

Meeting of the

CABINET

Tuesday, 28 July 2015 at 5.30 p.m.

TABLED PAPERS

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4.1 Chair's Advice of Key Issues or Questions

Chair of Overview and Scrutiny Committee (OSC) to report on any issues raised by the OSC in relation to unrestricted business to be considered.

If you require any further information relating to this meeting, would like to request a large print, Braille or audio version of this document, or would like to discuss access arrangements or any other special requirements, please contact:

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LONDON BOROUGH OF TOWER HAMLETS Pre-Decision Questions - Overview and Scrutiny Committee - 27th July, 2015

	Cabinet Report	Question / Comments		
		mental health problem in the borough, with around 15,900 people known to their GP to have depression, and 3,300 known to have a serious mental illness. Traditionally in Tower Hamlets (in keeping with other areas) mental health day services have been provided to people with long term serious mental health illness.		
		Based on a snapshot of current use of services (in scope the for proposed service development) Jan- March 2015 there were 1615 service users with longer term mental health issues which indicate an estimated take up of current services around 50% of target population based on long term severe mental illness.		
1		The proposed 'Recovery & Wellbeing' model aims to provide lower level support, information and guidance in addition to maintaining support for people with long term mental illness. It is anticipated that even greater numbers of people with a range of mental health challenges will benefit from the new service.		
Page	Early Years (0-5 years) Public Health Services from NHS England to the Local Authority.	The Overview & Scrutiny Committee:		
2		Committee asked the following:		
		 Regarding the estimates on recruitment for Health Visitors and not being able to fully meet the target of 95 Health Visitors. How far below the target will LBTH be by 1st October, 2015?; and Is this the responsibility of LBTH as the commissioner or the NHS as the provider of the service? What work has been done on looking at practical joined up working between Children Centres; Troubled Families and Health Visitors? 		
		Response:		
		 Progress on recruitment is being made but the best current estimate is that the service may be roughly 20 below the target of 95 Health Visitors at the time of transfer. This is due to a national shortage of trained Health Visitors which is acknowledged by the Department of Health; and 		

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Page 3		II. From October 2015 it will be the responsibility of both the Council and the service provider to continue the trajectory towards the Call to Action target figure. The Council will ensure that when the service is re-procured for April 2016 the target number of Health Visitors is embedded in the service specification.		
		2. A comprehensive stakeholder engagement exercise to plan for the transfer of Health Visiting responsibilities to the Council was completed in early 2015. This considered in depth how health visiting should join up with other Council services for children and families, particularly high need families, children with special needs and looked after children.		
		A joint strategic working group including Children's Centres and the Public Health Lead on Health Visiting commissioning is being established to ensure that there is a joined up approach. The new specification for the Health Visiting service clearly sets out the requirement to work closely in partnership with Children's Centres and Children's Social Care services to deliver the 0-5 Healthy Child Programme.		
		The Overview & Scrutiny Committee:		
	(EGGSYV)	Committee asked the following:		
		 With regard to the Thematic Review (Section 6.3 Page 109 refers) for serious youth violence and looking at backgrounds of young people's cases when will this be published? The report states that LBTH does not currently have a significant gangs and serious youth violence issue in LBTH as evidenced in other Boroughs. How has 		
		comparison been evidenced? 3. Will there be accountability/reporting to the Local Safeguarding Children's Board? 4. We would wish to have a clearer understanding of how this work would link in with the Child and Adolescent Mental Health Services?		
		5. Regarding issues of ASB what will be done help those young people who are not gang members?		
		Response:		

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	Comn	nittee asked the following:
	1.	With regard to the Thematic Review (Section 6.3 Page 109 refers) for serious youth violence and looking at backgrounds of young people's cases when will this be published?
	Childr review recom will be	nitial outcomes of this review have been considered by the Local Safeguarding en's Board and it has been agreed that the actions and recommendations from the will be implemented through the EGGSYV Strategy action plan. The imendations are currently being considered by a working group and the final report egoing to the Local Safeguarding Children's Board on 24th September with a view blish the report in October 2015.
D 200	2.	The report states that LBTH does not currently have a significant gangs and serious youth violence issue in LBTH as evidenced in other Boroughs. How has comparison been evidenced?
	resea signifi users traum impro which borou the 'fa seriou place delive	aratively Tower Hamlets has young population and high levels of poverty which the rch indicates are key causal factors for GGSYV. The idea that we are not cantly involved has evolved from practitioners working closely with local service and although the numbers are not alarming, the significance and nature of the a and violence used is alarming and of concern to practitioners. We need to we the monitoring arrangements for GGSYV. There are a number of indicators tell us that we do not have a significant problem compared to neighbouring ghs. Our first time entrants to the Youth Justice system for example are better than amily average and has halved over the last three years. We are seeing a spike in its incidences and the recent ones have involved knives and we need a strategy in to define our strategic approach and put in place operational arrangements to r a service offer which is co-ordinated with partners and invests in taking a nation approach.
	3.	Will there be accountability/reporting to the Local Safeguarding Children's Board?

