this was necessary for the ongoing safety of the person concerned.

Staff told us Deprivation of Liberty Safeguards (DoLS) were managed within the timeframes expected, we were told that the local authority were able to manage DoLS within the timeframe by recruiting externally for Best Interest Assessors to manage. any conflict of interest.

DoLs assessments were completed within an average of 16 days, and no waiting lists were reported. Senior leaders felt there was a good understanding of Deprivation of Liberty assessments, and they were well-managed by the local authority.

The City of London Independent Safeguarding Audit (November 2023) recommended that safeguarding practice needed to ensure consistent application of all 5 statutory principles of the Mental Capacity Act (MCA), with a particular emphasis on supporting decision-making and ensuring clear, time-specific, and decision-specific recording of the person's mental capacity throughout the safeguarding process. The local authority's action plan had identified the need for social workers to have up-to-date MCA training and a good understanding and application of MCA principles. A subsequent MCA audit report in 2024 showed progress and highlighted already embedded actions such as delivering reflective practice sessions, updating the MCA form, offering coaching and developing supportive tools for common MCA decision areas. The local authority had therefore taken steps to develop this area and continue to do so.

Making safeguarding personal

The local authority demonstrated a commitment to improving Making Safeguarding Personal. There was clear evidence of reflective practice and future development to ensure that improvements to Making Safeguarding Personal were understood. However, there was still ongoing work to do to ensure that recommendations and outcomes from the audit were fully embedded and were having the desired impact on adults at risk. Staff told us a person's views remained central to all safeguarding activity, including decisions and interventions. For example, a person was at risk of financial abuse, the person was contacted to seek their views and desired outcome. Preventative measures were discussed to reduce the risk of future incidents, reflecting a personalised approach.

Leaders told us Making Safeguarding Personal was embedded in safeguarding procedures and supported by quality assurance processes. Staff were aware an internal audit identified making safeguarding personal as a key theme and provided examples of how this could be achieved effectively, through partnership working. The local authority confirmed these principles guided responses to both section 42 enquiries and concerns that did not meet the threshold for a formal enquiry.

The independent review of safeguarding conducted in 2023 acknowledged areas of good practice however, it also identified areas for development, which needed to be addressed. The February 2024 action plan identified the need to engage people about their desired outcomes when undertaking adult safeguarding enquiries and ensure the voice of people with lived experiences was included in safeguarding to add strength to this work.

A Mental Capacity Audit Report Action Plan identified improvements needed in working with families and carers and ensuring the voices of people were taken into consideration when subject to an assessment of their mental capacity. As a response to the finding people were supported to understand safeguarding and what being safe meant to them. Staff described using 'I' statements during interventions with people who hoard or self-neglect, to help them reflect on their situation and improve insight into risks. This approach was considered empowering and person centred.

The annual strategic plan 2024-2025 for the Safeguarding Adults board identified 5 core principles and actions; whilst the local authority demonstrated that planned improvements aligned with audit recommendations, there were areas which required embedding further and quality assurance to measure impact.

Theme 4: Leadership

This theme includes these quality statements:

- Governance, management and sustainability
- Learning, improvement and innovation

We may not always review all quality statements during every assessment.

Governance, management and sustainability

Score: 2

2 - Evidence shows some shortfalls

The local authority commitment

We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

Key findings for this quality statement

Governance, accountability and risk management

There were arrangements for governance and quality assurance which supported the delivery of the Adult Social Care Strategy. However, there was still a need to ensure that strategic priorities across adult social care were fully integrated to better support and improve outcomes for people and communities.

Governance arrangements included weekly directorate meetings attended by senior leaders. Senior leaders told us regular meetings presented them with the opportunity to challenge the direction of travel of strategic decisions, ensure strategic alignment and rigorous oversight of service performance and issues raised by people.

Senior leaders told us the positive impact of investing in developing workforce capability and capacity, highlighting the implementation of a generic practitioner model that enabled staff to develop expertise across multiple areas and gain a wide range of skills and knowledge. Staff told us they had manageable workloads, supporting fewer than 20 people at a time.

The Principal Social Worker was a member of the Adult Senior Management team, contributing to strategic leaderships and oversaw practice governance and quality assurance, describing local and national networks that supported continuous improvement across the service. Staff spoke positively about leaders and described them as visible and approachable. There was positive recognition by staff about of quality assurance mechanisms in use, together with acknowledgement of good relationships and information sharing, which supported them in their roles.

The local authority's political and senior leaders spoke of a collaborative and informed approach to managing potential risks faced by adult social care. There were protocols and frameworks to ensure leaders were informed in the event of incidents or risks. Political leaders felt there was effective and open communication and scrutiny between senior leaders, which supported accountability and escalation of key risks and issues in a timely way. For example, when a commissioned provider was entering administration, all parties were appropriately briefed to understand both the potential impact on people and the mitigating actions being taken. Partners also told us leadership within the local authority was stable, with experienced leaders who were knowledgeable about the challenges facing their community. We heard there was good engagement from the local authority, and escalation routes were clear.

