

# OVERVIEW & SCRUTINY COMMITTEE

Thursday, 22 March 2018 at 6.30 p.m., Room C1, 1st Floor, Town Hall,  
Mulberry Place, 5 Clove Crescent, London, E14 2BG

This meeting is open to the public to attend.

**Members:**

**Chair:** Councillor Dave Chesterton

**Vice Chair:** Councillor Clare Harrisson

Scrutiny Lead for Health, Adults & Community

Councillor Danny Hassell

Scrutiny Lead for Children's Services

Councillor Muhammad Ansar Mustaqim

Councillor Oliur Rahman

Councillor Rabina Khan

Councillor Ayas Miah

Scrutiny Lead for Governance

Councillor Helal Uddin

Scrutiny Lead for Place

Councillor Andrew Wood

Scrutiny Lead for Resources

**Co-opted Members:**

Shabbir Chowdhury

Parent Governors

Joanna Hannan

Representative of Diocese of Westminster

Asad M Jaman

Muslim Faith Community

Fatiha Kassouri

Parent Governors

Dr Phillip Rice

Church of England Representative

Christine Trumper

Parent Governors

**Deputies:**

Councillor Abdul Asad, Councillor Ohid Ahmed, Councillor Rajib Ahmed, Councillor Chris Chapman, Councillor Gulam Kibria Choudhury, Councillor Peter Golds, Councillor Md. Maium Miah, Councillor Candida Ronald, Councillor Shafi Ahmed and Councillor Shah Alam

[The quorum for this body is 3 voting Members]

**Contact for further enquiries:**

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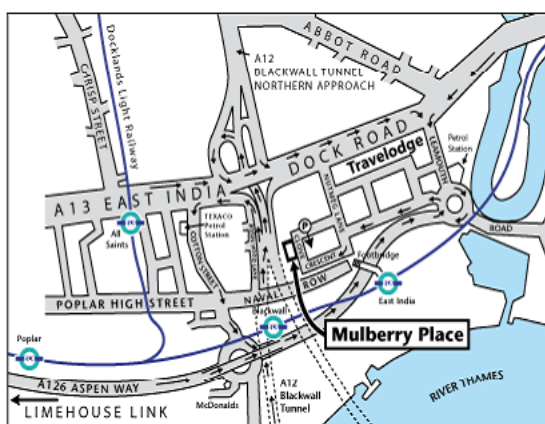
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<b>SECTION ONE</b>	<b>WARD</b>	<b>PAGE NUMBER(S)</b>
<b>1. APOLOGIES FOR ABSENCE</b>		
To receive any apologies for absence.		
<b>2. DECLARATIONS OF DISCLOSABLE PECUNIARY INTEREST</b>		<b>7 - 10</b>
To note any declarations of interest made by Members, 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 Interim Monitoring Officer.		
<b>3. UNRESTRICTED MINUTES - TO FOLLOW</b>		
To confirm as a correct record of the proceedings the unrestricted minutes of the meeting of the Overview and Scrutiny Committee held on 13 <sup>th</sup> March, 2018.		
<b>4. REQUESTS TO SUBMIT PETITIONS</b>		
To receive any petitions (to be notified at the meeting).		
<b>5. OVERVIEW &amp; SCRUTINY COMMITTEE QUERY AND ACTION LOG 2016/17</b>		
<b>6. SCRUTINY SPOTLIGHT</b>		
<b>6.1 Environment Portfolio</b>		
<b>7. UNRESTRICTED REPORTS FOR CONSIDERATION</b>		
<b>7.1 Prevent Duty and Safeguarding Scrutiny Review Action Plan</b>	<b>All Wards</b>	<b>11 - 38</b>
<b>7.2 Health Scrutiny Sub-Committee Scrutiny Review; Health &amp; Social Care Provision for Homeless Residents</b>	<b>All Wards</b>	<b>39 - 82</b>
<b>7.3 Gangs and Serious Youth Violence: A Scrutiny Review Report</b>	<b>All Wards</b>	<b>83 - 118</b>

**7.4 Overview and Scrutiny Committee Annual Report  
2017- 2018**

**All Wards**

**119 - 148**

**8. VERBAL UPDATES FROM SCRUTINY LEADS**

(Time allocated – 5 minutes each)

**9. ANY OTHER UNRESTRICTED BUSINESS  
WHICH THE CHAIR CONSIDERS TO BE  
URGENT**

To consider any other unrestricted business that the Chair considers to be urgent.

**10. EXCLUSION OF THE PRESS AND PUBLIC**

In view of the contents of the remaining items on the agenda the Committee is recommended to adopt the following motion:

“That, under the provisions of Section 100A of the Local Government Act 1972, as amended by the Local Government (Access to Information) Act 1985, the press and public be excluded from the remainder of the meeting for the consideration of the Section Two business on the grounds that it contains information defined as Exempt in Part 1 of Schedule 12A to the Local Government Act, 1972.”

**EXEMPT/CONFIDENTIAL SECTION (Pink Papers)**

The exempt committee papers in the agenda will contain information, which is commercially, legally or personally sensitive and should not be divulged to third parties. If you do not wish to retain these papers after the meeting, please hand them to the Committee Officer present.

