



Meeting of the

TOWER HAMLETS COUNCIL

Wednesday, 21 September 2016 at 7.00 p.m.

A G E N D A

VENUE

Council Chamber, 1st Floor,
Town Hall, Mulberry Place,
5 Clove Crescent,
London E14 2BG

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**TO THE MAYOR AND COUNCILLORS OF THE LONDON BOROUGH OF TOWER
HAMLETS**

You are summoned to attend a meeting of the Council of the London Borough of Tower Hamlets to be held in **THE COUNCIL CHAMBER, 1ST FLOOR, TOWN HALL, MULBERRY PLACE, 5 CLOVE CRESCENT, LONDON, E14 2BG** at 7.00 p.m. on **WEDNESDAY, 21 SEPTEMBER 2016**

Will Tuckley
Chief Executive

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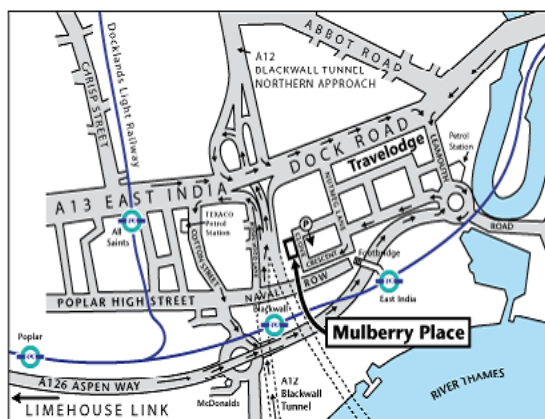
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LONDON BOROUGH OF TOWER HAMLETS

COUNCIL

WEDNESDAY, 21 SEPTEMBER 2016

7.00 p.m.

	PAGE NUMBER
1. APOLOGIES FOR ABSENCE	
To receive any apologies for absence.	
2. DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS	1 - 4
To note any declarations of interest made by Members, including those restricting Members from voting on the questions detailed in Section 106 of the Local Government Finance Act, 1992. See attached note from the Monitoring Officer.	
3. MINUTES	5 - 46
To confirm as a correct record of the proceedings the unrestricted minutes of the Ordinary General Meeting of the Council held on 20 July 2016.	
4. TO RECEIVE ANNOUNCEMENTS (IF ANY) FROM THE SPEAKER OF THE COUNCIL OR THE CHIEF EXECUTIVE	
5. TO RECEIVE PETITIONS	47 - 54
The Council Procedure Rules provide for a maximum of three petitions to be presented at an Ordinary Meeting of the Council.	
The deadline for receipt of petitions for this Council meeting is noon on Thursday 14 July 2016.	
However at the time of agenda despatch, the maximum number of petitions has already been received as set out in the attached report.	
One further petition has been received which collected more than 2,000 signatures and is presented for debate as set out in the additional report.	
6. TO RECEIVE WRITTEN QUESTIONS FROM MEMBERS OF THE PUBLIC	55 - 58
The questions which have been received from members of the public for	

this Council meeting are set out in the attached report. A maximum period of 20 minutes is allocated to this agenda item.

7. MAYOR'S REPORT

The Council's Constitution provides for the Elected Mayor to give a report at each Ordinary Council Meeting.

A maximum of five minutes is allowed for the Elected Mayor's report, following which the Speaker of the Council will invite the respective political group leaders to respond for up to one minute each if they wish.

8. TO RECEIVE WRITTEN QUESTIONS FROM MEMBERS OF THE COUNCIL 59 - 64

The questions which have been received from Councillors to be put at this Council meeting are set out in the attached report. A maximum period of 30 minutes is allocated to this agenda item.

9. REPORTS FROM THE EXECUTIVE AND THE COUNCIL'S COMMITTEES

9.1 Report from Cabinet: Substance Misuse Strategy 2016-19 65 - 182

To receive the report of the Chief Executive (and Acting Corporate Director, Communities, Localities and Culture) submitting the proposed Substance Misuse Strategy 2016-19 for approval.

This report was agreed at the Cabinet meeting held on Tuesday 26 July 2016.

9.2 Annual Report to the Council by the Independent Person 183 - 188

To receive the Annual Report for 2015/16 of the Independent Person appointed in accordance with the provisions of the Localism Act 2011. The Annual Report is attached to the covering report of the Corporate Director, Law, Probity and Governance.

10. TO RECEIVE REPORTS AND QUESTIONS ON JOINT ARRANGEMENTS/EXTERNAL ORGANISATIONS (IF ANY)

11. OTHER BUSINESS

11.1 Treasury Management Quarterly Update Report for Quarter Ended June 2016 189 - 206

To receive the report of the Corporate Director, Resources in relation to the Council's borrowing and investment activities from the start of the financial year 2016/17 to 30 June 2016. The report is attached.

11 .2 The Roles of the Mayor and the Chief Executive and the delegation of powers **207 - 222**

To consider the report of the Interim Service Head, Legal Services and Deputy Monitoring Officer proposing changes/clarifications to the Constitution in relation to the powers and duties of the Mayor and Chief Executive.

12. TO CONSIDER MOTIONS SUBMITTED BY MEMBERS OF THE COUNCIL **223 - 236**

The motions submitted by Councillors for debate at this meeting are set out in the attached report.

Agenda Item 2

DECLARATIONS OF INTERESTS - NOTE FROM THE MONITORING OFFICER

This note is for guidance only. For further details please consult the Members' Code of Conduct at Part 5.1 of the Council's Constitution.

Please note that the question of whether a Member has an interest in any matter, and whether or not that interest is a Disclosable Pecuniary Interest, is for that Member to decide. Advice is available from officers as listed below but they cannot make the decision for the Member. If in doubt as to the nature of an interest it is advisable to seek advice **prior** to attending a meeting.

Interests and Disclosable Pecuniary Interests (DPIs)

You have an interest in any business of the authority where that business relates to or is likely to affect any of the persons, bodies or matters listed in section 4.1 (a) of the Code of Conduct; and might reasonably be regarded as affecting the well-being or financial position of yourself, a member of your family or a person with whom you have a close association, to a greater extent than the majority of other council tax payers, ratepayers or inhabitants of the ward affected.

You must notify the Monitoring Officer in writing of any such interest, for inclusion in the Register of Members' Interests which is available for public inspection and on the Council's Website.

Once you have recorded an interest in the Register, you are not then required to declare that interest at each meeting where the business is discussed, unless the interest is a Disclosable Pecuniary Interest (DPI).

A DPI is defined in Regulations as a pecuniary interest of any of the descriptions listed at **Appendix A** overleaf. Please note that a Member's DPIs include his/her own relevant interests and also those of his/her spouse or civil partner; or a person with whom the Member is living as husband and wife; or a person with whom the Member is living as if they were civil partners; if the Member is aware that that other person has the interest.

Effect of a Disclosable Pecuniary Interest on participation at meetings

Where you have a DPI in any business of the Council you must, unless you have obtained a dispensation from the authority's Monitoring Officer following consideration by the Dispensations Sub-Committee of the Standards Advisory Committee:-

- not seek to improperly influence a decision about that business; and
- not exercise executive functions in relation to that business.

If you are present at a meeting where that business is discussed, you must:-

- Disclose to the meeting the existence and nature of the interest at the start of the meeting or when the interest becomes apparent, if later; and
- Leave the room (including any public viewing area) for the duration of consideration and decision on the item and not seek to influence the debate or decision

When declaring a DPI, Members should specify the nature of the interest and the agenda item to which the interest relates. This procedure is designed to assist the public's understanding of the meeting and to enable a full record to be made in the minutes of the meeting.

Where you have a DPI in any business of the authority which is not included in the Member's register of interests and you attend a meeting of the authority at which the business is considered, in addition to disclosing the interest to that meeting, you must also within 28 days notify the Monitoring Officer of the interest for inclusion in the Register.

Further advice

For further advice please contact:-

Melanie Clay, Corporate Director, Law, Probit and Governance, 020 7364 4800

APPENDIX A: Definition of a Disclosable Pecuniary Interest

(Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012, Reg 2 and Schedule)

Subject	Prescribed description
Employment, office, trade, profession or vacation	Any employment, office, trade, profession or vocation carried on for profit or gain.
Sponsorship	<p>Any payment or provision of any other financial benefit (other than from the relevant authority) made or provided within the relevant period in respect of any expenses incurred by the Member in carrying out duties as a member, or towards the election expenses of the Member.</p> <p>This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.</p>
Contracts	<p>Any contract which is made between the relevant person (or a body in which the relevant person has a beneficial interest) and the relevant authority—</p> <p>(a) under which goods or services are to be provided or works are to be executed; and</p> <p>(b) which has not been fully discharged.</p>
Land	Any beneficial interest in land which is within the area of the relevant authority.
Licences	Any licence (alone or jointly with others) to occupy land in the area of the relevant authority for a month or longer.
Corporate tenancies	<p>Any tenancy where (to the Member's knowledge)—</p> <p>(a) the landlord is the relevant authority; and</p> <p>(b) the tenant is a body in which the relevant person has a beneficial interest.</p>
Securities	<p>Any beneficial interest in securities of a body where—</p> <p>(a) that body (to the Member's knowledge) has a place of business or land in the area of the relevant authority; and</p> <p>(b) either—</p> <p>(i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or</p> <p>(ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the relevant person has a beneficial interest exceeds one hundredth of the total issued share capital of that class.</p>

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LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE COUNCIL

HELD AT 7.04 P.M. ON WEDNESDAY, 20 JULY 2016

**COUNCIL CHAMBER, 1ST FLOOR, TOWN HALL, 5 CLOVE CRESCENT,
LONDON E14 2BG.**

Members Present:

Mayor John Biggs	Councillor Clare Harrisson
Councillor Khaless Uddin Ahmed	Councillor Danny Hassell
Councillor Rajib Ahmed	Councillor Sirajul Islam
Councillor Suluk Ahmed	Councillor Denise Jones
Councillor Sabina Akhtar	Councillor Aminur Khan
Councillor Mahbub Alam	Councillor Rabina Khan
Councillor Shah Alam	Councillor Shiria Khatun
Councillor Amina Ali	Councillor Ayas Miah
Councillor Shahed Ali	Councillor Harun Miah
Councillor Abdul Asad	Councillor Mohammed Mufti Miah
Councillor Rachel Blake	Councillor Abdul Mukit MBE
Councillor Chris Chapman	Councillor Muhammad Ansar Mustaqim
Councillor Dave Chesterton	Councillor John Pierce
Councillor Andrew Cregan	Councillor Oliur Rahman
Councillor Julia Dockerill	Councillor Gulam Robbani
Councillor David Edgar	Councillor Candida Ronald
Councillor Marc Francis	Councillor Rachael Saunders
Councillor Amy Whitelock Gibbs	Councillor Helal Uddin
Councillor Peter Golds	Councillor Andrew Wood
Councillor Shafiqul Haque	

The Speaker of the Council, Councillor Khaless Uddin Ahmed in the Chair

During the meeting, the Council agreed to vary the order of business. To aid clarity, the Minutes are presented in the order that the items originally appeared on the agenda. The order the business was taken in at the meeting was as follows:

- Item 1 - Apologies for absence.
- Item 2 – Declarations of Disclosable Pecuniary Interests.
- Item 3 – Minutes.
- Item 4 – Announcements.
- Item 13.1 – Urgent Motion regarding the Ian Mikardo School
- Items 5 – Petitions.
- Item 6 – Public Questions. (6.4-6.5,6.7)
- Item 7 – Mayor’s Report.
- Item 8 – Members Questions (8.1 – 8.4, 8.6-8.12)
- Item 9. 1 - Overview and Scrutiny Committee Annual Report 2015/16

- Item 9. 2 - Appointment of Members to the Tower Hamlets Health and Wellbeing Board
- Item 11.1 - Treasury Management Outturn Report 2015/16
- Item 11.2 - Appointments related to the Standards Regime

Before commencing the formal business, the Speaker of the Council stated that Members would be aware that the past month had witnessed a number of outrageous attacks on peaceful people and societies. The thoughts of the Council were with the victims of these attacks, in particular, those affected by the Bastille Day attack in Nice, France, the attacks in Dhaka, Bangladesh on 1-2 July, the murder of Jo Cox MP, the attack on the Gay nightclub in Orlando and the Istanbul Airport attack.

He stated that it was vital that the Council showed solidarity with those affected and underlined it's condemnation to those who chose to undertake these acts.

For all those effected by the atrocities and all other attacks, the Council rose to observe a minutes silence.

1. APOLOGIES FOR ABSENCE

Apologies for absence were received on behalf of:

- Councillor Craig Aston
- Councillor Ohid Ahmed
- Councillor Asma Begum
- Councillor Gulam Kibria Choudhury
- Councillor Abjol Miah
- Councillor Maium Miah
- Councillor Joshua Peck

Apologies for lateness were received on behalf of Councillor Clare Harrison

2. DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS

No declarations of disclosable pecuniary interests were made.

3. MINUTES

RESOLVED:

1. That the unrestricted minutes of the Annual Council meeting held on 18 May 2016 be confirmed as a correct record and the Speaker be authorised to sign them accordingly.

4. TO RECEIVE ANNOUNCEMENTS (IF ANY) FROM THE SPEAKER OF THE COUNCIL OR THE CHIEF EXECUTIVE

With regret, the Speaker of the Council announced that Patricia Mary Thompson, former Civic Mayor of this Borough had sadly passed away. Patricia was the Civic Mayor in 1981-2. On behalf of the Council, he sent his condolences to her family.

Following which, the Mayor made a statement on a controversial appointment by the Ian Mikardo School. He reported that he first became aware of the issues last month and in view of the level of public unease about the appointment, he had requested that Officers investigate the role of the Council in this case and establish the facts of the case. The findings of the investigation would be published on the Council's website and circulated to Members.

He then presented the key findings of the investigation, explaining the appointment process and the issues around this. He stated that whilst he strongly believed in rehabilitation, he did not support this particular appointment in view of the circumstances of the case.

In terms of addressing the issues, he recognised that the appointment of staff was a matter for the school and that the Council had no control over this. Nevertheless, he felt that it was important that the Council were involved in controversial appointments to ensure that the wider impact on the community and community cohesion was taken into account. Therefore, to ensure this, he had amended the Council's procedures to ensure, that in future, the Corporate Director of Children Services be consulted on controversial appointments and that the Council's Safer Recruitment Guidance should include guidance on fixed terms appointments. It should be noted that these requirements would not apply to academies and free schools (except on a voluntary basis). However, it was hoped that they would be sensitive to such matters. He would continue to meet with the school and the community to understand their concerns and to identify how the Council can address these.

He strongly condemned the recent attacks on the school and called for a calm and measured response to the matter based on the facts of the case.

Procedural Motion

Following the statement, Mayor John Biggs **moved** and Councillor Sirajul Islam **seconded**, a procedural motion "that under Procedure Rule 14.1.5, Rule 13.1 be suspended to enable an urgent motion regarding the Ian Mikardo School to be considered". The procedural motion was put to the vote and was **agreed**.

Council requested and it was agreed that the name of the individual in question be redacted from the motions on the subject matter within the meeting agenda.

5. TO RECEIVE PETITIONS

5.1 Petition relating to Sex Education in Schools

Jahed Choudhury addressed the meeting and responded to questions from Members. Councillor Rachael Saunders, Deputy Mayor and Cabinet Member for Education & Children's Services then responded to the matters raised in the petition. She explained that Culloden Primary School, as an academy school, had control over the content of the sex education curriculum. Whilst it was of great importance to ensure that schools protected children, it was also important that parents were consulted on the content of sex education lessons. She pledged that the Council would work with parents to ensure this.

RESOLVED:

1. That the petition be referred to the Corporate Director, Children's Services for a written response within 28 days.

5.2 Petition relating to Special Responsibility Allowances

Glyn Robbins addressed the meeting and responded to questions from Members. Mayor John Biggs then responded to the matters raised in the petition. He reported that since taking up office, he had scrapped the Mayor's car and posts within the Mayor Office generating a considerable amount of savings. The savings far exceeded the costs of the new Mayoral advisor posts that were in budget. In addition, he had decided not to accept half of the increase in his Mayoral allowance agreed by the Council meeting in May 2016. He also commented that he felt that it was a mistake to reduce the Mayoral allowance in 2014.

He considered that it was important that Councillors' were paid a reasonable allowance to compensate for the personal and professional sacrifices they made in carrying out their duties. Therefore, he stood by the decision to increase Councillors allowances. He pledged that there would be no further increases before the next Mayoral election.

RESOLVED:

1. That the petition be referred to the Chief Executive, for a written response within 28 days.

5.3 Petition relating to Save our Youth Clubs

Petitioners addressed the meeting and responded to questions from Members. Mayor John Biggs then responded to the matters raised in the petition. He advised that he had been working hard to address the issues, and had issued a Members' briefing setting out proposals for the service. In view of this, he expressed regret at the circulation of misinformation by opponents regarding the nature of these plans. The first point to note was that these were interim measures to address urgent problems within the youth services (such as anti - social behaviour issues, problems with premises) and to even

out services. Even under these plans, the Borough would still have the second largest youth service in London.

He stressed that the Council were committed to providing an excellent youth services and a strong budget. The Administration would be examining the issues in further detail and would be bringing forward long term proposals for the service in the Autumn. There would also be an Overview and Scrutiny spotlight discussion on the subject tomorrow.

RESOLVED:

1. That the petition be referred to the Corporate Director, Children's Services for a written response within 28 days.

5.4 Petition Debate – Boishakhi Mela.

Mohammed Hannan addressed the meeting on behalf of the petitioners and the Council then debated the matters raised by the petition.

Following the debate but before the Mayor responded to the matters raised in the petition, the Speaker adjourned the meeting at 20.55pm. The meeting reconvened at 21:05pm.

The Mayor reported that he was not aware that any meeting between himself and the objectors had been cancelled and he was still willing to meet with them. He also advised it would have been a matter for the Council's Licensing Committee to have considered the issues. However no objections were made about the application. Indeed there was a great deal of local support for the application.

Nevertheless, the Council was very mindful of the concerns about anti-social behaviour from the event. Therefore, there would be additional measures to minimise the impact of the event. Furthermore, if there was any evidence of harassment against women or girls, the Council would be vigorous in dealing with such issues.

The Mayor also reported that he worked hard to represent all sections of the community and that the events steering group was overwhelming from the Bengali community. Should the event not be successful, consideration would be given to relocating it back to Victoria Park.

RESOLVED:

1. That the petition be referred to the Chief Executive, for a written response within 28 days.

6. TO RECEIVE WRITTEN QUESTIONS FROM MEMBERS OF THE PUBLIC

The following questions and in each case supplementary questions were put and were responded to by the Mayor or relevant Executive Member:-

6.4 Question from Lisa Stepanovic

Who is the governing body of a school accountable to?

Who monitors the head teachers attendance and how is it scrutinised?

Response by Mayor John Biggs

The answer to that is quite technical. For community schools maintained by the local authority the governing body is responsible for the conduct and decision making of the school. The Council can intervene in certain circumstances if there is a cause for concern. However, ultimately the school is accountable to Department for Education and the Secretary of State.

I think this highlights that with the education reforms, in the old days the local authority would have significant powers of intervention and involvement and nowadays it doesn't. So the only place you can go in the end is the Secretary of State and I don't find that satisfactory. That doesn't mean that a government can't change the law and create a far greater degree of independence (this was done by both Labour and Conservative Governments, a greater extent by the Conservatives). But it does create a potential vacuum if people are unhappy. I'm very happy in my role as Mayor and for Councillors to be involved in meetings and they have been. But we don't have a formal responsibility for managing the school.

The head teacher is accountable to the governing body and any absence will be reported to the chair of the governing body.

Supplementary question from Lisa Stepanovic

Does the Council think it's acceptable that children who are described as the most vulnerable young people in the UK are able to view the horrific articles online referring to a teacher and supposed role-model as a racist killer? Whether he is or he isn't, is irrelevant. It harms their mental health and that is something I am bothered by. Does the Council feel it's acceptable that when those same children question the articles online that it is trivialised in such a way that it shows no regard for Mr Shibli Rahman or the family he left behind?

Children told me that they were not allowed to challenge this. I was told I couldn't challenge it and I was also told the community had no right to challenge this. I was told this by the chair of governors and also the head teacher. I was bullied and I resigned from the very project I created and also from the governing body. Surely this kind of disregard for our community and emotional neglect for the vulnerable students at Ian Mikardo high school had no place in Tower Hamlets. This is neglect. I believe it is a safeguarding issue. It is divisive and to silence and shut down young people from the community who raise these concerns, I believe, has the potential to encourage extremism, further divide and hate.

Mayor John Biggs response to the supplementary question:

I am very happy to sit down with you again – I know you sat down with one or more Councillors already. I am very happy to ensure you have a meeting with Debbie Jones, the Council's Director of Children's Services to discuss your concerns. Any safeguarding concern needs to be really and properly investigated and dealt with by the local authority. Safeguarding is one of the areas where the local authority still has a very important statutory role, so if there are concerns in that area they need to be thoroughly investigated. I agree with you that if young people with impressionable minds are reading stuff on the internet, then the way that is managed by the school is a matter of legitimate concern and, as I said in my earlier answer, is properly a matter to be investigated by the head teacher and the governors. If that isn't properly dealt with it becomes an issue within our community.

6.5 Question from Bethan Lant

The Refugees Welcome in Tower Hamlets Campaign is looking forward to the day when our borough is able to welcome Syrian refugees – as has happened on a small scale in 5 other London boroughs, including Islington (which is resettling 10 families) and Camden (which is resettling 24 families). We want to thank the Mayor for his continued support on this issue and for meeting with us to discuss it late last year.

Our group also wants to support the council to make refugee resettlement a success in the borough, providing the best welcome possible. So, can the Mayor provide an update on the progress being made towards resettling Syrian refugees in Tower Hamlets under the government's Syrian Vulnerable Persons Relocation Scheme? Is he able to tell us how many families the Council is currently planning to welcome to Tower Hamlets?

Response by Mayor John Biggs

As you know, I and the Council are committed, unanimously, to supporting Syrian refugees. This has proved to be a horrendously bureaucratic, long and drawn out process of being able to receive refugees in our Borough. I commend your campaign. I find it bizarre that with the Borough's proud history of welcoming refugees it is so difficult to receive refugees nowadays. We are currently liaising with the Home Office about the scheme. Planning works are already underway. We have already received two unaccompanied asylum seeking children from Syria. The budgets – and this is common to most inner-London authorities – are providing for, I think, three families to be received into the Borough. I find it almost embarrassing to say that. Because of the negotiations with the departments in government and the financial assurances required and the amounts of money the Government is making available, I think they are predominantly dispersing Syrian refugees to other, lower cost parts of the country. So it is partly about bureaucracy, partly about the cost of housing. I recently attended one of many Iftar events, where it was suggested there was an appetite for greater community financial support for this initiative and I would welcome that. That is indicative of a tradition in the East End of people being generous. I know we are a generous community.

Supplementary question from Bethan Lant

I would say that three families seems a pitifully small amount. It does sound ridiculous, as you say, that that seems to be the maximum when we have such a large migrant community in the Borough and so many resources that could welcome people here. I commend the fact that we've taken two unaccompanied minors recently and I hope we'll extend a welcome to more unaccompanied minors, knowing how vulnerable and how much in need those young people are. I hope we have your assurance that you will try to increase those numbers if there is any opportunity to do so?

Mayor John Biggs response to the supplementary question:

I would agree with that. I have a newspaper report in front of me that tells me that more than one third of local councils in the country are refusing to accept any Syrian refugees. On the other hand, Gloucestershire and Kent have accepted several hundred refugees. Lancashire has offered space for up to 600 refugees as well. It depends on household sizes of course, but yes, I want us to help and do more and I hope we'll be able to do that.

6.7 Question from Eileen Short

Will the Council follow the example of Camden and Islington Councils and write directly to its tenants and leaseholders to inform them of the Housing and Planning Act, invite them to a forum to discuss this, and ask local housing associations to do the same; and what measures is it taking to work with other Councils in resisting the Act?

Response by Councillor Sirajul Islam (Statutory Deputy Mayor and Cabinet Member for Housing Management & Performance)

(For transparency, I would like to declare that I am a Council tenant. Though I do not have a disclosable pecuniary interest, this matter does impact directly on me and my family.)

We are taking the threat presented by the Housing and Planning Act very seriously. Indeed, you will know that during the parliamentary process for the bill we have made multiple representations to Government and support our MPs in opposing the bill. We are also debating this subject later on the agenda, as there is a related motion. Sadly the implementation of the Act is having a significant impact on the Borough and as a Council we are doing all we can to protect residents from the worst of it. We recently launched the housing strategy consultation which seeks to address the impact of the Housing and Planning Act 2016. Consultation is underway and residents are engaging in the process. We have a duty to make residents aware of the impact of the Act and this is why we have already published an article in East End Life, Our East End, multiple Council website articles and press statements recently in the Tower Hamlets Homes newsletter as well. The Council debated and supported a motion on 20th January 2016 which called on the Mayor and all Councillors to actively campaign to highlight the

disastrous consequences of the Bill. As a result the Mayor and Lead Members, myself and Rachel Blake, have attended quite a few meetings organised by 'Kill the Bill', namely on the Cranbrook, Collingwood, and Ocean estates, outside Albert Jacob House and most recently last week in the Tramshed. In essence we are doing quite a lot and engaging with your campaign as well. I applaud the work you are doing on council housing; it is important and something we are all committed to doing as much as possible to support.

Supplementary question from Eileen Short

Does the Council agree that the Act is unfair and destructive and unworkable; that residents need more information and a chance to discuss it at meetings or forums; and that it is the Council's responsibility to play an active role in making that happen?

Councillor Sirajul Islam response to the supplementary question:

Yes to all of that. When I spoke at the Cranbrook meeting I believe I spoke very passionately about this issue, that I felt it was more about social cleansing and the impact it would have on council tenants.

In terms of providing more information, of course. The Council has done quite a lot (I have already read out the list to you) and we are happy to do more. Regarding meetings and forums, again myself and Rachel have attended quite a lot of meetings. You have arranged and kindly invited us to meetings and we will be happy to attend further meetings

Questions 6.1-6.3 and 6.6 were not put due to the absence of the questioners. Written responses would be provided to the questions. (Note: The written responses are included in Appendix 'A' to these minutes.)

7. MAYOR'S REPORT

The Mayor made his report to the Council, referring to his written report circulated at the meeting, summarising key events, engagements and meetings since the last Council meeting.

When the Mayor had completed his report and at the invitation of the Speaker the Leaders of the other political groups then responded briefly to the Mayor's report.

8. TO RECEIVE WRITTEN QUESTIONS FROM MEMBERS OF THE COUNCIL

The following questions and in each case a supplementary question were put (except where indicated) and were responded to by the Mayor, relevant Executive Member, or Councillor.

8.1 Question from Councillor Clare Harrisson

(For transparency, I would like to declare that I am an employee of UNISON, although I do not work in ethical care.)

Can the Cabinet Member for Health & Adult Services inform members how many people, including home care staff and service users, will benefit from the Council's adoption of UNISON's Ethical Care Charter?

Response by Councillor Amy Whitelock Gibbs (Cabinet Member for Health & Adult Services)

I am really proud that we are fulfilling one of the Mayor's flagship manifesto commitments with this policy. The great thing about this charter is it's about ethics and dignity both for staff and service users. In terms of residents, it will benefit all 2,000 of the vulnerable residents who currently receive homecare services. Their care workers will have proper time, will be paid properly and treated better, so they can provide care based on dignity, safety and wellbeing.

In terms of care workers, we estimate that there will be around 1,300 care workers who will benefit from the adoption of the Charter in a number of ways. One which I know many care workers have spoken to me and the Mayor about is about guaranteeing a fixed hours contract, moving away from zero hour contracts, which will be at least 12 hours per week and moving up to 16 hours per week by end 2018 and a number of other benefits.

Supplementary question from Councillor Clare Harrisson

One of the things that informed our conversation on this was a report that was published by, I believe, Islington Council a couple of years into their implementation that looked at the increase in qualifications of people working in the service and increased service user satisfaction. Will you guarantee to produce a similar report in, say 18 months' time to see how it has done?

Councillor Amy Whitelock Gibbs response to the supplementary question

We will be robustly monitoring the Ethical Care Charter through the contracts and it will be a compulsory part of those contracts, so if the home care providers fail to deliver they will be held to account by us. I will be requiring regular updates from officers and I am sure we can produce an annual report of the nature you describe. I am really proud of this, not least because it shows how a Labour council working together with staff (many care workers spoke to me and the Mayor about this) and with the unions can really improve quality of services despite the government cuts that we face.

8.2 Question from Councillor Oliur Rahman

Has John Biggs had a word with Cllr Whitelock Gibbs, who is reviewing the Tower Hamlets Health & Wellbeing Board (TH H&WBB) and consulting on

how to cut £5m from the Public Health Budget? Will he clarify whether he has asked her to ensure there is a balanced ethnic minority (BAME) representation in TH H&WBB so that BAME health and wellbeing concerns can be met and the population is not disproportionately affected or disenfranchised by these new and potentially devastating choice of budget cuts?

Response by Councillor Amy Whitelock Gibbs (Cabinet Member for Health & Adult Services)

I will not take lessons from your side of the room on diversity; I'm really proud to be part of a gender and ethnically balanced Cabinet and group on this side of the Chamber. In relation to your specific question on the Health and Wellbeing Board, I am honoured that the Mayor has asked me to chair the Health and Wellbeing Board. It allows us to co-chair the Board with the Clinical Commissioning Group who are a really critical health partner. This is in response to an external review that recommended we make a number of changes to the Board, which is on the agenda later this evening. Part of the changes that I am keen to make are about being a much more open and outwardly facing Board and that will include engaging with black and minority ethnic communities as well as a number of other groups.

On the public health cuts, it is the Tory government that has chosen to cut the public health grant by millions of pounds. I and other lead members in London strongly oppose these cuts, both publicly and privately and officers have responded to the consultation opposing them as well. You were part of the debate at Overview and Scrutiny Committee about the details of these cuts and I am happy to discuss further with you.

Supplementary question from Councillor Oliur Rahman

Does the Mayor or the Lead Member think it is acceptable that the Overview and Scrutiny Committee of the Council has official representation from the Church of England and the Roman Catholic Church and no official representative from the Muslim faith?

Councillor Amy Whitelock Gibbs response to the supplementary question

I do not chair the Overview and Scrutiny Committee. The Health and Wellbeing Board, which I chair, has members as required by statute, though we have supplemented them in other ways. We will be happy to provide a separate response to your question about the Overview and Scrutiny Committee.

8.3 Question from Councillor Andrew Cregan

What assessment has been made of the economic impacts of the 'Brexit' vote?

Response by Mayor John Biggs

I am disappointed with the referendum vote, particularly as 68 percent of Tower Hamlets residents voted to remain in the European Union and I was clear during the campaign that the East End would be better off staying in the European Union. But we now need to work with the decision and we need to rely on our leadership in Parliament to take us through that.

In terms of an assessment of the impact on our economy, it is too early to say. There is obviously going to be an impact on the property market and there may well be an impact on the financial services industry, which some people may consider to be an alien part of our Borough, but for many people it is not. More importantly is the impact on London's wider economy and the service economy, which is the engine of London's economy, is potentially very severe and we need to work with others and watch that very carefully and champion the role of London in the UK, which can only survive and prosper if it has strong trading links with other places, in particular Europe.

Supplementary question from Councillor Andrew Cregan

I would like to add, as Chair of the Pensions Committee, I too am very concerned about the adverse consequences of the vote on investment returns and interest rates impacting savers approaching retirement in the Borough.

As most of the tools to deal with Brexit and the negotiations over the settlement itself with the rest of the EU are out of the hands of this chamber, I would like to see Tower Hamlets working in tandem with the Mayor of London taking a bullish approach in lobbying the government for an outcome that secures our continued access to the single market (which is critical for London's economy) and that means promoting the continuation of freedom of movement of people as well – 'a Norwegian Model'. Not just because the freedom of movement of people is necessary to ensure the freedom of movement of goods, services and capital, but because EU citizens that live and work in Tower Hamlets and across the UK make a vital and extremely positive contribution to our economy and our society. So will the Mayor stand with Sadiq Khan in pushing for such a resolution?

Response to the supplementary question

Of course I will stand with Sadiq and other local authority leaders in London, the majority, 28, of which supported staying in the European Union. I think another issue we need to work very clearly on is the equalities aspect, because many Londoners depend on our service economy and the opportunities our City has. The new Prime Minister has stated very clearly she is committed to something, something she almost certainly can't achieve I think, which is to secure extraordinarily low levels of migration to our country, which is quite an open country, and I think that's very worrying in terms of the community relations impact for a Borough like Tower Hamlets and for a city like London.

8.4 Question from Councillor Andrew Wood

Will the Mayor inform the council as to what percentage of the 43,589 vehicle owners in Tower Hamlets responded to the Council's recent consultation on the 20 mph speed limit which ended on the 20th June and what is the response of residents to the efficacy of the borough wide limit fixed at 20mph?

Response by Councillor Ayas Miah (Cabinet Member for Environment)

The report on the consultation is not yet finalised, but I will ensure that you have the full result when it is ready. This is a good opportunity to share some initial findings on the introduction of the 20 miles per hour limit in our borough. I am pleased to say that the early indicators are quite positive and quite good. Analysis of the data from the nine months following the introduction of the limit has shown that the overall number of collisions has reduced by 53 percent. This includes the number of fatal and serious collisions reducing by 55 and 56 percent respectively whilst the number of slight collisions has fallen by 30 percent. Overall average vehicle speed across the south west sites has also fallen by 1.4 miles per hour to 18.5 miles per hour. This is just a snapshot, however I will keep this under review, but the initial picture is positive and I am sure Councillor Wood will welcome it.

Supplementary question from Councillor Andrew Wood

Actually I almost didn't make the meeting tonight. I was driving through my ward and, as seems to happen a very frequently nowadays, the vehicle ahead coming towards me was overtaking slower vehicles and came into my lane. I had to break sharply to avoid hitting them and it does seem to be fairly common nowadays that people are more aggressive and overtaking more. As part of this is 20 miles per hour review, are you looking at driver behaviour more generally and whether that has changed or will be changed as a result?

Councillor Ayas Miah response to the supplementary question

When we have the full result of the survey and feedback of course we will work together to respond and fulfil that requirement. Our officers and we are working together in order to achieve it. I think we should wait for the full results.

8.6 Question from Councillor Mahbub Alam

Can the current Mayor confirm which, if any, nurseries, children centres, council's satellite or primary buildings, and critically youth centres, have been closed since June 2015 or will be closed by 2018?

Response by Councillor Rachael Saunders (Deputy Mayor and Cabinet Member for Education & Children's Services)

We control three childcare sites and have no plans to close them. We have 12 children's centres and no plans to close them. Everything else in that sector is either run by schools or private businesses. No nursery classes or schools have been closed since 2015. As the Councillor will know, the Council does not control this provision. We are not aware of any plans by governing bodies to close such provision in the future. One school is considering opening such a provision. No maintained nursery schools have been closed since 2015. No designated children's centres have been closed since 2015. There are no plans to close children's centres

The majority of childcare in the borough, over 99 percent, is run by private childcare business or schools and we don't make decisions about whether to open or close them. Two children's centres have local authority childcare on site, John Smith and Overland. We own one building, Mary Sambrook, from which childcare is offered. Places at these day nurseries are funded by DfE Place Funding. The landlord that owns Queen Mary Day Nursery has expressed a desire to take back their building and we have re-provided that service locally so there are no jobs that have been lost in that process and the services have been re-provided in collaboration with St Paul's Way Primary School.

Supplementary question from Councillor Mahbub Alam

Is your memory working? Two years ago when you were the leader of Tower Hamlets Labour Group, you came with some mothers of children from Tower Hamlets nursery to the Cabinet and you urged them to come to the Council to protest against any idea of closing those nurseries. You must have forgot that you told those mothers that you didn't want to close any of the nurseries yourself. Just two years later at the budget scrutiny committee meeting, you gave a commitment that no nursery schools would be to shut down, but you have forgotten about this too because you have closed Queen Mary Nursery, or are you denying that? Secondly can you tell us which youth centres you want to close down? There is no lie about it, tell us which ones you really want to close down.

Councillor Rachael Saunders response to the supplementary question

I object to you using words like your lies, especially when you are reading from a supplementary question you had written before you had heard my answer. You used the word 'lie' about an answer that I gave, which was a question you had written before you'd heard my answer. I didn't tell a lie and I have not told you a lie. In relation to Queen Mary Day Nursery, we are in a situation where, firstly, asbestos and legionnaires disease was found in the building, so it is not safe to run from that building and now we are in a situation where the landlord wishes to sell the building. What we are doing in response to that is to provide childcare as usual on a nearby site, St Paul's Way Foundation Primary School. No jobs have been lost. No places have been lost. Unlike other local authority day nurseries, Queen Mary's operates in a rented building and the landlord can take that building back and we understand a decision has been taken to develop or market the property. No staff have lost their jobs and no parents have lost a free childcare place in

response to the move. In response to the question on youth service, what I think you are trying to imply is that the changes are temporary and you want an answer as to what will be part of the permanent model. I am grateful you recognise the current model is interim. We haven't made decisions yet about the permanent model and if young persons wish to talk to us about what the permanent model looks like, I would be really grateful to speak to them.

8.7 Question from Councillor Rajib Ahmed

What investment is the Council making in local healthcare provision?

Response by Councillor Amy Whitelock Gibbs (Cabinet Member for Health & Adult Services)

Through our public health services we invest millions in prevention, health promotion and tackling health inequalities. This includes GP services, pharmacy work, health visiting, breastfeeding support, sexual health services and drug and alcohol services. More specifically, we know from residents and GPs there is a lot of concern at the moment about pressure on GP surgeries and not being able to get appointments, not being able to be seen quickly, particularly when new housing is coming on stream. That is why we are investing £15.8 million of Section 106 money (money we have got from developers) to modernise GP practices and create some more green spaces that will benefit residents' health. There are four GP practices particularly that I want to highlight: Aberfeldy, Sutton's Wharf, Goodmans Fields and William Cotton Place. I know that all of those areas' residents and GPs have been clamouring for much needed improvements to the building and expansions so they can seem more patients and I'm really pleased that the Mayor has agreed to those proposals.

No supplementary question from Councillor Rajib Ahmed

8.9 Question from Councillor Candida Ronald

Could the Mayor or Cabinet Member please provide an update on the investigation into the THH data protection incident, after the blog 'Love Wapping' alleged an unauthorised use of Council's tenants' data as part of the 2014 and 2015 Tower Hamlets Mayoral campaigns?

Response by Mayor John Biggs

I'm extremely grateful for this question because there is an update and the update is contained in a report produced by Tower Hamlets Homes, which I imagine you have received. What that tells you is that the investigation into what the address list was that was used ascertains, without any credible doubt, that the list was obtained from a list provided in response to a Members enquiry by Tower Hamlets Homes by the then Mayor's Office and the Mayor's Office appears to have passed on confidential address details to both the previous mayor in his election campaigning and the Independent Group's mayoral candidate for campaigning in last year's campaign. This is clearly a breach of data security and I think it shows a breach of trust. It's a

matter that we hopefully can blot out in this Borough, but it does require people to recognise that they have to behave and act within the law when they are trusted with public information.

Supplementary question from Councillor Candida Ronald

Does it worry you that that information has not yet been accounted for and still could be illegally used for political campaigning in the future?

Mayor John Biggs response to the supplementary question

I think the foundation of that is that we all have, as elected members, access to confidential information, such as the address details of people. When someone comes to you with case work, that doesn't give you the right to transfer that information to your political party, for example, and use it to send propaganda. If people have a list of addresses like this was then to use that in a direct mail campaign or to target voters is a fundamental breach of trust. It is a misuse of data and it should be stamped upon. Now that Tower Hamlets Homes has ascertained that was the source of this data, we need both a safeguard to prevent it happening again and we need to look at the behavioural issues that lay behind it because, clearly, there are people in this chamber, I think, who have a problem in discerning between what they should do and what is not proper.

8.10 Question from Councillor Rabina Khan

How many homeless families have been helped from Bed & Breakfast into Temporary Accommodation since July 2015?

Response by Councillor Sirajul Islam (Cabinet Member for Housing Management & Performance)

I'm not surprised Councillor Khan is concerned with families in bed and breakfast, because at the time she left office there were 232 families in this sad situation. However, I am pleased to say that 12 months later, after a year of concerted political effort from the Mayor and myself and hard work from officers, that number has reduced by 68 percent to just seventy five families. In the period, 794 new bed and breakfast bookings were made, though this includes single household accommodation on a discretionary basis and assuming that 75 per cent of all B&B placements are families, this would indicate in the region of 520 families have been moved from B&B in the 13 months to June 2016. I hope that Councillor Khan welcomes this progress and joins me in congratulating officers in reducing the embarrassingly high numbers she left with us.

Supplementary question from Councillor Rabina Khan

The mayor has been busy, hasn't he? He's been busy exporting homeless families out of the Borough. He exported 1,000 families out of Tower Hamlets into places alongside Kent, all the way into Gillingham, all the way into Dartford. Why do you feel that it was an investment to invest in temporary

accommodation outside of this Borough? I will give you an example: in Chatham, there is a block of flats there that were newly refurbished with new kitchens, all ready and waiting for bed and breakfast families to be exported out of this Borough into Kent.

Councillor Sirajul Islam response to the supplementary question

Last June, when Mayor Biggs took office, we inherited almost 200 homeless families living in B&B for months and months and months. This Council was breaking the law. By law you can only keep families in B&B for a maximum of six months. This Council, under the old administration and Councillor Khan's leadership placed people in B&B for months and months and months. If those people went to the ombudsman then we would have been in serious problems. We took a leadership decision to move hundreds of families into accommodation in order to meet that obligation. I understand Councillor Khan was passionately advocating people moving to Kent at an O&S sub-committee meeting on Monday night, so I don't know why you've changed your mind now. We as an administration are very, very passionate about homeless people. We have reduced B&B six-week stay to 19 at this stage from 219, so that is progress and that is a commitment from us.

8.11 Question from Councillor Helal Uddin

Can the Mayor update Full Council on some of the key results of the recent Annual Residents' Survey?

Response by Mayor John Biggs

The residents' survey was a survey of 1,000 local residents, carried out by a reputable firm and done scientifically. It reports that 71 percent of residents surveyed were satisfied with the way the Council runs things. It was up six percent on last year. Half of the eighteen services monitored have seen an improvement in services ratings whilst none saw a decline. We saw a big increase in the percentage of people who thought the Council was doing a better job than one year ago, up by 17 percent to 61 percent. That is still too low a percentage. Almost three quarters, 72 percent, of those surveyed said they trusted the Council. The majority of people remain positive in their views of the area: 83 percent of residents are satisfied with the area as a place to live and most feel that their local area is a place where people from different backgrounds get along. There are still many, many areas where we need work to improve things. The reality is that, yes, we have made improvements and we should be proud of those, but we have many further challenges and that increase of 17 percent moves us, really, only to around the London average or what you should expect for your average authority. We need to aspire to a lot better than that. We have made progress, we are digging ourselves out of a hole, but we need to do a lot more to demonstrate we are meeting the whole range of needs of local people.

Supplementary question from Helal Uddin

It is very helpful to know that there is that 17 percent an increase in resident confidence compared to a year ago and we highly appreciate it. Could you also touch a little bit on whether engagement with the public would help us to build more connection, give people more confidence and empower them to engage more in future?

Mayor John Biggs response to the supplementary question

As you know, you have been appointed as the mayoral advisor for this very area, for working better on community liaison and consultation so we do engage local people. People do not necessarily want to spend every night of the week in meetings at a church hall or a community centre about technical issues, but people do want to be listened to and we need to show that we listen to them and are accountable to them. I am proud of what we've done so far and we need to do more to be a responsive council and I am pleased that you are part of our Team, Councillor Uddin.

8.12 Question from Councillor Julia Dockerill

Further to our meeting on 31 May and his site visit on 1 July, what plans has the Mayor devised to improve Tower Hill's functioning, appearance and relationship with surrounding areas to ensure our borough makes best use of this incredible tourist asset?

Response by Councillor Denise Jones

As you know, the Tower of London is a World Heritage Site and it is in this Borough. It is the finest historic asset that we have and for many people that come here it is their first introduction to the London Borough of Tower Hamlets. A lot of people don't even realise it is in Tower Hamlets. It is therefore important that the Borough project its best face and not only that it looks good, but also functions effectively. For that reason the Mayor has requested that the Council's new Local Plan provides a clear steer on the future of this area and sets out the Council's ambitions for the area in terms of standard of design and layout. This will be done in consultation with the local community and stakeholders, including Historic Royal Palaces, TFL and neighbouring boroughs. There have been a number of complaints recently from the Tower of London, Trinity House and other stakeholders around that area about street cleansing in the area and other issues including ice cream vans, so we will continue to work with advice from the City of London to make sure that the area is cleaned up properly.

Supplementary question from Councillor Julia Dockerill

I wanted to ask about the street cleansing issues and whether there are any plans that have been devised specifically to deal with the bin problems that we have been having?

Councillor Denise Jones response to the supplementary question

We are actually waiting at the moment for a meeting with the City of London, who have offered to suggest some new ways of doing that. Also the Tower of London have said that they clean up the area around the Tower of London and they are quite happy to move up a little bit, next to the Trinity Gardens, that we own, and deal with the rubbish near the station which is causing a problem. There will be more information shortly.

Question 8.5 was withdrawn by the questioner due to the similarities in content with question 8.4. Question 8.8 was not put due to the absence of the questioner. Questions 8.13 - 27 were not put due to lack of time. Written responses would be provided to the questions. (Note: The written responses are included in Appendix 'A' to these minutes.)

Extension of time limit for the meeting

Mayor John Biggs **moved**, and Councillor Sirajul Islam **seconded**, a procedural motion, that "under Procedure Rule 15.11.7 the meeting be extended for 15 minutes, to consider and vote on the reports for consideration (Items 9.1,9.2, 11.1,11.2). The procedural motion was put to the vote and was **agreed**.

9. REPORTS FROM THE EXECUTIVE AND THE COUNCIL'S COMMITTEES**9.1 Overview and Scrutiny Committee Annual Report 2015/16**

Councillor John Pierce, Chair of the Overview and Scrutiny Committee, presented the Committee's Annual Report for 2015-16.

The recommendation set out in the report was put to the vote and was **agreed**. Accordingly it was:

RESOLVED:

1. That the Council note the contents of the Annual Report of the Overview and Scrutiny Committee for 2015-16.

9.2 Appointment of Members to the Tower Hamlets Health and Wellbeing Board

The Council considered the report of the Corporate Director, Law Probit and Governance regarding appointments to the Tower Hamlets Health and Wellbeing Board.

The Chair of the Health and Wellbeing Board, Councillor Amy Whitelock Gibbs reported that the list of elected representatives needed adjusting to reflect the decisions taken (as set out in resolution 1 below).

The recommendations set out in the report were put to the vote and were **agreed**. Accordingly it was:

RESOLVED:

1. That it be noted that at its meeting on 21 June 2016 the Health and Wellbeing Board discussed amendments to its membership as reflected in the amended Terms of Reference attached as Appendix 2 to the report to be amended to include the Cabinet Member for Education and Children's Services and remove the post of the Executive Advisor on Adult Social Care.
2. That it be noted that the Mayor has agreed the updated Terms of Reference in respect of membership and has nominated:
 - (a) That the Cabinet Member for Health and Adult services be the Chair of the Health and Wellbeing Board;
 - (b) That the Cabinet Member for Housing Management and Performance becomes a voting member of the Board; and
 - (c) That a Councillor from the largest opposition group be appointed as a non-voting as a stakeholder and that that Councillor be put forward by such group.
3. That the appointment of co-opted members to the Board be agreed.
4. That a Councillor from the largest opposition group be appointed as a stakeholder to the Board.

10. TO RECEIVE REPORTS AND QUESTIONS ON JOINT ARRANGEMENTS/EXTERNAL ORGANISATIONS (IF ANY)

There was no business to transact under this agenda item.

11. OTHER BUSINESS**11.1 Treasury Management Outturn Report 2015/16**

The Council considered the report of the Corporate Director of Resources setting out the Treasury Management Outturn for 2015/16.

The recommendations set out in the report were put to the vote and were **agreed**. Accordingly it was:

RESOLVED:

That the Council note:

1. The Treasury Management activities and performance against targets for the twelve months to 31 March 2016.

2. The Pension Fund investments balance (set out in section 9 of Annex A of the report).
3. The Council's investments as at 31 March 2016 (as in Appendix 2 of the report).
4. The Prudential indicators outturn for 2015/16 (set out in Appendix 1 of the report).

11.2 Appointments related to the Standards Regime

The Council considered the report of the Corporate Director of Law Probity and Governance regarding the appointment of an Independent Person, a Reserve Independent Person and also Independent Co-opted Members of the Standards (Advisory) Committee.

The recommendations set out in the report were put to the vote and were **agreed**. Accordingly it was:

RESOLVED:

That the Council agree:

1. That Ms Hall's term of appointment as Independent Person be increased to five years, as outlined in paragraph 1.3 of the report, to expire on 24 June 2018.
2. The recruitment of a Reserve Independent Person with a report to be presented to Council to confirm their appointment.
3. The recruitment of three new Independent Co-opted Members to the Standards (Advisory) Committee with a report to be presented to Council to confirm their appointment.

12. TO CONSIDER MOTIONS SUBMITTED BY MEMBERS OF THE COUNCIL

None of the submitted Motions were debated due to lack of time.

13. URGENT MOTIONS

The Council agreed to suspend Procedure Rule 13.1 to enable the following urgent motion to be debated without notice:

13.1 Motion Regarding the Ian Mikardo school.

Mayor John Biggs, **moved** and Councillor Sirajul Islam **seconded**, the motion as **tabled**.

Councillor Oliur Rahman **moved**, and Councillor Rabina Khan **seconded** a friendly amendment to the motion as set out below:

This Council requests the Executive Mayor to:

1. whilst we recognise that there has been an investigation, there needs to be a public enquiry taking into consideration the feelings and experiences of parents and members of the local community as to how they feel and to learn lessons from this episode.
2. prepare a statement explaining that schools are responsible for appointing their own staff and that the Council and police will always work to protect ethnic minority and other relevant communities from hate crimes, and circulate this widely to local residents. The statement should acknowledge that parents have right to be assured that staff at the school which their children attend are appointed in a proper manner. This statement should be publicised fully using all communication channels.
3. to write to all school governors in the borough pointing out the sensitivity which should be exercised when considering appointing people convicted of serious offences, and especially those with a racist element, and to ensure that this need is communicated to all new LEA governors when they are appointed in the future, and a report provided to the relevant committee of the Council for information and any appropriate legal and professional input.
4. to write to all schools in the borough to advise them of this resolution.
5. to follow the example of the late Jo Cox MP, who said that her multi-ethnic community had more in common than it had division, by promoting community harmony in Tower Hamlets and having no truck with any actions which would cause distress and promote disharmony.

Mayor John Biggs indicated that he accepted paragraphs 2-5 of the amendment and altered the substantial motion accordingly.

Following debate, the motion as amended was put to the vote and was **agreed**.