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	The Local Safeguarding Children's Board have been involved in developing this strategy. The EGGSYV Co-ordinator will work closely with all the key safeguarding posts to take forward the implementation of the strategy. We have aligned the strategy to Troubled Families Programme and the Community Safety Partnership Board, highlighting the need for the strategy to bring together strategic and operational lead to both support individuals taking a whole family approach and to ensure that the enforcement angle is appropriate and co-ordinated. The local authority strategic lead who the EGGSYV Co-ordinator will have dotted line reporting to will also attend Troubled Families Board and the proposed Strategic Action Group, she is also on the Community Safety Partnership Board and is a member of the LSCB. The strategy is framed around safeguarding and it is likely that the LSCB will receive an annual update on the EGGSYV Strategy. The strategic lead is also on the Child Sexual Exploitation Group and the Co-ordinator will sit on the MASE.			
ı	4. We would wish to have a clearer understanding of how this work would link in with the Child and Adolescent Mental Health Services?			
	The CAMH Service has been involved in developing this strategy. The proposed Strategic Action Group will be a multi-agency group co-ordinating a response to GGSYV with a co-ordinated service offer for those involved considering the involvement of the family and wider community where appropriate and will have CAMHS representation. The strategy will link with the CAHMS development of the conduct disorder service which will work with young people with multiple difficulties or persistent patterns of ASB across local services using network approach and NICE recommendations.			
	5. Regarding issues of ASB what will be done help those young people who are not gang members?			
	The Strategy proposes a prevention and intervention approach. There are a number of data sets which can be used to identify young people at risk of becoming involved in more serious activities. The strategy proposes that this will be used and data considered periodically to identify individuals and to identify trends and hot-spots in relation to GGSYV. YOT practitioners build relationships with young people and provide diversionary activities with education being the ultimate goal.			

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Agenda Item 5.5 – Sovereign Court – Change of Consent and Lease Extension	The Overview & Scrutiny Committee:		
	Committee asked the following:		
	What evidence is there that AML has the ability to deliver a decent standard of living for the prospective residents of Sovereign Court?		
	Response:		
	The permitted development rights being utilised by AML were introduced by the Coalition Government in 2013. They allow the change of use of buildings from B1 (offices) to C3 (homes) in order to provide new homes in existing buildings without requiring the applicant to submit a full planning application. This means the council is not allowed to consider issues such as the internal layout, overlooking, daylight/sunlight etc. The only matters that can be considered are flood risk, transport and contamination as part of the prior approval process. Building Regulations approval will still be required; although this is about meeting certain minimum standards in relation to fire safety, structural safety etc.		
Agenda Item 5.6 – Strategy and Options for the use of Right to Buy	The Overview & Scrutiny Committee:		
Receipts	Committee asked the following:		
	 In terms of Best Value what assessment has been made on the proposal to buy back homes sold previously under Right to Buy? With regard to the Baroness Road and Hereford sites what consultation has there been with local councillors? What is actual the risk that planning will be delayed or rejected on the basis of mono-tenure? 		
	Response:		
	1. Best Value assessment.		
	Paragraph 16 covers best value considerations for the report.		

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		Paragraph 16.2 notes that future specific Best Value implications will be noted on a scheme basis. Paragraph 16.3 notes that alternative methods of funding have been considered for the use of receipts and the current proposal presents the best option going forward.
		2. Hereford and Locksley consultation.
		There has been limited consultation. The Council appointed Bell Philips Architect in July 2015 and a scheme is being developed for detailed resident consultation in August 2015. The council is reviewing its approach to ensure more detailed consultation at an earlier stage.
		3. Planning risk due to Mono-Tenure
Page 7		The report does not detail tenure mix in full; this will vary from site to site as schemes are developed further. The report sets out our overall approach for 1-4-1 receipts. Regarding the issue of Mono-Tenure the proposed sites are already within mixed-tenure estates and the new build proposals are for a limited number of units.
	Performance, 14/15 General Fund	The Overview & Scrutiny Committee:
		Committee asked the following:
		 What assessment has the Mayor undertaken regarding those funding priorities as agreed by the previous administration and will the Mayor review these decisions? What is the Mayors intention with regard to the Banglatown Art Trail and Arches (Page 274 refers)? What is the position with regard to the underperformance of Black UK pupils and Looked after Children (Page 310 refers)? With regard to the CCG review of health support services for Looked after Children will this review be referred to the Corporate parent Steering Group (Page 322 refers)? With regard to the percentage of household waste sent for reuse/composting and re-cycling (Page 285 refers) what is being done to improve the direction of travel?