Risks were recorded on the corporate register and considered in decisions across the wider council. For example, there had been work to respond to risks around staff training and the completion of safeguarding enquiries. There was evidence of additional staff training measures being put in place to mitigate this risk.

We heard positive feedback on the joint approach to funding Public Health in the City of London. This operated under a formal Service Level Agreement (SLA), with a jointly appointed Director of Public Health. Senior leaders told us the investment promoted better service support, and the investment was required to address areas of need in the community. Staff and leaders told us that this arrangement was working well, with an improved impact on partnership working.

The Senior Occupational Therapist had successfully worked to improve awareness of occupational therapy amongst staff. However, staff acknowledged that more work was required in this area. There was a potential gap in how this role was strategically aligned and embedded within the leadership structure, stronger strategic oversight could support a stronger alignment with corporate strategy and objectives.

Performance data was used to ensure any risks were identified for example, the local authority told us they had good operational oversight of key performance indicators and used national data sets to identify performance of the services and devise development plans. The local authority described plans to develop Power BI dashboards to improve their ability to review and monitor data insights, with work in this area underway. There was evidence that data usage to strategically drive performance, strategy and develop the market required further improvement to ensure that it was being utilised to meet the needs of the community.

People told us co-production was an area which had improved but required ongoing development. People felt that local political arrangements could, at times, slow progress on issues affecting individual wards. As a result, there was a need for greater emphasis on ensuring that residents' voices and the specific needs of local communities were consistently reflected in decision-making.

Strategic planning

The local authority used information about risks and performance to inform its adult social care strategy and plans. There was evidence of consistent strategic intent; however, there was a need to fully embed strategic intentions across adult social care, to support and improve outcomes for people and local communities.

The local authority's strategic priorities were evident in the draft Adult Social Care 2025-2029, which were aligned to the Joint Local Health and Wellbeing Strategy 2024-2028. These objectives in the Adult Social Care Strategy were supported by a strength-based approach that emphasised early identification of needs and a person-centred response from both adult social care and its partners. The main priorities for the City of London included increasing financial resilience, increasing social connection, and reducing social isolation, and improving mental health, as agreed by the Health and Wellbeing Board to address local health inequalities. The strategy focused on tackling the wider determinants of health, informed by population health data, resident engagement, and peer research, to target areas where the greatest inequalities were identified.

Areas of identified strategic development included strengthening prevention and early intervention approaches, improving the identification of social isolation and emerging mental health needs, and further embedding integrated partnership working to ensure delivery of the priorities was targeted, coordinated, and responsive to local need.

The local authority had developed an Adult Social Care Strategy 2025-2029 Action Plan to outline areas of commitment between 2025-2026. The Adult Social Care Service Development Plan 2023-2025 was under review at the time of assessment. Further work was required to ensure these plans were fully embedded across the system with clear outcomes for the residents of the city. There were strategies which had been newly developed or plans still in draft, indicating that some areas of strategic intent were at an early stage of implementation and required time to become embedded in practice. Areas such as early help, early intervention and prevention were still under development, with plans to undertake further community engagement and work with the voluntary sector. The local authority also recognised the need to strengthen its intelligence through additional City of London-specific intelligence tools to support the Joint Strategic Needs Assessment (JSNA) and improve the use of data and lived experience of residents to inform commissioning and service design. The local authority had recognised a number of these areas, with specific future focus on engagement, co-production and improving insight into inequalities and improving access to data and analysis.

Both senior leaders and partners spoke positively about the partnership working and the recognised commitment to actively deliver the aspirations. However, the Health and Wellbeing Board Strategy and the Mental Health Strategy were still being embedded, which were both an important part of meeting the needs of people in the City of London.

The people we spoke to cited the Carers Strategy 2023-2027 as a positive demonstration of co-production with carers. While the strategy was co-produced with carers, they told us that they did not always feel that their views were fully reflected within the strategy. It was felt that co-production would benefit from a formal governance structure and co-production strategy that would support and ensure consistency in utilising the voices of people with lived experience.

Information security

The local authority had arrangements to maintain the security, availability, and confidentiality of data, records and data management systems. There were clear processes, for example, audits, which ensured compliance with data governance requirements. There were outlined standards for managing information, case recording and links to General Data Protection Guidance, (GDPR). Partners told us information security processes were effective at maintaining confidentiality, particularly in a small community where people may be easily identifiable.

Learning, improvement and innovation

Score: 3

3 - Evidence shows a good standard

The local authority commitment

We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.

Key findings for this quality statement

Continuous learning, improvement and professional development

There was an inclusive and positive culture of continuous learning and improvement. Local authority staff had ongoing access to learning to support the delivery of Care Act responsibilities. This included access to continuous professional development. However, access to more formal learning and qualifications was limited with no opportunities for Step-Up to Social Work or Assessed and Supported Year in Employment (ASYE) programs, however registered social workers were supported in achieving professional milestones through appraisals and supervision. The Principal Social Worker led monthly learning and development meetings where staff were able to explore areas relevant to their practice and this presented further opportunities for development.