RESOLVED

This council notes:

- Three individual motions were tabled at the Council meeting related to the appointment of an individual at Ian Mikardo school.
- The Mayor has made a full statement to Council and published a detailed report setting out the findings of the investigation carried out by officers in to the appointment and the role the council played.
- That the appointment of the individual in question by Ian Mikardo school was a matter for the school.
- That representatives of different political groups on the Council have expressed their personal views about the appointment, including the

Mayor who has stated that had the decision been down to him, he would not have approved the appointment.

- That Ian Mikardo School has been judged as excellent, provides a vital service to some of our most vulnerable youngsters, and its transformation has happened under its current head teacher.
- The council currently has no legal power to object to school appointments on community cohesion grounds.

This Council believes:

- That the events of 2001 remain raw, and that our thoughts should be with the family of Shibli Rahman who have inevitably found the renewed attention on his the murder distressing.
- That the fear of racial violence, and the scars of experience, while clearly events have moved on and confidence has grown, remain real for members of our BME communities.
- That we strongly believe in rehabilitation but that this does not reduce the feelings of pain in victims of crime. For this to happen there needs to be a far more comprehensive process of reconciliation. The Council cannot do this on behalf of others but we can and should strongly signal the importance of bridge building through steps such as outreach, confidence building and restorative justice.
- That councillors and the Mayor in particular should offer leadership on issues of public interest and concern.
- That the leadership team and governors at Ian Mikardo should take account of the understandable community concern this information has caused and continue its dialogue with local residents, parents and staff to resolve the concerns. We welcome the moves towards greater outreach and communications from the school.
- That there is no justification for vandalism and damage to school buildings and that such actions serve no purpose and should be wholly condemned.

This council resolves:

To welcome and endorse the Mayor's actions tightening up the rules around controversial school appointments by requiring , where a DBS check for a maintained school appointment returns a serious conviction, the Corporate Director of Children's Services, after consultation with the relevant Lead Member or the Mayor, where necessary, to express the clear view of the authority on the appointment, including the impact on community cohesion. To reaffirm that we will always be intolerant towards racism and racial violence and that Tower Hamlets is no Place for Hate.

This Council requests the Executive Mayor to:

- prepare a statement explaining that schools are responsible for appointing their own staff and that the Council and police will always work to protect ethnic minority and other relevant communities from hate crimes, and circulate this widely to local residents. The statement

should acknowledge that parents have right to be assured that staff at the school which their children attend are appointed in a proper manner. This statement should be publicised fully using all communication channels.

- to write to all school governors in the borough pointing out the sensitivity which should be exercised when considering appointing people convicted of serious offences, and especially those with a racist element, and to ensure that this need is communicated to all new LEA governors when they are appointed in the future, and a report provided to the relevant committee of the Council for information and any appropriate legal and professional input.
- to write to all schools in the borough to advise them of this resolution.
- to follow the example of the late Jo Cox MP, who said that her multi-ethnic community had more in common than it had division, by promoting community harmony in Tower Hamlets and having no truck with any actions which would cause distress and promote disharmony.

The meeting ended at 10.20 p.m.

Speaker of the Council

APPENDIX A – WRITTEN RESPONSES TO QUESTIONS THAT WERE NOT PUT AT THE MEETING

6.1 Question from Rupia Rahman

Does the Mayor believe that the Council's anti-social behaviour team fit for purpose, especially when it comes to dealing with unacceptable behaviour from neighbours?

Response of Councillor Shiria Khatun (Deputy Mayor and Cabinet Member for Community Safety)

Residents continue to tell us that anti-social behaviour is one of their top concerns, which is why we have made it one of our highest priorities. I am proud that Mayor Biggs has invested in Council services that deal with this problem, with extra money for the noise nuisance service and for the ASB team.

Our response to anti-social behaviour is led by the anti-social behaviour team, which currently consists of Tower Hamlets Enforcement Officers, Noise Nuisance Officers and the Rapid Response Team. They deal with noise nuisance in domestic/commercial premises, ASB related activity on the streets created by street drinkers, beggars, and youths as well as supporting policing operations. ASB case investigators deal predominantly with street related disorder, supporting private and rented sector tenants whilst supporting RSL's as necessary to comply with their duty of care.

Tackling anti-social behaviour effectively requires true partnership working – with every department of the Council working hand in hand with the police, Tower Hamlets Homes and other large housing providers, schools, and crucially the public – including ward panels, residents groups, and neighbourhood associations.

We want to make sure our approach is better co-ordinated and that our successes are better understood. That is why we will bring forward a new Anti-Social Behaviour Strategy, which will set out clearer lines of responsibility, and move towards better joint working on the ground. We will co-produce this strategy with our partners over the coming months.

6.2 Question from Sha Hussain

Does the Mayor agree with Poplar Harca which has imposed a huge increase in parking charges on the resident? Is it not unfair and unjustifiable increase and what has the Mayor achieved for residents since his promise at the last Council petition to put pressure on Poplar Harca to decrease the charges?

Response of Councillor Sirajul Islam (Statutory Deputy Mayor and Cabinet Member for Housing Management & Performance)

The Mayor was very concerned to learn of the high year-on-year increase in parking charges, and noted the very high number of enquiries from Poplar HARCA residents. He was disappointed that there had not been an appropriate level of engagement with residents prior to these changes being made.

The Mayor met with Poplar HARCA's Chair and Chief Executive, and more recently with the whole Board. As a result, Poplar HARCA agreed to reduce the increases to tenants and resident leaseholders from the proposed £7 a week for a bay and £15 a week for a garage, to much lower charges of £4 for a bay and £12 for a garage. The Mayor however remains of the view that the scale of increases is excessive and that the manner of communicating the proposals was very poor.

The Mayor met with the Chair and Chief Executive again recently, along with local ward Councillors. He raised further concerns, including reducing charges for permits for family members, and HARCA agreed to explore this and come back.

It is however in the end a matter for the HARCA. Like all other Housing Associations and the Council the Government has imposed a rent reduction of 1% for the next 4 years which has seriously impacted on income which pays for essential services.

Whilst the Mayor accepts that this is a difficult time for Poplar HARCA, he was pleased that following his intervention a more reasonable increase this year was agreed for tenants and resident leaseholders. It may be worth noting that the Council used to have representatives on the HARCA Board Directors, but that these were removed because of non-attendance under the previous Mayor. This has greatly weakened our, and your, voice and was a shameful failure.

6.3 Question from Tareq Talukder

Does the Mayor believe that it is appropriate to cut funding of a high performing organisation such as NAFAS?

How does he intend to fill the gap that have been created by himself?

Response

I would like to pay tribute to NAFAS' excellent work in running drug treatment services for vulnerable people in recent years, and regret that they have been unsuccessful in their bid to run drug treatment services in the future.

The Council has a duty to ensure best value. Drug / alcohol treatment services in Tower Hamlets (including but not limited to NAFAS) have not been

subject to a formal procurement exercise in over 6 years. Since 2010, there has been significant consultation amongst partner organisations, service providers and service users to establish the structure of a treatment system which is accessible to all and delivers optimal outcomes. As a result of that ongoing consultation, a new structure for drug and alcohol treatment services was established and agreed at Cabinet.

The procurement of 3 contracts to form that new treatment system has now been carried out in an open and transparent manner, and in accordance with legislation and LBTH policy, and whilst NAFAS were invited to tender as part of that process, their bid scored lower than other tenders put forward.

The new recovery support service that is to be commissioned will include all interventions that NAFAS are currently delivering as well as those currently delivered by; RAPt Island Day Programme, RAPt Changes Day Programme, and Nacro Intervention Link Service. In addition, the service will be contracted to deliver enhanced support to ensure individuals in recovery receive support and advocacy in relation to their accommodation, ETE and finances. There will be a flexible programme of structured psychosocial interventions and increased access to counselling services as well as less formal peer mentor led programmes and social activities.

6.6 Question from Mizan Rashid

Can the Mayor explain why he is closing an unprecedented, record number of Youth Centres in the Borough?

Response of Councillor Rachael Saunders (Deputy Mayor and Cabinet Member for Education & Children's Services)

It's important to recognise we are not cutting the youth service. These changes involve no cuts to the youth centre budget and no reduction in the number of hours service we provide.

In addition to serious allegations of fraud and malpractice made against the youth service under the previous Mayor we inherited a situation where some youth centres only had a single young person using each week. Others had failed basic health and safety checks and many had too few staff which meant very short notice closures leaving young people with nowhere to go.

We are acting to improve what was a youth service in crisis; it would be reckless not to act. Unlike the previous administration we take our responsibilities seriously. We are committed to improving the youth service so it is fit for purpose and provides a good quality service for as many young people as possible, whatever their background. That is why the new interim model will see 8 hub youth centres open six days a week supported by another 16 additional Council funded youth projects and a £120,000 summer programme of activities. On top of this we should not forget that there are many excellent non-Council funded youth clubs in the borough for example

the Rich Mix, Spotlight, HARCA and others. This is an interim set of changes and there will be a full consultation on longer term plans in the near future.

8.8 Question from Councillor Craig Aston

Will the Mayor provide:-

- (a) a breakdown of the number of hours worked, and:-
- (b) full details of the items of advice tendered, by (1) "Mayoral advisor" Cllr Denise Jones, (2) "Mayoral advisor" Cllr Helal Uddin, and (3) "Mayoral advisor" Cllr David Chesterton.

Response of Mayor John Biggs

I thank the Councillor for this opportunity to outline the new role of Mayoral Adviser, as agreed by Full Council at the AGM in May 2016.

The role of Mayoral Adviser is a way of involving Members with specialist knowledge in the leadership and policy roles of the Council, and to support and assist the Mayor and Cabinet. As part of the Mayor's normal decision making process, I will consult with Mayoral Advisers on issues related to their responsibilities and receive recommendations.

In order to carry out this role effectively, Mayoral Advisers are encouraged to consult with Council officers and Cabinet members as needed, with the support of the Mayor's Office.

The responsibilities of each Mayoral Adviser are explained in Appendix A1 to this document and will be publicly available on the Council's website. Their advice covers the areas of their briefs.

8.13 Question from Councillor Marc Francis

What has been the income from parking charges at the St Mark's Gate car park in each month since their introduction?

Response of Councillor Ayas Miah (Cabinet Member for Environment)

Please see below:

St Mark's Gate car park figure since opening In January 2015

Jan 2015	£1,168.00
Feb 2015	£986
Mar 2015	1,464.60
Apr 2015	£1,826.00
May 2015	£1,390.60

June 2015	£798.00
July 2015	£796.00
Aug 2015	£774.00
Sep 2015	£561.00
Oct 2015	£651.60
Nov 2015	£362.00
Dec 2015	£578.00
Jan 2016	£454.00
Feb 2016	£681.00
Mar 2016	£864.00
Apr 2016	£963.00
May 2016	£995.00
June 2016	£920.20
Total	<hr/> £16,233.00

8.14 Question from Councillor Muhammad Mustaqim

Does the current Mayor believe that the Council Tax-payer's money should be used to promote the Mayor and his Cabinet?

Response of Mayor John Biggs

No, not for political purposes.

All official communications by Tower Hamlets Council are now governed appropriately by the DCLG Publicity Code and the Tower Hamlets Communications Protocol.

This is of course a marked departure from the approach taken by the previous Mayor, who ordered his name and photo to be featured on official correspondence, advertising hoardings, Council building site hoardings, and throughout Council buildings.

8.15 Question from Councillor Danny Hassell

Following both the government's decision to cut public health funding (despite high levels of need and rising demand on many health services locally) as well as the decision that the NHS will not commission PrEP on a national basis (despite the research findings), can the lead member please update the Council on what steps have been taken to deliver prevention and support services to those at risk of, or living with HIV in the borough?

Response of Councillor Amy Whitelock Gibbs (Cabinet Member for Health & Adult Services)

Thank you for this important question. Sexual health is a key priority for me and the Mayor and represents a significant proportion of our public health spend, given the high levels of need we know we face in the borough.

Like you, I am deeply disappointed by the Government's short-sighted decision to cut the public health grant. In our savings proposals, we have sought to protect sexual health prevention and support services as much as possible, which has been welcomed by the sexual health sector locally.

We invest in a number of services e.g. enhanced sexual health promotion in high risk groups, living well with HIV, and health promotion in undiagnosed HIV. In our savings proposals, the Council has sought to mitigate the reduction in funding for these sexual health promotion services and proposes a reduction of 4% compared to an average of 13% across all Public Health areas. According to a national campaign run by sexual health charities, some boroughs have cut these kinds of HIV support services entirely.

I also have recently met with local service provider Positive East, to hear about the work that they do supporting residents living with HIV and preventing further HIV transmission. I am also meeting a range of local providers including Step Forward which supports young people, community pharmacies providing sexual health advice, and the clinics run by Barts health. We are committed to working with providers to support these services.

I was disappointed that NHS England has stated that PrEP is not within their legal powers to commission, despite having asked an expert group to work for a year to look at the evidence and make recommendations that PrEP should be funded by NHS England for key at risk groups. One of the research centres as part of this expert group's work was here in Tower Hamlets, at the Ambrose King Centre in Whitechapel.

Local residents were part of this trial, which was so effective at protecting participants from infection with HIV that the placebo element was ended early and then all participants were provided with PrEP. Since the national decision was taken, the Council has sought assurances from NHS England that the local residents who were receiving PrEP as part of the research trial would have their medication continued after September when their current prescriptions run out. We have just heard this will continue for 6 months.

Since this decision by NHS England not to consider PrEP for funding Council officers have been involved in developing and supporting the position of the Association of Directors of Public Health which expresses concern that NHS England is inappropriately seeking to shift commissioning responsibilities and costs to local authorities and that continued delay is not in the public interest.

A Judicial Review of the decision of NHS England not to consider PrEP for funding was instigated by the National AIDS Trust and the local authorities are party to this review through London Councils. The first hearing of the Judicial Review took place on the 13th July and a decision is anticipated within the next four weeks. Once the judgement has been made, the Council will be working with London Councils to review our position with regards to the future provision of PrEP.

8.16 Question from Councillor Peter Golds

Will the Mayor inform the Council as to what representation his administration has made seeking to amend the TfL proposals to revise bus routes serving the Isle of Dogs, that will see Spindrif Avenue denuded of a bus service despite an increasing local population and a doctor's surgery.

Response of Councillor Ayas Miah (Cabinet Member for Environment)

I share residents' concerns at the loss of service along Spindrif Avenue and the severance of the direct connection the D3 provides between Westferry Road / Spindrif Avenue and the Royal London Hospital. Having canvassed opinions from all local Ward Councillors affected by the proposals to change the 277 and D3 routes, officers responded to the consultation in March 2016.

Serious concern was expressed by the Council about both the loss of a service along Spindrif Avenue and the severance of the direct connection the D3 provides between Westferry Road / Spindrif Avenue and the Royal London Hospital. Access to health facilities and the proposed Civic Hub in Whitechapel will increase the need for better connections between these areas to fulfil a social need. While a direct link will be created on mainline Crossrail services in the future, this will not effectively serve this specific local demand.

A formal response from TfL is still awaited but we understand that a modification to the proposals has been made to reroute the 135 along Spindrif Avenue to protect a service along that link.

8.17 Question from Councillor John Pierce

How much income has the Council received from film companies using buildings and streets in Weavers Ward as film locations in the last 3 financial years and the current year to date?

Response of Councillor David Edgar (Cabinet Member for Resources)

The management of filming activity in the borough is undertaken under contract to the Council by the Film Office company. They provide monitoring figures for the Council but their systems do not allow for the production of reports giving income generated on a ward basis and so we are not able to provide the information requested.

8.18 Question from Councillor Gulam Kibria Choudhury

In November 2015, Cllr Shiria Khatun said the Police were not previously recording Islamophobic crimes separately, but would do so from then on (i.e. from November 2015). Could she provide details of a) how many Islamophobic crimes have been recorded since November 2015 in Tower Hamlets? b) how many racist complaints and/or crimes have been recorded in

2014/15 and 2015/16, with a particular focus on numbers and percentage comparison with the previous five years?

Response of Councillor Shiria Khatun (Deputy Mayor and Cabinet Member for Community Safety)

The Police collect and hold this data, it is not held by the Council. A request for this information has been made and when received will be provided to Cllr Choudhury.

8.19 Question from Councillor Chris Chapman

Will the Mayor please inform the Council and residents of the Isle of Dogs as to why a speculative developer was permitted to demolish three grade two listed buildings in Eastferry Road, despite warnings being given to the Council that such an attempt was imminent?

Response of Councillor Rachel Blake (Cabinet Member for Strategic Development)

The short answer to the question is that the developer was not permitted to demolish these sites.

The property address is 2, 4 and 6 East Ferry Road and whilst the buildings are located in the Coldharbour Conservation Area, they are not Listed.

It would appear, that Building Control were served notices of intended demolition in January 2015, and as a matter of policy, development management were advised of these applications and the site owners were advised that no such demolition should proceed without planning permission. At that time no demolition took place and the matter was closed. Since then the properties were demolished on or around the 26th June without any permission from the Local Planning Authority.

Our Legal team are urgently considering a case for prosecution as on the face of it a criminal offence has been committed.

The site owner in law would need to apply for planning permission to demolish the aforementioned building. The owner was aware of this as he/she was informed in writing at the time the notices were served. The site was again visited on the 10 May 2016 and it was concluded that the block of buildings were sufficiently restrained to not need a dangerous structure notice. The owner/owners representative was contacted in writing on the 2 June 2016 asking his/her intention for the building. We did not receive a response

8.20 Question from Councillor Abdul Asad

Can the Community Safety Cabinet member provide the list of anti-social behaviour and crime hot-spots (areas with the highest number of anti-social behaviour) in the borough with respective crime rates – both percentage and

numbers - for each hot-spot with the types of crimes and corresponding numbers and percentages?

Response of Councillor Shiria Khatun (Deputy Mayor and Cabinet Member for Community Safety)

The Police collect and hold this data, it is not held by the Council. A request for this information has been made and when received will be provided to Cllr Asad.

As a snapshot please see attached Appendix A2.

8.21 Question from Councillor Shah Alam

I regularly walk in Mile End Park and have recently noticed an alarming increase in dropped litter, a general lack of upkeep, an increase in anti-social behaviour and gang related activity. One thing that residents have highlighted is if the Council could install more signs across the park with warnings against dropping litter other than provided bins, use penalty notices if needed which the Council has the power to do, and to ensure that THEOs are visiting it regularly to monitor the situation and to provide reassurance to local families and residents who use the park. Will the current Mayor listen and act?

Response of Councillor Asma Begum (Cabinet Member for Culture)

Cleanliness of local parks is an issue that has been raised with me by local residents, especially following warm weekends. It is important that park users are encouraged take their rubbish home with them, or use the bins provided.

I have asked officers to consider what options can be implemented to improve the operations in Mile End Park, and for this issue to be considered as part of the preparation for any new cleansing contract.

8.22 Question from Councillor Ohid Ahmed

Please provide the official recorded headline crime rate for the Borough, both in numbers and % terms, for each year since May 2011 until June 2016?

Response of Councillor Shiria Khatun (Deputy Mayor and Cabinet Member for Community Safety)

The Police collect and hold this data, it is not held by the Council. A request for this information has been made and when received will be provided to Cllr Ahmed.

8.23 Question from Councillor Gulam Robbani

How much new money in the budget for 2016/17 relates specifically to dealing with the scourge of drug-dealing and gangs related crimes which was not

available in the budget passed by the Council in February/March 2015 and February 2014?

Response of Councillor Shiria Khatun (Deputy Mayor and Cabinet Member for Community Safety)

From April 2016, the Council has invested in a Police Task Force of 5 officers and a Sergeant to support the work with enforcement. Tackling ASB will be an important priority for them. Through youth and children's services, we have also introduced a "Gangs Coordinator" to lead on the work in partnership as outlined in the Gangs Strategy.

Crime in Tower Hamlets is down 4% on last year – that means over 1,000 fewer offences. As a result the last year saw the lowest number of offences and lowest crime rate in over 15 years. At the same time public confidence has also increased - the fear of crime is now lower than at any time in the last six years

8.24 Question from Councillor Aminur Khan

How much new and extra money has been put in place, for out of hours' noise and nuisance service, in the 2016/17 budget and how does that compare to the budget passed in February/March 2015 and February 2014?

Response of Councillor Shiria Khatun (Deputy Mayor and Cabinet Member for Community Safety) and Councillor Ayas Miah (Cabinet Member for Environment)

In providing support to residents to reduce noise pollution and disturbances additional funding of £110,000 was approved (£75,000 as part year in 2015/16) to ensure the provision of a 24 hour noise service all weekend / every day of the week.

Original budget 2014/15 £48,682
Original budget 2015/16 £48,682
Original budget 2016/17 £158,682

8.25 Question from Councillor Maium Miah

How many total Council assets of any kind were sold by the Council between 1994 and 2010, what were these and at what price(s). Please provide clear details, breakdown, total money generated and how was it spent?

Response of Councillor David Edgar (Cabinet Member for Resources)

Details on disposals before 1997 are not available - corporate property or finance records do not go back that far.

We have compiled a list of asset sales between 1997 and the current date setting out the information requested which can be made available separately to you.

If information is required on a specific Council asset sold before 1997, then the external Land Registry office will need to be contacted for details. Please advise if there is a specific asset that information is required on.

When the Council disposes of assets, the capital receipt is held as unapplied until used to fund capital expenditure schemes within the Capital Programme set by Full Council each year.

8.26 Question from Councillor Suluk Ahmed

Please provide a list of all properties, premises, assets that the Council manages in any capacity for which rent, rates or any other payments is received by the Council, its agencies and agents and calculated in the budget by the Council?

Response of Councillor Rachel Blake (Cabinet Member for Strategic Development)

In line with the Local Government Transparency Code, the Council publishes a list of all Council-owned land and buildings on the website. This list includes details of the tenure characteristics of the site, including those that are leased out. This can be found in the Transparency section of the Council's website.

http://www.towerhamlets.gov.uk/lgn/council_and_democracy/Transparency/transparency.aspx

8.27 Question from Councillor Harun Miah

When did the Blackwall Reach Regeneration Project start and what stage of completion (% of the project completed) was this project in June 2015?

Response of Councillor Rachel Blake (Cabinet Member for Strategic Development)

Preparation for the Blackwall Reach project began in 2007/08 with adoption of the Development Framework and initial land acquisitions by HCA (now GLA). Following extensive consultation, and a hiatus during which the market crashed and the Council had to seek immunity from listing for Robin Hood Gardens, Swan was procured as developer in 2011, and formal decant/land assembly commenced. Outline planning and first stage detailed planning approvals followed in 2012 and physical work on new buildings started in 2013.

At June 2015 none of the homes had yet been fully completed, though they were nearing structural completion. The new community centre, housing office and replacement mosque were also incomplete, and the new school had not

yet been structurally completed. Since June 2015 these aspects of the project have reached structural completion and have been fitted out. Woolmore School, part-funded by s106 monies, was completed in readiness for the September 2015 intake.

It is difficult to quantify these initial outputs as a percentage of the multiple benefits and outputs that the overall scheme will deliver. With a large-scale scheme of this type, much unpublicised effort goes into the enabling stages of design, consultation, procurement and land assembly, including acquisition of residential and commercial owners, and decant of tenants. The land assembly process was ongoing at June 2015, and remains so at present.

The following example percentages therefore illustrate diverse aspects of scheme progress at June 2015.

- Foot-print of overall scheme area developed: 1.05 hectares (13%)
- Final completion of new homes: 0 (0%)
- Tenant decants by Council: 111 (54%)
- Residential acquisitions by Council: 23 (51%)

Each of these activities forms part of a sequence of events that has enabled the next rolling phase of the project to start and continue successfully.

At present, construction on Phase 1B is underway, Phase 2 start in 2016, and land acquisitions have progressed, with a CPO confirmed for 80% of the scheme area.

APPENDIX A1 – NOTE ON MAYORAL ADVISORS

Mayor John Biggs

At the AGM I proposed that Cabinet will continue with 9 members. It was agreed that we also create three 'Mayor Adviser' positions. These members would have no legal rights to delegated responsibilities as exercisable by Cabinet members but would instead advise the Mayor on key cross cutting matters.

The role of Mayoral Adviser is a way of involving Members with specialist knowledge in the leadership and policy roles of the council, and to support and assist the Mayor and Cabinet.

As part of the Mayor's normal decision making process he will consult with Mayoral Advisers on issues related to their responsibilities and receive recommendations. In order to carry out this role effectively, Mayoral Advisers are encouraged to consult with council officers and Cabinet members as needed, with the support of the Mayor's Office.

I said at the time that I would make more detailed proposals on the appointments.

The three proposed areas of responsibility are:

1. Service Quality & Performance
2. Strategic Planning
3. Community Engagement

The Mayoral Advisers for Community Engagement and for Service Quality & Performance will also have a responsibility for ensuring that equality considerations and outcomes are properly taken into account as we develop policy and make decisions.

Mayoral Adviser for Service Quality and Performance

Cllr Denise Jones

To meet the Mayor regularly (at least monthly) to advise and update on work in the following areas of responsibility:

1. The performance and quality of services, as agreed with the Mayor and involving appropriate Cabinet Member(s), in areas where KPIs, Audit Reports or other indicators suggest under-performance, or where Mayoral Priorities suggest an additional focus is required, working with Cabinet Members/the Mayor as required.
2. In any event to consider the performance of services affecting the street environment, the Council's services to address ASB, and the performance of services in areas of the Council subject to restructuring through organisational change or in response to budget savings.

Also:

3. To consider, in consultation with the Mayor and Cabinet member, and advise on the Council's strategies related to Arts, Culture and Heritage
4. To advise the Mayor and lead member(s) on Streetscene, including waste and recycling performance and contracts

Mayoral Adviser for Strategic Planning:

Cllr Dave Chesterton

To meet the Mayor regularly (at least monthly) to advise and update on work in the following areas of responsibility:

1. Planning policy, including on revisions to the LDF and policy subsidiary to the LDF, responses to GLA and other planning policy changes and to local planning strategy, with particular reference to the Isle of Dogs and the City Fringe areas.
2. Major applications with particular reference to the Isle of Dogs and City Fringe.
3. To consider and advise on the infrastructure needs related to development, with particular reference to the Isle of Dogs and City Fringe areas.
4. To attend developer meetings with the Mayor/Cabinet Member for strategic planning, on the above.
5. To advise the Mayor on and represent him at the Isle of Dogs Neighbourhood Planning Forum

Also:

6. As the Mayor's Cycling adviser to advise the Mayor and Cabinet Member on cycling proposals, and the interests of cycling and cyclists.
7. To lead the Civic Centre Cross Party Working Group, reporting regularly to both the Mayor and the Cabinet member for Resources

Mayoral Adviser for Community Engagement:

Cllr Helal Uddin

To meet the Mayor regularly (at least monthly) to advise and update on work in the following areas of responsibility:

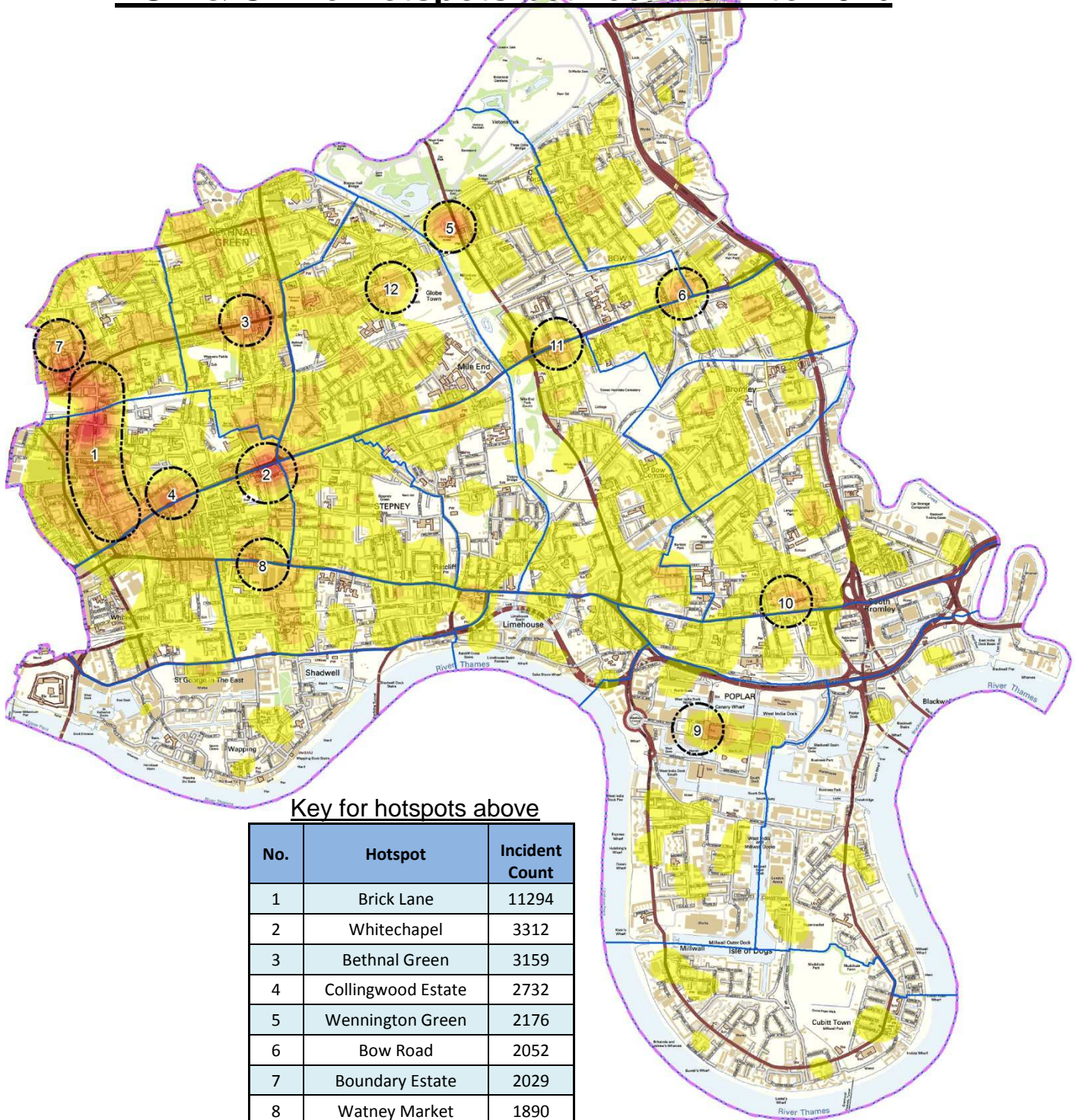
1. To advise the Mayor on community engagement and liaison.
2. To work with the Mayor in the development of local consultative forums.
3. To advise on engagement meetings with community groups, resident groups and key stakeholders.
4. To scrutinise and advise on the equalities implications of policy changes on the local community.
5. To advise the Mayor on the development of stronger inter-community relations and understanding and to advise the Mayor on policy actions to facilitate this.

Also:

6. To work with the lead members for Health and Adult Services, Education and Children's Services, and Housing Management on the relationship of their areas of responsibility to the needs of Black & Minority Ethnic communities.

APPENDIX A2

ASB & Crime Hotspots between 2011 to 2016



Key for hotspots above

No.	Hotspot	Incident Count
1	Brick Lane	11294
2	Whitechapel	3312
3	Bethnal Green	3159
4	Collingwood Estate	2732
5	Wennington Green	2176
6	Bow Road	2052
7	Boundary Estate	2029
8	Watney Market	1890
9	Canary Wharf	1672
10	Chrip Street Market	1583
11	Mile End	1461
12	Morpeth Street	1403

Legend

-  Hotspot Areas
-  Ward Boundary
-  Borough Boundary

0 500 1,000 Meters





Breakdown of Crime and Anti-Social Behaviour complaints for ASB hotspots

Crime Type	Hotspot Locations Above																								Grand Total	
	1		2		3		4		5		6		7		8		9		10		11		12			
Incident Type	Calls	%	Calls	%	Calls	%	Calls	%	Calls	%	Calls	%	Calls	%	Calls	%	Calls	%	Calls	%	Calls	%	Calls	%	Calls	%
Anti-social behaviour	1539	1.9	997	1.2	2910	3.6	78	0.1	492	0.6	976	1.2	825	1.0	740	0.9	916	1.1	871	1.1	338	0.4	990	1.2	11672	14.4
Bicycle theft	51	1.4	27	0.7	177	4.8	42	1.1	24	0.6	45	1.2	12	0.3	19	0.5	18	0.5	19	0.5	37	1.0	126	3.4	597	16.0
Burglary	119	0.9	81	0.6	414	3.3	23	0.2	77	0.6	114	0.9	46	0.4	47	0.4	90	0.7	73	0.6	57	0.4	81	0.6	1222	9.6
Criminal damage and arson	148	1.4	76	0.7	375	3.7	40	0.4	85	0.8	85	0.8	53	0.5	53	0.5	95	0.9	74	0.7	25	0.2	101	1.0	1210	11.8
Drugs	97	0.9	179	1.6	1845	16.5	15	0.1	47	0.4	95	0.9	22	0.2	73	0.7	47	0.4	73	0.7	820	7.3	173	1.5	3486	31.2
Other crime	94	1.3	47	0.6	435	5.9	154	2.1	43	0.6	160	2.2	25	0.3	42	0.6	108	1.5	53	0.7	242	3.3	143	1.9	1546	20.9
Other theft	273	1.2	137	0.6	2230	9.6	718	3.1	155	0.7	468	2.0	62	0.3	139	0.6	253	1.1	161	0.7	262	1.1	680	2.9	5538	23.8
Possession of weapons	9	2.2	4	1.0	15	3.7	1	0.2	3	0.7	5	1.2	1	0.2	2	0.5	3	0.7	7	1.7	1	0.2	4	1.0	55	13.5
Public disorder and weapons	32	1.6	20	1.0	120	5.8	11	0.5	23	1.1	48	2.3	14	0.7	8	0.4	15	0.7	27	1.3	8	0.4	63	3.1	389	18.9
Public order	66	1.4	26	0.5	272	5.6	23	0.5	71	1.5	91	1.9	23	0.5	25	0.5	38	0.8	42	0.9	21	0.4	125	2.6	823	17.0
Robbery	84	1.4	52	0.9	223	3.7	6	0.1	59	1.0	41	0.7	48	0.8	44	0.7	60	1.0	39	0.6	93	1.5	102	1.7	851	14.0
Shoplifting	103	2.5	23	0.6	241	5.8	280	6.7	119	2.9	60	1.4	14	0.3	2	0.0	60	1.4	88	2.1	0	0.0	22	0.5	1012	24.3
Theft from the person	60	1.4	46	1.1	519	12.2	124	2.9	22	0.5	60	1.4	12	0.3	51	1.2	31	0.7	19	0.4	103	2.4	112	2.6	1159	27.3
Vehicle crime	95	0.7	144	1.1	240	1.8	21	0.2	93	0.7	69	0.5	54	0.4	57	0.4	92	0.7	98	0.7	46	0.3	91	0.7	1100	8.1
Violence and sexual offences	263	1.2	123	0.6	818	3.8	83	0.4	199	0.9	275	1.3	113	0.5	107	0.5	142	0.7	180	0.8	84	0.4	328	1.5	2715	12.6
Violent crime	126	1.2	47	0.5	460	4.5	53	0.5	71	0.7	140	1.4	79	0.8	52	0.5	84	0.8	66	0.6	39	0.4	171	1.7	1388	13.5
Grand Total	3159	1.5	2029	0.9	11294	5.2	1672	0.8	1583	0.7	2732	1.3	1403	0.6	1461	0.7	2052	0.9	1890	0.9	2176	1.0	3312	1.5	34763	16.1

Tower Hamlets Crime and Anti-Social Behaviour complaints made to the Police between May 2011 and June 2016

Incident Type	2011-2012		2012-2013		2013-2014		2014-2015		2015-2016		Grand Total	
	No. of incidents	% of 2011-2012	No. of incidents	% of 2012-2013	No. of incidents	% of 2013-2014	No. of incidents	% of 2014-2015	No. of incidents	% of 2015-2016		
Anti-social behaviour	18246	39.6%	16391	36.8% ▼2.7%	16506	39.2% ▲2.4%	15352	36.8% ▼2.4%	14366	34.0% ▼2.8%	80861	37.3%
Bicycle theft		0.0%	106	0.2% ▲0.2%	1338	3.2% ▲2.9%	1159	2.8% ▼0.4%	1121	2.7% ▼0.1%	3724	1.7%
Burglary	2566	5.6%	2856	6.4% ▲0.9%	2420	5.7% ▼0.7%	2360	5.7% ▼0.1%	2483	5.9% ▲0.2%	12685	5.9%
Criminal damage and arson	1667	3.6%	2069	4.7% ▲1.0%	2021	4.8% ▲0.1%	2285	5.5% ▲0.7%	2209	5.2% ▼0.2%	10251	4.7%
Drugs	2312	5.0%	3117	7.0% ▲2.0%	2407	5.7% ▼1.3%	1775	4.3% ▼1.5%	1557	3.7% ▼0.6%	11168	5.2%
Other crime	5534	12.0%	1094	2.5% ▼9.5%	205	0.5% ▼2.0%	222	0.5% ▲0.0%	334	0.8% ▲0.3%	7389	3.4%
Other theft	5182	11.2%	7134	16.0% ▲4.8%	3823	9.1% ▼7.0%	3539	8.5% ▼0.6%	3614	8.6% ▲0.1%	23292	10.8%
Possession of weapons	Included below	0.0%	8	0.0% ▲0.0%	108	0.3% ▲0.2%	116	0.3% ▲0.0%	176	0.4% ▲0.1%	408	0.2%
Public disorder and weapons	935	2.0%	1119	2.5% ▲0.5%	<i>Recorded separately as Possession of Weapons or Public Order</i>						2054	0.9%
Public order	Included above	0.0%	108	0.2% ▲0.2%	1244	3.0% ▲2.7%	1651	4.0% ▲1.0%	1850	4.4% ▲0.4%	4853	2.2%
Robbery	1300	2.8%	1385	3.1% ▲0.3%	1158	2.8% ▼0.4%	1133	2.7% ▼0.0%	1120	2.7% ▼0.1%	6096	2.8%
Shoplifting	465	1.0%	793	1.8% ▲0.8%	829	2.0% ▲0.2%	950	2.3% ▲0.3%	1130	2.7% ▲0.4%	4167	1.9%
Theft from the person		0.0%	139	0.3% ▲0.3%	1443	3.4% ▲3.1%	1321	3.2% ▼0.3%	1349	3.2% ▲0.0%	4252	2.0%
Vehicle crime	2614	5.7%	2655	6.0% ▲0.3%	2592	6.2% ▲0.2%	2756	6.6% ▲0.5%	2951	7.0% ▲0.4%	13568	6.3%
Violence and sexual offences		0.0%	458	1.0% ▲1.0%	6015	14.3% ▲13.3%	7081	17.0% ▲2.7%	7936	18.8% ▲1.8%	21490	9.9%
Violent crime	5261	11.4%	5053	11.4% ▼0.1%	<i>Included above</i>						10314	4.8%
Grand Total	46082	100.0%	44485	100.0%	42109	100.0%	41700	100.0%	42196	100%	216572	100.0%

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<p>Non-Executive Report of the:</p> <p>Council</p> <p>21 September 2016</p>	 <p>TOWER HAMLETS</p>
<p>Report of: Graham White, Interim Service Head, Legal Services and Deputy Monitoring Officer</p>	<p>Classification: Unrestricted</p>
<p>Petitions to be Presented to Council</p>	

SUMMARY

1. The Council's Constitution provides for up to three petitions to be presented at each ordinary Council meeting. These are taken in order of receipt. This report sets out the valid petitions submitted for presentation at the Council meeting on Wednesday 21 September 2016.
2. The deadline for receipt of petitions for this meeting is noon on Thursday 15 September 2016. However, at the time of agenda despatch the maximum number of petitions has already been received as set out overleaf.
3. The texts of the petitions received for presentation to this meeting are set out in the attached report. In each case the petitioners may address the meeting for no more than three minutes. Members may then question the petitioners for a further four minutes. Finally, the relevant Cabinet Member or Chair of Committee may respond to the petition for up to three minutes.
4. The petition will then be referred to the relevant Corporate Director for attention who will provide a written response within 28 days.
5. Members, other than a Cabinet Member or Committee Chair responding at the end of the item, should confine their contributions to questions and not make statements or attempt to debate.

5.1 Drug dealing (Petition from Owen Corrigan and others)

We the undersigned, for the purposes of decreasing the illegal sale and supply of drugs in our local area, do hereby call on Tower Hamlets Council to take action to control the flow of traffic from south Pelter Street through Strout's Place (at the corner of the old Joiners Arms pub) by erecting a bollard or other traffic control mechanism at the intersection of these two streets.

5.2 Poplar HARCA parking (Petition from Doros Ullah and others)

The petition of residents of Tower Hamlets declares that the increase in parking charges by Poplar Housing and Regeneration Community Association (Poplar HARCA) is unfair, unjust and unrealistic; further that leaseholders and tenants who are named on the lease have had their parking charge cost increased by 105%; further that the leaseholders and tenants who are not named on the lease and freeholders have had their parking charge cost increased by 665%; further that these increases are significantly more than the increases in similar local housing associations where parking charges have risen by no more than 20%; further that a book of scratch card (10 in one book) charge cost increased by 250%; further that Poplar HARCA have also withdrawn the "any vehicle permit" which allowed permit holders to park any vehicle in their allocated bay; further that the new parking policy categorises residents into four different groups which serves to discriminate against certain residents and divide the community; and further that Poplar HARCA did not consult with residents of the Poplar Estate Board when making its decision; notes that Tower Hamlets Council's parking policy is less divisive as the parking charges are set at the same level for all residents; and further that Tower Hamlets Council parking policy should be a model for Poplar HARCA. Further that leaseholders have had their service Charge increased significantly.

We urge the Executive Mayor John Biggs to take affective action to solve those issue immediately.

Next time any increases must consult residents and tenants before increased. Also, increase must be matching line with inflation

If the Executive Mayor of Tower Hamlets John Biggs and all the councillors do not act with the interests of residents and tenants of Poplar HARCA then we will have no other option but to take this matter to the Secretary of State. And will demand to Secretary of State to give us voting rights either we want to stay with Poplar HARCA or move back to the council.


If Poplar HARCA do not agree with our demand, we urge the mayor John Biggs and all the councillors to suspend all the relationship with Poplar HARCA to show support to the residents and tenants of Poplar HARCA.

The petitioner's therefore request that the mayor of Tower Hamlets Council John Biggs to put pressure on Poplar HARCA to change its divisive and unfair parking charge policy and to follow the model espoused by Tower Hamlets Council in this regard.

5.3 Old Ford Housing Association (Petition from John Forster and others)

We the undersigned are opposed to Circle Housing Group's plans to close down Old Ford HA and centralise all services under its own direct management. We believe it is a breach of the promises made to residents on the Housing Action Trust estates and Parkside estates prior to transfer that Old Ford should be a "Community Based" housing association – locally-managed and locally-accountable. Given our experience with Circle's management or its repairs and maintenance contract, including the current gas repair contract, and its failure to complete the estate regeneration promises made to Parkside residents in 2005, we believe services will get worse not better if they are centralised. We call on the Mayor of Tower Hamlets and local Members of Parliament to oppose raise our concerns with the Homes & Communities Agency regulator and the Housing Minister.

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<p style="text-align: center;">Non-Executive Report of the:</p> <p style="text-align: center;">Council</p> <p style="text-align: center;">21 September 2016</p>	
<p>Report of: Graham White, Interim Service Head, Legal Services and Deputy Monitoring Officer</p>	<p>Classification: Unrestricted</p>
<p>Petition Debate - Cuts to community language services</p>	

1. INTRODUCTION

- 1.1 The Council's Petition Scheme, adopted in July 2010, provides that where a petition includes the names, addresses and signatures of at least 2,000 persons who live, work or study in the borough, the petitioners may request that a debate be held about the petition at the full Council meeting. This is additional to and distinct from the long-standing provision in the Council's Constitution that a petition with at least 30 signatures may be presented to (but not debated by) the Council.
- 1.2 The full relevant extract from the Petition Scheme is attached at Appendix A.
- 1.3 A petition containing over 2,000 signatures has been received on the subject of Cuts to community language services. The petitioners have requested that the petition be debated by the Council. The text of the petition is as follows:-

"We the undersigned residents and parents of Tower Hamlets are urging you to discuss the changes of Community Language Service including the fund cut in the Council meeting on 21 September 2016. With parents and residents of Tower Hamlets, signing this petition and urging mayor to stop cutting fund of Community Language Service. We believe this cut will have a significant negative impact on the young people as the provision of learning Bengali, Urdu, Chinese, Somalia, Lithuanian, Mandarin, Vietnamese and Arabic languages will be eliminated. We are aware that officers have made the decision to cut the following services:

- (1) Reduce hours and weeks from Community Language Classes;
- (2) Cut Early GCSE (Bengali, Urdu, Arabic and Chinese) and no early GCSE classes from September 2016.

We are appealing to the Executive Mayor of Tower Hamlets to take necessary actions to stop the cut and provide excellent service to the children of Tower Hamlets.”

1.4 The Council is invited to debate this matter. The following guidance is provided on the format of the debate, as agreed by the Council on the occasion of the first such debate in July 2012:-

- As set out in the Petition Scheme, the maximum total time for this agenda item is 18 minutes.
- At the start of the agenda item, the Speaker will invite the petitioners to present their petition for a maximum of three minutes. There is no provision for any further public speaking on the matter.
- The Speaker will then open the debate and ask if any Member wishes to speak on the matter. All speeches are limited to a maximum of three minutes and any Member may speak only once during the debate.
- During his or her speech any Member may move a motion for the Council’s consideration relevant to matters in the petition.
- In relation to executive functions, the Council does not have powers to override any executive decision of the Mayor or substitute its own decision. The Council may however pass a motion expressing a view on the matter or referring the matter to the Mayor, calling on him to take some action, or consider or reconsider a decision, with recommendations to inform that consideration. Officers will advise on the constitutional validity of any motion that may be moved
- The Speaker will invite the Mayor or (at the Mayor’s discretion) a Cabinet Member to respond to the matters raised during the debate, before a vote is taken on any motion that may be moved.
- If no motion is moved during the debate, the petition will stand referred to the relevant Corporate Director for a written response.

2. APPENDICES ATTACHED

Appendix A – Extract from the Council’s Petition Scheme.

APPENDIX A – EXTRACT FROM THE COUNCIL’S PETITION SCHEME:

5. PRESENTATION OF A PETITION TO ELECTED COUNCILLORS

Subject to your petition containing sufficient signatures as set out below, you may request to present the petition to a meeting of elected councillors. There are a number of ways in which this can be done.

...

(b) Debate at a Council Meeting

If your petition includes the names, addresses and signatures of at least 2,000 persons who live, work or study in the borough you may request that a debate be held about the petition at the full Council meeting. The Council will endeavour to consider your petition at its next meeting, although on some occasions this may not be possible and consideration will then take place at the following meeting. We will tell you the date of the meeting at which the debate will take place once this is confirmed.


At the meeting, the petition organiser or another signatory to the petition will be given three minutes to present the petition. The person who presents the petition must live, work or study within the borough. The petition will then be debated by Councillors for a maximum of 15 minutes. Following the debate, the Council will decide how to respond to the petition at this meeting. They may decide to take the action the petition requests, not to take the action requested for reasons put forward in the debate, or to commission further investigation into the matter, for example by a relevant committee.

Where the issue is one on which the Council’s Executive (Cabinet) are required to make the final decision, the Council will decide whether to make recommendations to inform that decision. As the petition organiser, you will receive written confirmation of this decision, which will also be published on our website.

In the event that two or more petitions which are substantially the same are received from different petition organisers, the Chief Executive may aggregate the number of valid signatures in each petition for the purpose of determining whether the threshold to trigger a Council debate of the matters raised has been reached if that is the wish of the petition organisers.

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Agenda Item 6

Non-Executive Report of the: Council 21 September 2016	 TOWER HAMLETS
Report of: Graham White, Interim Service Head, Legal Services and Deputy Monitoring Officer	Classification: Unrestricted
Questions Submitted by the Public	

Originating Officer(s)	Matthew Mannion, Committee Services Manager, Democratic Services.
Wards affected	All wards

SUMMARY

1. Set out overleaf are the questions submitted by members of the public, for response by the Mayor or appropriate Cabinet Member at the Council Meeting on 21 September 2016.
2. The Council's Constitution sets a maximum time limit of twenty minutes for this item.
3. A questioner who has put a question in person may also put one brief supplementary question without notice to the Member who has replied to his or her original question. A supplementary question must arise directly out of the original question or the reply. Supplementary questions and Members' responses to written and supplementary questions are each limited to two minutes.
4. Any question which cannot be dealt with during the twenty minutes allocated for public questions, either because of lack of time or because of non-attendance of the questioner or the Member to whom it was put, will be dealt with by way of a written answer.
5. Unless the Speaker of Council decides otherwise, no discussion will take place on any question, but any Member of the Council may move, without discussion, that the matter raised by a question be referred for consideration by the Cabinet or the appropriate Committee or Sub-Committee.

QUESTIONS

Eight public questions have been submitted as set out below:-

6.1 Question from Alan Haughton

Following Mayor Johns Biggs public support of a Heathrow Third Runway, can the Mayor confirm if this is a personal view or the view of Tower Hamlets Council? Can the Mayor also confirm that if a Heathrow Third Runway is built, will Tower Hamlets be overflowed more or overflowed less with the additional runway, than it is currently?

6.2 Question from Asik Rahman

I was very impressed with the Mela this year. How many people attended the event – and what other feedback has the Mayor had?

6.3 Question from Kevin Brady

When she became Prime Minister Theresa May said she would tackle “burning injustice” and inequality. Has the Mayor, as leader of one of the most deprived and unequal boroughs in the country, had any word from the Government to suggest they will stop the cuts to our council budgets?

6.4 Question from Adam Allnut

How many families in Tower Hamlets have been placed in temporary accommodation for over six weeks in each of the last five years?

6.5 Question from Charlotte Norton

Can the Mayor tell me whether or not the residents’ data has been recovered after it was illegally acquired from Tower Hamlets Homes and used in the previous mayoral election by the Tower Hamlets First candidates?

6.6 Question from Pete Dickenson

In the light of the Labour Party’s new policy, under its leader Jeremy Corbyn, to prioritise the fight against austerity, will the Mayor and Council reconsider their policy of making massive cuts that hit the most vulnerable members of our community and reverse them? Will you also reverse the recent big rise in allowances for the Mayor, Cabinet members and the Leader of the Tory group, totalling £39,848, and use the money saved to reinstate the incontinence laundry service, which costs only £40,000 p.a.? The cuts already made have been extremely damaging, for example the closure of 18 out of 26 youth centres, Queen Mary Nursery (after promising to keep it open), NAFAS support and the £200K cut to CAMHS.


6.7 Question from Lillian Collins

Why did the current Mayor John Biggs fail to acknowledge the hard work of residents who campaigned hard for the Poplar Baths project, as well as the former Mayor Lutfur Rahman and his Deputy Mayor at the Poplar Baths launch event as without their effort it wouldn't have happened?