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	 6. With regard to the achievement of 5 or more A* - C grades (Page 288 refers) how does this compare to the national averages? 7. Given the level of incidence with regard to the Number of Violence with Injury Incidents (Page 291 refers) what is the MPS view? 8. Why is the "Time to Adoption" (Page 298 refers) as long as it is?
	Responses:
	1. What assessment has the Mayor undertaken regarding those funding priorities as agreed by the previous administration? Will the Mayor review these decisions?
	An initial assessment has been made as part of the Strategic and Resource Planning report at tonight's committee, which re-aligns revenue spending priorities. A more detailed assessment will be made as part of the ongoing budgeting and medium term planning process for 2016/17.
	2. What is the Mayors intention with regard to the Banglatown Art Trail and Arches (Page 274 of Cabinet papers)?
	The 2016/17 Budget process will examine uncommitted capital projects, including this project, in detail. Any changes will be fully reported to Cabinet in the lead up to budget setting in February 2016.
	3. What is the position with regard to the underperformance of Black UK pupils and Looked after Children (Page 310 refers)?
	Black UK pupils are not an underperforming group in Tower Hamlets. The percentage of Black UK pupils in Tower Hamlets achieving at least 5 GCSEs graded A* to C including English and Maths was 58.2%. This is only 1.5 percentage points below the borough average of 59.7% and above the performance of black UK pupils nationally which was 53.7%. In 2013, the figure for black UK pupils was 65.2%, slightly above the borough average, and in 2012 it was 59.4%, slightly below the borough average. The number of pupils in this cohort is relatively low, at around 300 pupils each year, and as such the difference

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6.		With regard to the achievement of 5 or more A* - C grades (Page 288 refers) how does this compare to the national averages? The following table shows the Tower Hamlets outturns for 2014/15 compared with the national average for the four Strategic Measures on attainment:		
		Strategic Measure	TH outturn 14/15	National Average 14/15
		Early Years Foundation Profile (good level of development)	55%	60%
		Key Stage 2 attainment (Reading, Writing and Maths)	82%	78%
Q		GCSE (5 or more A*-C)	59.7	53.4
		A-Level (Average Points Score)	687.2	772.7
	7.	Given the level of incidence with regalinjury Incidents (Page 291 refers) what An extensive restructure of the Police Ar Metropolitan Police Service in February number of analytical staff. As a direct result Borough Police currently only comment of Crime (MOPAC) measures/indicators and Crime Plan as opposed to Local Authoritic comment on Council targets, the increases the Police record crimes. In the past some recorded as crimes. The Home Office has tell the Police Forces to record using the	t is the MPS viet all the MPS viet all the MPS viet 2014, led to a sign appropriate to this result to the	ces across the whole gnificant reduction in the eduction in resource the Office for Policing and MOPAC Policing and the Police do not to the change in the way in injury incidents were not to rules and the HMIC now
	8.	3. Why is the "Time to Adoption" (Page 298 refers) as long as it is?		
		The performance figure measures the tin	ne between a ch	nild entering care, and

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	them being placed with adoptive parents following a placement order awarded by the courts. Difficulty matching children with suitable adopters can cause delay in the process. It is particularly hard to find suitable adopters for black and minority ethnic children, sibling groups and those with special educational need/ complex health needs. In addition, delays can occur in court processes particularly if a case is contested. Finally because of the small number in the cohort for this indicator (21 in 2014-15), the average time figure can be skewed by small number of very complex cases- over half of our adoptions in 2014-15 were completed in less than the national average time, but the average time was dragged up by very few complex cases (see chart below). Nationally, the average time for this process was 533 days in 2014-15. Our performance over the three years up to March 2015 was an average of 645 days which is relatively poor, and we are taking action to address this by setting up a new permanence team and increasing the pool of available adopters. "At the end of March 2015 there were 25 children awaiting adoption, 17 of whom were already placed for adoption, is placed with familias who intend to adopt			
	were already placed for adoption, i.e. placed with families who intend to adopt them and going through the legal process."			
	1800			
	1600			
	1400			
	1200			
	1000 Days 800 Average			
	600			
	400			
	200			
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	Chart- distribution of time to adopt			
Agenda Item 5.9 – Best Value Plans	The Overview & Scrutiny Committee:			