Co-production was developing within City of London, with evidence of co-production to being used to develop strategies including the Carers Strategy. There were mixed views from people about how effective coproduction was. Some felt co-production was progressing and that there were chances to participate in relevant boards. Others felt it was limited to the same voices and communities being involved in all the projects and felt more work was required to ensure that groups were representative of the wider community to capture their voices and thoughts. It was felt that co-production was hindered in some areas, for example in relation to carers where people felt the shortfalls in the unpaid carer identification process limited the scope of carers who were able to engage in meaningful co-production. Efforts by the local authority to develop co-production were recognised but the need to improve was also highlighted. The local authority did not have a Co-production Strategy. Leaders acknowledged that co-production was progressing slowly and attributed this to the small population size, we heard that efforts were underway to link in with partners to establish an advisory group with the aim of improving engagement with people.

Partners told us the local authority displayed a commitment to co-production and highlighted carers as an area of priority, but feedback was again mixed on how effective these processes were. While partners generally acknowledged that a breadth of work had been undertaken to engage with unpaid carers, for example attendance at quarterly forums and the development of the carer's strategy, it was felt that linear ways of working at the local authority limited opportunities to broaden the scope of previously successful carer engagement processes across adult social care as a whole.

The local authority had engaged with providers, the voluntary sector and resident voice to seek feedback on perceived gaps in services and levels of support. Partners told us that this was in the form of a workshop day that was facilitated and was representative of the demographics within the City. We heard that this was further evidence of the local authority's efforts to achieve good representation from across all community groups and ensure inclusivity in capturing their voices.

Senior staff told us about the work which had taken place in relation to anti-racist practice in respect of the internal workforce, and we heard that EDI focussed on anti-racist training, which was commissioned following feedback. At the time of the CQC assessment, the training had been rolled out to senior management and there were plans for cultural competency training to be provided to all members of the workforce. In addition to this, we heard that staff identified a learning need around equality impact assessments and how they were used to capture differences and inequalities. In response to this, there were plans to provide the relevant training.

The local authority demonstrated a willingness to improve, and partners described a culture of improvement and a desire to learn as being well embedded across the local authority. We heard that where improvement was identified, the local authority was responsive in working towards improvements and action plans. However, they felt there had been a gap in monitoring the impact of such improvements.

Learning from feedback

The local authority learnt from people's feedback about their experiences of care and support, and feedback from staff and partners. This informed strategy, improvement activity and decision making at all levels.

Staff surveys were used to measure staff satisfaction and inform action plans to improve staff experience. For example, the People's Directorate Spring Survey highlighted staff feedback in respect of learning and development opportunities. Staff told us that action plans were implemented to address the feedback they provided. There were opportunities for engagement with senior leadership, and this acted as a mechanism for staff to provide feedback and an example of this in practice was the Anti Racist Training that was launched. Staff who attended fed back that they felt they had gained confidence in discussing and challenging racism.

Peer audits were used to audit Mental Capacity Act assessments and practice had developed within this area in comparison to their 2023 results and progress had been made in enhancing people's capacity by better supporting their communication needs.

National data from the Local Government and Social Care Ombudsman (LGSCO) in 2023-2024 showed the local authority had 0 complaints. The local authority was open to feedback from staff and people who used services. For example, City Question Time was developed as an open platform for the provision of feedback from residents within the wider community and allowed for a period of engagement. Leaders told us there was an adult social care presence at these quarterly meetings, however, there was a lack of adult social care specific issues raised at these meetings. Staff told us City Question Time had invited discussions from people who used services around the need for residential provision.

An independent review in 2024 saw 18 people contacted for their feedback on services, particularly in respect of the reablement service. This feedback identified that sudden closures of cases and support packages left people feeling anxious. In light of this, processes were changed to ensure that people were adequately informed that reablement packages were coming to an end, resulting in better outcomes for people and a decrease in anxieties surrounding this. There was mixed feedback from leaders around the opportunities for people with lived experience to share their views. It was felt that while people were mostly given opportunities to share their feedback with the local authority, more work was required to obtain feedback from unpaid carers, and this was identified as an area that required further improvement.

The local authority was committed to capturing compliments and feedback to share with staff and celebrate success. Between April 2024 and March 2025, adult social care received 16 compliments from people and Carers receiving support, and from other professionals. Feedback was a regular part of service delivery and staff told us that feedback forms were regularly distributed to people to ascertain whether they were satisfied with the outcomes of their interventions. Feedback forms were then reviewed on a 6 monthly basis by the senior leaders and improvement plans devised where necessary. While the local authority acknowledged that they occasionally did not receive many responses to requests for feedback or surveys, they remained committed to identifying appropriate means of engagement with people to maintain feedback. For example, the Principal Social Worker contributed to the development of a staff-led Adult Engagement Action Group to address community engagement and practice. As part of this an event was held to raise awareness of the group and share plans to discuss performance information and tools to contribute to the delivery of improvement.

The local authority acknowledged the limitations of implementing thematic learning from complaints due to low volumes and the size of its team. There had been 3 complaints received from April 2023 to February 2025 with evidence of a complaints log, which allowed for the effective monitoring and recording of these and any actions taken in response to such complaints.

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