6.8 Question from Kyrsten Perry

As a local resident, I saw how the previous mayor's charges for bulk waste collection encouraged more people to fly-tip. How many people have benefited from the introduction of free bulk waste collection since it was introduced last year?

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Non-Executive Report of the: Council 21 September 2016	 TOWER HAMLETS
Report of: Corporate Director, Law, Probity and Governance	Classification: Unrestricted
Questions submitted by Members of the Council	

Originating Officer(s)	Matthew Mannion, Committee Services Manager, Democratic Services.
Wards affected	All wards

SUMMARY

1. Set out overleaf are the questions that were submitted by Members of the Council for response by the Mayor, the Speaker or the Chair of a Committee or Sub-Committee at the Council meeting on Wednesday 21 September 2016.
2. In accordance with Council Procedure Rule 12.2 as amended, questions relating to Executive functions and decisions taken by the Mayor are put to the Mayor unless he delegates such a decision to another Member, who will therefore be responsible for answering the question. In the absence of the Mayor, the Deputy Mayor will answer questions directed to the Mayor.
3. Questions are limited to one per Member per meeting, plus one supplementary question unless the Member has indicated that only a written reply is required and in these circumstances a supplementary question is not permitted. Oral responses are time limited to one minute. Supplementary questions and responses are also time limited to one minute each.
4. Council Procedure Rule 12.5 provides for an answer to take the form of a written answer circulated to the questioner, a reference to a published work or a direct oral answer.
5. There is a time limit of thirty minutes at the Council meeting for consideration of Members' questions with no extension of time allowed and any questions not put within this time are dealt with by way of written responses.
6. Members must confine their contributions to questions and answers and not make statements or attempt to debate.

MEMBERS' QUESTIONS

25 questions have been received from Members of the Council as follows:-

8.1 Question from Councillor Andrew Cregan

The recent independent report into electoral fraud highlights a number of positive changes we have made to tighten up our electoral systems. Does the Mayor agree that while we have taken important steps to guard against electoral fraud, it makes a mockery of our democracy that we still have councillors whose election was benefitted by 'corrupt and illegal practices'?

8.2 Question from Councillor Oliur Rahman

Can the Mayor provide an update on the motions passed by the Council Chamber since 2010 with a breakdown of how many were implemented and/or remain outstanding since 2013, with a percentage breakdown for each year?

8.3 Question from Councillor Sabina Akhtar

Could the Cabinet Member for Environment list what awards our parks in Tower Hamlets have achieved?

8.4 Question from Councillor Julia Dockerill

Following the decision by the Mayor in Cabinet to make permanent the borough wide 20mph speed limit, will he explain exactly how this is to be enforced, as currently pedestrians, cyclists and motorists face safety problems from those who choose to ignore the limit due to the lack of enforcement?

8.5 Question from Councillor Rajib Ahmed:

Can the Cabinet Member for Children's Services update the Council on the recent school exam results?

8.6 Question from Councillor Mahbub Alam

Has current mayor of Tower Hamlets John Biggs written to Labour's new Mayor Sadiq Khan of London asking him to save the people of Tower Hamlets from the dreadful plans which the developers have for Bishopsgate Goods Yard?

8.7 Question from Councillor M. Abdul Mukit MBE

Members may be aware that the Mayor of London, Sadiq Khan, has launched a review of Boris Johnson's cuts to London's Fire Service. Does the Mayor welcome this review?

8.8 Question from Councillor Chris Chapman

Would the Mayor comment on Lincoln Plaza, on the Isle of Dogs, being crowned winner of the 2016 Carbuncle Cup for worst new building in the UK? It was described by the judges as: the "architectural embodiment of sea sickness, waves of nausea frozen in sheaths of glass and coloured aluminium that, when stared at for too long, summon

queasiness, discomfort and, if you're really unlucky, a reappearance of lunch as inevitably as puddles after a rainstorm?"

8.9 Question from Councillor Helal Uddin

Can the Mayor or Cabinet Member set out what measures the Council is taking to tackle anti-social behaviour?

8.10 Question from Councillor Ohid Ahmed

The current Mayor was made aware of unacceptably high increase in parking charges by Poplar Harca and how strongly the residents who are affected felt about this unjust and high level of increase. Can the Mayor confirm if Poplar Harca is treating freeholders and leaseholders differently and whether or not, and if, the issue has now been resolved?

8.11 Question from Councillor Denise Jones:

Residents' frequently raise concerns about 'boy racers' in Wapping, and the increasing use of nitrous oxide across the borough. What steps are being taken by the Council, working with the police, to tackle these problems?

8.12 Question from Councillor Andrew Wood

Will the Mayor be encouraging support for the four residents who led the successful election petition who face financial problems due to the failure of former Mayor, Lutfur Rahman, to pay his court debts?

8.13 Question from Councillor Danny Hassell:

Can the lead member please update the council on the steps have been taken to campaign for access to Pre-Exposure Prophylaxis, (PrEP) for residents of Tower Hamlets who are at greatest risk of HIV?

8.14 Question from Councillor Muhammad Ansar Mustaqim

Residents of Northesk House, Tent St E1 signed a petition and submitted to the current Mayor. John Biggs responded to elected local councillor that the Council will set up a meeting on 1 August for local residents to discuss the issue. However, that letter was sent to the local councillor after 16 August (more than 2 weeks after the actual meeting). I checked with residents who signed the petition and majority don't seem to know anything about the meeting arranged. Can the current mayor explain why such incidents are becoming a regular theme in his mayoralty?

8.15 Question from Councillor Candida Ronald:

Lincoln Plaza on the Isle of Dogs has recently been awarded the Carbuncle Cup for this year's worst designed development – "jarring, unsettling and shambolic" according to critics.

What is the Mayor/Lead Member doing to ensure that developments in Tower Hamlets are fine examples of great design rather than the opposite?

8.16 Question from Councillor Peter Golds

With the contract with Veolia due to expire within the next twelve months, will the Mayor confirm to residents that they will be continue to be expected to perform in accordance with the existing contract and remove rubbish when timetabled, the difficulties of which are an ongoing problem on the Isle of Dogs?

8.17 Question from Councillor Clare Harrisson:

Following our recent visit to Middleton Green in St Peter's ward, can the Mayor or lead member update me on progress so far in dealing with the ASB issues raised by local residents?

8.18 Question from Councillor Rabina Khan

Does the Mayor believe that children and young people's interests are of importance in the borough?

8.19 Question from Councillor Amy Whitelock Gibbs

Can the Lead Member for Culture please update us on how the council has been supporting the Stairway to Heaven Memorial to progress and what the timescale is for the memorial to be completed?

8.20 Question from Councillor Craig Aston

There have been a number of recent incidents on Three Colt Street in Limehouse including a bride being punched in the face on her wedding day by a robber as well as long standing ASB issues in Ropemakers Fields. Now that the Regulation 123 list has been approved specifically mentioning CCTV as a strategic investment will the Mayor indicate when Limehouse can expect to receive its first Council funded CCTV camera?

8.21 Question from Councillor Marc Francis:

Where will the Age UK centre and pensioners lunch club be located if Gateway Housing Association secures planning permission to redevelop Appian Court?

8.22 Question from Councillor Gulam Robbani

Following a petition signed by a record number of residents, will the Mayor inform us if he is minded to give the local Weavers residents an opportunity to have a say whether or not they wish to host the Boisakhi Mela locally?

8.23 Question from Councillor Amina Ali

Can the Deputy Mayor and Lead Member for Children's Services update me on the plans to open a new primary school on the site of the former Bow Boys Secondary School on Fairfield Road?


8.24 Question from Councillor Gulam Kibria Choudhury

Does the current mayor John Biggs supports our schools turning into academies in Tower Hamlets? Could the current Mayor be transparent and provide a straight forward answer whether or not he supports the principle of turning schools into academies?

8.25 Question from Councillor Dave Chesterton

Is the Mayor yet in a position to set out the allocation process by which the operators will be chosen for the new secondary school planned for the Westferry Printworks site?

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Non-Executive Report of the: Council 21/09/16	
Report of: Will Tuckley, Chief Executive	Classification: Unrestricted
Substance Misuse Strategy 2016-19	

Originating Officer(s)	Rachael Sadegh
Wards affected	All wards

Summary

The Council has an obligation under section 6 of the Crime and Disorder Act 1998 to formulate and implement strategies in conjunction with other specified responsible authorities for –

- Reduction of crime and disorder
- Combating the misuse of drugs, alcohol and other substances
- Reduction of re-offending.

The current Substance Misuse Strategy adopted by LBTH and partners in 2012 expired in March 2016. Development of a new partnership strategy commenced in August 2015 and a draft strategy was agreed by MAB for consultation purposes in January 2016. Following consultation, the draft strategy was amended and an action plan developed by the DAAT Board. The strategy document may be found at Appendix 1.

The Strategy is a partnership strategy and requires agreement at Full Council.

Recommendations:

Council is recommended to:

1. Note that the Substance Misuse Strategy 2016-2019 is part of the Crime and Disorder Reduction Strategy in Tower Hamlets (the Community Safety Plan);
2. Note that as the Substance Misuse Strategy 2016-2019 is part of the Crime and Disorder Reduction Strategy then pursuant to the Council’s Budget and Policy Framework Procedure Rules, the Mayor as the Executive has responsibility for preparing the draft strategy for submission to the full Council to adopt;
3. Note that the draft Substance Misuse Strategy 2016-2019 and Action Plan have been approved by strategic partners for adoption by their respective organisations;
4. Note that at the Cabinet meeting on 26th July 2016 the Mayor approved the

- draft Substance Misuse Strategy 2016-2019 and recommended it to full Council for adoption; and
5. Approve the adoption of the Substance Misuse Strategy 2016-2019

1. REASONS FOR THE DECISIONS

- 1.1 The Council has an obligation under section 6 of the Crime and Disorder Act 1998 to formulate and implement strategies in conjunction with other specified responsible authorities for combating the misuse of drugs, alcohol and other substances. This strategy will contribute towards the Crime and Disorder Reduction Strategy in Tower Hamlets (the Community Safety Plan).
- 1.2 There is wide Partnership support for the Strategy and partners have contributed to, and been consulted on the new strategy for 2016-19.
- 1.3 The strategy directly supports the achievement of objectives within two of the four Community Plan themes:
 - A Safe and Cohesive Community
 - Reduce acquisitive crime and anti-social behaviour by tackling problem drinking and drug use
 - A Healthy and Supportive Community
 - Empower people to live healthy lives together
 - Promote good mental health and wellbeing

2. ALTERNATIVE OPTIONS

- 2.1 The Council has an obligation to formulate and implement strategies in conjunction with other specified responsible authorities for combating the misuse of drugs, alcohol and other substances. Whilst the content may be subject to debate, failure to adopt a strategy is likely to place the Council at risk.

3. DETAILS OF REPORT

- 3.1 Average rates of alcohol consumption across Tower Hamlets are relatively low as a large proportion of the population do not drink. This is estimated to be 29%. However, 26% of people who do drink have harmful or hazardous drinking patterns. Further levels of all recorded alcohol related crime, alcohol related violent crime and alcohol related sexual offences are significantly worse in Tower Hamlets compared to both the the London and national averages. In addition, the borough sees higher admission rates of male alcohol related conditions (narrow & broad definitions) compared to London trends.
- 3.2 It is estimated there are around 3,560 opiate and 'crack' users in Tower Hamlets and 54% of residents who responded to the Annual Residents

Survey (2014/15) said that drug misuse or drug dealing was a very or fairly big problem.

- 3.3 By working in partnership, we can seek to address the problems associated with drug and alcohol misuse. Via this strategy, the Council and its partners aim to help people who are affected by substance misuse or dependent upon drugs or alcohol.
- 3.4 The Substance Misuse Strategy 2016-19 builds upon the 2012-15 (extended to 2016) Substance Misuse Strategy. It is a 3 year partnership strategy and has been developed in conjunction with all partners and other significant stakeholders as well as residents, service providers and service users. It is supported by an evidence base document (see Appendix 2) which details recent needs assessment data as well as consultation undertaken in the development process.
- 3.5 The Strategy is structured around three 'strands';
 - prevention and behaviour change
 - treatment
 - enforcement and regulation
- 3.6 The three strands are underpinned by a commitment to setting the foundations of achieving success via improved partnership working, governance processes and data intelligence. The approach remains the same as that for the 2012-15 strategy as there was significant support in the consultation for these three areas to remain the focus of the 2016-19 strategy.
- 3.7 Prevention and behaviour change commitments include: high quality and consistent information; targeted communication and education; multi-agency communications plan; expansion of screening and brief advice for alcohol problems; and access to good quality education in schools.
- 3.8 Treatment commitments include re-commissioning the drug / alcohol treatment system; recovery orientated treatment; improved response to children of drug / alcohol users; improved access to support around accommodation, employment, economic wellbeing and educational achievement; responding to dual diagnosis; equitable access to services; family based interventions; and specialist support for young people.
- 3.9 Enforcement and regulation commitments include maintenance and enforcement of the borough wide alcohol control zone; encouraging responsible alcohol sales; management of the night time economy; effective integrated offender management; implementation of conditional cautioning; work with young offenders; and effective communication with the public in relation to drug dealing.
- 3.10 An action plan has been developed for all three strands of the Strategy and will be overseen by the DAAT Board to ensure accountability and demonstrable improvement activity.

Strategy Development

- 3.11 A consultation exercise was conducted during November / December 2015 with stakeholders, residents and service users to evaluate the 2012-16 strategy and assess priorities for the new strategy. A total of 529 responses were received and analysed, including 301 resident surveys. A stakeholder workshop was held on 19/11/15 to discuss the findings and provide further feedback in order to draft the new strategy. Findings from that consultation exercise are provided in the evidence base document (see Appendix 2).
- 3.12 A draft strategy incorporating the consultation responses and findings from the Needs Assessment was presented to DAAT Board in January and approved for consultation purposes. This draft was published online and a consultation launched on 17th March. The consultation was publicised via East End Life and the Council's website as well as being communicated to a wide range of stakeholders and also to members via the Members' briefing. Nine responses were received during the 4 week consultation period. In follow-up enquiries with stakeholders many felt that they had been consulted sufficiently whilst the draft strategy was in development and were satisfied that their views had been adequately reflected in the draft so saw little need to respond again. To this extent the exercise appeared to have generated a degree of consultation fatigue. The 9 responses received have been summarised in Appendix 2 and show that all respondents agreed or strongly agreed with the different aspects of the draft strategy. The responses did not call for any amendments, whilst comments made by DAAT Board members and MAB members have been used to amend the Strategy in places to clarify certain areas. The amended strategy is provided as Appendix 1.
- 3.13 An action plan has been prepared and approved by members of the DAAT Board (Appendix 3).
- 3.14 Strategic partners were requested via the Community Safety Partnership Board to approve the strategy for adoption by their respective organisations on 18/07/16.
- 3.15 The Local Authorities (Functions and Responsibilities) (England) Regulations 2000 provide that the making of a crime and disorder reduction strategy pursuant to sections 5 and 6 of the Crime and Disorder Act 1998 is a function that is required not to be the sole responsibility of the Council's Executive. This prescription is reflected in Article 4 of the Council's Constitution, which includes a crime and disorder reduction strategy in the policy framework. The Substance Misuse Strategy forms a part of the Council's Crime and Disorder Reduction Strategy and therefore requires agreement at Council

4. COMMENTS OF THE CHIEF FINANCE OFFICER

- 4.1 The report sets out the obligation of the Council to approve the Substance Misuse Strategy for 2016-19 following the consultation process.
- 4.2 Whilst there are no direct financial implications emanating from this report, the proposed government cuts to the Public Health pot which funds Substance Misuse will need to be reviewed and the financial impacts on the resources available to fund the new strategy will need to be quantified as part of developing the Council's Medium Term Financial Strategy (MTFS).

5. LEGAL COMMENTS

- 5.1 This report relates to the draft Substance Misuse Strategy for 2016-19. There is a statutory requirement for such a strategy as the Council is one of the responsible authorities for Tower Hamlets, within the meaning of section 5 of the Crime and Disorder Act 1998 ('the 1998 Act'). Other responsible authorities for Tower Hamlets include: every provider of probation services in Tower Hamlets; the chief officer of police whose police area lies within Tower Hamlets; and the fire and rescue authority for Tower Hamlets. Together, the responsible authorities for Tower Hamlets are required to formulate and implement strategies for: the reduction of crime and disorder; combating the misuse of drugs, alcohol and other substances; and the reduction of reoffending pursuant to section 6 of the 1998 Act. When formulating and implementing these strategies, each authority is required to have regard to the police and crime objectives set out in the police and crime plan for Tower Hamlets.
- 5.2 Additionally, when considering this Strategy regard must be had to section 17 of 1998 Act and which places an obligation of the Council to exercise its various functions with due regard to the likely effect of the exercise of those functions on, and the need to do all that it reasonably can to prevent crime and disorder in its area.
- 5.3 The Crime and Disorder (Formulation and Implementation of Strategy) Regulations 2007 require that there be a strategy group whose functions are to prepare strategic assessments, following community engagement, and to prepare and implement a partnership plan and community safety agreement for Tower Hamlets. The partnership plan must set out a crime and disorder reduction strategy, amongst other matters. The strategy group must consider the strategic assessment and the community safety agreement in the formulation of the partnership plan. The Community Safety Partnership Board discharges these functions in Tower Hamlets.
- 5.4 With regard to consultation, regulations 12 to 14A of the Crime and Disorder (Formulation and Implementation of Strategy) Regulations 2007 provide for Community Engagement. Further, in consulting, the Council must comply with the common law principles set out in *R v Brent London Borough Council, ex p Gunning*, (1985) and recently approved by the Supreme Court in *R(Mosely) v LB Haringey 2014*. Those are '*Firstly the consultation must be at a time when*

proposals are still at a formative stage. Secondly the proposer must give sufficient reasons for any proposal to permit of intelligent consideration and response. Thirdly that adequate time must be given for consideration and response. Fourthly the product of consultation must be conscientiously taken into account in finalising any statutory proposals.”

- 5.5 There is no prescribed period for consultation, but principles of fairness apply such that there should be sufficient time for those being consulted to consider and respond to the matters arising, having regard to their complexity, impact etc. It is necessary to comply with the common law requirement to consider any feedback before making a decision.
- 5.6 Consultation has been carried out as referred to in paragraphs 3.11 and 3.12 of the report and which complied with the first to third principles above. The responses have been incorporated into the evidence base at Appendix 2 and the consultation responses must be conscientiously taken into account before the final adoption of the Substance Misuse Strategy for 2016-19 to comply with principle 4.
- 5.7 The adopting of Substance Misuse Strategy for 2016-19 is for Full Council. The Local Authorities (Functions and Responsibilities) (England) Regulations 2000 (as amended) provide that the making of a crime and disorder reduction strategy pursuant to sections 5 and 6 of the 1998 Act is a function that is required not to be the sole responsibility of the Council's executive. In that regard, Part 2 Article 4 of the Council's Constitution includes the crime and disorder reduction strategy sections 5 and 6 of the 1998 Act in the policy framework. The Substance Misuse Strategy forms a part of the Council's crime and disorder reduction strategy and, on this basis, the final making of the strategy is for Full Council. However, pursuant to the Council's Budget and Policy Framework Procedure Rules, the Mayor as the Executive has responsibility for preparing the draft plan or strategy for submission to the full Council. In that regard, a report went to Cabinet on 26th July 2016 when the Mayor approved the draft Substance Misuse Strategy 2016-2019 and recommended it to full Council for adoption.
- 5.8 Before making a fresh Substance Misuse Strategy, the Council must have due regard to the need to eliminate unlawful conduct under the Equality Act 2010; the need to advance equality of opportunity; and the need to foster good relations between persons who share a protected characteristic and those who do not. Equalities considerations are set out in the One Tower Hamlets Section of the report and there is an Equalities Impact Checklist at appendix 4.

6. ONE TOWER HAMLETS CONSIDERATIONS

- 6.1 Individuals who misuse drugs and/ or alcohol are often marginalised members of the community, many of whom are in poverty. Implementation of this strategy therefore has implications for reducing inequalities and supporting community cohesion.

- 6.2 Substance misuse issues affect significant numbers of residents in Tower Hamlets directly or indirectly. Treatment and enforcement and regulation activities are provided directly to the public and are covered by the Strategy. All treatment services are monitored regularly to ensure equality of access and outcomes across all 9 protected characteristics. An EQIA (Appendix 4) has been conducted to establish the full impact of the Strategy and implement any measures necessary to mitigate against any differentials.
- 6.3 The Strategy commits to recommissioning treatment services and it is essential that the new services continue to offer equitable access to all client groups.

7. BEST VALUE (BV) IMPLICATIONS

- 7.1 It is estimated nationally that for every £1 spent on drug treatment, £2.50 is saved elsewhere. Treatment saves an estimated £960m costs to the public, businesses, criminal justice and the NHS.
- 7.2 The Strategy commits to a substantial redesign of the drug / alcohol treatment system. A procurement process started in July 2015 and has now concluded with new services scheduled to commence in October 2016. The redesign process is necessary to develop a lean, flexible and client centred treatment system which eliminates duplication, is cost efficient and delivers excellent value for money.

8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

- 8.1 There are no environmental implications associated with this strategy.

9. RISK MANAGEMENT IMPLICATIONS

- 9.1 The Partnership currently operates a well attended Drug and Alcohol Action Team (DAAT) Board as a subgroup of the Community Safety Partnership with representatives from all key stakeholders. The strategy action plan will be monitored through the DAAT Board to ensure Partnership involvement.
- 9.2 Drug and alcohol treatment services and drug / alcohol education in schools are currently funded via the Public Health Grant. Whilst partners acknowledge the wider savings and benefits that are possible via investment in drug / alcohol services, there are pressures on the Public Health Grant and the future of the grant is uncertain.
- 9.3 There is a clear commitment within the Community Plan to reducing the impact of drug /alcohol misuse though budget pressures must be acknowledged.

10. CRIME AND DISORDER REDUCTION IMPLICATIONS

- 10.1 One of the three defining strands of the strategy is Enforcement and Regulation. Key commitments outlined within this strand include:
- Maintenance and enforcement of a borough wide alcohol control zone to reduce anti-social behaviour
 - Creation of an environment where anybody under the legal drinking age is restricted from obtaining alcohol from licensed premises
 - Improvements to the management and planning of the night time economy
 - Disruption of the supply of drugs through effective enforcement
 - Further development of the Integrated Offender Management Programme
 - Work with young offenders to support them into drug / alcohol treatment
 - On-going dialogue and effective communication with the public to address concerns about drug use and drug dealing.
- 10.2 We will measure success against these commitments via; residents' perceptions in the Annual Residents' Survey, Police data where made available and substance misuse related re-offending data. [Authors should identify how the proposals in the report contribute to the reduction of crime and disorder.
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Linked Reports, Appendices and Background Documents

Linked Report

NONE

Appendices

- Appendix 1: Substance Misuse Strategy 2016-19
- Appendix 2: Substance Misuse Strategy Evidence Base
- Appendix 3: Substance Misuse Strategy 2016/17 action plan
- Appendix 4: Substance Misuse Strategy 2016-19 Equalities Impact Assessment
- Appendix 5: Equalities Checklist

Local Government Act, 1972 Section 100D (As amended)

List of "Background Papers" used in the preparation of this report

- NONE.

Officer contact details for documents:

- N/A

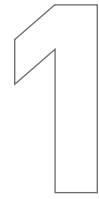
TOWER HAMLETS SUBSTANCE MISUSE STRATEGY



2016-2019

DRAFT

INTRODUCTION



The misuse of drugs and alcohol presents a wide range of social and health issues. It can have serious consequences for individuals, their family members and whole communities including crime, domestic abuse, child abuse and neglect, family breakdown, homelessness, physical and mental health problems.

In 2012 the first partnership substance misuse strategy for Tower Hamlets was published. Building on the successes and learning lessons from the previous strategy this new Partnership substance misuse strategy 2016-2019 has been developed by analysing local need, reviewing the evidence base for effective intervention, and by listening to local stakeholders, service users and residents of Tower Hamlets.

Considerable progress has been made in Tower Hamlets in reducing the harm caused by drug and alcohol misuse. Together across the Council, NHS, police, probation services and voluntary sector we have worked successfully to support people to improve their health and wellbeing, provided high quality treatment and support and effectively tackled antisocial behaviour and crime associated with drugs and alcohol. The commitment of our partners across health, education, youth services, police, probation services and voluntary and community sector is strong and we are resolved to reduce the negative impacts of drug and alcohol misuse in the borough.

Tower Hamlets' Health and Wellbeing Board and supporting strategy provides an excellent platform to strengthen the

Partnership's joined up approach in addressing the wide ranging individual and societal harms caused by drug and alcohol misuse.

The strategic approach set out in this strategy supports the delivery of the borough's Community Plan. The Strategy will help deliver the Partnership's stated ambition to support a community which is both 'healthy and supportive' and 'safe and cohesive'.

This strategy outlines Tower Hamlets Partnership's approach to tackling the problems associated with drug and alcohol misuse in the borough. It presents the key commitments over the next three years from 2016 to 2019. The commitments and actions are a response to the identified needs of the borough in relation to substance misuse as well as a direct reflection of the priorities expressed by stakeholders, residents and service users via widespread consultation.

This strategy builds on the existing 'three strands' approach to tackling drugs and alcohol in Tower Hamlets through; 'Prevention and behaviour change', 'Treatment', and 'Enforcement and regulation' as well as recognising the importance of the wider determinants of health such as education, employment and environmental factors essential as the foundations of health and wellbeing.

Some successes to date

During 2014/15, there were 2,274 adults, resident in Tower Hamlets, in specialist drug and alcohol treatment, the highest in London, with the people accessing our treatment services reflecting the borough's diverse communities.

Over the same period, around 49,995 adults (16+) were supported through Identification and Brief Advice for alcohol use.

In 2014/15 school year over 6,530 young people received substance misuse education.

A rolling programme of targeted and whole population alcohol awareness campaigns has been implemented to educate, raise awareness and signpost support services.

More young people are accessing specialist treatment for drug and alcohol use. Last year there were 202 young people aged under 18 in treatment. Over this period 8 out of 10 young people left treatment successfully.

Over the three years between 2012 and 2015, there were 1,306 arrests of dealers of Class A and Class B drugs in the borough, on average 402 arrests per year.

There have been many initiatives to tackle the harms caused by alcohol use including the borough wide controlled drinking zone and an award winning Community Alcohol Partnership in Tower Hamlets.

Protecting children and young people affected by parental substance misuse remains a local priority. Throughout the last strategy we ensured hidden harm and safeguarding children underpinned and strengthened the strategic response across the full range of services to target effectively the problems that families face.



KEY FACTS ABOUT THE CURRENT POSITION ON DRUGS AND ALCOHOL IN TOWER HAMLETS

2

We have updated the information available regarding the nature and scale of drug and alcohol misuse in the borough, and the effects on individuals and the local community.

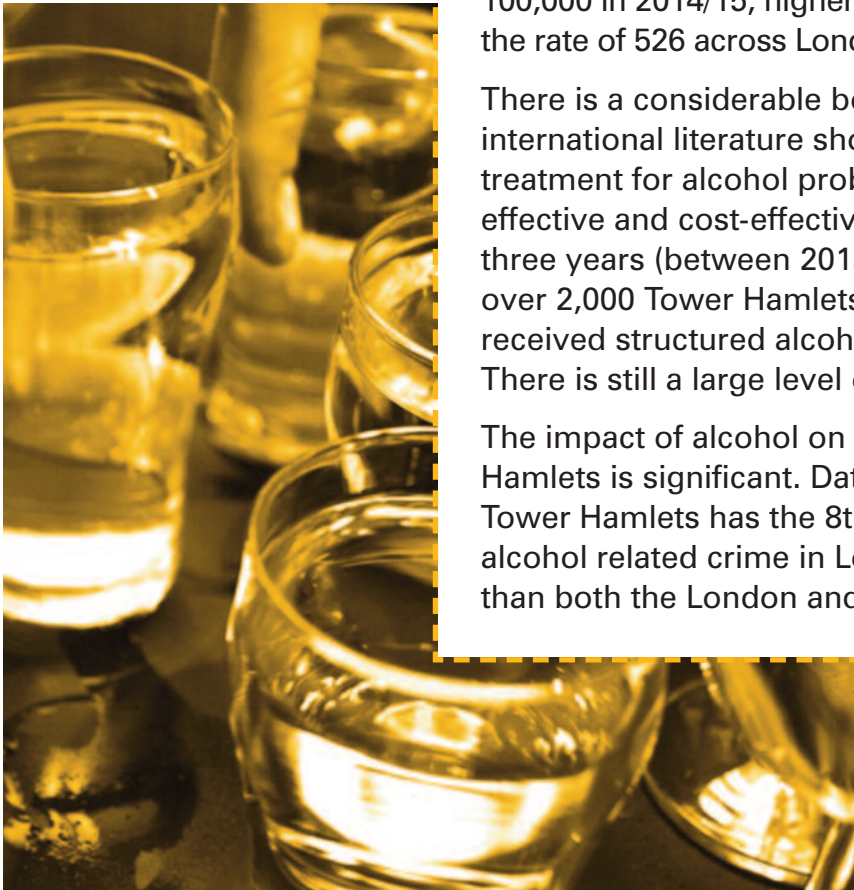
Key local facts: alcohol

There remain a large proportion of specific communities who do not drink due to cultural or religious reasons. Latest estimates (2012/13) suggest 29% of residents in Tower Hamlets do not drink, compared with 17% across England but of those who do drink 27% drink at levels likely to cause harm to their health.

Since 2011 alcohol related hospital admissions in Tower Hamlets have been falling, however still remain above the London average, with a rate of 552 per 100,000 in 2014/15, higher in comparison to the rate of 526 across London.

There is a considerable body of international literature showing that treatment for alcohol problems is both effective and cost-effective. Over the past three years (between 2013 and 2015) just over 2,000 Tower Hamlets residents received structured alcohol treatment. There is still a large level of unmet need.

The impact of alcohol on crime in Tower Hamlets is significant. Data shows that Tower Hamlets has the 8th highest rate of alcohol related crime in London, higher than both the London and England average.



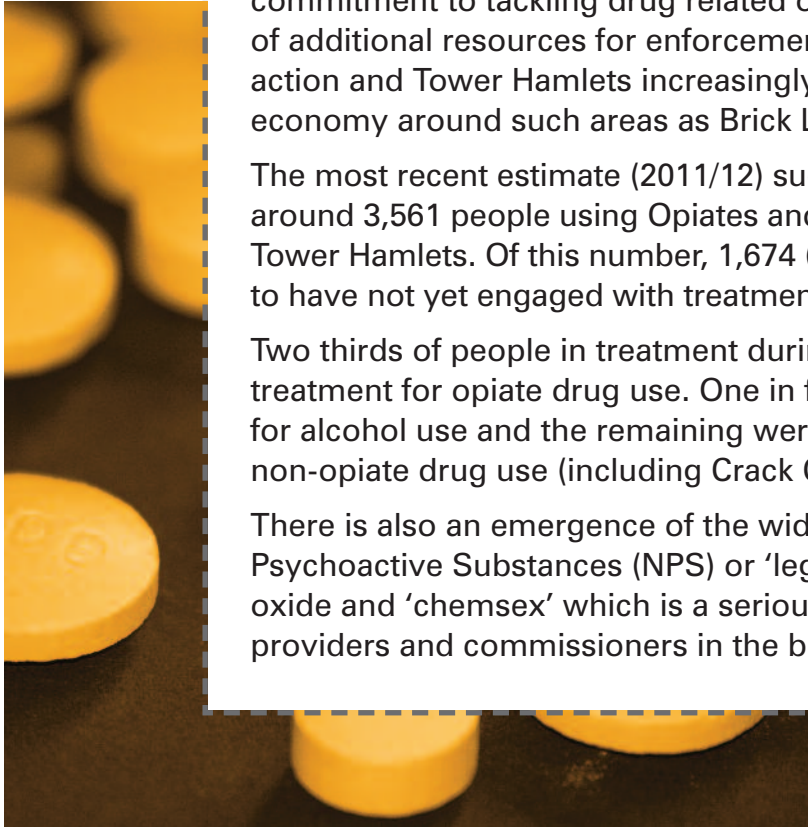
Key local facts: drugs

During 2014/15 there were 2,172 drug related offences (dealing and possession) in Tower Hamlets, an average of 181 offences per month. In comparison to other London boroughs Tower Hamlets has the fifth highest rate, a reflection of a combination of factors including the police commitment to tackling drug related offending, provision of additional resources for enforcement, targeted police action and Tower Hamlets increasingly popular night time economy around such areas as Brick Lane.

The most recent estimate (2011/12) suggests that there are around 3,561 people using Opiates and/or Crack Cocaine in Tower Hamlets. Of this number, 1,674 (47%) are estimated to have not yet engaged with treatment.

Two thirds of people in treatment during 2014/15 were in treatment for opiate drug use. One in five were in treatment for alcohol use and the remaining were in treatment for non-opiate drug use (including Crack Cocaine).

There is also an emergence of the wider use of New Psychoactive Substances (NPS) or 'legal highs', nitrous oxide and 'chemsex' which is a serious concern for service providers and commissioners in the borough.



What local residents feel

Key findings from residents who responded to the Annual Residents Survey 2014/15:

- 54% felt people using or dealing drugs was a very, or fairly big problem
- 45% felt people being drunk or rowdy was a problem.

Key findings from residents who were consulted on the development of this strategy (General Population Survey, November 2015):

- 67% felt drug and alcohol misuse was a concern where they lived. The main concerns were around antisocial behaviour, drug dealing or drug taking in streets and empty bottles and cans littering the streets.
- 59% felt not enough was being done to address drug and alcohol concerns.

THE TOWER HAMLETS APPROACH

3

Our Partnership Vision

In Tower Hamlets, we will support children, young people, adults and their families to maximise their health and wellbeing whilst reducing the negative impact of drugs and alcohol. We will strengthen protective factors for those at risk, and empower those who are addicted or dependent to recover whilst reducing harm from continued use. We will bear down on the crime and anti-social behaviour associated with drug and alcohol misuse that impacts on our communities.

The commitments contained in this strategy are the commitments of the local partnership, across health, education, youth services, police, probation services, fire service and the voluntary and community sector.

The Partnership aims to promote resilience, educate and raise awareness of the harms caused by drug and alcohol misuse by ensuring people have access to the right information and key health messages to support people to make more informed choices.

The Partnership aims to help people who are affected or dependent to recover, by enabling, empowering and supporting them to progress along a journey of sustainable improvement to their health, well-being and independence.

The Partnership is very aware of the serious social, psychological and physical complications of drug and alcohol misuse, as well as combined substance misuse and mental health problems (known as dual

diagnosis). We will continue to develop our services so that they are attuned to the needs of our residents, some of whom have complex needs, and ensure that Tower Hamlets services continue to develop to effectively meet their needs against a backdrop of reduced funding provided by central government.

Carers and family members of substance misusers can become isolated and feel stigmatised. We will review the existing provision of mainstream support to carers of people with substance misuse issues and seek to better address their needs.

Alcohol, drug misuse and domestic violence are also strongly linked. The Partnership is committed to reducing domestic violence and places safeguarding of both children and vulnerable adults at the heart of its work to identify and address substance misuse in the family.

Through the consultation process of this strategy, partners agreed to continue in the approach and commitment to address the three crosscutting strands of 'prevention and behaviour change', 'treatment', and 'enforcement and regulation'.

Tower Hamlets has been successful in meeting the needs of many communities, especially BME communities and there is still more work to be done to address the needs of groups underrepresented in treatment services e.g. people with disabilities and LGBT clients.

Prevention and Behaviour Change

Prevention and behaviour change includes the actions we will take to address the wider determinants of health and factors which we know increase vulnerability to drug and alcohol misuse.

We will ensure that accurate information is available on drugs and alcohol, to raise awareness of harms and to support people to make informed decisions to protect their health and wellbeing from substance misuse.

Prevention and behaviour change also includes the advice and initial support that is available to people who might have early stage problems with drugs and alcohol.

Treatment

Treatment includes the actions we will take to improve the access to and uptake of effective treatment options for people who are dependent on, or who have problems with, drugs and alcohol. Treatment seeks to provide a recovery focused integrated drug and alcohol response to people's different needs whilst supporting harm reduction.

We will ensure our treatment services are available to the wide and diverse communities that make up our local

residents throughout the lifecycle, for children and young people, adults and from prenatal to end of life care.

Enforcement and Regulation

Enforcement and regulation includes the actions we will take to enforce the law as it relates to drugs and alcohol, and tackle the anti-social behaviour and crime associated with drug and alcohol misuse.

We will ensure we make full use of the enforcement and regulatory powers available across the partnership targeting those people who profit from the harms associated with substance misuse.

A significant proportion of acquisitive crime is committed in order to provide funds to support drug use. We will continue to ensure that people arrested for serious acquisitive crime are tested for substance misuse and provided both robust enforcement interventions alongside effective treatment for their substance misuse issues.

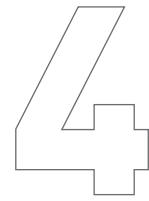
THREE STRAND APPROACH

<p>Prevention and Behaviour Change</p> <p>Including:</p> <ul style="list-style-type: none"> • Information and awareness • Engagement • Education • Support for substance misusing population • Prevention campaigns • Health messages • Communications • Addressing hidden harm and safeguarding vulnerable young people and adults 	<p>Treatment</p> <p>Including:</p> <ul style="list-style-type: none"> • Service engagement of those in need • Accessible provision available to all • Screening and identification • Assessment and recovery planning • Recovery orientated treatment • Maintaining recovery support, aftercare and re-integration • Support needs throughout the lifecycle • Peer mentoring and self help 	<p>Enforcement and Regulation</p> <p>Including:</p> <ul style="list-style-type: none"> • Integrated Offender Management (IOM) • Licencing and regulatory enforcement • Dedicated and targeted operations • Enforcement of controlled drinking zone • Make full use of the range of enforcement and regulation powers available
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Setting the Foundations for Effective Impact

- Build an innovative and creative partnership approach to tackling drugs and alcohol misuse
- Develop effective use of gathered and analysed data and intelligence
- Set the right governance mechanisms
- Safeguarding resources to sustain local provision
- Engage in national policy consultation

OUR COMMITMENTS



The alcohol-related element of our strategy seeks to improve the quality of life for both Tower Hamlets residents and visitors. We seek to encourage and promote a culture of responsible drinking coupled with responsible management of licensed premises.

The drugs element of our strategy seeks to reduce the demand for drugs through effective education and prevention, to increase the number of people entering services, reducing harm, engaging with and completing treatment in order to recover from drug misuse and to bear down on the crime associated with drugs.

This strategy sets out our priorities for addressing drug and alcohol misuse and how we intend to coordinate and deliver them, with key areas set out below.

ACTION: PREVENTION AND BEHAVIOUR CHANGE

We are committed to reducing the number of individuals in Tower Hamlets impacted by addiction to drugs and/or alcohol. We will achieve this by; increasing the delivery of screening and brief interventions, co-ordinating consistent information campaigns, providing high quality education and working with families experiencing substance misuse.

- We will support people to maximise their health and wellbeing by providing targeted communication and community education about alcohol and substance misuse including information about the support services available alongside targeted support for those who are at risk.

- We will ensure that our drug and alcohol information and prevention activity is integrated within our broader health promotion and prevention programmes, to ensure that we offer helpful and accessible information consistently across agencies, and that front-line staff in all relevant settings have the right skills and knowledge to provide information and support, including mental health and wellbeing.
- We will develop a multi-agency communications plan for young people and adults with a focus on harm reduction, safer drinking levels whilst targeting communities with high level of alcohol related harm.
- We will continue to ensure identification and brief advice and, where appropriate, ensure referrals on to other agencies is routinely undertaken for people attending key frontline services across health and social care.
- We will work with universal services to ensure that the partnerships drugs and alcohol messages are consistent and supportive of our aim, to make people better informed and able to make healthier choices to access services.



- We will address hidden harm whilst safeguarding children and vulnerable adults through effective practices with integrated approaches to address the welfare of children of drug or alcohol misusing parents and vulnerable adults.
- We will work in partnership with schools to provide good quality drug and alcohol education, particularly around new psychoactive substances 'legal highs' and support schools to develop effective policies through a "whole schools approach".
- We will target universal prevention activity with young people at risk of drug misuse.
- We will support treatment that is recovery orientated and will work with established users to maintain their health and well-being and to reduce harm.
- We will support our adult and young people's treatment services to improve their response to the needs of children of drug and or alcohol misusers. We will embed good practice and develop a protocol between children's services (including safeguarding) and treatment providers, train workers and support staff to identify and respond to drug and/or alcohol using parents and their children.

ACTION: TREATMENT SUMMARY

We are committed to helping young people and adults overcome addiction to drugs / alcohol. We will achieve this by; increasing the number of individuals accessing treatment and improving the outcomes of treatment programmes (reduction in drug / alcohol use, improved mental and physical health, engagement in employment / training / education, secure accommodation) enabling more people to recover from their addictions.

- We have redesigned our treatment services and in 2016/17 we will commission an integrated drug and alcohol treatment system that is recovery focused, helping adults who are addicted or dependent to recover, by enabling, empowering and supporting them to progress along a journey of sustainable improvement to their health, well-being and independence. The treatment system will have strong service user involvement and peer led recovery outcomes.
- We will work across our partnership to develop services that address the wider social determinants of health and wellbeing, such as access to accommodation, employment support, economic wellbeing and educational achievement.
- We will strengthen our approach to actively encourage 'hard to reach' and difficult to engage people, such as homeless people, hostel residents, street drinkers and drug and or alcohol misusing offenders, in order to motivate them towards engaging in treatment and progress towards recovery.
- We will continue to increase access and uptake and improve outcomes from services across primary care, secondary care and specialist services.
- We will develop expertise within substance misuse treatment services to respond to the needs of drug and/or alcohol users with mental health needs and support the dual diagnosis pathways between substance misuse and mental health services.

- We will ensure our treatment services are available to people throughout the lifecycle, to support prenatal, postnatal, childhood, youth and the transition to adulthood and to end of life care.
- We will further ensure that access to our services is equitable for all of our local communities.
- We will ensure that family based interventions are integral to treatment provision.
- We will ensure that there is rapid access to intensive specialist support for those young people whose drug and alcohol misuse is already starting to cause harm and to support these young people in their transition to adult services where appropriate.

ACTION: ENFORCEMENT AND REGULATION

We are committed to reducing levels of crime and anti-social behaviour associated with alcohol and drugs. We will achieve this by; targeting enforcement teams, utilising powers to disrupt the supply of drugs and underage sales of alcohol and reducing the offending behaviour of prolific offenders who are addicted to drugs.

- We will maintain and enforce a borough wide alcohol control zone to reduce anti-social behaviour.
- We will actively enforce an environment where anybody under the legal drinking age is restricted from obtaining alcohol through working with licensed premises to ensure responsible alcohol sales, enforcement of any minimum alcohol pricing, and promotion of the available treatment services.
- We will continue to improve the management and planning of the night time economy through strengthening

the role of local residents in regulating the environments where alcohol can be obtained through utilisation of licensing, planning and other regulatory powers.

- We will continue to disrupt the supply of drugs through effective enforcement.
- We will review and develop the Integrated Offender Management (IOM) programme to ensure drug misusing offenders receive a holistic support package aimed at stopping offending and drug dependence.
- We will implement conditional cautioning for people whose offending is related to substance misuse (not just class A drugs), actively encouraging and monitoring their engagement with treatment services.
- We will also work with young offenders, with a commitment to support them into treatment and to oversee them both as young people and through their transition to adulthood.
- We will address community concerns about drug use and drug dealing through on-going dialogue and effective communication with the general public.



SETTING THE FOUNDATIONS OF ACHIEVING SUCCESS

5

We believe it is critical to the effectiveness of this strategy to have firm foundations to underpin the three strands. To this end, we wish to improve our understanding of the needs of our local population in the context of new emergent trends in drug and alcohol use, and to ensure that our responses to drugs and alcohol misuse lead to effective outcomes for the whole community. To this end:

- We will develop and build an innovative and creative partnership approach to tackling drug and alcohol misuse.
- We will ensure effective use of gathered and analysed data and intelligence across the partnership, to better understand and address the harms caused by drug and alcohol misuse. We will utilise national and local information on drugs and alcohol to create and monitor a performance dashboard that combines prevention, treatment and offending data.
- We will set the right governance mechanisms to ensure the priority actions are reported through the DAAT Board and to both the Health and Wellbeing Board and Community Safety Partnership Board.
- We will constantly review the impact of our services on underserved communities through a commitment to monitor uptake and access to treatments ensuring services are accessible.
- From an intelligence perspective we wish to continue to build an understanding of:
 - The impact on our population of the use of new drugs such as “legal highs”, steroids, and over the counter and prescribed medicines, and will ensure that these areas are considered in future needs assessments.
 - Drug markets, distribution and trafficking, to inform our approach to enforcement and community development.
 - Treatment outcomes in other areas with similar treatment populations, to measure how effective our services are, and to help us to further improve them.
 - Drug and alcohol data and intelligence through developing a drug and alcohol related dashboard bringing together prevention, offending and treatment data.
 - Monitor and review cases of drug and alcohol related deaths and implement harm reduction strategies.
- We will work with partners in commissioning, primary and secondary care to prove the value of our drug and alcohol recovery services to safeguard the resources for this important work.



NEXT STEPS



The DAAT Board will oversee the implementation of the strategy.

We will develop an annual action plan which will provide the performance management framework against which we will measure our success. These action plans will be monitored and reviewed through the course of this strategy and we will drive delivery against set targets. We will be regularly communicating our achievements through our websites and newsletters.

As drug and alcohol misuse affects many of the partnership's strategic priority areas, reports on progress will also be provided for other relevant boards such as the 'Safe and Cohesive', 'Healthy Communities' and 'Health and Wellbeing' Boards as appropriate.

We intend to ensure that our analysis of need and demand is carried out in a structured and ongoing manner, informed by, and in the context of, a Joint Strategic Needs Assessment.

We will strengthen our cross partnership work by designating within each organisation a senior champion to own, and contribute to the effective delivery of this strategy and who will be responsible for tasks in our action plan.

We believe that service users and carers have a uniquely valuable contribution to make in the development, improvement and monitoring of services. We will, therefore, further develop mechanisms for effective service user engagement, including developing and implementing a Service User and Carer Charter and

supporting the development of peer support/mentors and service user recovery champions. We will also ensure that support is available for carers or significant others who are affected by someone else's drug or alcohol misuse.

Operationally we will continue to ensure that our services and interventions are meeting the needs of the entire Tower Hamlets community, regardless of age, disability, gender assignment, marriage or civil partnership, pregnancy or maternity, race, religion and belief, sex, and sexual orientation, and will therefore work with our commissioned providers to monitor equity of access through audits.



LONDON BOROUGH OF TOWER HAMLETS SUBSTANCE MISUSE STRATEGY EVIDENCE BASE

April 2016

London Borough of Tower Hamlets, Substance Misuse Strategy Evidence Base

Report by Ottaway Strategic Management Ltd

April 2016

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Tower Hamlets Substance Misuse Strategy 2016-19

Evidence Base

1 Summary

- 1.1 This document sets out the evidence base for the new Tower Hamlets Substance Misuse Strategy 2016-19. Extensive consultation took place with key stakeholders, service users, young people and residents of Tower Hamlets, through interviews, focus groups and surveys. Detailed findings from the programme of consultation are set out in the following sections.
- 1.2 The consultation process sought to review the outcomes and priorities of the current Substance Misuse Strategy 2012-16; to assess the three pillar approach – ‘prevention and behaviour change’, ‘treatment’, ‘enforcement and regulation’ and determine the borough’s priorities over the next 3 years.
- 1.3 It has been estimated nationally that the total cost of problematic drug use to society is around £4 billion a year, and alcohol misuse is estimated at £21 billion a year. However, it is also a fact that treatment can be cost effective – for every £1 spent on alcohol treatment, £5 is saved elsewhere¹. For drug misuse treatment, similar financial benefits are possible: for every £1 spent on drug treatment in Tower Hamlets, £2.82 is saved on health and crime costs².
 - 1.4 This does not take account of the additional benefits derived from the impact of other prevention and early intervention initiatives that take place such as brief advice and information for alcohol use, programmes of awareness raising, education and campaigns promoting healthy lifestyle options.
 - 1.5 In Tower Hamlets the prevalence rate of problematic drug use (Opiate and / or Crack Cocaine) is 18 per 1,000 population aged 18-64, 16 per 1,000 for Opiate users, 15 per 1,000 for Crack Cocaine users and 4 per 1,000 for injecting drug users. Rates in Tower Hamlets are significantly higher compared to the London and national averages.
 - 1.6 There are estimated to be 3561 Opiate and / or Crack users (OCUs), 3047 Opiate drug users, 2955 Crack Cocaine users and 773 injecting drug users in the borough. Around 47% of Opiate and / or Crack users, 42% of Opiate and 53% of Crack users are not engaged with treatment services.
 - 1.7 The average rate of alcohol consumption across Tower Hamlets is relatively low, due to a large proportion of the population who do not drink. Latest estimates suggest 29% of residents in Tower Hamlets do not drink, compared with 17% across England.

¹ <https://www.alcoholconcern.org.uk/help-and-advice/statistics-on-alcohol/>

² Based on spending review 2012-2015, NDMTS Value for Money

- 1.8 Since 2011 alcohol related hospital admissions in Tower Hamlets have been falling, however still remain above the London average, with a rate of 562 per 100,000, higher in comparison to the rate of 531 across London.
- 1.9 Fundamentally, the results of the consultation indicate a strong commitment among partners, service users and residents for the continuation of the 'three pillar' approach adopted in the current Substance Misuse Strategy, in tackling drugs and alcohol in Tower Hamlets. Focusing on 'prevention and behaviour change', 'treatment' and 'enforcement and regulation' as the key themes of each pillar.
- 1.10 Throughout the consultation process it was evident that drugs and alcohol was a particular concern among residents of Tower Hamlets. It was broadly agreed that the most priority actions to address drugs and alcohol were still relevant and should continue and be further developed over the next 3 years. In particular, there was a commitment to continue supporting people to make health lifestyle choices, early intervention and support for young people, addressing the needs of children of drug and alcohol using parents, supporting those that have never been in treatment, enforcing borough wide alcohol control and disrupting the supply of drugs. This came strongly through the findings from stakeholder interviews and survey, residents survey, service users and young people focus groups.
- 1.11 There was however a strong sense that in order to achieve these priority actions there must be ownership of, and commitment to, the strategy among partners. The strategy must be underpinned by a robust foundation and the delivery of an action plan to monitor and assess the impact the strategy will have on residents of Tower Hamlets.
- 1.12 The following sections outline the approach to this work and the key findings from the programme of consultation and evidence gathered in the development of this Strategy.

2 Executive Summary of the Tower Hamlets Substance Misuse Needs Assessment 2015

Overview

- 2.1 Conducting a Substance Misuse Needs Assessment is important to treatment planning and commissioning as it reviews service demand, offers comparison to relevant regional and national baselines and assesses local partnership performance over time.
- 2.2 The 2014/15 needs assessment reviewed the needs of the Tower Hamlets' substance misusing population to support the Drug and Alcohol Action Team (DAAT) and the wider partnership to respond to future treatment demand. The document was completed in Autumn 2015. Data included in the document represents information available at the time.
- 2.3 Before the completion of the 2014/15 needs assessment, the Partnership reviewed existing treatment services and completed another in-depth Substance Misuse Needs Assessment 2013/14 in March 2014. This initial work informed the process of re-procuring the drug and alcohol services in the borough.
- 2.4 In the context of the re-procurement exercise, the latest needs assessment 2014/15 provides an update of key data sets, reviews demand and discusses recent changes and new emerging trends in the borough. The needs assessment 2014/15 contains a wealth of data to contextualise and define services after the completion of the re-procurement process in 2016.
- 2.5 The needs assessment includes data based on the new Public Health England (PHE) / National Drug Treatment Monitoring System (NDTMS) drug categories which were introduced in 2014. The document includes the new PHE Needs Assessment data set and acts as the evidence base for the future Tower Hamlets Substance Misuse Strategy.

Context and Impact of commissioned substance misuse services

2.6 Contextual information

- There are estimated to be **3,561 OCUs**, 3,047 opiate drug users, 2,955 Crack users and 773 IDUs in the borough. **Prevalence estimates** suggest that **numbers are increasing** compared to the last two years.
- Around 47% of OCUs, 42% of Opiate and 53% Crack users are not engaged with treatment services.
- **OCUs** in effective treatment make up a huge proportion of the **treatment population** in Tower Hamlets (nearly **85%**).
- **OCUs** in treatment have **fallen slightly** by 1.6% over the past three years.
- **Women are under-represented** in treatment in the community (at 20%). The rate is below the London and national rates. Considerable numbers of female needle exchange users indicate unmet demand.

- Estimates indicate that a total **of 9,878 residents are high risk drinkers**, and 17,652 consume alcohol at binge drinking level. The contrast between those estimated to have alcohol problems and those in treatment is great.
- Alcohol is an ongoing concern locally, reflected in alcohol related incidents, hospital admission and high numbers of Audit C positives across the partnership.
- **Hospital admissions** with alcohol related conditions (Narrow definition) are **slightly decreasing** in the borough. The decrease is based on lower numbers of male admissions.
- Alcohol related **Ambulance callouts** peaked in 2010/12 and have **decreased** over the last 4 years. However, high numbers of call outs originate from the Spitalfields & Banglatown, Bethnal Green, Whitechapel and Weavers areas.
- Tower Hamlets had the 8th highest rate of recorded crime attributable to alcohol, greater than London and England.
- **Alcohol related Violent Crime rate** in Tower Hamlets is higher than London and England and currently the **4th highest in London**.
- High numbers of Audit C positive completions in local GPs indicate a high unmet alcohol related need in the borough.

2.7 There are a range of performance highlights and data trends which have emerged from the borough's treatment system. The key impacts of commissioned services are:

- In 2013/14 there were 732 new entries into drug treatment; 2,086 people in treatment and 611 people exiting the treatment system.
- **More people were in treatment** than the year before. Tower Hamlets has seen a downward trend in the number of **clients in treatment**, from 2,763 in 2010/11 to 2,189 in 2012/13. However, this **trend** has been **reversed with 2,212 clients in treatment in 2013/14**.
- The largest treatment providers with the highest volume of clients were CDT Lifeline (883), THCAT (620), Tower Hamlets Specialist Addictions Unit (338), Health E1 (264) and NAFAS (184).
- **Both Public Health Outcomes Framework (PHOF) targets** (2.15 a & b): Non-representation back into treatment of opiate & non opiate clients who successfully completed treatment **are improving**.
- As a percentage of the numbers in treatment 6.8% opiate clients successfully completed treatment compared to 7.6% national average. However, **successful completions are improving** after very low rates back in September 2013 (5.1%).
- The number of clients citing opiate use fell by 9%, from 1,096 (2011/12) to 993 (2013/14). Those citing the use of **crack dropped at a much faster rate** (15.7%).
- **Cocaine users** in treatment **increased** by 29% between 2011/12 and 2013/14 while Cannabis users increase by 5%.
- **Successful completion rate for alcohol** users **dropped to** around 20% in 2013/14, around half of the national rate.

Key issues emerging from the assessment

- Successful completion of drug treatment is increasing but further improvement is needed.
- Alcohol successful completions need to improve and unplanned exits need to decrease.
- Treatment compliance remains a challenge across the treatment system. Important work is already going on to reduce the numbers of alcohol unplanned exits as some of the low rates are down to poor data recording by some providers.
- Re-presentations have improved but attention to re-presentation rates remains critical to maintain positive trends.
- There is further potential for additional treatment entries / new presentations as some services are not operating at full capacity.
- High levels of client complexity and diversity within the system remain a key characteristic and challenge.
- Relative low numbers of females and young adults in treatment remain a crucial challenge.
- Around 85% of the borough's drug treatment population were OCU's. In addition, an increase of Cannabis and Cocaine using clients accessing treatment represent need but also successful engagement work.
- Successful treatment of non-Opiate clients should remain a key focus and be advanced further.

The Full Substance misuse Needs Assessment 2014/15 can be accessed on the Tower Hamlets website following the link below.

http://www.towerhamlets.gov.uk/Documents/Adult-care-services/Social-issues/Substance-misuse/Substance_misuse_assessment.pdf

3 Strategy Design Engagement Process

- 3.1 Phase one of the consultation process involved obtaining the views of key stakeholders, drug and alcohol service users and general public perceptions:
- 21 face to face and telephone interviews with key stakeholders
 - Substance Misuse Strategy Development – Stakeholder Workshop held at the Tower Hamlets Drug and Alcohol Network (DAN meeting) on 11th September 2015
 - 5 service user focus groups with:
 - opiate users (15 participants) 30th October 2015
 - non-opiate users (10 participants) 27th October 2015
 - alcohol users (14 participants) 12th October 2015
 - targeted focus groups with women (3 participants) 21st October 2015
 - homeless services users (2 participants) 12th November 2015
 - 1 focus group with the Youth Council (10 participants) 12th November 2015
 - 63 stakeholders participated in the Stakeholder Survey
 - 301 residents participated in the Resident Telephone Survey
 - 115 drug and alcohol service users participating in the Service User Survey
 - Substance Misuse Strategy Development – Stakeholder Workshop held at the Shadwell Centre, partnership stakeholder engagement 19th November 2015
- 3.2 The consultation in phase one informed the key priorities and actions for the draft strategy.
- 3.3 The draft strategy was open for consultation on the 17th of March 2016 among the residents of Tower Hamlets and across the partnership via the council's website. In addition, the link was circulated to representatives across the partnership, including voluntary sectors services.

4 Substance Misuse Strategy Development 2016-19 Stakeholder Workshop (held at Drug and Alcohol Network (DAN) meeting)

4.1 20 stakeholders attended the DAN meeting, representation from a wide range of partner agencies including, CCG, treatment services (young people and adults), hostels, social care, and substance misuse commissioners.

Theme	Key Issues	Priorities going forward
Evaluating the Substance Misuse Strategy 2012-16	Outcomes relating to drugs	<ul style="list-style-type: none"> All stakeholders felt the outcomes relating to increasing the number of drug users entering and engaging with and completing treatment had been met There were mixed perceptions on the success of enforcement in relation to drugs, however there was acceptance that most stakeholders were not knowledgeable on enforcement 50% perceived the enforcement action 'reducing the impact of drug related antisocial behaviour' was neither met nor unmet, and 50% perceived it was unmet 25% perceived the dealer a day initiative succeeded in restricting the drugs trade, 25% perceived it was neither met nor unmet and 25% perceived it was unmet
	Outcomes relating to alcohol	<ul style="list-style-type: none"> 25% perceived there had been a reduction in the ill health caused by alcohol, 25% perceived it was neither met nor unmet and 50% perceived it was unmet 25% perceived there had been a reduction in alcohol related violence, antisocial behaviour and related domestic violence, 25% perceived it was neither met nor unmet and 50% perceived it was unmet 75% perceived there had been a reduction in alcohol related antisocial behaviour as perceived by local communities, 25% perceived it was unmet 50% perceived there had been a reduction in alcohol related harm to children and young people and 50% perceived it was unmet
Three Pillars Approach	Prevention and behaviour change, treatment, enforcement	<ul style="list-style-type: none"> There was broad agreement within the workshop that the current three themes; prevention and behaviour change, treatment and enforcement and regulation were still

Theme	Key Issues	Priorities going forward
	and regulation	relevant.
Priorities going forward	Priority actions: prevention and behaviour change	In order of priority (top 4): <ul style="list-style-type: none"> • Multi-agency communications plan focussing on harm reduction • Working across partnership agencies to address wider determinants of health • Access for young people to good quality education • Supporting people to make health lifestyle choices
	Priority actions: treatment	In order of priority (top 4): <ul style="list-style-type: none"> • Rapid access to specialist treatment for young people • Family based interventions • Encouraging difficult to engage people to enter treatment • Increased uptake and improved outcomes across primary and secondary specialist services
	Priority actions: enforcement and regulation	In order of priority (top 4) <ul style="list-style-type: none"> • Disrupting the supply of drugs • The Integrated Offender Management (IOM) scheme • Effective communication of successful operations to reduce community concern • Working with licensed premises to combat under age sales

5 Stakeholder Survey

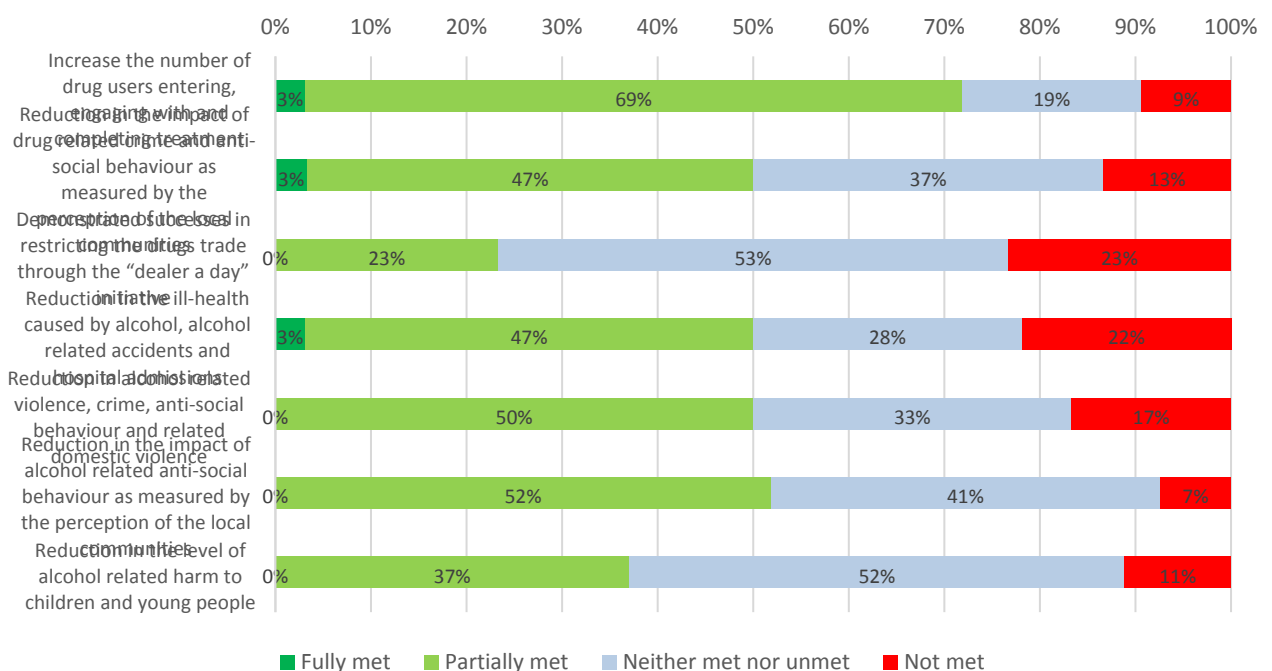
5.1 In total 63 participants responded to the stakeholder survey. Respondents were from a wide range of work areas, 33% were from general practice, a further 20% from pharmacies, 8% from the clinical commissioning group, 8% drug services, 6% public health commissioning. In addition, participants were members, acute trust services, criminal justice services (DIP, police, and the national probation service).

Evaluating Outcomes of the Substance Misuse Strategy 2012-15

5.2 Participants were invited to rate how well the outcomes of the current drug strategy 2012-15 had been met:

- 72% felt 'an increase in the number of drug users entering, engaging with and completing treatment' had been partially or fully met.
- 50% felt 'a reduction in the impact of drug related crime and anti-social behaviour as measured by the perception of the local communities' had been had been partially or fully met.
- 23% felt 'demonstrated successes in restricting the drugs trade through the "dealer a day" initiative' had been had been partially or fully met.
- 50% felt a 'reduction in the ill-health caused by alcohol, alcohol related accidents and hospital admissions' had been partially or fully met.
- 50% felt a 'reduction in alcohol related violence, crime, anti-social behaviour and related domestic violence' had been partially or fully met.
- 52% felt a 'reduction in the impact of alcohol related anti-social behaviour as measured by the perception of the local communities' had been partially or fully met.
- 37% felt a 'reduction in the level of alcohol related harm to children and young people' had been partially or fully met.

In your view, how have the following outcomes relating to drugs and alcohol been met?

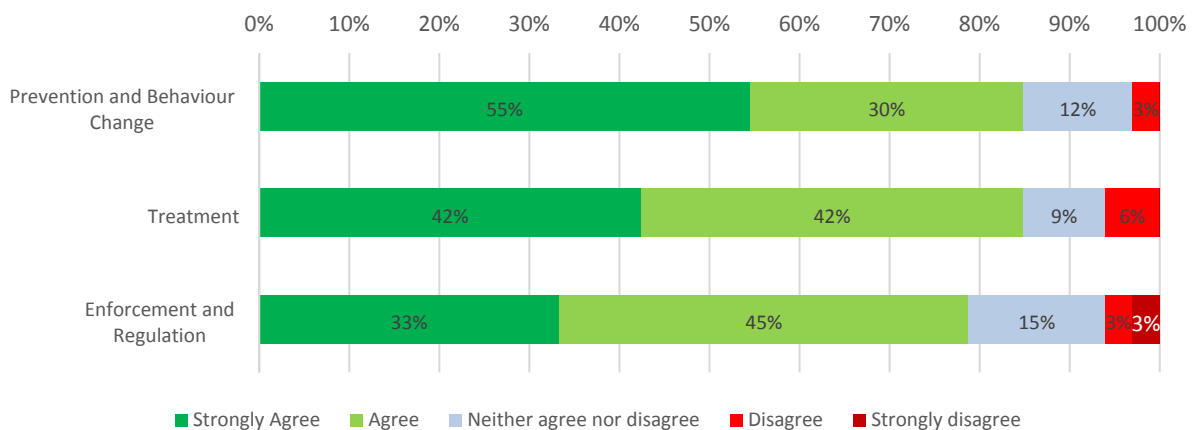


Support for the Existing 3 Pillars Approach and the Themes

5.3 Participants were invited to agree or disagree with the following themes as key in the development of the new strategy:

- 85% agreed or agreed strongly that 'Prevention and Behaviour Change' is a key theme.
- 84% agreed or agreed strongly that 'Treatment' is a key theme.
- 78% agreed or agreed strongly that 'Enforcement and Regulation' is a key theme.

Please indicate the extent to which you agree or disagree that the following themes are key in the development of the new Strategy



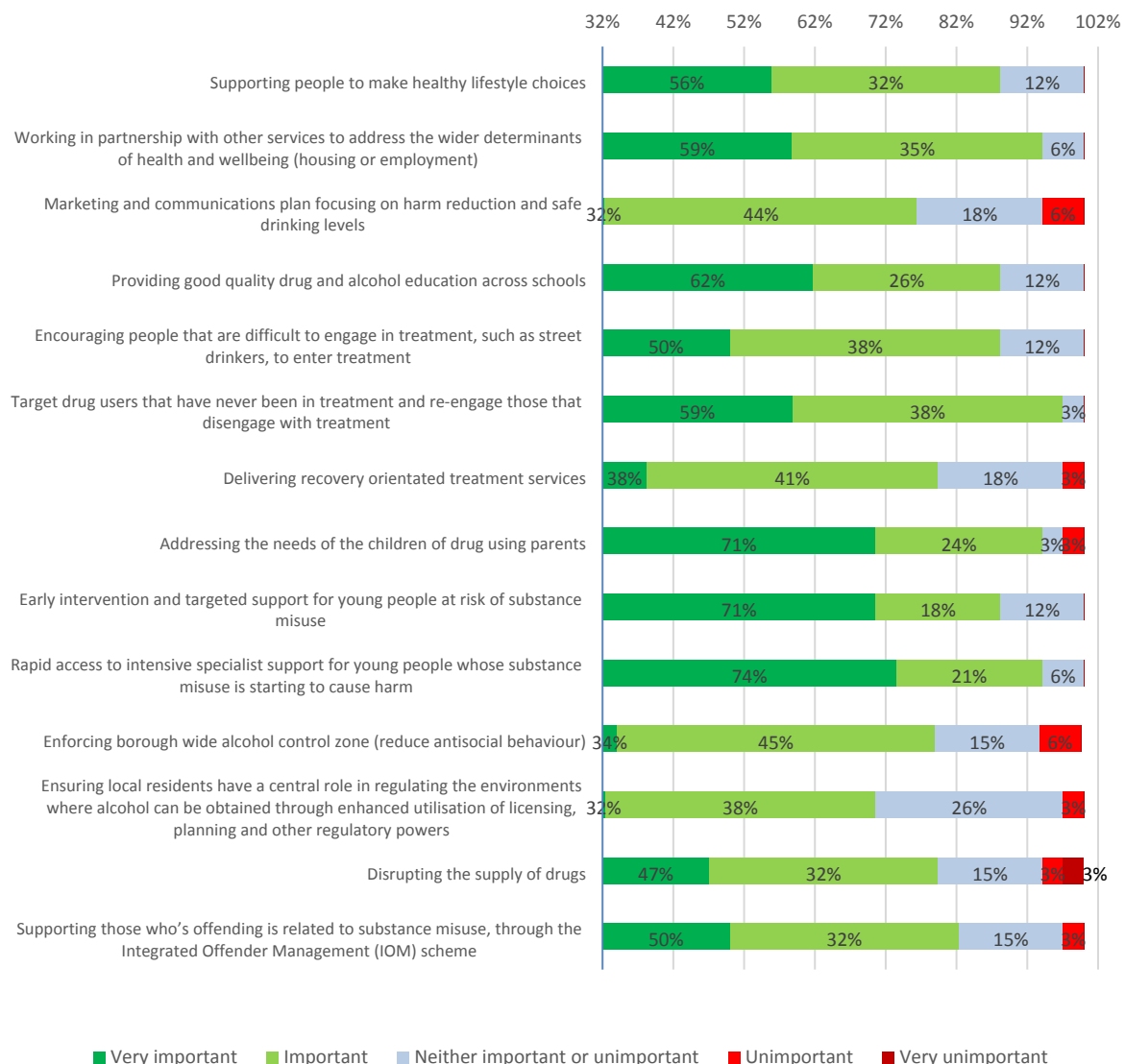
Priorities

5.4 Participants were invited to agree or disagree with the following priorities as key in the development of the new strategy:

- 88% felt 'supporting people to make healthy lifestyle choices' was either important or very important.
- 94% felt 'working in partnership with other services to address the wider determinants of health and wellbeing (housing or employment)' was either important or very important.
- 76% felt 'marketing and communications plan focusing on harm reduction and safe drinking levels' was either important or very important.
- 88% felt 'Providing good quality drug and alcohol education across schools' was either important or very important.
- 88% 'encouraging people that are difficult to engage in treatment, such as street drinkers, to enter treatment' felt was either important or very important.
- 97% felt 'Target drug users that have never been in treatment and re-engage those that disengage with treatment' was either important or very important.
- 79% felt 'delivering recovery orientated treatment services' was either important or very important.
- 94% felt 'addressing the needs of the children of drug using parents' was either important or very important.
- 88% felt 'early intervention and targeted support for young people at risk of substance misuse' was either important or very important.

- 94% felt 'rapid access to intensive specialist support for young people whose substance misuse is starting to cause harm' was either important or very important.
- 79% felt 'enforcing borough wide alcohol control zone (reduce antisocial behaviour)' was either important or very important.
- 71% felt 'ensuring local residents have a central role in regulating the environments where alcohol can be obtained through enhanced utilisation of licensing, planning and other regulatory powers' was either important or very important.
- 79% felt 'Disrupting the supply of drugs' was either important or very important.
- 82% felt 'Supporting those who's offending is related to substance misuse, through the Integrated Offender Management (IOM) scheme' was either important or very important.

Please rate the following priority actions in order of importance



Very important Important Neither important or unimportant Unimportant Very unimportant

Other Priorities

5.5 Participants were invited to add other priorities they considered were important to the development of the new substance misuse strategy:

- The priority consideration most frequently noted was the need to address new psychoactive substances (NPS) or legal highs, through more education, advice, information and awareness raising of the effects of using such substances.
- There was support of more harm minimisation and preventative work to become a priority consideration, particularly in light of NPS.
- It was also noted that a priority around increased emphasis on recovery from drug use and the continuity of support for drug and alcohol users to achieve sustained long term recovery.

6 Stakeholder Interviews

- 6.1 31 key stakeholders were interviewed about their thoughts on the 2012-16 strategy and their views on priorities for the 2016-19 strategy.
- 6.2 The majority of stakeholders interviewed indicated their support for the Pillar approach in the development of the new Substance Misuse Strategy, with themes being, **prevention and behaviour change, treatment and enforcement and regulation.**

Table 2: Themes, key issues and priorities going forward raised through the stakeholder interviews

Theme	Key Issues	Priorities going forward
Prevention (raising awareness)	Drug and alcohol awareness and education programmes	<ul style="list-style-type: none"> Borough wide programme of drug awareness and training targeting local communities of Tower Hamlets, including the specific needs of the diverse groups such as the Somali and Bangladeshi communities.
	Harm minimisation	<ul style="list-style-type: none"> Continue to develop policies and services that work to reduce the health, social and economic harms to individuals, communities and society that are associated with the use of drugs and alcohol
	Brief information and advice	<ul style="list-style-type: none"> Accessible information, supporting brief information and advice Utilisation of effective outreach to support brief information and advice
	Communications and marketing	<ul style="list-style-type: none"> The perception of drug and alcohol treatment in Tower Hamlets is that it exists for the most chaotic and highly dependent drug and alcohol users. Rebranding of treatment services to include all levels of need and all substances Effective marketing of treatment options available among professionals and residents of Tower Hamlets
Treatment and Recovery Support	Adult drug and alcohol treatment services are currently being recommissioned. This has involved consolidating current treatment provision into three main integrated drug and alcohol services – outreach, treatment and recovery support. This has involved shifting the balance of commissioning towards prevention and outcome based services.	
	Meeting needs of women as drug and alcohol users	<ul style="list-style-type: none"> Improve engagement of women into treatment services though access to child care, social care, midwifery, schools, health visitors, GPs

Theme	Key Issues	Priorities going forward
		<p>Pregnant women</p> <ul style="list-style-type: none"> • Pregnant women with the most complex needs are presenting with problematic drug and alcohol use and often homeless, engaging and then retaining these women in specialist substance misuse midwifery services is often difficult. • Support women at the prenatal and postnatal stages through improved pathways between community drug and alcohol treatment service and specialist substance misuse and midwifery services • Increased awareness and education about family planning and contraception is key, particularly around choices for long term contraception, through pathways into sexual health services. <p>BME women</p> <ul style="list-style-type: none"> • Anecdotally, there is a growing concern around the level of alcohol use among young Bangladeshi women who are not accessing treatment, due to stigma, shame and cultural barriers preventing them from seeking help.
	Available treatment options	<ul style="list-style-type: none"> • Clarity around what is available across Tower Hamlets treatment services for professionals in contact with drug and alcohol users • More abstinence based treatment options
	Recovery focus	<ul style="list-style-type: none"> • Increase emphasis and treatment focus on an individual's own motivation, priorities and the goals to want to recovery will increase their success in treatment. Holistic care planning is critical that takes into account an individual's wider support needs • Post treatment support for those successfully completing treatment is critical in sustaining long term recovery from substance misuse, this includes training programmes, learning basic skills such as literacy through conversation clubs, facilitating access to social networks etc.
	New Psychoactive Substances (legal highs)	<ul style="list-style-type: none"> • Anecdotally, there is a concern that people, in particular young people, are increasingly using new psychoactive substances (NPS). • Treatment services need to respond to new emerging drugs, particularly around advice, information, and awareness raising about the health risks and support into treatment

Theme	Key Issues	Priorities going forward
		<ul style="list-style-type: none"> Advice, information, education and awareness raising need to be extended to communities across Tower Hamlets, as the use of NPS is largely reported in younger people
	Housing support and employment opportunities	<ul style="list-style-type: none"> Access to suitable accommodation, maintaining tenancies and where necessary advocacy support. Develop joint working protocols with Job Centre Plus (JCP)
	Welfare benefits and debt management	<ul style="list-style-type: none"> Increase awareness and understanding of the changes introduced through the Welfare Reforms, in particular around sanctions imposed on benefits for non-attendance at treatment appointments. Develop joint working protocols with housing departments.
	Workforce development	<ul style="list-style-type: none"> Cultural shift in the way treatment services are delivered, and to whom they offer services. Rebranding so that treatment services are not perceived as being only available to high complex needs (such as class A drug users) Upskilling staff Staff skills need to be developed regularly to ensure treatment services are delivering services that are evidence based.
	Mental Health Need	<ul style="list-style-type: none"> Develop dual diagnosis provision within drug and alcohol treatment services Develop pathways for drug and alcohol users to access mental health services
	Addressing wider physical health needs	<ul style="list-style-type: none"> Recognising and addressing health needs must be the underlying factor in the treatment of people with substance misuse Responding to increasingly challenging physical health needs in addition to substance use. Addressing the physical health needs of people misusing drugs and in particular harmful alcohol use is critical Improved links between treatment services and primary care
Young People	School and college based interventions	<ul style="list-style-type: none"> Continue to implement whole schools approach across schools, colleges, pupil referrals units to support schools and colleges to deliver:

Theme	Key Issues	Priorities going forward
		<ul style="list-style-type: none"> • Drug and alcohol education training, lesson plans and resources to enable school staff to drug and alcohol education programmes. • School drug and alcohol education policies • Drug education delivered by specialist teams through Healthy Lives • Workshops aimed at increasing parental awareness of substance use among young people, the harms caused and health risks
	Referrals to treatment	<ul style="list-style-type: none"> • Improve referrals of children and young people into treatment services, through training across all services in contact with vulnerable young people to better identify substance misuse needs (including LAC, CAMHS, Child Protection teams)
	NSP and alcohol use	<ul style="list-style-type: none"> • There is a change in substances being used by young people with increasing use of spirits and NPS that will need to be addressed through education, awareness, health risks and treatment
	Hidden Harm	<ul style="list-style-type: none"> • Continue to address the needs of children of parents using drugs and alcohol
Reducing Offending	Governance Structure	<ul style="list-style-type: none"> • Develop the Re-Offending Board with overarching governance of IOM
	Drug Testing	<ul style="list-style-type: none"> • Review the effectiveness of targeted drug testing and assess the level of drug testing in Tower Hamlets against other London boroughs.
	Conditional Cautioning	<ul style="list-style-type: none"> • Implementing conditional cautioning for people who are offending and using substances, extending this to include all drugs (not just class A drugs) as well as alcohol. [inspector's authority] • Target conditional cautioning for young offenders • Police working with the Drug Interventions Programme (DIP) to develop treatment package that forms the condition of a police caution and consequences of breaches.

Theme	Key Issues	Priorities going forward
	Bail Conditions and Community Sentences	<ul style="list-style-type: none"> • Increase utilisation of court orders requiring offenders to engage with the DIP services, including Restrictions on Bail (ROB), Drug Rehabilitation Requirement Orders (DRR) and Alcohol Treatment Requirement Orders (ATR). • To promote the offender's rehabilitation through access to treatment, personal and behavioural change and the links between substance use, offending and effects on health. • Failure to attend treatment as part of a bail condition or community sentence constitute a breach of the bail condition or community sentence should result in breach proceedings. Robust follow-up to failed attendances at treatment services is necessary for this measure to be effective.
	Integrated Offender Management (IOM)	<ul style="list-style-type: none"> • Review and develop the IOM model that takes into account the recent changes to MPS policing model and creation of the National Probation Service and MTCNovo (London Community Rehabilitation Company) • Revisit the IOM cohort in terms of numbers, criteria for inclusion on IOM and the length of time an individual is on the IOM caseload • Develop protocols and working relations between all criminal justice agencies to ensure IOM becomes embedded within each organisation and driven by organisations rather 'person led'. • Information sharing agreements to enable the core IOM team (police, NPS, CRC and DIP leads) access to secure data and intelligence held on individuals on the IOM caseload through relevant vetting processes. • Develop robust performance indicators.
	CRC cohorts of offenders on license	<ul style="list-style-type: none"> • The CRC model will involve focusing on five specific cohorts; those with mental health needs, women, those aged 18-25, those aged 26-49 and those aged over 50. This will require partnership working with treatment services to address substance misuse need within these cohorts. • Develop clear pathways into treatment services for offenders on license with an identified substance misuse need and maximise opportunities to engage them with

Theme	Key Issues	Priorities going forward
		effective interventions.
Enforcement	Drug dealing	<ul style="list-style-type: none"> Lack of perceived confidence in residents and communities of Tower Hamlets to report drug dealing due to fear of reprisal (often drug dealers, deal and live in the same area) More needs to be done about drug dealing in Tower Hamlets, visible action against those who are dealing drugs Anecdotally, young people will choose to deal drugs for around 5 years, this is sufficient time to make some money and stop. There is a confidence in young people and a perception that they will not get caught, there are no consequences and they will not get caught. Increase in CCTV including mobile CCTV and anonymous reporting methods
	Underage sale of alcohol	<ul style="list-style-type: none"> Underage drinking is a concern. It is perceived too easy for underage people to have someone else buy their alcohol. Off Licensees need more information about and underage sales, effects on health. Increase the number of test purchases
Cross cutting themes	Sharing intelligence	<ul style="list-style-type: none"> There is a wealth of intelligence that can be shared between treatment and enforcement agencies. Develop multi-agency operational forums involving treatment services, police, licensing, trading standards where agencies can offer support and intelligence can be shared, as well as delivering some joint initiatives Develop and implement a young person's network forum that allows professionals working with young people to discuss initiatives aimed at substance misusing young people across Tower Hamlets
	Gathering intelligence	<ul style="list-style-type: none"> More intelligence needs to be gathered to assess current substance use in Tower Hamlets, particularly in light of NPS

7 Service User Focus Groups

Table 3: Focus group participant information:

Focus Group	Female	Males	Total Participants
CDT (opiate users)	2	12	14
NAFAS (non-opiate users)	0	10	10
THCAT (alcohol users)	7	7	14
ISIS (women drug and alcohol users)	3	n/a	3
Health E1 (homeless drug and alcohol users)	2		2
Total			43

7.1 The majority of service users participating in the focus groups indicated their support for the Pillar approach in the development of the Substance Misuse Strategy, with themes being, **prevention and behaviour change, treatment and enforcement and regulation.**

Table 4: Themes, key issues and priorities going forward raised through the all focus groups (opiate users, non-opiate users, alcohol users, women and homeless drug and alcohol users)

Theme	Key Issues	Priorities going forward	Group
Prevention	Education and raising awareness	<ul style="list-style-type: none"> There needs to be widespread communication within the different communities of Tower Hamlets. Community groups need to be trained to then advocate about the harms of using drugs and alcohol Drug awareness campaigns, social media (Facebook), local papers 	Alcohol users Opiate Users Non-opiate Users Women Homeless
	Family support	<ul style="list-style-type: none"> Parents need more information in relation to drugs and alcohol use among young people, particular around NPS, the signs of knowing when drugs or alcohol is being used, the health risks Family support interventions where parents are using and or where children are using 	Alcohol users Opiate Users Non-opiate Users Women Homeless
	Targeting young	<ul style="list-style-type: none"> More information need to be provided to children and young people 	Alcohol users

Theme	Key Issues	Priorities going forward	Group
	people	through schools, stronger messages of the impact of using drugs and alcohol	Opiate Users Non-opiate Users Women
Treatment	Lack of information about treatment options and offer	<ul style="list-style-type: none"> Not enough information about what support is available, general consensus across the group was they "simply do not know what is available and what is not". Some felt quite strongly that not even their key workers knew what groups were available. Some felt their treatment amounted to was "collect their script and go" but would like to be doing more. There was agreement across all groups that there needs to be more information, leaflets and posters in treatment services, marketing material across tower hamlets (local papers, social media – particularly for the younger generations) 	Alcohol users Opiate Users Non-opiate Users Women Homeless
	Out of hours' provision	<ul style="list-style-type: none"> Weekend and evening provision is missing, participants feel there is no one to speak to and nowhere to go, and it is during the evenings and weekends that they feel most vulnerable. Not all felt that Alcoholics Anonymous (AA) meetings were what they need There was an appetite for more social groups where service users could share their experiences, in particular women considered treatment to be an isolated experience 	Alcohol users Opiate Users Non-opiate Users Women Homeless
	Barrier to accessing treatment (women)	<ul style="list-style-type: none"> Women drug and alcohol users are reluctant to come forward for treatment because they are afraid their children will be 'taken into care'. One participant had waited "over 2 years before thinking about getting help." Women participants felt there is too much stigma that prevents them from seeking treatment 	Women
	More than just treatment	<ul style="list-style-type: none"> To improve the success of treatment more needs to be done to help people "sort out their lives", housing is a big issue and participants felt 	Alcohol users Opiate Users Non-opiate Users

Theme	Key Issues	Priorities going forward	Group
		that there needs to be better access to training and gaining skills to help find employment. It was felt pointless recovering from drug or alcohol use if there is nothing to do at the end of it.	Women Homeless
	Peer mentors	<ul style="list-style-type: none"> Participants felt they need more peer mentors, they felt key workers just don't understand and "so are not very helpful" 	Alcohol Users Opiate Users
	Service user representation	<ul style="list-style-type: none"> Service user representation, in the women's focus group there was support for more service user involvement and representation in the decision making process and running of services Children of parents that use drugs or alcohol is a big concern, children "need support too" when their parents are using. There needs to be some provision where young people can be helped and supported through this. 	Alcohol users Opiate Users Non-opiate Users Women
Enforcement	Policing drugs	<ul style="list-style-type: none"> Across all groups it was felt there is not enough visible policing to stop people from dealing on the streets and in the neighbourhoods. It was perceived the police are not stopping drug dealing on streets Fear among people in Tower Hamlets to report drug related crimes as they are fearful or reprisal 	Alcohol users Opiate Users Non-opiate Users Women Homeless
	Regulating alcohol	<ul style="list-style-type: none"> Alcohol was generally available and easily bought by underage people Participants were aware of the controlled drinking zone but felt this was not being policed 	Alcohol users Opiate Users Non-opiate Users Women Homeless

8 Young Person Focus Group

8.1 Participants were aged 16 and 17.

8.2 Focus group participant information:

Focus Group	Female	Males	Total Participants
Youth Council	5	5	10

Table 5: Themes, key issues and priorities going forward raised through the young person's focus group

Theme	Key Issues		Group
Drug and alcohol use	Perception of Cannabis use	<ul style="list-style-type: none"> • Cannabis is being used everywhere by people of all ages, 'you can smell it on the streets and in the parks.' • All participants agreed that generally, cannabis use is acceptable, 'it happens openly, it's normal'. All young people in the group had at some point seen others their age 'rolling up and smoking a joint.' • When asked why young people use Cannabis, responses including Cannabis use is seen as being 'cool and trendy' among young people. Other reasons included 'it's relaxing and relieves stress and boredom.' • It was felt that using Cannabis 'is normal' it's prevalent in their immediate environments and it was commonly used by older people they are around. 	Young People
	Perception of alcohol use	<ul style="list-style-type: none"> • Young people that are drinking alcohol are drinking Vodka or the cheapest spirit with the highest alcohol content, such as 'Grey Goose'. • One of the reasons young people are drinking Vodka is because 'you cannot smell it' and therefore the parents don't find out. • In comparison to Cannabis use the group perceived alcohol more acceptable, and young people were using alcohol socially at the weekend 	Young People
	Perception of NPS "legal highs"	<ul style="list-style-type: none"> • 'Legal highs' were perceived differently to Cannabis, it was felt these are bad for you, however among the group there was not a great deal of use of legal highs among their immediate peers. 	Young People

Theme	Key Issues		Group
		<ul style="list-style-type: none"> NSP referred to as 'legal cannabis' is commonly used, sold in the shops. 	
Health risks	Key health messages	<ul style="list-style-type: none"> Young people were not fully aware of the health risks associated with drug use or alcohol. At best they considered the effects of drug use would be in the longer term affecting the memory but generally it was not seen as being 'bad' for your health. It was felt, however, the use of alcohol was less harmful but unable to explain what the impact on health would be. 	Young People
Education (raising awareness)	Targeted education and awareness raising	<ul style="list-style-type: none"> In terms of educating young people about drugs and alcohol, it was felt that the programmes of raising awareness and providing education should be aimed at those who are aged 16 or 17, as this is the time they are likely to be exposed to, and try using, drugs and alcohol Drug and alcohol education during year 7, 8 and 9 was perceived as 'given too early, repetitive and not really parting with much information' It was felt, messages about drug and alcohol use need to be more powerful, speaking to people that had used drugs and alcohol would be more helpful in deterring them from using drugs or alcohol, 'this makes it more real' for young people. 	Young People
	Communication methods	<ul style="list-style-type: none"> Key facts about using drugs and alcohol, communication should be 'short and snappy' using social media, such as hashtag and twitter, a short you-tube video etc. 	Young People
	Targeting parents	<ul style="list-style-type: none"> It was generally agreed amongst the group that parents did not know about the drugs being used, the signs of drug use or the effects. 	Young People
Enforcement	Drugs (cannabis)	<ul style="list-style-type: none"> The group agreed it was too easy to buy drugs (Cannabis) in Tower Hamlets, generally it happens in streets and neighbourhoods and mostly the people selling drugs are known. It was felt 'police do nothing about Cannabis use, they walk past, and they have more important things to do.' The same drug dealers that have been dealing for the past five years are 	Young People

Theme	Key Issues		Group
		<p>still dealing.</p> <ul style="list-style-type: none"> No one wants to report it to the police, they are afraid of come back on them. 	
	Availability of alcohol	<ul style="list-style-type: none"> The group agreed that it was too easy to buy alcohol at the local off licence, 'they're just businesses that don't really care who they're selling alcohol to.' 	Young People

9 General Public Survey

9.1 In total 301 residents took part in the telephone survey.

Drug and alcohol misuse in Tower Hamlets

9.2 67% of respondents felt that where they live, drug and alcohol misuse was a concern. Of those who felt drug and alcohol misuse was a concern:

- 85% felt the concerns were around antisocial behaviour
- 84% felt the concerns were around drug dealing or drug taking on their streets or neighbourhoods
- 67% felt the concerns were around empty bottles or can littering the streets
- 67% felt the concerns were around rowdy behaviour from late night drinkers
- 55% felt the concerns were around violence/fear of violence
- 50% felt the concerns were around underage drinking
- 31% felt the concerns were around discarded needles or drug paraphernalia

9.3 59% of participants felt there was not enough being done to tackle these concerns about drug and alcohol misuse. Of those who felt not enough was being done to tackle the concerns:

- 43% felt there could be 'stronger police presence'
- 10% felt there could be 'more CCTV'

9.4 44% of respondents 'knew who to contact, if someone they know had had a drug or alcohol issue. Of those that knew who to contact;

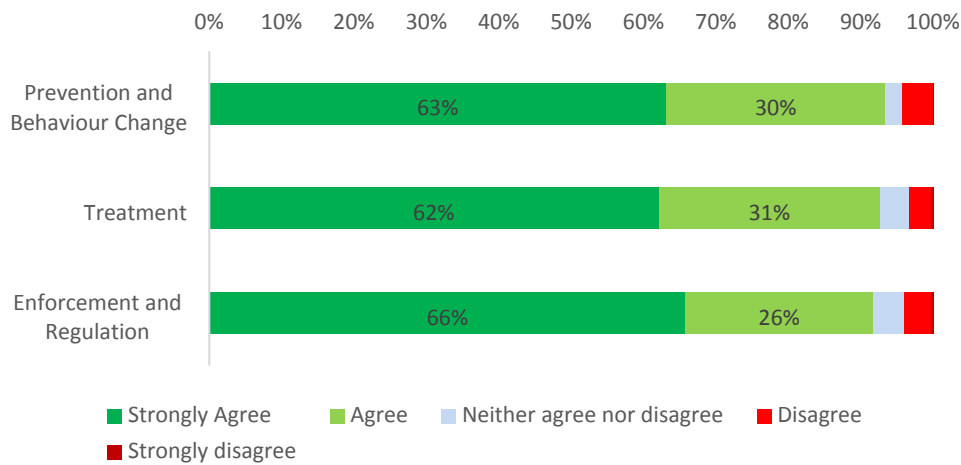
- 34% would contact a GP
- 19% would contact A&E
- 45% would contact drug and alcohol services
- 30% would contact Alcoholics Anonymous
- 16% would contact Cocaine Anonymous
- 15% would contact Narcotics Anonymous
- 50% would contact the local authority
- 20% selected other as who they would contact, other included police, google search and yellow pages.

Support for the Existing 3 Pillars Approach and the Themes

9.5 Respondents were invited to agree or disagree with the following themes as key in the development of the new strategy:

- 93% agreed or agreed strongly that 'Prevention and Behaviour Change' is a key theme
- 93% agreed or agreed strongly that 'Treatment' is a key theme
- 92% agreed or agreed strongly that 'Enforcement and Regulation' is a key theme.

Please indicate the extent to which you agree or disagree that the following themes are key in the development of the new strategy



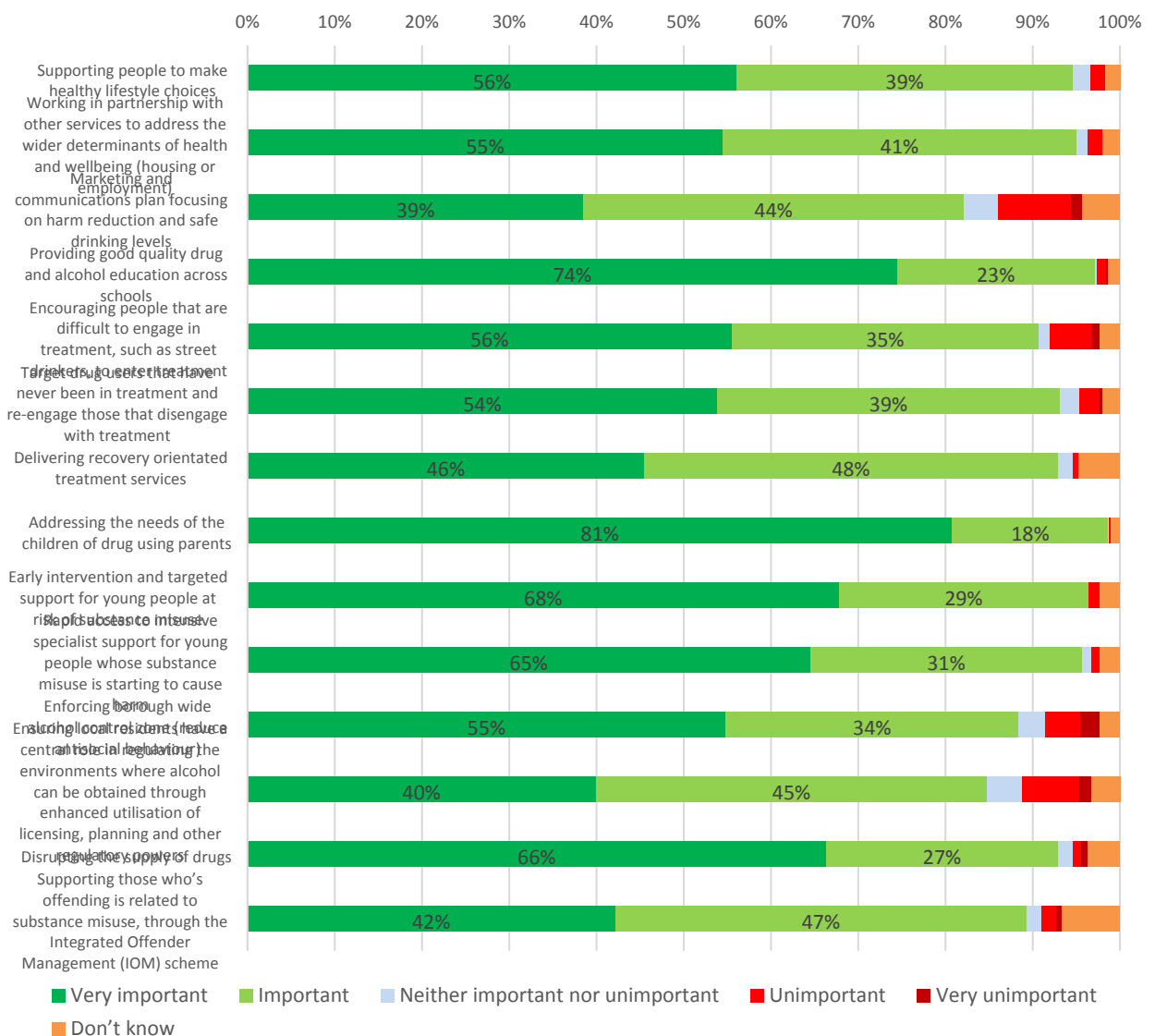
Priorities

9.6 Participants were invited to agree or disagree with the following priorities as key in the development of the new strategy:

- 95% felt 'supporting people to make healthy lifestyle choices' was either important or very important
- 95% felt 'working in partnership with other services to address the wider determinants of health and wellbeing (housing or employment)' was either important or very important
- 82% felt 'marketing and communications plan focusing on harm reduction and safe drinking levels' was either important or very important
- 97% felt 'Providing good quality drug and alcohol education across schools' was either important or very important
- 91% felt 'encouraging people that are difficult to engage in treatment, such as street drinkers, to enter treatment' was either important or very important
- 93% felt 'Target drug users that have never been in treatment and re-engage those that disengage with treatment' was either important or very important
- 93% felt 'delivering recovery orientated treatment services' was either important or very important
- 99% felt 'addressing the needs of the children of drug using parents' was either important or very important
- 96% felt 'early intervention and targeted support for young people at risk of substance misuse' was either important or very important
- 96% felt 'rapid access to intensive specialist support for young people whose substance misuse is starting to cause harm' was either important or very important
- 88% felt 'enforcing borough wide alcohol control zone (reduce antisocial behaviour)' was either important or very important

- 85% felt 'ensuring local residents have a central role in regulating the environments where alcohol can be obtained through enhanced utilisation of licensing, planning and other regulatory powers' was either important or very important
- 93% felt 'Disrupting the supply of drugs' was either important or very important
- 89% felt 'Supporting those whose offending is related to substance misuse, through the Integrated Offender Management (IOM) scheme' was either important or very important.

Please rate the following priority actions in order of importance



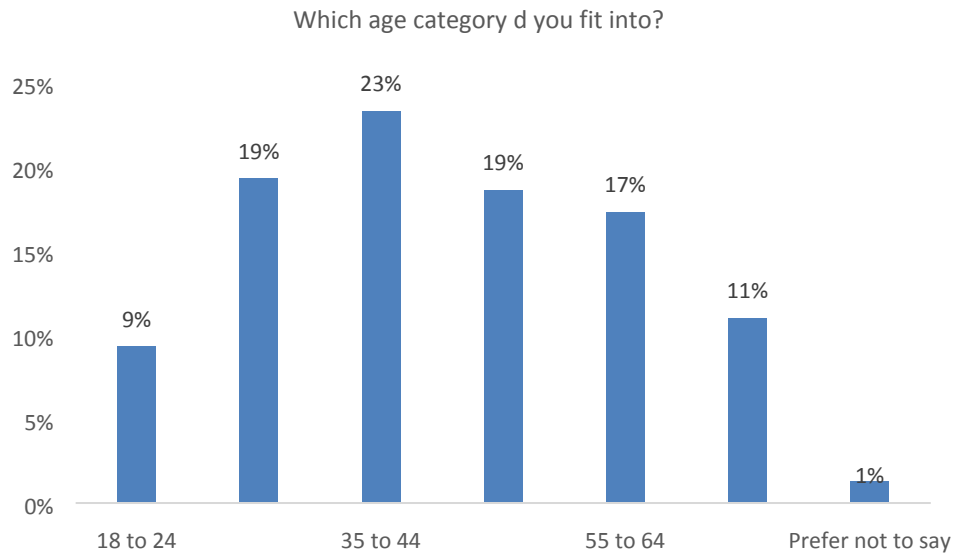
Other Priorities

9.7 Participants were invited to add other priorities they considered were important to the development of the new substance misuse strategy:

- The priority consideration most frequently noted were, need for a stronger police presence, more youth clubs and initiatives to keep young people busy and more drug and alcohol training in schools.

9.8 The following charts provide show the demographic profile of residents of Tower Hamlets who responded to this survey.

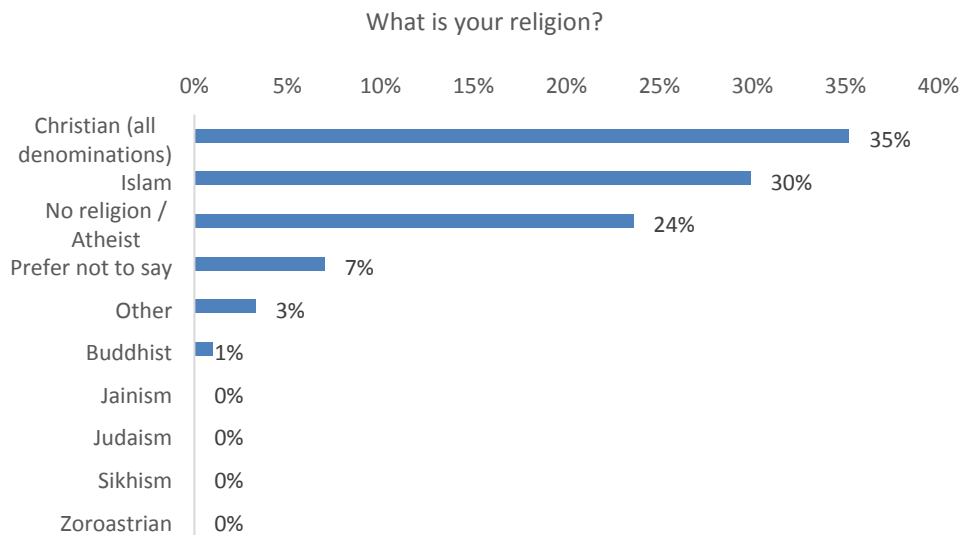
9.9 Profile of age:



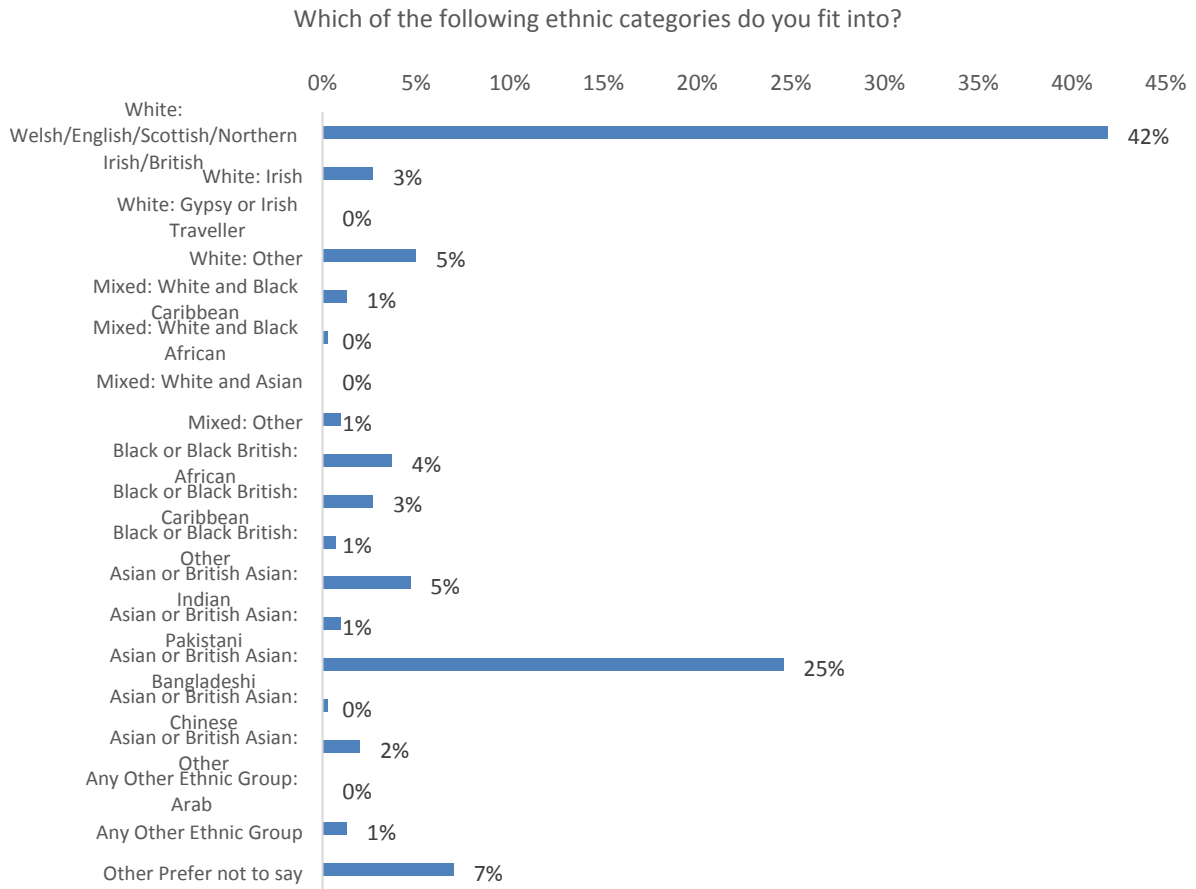
9.10 12% of respondents stated they had a disability

9.11 52% were female and the remaining 48% were male respondents

9.12 Profile of religious belief:



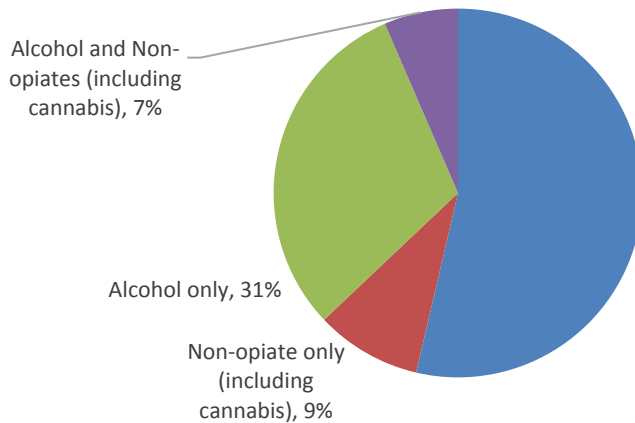
9.13 Profile of ethnicity:



10 Service User Survey

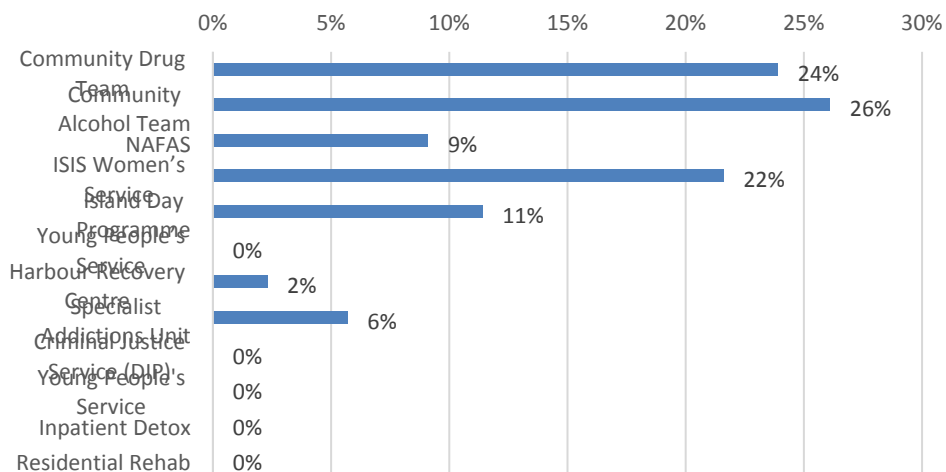
10.1 The Service User Survey was carried out through November 2015. In total there were 115 respondents to the survey, from a wide range of service users across the treatment system. The majority (54%) of respondents were in treatment for the use of opiate drugs (with any other drug or alcohol).

Please tell us the type of substance(s) you are using?

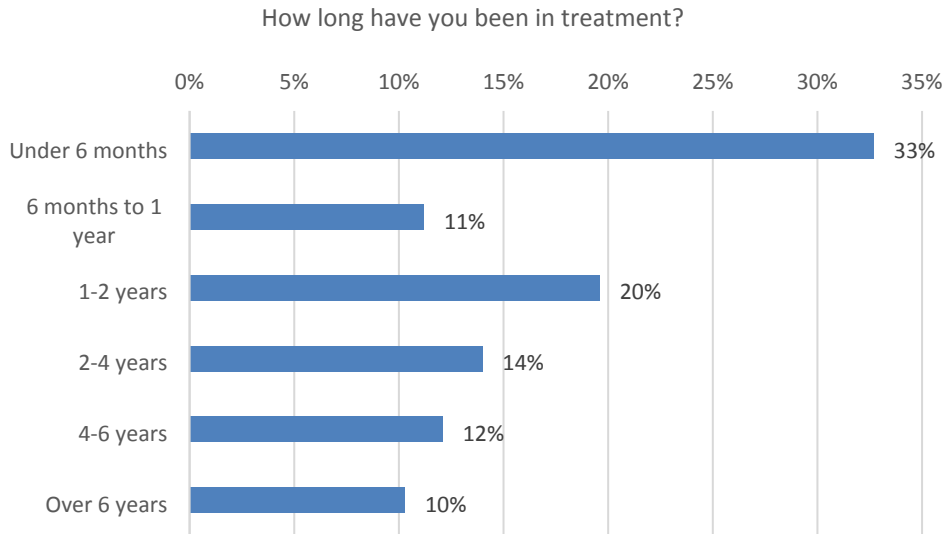


10.2 Respondents were in treatment with the following services:

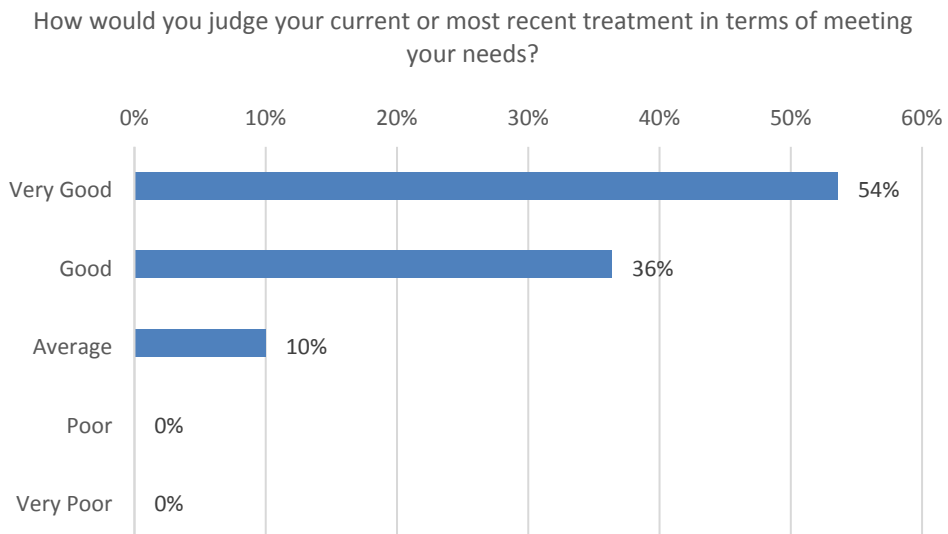
Where do you receive your treatment?



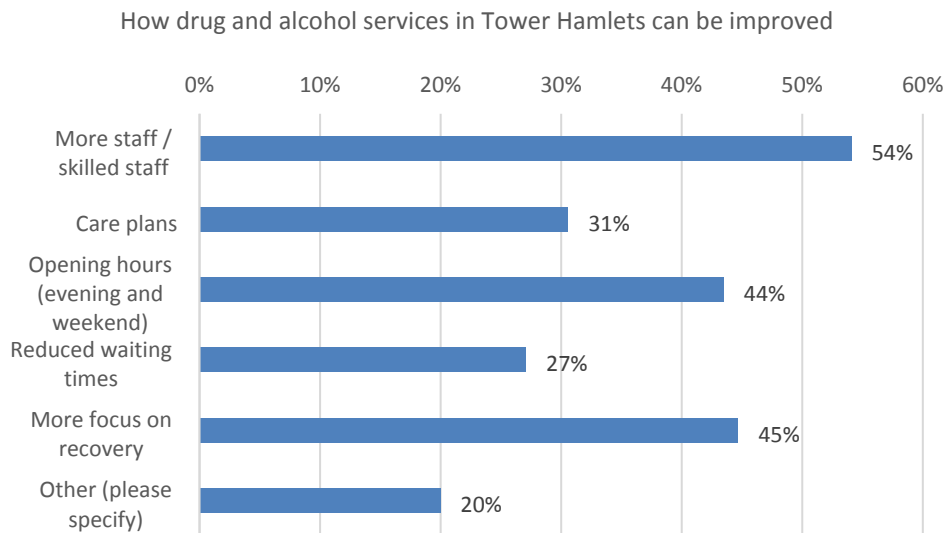
10.3 Respondents were in treatment for varying lengths of time, one third were in treatment for less than six months and 10% in treatment for over six years:



10.4 Overall respondents felt their treatment was meeting their needs. Over half (55%) of the respondents felt their current or most recent treatment was very good in meeting their needs, 36% felt it was good and 9% felt it was average.



10.5 However, 74% also felt the treatment services in Tower Hamlets could be improved. Of those respondents, most felt improvements could be made by having more staff or skilled staff (54%), more focus on recovery (47%) and extended opening times (evening and weekend) (46%).

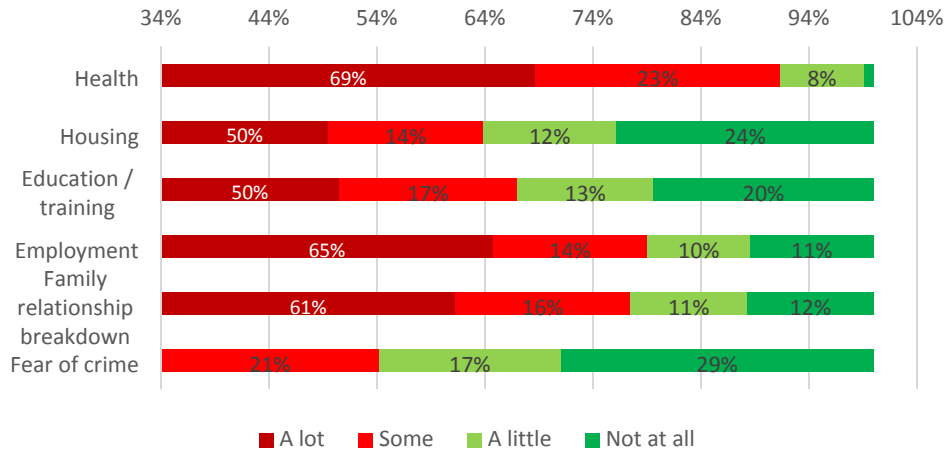


10.6 Specific comments in relation to improving drug and alcohol services included:

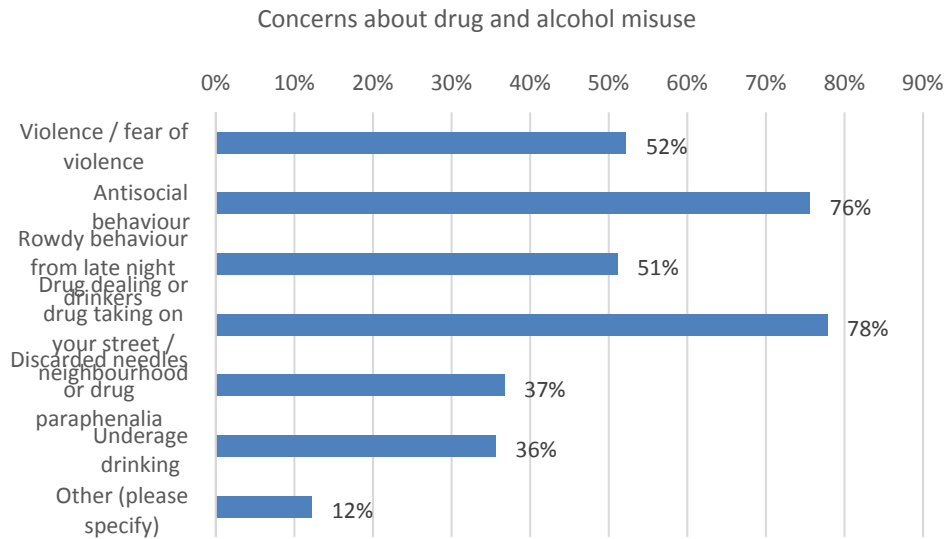
- Improved telephone contact at all hours
- Reverse any cuts and ensure this essential service remains funded.
- Shorter wait to get into recovery. More NA sessions in borough.
- Residential treatment for non UK residents
- More focus on training and education
- Alcohol should not be sold after 12am - it's making more people drink, means more mess, more antisocial behaviour
- More diversionary activities for drug users
- Length of treatment to be shortened.
- More activities in the borough
- Personal care
- More tailored approach to individual
- Give people who have been through the services the opportunity to be staff there afterwards.
- It's doing a great job.
- More day trips e.g. places of interest, museums, etc.
- LGBT service, psychotherapy more widely available.
- Longer opening hours.
- More days out/incentives for abstinence.

10.7 In terms of the impact of drugs and alcohol has had on the lives of respondents, the majority felt their health, housing, education or training, employment and family relationship breakdown had been impacted a lot.

To what extent has your drug or alcohol use impacted on you in relation to the following?



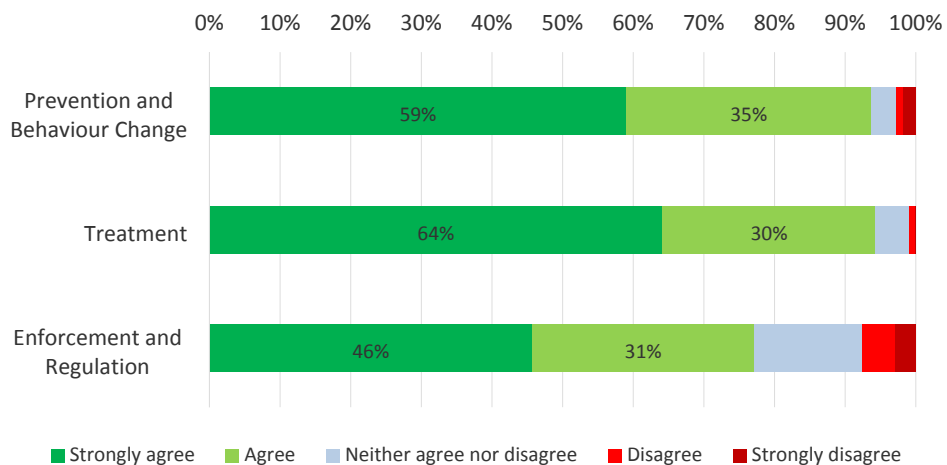
10.8 82% of respondents felt drugs and alcohol were a concern in the areas they lived. For the majority of respondents, the most common concerns were around drug dealing or taking on their street or neighbourhood (78%) and antisocial behaviour (76%).



10.9 74% of respondents felt not enough was being done about these concerns.

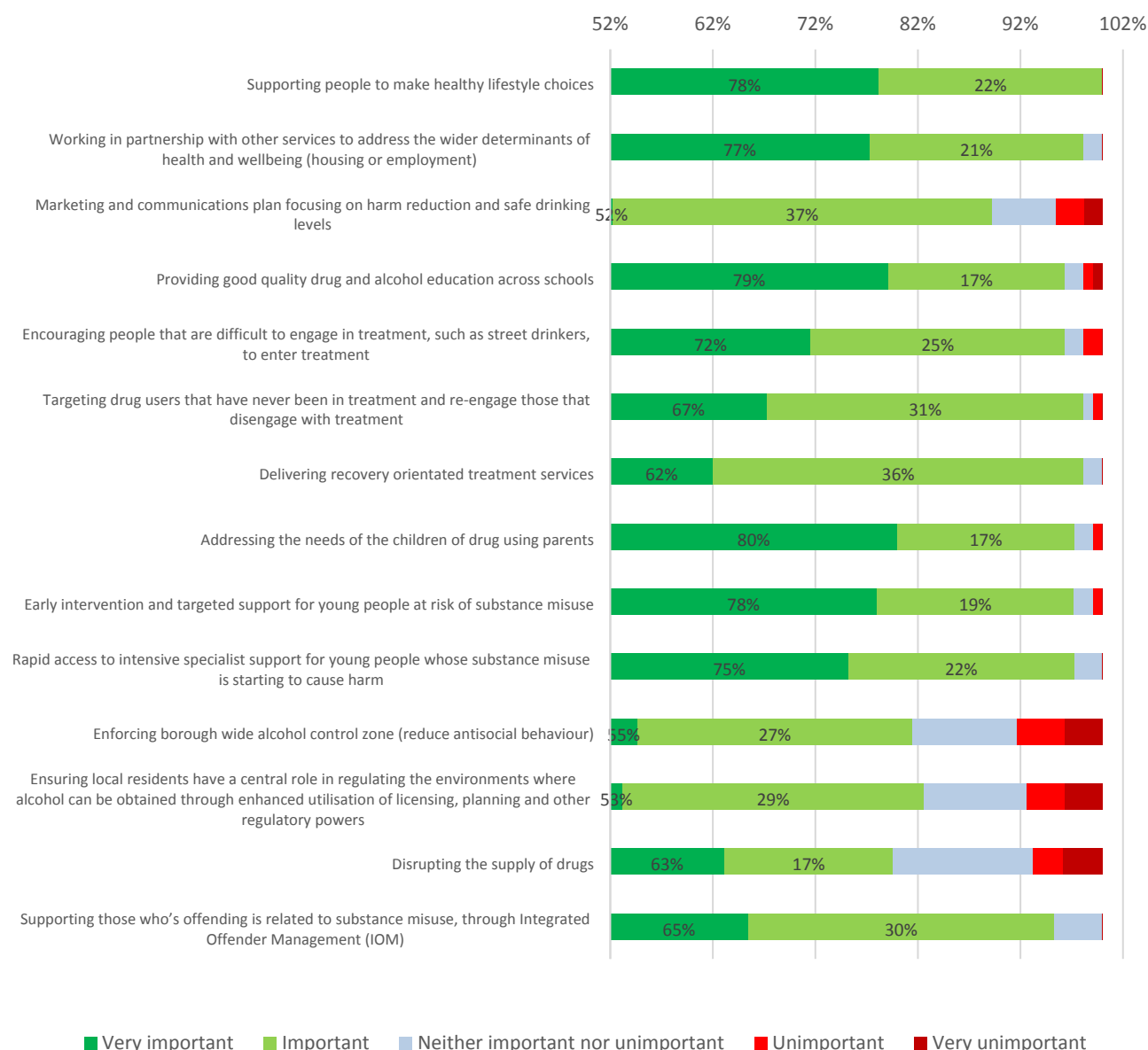
- 10.10 The vast majority of respondents agreed with the three pillars of the current strategy being developed in the new strategy:
- 94% agreed with Prevention and Behaviour change
 - 94% agreed with Treatment
 - 77% agreed with Enforcement and Regulation

Please indicate the extent to which you agree or disagree that the following pillars are key in the development of the new Strategy



10.11 Service users felt the following issues were important:

Please indicate the extent to which you feel the following priorities are important



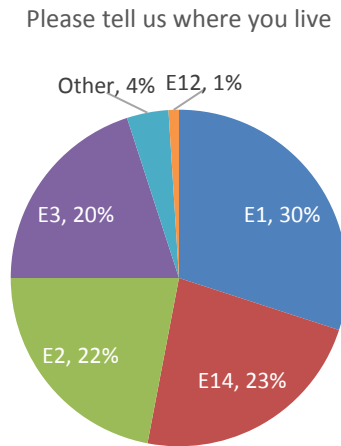
10.12 Based on their experience, respondents were invited to set out other key priority actions for the strategy in relation to drugs and alcohol. The following priorities were highlighted:

- Educating GPs and more education in schools
- Fight to maintain the current level of services since treating people with addiction saves money - health, property etc - and reducing the service would be a false economy. N.B. maintaining a women's only service and one that is easily accessible to people of different ethnic backgrounds is essential.
- Employ more people who have been in recovery for a minimum of 2-years total abstinence.

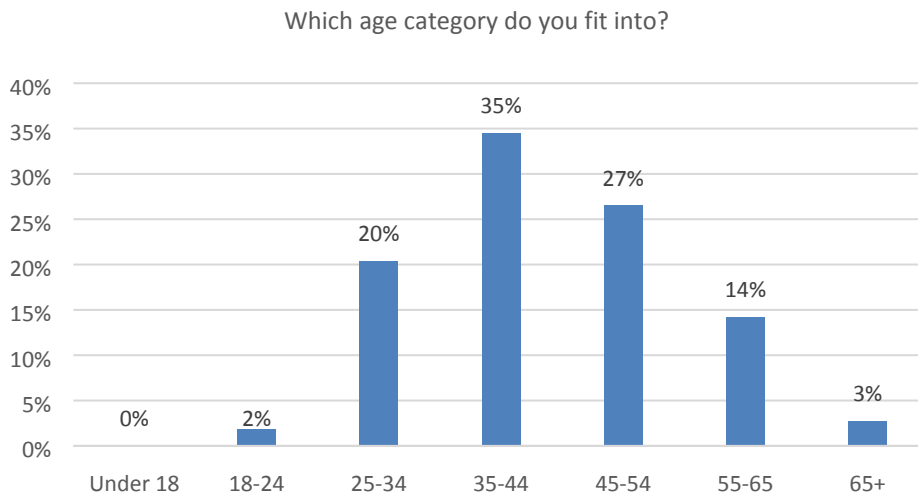
- When people first start using they should be told what the risks are and what will happen to their lives should they continue.
- Get street drinkers off the street and protect women from intimidation by drunk and aggressive men.
- Better communication between alcohol and mental health services.
- Alcohol should be made more expensive and less widely available
- To have open days to tell clients their options about treatment
- Compulsory drug tests for service providers
- For people on the street or in some hostels, it's hard because drugs are in their face, even getting offered to them. When they are in this drug cycle, it is very difficult. Take them to rehab (if they are serious) - get drug free hostels and more dry ones.
- Quick access would be more helpful to leave Booth House because too much drugs in the place I don't want to stay there too long.
- Disrupt supply of drugs and tackling drug trading.
- Tackling crime and focusing on the dealers rather than the users.
- The 'new' user needs to understand 'addiction' is an illness and can be treated
- Policing - no enforcement will be useful without properly giving needed resources - issue for MP & councilors, general and local government.
- Help with housing so it will be better for us to stay safe and off it.
- Tighter control on individuals going in and out of rehab continuously by moving borough and using that council for funding for treatment.
- I think catching people while they are young and trying to prevent use in the beginning is the most important way forward. Prevention is paramount.
- More CCTV in known high risk areas, i.e. stairwell, car parks.
- More helplines available (24 hour) and posters to make potential client away in more public settings.
- Enforcing rehabilitation for people who are unable to work due to addiction
- Housing should be dealt with asap
- Don't disrupt the flow of drugs. This pushes prices up and makes the ringleaders recruit youngsters. I was once sold heroin by a 10 year-old, Yes a 10 year-old in Greenwich. Also it makes them cut the remainder of the drugs with a dirty alternative to make up the money.
- Make drugs legal
- Early intervention, better services for prevention of relapse. More education and support from GP's when looking for referral. However, by ensuring local residents have a central role in regulating the environments where alcohol can be purchased will encourage more harassment of drinkers.

10.13 The following charts provide the demographic profile of service users who responded to this survey.

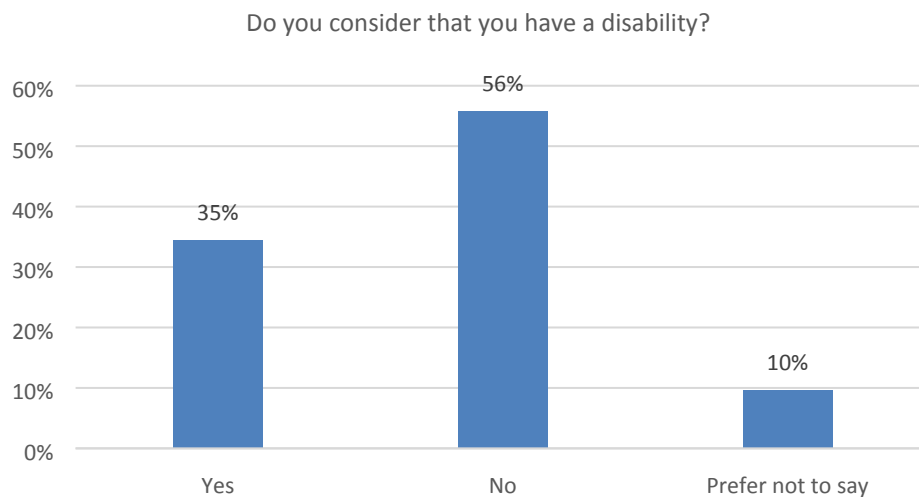
10.14 Profile of where respondents lived (within Tower Hamlets):



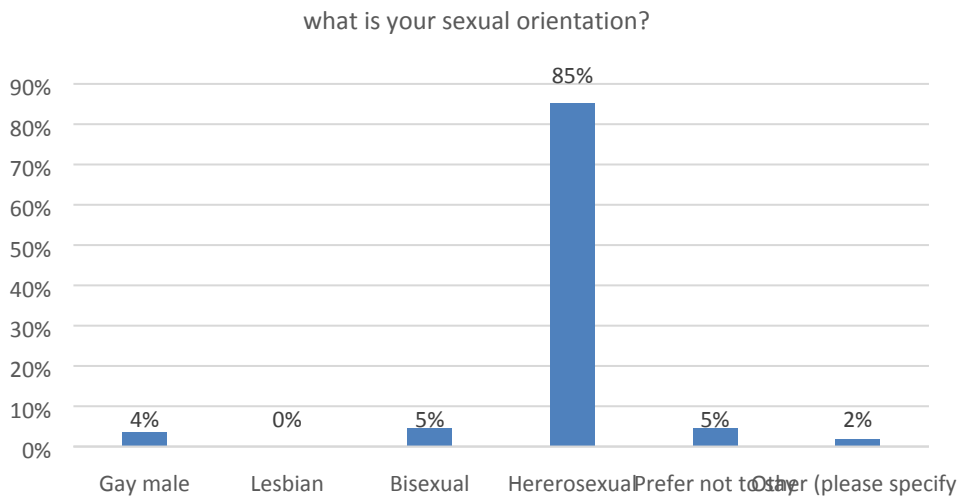
10.15 Profile of age:



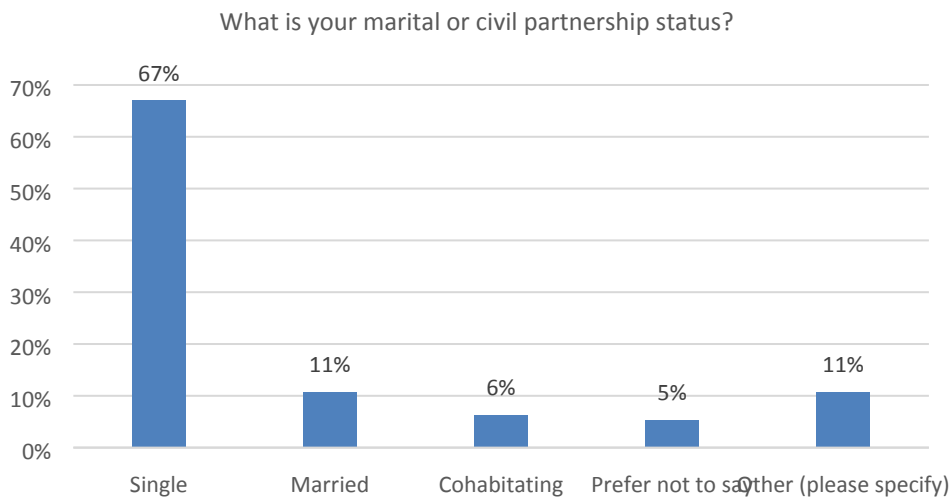
10.16 Profile of disability status:



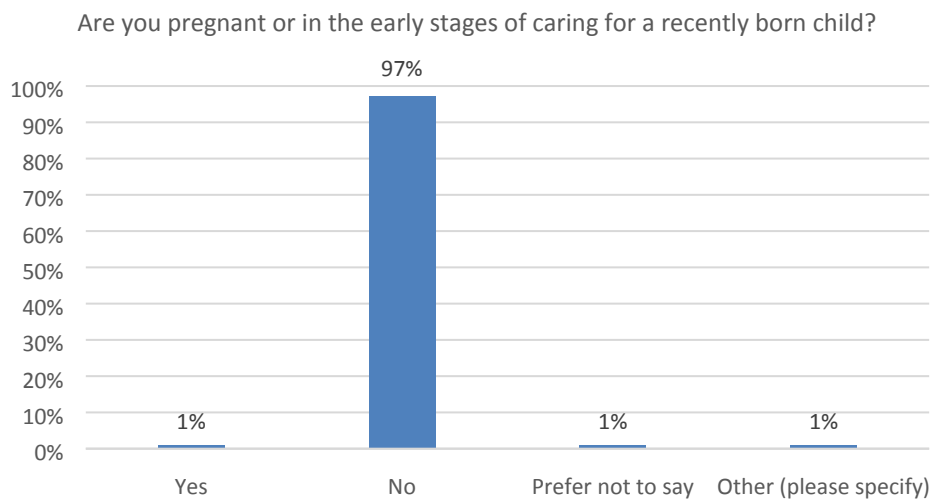
10.17 Profile of sexual orientation:



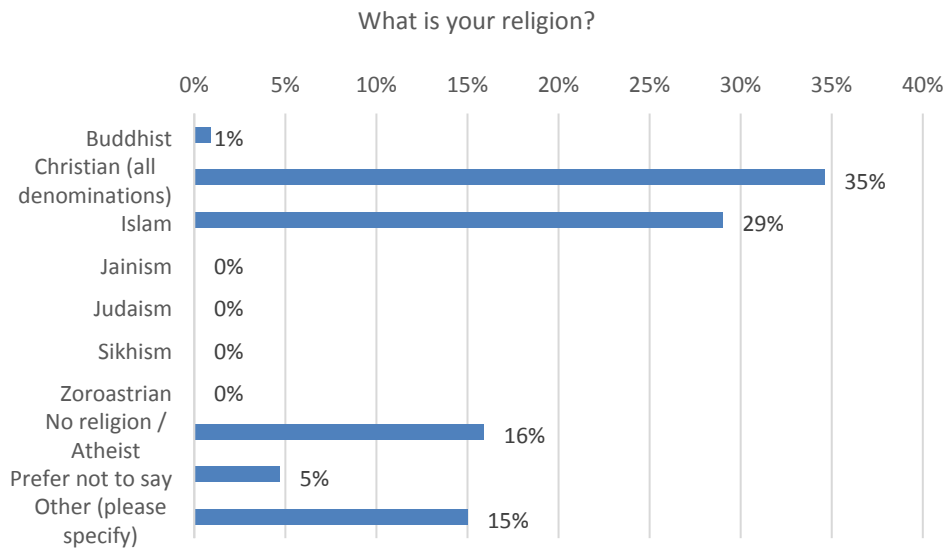
10.18 Profile of marital status:



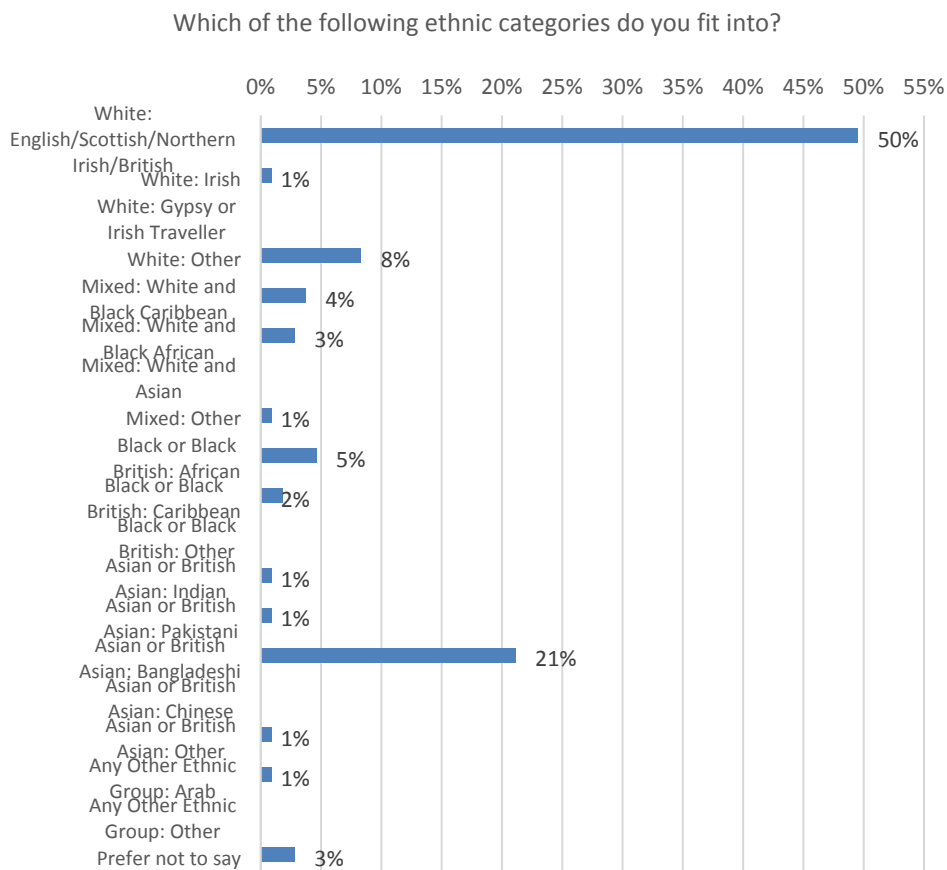
10.19 Profile of maternity/post maternity status:



10.20 Profile of religious belief:



10.21 Profile of Ethnicity:



11 Substance Misuse Strategy Development 2016-19 Stakeholder Workshop (held at Shadwell Centre)

11.1 34 stakeholders attended the workshop designed to evaluate the current strategy 2012-16, review the key findings from the programme of consultation to date and consider priorities going forward over the next 3 years. The majority of partners were represented at this meeting, including, treatment services, hostels, substance misuse commissioner (young people and adults), police, health, clinical commissioning group (mental health), pharmacists, social care, public health and service users.

11.2 The key findings are set out in the table below:

Theme	Key Issues	Priorities going forward
Evaluating the Substance Misuse Strategy 2012-15	What has worked well in the 2012-16 Strategy	<p>Prevention and behaviour change:</p> <ul style="list-style-type: none"> • Early identification and intervention • Engagement through tier 2 services and raising awareness of substance use among non-substance misuse services <p>Treatment:</p> <ul style="list-style-type: none"> • Better multi-agency working arrangements to address the needs of drug and alcohol users • Young person services are providing a holistic approach in meeting the needs of young people • Rapid access into treatment • Celebrating recovery events were successful and received positively <p>Enforcement and regulation:</p> <ul style="list-style-type: none"> • Controlled drinking zone has had a positive impact, with notable reduction in street drinking • Impact of the enforcement work of THEOs and police in general has worked well
	What has not worked well in the 2012-15 Strategy	<p>Prevention and behaviour change:</p> <ul style="list-style-type: none"> • Harm reduction, in relation to new psychoactive substances • Lack of understanding about young people and NPS drug use • Hidden problem of drinking – identification and engagement

Theme	Key Issues	Priorities going forward
		<p>Treatment:</p> <ul style="list-style-type: none"> • Pathways between primary health care and community treatment services, pathways from treatment into targeting recovery support • Communication about services on offer and available • Relationship between young person services, Mental Health, A&E needs better partnership approach <p>Enforcement and regulation:</p> <ul style="list-style-type: none"> • There are still hot spots where street drinking is a problem that needs to be addressed
	What could be learnt from the way the strategy was delivered	<ul style="list-style-type: none"> • Working more effectively to address the needs of people that misuse drugs and alcohol, between various agencies • Understanding of the changing drug and alcohol use among young people (spirits and NPS are most commonly used) • Improved links with partners to build cohesion between the different strands of the strategy • Clearly defined roles and responsibilities among partners so that actions are owned and monitored • Use 'golden thread' approach so that ownership of the strategy is from top to bottom • Regular review and monitoring of the strategy to 'keep the strategy live' • Raise profile of strategy
How to improve partnership working and collective response to tackling drugs and alcohol	Role partners have in preventing people from using drugs and drinking to harmful levels	<ul style="list-style-type: none"> • Increase involvement of voluntary sector in prevention work / utilise their relationships, networks • 'Prevention is everyone's business' – as drug and alcohol clients are often clients with other frontline services • Common themes in assessment tools/care plans among all front line services to identify and refer people with drug and alcohol issues • Increased effective communication of the risks associated with drugs and alcohol • Build resilient communities

Theme	Key Issues	Priorities going forward
		<ul style="list-style-type: none"> • Work with schools and education providers to take responsibilities (school, universities) • Build strong links with safeguarding to maximise reach • Utilise more the powers through licencing and trading standards
	How to better link treatment services to wider support services	<ul style="list-style-type: none"> • Information needs to flow between treatment and wider support services, including through formal routes for example through commissioning and contracts and through joint targets • Integrated services and colocation • Adopt a multidisciplinary approach and involvement in addressing the wider support needs (particularly in relation to housing, DWP) • Utilise strategy to secure buy-in at highest levels
	Enforcement and regulation efforts to reduce supply of drugs and better regulate alcohol	<ul style="list-style-type: none"> • Enforcement should be visible and empower communities • Make local authorities team visible • Controlled drinking zones need to be enforced, for them to be effective • The 'problems are in the borough' and effort should be focused there • Efforts should be targeted at the higher end of the supply chain and not target small dealers • A quicker police response, perception that THEO's are not as effective • Integrate treatment outreach services with enforcement • Limited licencing hours • Restrictions on sale of high strength alcohol
Priorities going forward	Specific areas of focus for the Substance Misuse Strategy 2016-19	<p>Prevention and behaviour change:</p> <ul style="list-style-type: none"> • Focus on community engagement • Focus on social media and internet to engage with drug users and residents, especially communities who buy drugs on the internet and meet to take drugs via the internet / social media (Chemsex) • Deliver holistic work with educational partners including schools • Utilise off licences and other alcohol sellers to inform about drugs and alcohol

Theme	Key Issues	Priorities going forward
		<ul style="list-style-type: none"> • Share knowledge about new research and developments in the profession, new drugs, methods of treatment etc. • Educate families and communities about drugs and alcohol • Clear strategy for drug/alcohol education - who does it, where, when <p>Treatment:</p> <ul style="list-style-type: none"> • Adopting a flexible and innovative approach to delivering treatment, respond to new emerging patterns and behaviour of substance use (NSP and Chemsex) • Ensure that treatment remains accessible for everyone who needs it • Treatment should be accessible on weekends and not just 9 to 5 / Monday to Friday • Clear pathways, client focused, increased choice and improved access • Develop proposal about drug consumption rooms • Foster partnership between young people and adult services • Develop integrated treatment programmes for families and make support available for families • Develop work focused on mothers and children, develop link further with Children centres • Workforce development <p>Enforcement and regulation:</p> <ul style="list-style-type: none"> • Joint tasking of THEOs, police and licensing teams • Conditional cautioning for alcohol / NPSs • Increase pre-enforcement planning • Mapping and understanding of the NPSs • Test purchases NPSs and alcohol • Address late night/early morning opening hours of off licenses • Continue to develop Integrated Offender Management (IOM) scheme • As part of the prevention key messages of the consequences of enforcement and regulation should be used
Barriers to achieving these		<ul style="list-style-type: none"> • The right information about what treatment is and what the options are

Theme	Key Issues	Priorities going forward
priorities		<ul style="list-style-type: none"> • Cuts and austerity – reduction in funding • Enforcement capacity is failing • Stigma remains as a barrier to treatment • National policy might not be in line with practice on the ground • Local red tape and paper work, outdated case management systems • Too many treatment providers in the borough making communication difficult and resource intensive • Confidentiality makes some work difficult and nearly impossible
Solutions to the barriers		<ul style="list-style-type: none"> • Substance misuse needs to be a shared responsibility • Communication between different partners and an understanding of what different partners are doing • Lobby national policy and contribute to PHE and other consultations • Focus on joined partnership working to mitigate cuts and austerity • Develop case management system, improve current Mi-case and free up time for keyworkers. • Create effective data sharing agreements between services (not just drug and alcohol services) • Promote positive impact of treatment for clients and the whole community

12 Common Strategy Priorities emerging (Based on the 3 Pillar Approach with modifications)

The consultations outlined culminated in generation of the broad priorities below and these were used to develop a draft strategy for consultation.

THREE PILLARS APPROACH		
Prevention and Behaviour Change	Treatment	Enforcement and Regulation
Including: <ul style="list-style-type: none"> Information and Awareness Engagement Education Support for Substance Misusing Population Prevention campaigns Health Messages Communications Addressing hidden harm and safeguarding vulnerably Young people and Adults 	Including: <ul style="list-style-type: none"> Service engagement of those in need Accessible provision available to all Screening and Identification Assessment and recovery planning Recovery orientated treatment Maintaining recovery support, aftercare and re-integration Peer mentoring and self help 	Including: <ul style="list-style-type: none"> Integrated Offender Management Licencing and regulatory enforcement Dedicated and targeted operations Enforcement of controlled drinking zone.
Setting the Foundations for Effective Impact		
<ul style="list-style-type: none"> Effective use of gathered and analysed Data and Intelligence 	<ul style="list-style-type: none"> Setting the right Governance mechanisms 	<ul style="list-style-type: none"> Safeguarding resources to sustain local provision

13 Consultation on Draft Strategy

- 13.1 The draft substance misuse strategy 2016-19 was published on the council's website for consultation among the general public and partnership services (statutory and voluntary). In addition, colleagues across the partnership were invited to participate in the consultation by the DAAT. The consultation closed on 14 April 2016.
- 13.2 Participants in the consultation were invited to complete a short survey asking them to indicate their level of support for the Partnership's vision for tackling drugs and alcohol, the clarity with which the priorities are set out and the level of support for the themes and priorities which make up the three pillars of the strategy.
- 13.3 In total there were 9 respondents to the survey, the majority were male (67%) and 33% female. Respondents were predominately from drug and alcohol services with some representation from GPs, social care and housing (including hostels). The findings are set out below:
- 100% agreed with partnerships vision to tackling drugs and alcohol
 - 89% felt the priorities of the strategy were clear and easy to understand
 - All respondents agreed and in some cases agreed strongly with the key themes under the three pillars of 'prevention and behaviour change', 'treatment' and 'enforcement and regulation'
 - 56% agreed strongly with 'prevention and behaviour change' as a pillar of the strategy, 33% agreed, 11% did not respond
 - 56% agreed strongly with 'treatment' as a pillar of the strategy, 33% agreed, 11% did not respond
 - 67% agreed strongly with 'enforcement and regulation' as a pillar of the strategy, 11% agreed, 11% did not agree or disagree.
- 13.4 Respondents were invited to provide other suggestions or comments in relation to the strategy:
- "Embed the thinking of effective joint working as no organisation can meet the all the needs of our clients but working together should impact on higher successful outcomes."

Appendix 1: Stakeholders Interviewed

Name	Organisation
Alex Verne	Specialist Addictions Unit (SAU)
Andy Bamber	Drug and Alcohol Action Team (DAAT), Tower Hamlets Council
Anna Livingstone	GP, Clinical Commissioning Group (CCG)
David Tolley	Licensing, Tower Hamlets Council
Dayo Agunbiade	Specialist Addictions Unit (SAU)
Elizabeth Hamer	Drug Interventions Programme (DIP)
Jill Goodard	Public Health
John Mzondo	Health E1
Karen Badgery	Children's Services, Tower Hamlets Council
Kate Smith	Public Health, Tower Hamlets Council
Kevin Kewin	Tower Hamlets Council
Linda Neimantas	Probation (CRC)
Madeleine Rudolph	Public Health England
Mark Hilton	CDT, Lifeline
Mike Hamer	Police
Paula McGranaghan	ISIS
Penny Louch	Health E1
Phil Greenwood	Providence Row Dellow Centre
Rachel Sadegh	Drug and Alcohol Action Team (DAAT), Tower Hamlets Council
Richard Stevenson	Island Day Programme
Sara Fox	CDT Young People, Lifeline
Shareen Hemmuth	Tower Hamlets Community Alcohol Team (THCAT)
Sharif Shaheen	Drug Interventions Programme (DIP)/ Integrated Offender Management (IOM)
Sharon Hawley	Specialist Addictions Unit (SAU)
Sibel Duru	NACRO
Somen Banerjee	Public Health
Sonia Carollo	Specialist Midwife
Tarlok Singh	Harbour Recovery Centre
Tohel Ahmed	NAFAS
Tony O'Ceallaigh	Tower Hamlets Clinical Commissioning Group (CCG)
Trevor Kennett	ASB Team, Tower Hamlets Council

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Substance Misuse Strategy Action Plan 2016/17

Prevention and Behaviour Change

PBC1 We will support people to maximise their health and wellbeing by providing targeted communication and community education about alcohol and substance misuse including information about the support services available alongside targeted support for those who are at risk

Owner	Action	Deadline	Key Performance Indicator	Milestone	Progress update
LBTH Public Health	Increase the confidence and capacity within the health trainers, health champions and outreach workers in screening and delivering brief intervention and information re substance misuse including NPS	End of March 2017	Health trainers to have received SM update	Oct 16 -35% of health trainers received an update March 17- 75% of health trainers received an update	
LBTH Childrens services	Introducing Healthy Youth Centre Model	End March 2017	Integrating community drug and alcohol services with delivery model to mainstream 5 elements of healthy eating, physical activity, drug and alcohol education, sex and relationship education (SRE), emotional health Training staff in Making Every Contact Count	Service plans for Q2 start to integrate commissioned young people substance misuse service along with Step Forward for emotional health and Peer Education for SRE All service plans for Q3 contain regular weekly sessions Peer education officer to attend training as a pilot in Q2 and work with Public Health to develop a youth version Roll out of training to staff in Q3	
LBTH DAAT	Deliver visible launch of new treatment services with comprehensive messages regarding substance misuse and where to get help	30/11/16	Increase number of referrals into drug / alcohol treatment services by 5%	<ul style="list-style-type: none"> Award contract to new services – June 2016 Implement new services 01/01/17 	

LBTH PH	Through the public health review of services commissioned through the public health grant identify the drugs and alcohol health promotions to be delivered by public health and commissioned services in 2016/17 and 2017/8	Dec 2017		PH medium term financial review undertaken and options presented Oct 2017.	
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PBC2 We will ensure that our drug and alcohol information and prevention activity is integrated within our broader health promotion and prevention programmes, to ensure that we offer helpful and accessible information consistently across agencies, and that front-line staff in all relevant settings have the right skills and knowledge to provide information and support, including mental health and wellbeing

Owner	Action	Deadline	Key Performance Indicator	Milestone	Progress update
Public Health (LBTH)	Ensure the principles of Making Every Contact Count (MECC) are mainstreamed into frontline services.	End March 2017	Number of front line staff attending MECC training	50 staff in adult services trained 50 staff in childrens services by Oct 16 100 in total trained in adult services and 100 in children's services trained by March 17	

Public Health (LBTH)	Strengthen the inclusion of substance misuse in development of other relevant strategies / plans in 2016/17 including; <ul style="list-style-type: none"> • Health and Wellbeing Strategy • Children and Families Plan • Reprocurement of sexual health services across London • Hostels Commissioning Plans 	End March 2017	<ul style="list-style-type: none"> • Substance misuse integrated in cross-cutting strategies of relevance. • Substance Misuse Strategy for 2016-19 aligned with new Health and Wellbeing Strategy 	<ul style="list-style-type: none"> • Participation in scheduled consultations / workshops • Ensure new plans / consultations / strategies considered at DAAT Board 	
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PBC3 We will develop a multi-agency communications plan for young people and adults with a focus on harm reduction, safer drinking levels whilst targeting communities with high level of alcohol related harm

Owner	Action	Deadline	Key Performance Indicator	Milestone	Progress update
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Public Health	<p>Develop and implement an annual multi-agency communications plan for service users (adults and young people) and professionals with a focus on:</p> <ul style="list-style-type: none"> • harm reduction and safe drinking levels, targeting communities with high levels of alcohol related harm • drug related harm and treatment services available • Supporting parents to address drug and alcohol misuse with their children. • Harms associated with novel psychoactive substances / legal highs 	<p>Plan developed by 31/07/16 and delivered by 31/03/16</p>	<ul style="list-style-type: none"> • A minimum of three high profile communications campaigns run during the course of the year. • A minimum of 300 direct contacts made via the communications campaign 	<ul style="list-style-type: none"> • Communications plan to be agreed August 2016 • Communications activity to commence in September 2016. 	
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PBC4 We will continue to ensure identification and brief advice and, where appropriate, referral on to other agencies is routinely undertaken on people attending key frontline services across health and social care.

Owner	Action	Deadline	Key Performance Indicator	Milestone	Progress update
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TH DAAT	Ensure identification and brief advice interventions (IBAs) are routinely offered to adult clients across a range of frontline services including: <ul style="list-style-type: none"> • Hostels • Patients accessing hospital services • Sexual health services • Newly registered patients within GP practices • Probation services • Health trainers 	March 2017	<ul style="list-style-type: none"> • Provision of IBAs written into service specifications of providers. • A minimum of 35,000 IBAs carried out across the borough • Increase number of individuals engaged in structured alcohol treatment by 10% compared to 2015/16 numbers. 	<ul style="list-style-type: none"> • Review Barts Health contract and implement new model of service by January 2017 • Quarterly collection of data to be presented to DAATB • Agree incorporation of IBAs into sexual health service assessments by January 2017 • Agree recording of IBAs with Probation services by January 2017 • Deliver training sessions where required 	
PBC5 We will work with universal services to ensure that the partnership's drugs and alcohol messages are consistent and supportive of our aim, to make people better informed and able to make healthier choices to access services.					
Owner	Action	Deadline	Key Performance Indicator	Milestone	Progress update
LBTH DAAT / LBTH Children s services	Deliver quarterly fora to raise awareness of substance misuse issues for adults and Young People and ensure pathways are embedded across frontline services	March 2017	<ul style="list-style-type: none"> • At least 8 meetings per year • Representation from key frontline services 	<ul style="list-style-type: none"> • Quarterly young people substance misuse networks • Quarterly Drug and Alcohol Networks (adults) 	

LBTH DAAT / LBTH Children's services	Plan and deliver a course of training sessions to frontline professionals including: <ul style="list-style-type: none"> • Social care teams • Childrens centres • Probation services • Hostels • GPs • Pharmacists • Health visitors Training to incorporate Making Every Contact Count and amended Chief Medical Officers guidance on alcohol consumption Training in relation to YP services to embed a child rights based approach	March 2017	<ul style="list-style-type: none"> • A minimum of 12 training sessions to be delivered • A minimum of 120 staff to be trained directly 	<ul style="list-style-type: none"> • Training plan to be developed by end September 2016 in conjunction with new treatment providers and Young Peoples service 	
PBC6 We will address hidden harm whilst safeguarding children and vulnerable adults through effective practices with integrated approaches to address the welfare of children of drug or alcohol misusing parents and vulnerable adults					
Owner	Action	Deadline	Key Performance Indicator	Milestone	Progress update
LBTH DAAT	Ensure regular systemic programmes are provided to address the needs of groups of families where there is substance misuse.	Oct 17	A minimum of 2 programmes to be delivered post implementation of new services (Dec 16 – Mar 17)	<ul style="list-style-type: none"> • Agreement reached with new provider regarding the programme to be delivered (October 2016) 	
LBTH DAAT	Ensure individual family support is available to address the impact of parental substance misuse	Mar 2017	A minimum of 20 family interventions recorded per year.	<ul style="list-style-type: none"> • Agreement reached with new provider regarding the interventions to be delivered (October 2016) 	

LBTH DAAT	Continued Training around Opiate Substitute Therapy (OST) Medication with a focus on Children's Services to prevent children ingesting Methadone / Buprenorphine	March 2017	At least 3 training sessions delivered across children's services teams	<ul style="list-style-type: none"> Agree fora and dates for training – September 2016 	
LBTH DAAT	Establish a robust approach to carer involvement and support across services	Nov 16	Regular engagement with at least 10 known carers Substance misuse carer support needs recognised in new LBTH Carer Strategy	<ul style="list-style-type: none"> Agreement reached with new providers regarding the offer to carers New Carer strategy developed – end July 2016 	
PBC7 We will work in partnership with schools to provide good quality drug and alcohol education, particularly around new psychoactive substances 'legal highs' and support schools to develop effective policies through a "whole schools approach".					
Owner	Action	Deadline	Key Performance Indicator	Milestone	Progress update
LBTH Childrens Services / PH	Revise healthy lives specification to reflect the above	Oct 16	Healthy Lives meeting their KPIs	Quarterly review meetings	
PBC8 We will target universal prevention activity with young people at risk of drug misuse.					
Owner	Action	Deadline	Key Performance Indicator	Milestone	Progress update
LBTH Children's services	Provide effective early intervention for substance misusing individuals in the youth justice system within and beyond the youth offending team	Mar17	<ul style="list-style-type: none"> 100% of young people in the criminal justice system screened for drug / alcohol issues 	<ul style="list-style-type: none"> Report ongoing performance via Young People Substance Misuse Operational Group 	

Treatment

T1 We have redesigned our treatment services and in 2016/17 we will commission an integrated drug and alcohol treatment system that is recovery focused, helping adults who are addicted or dependent to recover, by enabling, empowering and supporting them to progress along a journey of sustainable improvement to their health, well-being and independence. The treatment system will have strong service user involvement and peer led recovery outcomes. The three main elements of this treatment system will deliver outreach and engagement, specialist structured treatment and the provision of the right support to ensure that recovery is lasting.

Owner	Action	Deadline	Key Performance Indicator	Milestone	Progress update
LBTH DAAT	Implement an integrated drug and alcohol treatment system that is recovery focussed	01/10/16	Improve percentage of successful completions of Opiate, Non-Opiate and alcohol treatment to ensure performance is always in the top quartile of performance amongst comparative boroughs	<ul style="list-style-type: none"> Contracts awarded by end of August 2016 	
TH DAAT	Appoint and utilize therapeutic, strategic and community recovery champions to support and drive recovery across the borough.	31/12/16	<p>Respected and active champions in place.</p> <p>Clear remits established for champions</p>	<ul style="list-style-type: none"> Designate strategic recovery champion (s) Implement robust communication / feedback activities with all champions to maximise impact on recovery. Coordinate third Celebrating Recovery event in March 2017 	
LBTH DAAT	Redevelop and relaunch service user involvement structures across the new treatment system	31/03/17	<p>Regular attendance of service user representative at key meetings (DAATB, DAN, LUIC)</p> <p>Service user feedback incorporated into monitoring meetings and needs assessments</p>	<ul style="list-style-type: none"> Contracts awarded by end of August 2016 New services implemented 01/01/17 Service user involvement strategies / processes agreed with new provider by 31/03/17 	

T2 We will support treatment that is recovery orientated and will work with established users to maintain their health and well-being and to reduce harm.

Owner	Action	Deadline	Key Performance Indicator	Milestone	Progress update
LBTH DAAT	Implement a payment by results element to drug / alcohol treatment service contracts to ensure recovery and harm reduction outcomes are met	31/03/17	Top quartile (comparator authorities) performance required for - Service users successfully completing treatment as % of total number in treatment and not re-presenting within 6 months (partnership)	<ul style="list-style-type: none"> Contracts awarded by end August 2016 New services implemented 01/01/17 Baseline data established during first 6 months of contract 	
LBTH DAAT	Ensure widespread distribution of Naloxone injections to reduce the incidence of drug related deaths	31/03/17	Number of Naloxone injections distributed PHOF 2.15iv Deaths from Drug Misuse (New Indicator for 2016-19, data not yet available)	<ul style="list-style-type: none"> New contracts awarded by end August 2016 New services implemented 01/01/17 Naloxone distribution routes established 01/11/16 	

T3 We will support our adult treatment and young people's services to improve their response to the needs of children of drug and or alcohol misusers. We will embed good practice and develop a protocol between children's services (including safeguarding) and treatment providers, train workers and support staff to identify and respond to drug and or alcohol using parents and their children

Owner	Action	Deadline	Key Performance Indicator	Milestone	Progress update
LBTH DAAT	Ensure MASH is responding proactively to risks associated with substance misuse with the support of the DAAT Hidden Harm advisor to advise on cases, and co-ordinate / facilitate joint assessments and workforce training	31/03/17	Twice weekly attendance of Hidden Harm advisor Increase the number of parents in treatment by 5%	Recruit permanent Hidden Harm Advisor by 31/08/16 Increase MASH attendance to twice weekly by 31/12/16	

LBTH DAAT	Audit C Alcohol Screening pilot implemented in Overland Children's Centre and Assessment Function in Children's Social Care	31/03/17	25 screens undertaken in childrens centres / childrens social care	<ul style="list-style-type: none"> • Train 30 members of staff by August 206 	
LBTH DAAT	Ensure that all workers have received CAF training and are able to contribute to ECAF to ensure children's workers have relevant information on families.	31/03/17	12 treatment staff CAF trained	<ul style="list-style-type: none"> • New treatment service implemented 01/01/17 • Treatment service workforce established 31/03/17 • CAF training completed 28/02/16 	
LBTH DAAT	Implement standardised Assessment Tool, consent and care plan questions around children/parenting for new treatment services.	March 2017	<p>Assessment tool used for 100% of clients engaged in treatment</p> <p>Consent gained for 90% of all new clients living with children engaging in treatment</p>	<ul style="list-style-type: none"> • New treatment service implemented 01/01/17 • Assessment tool agreed and implemented 31/03/17 	

T4 We will work across our Partnership to develop services that address the wider social determinants of health and wellbeing, such as access to accommodation, employment support, economic wellbeing and educational achievement

Owner	Action	Deadline	Key Performance Indicator	Milestone	Progress update
TH DAS (recovery support)	Implement a variety of interventions accessible via the drug and alcohol recovery support service to help recovering drug /alcohol users to increase engagement in employment, training and education	31/03/17	Improve uptake of education / employment / volunteering opportunities by drug / alcohol users in treatment to ensure figures are above the regional average	<ul style="list-style-type: none"> Implementation of new recovery support service Jan 2017 Quarterly data obtained 	
THDAS	Implement volunteer schemes across all new drug / alcohol services	31/03/17	Improve uptake of education / employment / volunteering opportunities by drug / alcohol users in treatment to ensure figures are above the regional average	<ul style="list-style-type: none"> Implementation of new recovery support service Jan 2017 Quarterly data obtained 	
LBTH Adults services	Ensure the accommodation needs of substance misusers are addressed within LBTH Hostels Commissioning Plan to ensure hostel provision is appropriate within a reduced funding envelope	30/09/16	Ensure the number of individuals leaving treatment with an urgent accommodation need is below 5%	<ul style="list-style-type: none"> Consultation during May 2016 Hostels commissioning Plan presented to Cabinet 26/07/16 	

T5 We will strengthen our approach to actively encourage ‘hard to reach’ and difficult to engage people, such as homeless people, hostel residents, street drinkers and drug and or alcohol misusing offenders, in order to motivate them towards engaging in treatment and progress towards recovery

Owner	Action	Deadline	Key Performance Indicator	Milestone	Progress update
LBTH DAAT	Improve the response to treatment resistant alcohol users to minimise the risk of harm to themselves and others	March 2017	Increase the number of alcohol users in treatment by 6%	<ul style="list-style-type: none"> Blue light pilot implemented with 12 clients across the borough by end Dec 2016 Evaluation of pilot and plans for roll out by end March 2017 	
LBTH DAAT / Adults Service s	Implement robust referral pathways between hostels and treatment services that maximise the skills and capacity of workers within both hostels and the treatment system.	Dec 2016	Increase number of substance misusing residents engaging in structured treatment by 6%	<ul style="list-style-type: none"> Implementation of new treatment service Jan 2017 Pathways and satellites established Jan 2017 Quarterly data collection 	
LBTH DAAT	Implement and develop a drug / alcohol outreach / referral service that motivates and engages treatment resistant individuals into structured treatment	March 2017	<p>No of contacts - Baseline to be developed in first 6 months, followed by review. Minimum of 100 individuals per month</p> <p>No. of referrals to treatment – Baseline to be developed in first 6 months, followed by review. Minimum of 15 referrals per month</p>	<ul style="list-style-type: none"> Develop pathways and protocols with new service provider and partner agencies Implementation of new service Jan 2017 	

LBTH DAAT / CRC	Work with treatment services and CRC to maximise the utilisation and effectiveness of Drug Rehabilitation Requirements (DRRs) and Alcohol Treatment Requirements (ATRs) to reduce offending of those misusing substances	March 2017	70 DRR starts 34 DRR successful completions 32 ATR starts 17 ATR successful completions	<ul style="list-style-type: none"> • Review DRR / ATR pathways with new treatment service – Jan 2017 • Pilot rapid assessment to facilitate same day orders 	
CRC	Deliver the Through the gate package pilot in Tower Hamlets to support those exiting prison	March 2017	Probation targets TBC	<ul style="list-style-type: none"> • 	

T6 We will continue to increase access and uptake and improve outcomes from services across primary care, secondary care and specialist services.

Owner	Action	Deadline	Key Performance Indicator	Milestone	Progress update
LBTH DAAT	Review and re-commission GP based drug / alcohol treatment services to ensure general health outcomes for drug / alcohol users in treatment are improved	31/12/16	TBC as part of service development process	<ul style="list-style-type: none"> Tender process started by 31/07/16 Contracts awarded by 31/12/16 	
LBTH DAAT	Implement proactive outreach / referral service to increase numbers accessing treatment services	Jan 2017	No. of referrals to treatment – Baseline to be developed in first 6 months, followed by review. Minimum of 15 referrals per month	<ul style="list-style-type: none"> Implement new outreach / referral service – Jan 2017 	
LBTH DAAT, Barts Health	<p>Improve the identification of, and response to, individuals with an alcohol problem when presenting to secondary care services including A&E.</p> <ul style="list-style-type: none"> Review drug / alcohol service commissioned from Barts Health Confirm alcohol detoxification pathways between primary and secondary care 	March 2017	<p>New targets to be developed as part of service development to include:</p> <ul style="list-style-type: none"> No. of screening / brief interventions undertaken Number of referrals into structured treatment 	<ul style="list-style-type: none"> Develop new service specification in conjunction with Barts Health Develop S75 agreement with THCCG 	

T7 We will develop expertise within substance misuse treatment services to respond to the needs of drug and / or alcohol users with mental health needs and support the dual diagnosis pathways between substance misuse and mental health services.

Owner	Action	Deadline	Key Performance Indicator	Milestone	Progress update
ELFT	Develop and implement renewed treatment pathways for clients with a dual diagnosis to ensure access to both mental health services and substance misuse treatment services in a timely and co-ordinated fashion	31/12/16	TBC as part of service development process in 2016	<ul style="list-style-type: none"> Implement new treatment service – Dec 2016 Robust referral pathways developed – Nov 2016 	
TH YPSM and CAMHS	Improve access to CAMHS to substance misusing young people who have a mental health issue	September 2016	Increase in referrals by 10%.	<ul style="list-style-type: none"> Regular CAMHS satellite service to commence in the YP treatment service Interagency meetings with CAMHS and Lifeline YP service to be scheduled to discuss cases using a signs of safety approach 	

T8 We will ensure our treatment services are available to people throughout the lifecycle, to support prenatal, postnatal, childhood, youth and the transition to adulthood and to end of life care.

Owner	Action	Deadline	Key Performance Indicator	Milestone	Progress update
LBTH DAAT	Develop further the Overland multi agency support group for substance misusing women with children under 5 (or during pregnancy)	Ongoing	A core cohort of 8 women regularly engaging	<ul style="list-style-type: none"> Improve clarity on referral criteria and pathway to group by end Sep 2016 	

TH YPSM	Develop robust guidance for the transition of young people moving from YP substance misuse services to adult treatment services Protocols put in place to increase the support during the transition stage from YPSM treatment service to DAAT service.	31/12/16	Improved uptake of treatment services by 18-24 year olds.	<ul style="list-style-type: none"> Implementation of new adult treatment service Development of protocols between providers Dec 2016 	
T9 We will ensure that access to our services is equitable for all of our local communities.					
Owner	Action	Deadline	Key Performance Indicator	Milestone	Progress update
LBTH DAAT	Complete annual substance misuse needs assessment which will include data and information relating to access and efficacy levels across all 9 protected characteristic groups	31/03/16	Needs assessment published Actions established for 2017/18 action plan to address inequitable access highlighted		
LBTH DAAT	Ensure all treatment services deliver services that are attractive to, and responsive to the needs of, substance misusing individuals across all 9 protected characteristics	31/03/16	90% data completion for all 9 equality strands across treatment services Annual equality audit completed across all treatment services	<ul style="list-style-type: none"> Agree collection of additional data with new treatment services – Jan 2017 Quarterly collection of data Service changes to be requested where presentation of certain groups is below required level 	

	Ensure services are attractive and appropriate to the needs of the LGBT community in Tower Hamlets	31/03/16	80 LGBT individuals engaging in structured treatment in 2016/17	<ul style="list-style-type: none"> • Deliver 3 chemsex training sessions to Sexual health workers / LGBT groups • Deliver at least 2 weekly co-located sexual health / drug treatment clinic sessions • Agree LGBT outreach priorities / actions for new outreach service 	
LBTH DAAT	Work with Disabled Go and new treatment providers to ensure services are reviewed and fully disabled accessible and included on the Disabled Go access database	End March 2017	Services reviewed and included on Disabled Go website	<ul style="list-style-type: none"> • Jan 2017 agree audit criteria and work with providers on implementing new treatment service with disability access" 	
T10 We will ensure that family based interventions are integral to treatment provision					
Owner	Action	Deadline	Key Performance Indicator	Milestone	Progress update
LBTH DAAT	Implement a variety of family based interventions within the new drug / alcohol recovery support service	31/ 03/17	Increase number of individuals accessing family support interventions by 10%	Implementation of new drug / alcohol recovery support service – Jan 2017	
T11 We will ensure that there is rapid access to intensive specialist support for those young people whose drug and alcohol misuse is already starting to cause harm and to support these young people in their transition to adult services where appropriate.					
Owner	Action	Deadline	Key Performance Indicator	Milestone	Progress update

LBTH Children's services	Improve follow up response for young people presenting to A&E with substance misuse presentations	March 2017	<ul style="list-style-type: none"> Increased referrals into structured treatment. Reduction in the number of young people presenting to A&E with alcohol and substance misuse presentations. 	<ul style="list-style-type: none"> Liaise with A&E leads within the Royal London Hospital to establish consistent referral processes. Update and reinforce referral pathways and protocols from A&E to treatment services. Agree service model for YP service Procure YP service 	
LBTH Children's Services	Recommission the young people's substance misuse specialist treatment service to ensure timely and comprehensive intervention for young people experiencing problems with drugs / alcohol.	July 2017	Children and young people will successfully leave treatment having stopped taking drugs or alcohol or have significantly reduced their intake.		
LBTH Children's Services	To conduct a Child Rights' Based needs analysis in order to better understand the level of young people's substance misuse in Tower Hamlets and how current service provision is meeting young people's needs from a rights based perspective.	May 2016	The project will take a child-rights based approach both in its methodology (by prioritising the participation of young people) and as a way to critically reviewing the evidence.		
LBTH Children's Services	To conduct a benchmarking exercise to provide a comparison with other Boroughs Young People's Substance Misuse treatment services.	May 2016	The overall aim of identifying opportunities for improvement and offering best value for money.		

Enforcement and Regulation					
ER1 We will maintain and enforce a borough wide alcohol control zone to reduce anti-social behaviour					
Owner	Action	Deadline	Key Performance Indicator	Milestone	Progress update
Safer Communities, LBTH	Maintain a force of 24 Tower Hamlets Enforcement Officers to enforce the alcohol control zone	Ongoing operations	Number of seizures Number of injunctions taken out on non-compliant individuals causing alcohol related ASB	Fortnightly operations meetings to identify problematic areas and increase enforcement presence	
Safer Communities, LBTH	Provide an ASB service to Tower Hamlets Homes to minimise alcohol related ASB on premises	Ongoing operations	Number of seizures Number of injunctions taken out on non-compliant individuals causing alcohol related ASB	Quarterly reporting	
ER2 We will actively enforce an environment where anybody under the legal drinking age is restricted from obtaining alcohol through working with licensed premises to ensure responsible alcohol sales, enforcement of any minimum alcohol pricing, and promotion of the available treatment services					
Owner	Action	Deadline	Key Performance Indicator	Milestone	Progress update
Trading Standards, LBTH	Develop and implement a Community Alcohol Partnership scheme in Mile End that targets the issues around underage drinking	Feb 2016	To add numbers	<ul style="list-style-type: none"> Activities implemented April – September 2016 Evaluation completed Feb 2016 	
Trading Standards, LBTH	Increase coverage of the Best Bar None scheme across the borough to encourage responsible trading	Feb 2016	20 premises to be registered in the scheme	<ul style="list-style-type: none"> Launch Best Bar None 2016/17 – July 2016 Best Bar None awards ceremony – February 2016 	
ER3 We will continue to improve the management and planning of the night time economy through strengthening the role of local residents in regulating the environments where alcohol can be obtained through utilisation of licensing, planning and other regulatory powers					

Owner	Action	Deadline	Key Performance Indicator	Milestone	Progress update
LBTH Trading Standards	Consult on the introduction of a late night levy to help fund the costs associated with the night time economy and make recommendations to the Mayor in Cabinet	Mar 2017		<ul style="list-style-type: none"> • Consultation completed May 2016 • Report scheduled for Cabinet 	

ER4 We will continue to disrupt the supply of drugs through effective enforcement					
Owner	Action	Deadline	Key Performance Indicator	Milestone	Progress update
LBTH Trading Standards	Enforce the new Psychoactive Substances Act	31/03/17	Rapid action taken in relation to any retail; supply of NPSs	<ul style="list-style-type: none"> Remind service providers and licensees of the requirements of the Act via normal communication routes - June 2016 	
POLICE	Continue to deliver the drug testing scheme within custody suites to identify and refer drug using offenders	Ongoing operations	Police targets for drug test		
ER5 We will review and develop the Integrated Offender Management (IOM) programme to ensure drug misusing offenders receive a holistic support package aimed at stopping offending and drug dependence					
Owner	Action	Deadline	Key Performance Indicator	Milestone	Progress update
LBTH DAAT / DIP / MPS	Implement new communications protocol between treatment services and the IOM programme	31/12/16	70% of all substance misusing offenders in the IOM programme to be engaged in treatment services	<ul style="list-style-type: none"> Implement new treatment service contracts – Jan 2017 Confirm IOM / treatment pathways – Dec 2016 	
NPS / CRC/ LBTH DAAT/D IP	Review and develop a new MOU / SLA with local probation services to ensure offenders with substance misuse needs are identified within the system	31/12/16	70 DRR starts 34 DRR completions 32ATR starts 17 ATR completions	<p>New MOU / SLA in place</p> <p>Regular reporting on offenders' attendance for treatment appointments in place</p>	

ER6 We will implement conditional cautioning for people whose offending is related to substance misuse (not just class A drugs) actively encouraging and monitoring their engagement with treatment services

Owner	Action	Deadline	Key Performance Indicator	Milestone	Progress update
POLICE	Develop a plan for the implementation of conditional cautioning for lower level drug / alcohol using offenders	End Mar 17	Plan developed and agreed at DAAT Board	- Consult with MOPAC and other authorities to understand the benefits of conditional cautioning and review examples of good practice, Dec 2016	

ER7 We will work with young offenders, with a commitment to support them into treatment and to oversee them both as young people and through their transition to adulthood.

Owner	Action	Deadline	Key Performance Indicator	Milestone	Progress update
YOS	To conduct initial drug screening within 5 days of young people attending court/care planned, therapeutic tier 3 treatment with young people as a statutory requirement of their court order.	Current and ongoing	95% of young people entering YOT for statutory orders receive an initial screening. Increase of the numbers of young people with statutory court orders successfully completing treatment programmes through the YOT substance Misuse Service	An increase in the number of young people entering YOT on statutory orders who complete an initial screening and require tier 3 treatment to be successfully completing this intervention.	

ER8 We will address community concerns about drug use and drug dealing through on-going dialogue and effective communication with the general public

Owner	Action	Deadline	Key Performance Indicator	Milestone	Progress update
Safer Communities, LBTH	Effective communication of successful operations via promotion of positive stories in Our East End and via other channels	Ongoing	<ul style="list-style-type: none"> Improved perceptions of drug / alcohol related anti-social behaviour and crime amongst residents 		

Setting the Foundations of Achieving Success

StF1 We will develop and build an innovative and creative partnership approach to tackling drug and alcohol misuse

Owner	Action	Deadline	Key Performance Indicator	Milestone	Progress update
DAATB	Review terms of reference and membership of the DAAT Board	31/07/16	Renewed terms of reference that reflect current and future priorities and engage key stakeholders		

StF2 We will ensure effective use of gathered and analysed data and intelligence across the partnership, to better understand and address the harms caused by drug and alcohol misuse. Utilising national and local information on drugs and alcohol through a dashboard that combines prevention, treatment and offending data.

Owner	Action	Deadline	Key Performance Indicator	Milestone	Progress update
DAATB	Review DAATB dashboard to ensure required prevention, treatment and offending data is reported quarterly	31/12/16	Transparent reporting of performance and trends	<ul style="list-style-type: none"> Agree strategy KPIs Jul 2016 Present new dashboard to DAAT Board Oct 2016 	
Safer Communities, LBTH	Produce regular hotspot analysis of key data (crime, drugs, alcohol, youth asb etc) to deliver targeted operations	Quarterly	<ul style="list-style-type: none"> Quarterly analysis reports available Inclusion within annual needs assessment report considered at November DAAT Board 	<ul style="list-style-type: none"> 	

StF3 We will set the right governance mechanisms to ensure the priority actions are reported through the DAAT Board and to both the Health and Wellbeing Board and Community Safety Partnership Board.

Owner	Action	Deadline	Key Performance Indicator	Milestone	Progress update
DAATB	Review terms of reference and membership of the DAAT Board	31/07/16	Renewed terms of reference that reflect current and future priorities and engage key stakeholders		

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DAATB	Ensure the Substance Misuse Strategy is aligned with CSP plan and HWB Strategy	31/03/17	Strategy KPIs aligned across plans and strategies		
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StF4 We will constantly review the impact of our services on underserved communities through a commitment to monitor uptake and access to treatments ensuring services are accessible.

Owner	Action	Deadline	Key Performance Indicator	Milestone	Progress update
LBTH PH	Rewrite Joint Strategic Needs Assessment for Substance Misuse (Adults and Young People)	31/07/16			

StF5 From an intelligence perspective we wish to continue to build an understanding of:

- o the impact on our population of the use of new drugs such as “legal highs”, steroids, and over the counter and prescribed medicines, and will ensure that these areas are considered in future needs assessments
- o drug markets, distribution and trafficking, to inform our approach to enforcement and community development
- o treatment outcomes in other areas with similar treatment populations, to measure how effective our services are, and to help us to further improve them
- o drug and alcohol data and intelligence through developing drug related dashboard bringing together prevention, offending and treatment data
- o monitor and review cases of drug and alcohol related deaths and implement harm reduction strategies

Owner	Action	Deadline	Key Performance Indicator	Milestone	Progress update
DAATB	Review DAATB dashboard to ensure required prevention, treatment and offending data is reported quarterly	31/12/16	Transparent reporting of performance and trends	<ul style="list-style-type: none"> • Agree strategy KPIs Jul 2016 • Present new dashboard to DAAT Board Oct 2016 	
LBTH DAAT	Monitor and review cases of drug and alcohol related deaths	31/03/17		<ul style="list-style-type: none"> • Continue quarterly DRD meetings • Continue to pursue information via coroner’s office • Present annual DRD report to DAAT Board Mar 2017 	

LBTH DAAT	Complete annual substance misuse needs assessment which will include data and information relating to access and efficacy levels across all 9 protected characteristic groups	31/03/16	Needs assessment published Actions established for 2017/18 action plan to address inequitable access highlighted		
StF6 We will work with partners in commissioning, primary and secondary care to prove the value of our drug and alcohol recovery services to safeguard the resources for this important work					
Owner	Action	Deadline	Key Performance Indicator	Milestone	Progress update
LBTH DAAT	Pilot the Family Tool Kit to establish the family and community cost savings achieved via drug / alcohol treatment	31/07/16	Report on findings generated	<ul style="list-style-type: none"> Report presented to DAAT Board October 2016 	

Equality Analysis (EA)

Financial Year
2016/17

Section 1 – General Information (Aims and Objectives)

Name of the proposal including aims, objectives and purpose
(Please note – for the purpose of this doc, 'proposal' refers to a policy, function, strategy or project)

Tower Hamlets Substance Misuse Strategy 2016 to 2019

The new Partnership substance misuse strategy 2016-2019 has been developed by analysing local need, reviewing the evidence base for effective intervention, and by listening to local stakeholders, service users and residents of Tower Hamlets.

The approach set out in the strategy supports the delivery of the borough's Community Plan and supports the Partnership's stated ambition to support a community which is both 'healthy and supportive' and 'safe and cohesive'.

This strategy outlines Tower Hamlets Partnership's approach to tackling the problems associated with drug and alcohol misuse focusing on the three pillar approach of 1) Prevention & Behaviour Change 2) Treatment and 3) Enforcement & Regulation

The EA emphasises the extensive consultation work undertaken developing this strategy. This document summarises the treatment population by its 9 protected groups and the anticipated impact of the new Strategy on various groups.

As a result of performing the analysis, the policy does not have any known adverse effects on people who share Protected Characteristics.

Conclusion - To be completed at the end of the Equality Analysis process

(the exec summary will provide an update on the findings of the EA and what outcome there has been as a result. For example, based on the findings of the EA, the proposal was rejected as the impact on a particular group was unreasonable and did not give due regard. Or, based on the EA, the proposal was amended and alternative steps taken)

Name:
(signed off by)

Date signed off:
(approved)

Service area: Communities, Localities and Culture

Team name: Drug and Alcohol Action Team

Service manager: Rachael Sadegh

Name and role of the officer completing the EA: Matthias Schnepfel, Information and Needs Analyst

**See Appendix
A**

Current decision
rating



Section 2 – Evidence (Consideration of Data and Information)

What initial evidence do we have which may help us think about the impacts or likely impacts on service users or staff?

- The DAAT had access to robust data and research about Tower Hamlets and its residents. This information is setting the scene and provides an understanding of the different communities in the borough.
- The Substance misuse needs assessment from 2014/15 represents a crucial part of the evidence base of the new strategy.
- DAAT has limited information about the local problematic drug user population and drug use in general. The majority of data comes from treatment sources, based on information about clients in the treatment system.
- The information is taken from local monitoring reports provided directly from service providers and Public Health England / National Drug Treatment Monitoring System data.
- Both quantitative and qualitative information contributed to the analysis and are represented in conclusions and recommended actions.
- Focus groups and stakeholder interviews played a crucial role in developing the new Substance Misuse Strategy and have informed strategic priorities.

Section 3 – Assessing the Impacts on the 9 Groups

Please refer to the guidance notes below and evidence how you're proposal impact upon the nine Protected Characteristics in the table on page 3?

For the nine protected characteristics detailed in the table below please consider:

What is the equality profile of service users or beneficiaries that will or are likely to be affected?

Use the Council's approved diversity monitoring categories and provide data by target group of users or beneficiaries to determine whether the service user profile reflects the local population or relevant target group or if there is over or under representation of these groups

Data shows that the profile of people in drug and alcohol treatment illustrates similarities but also differences when compared to the general adult population in Tower Hamlets.

The data discussed in the document shows that the female population is under-represented in the treatment system while White British, Bangladeshi and Christian residents were marginally over-represented in treatment. In comparison, the White-Other groups appears to be under-represented.

Age matters in drug and alcohol treatment data as many only access treatment after long periods of substance misuse. The treatment population in Tower Hamlets is dominated by those aged 30 to 44 / 49. Engagement of young adults in treatment remains a key priority. Some successes have been achieved by focusing engagement on party drugs and gay men. This will remain a priority in the new strategy.

Gender

In general, there were 2,274 adults in drug and alcohol treatment in 2014/15. Out of those, around 461 (20 per cent) were female and 1,813 (80 per cent) were male. The female treatment population is under-represented in Tower Hamlets when compared to the national average (30per cent). (Source: NDTMS 2014/15 Adult Activity Q4 National)

The overall gender split of the 18 plus population in the borough was 51.7per cent males and 48.3 per cent females. (Source: Census 2011)

Age

More than 55 per cent of Tower Hamlets residents in treatment during 2014/15 were aged 30-44, a strong over-representation compared to the proportion of residents in that age group according to the Census.

In Tower Hamlets, those aged 18 to 24 (6 per cent) were slightly under-represented compared and England (7.3 per cent). Clients in treatment aged 45 and older in Tower Hamlets resembles closely the proportion of clients in England aged 45 and older. The age structure of clients in treatment represents one of the key challenges of drug and alcohol treatment as clients will access treatment only after years of drug and alcohol misuse. See table below.

Age group	Tower Hamlets	Tower Hamlets	England
	All in treatment %	Census 2011 population 18 plus (%)	All in treatment (%)
18 – 24	6%	19%	7.3%
25 – 29	9%	20%	10.6%
30 – 34	20%	17%	16.6%
35 – 39	19%	11%	17.6%
40 – 44	17%	8%	16.6%
45 – 49	13%	6%	13.4%
50 – 54	8%	5%	8.7%
55 – 59	5%	4%	4.7%
60 – 64	2%	3%	2.5%
65 plus	1%	8%	1.8%

(Source: NDTMS 2014/15 Adult Activity Q 4 YTD)

Race / Ethnicity

The majority of clients in treatment were White British (43.2 per cent), higher than the total population aged 18 plus of 35.7 per cent. Around 23.3 per cent percent of those in treatment were Bangladeshi which was just below the proportion of British Bangladeshi in the 18 plus population in the borough (25 per cent).

In comparison, the Other White population was underrepresented in the treatment population. See table below. (Source: NDTMS 2014/15 All in treatment YTD / Census 2011)

Ethnicity	In treatment population Tower Hamlets %	Census 2011 – 18 plus population Tower Hamlets %
White British	43.2%	35.7%
White Irish	3.1%	1.9%
Other White	9.1%	14.9%
White & Black Caribbean	2.8%	0.8%
White & Black African	1%	0.5%

White & Asian	0.5%	0.9%
Other Mixed	1.3%	1.0%
Indian	1%	3.1%
Pakistani	0.4%	1.0%
Bangladeshi	23.3%	25.0%
Other Asian	1.2%	2.4%
Caribbean	3.2%	2.2%
African	2.5%	3.4%
Other Black	0.6%	1.1%
Chinese	0.3%	3.8%
Other	0.7%	2.4%
Not Stated	5.2%	N/A
Missing ethnicity code	0.7%	N/A

(Source: NDTMS 2014/15 Q4 Adult Activity YTD, Figures are rounded and Census 2011 18 plus population by ethnicity)

Religion or Belief

Tower Hamlets has the highest percentage of Muslim residents in England – 35 per cent compared with a national average of 5 per cent. Conversely, the borough has the lowest proportion of Christian residents in England: 27 per cent compared with a national average of 59 per cent. The third largest group was the group with no religion with 19 per cent.

Recent monitoring data from drug and alcohol service providers indicates that Christian residents (33.3 per cent) were slightly overrepresented in treatment while Muslim residents (33.1 per cent) were close to the general population. The proportion of residents with No religion including Atheists of 26.7 per cent was above the Census 2011 figure. See table below.

Religion	Religious belief of those in treatment	TH population (Census 2011)
Atheist	26.7%	19.1%
Buddhist	0.3%	1.1%
Christian	33.3%	27.1%
Hindu	0.3%	1.7%
Sikh	0.4%	0.3%
Jewish	0.2%	0.5%
Muslim	33.1%	34.5%
Any other religion	0.6%	0.3%
Not stated	5.3%	15.4%

(Source: Tower Hamlets Quarter 2 monitoring returns 2015/16 and Census data 2011)

Disability

Census 2011, respondents were asked whether their activities are limited by long-term health problems or disability. They were able to choose between 'limited a lot', 'limited a little' and 'no'. Of over 254,000 respondents in the borough, 7 per cent stated that their day-to-day activities were limited a lot, and another 7 per cent stated they were limited a little.

Service providers in Tower Hamlets monitor the take up of treatment by disability. Recent Q2 2015/16 monitoring returns indicate that nearly 30% of clients consider themselves to have a disability. This is twice the borough average of 14 per cent based on the Census 2011.

Gender Reassignment

The council does not hold information on gender reassignment in the borough. Service providers are monitoring the category but latest data from Q2 2015/16 did not show any clients in this category.

Sexual orientation

The council does not hold robust information about sexual orientation in Tower Hamlets. However, service providers monitor sexual orientation of those in treatment. Data indicates that around 93per cent were heterosexual, 4.4per cent homosexual and 1per cent Bi-sexual.

Sexual orientation	Percentage
Heterosexual	93.3%
Homosexual	4.4%
Bi-Sexual	1%
Other	0.4%
Not Recorded	1%

(Source: Tower Hamlets Quarter 2 monitoring returns 2015/16)

Anecdotal evidence shows that drug use by gay males is high but does not always show in the treatment data. However, the CDT's After Party project in 2015/16 has increased the engagement of gay men in treatment and work successfully with those clients.

Marriage or civil partnership

Service providers monitor the take up of treatment by marriage & civil partnership. Recent data shows that clients in treatment were most likely to be single (45.4%), Married (14.1%), Co-habiting (6.3%). A large group of clients did not respond to this question (34%) in Q2 2015/16.

Pregnancy and Maternity

Service providers monitor the take up of treatment by pregnancy and maternity. Recent Q2 2015/16 data showed that a very small number of clients (below 10 clients) had given birth in the last 26 weeks or were pregnant.

What qualitative or quantitative data do we have?

List all examples of quantitative and qualitative data available (include information where appropriate from other directorates, Census 2011 etc) Data trends – how does current practice ensure equality

Quantitative data available for EA

- Statistics from NDTMS (National Drug Treatment Monitoring System) contains information about who is in treatment and for what. Data about drug & alcohol use and treatment data have been analysed extensively in the substance misuse needs assessment 2013/14 and 2014/15. The Substance Misuse needs Assessment 2014/15 is a crucial part of the Strategy evidence base. Analysis here is critical to assess service need, performance and support the understanding of treatment demand and inform substance misuse intervention priorities in Tower Hamlets.
- Data about the Tower Hamlets population has been accessed via Tower Hamlets Borough Profile web pages including information from the National Census 2011.
- 1 focus group with the Youth Council (10 participants) 12th November 2015
- 63 stakeholders participated in the Stakeholder Survey
- 301 residents participated in the Resident Telephone Survey
- 115 drug and alcohol service users participating in the Service User Survey
- Service user data from monitoring returns (latest data Q2 2015/16)

Qualitative information available for EA

- 21 face to face and telephone interviews with key stakeholders
- Substance Misuse Strategy Development – Stakeholder Workshop held at the Tower Hamlets Drug and Alcohol Network (DAN meeting) on 11th September 2015
- 5 service user focus groups with:
 - o opiate users (15 participants) 30th October 2015
 - o non-opiate users (10 participants) 27th October 2015
 - o alcohol users (14 participants) 12th October 2015

- targeted focus groups with women (3 participants) 21st October 2015
- homeless services users (2 participants) 12th November 2015
- One focus group with the Youth Council (10 participants) 12th November 2015
- Substance Misuse Strategy Development – Stakeholder Workshop held at the Shadwell Centre, partnership stakeholder engagement 19th November 2015

Equalities profile of staff

Indicate profile by target groups and assess relevance to policy aims and objectives e.g. Workforce to Reflect the Community. Identify staff responsible for delivering the service including where they are not directly employed by the council.

The partnership is currently completing a re-procurement process of drug and alcohol services in the borough. This process might involve changes to service providers or existing staff structures, depending on service needs and existing service delivery capacity.

However, as part of the re-procurement exercise, DAAT will seek a commitment from service providers to employ local staff and subcontractors as part of the ambition to implement the Mayors *Workforce to reflect the community* policy.

- *Service provider staff*

The diversity of staff employed by service providers is a strong feature of local service delivery. Analysis indicates that the overall workforce is featuring the main cohorts of our diverse communities. However, some exceptions were noted in the data and there is scope to address this in the future.

The data shows that 49.4 per cent of the alcohol and drug service workforce were women, while men made up 50.6% of the workforce, indicating a relative gender balance.

The age data indicates that less than 2 per cent of staff was aged between 18 and 24 years. This might be caused by existing low levels of entry positions and lack of apprenticeships. There is potential to address this issue with the aim to create entry positions / apprenticeships in drug and alcohol services. The majority of staff were 25 to 44 years old (64.8%).

In terms of disability, it is noticeable that current service providers employed low levels of disabled staff (around 4 per cent). There is potentially scope to increase the accessibility of those jobs in the future.

In terms of ethnicity, staff of Bangladeshi origin (21 per cent) was under-represented in the workforce, when compared to the local adult population of 25.3 per cent. The White British (31 per cent) group was only slightly under represented compared to its overall size in Tower Hamlets.

In comparison, the Black African group (12.3 per cent) and the Black Caribbean group (8.5 per cent) were over-represented, while the White Other group was also slightly under-represented with 8.6 per cent. See table below.

Ethnicity	Residents Aged 18 to 64	STAFF Service providers Aged 18 to 64
White: Total	51.5%	42.2%
<i>White: English/Welsh/Scottish/Northern Irish/British</i>	33.9%	30.9%

<i>White: Irish</i>	1.7%	3.7%
<i>White: Gypsy or Irish Traveller</i>	0.1%	N/A
<i>White: Other White</i>	15.8%	8.6%
Mixed/multiple ethnic group: Total	3.3%	6.1%
<i>Mixed/multiple ethnic group: White and Black Caribbean</i>	0.8%	3.7%
<i>Mixed/multiple ethnic group: White and Black African</i>	0.5%	1.2%
<i>Mixed/multiple ethnic group: White and Asian</i>	1.0%	0%
<i>Mixed/multiple ethnic group: Other Mixed</i>	1.1%	1.2%
Asian/Asian British: Total	36.0%	24.7%
<i>Asian/Asian British: Indian</i>	3.2%	1.2%
<i>Asian/Asian British: Pakistani</i>	1.0%	0.0%
<i>Asian/Asian British: Bangladeshi</i>	25.3%	21%
<i>Asian/Asian British: Chinese</i>	4.0%	0.0%
<i>Asian/Asian British: Other Asian</i>	2.5%	2.5%
Black/African/Caribbean/Black British: Total	6.6%	23.4%
<i>Black/African/Caribbean/Black British: African</i>	3.5%	12.3%
<i>Black/African/Caribbean/Black British: Caribbean</i>	2.0%	8.6%
<i>Black/African/Caribbean/Black British: Somali</i>	N/A	2.5%
<i>Black/African/Caribbean/Black British: Other Black</i>	1.1%	0.0%
Other ethnic group: Total	2.5%	1.2%
<i>Other ethnic group: Arab</i>	1.1%	0%
<i>Other ethnic group: Any other ethnic group</i>	1.4%	1.2%

(Source: Population Census 2011, Staff data service providers Q2 / Q3 2015/16)

In terms of religion and belief, staff of Christian faith (40.2 per cent) were over- represented compared to the Tower Hamlets population (27 per cent). The proportion of staff with no religion (20.7 per cent) was only slightly above the borough average of 19 per cent. In comparison, the proportion of Muslim staff (29.3 per cent) was lower than the Tower Hamlets average of 35 per cent.

In terms of sexual orientation, the current staff structure is close to the borough average.

The staff equalities data shows that while the workforce is very diverse, there is scope in some categories to develop a workforce even closer to the Tower Hamlets community.

However, the current workforce of some providers can have similar characteristics because the project might be working with specific clients, for example, the women only project would be employing female staff only. The staff structure of providers can be related to the communities this service is serving and / or is shaped by specific ethics and service delivery philosophies.

Barriers?

What are the potential or known barriers to participation for the different equality target groups? Eg- communication, access, locality etc.

- A potential barrier to treatment is user engagement, communication and ways to access treatment (entry route). These barriers have been identified and are a priority noted in the strategy. This barrier will also be expressed in new performance targets for treatment providers.

- Intervention by drug and alcohol services in the borough will remain focuses and target needs of specific client groups including BME groups, women, gay men, young adults, hostel residents, and people with mental health issues. The new Substance Misuse strategy emphasises that treatment will remain accessible for everyone who needs it. The strategy includes various actions to respond to specific needs in communities and any emerging trends including party drugs, NPS and others.
- Additional communication will ensure treatment and support will be available to high need groups including:
 - BME groups
 - Female drug users - ensuring access to treatment for women
 - Sex workers
 - Alcohol users who do not mix with drug users
 - Drug users in the LGBT community
 - Drug users with mental health problems
 - Khat use in predominantly Somali community
 - Hostel residents
 - Homeless users / rough sleepers
 - Domestic violence victims
 - Young adults 18 to 24
 - Families dealing with drug / alcohol using family members

Recent consultation exercises carried out?

Detail consultation with relevant interest groups, other public bodies, voluntary organisations, community groups, trade unions, focus groups and other groups, surveys and questionnaires undertaken etc. Focus in particular on the findings of views expressed by the equality target groups. Such consultation exercises should be appropriate and proportionate and may range from assembling focus groups to a one to one meeting.

Extensive consultation exercises including focus groups and surveys informed the development of the new Substance Misuse Strategy 2016-19. Those engaged with service users, service providers, stakeholders and the general public. The findings informed directly the actions plan and evidence base of the new strategy.

Phase one of the consultation process involved obtaining the views of key stakeholders, drug and alcohol service users and general public perceptions:

- 21 face to face and telephone interviews with key stakeholders
- Substance Misuse Strategy Development – Stakeholder Workshop held at the Tower Hamlets Drug and Alcohol Network (DAN meeting) on 11th September 2015
- 5 service user focus groups with:
 - opiate users (15 participants) 30th October 2015
 - non-opiate users (10 participants) 27th October 2015
 - alcohol users (14 participants) 12th October 2015
 - targeted focus groups with women (3 participants) 21st October 2015
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- 301 residents participated in the Resident Telephone Survey
- 115 drug and alcohol service users participating in the Service User Survey
- Substance Misuse Strategy Development – Stakeholder Workshop held at the Shadwell Centre, partnership stakeholder engagement 19th November 2015

In addition, the draft substance misuse strategy 2016-19 was published on the council's website for consultation among the general public and partnership services (statutory and voluntary). In addition, colleagues across the partnership were invited to participate in the consultation by the DAAT. The consultation closed on 14 April 2016.

Additional factors which may influence disproportionate or adverse impact?

Management Arrangements - How is the Service managed, are there any management arrangements which may have a disproportionate impact on the equality target groups

- We have not identified any management arrangements which may have a disproportionate impact on the equality groups / 9 protected characteristics. DAAT is continuing to monitor any potential negative impact as part of our contractual monitoring.

The Process of Service Delivery?

In particular look at the arrangements for the service being provided including opening times, custom and practice, awareness of the service to local people, communication

- The new strategy prioritises
 - a) Prevention & behaviour change,
 - b) Treatment
 - c) Enforcement & regulation

The alcohol-related element of the strategy seeks to improve the quality of life for both Tower Hamlets residents and visitors. The partnership seek to encourage and promote a culture of responsible drinking coupled with responsible management of licensed premises.

The drugs element of the strategy seeks to reduce the demand for drugs through effective education and prevention, to increase the number of people entering services, reducing harm, engaging with and completing treatment in order to recover from drug misuse and to bear down on the crime associated with drugs.

Please Note -

Reports/stats/data can be added as Appendix

Target Groups	Impact – Positive or Adverse	Reason(s)
Race	Neutral - Positive	<p>The majority of clients in treatment were White British (43.2 per cent), a rate higher than the total population aged 18 plus of 35.7 per cent. Also over-represented were Black Caribbean clients and client of mixed heritage. Around 23.3 per cent percent of those in treatment were Bangladeshi which was just below the proportion of British Bangladeshi in the 18 plus population in the borough (25 per cent).</p> <p>In comparison, the Other White population, African, Chinese and Indian were under-represented in the treatment population. While will have various reasons including age and gender, it remains paramount that the treatment system remains accessible to all groups.</p> <p>The strategy continues to target high need groups in the borough including the Somali and Bangladeshi communities. Existing local knowledge will need to be retained and utilised to target specific treatment needs or any barriers which might stop people entering treatment. The DAAT contract specifications and a robust monitoring process will ensure that service providers will deliver agreed performance targets for BME groups.</p>
Disability	Neutral - Positive	<p>It is know that many of the TH service users classify themselves as having a disability. The new treatment system will built upon existing positive work and we anticipate developing strong links with mental health services improving services for those clients.</p> <p>The strategy makes clear that mental health issues need to be addressed. DAAT contract specifications and a robust monitoring process will ensure that service providers will deliver agreed performance targets for disabled clients. This will include support for the Dual Diagnosis pathway between substance misuse and mental health.</p>
Gender	Neutral - Positive	<p>In general, there were 2,274 adults in drug and alcohol treatment in 2014/15. Out of those, around 461 (20 per cent) were female and 1,813 (80 per cent) were male.</p> <p>The female population is under-represented in treatment and lower than the national average (30per cent) in treatment. (Source: NDTMS 2014/15 Adult Activity Q4 National)</p>

		<p>We know that women are less likely to enter the treatment system, which remains a significant challenge for any treatment provider. The new strategy continues to focus on female users and build upon local expertise to improve on current treatment outcomes.</p> <p>DAAT contract specifications and a robust monitoring process will ensure that service providers will deliver agreed performance targets by gender.</p>
Gender Reassignment	Neutral - Positive	<p>Currently we don't have enough information to assess the impact on the group. However, we anticipate that with general service improvements, a positive impact will be experienced in this group. The strategy commits to ensuring equitable access to services across all populations.</p>
Sexual Orientation	Neutral - Positive	<p>The council does not hold robust information about sexual orientation in Tower Hamlets. However, service providers monitor sexual orientation of those in treatment. Data indicates that around 93per cent were heterosexual, 4.4per cent homosexual and 1per cent Bi-sexual</p> <p>Anecdotal evidence shows that drug use of gay men is high. This group has been targeted as part of the CDT 'After Party' project. The strategy will build upon the positive experience of this pilot and continues to improve treatment engagement and treatment success for this group including "Chemsex".</p> <p>DAAT contract specifications and a robust monitoring process will ensure that service providers will deliver agreed performance targets for the LGBT community. The strategy commits to ensuring equitable access to services across all populations.</p>
Religion or Belief	Neutral - Positive	<p>Tower Hamlets has the highest percentage of Muslim residents in England – 35 per cent compared with a national average of 5 per cent. Conversely, the borough has the lowest proportion of Christian residents in England: 27 per cent compared with a national average of 59 per cent. The third largest group was the group with no religion with 19 per cent.</p> <p>Recent monitoring data from drug and alcohol service providers indicates that Christian residents (33.3 per cent) were slightly overrepresented in treatment while Muslim residents (33.1 per cent) were close to the general population. The proportion of residents with No religion including Atheists of 26.7 per cent was above the Census 2011 figure.</p> <p>Drug and alcohol use and addiction is a problem in most communities, no matter what faith or belief. However, the large Muslim community stands out with high abstinence levels. The substance misuse strategy makes it clear that treatment services will need to apply tailored approaches to work effectively with different communities in Tower Hamlets and achieve the best results. DAAT contract specifications and a robust monitoring process will ensure that service providers will deliver agreed performance targets for residents with or without a belief/religion.</p>
Age	Neutral -	<p>More than 55 per cent of Tower Hamlets residents in treatment during 2014/15 were aged 30-44, a strong over-</p>

	Positive	<p>representation compared to the proportion of residents in that age group according to the Census.</p> <p>In Tower Hamlets, those aged 18 to 24 (6 per cent) were slightly under-represented compared to England (7.3 per cent). The group of clients in treatment aged 45 and older in Tower Hamlets resembles closely the proportion of clients in England aged 45 and older. The age structure of clients in treatment represents one of the key challenges of drug and alcohol treatment as clients will access treatment often only after years of drug and alcohol misuse.</p> <p>It is know that age matters when accessing treatment and the close relationship between problematic drug use, age and treatment need. The aim of the strategy is to offer and provide successful treatment as early as possible in the life of a drug and alcohol user. We will ensure that our services are available to people throughout the lifecycle, to support prenatal, postnatal, childhood, youth and the transition to adulthood and to end of life care.</p> <p>DAAT contract specifications and a robust monitoring process will ensure that service providers will deliver agreed performance targets for residents of any age with an additional focus on young adults aged 18 to 24. The strategy includes commitments to improving services and outcomes for young people.</p>
Marriage and Civil Partnerships.	Neutral - Positive	Currently we don't have enough information to assess the impact on the group. However, we anticipate that with general service improvements, a positive impact will be experienced in this user group.
Pregnancy and Maternity	Neutral - Positive	Currently we understand that numbers in this particular group are low. However, each case in drug and alcohol treatment is a high priority and will be supported already. Clients in this group will continue to receive the service they need and we anticipate that with general service improvements clients should experience a positive impact
Other Socio-economic groups / Carers	Neutral - Positive	<p>Currently we don't have enough information to assess the impact on the group. However, we anticipate that with general service improvements, a positive impact will be experienced in this user group.</p> <p>However, we know that many of our services are accessed by hostel residents and homeless people and also offenders exiting the criminal justice system. DAAT contract specifications and a robust monitoring process will ensure that providers will work closely with those groups. The new strategy is also focusing on families making clear that support for families and 'significant others' are a priority.</p>

Section 4 – Mitigating Impacts and Alternative Options

From the analysis and interpretation of evidence in section 2 and 3 - Is there any evidence or view that suggests that different equality or other protected groups (inc' staff) could be adversely and/or disproportionately impacted by the proposal?

Yes? No?

If yes, please detail below how evidence influenced and formed the proposal? For example, why parts of the proposal were added / removed?

(Please note – a key part of the EA process is to show that we have made reasonable and informed attempts to mitigate any negative impacts. An EA is a service improvement tool and as such you may wish to consider a number of alternative options or mitigation in terms of the proposal.)

Where you believe the proposal discriminates but not unlawfully, you must set out below your objective justification for continuing with the proposal, without mitigating action.

Section 5 – Quality Assurance and Monitoring

Have monitoring systems been put in place to check the implementation of the proposal and recommendations?

Yes

How will the monitoring systems further assess the impact on the equality target groups?

- The implementation of the strategy will include an annual action plan which will provide the performance management framework against which DAAT will measure its success. The action plan will be monitored and reviewed through the course of the strategy and DAAT will drive delivery against set targets.
- Service providers are already monitoring clients in treatment using the nine protected characteristics categories. The data will be monitored as part of the contract monitoring and will inform the strategic direction of service delivery.
- The impact of treatment and drug and alcohol related work on different equality groups will be reviewed regularly at Project Team and DAAT Board meetings.

Does the policy/function comply with equalities legislation?

(Please consider the [OTH objectives](#) and [Public Sector Equality Duty](#) criteria)

Yes? No?

If there are gaps in information or areas for further improvement, please list them below:

- The information for some of the protected characteristics categories is limited. Regular monitoring will ensure that service providers will respond to missing information as a business crucial matter.

How will the results of this Equality Analysis feed into the performance planning process?

- Results of the EA will inform the target setting process and the development of key performance indicators of drug and alcohol services.
- Actions from this EA will be included in the Action plan and Performance management Framework of the Substance Misuse Strategy 2016-19.
- Service providers are required to use equalities information to target outreach work and develop projects to respond to needs in our communities.





Section 6 - Action Plan

As a result of these conclusions and recommendations what actions (if any) **will** be included in your business planning and wider review processes (team plan)? Please consider any gaps or areas needing further attention in the table below the example.

Recommendation	Key activity	Progress milestones including target dates for either completion or progress	Officer responsible	Progress
Ensure that the Prevention and Behavioural Change message is targeted effectively to different communities in the borough.	<ul style="list-style-type: none"> - Provide targeted communication and community education for those who are at risk of alcohol and drug misuse. 	<ul style="list-style-type: none"> - Communicate services to current service users - Focus on effective service user engagement - Develop education programs to educate wider population including young people 	DAAT Commissioning Manager	
Ensure that access to treatment is open for all our local communities.	<ul style="list-style-type: none"> - Ensure that drug and alcohol services will respond to specific need groups including BME and women, - Ensure that the services are accessible geographically and opening times will cater for client needs. - Improve engagement with 'hard to reach' groups including homeless people, hostel residents, street drinkers and drug & alcohol misusing offenders. 	<ul style="list-style-type: none"> - Service provider and partnership to achieve specific performance targets 	DAAT Commissioning Manager	
Monitor New Substance misuse Strategy including action plan	<ul style="list-style-type: none"> - Monitor action plan and report about progress (Annually / Quarterly) 	<ul style="list-style-type: none"> - Provide updates to DAAT Board 	DAAT Information and Needs Analyst	
Produce annual needs assessment with particular regards to high need groups (groups identified in EA).	<ul style="list-style-type: none"> - Produce annual needs Assessment - Incorporate emerging needs and underrepresented groups in annual targets for providers. 	<ul style="list-style-type: none"> - Completion and discussion of needs assessment at DAAT Board - Communicate results to service providers and staff. 	DAAT Information and Needs Analyst	

Appendix A

(Sample) Equality Assessment Criteria

Decision	Action	Risk
<p>As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share <i>Protected Characteristics</i>. It is recommended that the use of the policy be suspended until further work or analysis is performed.</p>	<p>Suspend – Further Work Required</p>	<p>Red</p> 
<p>As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share <i>Protected Characteristics</i>. However, a genuine determining reason may exist that could legitimise or justify the use of this policy.</p>	<p>Further (specialist) advice should be taken</p>	<p>Red Amber</p> 
<p>As a result of performing the analysis, it is evident that a risk of discrimination (as described above) exists and this risk may be removed or reduced by implementing the actions detailed within the <i>Action Planning</i> section of this document.</p>	<p>Proceed pending agreement of mitigating action</p>	<p>Amber</p> 
<p>As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share <i>Protected Characteristics</i> and no further actions are recommended at this stage.</p>	<p>Proceed with implementation</p>	<p>Green:</p> 

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EQUALITY ANALYSIS QUALITY ASSURANCE CHECKLIST


Name of 'proposal' and how has it been implemented (proposal can be a policy, service, function, strategy, project, procedure, restructure/savings proposal)	Substance Misuse Strategy 2016-19
Directorate / Service	CLC / DAAT
Lead Officer	Rachael Sadegh, DAAT Coordinator
Signed Off By (inc date)	
Summary – to be completed at the end of completing the QA (using Appendix A) (Please provide a summary of the findings of the Quality Assurance checklist. What has happened as a result of the QA? For example, based on the QA a Full EA will be undertaken or, based on the QA a Full EA will not be undertaken as due regard to the nine protected groups is embedded in the proposal and the proposal has low relevance to equalities)	<div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; background-color: green; margin-right: 10px;"></div> <div> <p>Proceed with implementation</p> <p>An Equality Analysis (EA) is attached.</p> </div> </div>

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Stage	Checklist Area / Question	Yes / No / Unsure	Comment (If the answer is no/unsure, please ask the question to the SPP Service Manager or nominated equality lead to clarify)
1	Overview of Proposal		
a	Are the outcomes of the proposals clear?	Yes	<p>The Council is recommended to:</p> <p>1. Note that the Substance Misuse Strategy 2016-2019 is</p>

			<p>part of the Crime and Disorder Reduction Strategy in Tower Hamlets (the Community Safety Plan);</p> <p>2. Note that as the Substance Misuse Strategy 2016-2019 is part of the Crime and Disorder Reduction Strategy then pursuant to the Council’s Budget and Policy Framework Procedure Rules, the Mayor as the Executive has responsibility for preparing the draft strategy for submission to the full Council to adopt;</p> <p>3. Note that the draft Substance Misuse Strategy 2016-2019 and Action Plan have been approved by strategic partners for adoption by their respective organisations;</p> <p>4. Approve the adoption of the Substance Misuse Strategy 2016-2019.</p> <p>The Council has an obligation under section 6 of the Crime and Disorder Act 1998 to formulate and implement strategies in conjunction with other specified responsible authorities for:</p> <ul style="list-style-type: none"> • Reduction of crime and disorder • Combating the misuse of drugs, alcohol and other substances • Reduction of re-offending. <p>The current Substance Misuse Strategy adopted by LBTH and partners in 2012 was expired in March 2016. The Strategy is a partnership strategy and requires agreement at Full Council.</p>
<p>b</p>	<p>Is it clear who will be or is likely to be affected by what is being proposed (inc service users and staff)? Is there information about the equality profile of those affected?</p>	<p>Yes</p>	<p>The attached EA includes detailed analysis of the current service users’ equalities data.</p>
<p>2 Monitoring / Collecting Evidence / Data and Consultation</p>			

a	Is there reliable qualitative and quantitative data to support claims made about impacts?	Yes	As the attached EA shows, a wide range of data has informed the attached EA.
	Is there sufficient evidence of local/regional/national research that can inform the analysis?	Yes	See the attached EA.
b	Has a reasonable attempt been made to ensure relevant knowledge and expertise (people, teams and partners) have been involved in the analysis?	Yes	As the attached EA shows, a wide range of data has informed the attached EA.
c	Is there clear evidence of consultation with stakeholders and users from groups affected by the proposal?	Yes	A consultation exercise was conducted during Nov/Dec 2015 with stakeholders, residents and service users to evaluate the 2012-16 strategy and assess priorities for the new strategy. A stakeholder workshop was also held on 19 Nov 2015. Findings from the consultation are provided in Appendix 2.
3	Assessing Impact and Analysis		
a	Are there clear links between the sources of evidence (information, data etc) and the interpretation of impact amongst the nine protected characteristics?	Yes	See Section 3 of the attached EA. The data and information on the nine protected characteristics and other groups are analysed.
b	Is there a clear understanding of the way in which proposals applied in the same way can have unequal impact on different groups?	Yes	The Strategy commits to ensuring equitable access to services across all populations.
4	Mitigation and Improvement Action Plan		
a	Is there an agreed action plan?	Yes	An action plan has been developed for all 3 strands of the Strategy and will be overseen by the DAAT Board to ensure accountability and demonstrable improvement activity.
b	Have alternative options been explored	Yes	The Council has an obligation under Section 6 of the Crime and Disorder Act 1998 to formulate and implement strategies.
5	Quality Assurance and Monitoring		
a	Are there arrangements in place to review or audit the implementation of the proposal?	Yes	The strategy action plan will be monitored through the DAAT Board to ensure Partnership involvement.
b	Is it clear how the progress will be monitored to track impact across the protected characteristics??	Yes	The strategy action plan will be monitored through the DAAT Board to ensure Partnership involvement.
6	Reporting Outcomes and Action Plan		
a	Does the executive summary contain sufficient information on the key findings arising from the assessment?	Yes	

Non-Executive Report of the: COUNCIL 21 September 2016	 TOWER HAMLETS
Report of: Melanie Clay, Corporate Director, Law, Probity and Governance	Classification: Unrestricted
ANNUAL REPORT TO THE COUNCIL BY THE INDEPENDENT PERSON	

Originating Officer(s)	Matthew Mannion, Committee Services Manager (Cover) Elizabeth Hall, Independent Person (Main Report)
Wards affected	All wards

Summary

An Independent Person is appointed by the Council in accordance with the provisions of the Localism Act 2011 to undertake duties in connection with the consideration of any complaints of a breach of the Members' Code of Conduct by the Mayor, a Member or Co-opted Member of the Council.

The Annual Report of the Independent Person to the Council for 2015/16, prepared in July 2016, is attached at Appendix A.

Recommendations:

The Council is recommended to:

1. Note the report.

1. DETAILS OF REPORT

- 1.1 Under the Localism Act 2011, the Council must promote and maintain high standards of conduct by Members and Co-opted Members of the authority, including adopting a Code of Conduct for Members and arrangements for dealing with any allegation that a Member or Co-opted Member has breached the Code.
- 1.2 In accordance with the requirements of the 2011 Act, these arrangements include the appointment of an Independent Person to advise on breaches of the Member Code of Conduct. The Independent Person will:
- Be available for consultation if an allegation of breach of the Members' Code of Conduct is received by the Council.
 - Liaise as necessary with the Council's Monitoring Officer to consider complaints against Members and offer his/her impartial views on the case, including any investigations undertaken.
 - Advise the Council prior to any decision to investigate an allegation or complaint relating to whether a Member has failed to comply with the Code of Conduct.
 - Attend meeting of the Standards Advisory Committee and/or its sub-committees as required
 - Contribute to any review of the operation of the standards arrangements and complaints procedure established by the Council under the provisions of the Localism Act 2011.
- 1.3 The Independent Person may be consulted by the Council's Monitoring Officer in respect of an allegation against a Member in other circumstances; and/or be consulted by a Member or Co-opted Member of the Council against whom an allegation or complaint has been made. The views of the Independent Person will be considered by the Standards Advisory Committee, who are responsible for recommending on the outcome of any complaints and any remedial action.
- 1.4 Elizabeth Hall was appointed as Tower Hamlets' Independent Person at the Council meeting on 26th June 2013, for a term of office of three years
- 1.5 This appointment was subsequently increased by two years at Council on 20 July 2016. Her term of office is now set to expire on 24 June 2018. Ms Hall's Annual Report for the municipal year 2015/16 is attached at Appendix 'A' for the Council's consideration.
- 1.6 Members are also asked to note that a revised Code of Conduct for Members and revised complaint handling arrangements have now been considered and agreed by the Governance Review Working Group and a further report will be submitted to the Standards (Advisory) Committee meeting on Thursday 22 September 2016 before the proposals are brought to full Council.

2. COMMENTS OF THE CHIEF FINANCE OFFICER

- 2.1 There are no direct financial implications arising from this report. The Independent Person receives remuneration in accordance with the arrangements agreed by the Council on 26th June 2013, for which budget provision exists within the Law, Probity and Governance Directorate budget.

3. LEGAL COMMENTS

- 3.1 The Localism Act 2011 introduced new arrangements to govern the Standards of Conduct for local authority members and co-optees. A key element of these arrangements is the appointment of at least one 'Independent Person' who will provide advice to the Council on any allegation it is considering, and may also provide advice to a member facing an allegation who has sought the views of that person. The Council has also appointed a reserve Independent Person in case of any potential conflict arising out of these arrangements.
- 3.2 The Independent Person(s) must be appointed following a public advertisement and recruitment process and his/her appointment must be confirmed by the majority of Councillors at the full Council meeting.

4. ONE TOWER HAMLETS CONSIDERATIONS

- 4.1. There are no specific implications for One Tower Hamlets arising from the proposals in this report.

5. BEST VALUE (BV) IMPLICATIONS

- 5.1. There are no specific Best Value implications arising from this report.

6. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

- 6.1 There are no specific sustainable action for a greener environment implications arising from this report.

7. RISK MANAGEMENT IMPLICATIONS

- 7.1 There are no risk management implications arising from this report.

8. CRIME AND DISORDER REDUCTION IMPLICATIONS

- 8.1 There are no crime and disorder reduction implications arising from this report.

Linked Reports, Appendices and Background Documents

Linked Report

- None

Appendices

- Appendix A – Annual Report of the Independent Person 2015/16

Local Government Act, 1972 Section 100D (As amended)

List of “Background Papers” used in the preparation of this report

List any background documents not already in the public domain including officer contact information.

- None.

Officer contact details for documents:

- N/A

Independent Person

2016 Annual Report to the Council

I was appointed as Independent Person (IP) in July 2013 for a three year term, in accordance with the Localism Act 2011. I made my last report to the Council in July 2015.

At that time I expressed the hope that Mayor Biggs' commitment to openness and accountability would characterise the Council in future, and that the Code of Conduct would be accorded the status it deserves as the Standard which all members of the Council observe. I understand that a great deal of work has been done in the past twelve months towards more effective governance, and Mayor Biggs has assured me that the Standards regime will be a key element of that. So, although I am disappointed that it has not yet been possible to submit to the Council the proposed new, streamlined, Code and associated complaint procedures (agreed by the Standards Advisory Committee in autumn 2015), I am pleased to note that these will be put forward for adoption very shortly. Indeed, I am delighted to know that the Governance Review Working Group has made such good progress overall.

I hope that the revisions to Council governance will give greater prominence to the role of the Standards Advisory Committee (or whatever succeeds it), so that it plays a full and proper part in maintenance of high standards, rather than being merely a recipient of complaints.


This year has seen a marked decrease in the number of complaints on which I have been asked to give my opinion; there have been four, only one of which was sent forward for investigation. The Monitoring or Deputy Monitoring Officer and I were of the same mind in each case. Without wanting to speculate about the reasons for the decrease, I am delighted at the indications that poor standards of behaviour are now being dealt with within the meetings of the Council, or by the Group leaders.

My current appointment has now completed its three-year term. I would like to thank the Council for its support for my previous reports, and the members of the SAC for the constructive debate we have had about seeking improvements to the old Code and its procedures.

Elizabeth Hall

July 2016

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<p>Non-Executive Report of the:</p> <p>Council</p> <p>21 September 2016</p>	 <p>TOWER HAMLETS</p>
<p>Report of: Zena Cooke, Corporate Director of Resources</p>	<p>Classification: Unrestricted</p>
<p>Treasury Management Quarterly Update Report for Quarter Ended June 2016</p>	
<p>Originating Officer(s)</p>	<p>Bola Tobun - Investment & Treasury Manager</p>
<p>Wards affected</p>	<p>All wards</p>

Summary

This report advises the Committee of the Council’s borrowing and investment activities from the start of financial year 2016/17 to 30 June 2016. The Treasury Management Strategy Statement and the Treasury Prudential Indicators, for 2016/17 were approved by the Council on 24 February 2016 as required by the Local Government Act 2003.

The report also provides information on the economic conditions prevailing in the first quarter of 2016/17. The report provides a summary of the prudential indicators, treasury management indicators and a summary of the credit criteria adopted by the Corporate Director of Resources for the reporting year and the projected investment returns.

The Council earned an average return of 0.78% on its lending activities.

No long-term or short-term borrowing has been raised since the commencement of this financial year 2016/17 to reporting period.

Recommendations

Council is recommended to:

- Note the contents of the treasury management activities and performance against targets for quarter ending 30 June 2016;
- Note the Council’s investments which are outstanding as at 30 June 2016 as set out in Appendix 1. The balance outstanding at that time was £452.95m which includes £73m, pension fund cash awaiting investment in early July.
- Agree to increasing investments over a year monetary limit from £50m to £100m as set out in section 3.12.3
- Approve increasing monetary limit and duration of part nationalised banks from £25m and 3 years to £50m and 5 years as set out in section 3.12.4

1 REASONS FOR DECISIONS

- 1.1 This report updates on both the borrowing and investment decisions made by the Director of Resources under delegated authority in the context of prevailing economic conditions and considers Treasury Management performance.
- 1.2 Treasury management is defined as “the management of the council’s investments and cash flows; its banking, money market and capital market transactions; the effective control of the risks associated with those activities; and the pursuit of optimum performance consistent with those risks.
- 1.3 Legislation requires that regular reports be submitted to Council/Committee detailing the council’s treasury management activities.
- 1.4 The regular reporting of treasury management activities should assist in ensuring that Members are able to scrutinise officer decisions and monitor progress on implementation of investment strategy as approved by Full Council.

2 ALTERNATIVE OPTIONS

- 2.1 The Council is bound by legislation to have regard to the Treasury Management (TM) Code. The Code requires that the Council or a sub-committee of the Council (In Tower Hamlets the Audit Committee has been identified as the relevant committee) should receive regular monitoring reports on treasury management activities.
- 2.2 If the Council were to deviate from those requirements, there would need to be a good reason for doing so. It is not considered that there is any such reason, having regard to the need to ensure that Members are kept informed about treasury management activities and to ensure that these activities are in line with the investment strategy approved by the Council.
- 2.3 Within reason, the Council can vary its treasury management strategy having regard to its own views about its appetite for risk in relation to the financial returns required.

3. BACKGROUND

- 3.1 The Local Authorities (Capital Finance and Accounting) (England) Regulations 2003 require local authorities to have regard to the Treasury Management Code. The Treasury Management code requires that the Council or a sub-committee of the Council should receive regular monitoring reports on treasury management activities and risks.
- 3.2 These reports are in addition to mid-year and annual treasury management outturn reports that should be presented to the Full Council midway through the financial year and at year end respectively.

3.3 TREASURY MANAGEMENT STRATEGY 2016/17

- 3.3.1 The Council’s Treasury Management Strategy was approved on 24 February 2016 by Full Council. The Strategy comprehensively outlines how the treasury function would operate throughout the financial year 2016/17 including the limits and criteria for selecting institutions to be used for the investment of surplus cash and the council’s policy on long-term borrowing and limits on debt.

3.3.2 The Council has complied with the strategy to the reporting period; to 30 June 2016. All investments were made to counterparties within the Council's approved lending list.

3.3.3 In addition to the surplus cash of the Council from its General Fund activities any surplus Pension Fund cash awaiting investment has also been invested in accordance with Council's Treasury Management Strategy agreed by Full council on the 24 February 2016, under the delegated authority of the Corporate Director of Resources and is being managed in-line with the agreed parameters. The Pensions Committee is updated on Pension Fund investment activity on a quarterly basis.

3.4 **ECONOMIC COMMENTARY**

3.4.1 On 4th August the Bank of England (BoE) cut the bank base rate for the first time since 2009 to 0.25%, as the Monetary Policy Committee (MPC) voted unanimously in favour of a cut. It also expanded its Quantitative Easing (QE) programme by £60bn to £435bn.

3.4.2 The August 2016 Inflation Report showed the BoE left its growth forecasts unchanged at 2% for 2016 but lowered its forecast for 2017 significantly to 0.8% from the previous estimate of 2.3%. Inflation forecasts were revised up sharply due to the fall in sterling and are now forecasted to hit the 2% target in 2017 and rise further to 2.4% in 2018 and 2019.

3.4.3 The headline inflation figure increased to 0.5% year-on-year in June, whilst the monthly rate remained at 0.2%.

3.4.4 The UK unemployment rate fell to 4.9% in the three months to May, its lowest level since 2005, lowering the unemployment figure to 1.646m. British wage growth, including bonuses, rose by 2.3% on an annual basis. Excluding bonuses, growth in average weekly earnings in May rose by 2.2% year-on-year from 2.3% in the previous month.

3.5 **INTEREST RATE FORECAST**

3.5.1 The Council's treasury advisor, Capita Asset Services, has provided the following forecast:

Capita Asset Services' Interest Rate View												
	Sep-16	Dec-16	Mar-17	Jun-17	Sep-17	Dec-17	Mar-18	Jun-18	Sep-18	Dec-18	Mar-19	Jun-19
Bank Rate Forecast	0.25%	0.25%	0.25%	0.25%	0.25%	0.25%	0.25%	0.50%	0.50%	0.50%	0.50%	0.50%
3 month LIBID Forecast	0.30%	0.30%	0.30%	0.30%	0.30%	0.40%	0.50%	0.50%	0.60%	0.60%	0.60%	0.60%
6 month LIBID Forecast	0.50%	0.50%	0.50%	0.50%	0.60%	0.60%	0.70%	0.70%	0.70%	0.70%	0.70%	0.70%
12 month LIBID Forecast	0.60%	0.60%	0.60%	0.60%	0.70%	0.80%	0.90%	0.90%	0.90%	0.90%	0.90%	0.90%

	Sep-16	Dec-16	Mar-17	Jun-17	Sep-17	Dec-17	Mar-18	Jun-18	Sep-18	Dec-18	Mar-19	Jun-19
Bank rate	0.25%	0.25%	0.25%	0.25%	0.25%	0.25%	0.25%	0.50%	0.50%	0.50%	0.50%	0.50%
5yr PWLB rate	1.00%	1.10%	1.10%	1.10%	1.10%	1.10%	1.10%	1.20%	1.20%	1.20%	1.30%	1.30%
10yr PWLB rate	1.60%	1.60%	1.60%	1.70%	1.70%	1.70%	1.70%	1.80%	1.80%	1.80%	1.80%	1.90%
25yr PWLB rate	2.40%	2.40%	2.40%	2.50%	2.50%	2.50%	2.50%	2.50%	2.60%	2.60%	2.70%	2.70%
50yr PWLB rate	2.20%	2.20%	2.20%	2.30%	2.30%	2.30%	2.30%	2.40%	2.40%	2.40%	2.50%	2.50%

- 3.5.2 Capita Asset Services undertook a quarterly review of its interest rate forecasts on 4 July 2016 after letting markets settle down somewhat after the result of the referendum on 23 June to leave the EU. It was generally agreed that this outcome will result in a slowing in growth in the second half of 2016 at a time when the Bank of England has only limited ammunition in its armoury to promote growth by using monetary policy. They therefore expect that Bank Rate to be cut over this period. Thereafter, they do not expect the MPC to take any further action on Bank Rate in 2016 or 2017 as they expect the pace of recovery of growth to be weak during a period of uncertainty leading up to the final agreement between the UK and the EU on arrangements for leaving and the immediate period after 'Brexit'.
- 3.5.3 However, they also considered the possibility that the MPC may also consider renewing the programme of quantitative easing; the prospect of further purchases of gilts in this way has already resulted in 10 year gilt yields falling below 1% for the first time ever. Capita do not expect the Bank Base Rate to start rising until quarter 2 2018 and for further increases then to be at a slower pace than before as previously stated by the Governor of the Bank of England,

3.6 Annual Investment Strategy

- 3.6.1 The Treasury Management Strategy Statement (TMSS) for 2016/17, which includes the Annual Investment Strategy, outlines, in order of importance, the Council's investment priorities as being:

Security of capital;

Liquidity; and

Yield.

- 3.6.2 The Council aims to achieve the optimum return (yield) on investments equivalent with proper levels of security and liquidity. In the current economic climate it is considered appropriate to keep investments short term to cover cash flow needs, but also to seek out value available in periods up to 12 months with highly credit rated financial institutions.
- 3.6.3 The approved limits within the Annual Investment Strategy were not breached for the reporting period, quarter ending 30th June 2016.

Investment performance for quarter ended 30 June 2016

Benchmark	Benchmark Return	LBTH Performance	Over/(Under) Performance
Full Year 2015/2016	0.35%	0.82%	0.47%
April 2016	0.36%	0.76%	0.40%
May 2016	0.36%	0.78%	0.42%
June 2016	0.36%	0.78%	0.42%
2016/17 Year to Period	0.36%	0.77%	0.41%

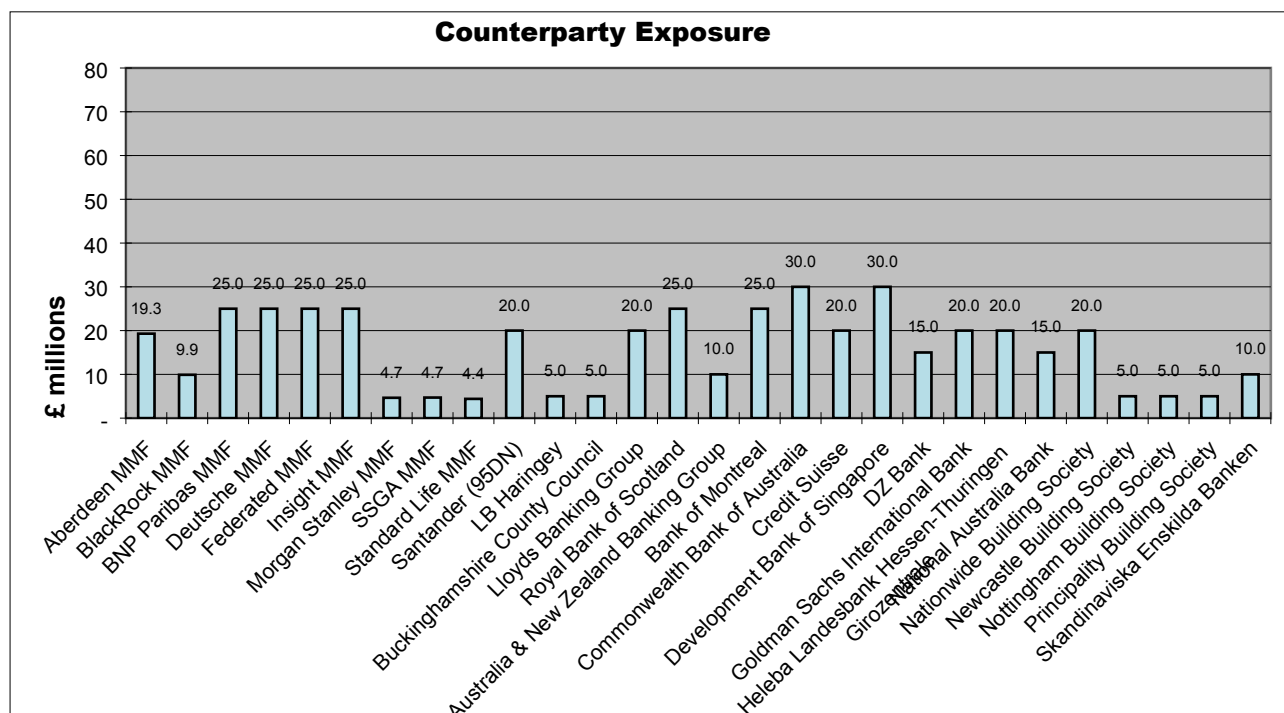
- 3.6.4 As illustrated above, the Council outperformed the 7 day London Interbank Bid rate (LIBID) benchmark for the financial year to date. However, the Council's weighted annual maturity was significantly longer than this (see paragraph 3.7.4 below). Further benchmark performance information is set out in section 3.8 below.
- 3.6.5 The Council's budgeted investment return is set at £2.7m for 2016/17 which is based on achieving average returns of at 0.9% for a £300m average balance. The performance to date is 0.77% with average balance of £425m.
- 3.6.6 Investment rates available in the market were low but broadly stable during the first half of the quarter but then took a slight downward path in the second half concluding with a significant drop after the referendum on expectations of an imminent cut in the Bank Base Rate and lower for longer expectations thereafter.
- 3.6.7 The level of funds available for investment purposes at the end of the reporting period was £452.95m. These funds were available on a temporary basis, and the level of funds available was mainly dependent on reserves, the timing of precept payments, receipt of grants, progress against the Capital Programme and impending pension fund investment.

3.7 Investments Outstanding & Maturity Structure

- 3.7.1 The table below shows the amount of investments outstanding at the end of June 2016, split according to the financial sector.

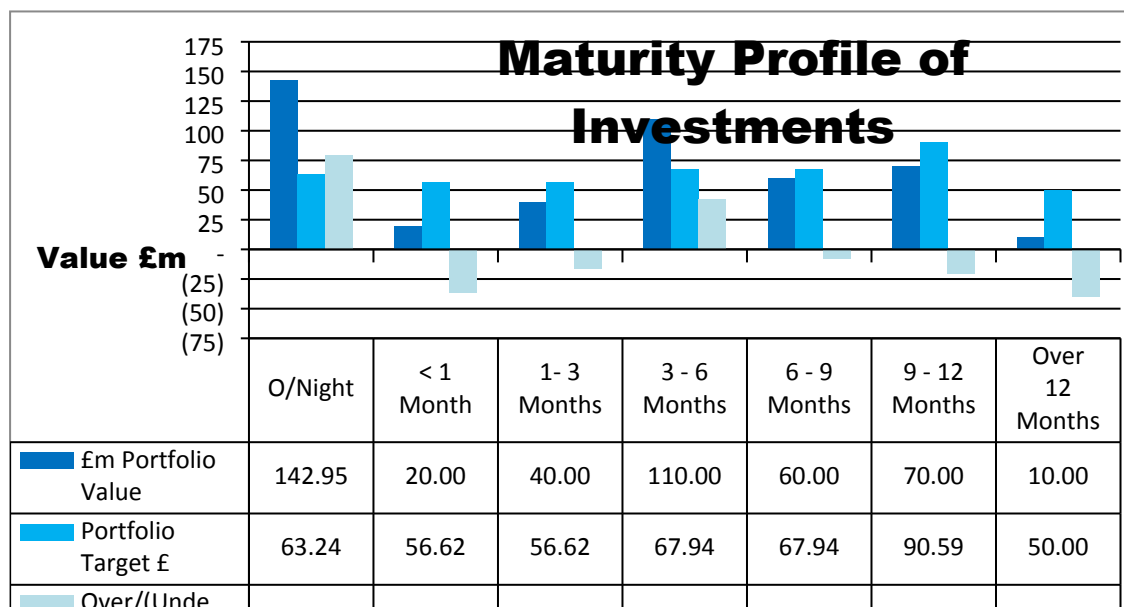
FINANCIAL SECTOR	£m	%
Banks in the UK	65.00	14.35
Building Societies in the UK	40.00	8.83
Government UK (Local Authorities)	10.00	2.21
Banks in the Rest of the World	195.00	43.05
Money Market Funds	142.95	31.56
Investments Outstanding as at 30/06/2016	452.95	100.00

Chart 1 – Counterparty Exposure



3.7.2 The Chart 1 above shows the deposits outstanding with authorised counterparties as at 30th June 2016, of which 5.5% were with part-nationalised banks (RBS Groups).

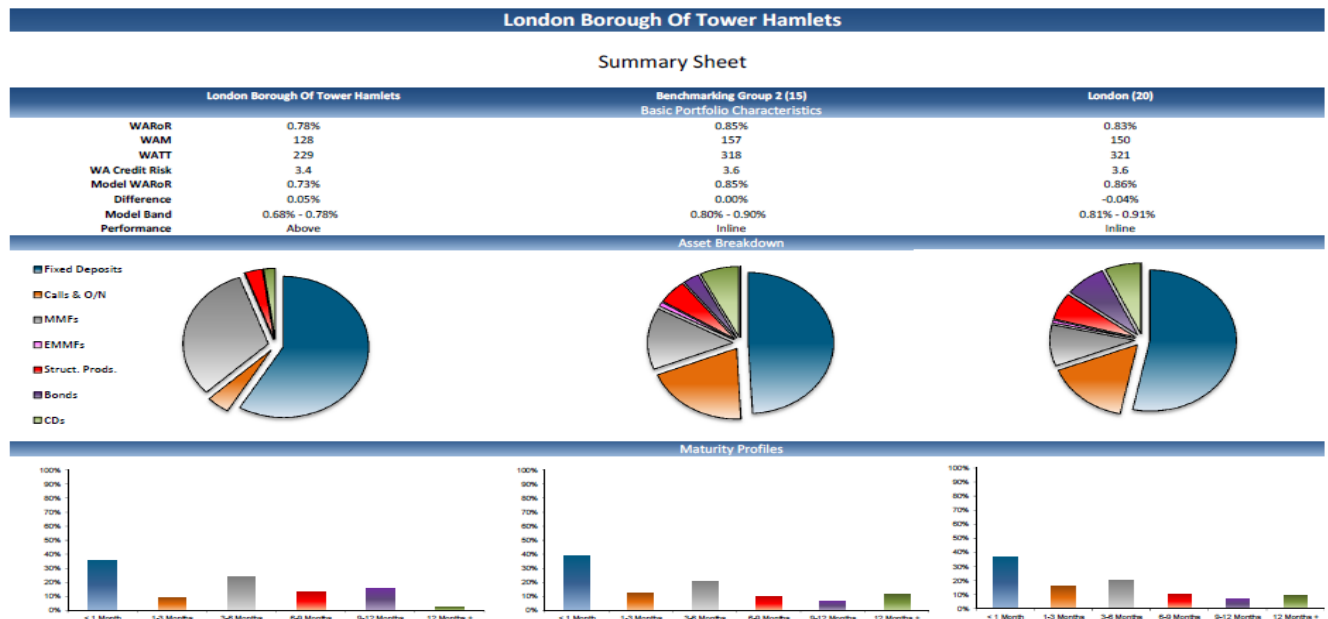
3.7.3 Chart 2 below illustrates the maturity structure of deposits as at 30 June 2016; we have £142.95m as overnight deposits, and this is all Money Market Funds.



3.7.4 The Weighted Average Maturity (WAM) for outstanding investment (excluding MMF) is 229 days for the month of June and including MMF is 128 days. This is the average number of outstanding days to maturity of each deal from 30 June 2016. The average maturity of investments would have subsequently increased in July following the Insight pension investment.

3.8 **INVESTMENT BENCHMARKING CLUB**

3.8.1 LBTH participates in a benchmarking club to enable officers to compare the Council’s treasury management, investment returns against those of similar authorities. The model below shows the performance of benchmark club members given the various levels of risks taken as at 30 June 2016. The Performance of Tower Hamlets is above the Model Weighted Average Rate of Return (WARoR) but below the performance of our benchmark comparators and the London benchmark.



3.8.2 The return on LBTH investment is commensurate with the Council’s risk appetite as set out in the Investment Strategy which is reflected in the above data. The holding of instant access deposits until the impending Insight pension investment in July resulted in the Council holding more short-term deposits than usual.

3.10 **DEBT PORTFOLIO**

3.10.1 The Council’s Treasury Management Strategy Report approved in February 2016 outlined the Council’s long term borrowing strategy for the year.

3.10.2 The table below sets out the Council’s debt as at the beginning of the financial year and as at 30 June 2016. During the financial year Barclays Bank waived their options in relation to the two LOBO loans and these can now be both classified as fixed rate funding. Total debt outstanding, stands at £87.825m, against estimated CFR of £226.225m for 2016/17, this implies internal borrowing of £138.4m.

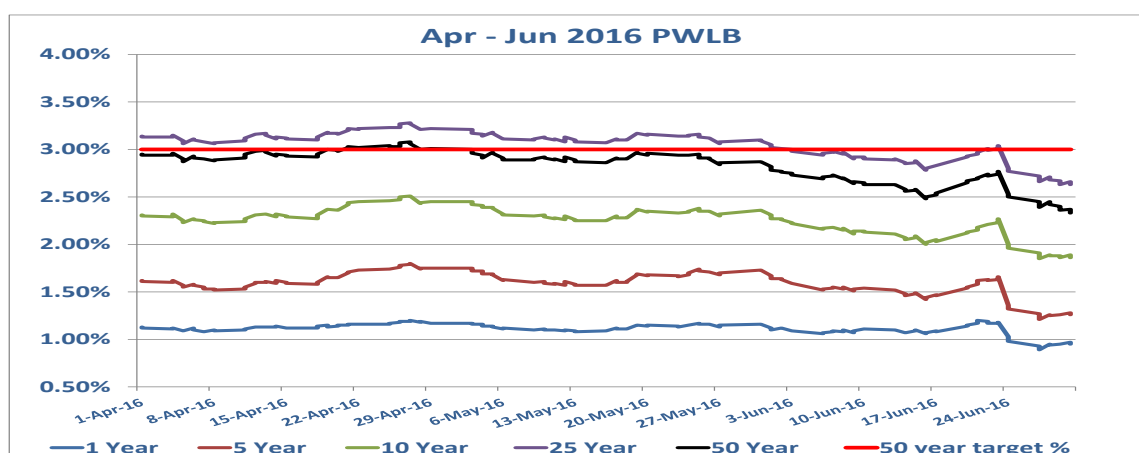
3.10.3 No debt rescheduling opportunities have arisen during this financial year to reporting period as the cost of premiums outweighs savings that could be made from the lower PWLB borrowing rates.

	31 March 2016 Principal	Loans raised	Loans repaid	30 June 2016 Principal
	£'000	£'000	£'000	£'000
Fixed Rate Funding:				
-PWLB	10,325	-	0.000	10,325
-Market	13,000	4,500	-	17,500
Total Fixed Rate Funding	23,325	4,500	0.000	27,825
Variable Rate Funding:				
-PWLB	-	-	-	-
-Market	64,500	-	4,500	60,000
Total Variable Rate Funding	64,500	-	4,500	60,000
Total Debt	87,825	4,500	4,500	87,825
CFR	226,488	-	-	226,225
Over/ (under) borrowing	(138,663)	-	-	(138,400)

3.10.4 New Borrowing - As shown in the graph below, there has been significant volatility in PWLB rates during quarter 1 culminating in a progressive fall in rates during the first three weeks in June as confidence rose that the polls were indicating an 'IN' result for the referendum, followed by a sharp rise in the run up to the referendum day as the polls swung the other way, followed by a sharp fall to the end of the month in anticipation that there is likely to be further quantitative easing purchases of gilts in the coming months.

PWLB certainty rates quarter ended 30 June 2016

	1 Year	5 Year	10 Year	25 Year	50 Year
Low	0.89%	1.21%	1.85%	2.63%	2.33%
Date	27/6/16	27/6/16	27/6/16	29/6/16	30/6/16
High	1.20%	1.80%	2.51%	3.28%	3.08%
Date	27/4/16	27/4/16	27/4/16	27/4/16	27/4/16
Average	1.11%	1.59%	2.25%	3.05%	2.83%



3.10.5 During the quarter ended 30 June 2016, the 50 year PWLB target (certainty) rate for new long term borrowing remained at 3%. (However, the target rate was cut to 2.20% on 4 July 2016 due to the sharp fall in gilt yields after the referendum.)

3.10.6 Given these recent movements it is likely that the Council will be considering its position in relation to borrowing.

3.11 **Compliance with Treasury and Prudential Limits**

3.11.1 It is a statutory duty for the Council to determine and keep under review the affordable borrowing limits. The Council's approved Treasury and Prudential Indicators (affordability limits) are included in the approved TMSS.

3.11.2 During the financial year to date the Council has operated within the treasury and prudential indicators set out in the Council's Treasury Management Strategy Statement and in compliance with the Council's Treasury Management Practices. The prudential and treasury Indicators are shown in Appendix 3.

3.12 **Other**

3.12.1 **UK Sovereign Rating** - Standard & Poor have downgraded the UK Sovereign rating to AA from AAA with outlook remains negative, Fitch downgraded to AA from AA+ with outlook, changed to negative from stable, Moody's affirmed the rating at Aa1 with outlook changed to negative from stable. This is due to weaker economic and fiscal outlook.

3.12.2 In the light of the recent changes in the UK sovereign rating, officers continue to propose that the UK should still be excluded from its sovereign rating criteria overlay and that we will still invest in UK banks and building societies regardless of current UK sovereign rating. Although this has created an unexpected increase in risk and measures for treasury management, especially with the Council's large cash balance of some £400m. Therefore, at the individual/entity level, investment counterparties will still need to meet stringent criteria as laid out in the current investment strategy.

3.12.3 Officers are proposing a change to the council treasury management strategy for 2016/17, section 7.27 of TMSS annex A, by revising the maximum nominal value of overall investments that the council should hold for more than 1 year and less than 5 years from £50m to £100m (Investments with maturity over a year) The prudential indicator figure of £100m is therefore recommended.

3.12.4 Officers are also proposing a change to the money limit and duration of investments more than one year for part nationalised bank from current £25m and 3 years to £50m and 5 years duration. This is to enable the council the flexibility of placing more deposits with an institution part owned by the government and still received decent return from the transaction.

4 **COMMENTS OF THE CHIEF FINANCIAL OFFICER (s151 Officer)**

4.1 The comments of the Corporate Director Resources are incorporated in the report.

5. **LEGAL COMMENTS**

- 5.1 The Local Government Act 2003 provides a framework for the capital finance of local authorities. It provides a power to borrow and imposes a duty on local authorities to determine an affordable borrowing limit. It provides a power to invest. Fundamental to the operation of the scheme is an understanding that authorities will have regard to proper accounting practices recommended by the Chartered Institute of Public Finance and Accountancy (CIPFA) in carrying out capital finance functions.
- 5.2 The Local Authorities (Capital Finance and Accounting) (England) Regulations 2003 require the council to have regard to the CIPFA publication "Treasury Management in the Public Services: Code of Practice and Cross-Sectoral Guidance Notes" ("the Treasury Management Code") in carrying out capital finance functions under the Local Government Act 2003. If after having regard to the Treasury Management Code the council wished not to follow it, there would need to be some good reason for such deviation.
- 5.3 It is a key principle of the Treasury Management Code that an authority should put in place "comprehensive objectives, policies and practices, strategies and reporting arrangements for the effective management and control of their treasury management activities". Treasury management activities cover the management of the council's investments and cash flows, its banking, money market and capital market transactions, the effective control of risks associated with those activities and the pursuit of optimum performance consistent with those risks. It is consistent with the key principles expressed in the Treasury Management Code for the council to adopt the strategies and policies proposed in the report.
- 5.4 The report proposes that the treasury management strategy will incorporate prudential indicators. The Local Authorities (Capital Finance and Accounting) (England) Regulations 2003 also requires the council to have regard to the CIPFA publication "Prudential Code for Capital Finance in Local Authorities" ("the Prudential Code") when carrying out its duty under the Act to determine an affordable borrowing limit. The Prudential Code specifies a minimum level of prudential indicators required to ensure affordability, sustainability and prudence. The report properly brings forward these matters for determination by the council. If after having regard to the Prudential Code the council wished not to follow it, there would need to be some good reason for such deviation.
- 5.5 The Treasury Management Code requires as a minimum that there be a practice of regular reporting on treasury management activities and risks to the responsible committee and that these should be scrutinised by that committee. Under the Council's Constitution, the Audit Committee has the functions of monitoring the Council's risk management arrangements and making arrangements for the proper administration of the Council's affairs.
- 5.6 The Local Government Act 2003 and regulations made under the Act provide that adoption of a plan or strategy for control of a local authority's borrowing, investments or capital expenditure, or for determining the authority's minimum revenue provision, is a matter that should not be the sole responsibility of the authority's executive and, accordingly, it is appropriate for the Cabinet to agree these matters and for them to then be considered by Full Council.

5.7 The report sets out the recommendations of the Corporate Director Resources in relation to the council's minimum revenue provision, treasury management strategy and its annual investment strategy. The Corporate Director Resources has responsibility for overseeing the proper administration of the council's financial affairs, as required by section 151 of the Local Government Act 1972 and is the appropriate officer to advise in relation to these matters.

5.8 When considering its approach to the treasury management matters set out in the report, the council must have due regard to the need to eliminate unlawful conduct under the Equality Act 2010, the need to advance equality of opportunity and the need to foster good relations between persons who share a protected characteristic and those who don't (the public sector equality duty). A proportionate level of equality analysis is required and there is information relevant to this in section 17 of the report.

6 ONE TOWER HAMLETS CONSIDERATIONS

6.1 Investment contributes to the achievement of the corporate objectives, including all those relating to equalities and achieving One Tower Hamlets. Establishing the statutory policy statements required facilitates the investments and ensures that it is prudent.

7. BEST VALUE (BV) IMPLICATIONS

7.1 The Treasury Management Strategy and Investment Strategy and the arrangements put in place to monitor them should ensure that the council optimises the use of its monetary resources within the constraints placed on the council by statute, appropriate management of risk and operational requirements.

7.2 Assessment of value for money is achieved through:

- Monitoring against benchmarks
- Operating within budget

8 SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

8.1 There are no sustainable actions for a greener environment implication.

9 RISK MANAGEMENT IMPLICATIONS

9.1 There is inevitably a degree of risk inherent in all treasury activity.

9.2 The Investment Strategy identifies the risk associated with different classes of investment instruments and sets the parameters within which treasury activities can be undertaken and controls and processes appropriate for that risk.

9.3 Treasury operations are undertaken by nominated officers within the parameters prescribed by the Treasury Management Policy Statement as approved by the council.

9.4 The council is ultimately responsible for risk management in relation to its treasury activities. However, in determining the risk and appropriate controls to put in place the council has obtained independent advice from Capita Treasury Services who specialise in Council treasury issues.

10 **CRIME AND DISORDER REDUCTION IMPLICATIONS**

10.1 There are no any crime and disorder reduction implications arising from this report.

APPENDICES

Appendix 1 – Investments Outstanding as at 30th June 16

Appendix 2 – Approved countries for investments

Appendix 3 – The prudential and treasury Indicators

Local Government Act, 1972 Section 100D (As amended)

List of “Background Papers” used in the preparation of this report

Brief description of “background papers”

**Name and telephone number of holder
and address where open to inspection.**

Bola Tobun, x4733, Mulberry Place

Appendix 1

Investments Outstanding as at 30 June 2016

Time to Maturity	Counterparty	From	Maturity	Amount £m	Rate
Overnight					
	Aberdeen MMF		MMF	19.30	
	Blackrock MMF		MMF	9.90	
	BNP Paribas MMF		MMF	25.00	
	Deutsche MMF		MMF	25.00	
	Federated MMF		MMF	25.00	
	Insight MMF		MMF	25.00	
	Morgan Stanley MMF		MMF	4.65	
	SSGA MMF		MMF	4.70	
	Standard Life MMF		MMF	4.40	
	SUB TOTAL			142.95	
< 1 Month	DZ Bank	04/01/2016	04/07/2016	10.00	0.69%
	Buckinghamshire County Council	23/06/2016	22/07/2016	5.00	0.50%
	LB Haringey	30/06/2016	29/07/2016	5.00	0.50%
	SUB TOTAL			20.00	
1 - 3 Months	Commonwealth Bank of Australia	05/08/2015	04/08/2016	5.00	0.84%
	Development Bank of Singapore	10/02/2016	10/08/2016	10.00	0.65%
	Lloyds Banking Group	13/08/2015	12/08/2016	5.00	1.00%
	Development Bank of Singapore	24/05/2016	24/08/2016	10.00	0.57%
	Australia & New Zealand Banking	30/06/2016	30/09/2016	10.00	0.52%
	SUB TOTAL			40.00	
3 - 6 Months	Santander (95DN)		Call - 95N	20.00	1.10%
	Skandinaviska Enskilda Banken	05/10/2015	05/10/2016	5.00	0.92%
	DZ Bank	05/04/2016	05/10/2016	5.00	0.68%
	Goldman Sachs International Bank	23/10/2015	24/10/2016	10.00	1.00%
	Principality Building Society	11/11/2015	11/11/2016	5.00	1.08%
	Helaba Landesbank	12/11/2015	11/11/2016	5.00	1.04%
	Goldman Sachs International Bank	12/11/2015	14/11/2016	10.00	0.95%
	Credit Suisse	20/11/2015	18/11/2016	10.00	1.03%
	Credit Suisse	25/11/2015	25/11/2016	10.00	1.00%
	Skandinaviska Enskilda Banken	07/12/2015	07/12/2016	5.00	0.85%
	Development Bank of Singapore	08/06/2016	08/12/2016	5.00	0.62%
	Commonwealth Bank of Australia	15/12/2015	15/12/2016	5.00	0.91%
	Bank of Montreal	15/03/2016	15/12/2016	10.00	0.72%
	Development Bank of Singapore	15/06/2016	15/12/2016	5.00	0.62%
	SUB TOTAL			110.00	
6 - 9 Months	Bank of Montreal	06/04/2016	06/01/2017	10.00	0.75%
	Royal Bank of Scotland	10/01/2014	09/01/2017	5.00	1.74%
	National Australia Bank	12/04/2016	12/01/2017	10.00	0.74%
	Bank of Montreal	19/04/2016	19/01/2017	5.00	0.74%
	National Australia Bank	19/04/2016	19/01/2017	5.00	0.75%
	Commonwealth Bank of Australia	23/02/2016	21/02/2017	5.00	0.90%
	Helaba Landesbank	26/02/2016	27/02/2017	5.00	0.92%
	Commonwealth Bank of Australia	14/03/2016	14/03/2017	10.00	0.92%
	Skipton Building Society	23/03/2016	23/03/2017	5.00	1.02%
	SUB TOTAL			60.00	
9 - 12 Months	Nationwide Building Society	12/04/2016	12/04/2017	5.00	0.95%
	Lloyds Banking Group	14/04/2016	13/04/2017	5.00	1.05%
	Lloyds Banking Group	15/04/2016	13/04/2017	5.00	1.05%

Time to Maturity	Counterparty	From	Maturity	Amount £m	Rate
	Nationwide Building Society	15/04/2016	13/04/2017	10.00	0.97%
	Nationwide Building Society	22/04/2016	21/04/2017	5.00	0.95%
	Newcastle Building Society	28/04/2016	28/04/2017	5.00	1.15%
	Lloyds Banking Group	29/04/2016	28/04/2017	5.00	1.05%
	Royal Bank of Scotland	05/05/2015	05/05/2017	5.00	1.45%
	Royal Bank of Scotland	08/05/2015	08/05/2017	5.00	1.45%
	Nottingham Building Society	09/05/2016	09/05/2017	5.00	1.03%
	Commonwealth Bank of Australia	12/05/2016	12/05/2017	5.00	0.99%
	Helaba Landesbank	03/05/2016	03/06/2017	10.00	1.01%
	SUB TOTAL			70.00	
> 12 Months	Royal Bank of Scotland	30/01/2015	30/01/2018	5.00	1.20%
	Royal Bank of Scotland	30/04/2015	30/04/2018	5.00	0.90%
	SUB TOTAL			10.00	
	GRAND TOTAL			452.95	

APPENDIX 2: Sovereign rating of countries for investments

Based on lowest available rating

AAA

- Australia
- Canada
- Denmark
- Germany
- Luxembourg
- Netherlands
- Norway
- Singapore
- Sweden
- Switzerland

AA+

- Finland
- Hong Kong
- U.S.A.

AA

- Abu Dhabi (UAE)
- Qatar
- France
- U.K.

AA-


- Belgium

Appendix 3: Prudential and Treasury Indicators

Prudential Indicators	2014/15	2015/16	2015/16	2016/17	2017/18
Extract from Estimate and rent setting reports	Actual	Original Estimate	Actual	Estimate	Estimate
	£m	£m	£m	£m	£m
Capital Expenditure					
Non – HRA	56.238	50.408	26.621	53.442	10.876
HRA	76.852	121.564	72.349	115.914	22.864
TOTAL	133.090	171.972	98.970	169.356	33.740
Ratio of Financing Costs To Net Revenue Stream					
Non – HRA	0.30%	0.52%	0.00%	0.00%	0.00%
HRA	3.70%	3.69%	3.94%	4.38%	4.38%
	£m	£m	£m	£m	£m
Gross Debt and Capital Financing Requirement					
Gross Debt	136.833	162.789	125.901	133.362	128.501
Capital Financing Requirement*	227.517	253.506	226.488	226.486	219.192
Over/(Under) Borrowing	(90.685)	(90.717)	(100.587)	(93.124)	(90.691)
In Year Capital Financing Requirement					
Non – HRA	0.000		0.145	0.150	0.000
HRA	0.000	21.804	5.016	8.360	0.000
TOTAL	0.000	21.804	5.161	8.510	0.000
Capital Financing Requirement as at 31 March					
Non - HRA	157.842	164.314	151.797	148.070	143.090
HRA	69.675	89.192	74.691	78.416	76.101
TOTAL	227.517	253.506	226.488	226.486	219.192
Incremental Impact of Financing Costs (£)					
Increase in Council Tax (band D) per annum	67.317	65.245	72.601	79.357	83.374
Increase in average housing rent per week	5.176	5.261	5.745	6.485	6.489
*excluding schools PFI schemes					

Treasury Management Indicators	2014/15	2015/16	2015/16	2016/17	2017/18
	Actual	Original Estimate	Actual	Estimate	Estimate
	£m	£m	£m	£m	£m
Authorised Limit For External Debt -					
Borrowing & Other long term liabilities	245.720	278.506	251.488	251.486	244.192
Headroom	20.000	20.000	20.000	20.000	20.000
TOTAL	265.720	298.506	271.488	271.486	264.192
Operational Boundary For External Debt -					
Borrowing	213.107	240.034	213.016	213.978	207.889
Other long term liabilities	39.410	38.472	38.472	37.508	36.303
TOTAL	252.517	278.506	251.488	251.486	244.192
Gross Borrowing	136.833	162.789	125.901	133.362	128.501
HRA Debt Limit*	184.381	192.000	192.000	192.000	192.000
Upper Limit For Fixed Interest Rate Exposure					
Net principal re fixed rate borrowing / investments	100%	100%	100%	100%	100%
Upper Limit For Variable Rate Exposure					
Net interest payable on variable rate borrowing / investments	20%	20%	20%	20%	20%
Upper limit for total principal sums invested for over 364 days (per maturity date)	£50m	£50m	£50m	£50m	£50m
Maturity structure of new fixed rate borrowing during 2016/17			Upper Limit		Lower Limit
under 12 months			10%		0%
12 months and within 24 months			30%		0%
24 months and within 5 years			40%		0%
5 years and within 10 years			80%		0%
10 years and above			100%		0%

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Non-Executive Report of the: Council 21/09/16	 TOWER HAMLETS
Report of: Graham White, Interim Service Head – Legal Services and Deputy Monitoring Officer	Classification: Unrestricted
The Roles of the Mayor and the Chief Executive and the delegation of powers	

Originating Officer(s)	Paul Greeno
Wards affected	All wards

Summary

This report is concerned with the roles, powers and duties of the Mayor and the Chief Executive and how, in the interests of transparency, these may be clarified and where appropriate redefined. Material changes to the Constitution are necessary and approval to such changes is required by Council.

Recommendations:

Council is recommended to:

1. Note and approve the additional clarity to the roles of the Mayor and the Chief Executive;
2. Agree all the proposed constitutional changes set out in paragraphs 3.8 to 3.13 and Appendices 2 to 4 and that the Constitution be revised accordingly.

1. REASONS FOR THE DECISIONS

- 1.1 Pursuant to the Local Government Act 2000 ('the 2000 Act') as the Council is operating Executive arrangements then it must have a Constitution and also ensure that this Constitution is kept up-to-date. Pursuant to Part 2, Article 15 of the Constitution it is a Monitoring Officer role to review the Constitution.
- 1.2 The Constitution sets out how the Council operates. It describes the organisation of the Council and limitations on the functions of different services; and prescribes the extent and manner of the exercise of its functions. It sets out how decisions are made and the procedures which are followed to ensure that these are efficient, transparent and accountable to local people. It should also set out a clear statement of the respective roles and responsibilities of the Executive and of the Executive's members individually and the authority's approach towards putting this into practice. There must also be a clear statement of the respective roles and responsibilities of other authority members, members generally and senior officers.
- 1.3 The Commissioners have identified delegation of powers to the Chief Executive as an area requiring further progress. The Constitution has been reviewed and the general position is that all Executive decisions except "key" decisions are delegated to the Chief Executive and officers. Within that review however changes have been identified to set out the respective functions of the Chief Executive and Mayor and how they should work together in much greater detail.
- 1.4 Further following constructive discussions with the Commissioners regarding the Chief Executive taking extremely urgent decisions, further proposed revisions to the Constitution are recommended. Additionally, although there are checks and balances in the Constitution regarding implementation of decisions that are 'unlawful or unfair' or 'unlawful or lacking financial prudence', it is also intended that the Chief Executive will have the power to make a written report to Council, the Mayor or the Executive, as appropriate, upon any proposal, decision or omission which would give rise to a significant concern on the Chief Executive's behalf.

2. ALTERNATIVE OPTIONS

- 2.1 The Council could decide not to make the proposed changes.

3. DETAILS OF REPORT

Background

- 3.1 The role of the Mayor is set out in the Constitution at Article 7. The statutory functions of the Head of Paid Service, the Monitoring Officer and the Chief Finance Officer are set out at Article 12. Article 12.01 provides that the Chief

Executive is designated as the Head of Paid Service but no reference is made to the functions of the Chief Executive other than the statutory functions of the Head of Paid Service. A copy of the current Articles 7 and 12 is at Appendix 1. This report contains proposals to define the roles of the Mayor and the Chief Executive more particularly.

- 3.2 Responsibilities for decision-making are set out at Article 13. Whilst the contents of this article are correct, the scheme of Executive decision-making is not immediately apparent from the article alone. Section 9E of the Local Government Act 2000 empowers the Mayor to discharge any Executive function personally or to delegate the discharge to the Executive (the Mayor and Cabinet), an individual member of the Executive, committee of the Executive or an officer. Executive powers have not been delegated by the Mayor to the Executive or to individual members but there has been extensive delegation to officers as referenced in the Scheme of Delegation to Officers. In Part 3 of the Constitution which details the responsibilities for functions, the decision-making capacity of officers is referenced at Paragraph 3.5.
- 3.3 Paragraph 3.5.1 provides that the Chief Executive and Chief Officers are authorised to make decisions relating to any executive function carried out by services under their management other than the taking of key decisions which are the responsibility of the Mayor unless specifically delegated to a Chief Officer.
- 3.4 Paragraph 3.5.1 also provides that the Chief Executive may exercise any functions delegated to other officers and may delegate decisions or functions to one or more officers in any of the Council's directorates.
- 3.5 Thus, the Mayor is responsible for most key decisions whilst all other executive decisions are delegated to the Chief Executive and Chief Officers but all are exercisable by the Chief Executive.
- 3.6 Article 7 provides that the (statutory) Deputy Mayor shall have authority to exercise the Mayor's powers only in the event that the Mayor is unable to act at any one time or the office of Mayor is vacant. This is a statutory provision taken from Schedule A1 to the Local Government Act 2000.
- 3.7 The above decision-making arrangements are substantially satisfactory and in line with other authorities operating the elected mayor model of executive arrangements. In the light of experience certain improvements could be made to fill identified gaps, to maximise the efficiency of the operation of the arrangements, and for clarity.

Proposals

- 3.8 Whilst the roles of the Mayor and Head of Paid Service are set out in the relevant Articles of the Constitution, those sections would benefit from expansion to identify the main and different yet complementary responsibilities of the Mayor and the Chief Executive and the relationship between the two which within the respective parameters needs to be widely appreciated.

- 3.9 It is proposed that the following addition be made to the role of the Mayor in Article 7:

The Mayor will exercise strategic political leadership by developing and communicating clearly to citizens, businesses and service users the authority's purpose and vision and its intended policy outcomes. In developing strategic policy the Mayor will work closely with the Chief Executive and have regard to advice tendered.

This reflects the arrangements which are continuing and whilst not new, it is the first time this has been reflected in the Constitution. The reworded Article 7 is attached as Appendix 2.

- 3.10 It is proposed that a new paragraph, 12.06, be inserted in the Constitution setting out the primary functions of the Chief Executive. This is attached at Appendix 3. The existing paragraph of that number will be re-numbered 12.07.
- 3.11 This paragraph also addresses omissions to the Chief Executive's functions that have been identified. There is currently no fall back power to cover an emergency or extreme urgency where it might not be possible to engage the Mayor and in such circumstances the Chief Executive should be empowered to exercise any executive function subject to the Chief Executive providing a written report to the Mayor setting out the decision taken and why, including the reasons for the emergency or extreme urgency. A similar power is required for non-executive functions.
- 3.12 There are statutory duties for the Monitoring Officer and the Chief Finance Officer to report to Council or to the Executive as appropriate if any proposal, decision or omission would give rise to unlawfulness or maladministration or to unlawful expenditure or is unlawful and likely to cause a loss or deficiency or entering an unlawful item of account. There is no provision in the Constitution enabling the Chief Executive to report to Council, the Mayor or the Executive as appropriate, upon any proposal, decision or omission which would give rise to a significant concern on the Chief Executive's behalf. It is proposed that the Chief Executive be so empowered and that such a report will have the effect of stopping the proposal or decision from being implemented until the report has been considered. The report must be considered within twenty-one (21) days at a meeting of the Council or Executive as appropriate.
- 3.13 In light of the changes referred to in paragraph 3.12 above, similar changes will be required to Articles 12.03(b) (functions of the Monitoring Officer) and 12.04(a) (functions of the Chief Finance Officer) in respect of a report being considered within 21 days and suggested amendments to the Constitution are in Appendix 4.

4. COMMENTS OF THE CHIEF FINANCE OFFICER

4.1 There are no financial implications arising from this report.

5. LEGAL COMMENTS

5.1 Relevant comments upon the appropriate legal framework are contained in the body of the report. There are no immediate legal implications arising from this report.

6. ONE TOWER HAMLETS CONSIDERATIONS

6.1 This is a continuation of the Council's improvement to its organisational culture. Improved clarity and understanding of the formal roles and responsibilities of the Mayor and Chief Executive demonstrates a commitment for fair and transparent decision making.

6.2 These proposed revisions will lead to better clarity of roles leading to efficiency, transparency and accountability of decision making and which should help to achieve the objectives of equality and personal responsibility inherent in One Tower Hamlets.

7. BEST VALUE (BV) IMPLICATIONS

7.1 The Council has a duty under the Local Government Act 1999 to make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness. This is referred to as the Council's best value duty.

7.2 By virtue of Directions made by the Secretary of State on 17 March 2015 the Council was required to draw up and agree with the Commissioners a strategy and action plan for securing the Authority's compliance with the best value duty. Part of that plan included recommendations regarding Organisational Culture and as part of this, the Commissioners have identified delegation of powers to the Chief Executive as an area requiring further progress. Therefore, whilst the report does not propose any direct expenditure, it is looking to put in place arrangements in the exercise of its functions having regard to efficiency and thereby also economy and effectiveness.

8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

8.1 There are no environmental implications associated with this strategy.

9. RISK MANAGEMENT IMPLICATIONS

9.1 These proposed revisions of the Constitution will lead to better clarity of roles leading to efficiency, transparency and accountability of decision making. The overall aim is therefore to reduce risk.

10. CRIME AND DISORDER REDUCTION IMPLICATIONS

10.1 There are no crime and disorder reductions implications.

Linked Reports, Appendices and Background Documents

Linked Report

NONE

Appendices

- Appendix 1: Current Part 2, Articles 7 and 12 of the Constitution
- Appendix 2: Proposed new Article 7
- Appendix 3: Proposed new paragraph, 12.06 setting out the primary functions of the Chief Executive
- Appendix 4: Proposed new paragraph 12.03(b) and 12.04(a)

Local Government Act, 1972 Section 100D (As amended)

List of “Background Papers” used in the preparation of this report

- NONE.

Officer contact details for documents:

- N/A

APPENDIX 1
CURRENT EXTRACT OF PART 2, ARTICLES 7 AND 12 OF THE CONSTITUTION

Article 7 - The Mayor and the Executive

7.01 The Role of the Executive

The Executive will carry out all the local authority's functions which are not the responsibility of any other part of the Council, whether by law or under this Constitution.

7.02 Form and Composition

The Executive will consist of the Mayor and between two and nine Councillors appointed by the Mayor, called Cabinet Members. One of the Cabinet Members will be appointed by the Mayor as the Deputy Mayor. When the Mayor and Cabinet Members meet together in Committee this is known as a meeting of the Cabinet.

7.03 Mayor and Deputy Mayor

The Mayor

The Mayor will be a person elected to that position by the electors of the borough in the Mayoral election. In the event that a serving Councillor of the London Borough of Tower Hamlets is elected as Mayor, a vacancy shall be declared in that person's Council seat and a by-election shall be held (if required) in accordance with the relevant legislation.

The term of office of the Mayor will normally be four years. S/he will take office on the fourth day after his/her election and will continue in office until the fourth day after his/her successor is elected, unless s/he dies, is disqualified or resigns.

The Deputy Mayor

The Deputy Mayor will be a Councillor appointed to that position by the Mayor from among the Cabinet members.

The Mayor may replace the Deputy Mayor at any time but otherwise the Deputy Mayor shall remain in post for the duration of the Mayor's term of office, unless:

- a) s/he resigns from office; or
- b) s/he is no longer a Councillor

The Deputy Mayor shall have authority to exercise the Mayor's powers only in the event that the Mayor is unable to act at any time.

7.04 Other Executive Members

The Mayor shall appoint between two and nine Councillors to be members of the Executive (Cabinet Members) alongside the Mayor him/herself. All of the Cabinet Members must be serving Councillors of the authority. The Mayor may allocate to each Cabinet Member a portfolio of responsibility for Council business relating to their role as an Executive Member (see 7.05 below).

The Mayor must appoint one of the Cabinet Members as the Deputy Mayor.

The Mayor may replace or remove a Cabinet Member, and/or may vary or delete their portfolio responsibilities, at any time.

Executive Members shall hold office until:

- (a) They are removed or replaced by the Mayor;
- (b) They resign from office; or
- (c) They are no longer a Councillor.

In the case of a vacancy arising in any post of Cabinet Member the Mayor may appoint a Councillor to the vacant post at his/her discretion.

7.05 Cabinet Responsibilities

The Executive Members will have portfolios as set out in the Executive Scheme of Delegation at Part 4.4 of this Constitution.

The portfolios may be subject to change from time to time at the discretion of the Mayor and will be updated by the Monitoring Officer as soon as reasonably practicable when so advised by the Mayor.

7.06 Proceedings of the Cabinet

Proceedings of the Cabinet shall take place in accordance with the Executive Procedure Rules set out in Part 4 of the Constitution.

7.07 Responsibility for Functions

The Monitoring Officer will maintain a list as part of this Constitution, setting out which individual Cabinet Members or Committees of the Executive, officers or joint arrangements (see Article 11) are responsible for the exercise of particular executive functions.

Article 12 - Officers

12.01 Appointments

- (a) **General.** The Council may engage such staff (referred to as officers) as it considers necessary to carry out its functions.
- (b) **Chief Officers.** The Council will engage persons for the following posts who will be designated chief officers.

Chief Executive
Corporate Director, Development and Renewal
Corporate Director, Communities Localities and Culture
Corporate Director, Education, Social Care and Wellbeing
Corporate Director, Resources
Director of Law, Probity and Governance

The above posts may be subject to change from time to time in which case this Constitution will be updated as soon as reasonably practicable to reflect any change in the designated chief officers.

- (c) **Head of Paid Service, Monitoring Officer and Chief Finance Officer.** The Council has designated the following posts as shown:

Chief Executive	Head of Paid Service
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[Note: The Council has appointed the Corporate Director, Communities, Localities and Culture to act as the Head of Paid Service until 31st October 2014.]

Corporate Director, Resources	Chief Finance Officer
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Director of Law, Probity and Governance	Monitoring Officer
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Such posts will have the functions described in Articles 12.02 – 12.04 below.

- (d) **The Management Structure.** The Head of the Paid Service will determine and publicise a description of the overall structure of the Council showing the management structure and deployment of officers. This is set out in Part 7 of this Constitution.

12.02 Functions of the Head of the Paid Service

- (a) **Discharge of functions by the Council.** The Head of Paid Service will report, as required, on the manner in which the discharge of the Council's functions is co-ordinated, the number and grade of officers required for the discharge of functions and the organisation of the officer structure.

- (b) **Restrictions on functions.** The Head of Paid Service may not be the Monitoring Officer, but may hold the post of Chief Finance Officer if a qualified accountant.

12.03 Functions of the Monitoring Officer

- (a) **Maintaining and monitoring the Constitution.** The Monitoring Officer will maintain an up-to-date version of the Constitution and will ensure that it is widely available for consultation by Members, staff and the public.
- (b) **Ensuring lawfulness and fairness of decision making.** After consulting with the Head of the Paid Service and Chief Finance Officer, the Monitoring Officer will report to the full Council, or to the Mayor or Cabinet in relation to an executive function, if s/he considers that any proposal, decision or omission would give rise to unlawfulness or if any decision or omission has given rise to maladministration. Such a report will have the effect of stopping the proposal or decision being implemented until the report has been considered.
- (a) **Supporting the Standards Advisory Committee.** The Monitoring Officer will contribute to the promotion and maintenance of high standards of ethical conduct through the provision of support to the Standards Advisory Committee.
- (b) **Receiving reports.** The Monitoring Officer will receive and have regard to recommendations from the Standards Advisory Committee and/or decisions of Case Tribunals regarding Member conduct.
- (c) **Conducting investigations.** Where an investigation is required in accordance with the agreed arrangements for dealing with an alleged breach of the Code of Conduct by a Member, the Monitoring Officer will conduct or arrange for that investigation to be carried out and make reports or recommendations in respect of them to the Standards Advisory Committee or its sub-committee as appropriate.
- (d) **Advising whether Executive decisions are within the budget and policy framework.** The Monitoring Officer will advise whether decisions of the Executive are in accordance with the budget and policy framework.
- (e) **Providing advice.** The Monitoring Officer will provide advice on the scope of powers and authority to take decisions, maladministration, financial impropriety, probity (and budget and policy framework issues) to the Mayor and all Councillors.
- (f) **Restrictions on post.** The Monitoring Officer cannot be the Chief Finance Officer or the Head of Paid Service.

12.04 Functions of the Chief Finance Officer

- (a) **Ensuring lawfulness and financial prudence of decision-making.** After consulting with the Head of Paid Service and the Monitoring Officer, the Chief Finance Officer will report to the full Council, or to the Mayor or Cabinet in relation to an executive function, and the Council's external auditor if s/he considers that any proposal, decision or course of action will involve incurring unlawful expenditure, or is unlawful and is likely to cause a loss or deficiency, or if the Council is about to enter an item of account unlawfully.
- (b) **Administration of financial affairs.** The Chief Finance Officer will have responsibility for the proper administration of the financial affairs of the Council.
- (c) **Contributing to corporate management.** The Chief Finance Officer will contribute to the corporate management of the Council, in particular through the provision of professional financial advice.
- (d) **Providing advice.** The Chief Finance Officer will provide advice on the scope of powers and authority to take decisions, financial impropriety, probity (and budget and policy framework issues) to the Mayor and all Councillors and will support and advise the Mayor and Councillors and officers in their respective roles.
- (e) **Giving financial information.** The Chief Finance Officer will provide financial information to the media, members of the public and the community.

12.05 Duty to Provide Sufficient Resources to the Monitoring Officer and Chief Finance Officer

The Council will provide the Monitoring Officer and Chief Finance Officer with such officers, accommodation and other resources as are in their opinion sufficient to allow their duties to be performed.

12.06 Conduct

Officers will comply with the Employees' Code of Conduct and the Member/Officer Protocol set out in Part 5 of this Constitution.

APPENDIX 2 PROPOSED NEW ARTICLE 7

Article 7 - The Mayor and the Executive

7.01 The Role of the Executive

The Executive will carry out all the local authority's functions which are not the responsibility of any other part of the Council, whether by law or under this Constitution.

7.02 Form and Composition

The Executive will consist of the Mayor and between two and nine Councillors appointed by the Mayor, called Cabinet Members. One of the Cabinet Members will be appointed by the Mayor as the Statutory Deputy Mayor. When the Mayor and Cabinet Members meet together in Committee this is known as a meeting of the Cabinet.

7.03 Mayor and Statutory Deputy Mayor

The Mayor

The Mayor will exercise strategic political leadership by developing and communicating clearly to citizens, businesses and service users the authority's purpose and vision and its intended policy outcomes. In developing strategic policy the Mayor will work closely with the Chief Executive and have regard to advice tendered.

The Mayor will be a person elected to that position by the electors of the borough in the Mayoral election. In the event that a serving Councillor of the London Borough of Tower Hamlets is elected as Mayor, a vacancy shall be declared in that person's Council seat and a by-election shall be held (if required) in accordance with the relevant legislation.

The term of office of the Mayor will normally be four years. S/he will take office on the fourth day after his/her election and will continue in office until the fourth day after his/her successor is elected, unless s/he dies, is disqualified or resigns.

The Statutory Deputy Mayor

The Statutory Deputy Mayor will be a Councillor appointed to that position by the Mayor from among the Cabinet members.

The Mayor may replace the Statutory Deputy Mayor at any time but otherwise the Statutory Deputy Mayor shall remain in post for the duration of the Mayor's term of office, unless:

- (a) s/he resigns from office; or
- (b) s/he is no longer a Councillor

The Statutory Deputy Mayor shall have authority to exercise the Mayor's powers only in the event that the Mayor is unable to act at any time.

7.04 Other Executive Members

The Mayor shall appoint between two and nine Councillors to be members of the Executive (Cabinet Members) alongside the Mayor him/herself. All of the Cabinet Members must be serving Councillors of the authority. The Mayor may allocate to each Cabinet Member a portfolio of responsibility for Council business relating to their role as an Executive Member (see 7.05 below).

The Mayor must appoint one of the Cabinet Members as the Statutory Deputy Mayor.

The Mayor may replace or remove a Cabinet Member, and/or may vary or delete their portfolio responsibilities, at any time.

Executive Members shall hold office until:

- (a) They are removed or replaced by the Mayor;
- (b) They resign from office; or
- (c) They are no longer a Councillor.

In the case of a vacancy arising in any post of Cabinet Member the Mayor may appoint a Councillor to the vacant post at his/her discretion.

7.05 Cabinet Responsibilities

The Executive Members will have portfolios as set out in the Executive Scheme of Delegation at Part 4.4 of this Constitution.

The portfolios may be subject to change from time to time at the discretion of the Mayor and will be updated by the Monitoring Officer as soon as reasonably practicable when so advised by the Mayor.

7.06 Proceedings of the Cabinet

Proceedings of the Cabinet shall take place in accordance with the Executive Procedure Rules set out in Part 4 of the Constitution.

7.07 Responsibility for Functions

The Monitoring Officer will maintain a list as part of this Constitution, setting out which individual Cabinet Members or Committees of the Executive, officers or joint arrangements (see Article 11) are responsible for the exercise of particular executive functions.

APPENDIX 3
PROPOSED NEW PARAGRAPH 12.06 SETTING OUT THE FUNCTIONS OF THE
CHIEF EXECUTIVE

Article 12 – Officers

12.06 Functions of the Chief Executive

(a) Overriding Responsibility.

The Chief Executive is an employee of the Council as a whole and his/ her overriding responsibility is to the Council and not to the Mayor, any party political group, or other grouping of Members. His/ her political neutrality must be respected at all times. The Chief Executive is the Council's statutory Head of Paid Service.

(b) Working with the Mayor.

The Chief Executive works closely with the Mayor to assist in the development of the Mayor's strategic policy and to ensure that such is then put into practice and, in that regard, to provide:

- (i) **Strategic direction.** The Chief Executive will ensure that the Mayor and Council's priorities and goals can be implemented in a timely, efficient and innovative way through focused strategies, projects and programmes.
- (ii) **Policy advice.** The Chief Executive will act as the principal policy adviser to the Mayor and Members and will secure the best professional advice on all relevant matters in respect of the Council's functions and services.
- (iii) **Partnerships (internal).** The Chief Executive will develop a professional partnership with the Mayor and Members to ensure that the Council's vision, goals and core values are made reality and to provide a clear sense of direction, optimism and purpose and marshal the resources of the whole organisation to this end.
- (iv) **Partnerships (external).** The Chief Executive will assist the Mayor in partnership working by taking the lead in developing effective partnerships at management level with other public agencies, private companies and local community organisations to achieve better public services and improved results for local people.

c) Emergency or Extreme Urgency

- (i) The Chief Executive may exercise any executive function in cases of emergency or extreme urgency whether or not reserved to the Mayor and following the exercise of such power the Chief Executive will provide a

written report to the Mayor setting out the decision taken and the reason for it including the reasons for emergency or extreme urgency.

- (ii) The Chief Executive may exercise any non-executive function in cases of emergency or extreme urgency whether or not reserved to the Council and following the exercise of such power the Chief Executive will provide a written report to the Council setting out the decision taken and the reasons for it including the reasons for emergency or extreme urgency.

d) Ensuring overall correctness of decision making.

If the Chief Executive considers that any proposal, decision or omission would give rise to a significant concern on his/her behalf and which goes beyond either:

- (i) (unlawfulness or if any decision or omission has given rise to maladministration (the responsibility of the Monitoring Officer); or
- (ii) any proposal, decision or course of action will involve incurring unlawful expenditure, or is unlawful and is likely to cause a loss or deficiency, or if the Council is about to enter an item of account unlawfully (the responsibility of the Chief Finance Officer);

then the Chief Executive will report in writing to the Mayor in relation to an executive function or to the Council in relation to a non-executive function and such a report will have the effect of stopping the proposal or decision being implemented until the report has been considered. The report must be considered within twenty-one (21) days at a meeting of either Council or the Executive as appropriate.

As soon as practicable after either the Council or the Mayor and/or the Executive has considered the Chief Executive's report, it shall prepare and publish a report that will include;

- (i) what action it has taken in response to the report;
- (ii) what action it proposes to take in response to the report and when it proposes to take that action;
- (iii) the reasons for taking that action, or the reason for not taking any action;

**APPENDIX 4
PROPOSED REVISIONS TO 12.03(B) AND 12.04(A)**

Article 12 – Officers

12.03 Functions of the Monitoring Officer

- (b) **Ensuring lawfulness and fairness of decision making.** After consulting with the Head of the Paid Service and Chief Finance Officer, the Monitoring Officer will report in writing to the Mayor in relation to an executive function or to the Council in relation to a non-executive function, if s/he considers that any proposal, decision or omission would give rise to unlawfulness or if any decision or omission has given rise to maladministration. Such a report will have the effect of stopping the proposal or decision being implemented until the report has been considered. The report must be considered within twenty-one (21) days at a meeting of either Council or the Executive as appropriate.

As soon as practicable after either the Council or the Mayor and/or the Executive has considered the Monitoring Officer’s report, it shall prepare and publish a report that will include:


- (i) what action it has taken in response to the report;
- (ii) what action it proposes to take in response to the report and when it proposes to take that action;
- (iii) the reasons for taking that action, or the reasons for not taking any action.

12.04 Functions of the Chief Finance Officer

- (a) **Ensuring lawfulness and financial prudence of decision-making.** After consulting with the Head of Paid Service and the Monitoring Officer, the Chief Finance Officer will report in writing to the Mayor in relation to an executive function or to the Council in relation to a non-executive function, and to the Council’s external auditor if s/he considers that any proposal, decision or course of action will involve incurring unlawful expenditure, or is unlawful and is likely to cause a loss or deficiency, or if the Council is about to enter an item of account unlawfully. Such a report will have the effect of stopping the proposal or decision being implemented until the report has been considered. The report must be considered within twenty-one (21) days at a meeting of either Council or the Executive as appropriate.

As soon as practicable after either the Council or the Mayor and/or the Executive has considered the Chief Finance Officer’s report, it shall prepare and publish a report that will include:

- (i) what action it has taken in response to the report;
- (ii) what action it proposes to take in response to the report and when it proposes to take that action;
- (iii) the reasons for taking that action, or the reasons for not taking any action.

Non-Executive Report of the: COUNCIL 21 September 2016	
Report of: Graham White, Interim Service Head, Legal Services and Deputy Monitoring Officer	Classification: Unrestricted
Motions submitted by Members of the Council	

Originating Officer(s)	Matthew Mannion, Committee Services Manager, Democratic Services.
Wards affected	All wards

SUMMARY

1. Seven motions have been submitted by Members of the Council under Council Procedure Rule 13 for debate at the Council meeting on Wednesday 21 September 2016.
2. The motions submitted are listed overleaf. In accordance with the protocol agreed by the Council on 21st May 2008, the motions are listed by turns, one from each group, continuing in rotation until all motions submitted are included. The rotation starts with any group(s) whose motion(s) were not reached at the previous meeting.
3. Motions must be about matters for which the Council has a responsibility or which affect the Borough. A motion may not be moved which is substantially the same as a motion which has been put at a meeting of the Council in the previous six months; or which proposes that a decision of the Council taken in the previous six months be rescinded; unless notice of the motion is given signed by at least twenty Members.
4. There is no specific duration set for this agenda item and consideration of the attached motions may continue until the time limit for the meeting is reached. The guillotine procedure at Council Procedure Rule 9.2 does not apply to motions on notice and any of the attached motions which have not been put to the vote when the time limit for the meeting is reached will be deemed to have fallen. A motion which is not put to the vote at the current meeting may be resubmitted for the next meeting but is not automatically carried forward.

MOTIONS

Set out overleaf are the motions that have been submitted.

12.1 Motion regarding the Housing and Planning Act

Proposer: Councillor Andrew Cregan

Seconder: Councillor Sirajul Islam

This Council Notes that:

1. The Housing and Planning Act ('the Act') received Royal Assent on 12th May 2016.
2. The Council debated and supported a motion (20th January 2016) which called on the Mayor and all Councillors to actively campaign to highlight the disastrous consequences of the then Bill; and called on the Mayor to give full consideration to finding meaningful, genuinely affordable housing solutions for Tower Hamlets.
3. The Mayor and/or Cabinet Members have subsequently attended public meetings organised by 'Kill the Bill' on the Cranbrook, Collingwood, Ocean estates and outside Albert Jacob House and confirmed their commitment to attend others as invited.
4. LBTH Officers have attended public meetings on Collingwood and Ocean estates to set out the technical aspects of the Act.
5. The Mayor launched the Housing Strategy consultation which closed on 31st July
6. East End Life, Our East End, and 24 Hour Housing have all published articles setting out the Mayor's opposition to this Act and his response to the impact.
7. An all members briefing on the Draft Housing Strategy including the impact of the Housing and Planning Act was held on 2nd June 2016.
8. The Housing and Regeneration Mayors Question Time in Poplar included an officer briefing for residents on the Housing and Planning Act.
9. An article in THH newsletter and information has been circulated to all RPs for their newsletters.
10. The Tower Hamlets website features a detailed summary of the Act and the impact on Tower Hamlets at http://www.towerhamlets.gov.uk/ignl/housing/Housing_and_Planning_Act.aspx
11. LBTH has responded to Government consultations on details of the Act and responses are available at http://www.towerhamlets.gov.uk/ignl/housing/Housing_and_Planning_Act.aspx
12. In order to fully prepare for the impact of the Act, further guidance is required from Government regarding the implementation.
13. The Council is organising a Housing Strategy Conference for residents on 1st October 2016 to discuss the Council's future Housing Strategy, responding to the Housing and Planning Act.

This Council believes that:

1. The Housing and Planning Act represents a Conservative attack on the diverse communities in Tower Hamlets and it will significantly impede the council's ability to provide adequate affordable housing for families in the borough.
2. The Tory 'Pay to Stay' policy will drive up rents and have a devastating effect in Tower Hamlets.
3. The Government should publish guidance on the implementation of 'Pay to Stay' and 'Sale of High Value Voids' to allow Councils to fully prepare.

This Council calls on:

1. The Mayor to write to the Minister of State for Housing and Planning setting out the impact of the uncertainty over the Act.
2. Our local Labour MPs to raise questions in Parliament about how the Act will be implemented and how it will impact Tower Hamlets.

12.2 Motion regarding cuts to the Community Languages Service (CLS)

Proposer: Councillor Oliur Rahman
Seconder: Councillor Ohid Ahmed

The Council notes:

The Community Languages Service (CLS) of Tower Hamlets provide and support classes and activities which are open to children aged five to 16 who live in Tower Hamlets or attend a mainstream school in Tower Hamlets. The classes are held in 70-plus venues across the borough including primary and secondary schools, Idea Stores, local community centres, churches and mosques. The language classes are available in Cantonese, Mandarin, French, Bengali, Cantonese, Somali, Arabic, Lithuanian, Mandarin, Urdu, Portuguese, Vietnamese and Urdu. 46 out of these 72 are tutor-funded by the Council.

CLS also provide Early GCSEs and Early A Level in languages for 11 to 14 years' olds in taking early GCSEs in either Arabic, Cantonese, Mandarin, Bengali, Urdu and Spanish, which was introduced in September 2009 with funding from ESCW. The EGCSE and EA-Level programmes provide an excellent value for money to the Council.

Another important aspect is the Modern Foreign Languages (MFL) service to mainstream schools through trade-in generating an income of around £140K per year. This should be coordinated and be considered to be brought back to CLS as its natural and previous home with a view to bring in more income to the Council.

First Language Assessment (FLA) for newly arrived and under achieving children are also provided by CLS, who offers this service to schools for all newly arrived and underachieving children and young people, across the four key stages.

In order to stop the cuts, the residents arranged a well-attended meeting on Friday 26th August at 6 pm and a petition signed by over 2,500 TH residents is expected to be submitted to the Council. This petition has attracted a record number of signatories and clearly demonstrate a groundswell of anger and frustration with the decisions and direction of the Council under its austerity-embracing current Mayor John Biggs.

The Council believes:

The Community Languages Service (CLS) and its activities provide excellent support for out of school languages, cultural learning and citizenship education in partnership with schools and voluntary organisations (partners).

These cuts - very much like current mayor's incompetent Tory-like budget and his new proposed cuts to hugely critical public health provision and youth centres since then - by John Biggs' administration, is yet another example of how far removed he and his politics are from the values, principle and politics of his party leader, Jeremy Corbyn.

This cut is a continuation of his politics of brutal cuts and will have a significant negative impact on young people and the provision of learning French, Arabic, Bengali, Cantonese, Lithuanian, Mandarin, Portuguese, Somali, Spanish, Urdu and Vietnamese.

In particular, the provision for learning Bengali, Somali, Urdu and Chinese will be eliminated due to the socio-economic and poverty-driven factors depriving local children

and youth from another important learning resource, after the current mayor John Biggs chose to close their youth centres and made drastic cuts to children services budget.

These irresponsible cuts include but not limited to the post of Head of CLS (approximately £80k), cuts to Early GCSE provisions (£160k), and transfer of Modern Foreign Languages service to ESCW (approximately £150k).

In addition, learning hours have been cut from 44 weeks to 38 weeks, and then 36 weeks, and now further plans are being made to cut learning weeks and hours this year. (cut of approximately £50k) – reducing the CLS budget from £1.1 million from the previous year to about £700k now, which would eventually affect 3,000 young learners in the borough.

The Council resolves:

To impress upon the Mayor to understand the consequences of his brutal cuts which are completely against the values of labour movement and his party leader, Jeremy Corbyn and his anti-austerity politics.

To work with all stakeholders, particularly parents and community groups to find an alternative solution, which must take into account the following key points:

The Community Languages Service (CLS) should stay as an independent service which should be able to maintain its own budget at tier 3 council service level as it has been for over thirty years until it was transferred to Idea Store in 2015;

The CLS has been downgraded to tier 5 under the new management arrangement with Idea Store which is unjustified and not acceptable. It is also not acceptable that Idea Store, which caters to adults and families and have very little in common with the work and programme of the CLS have been given the task of managing the CLS budget and its affairs;

The CLS should be taken back to Children's Service (ESCW) as was the case previously;

The early GCSE provisions for different community languages should continue as it has been providing fantastic learning opportunities for pupils in Tower Hamlets since 2009.

The learning of community languages should continue to be available for, at least, 38 weeks per annum in all tutor-funded CLS schools in Tower Hamlets; and

Modern Foreign Language (MFL) provision should be brought back under the CLS and improved to generate more income for the Council.

12.3 Motion regarding the 2016 Carbuncle Award

Proposer: Councillor Andrew Wood
Seconder: Councillor Chris Chapman

This council calls upon the current administration to ensure the highest architectural quality of new build after Lincoln Plaza in Canary Wharf ward received the 2016 Carbuncle Award for the worst new building in the UK from Building Design magazine.

Building Design editor Thomas Lane described it as "the worst building amongst a swathe of mediocrity" in the South Quay area of the Docklands.

"There is a pressing need for more homes in London and further afield. Lincoln Plaza is the type of project that gives high-rise housing a bad name, making it more difficult to persuade communities to accept new housing," the jury added.

The Council also notes one of the judges described the development in the following terms;

"But, of course, this development does not show contextual contempt by words but by actions and it is these architectural actions and not the aforementioned "views" that are truly "breath-taking". Lincoln Plaza is a putrid, pugilistic horror show that should never have been built. In its bilious cladding, chaotic form, adhesive balconies and frenzied facades, it exhibits the absolute worst in shambolic architectural design and cheap visual gimmickry."

"Essentially, this building is the architectural embodiment of sea sickness, waves of nausea frozen in sheaths of glass and coloured aluminium that, when stared at for too long, summon queasiness, discomfort and, if you're really unlucky, a reappearance of lunch as inevitably as puddles after a rainstorm."

The council notes:

That the visual 2D images available to SDC on the 19th July 2006 when the application was first granted planning permission look very different from the final delivered project. That a better understanding of the architectural design would have been available had a 3D images or model been supplied including neighbouring developments so that an understanding of the design in its context been available to members of the Strategic Development Committee that made the decision.

Therefore:

The council requires that for the next stages of development on the Isle of Dogs and the Borough, that designs presented to residents in the consultation process and Tower Hamlets Council development committee's when planning permission is sought are more closely followed and that subsequent material changes in the architectural design & layout are subject to fresh planning permission by the Council's development committees.

The Council concludes that:

Tower Hamlets Council should aspire to the highest levels of architectural quality, that the quality of the built environment has an important role in the quality of life of all of our residents.

12.4 Motion Regarding Increasing Organ and Blood Donation in Tower Hamlets

Proposer: Councillor Clare Harrisson

Seconder: Councillor Amina Ali

This Council notes:

1. Organ and blood donation is vital to save and improve lives in Tower Hamlets and beyond
2. That there are currently not enough donated organs for the people who need them and as a result over the last financial year over 1,300 people either died whilst on the waiting list or became too sick to receive a transplant
3. There is a particular shortage of organs donated by people in BME communities. Because ethnicity is important in an organ transplant being successful, this means that a disproportionately higher number of people from BME communities die whilst on the list
4. Ethnicity is vital in the success of blood transfusions too. When someone has to have multiple transfusions, for example in cases of sickle-cell anaemia, blood that is not ethnically matched can lead to resistance to new blood
5. In Tower Hamlets the percentage of people on the organ donation register is only 22.05% of the population. The percentage of people who give blood is only 1.06%.
6. Newham Council, by partnering with the NHS Blood and Transplant Service, increased their sign-ups to the Organ Donor Register by 332% last year.

This Council believes:

1. That we should be doing more to increase the number of people on the organ donor register and the numbers giving blood
2. That as a Borough with a highly diverse population we have a real opportunity to help address shortages of BME blood and organs
3. That working with other partners we can save more lives across all our different communities.

The Council resolves:

1. To approach the NHS Blood and Transplant Unit to establish a partnership and develop our own local action plan
2. To work with local organisations, including local health trusts, CCGs, and community groups to deliver the action plan and to reach out to a wide range of communities in a sensitive and appropriate way
3. To promote organ and blood donation across the Council; for example in Idea Stores, One-Stop-Shops, and to Council staff

4. To investigate as to whether we can include registering for organ donation as part of our electoral registration process.

12.5 Motion regarding the future of the Tower Hamlets Youth Service

Proposer: Councillor Gulam Robbani

Secunder: Councillor Oliur Rahman

This Council notes that:

1. Former Mayor Lutfur Rahman had a positive vision for the Youth Service which was expressed, for example, at the Cabinet in April 2012:

“He considered that what really mattered were the young people of Tower Hamlets who represented the future of the Borough and that youth services were provided that benefited them. It was his intention as Mayor that young people in Tower Hamlets received the best youth services and best education possible.”

2. That the main motivations of bringing the Youth Service back in-house were:
 - to save money on duplicating management functions and re-invest it in the front line of the service;
 - to respond to the Government’s localism agenda;
 - to strengthen the Council’s partnership agenda;
 - to obtain extra value by, for example, the youth service working effectively.
3. That although bringing the Service back in-house was a decision of the Executive Mayor, councillors were able to discuss the transfer openly within Council structures – for example, Cllr Oliur Rahman was able to explain the decision to the April meeting of the Overview and Scrutiny Committee, at which Cllr Rachael Saunders declared a personal interest on this item as she had “been in receipt of information from some of the service providers managing the contract in question.”

This Council further notes that:

1. The current Mayor’s intention to make a fundamental change in the way that the Youth Service is run (initially on an interim basis) was not mentioned at the Cabinet on 10th May 2016, although planning must have been well underway by then.
2. The Mayor’s intention to make this fundamental change was set out in a briefing paper from the Mayor’s office dated 12th May 2016 which was circulated to all councillors.
3. This paper stated that the interim delivery plan would begin in July, which clearly precludes any wider member involvement (indeed, the paper refers to the decision having been developed in discussion with John Biggs and Cllr Saunders) and a future delivery model will be in place from April 2017 (and there will be full member involvement in options for this model, but how this will happen is not explained).
4. This paper also stated that a gap analysis is underway with a view to there being a programme of procurement and commissioning in June 2016 targeted at local third sector organisations.

5. This paper also states that it is the intention to offer youth services for the rest of this financial year from only eight venues in the borough – despite the fact that youth are often very reluctant to travel far to a formal provision. The paper states that the Council intends to offer an outreach service to encourage you to travel to the formal provision and also to rely, in the interim, on whatever additional services are provided in an un-co-ordinated manner by local charities or voluntary organisations.

This Council further notes that:

1. The Mayor's decision was revealed at the Council's Annual Meeting on 18th May 2016 by Cllr Rachael Saunders in what appeared to be an unplanned announcement. This included Cllr Saunders reading out an email from her mobile phone but not saying who had sent her the email (in sad contrast to her previous openness about who was briefing her).
2. Cllr Saunders stated that "The service has faced allegations of fraud and corruption" and other serious allegations. She also said that "Investigations into these serious allegations are ongoing," and that the Youth Service does not have the capacity to deliver as much as it has in the past. She stated that "we" were working out a service plan which would be based on reduced capacity and on when that had been developed would consideration be given to identifying and filling gaps. She expected the identification of gaps to be finished by June (a couple of weeks after she was speaking) – but did not mention John Biggs's intention to fill these gaps by contracting out parts of the service to third sector organisations (or who, in the event of this being done, would manage these organisations).
3. The Council Communications Office issued a press release on 26th May referring to the change only having been prompted by "historic shortcoming". This announced that an interim delivery model would be adopted "by the summer". It gave details of the interim delivery model and stated that young people's views had been listened to throughout the review process. (The members have yet to see a concrete tangible and evidence of that)
4. There have been a number of reports in the local press since the Council AGM which have reported the detail of various allegations – presumably either on the basis of their own imaginations or on the basis of briefings from unknown parties in the Council which have not been shared with all councillors.
5. That as a result of the way the Mayor and relevant Cabinet Members have dealt with this issue, it is entirely unclear what is happening to the youth service – which has led to a great deal of serious concern among service users and in the wider community.

This Council believes that:

1. If and when there are allegations of corruption or other serious malpractice, these should be investigated in accordance with Council procedures and individuals should be dealt with appropriately. (Independent Group fully supports this approach and have publicly offered to work together for the benefit of young people of Tower Hamlets).
2. That if a service is to be reviewed in order to spend or save money by cutting certain provisions, and/or deliver the service more efficiently or effectively, this

should be discussed openly, including with councillors and services users and the wider community rather than playing politics or blame-game.

3. (1) and (2) above should not be confused.

This Council further believes that:

1. The current position, in which the Administration appears to have responded to allegations against individuals by pre-emptively altering the service as a whole, and in which the Youth Service is to be run on an interim delivery model based on reduced capacity and enhanced by some sort of ad-hoc procurement, is ill thought out and poorly planned.
2. The interim service delivery model will, for the rest of this financial year, lead to an increase in Anti-Social Behaviour across the Borough – to the irritation of the whole community, for whom this is already a massive problem.
3. The interim service delivery model will, for the rest of this financial year, incur a risk of extra spending on management and quality assurance of the service – risks which have not been addressed in the little documentation available or in such public statements as have emerged.

This Council resolves that:

1. The current Mayor, John Biggs, should honour his commitment to govern in a transparent manner and he should put on the public record a full account of what has been going on, including what allegations have been made, when these were made, by whom and how - and critically how these are being investigated (releasing as much information as is possible without compromising the investigations or the individuals concerned); what prompted the service review and how it took place; and what his intentions are towards the service.
2. The current Mayor, John Biggs, to immediately stop any further work to drastically reduce and cut the Youth Service provision in the name of interim delivery model and engage in a serious, open, transparent consultation with the young people, residents and stakeholders.
3. The current Mayor, John Biggs, to reverse the decision to close unprecedented number of Youth Centres and look for an alternative way to provide effective, efficient and fit-for-purpose Borough-wide localised youth service provision.
4. The current Mayor, John Biggs, must keep the Youth Service in-house rather than privatising or contracting it out.
5. In the event that the current Mayor, John Biggs, should not agree to do think again, he must issue a statement clarifying how he intends to procure a service to fill in the gaps from the third sector, given that the Commissioners have been running grant-making functions; and he must also issue a comprehensive statement covering which of his chosen eight venues will pick up delivering the service previously provided by centres which John Biggs and Cllr Saunders have closed and how service users whose centres have been closed are expected to access the replacement services, including details of travel arrangements, etc.

12.6 Motion regarding Electoral Petition Costs

Proposer: Councillor Peter Golds
Seconder: Councillor Andrew Wood

This meeting of Tower Hamlets Council calls upon the democratically elected members to lead the way and support the financial appeal in support of the petitioners who ensured that the former Mayor was removed from office but face financial problems for undertaking what was a public interest legal challenge.

12.7 Motion regarding pollution near schools

Proposer: Councillor Chris Chapman

Seconder: Councillor Julia Dockerill

This Council notes that:

A number of schools have been expanded within the borough which are close to major sources of pollution. These include, Woolmore Primary School next to the entrance to the Blackwall Tunnel and Bow School next to the A12.

In addition the proposed new secondary school at the former News International site adjoins The Highway, E1. There are also two primary schools on the Isle of Dogs which are close to the new Enderby Wharf cruise ship terminal recently debated in Parliament for its air pollution.

The proposed new Bromley Hall primary school is located within twenty meters of the A12.

The Council further notes that:

Given recent scientific evidence of the damage caused to children's brains by air pollution this Council must ensure the following;

1. That as far as is possible future school expansions and new school sites are located as far as is possible away from main arterial roads or other sources of pollution.
2. That each existing school site is surveyed for air & noise pollution to review whether any additional safety measures need to be undertaken
3. All schools in known locations of poor air quality to be equipped with air quality measuring equipment that supplies readings in real time for all locations where air pollution maybe an issue including school playgrounds. That such equipment provides warnings so that in conditions of poor air quality school staff could for example bring in children from the playground.
4. Ensuring that wherever possible the air supply into school classrooms and facilities is appropriately filtered.
5. That the Council publishes on its website what it considers to be the safe limits for different types of pollution and publishes the results of its survey in Pt 2 in order to reassure parents.

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