**SECTION TWO**

**11. EXEMPT/ CONFIDENTIAL MINUTES**

Nil items

**12. EXEMPT/ CONFIDENTIAL REPORTS 'CALLED  
IN'**

Nil items

**13. ANY OTHER EXEMPT/ CONFIDENTIAL  
BUSINESS THAT THE CHAIR CONSIDERS  
URGENT**

To consider any other exempt/ confidential business that the Chair considers to be urgent.

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# 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:-

Asmat Hussain, Corporate Director, Governance and Monitoring Officer. Tel 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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Non-Executive Report of the:  <b>Overview and Scrutiny Committee</b>	 <b>TOWER HAMLETS</b>
<b>Report of:</b> Denise Radley – Corporate Director, Health, Adults and Community	<b>Classification:</b> Unrestricted
<b>Prevent Duty and Safeguarding: Scrutiny Review (Action Plan Update)</b>	

<b>Originating Officer(s)</b>	Simon Smith, Prevent Coordinator (Community Safety)
<b>Wards affected</b>	All
<b>Version</b>	Version 3.0
<b>Version date</b>	05/03/2018

### Summary

This paper submits an update on the recommendations of the Overview and Scrutiny Committee on the delivery of the Prevent Duty in Tower Hamlets which was undertaken in 2016. The review included representatives from the council, community members and other local authorities. The session focused on the impact the delivery of the Prevent Duty had on young people, how the approach in delivery reflected the priorities of Tower Hamlets and the local challenges in meeting those obligations. The Committee made a number of recommendations to improve delivery in Tower Hamlets.

Services have implemented the action plan which was produced to address the recommendations identified as part of the review. This paper provides an update on the progress of the recommendations.

The recommendations have been allocated a RAG rating which are numerically summarised below and which are detailed further in the attached appendix.

<b>Red</b>	<b>Amber</b>	<b>Green</b>
<b>0</b>	<b>5</b>	<b>18</b>

### Recommendations:

The Overview and Scrutiny Committee is recommended to:

1. Note the report and discuss progress of the Action Plan.
2. Identify areas where improvements are still required.
3. Note the initial findings from the recent Home Office peer review of Prevent .

## **1. REASONS FOR THE DECISIONS**

- 1.1 The Prevent Duty and the requirements on the Local Authority to have due regard to the prevention of terrorism were introduced in July 2015. The Overview and Scrutiny committee subsequently undertook a review of Prevent delivery during 2016. This paper presents a progress update on the recommendations from this review to ensure the areas of improvement identified have been addressed by services.
- 1.2 Tower Hamlets remains a Tier 1 borough in terms of the risk and threat assessment undertaken by the Home Office and as such continues to attract significant resourcing from central government to support the delivery of Prevent. Recent terrorist attacks have resulted in a renewed focus on how Prevent is coordinated and delivered across geographical clusters. There has been recent work led by the London Borough of Waltham Forest and the Home Office to examine how the 7 east London boroughs could work closer together and which has results in a bid for additional resources being made to the Home Office. This work is currently ongoing.
- 1.3 In February 2018, Tower Hamlets participated in a Home Office led peer review which assessed how the borough is delivering Prevent across several key areas, including how it safeguards vulnerable young people from radicalisation and how it engages with the community on this specific agenda.
- 1.4 The initial findings are as follows:
- The Mayor and responsible elected members take leadership role seriously and are working to support the understanding of others
  - Chief Exec takes a strong, visible leadership role at a strategic level in the local authority
  - Prevent acknowledged as a corporate responsibility of safeguarding
  - Strong support given to LA Prevent team, with respected, experienced leadership demonstrated within
  - Extremely strong approach to Prevent with highly skilled professionals demonstrating genuine leadership and excellence in delivery
  - Some sharing of risk and threat to LA stakeholders to achieve buy-in across the council
  - Dedicated social care team is an area of national best practice
  - In the main, commissioned projects are strong and delivering good outcomes
  - Challenges over changing perceptions of Prevent in the community and workforce
- 1.5 The following recommendations were made as a result of these findings.
- Develop performance management framework for Prevent

- Ensure key services within the council are trained in Prevent, with WRAP as part of corporate L&D offer
- Develop network of council “Prevent Champions” to help wider buy-in
- Better understand referral data to help target activity
- Develop a standalone communications strategy for Prevent, outside of broader branding
- Establish a Community Reference Group

A detailed report arising from the review will be available from the Home Office in April 2018

## **2 ALTERNATIVE OPTIONS**

2.1 No alternative options required.

## **3 DETAILS OF THE REPORT**

3.1 This report submits the report and recommendations of the scrutiny review of the delivery of the Prevent Duty in Tower Hamlets by the Overview and Scrutiny Committee (OSC), and the action plan responding to the recommendations.

3.2 Tower Hamlets has one of the fastest growing populations in London and is expected to be one of the fastest growing local authorities in England over the next ten years. The borough is home to a young and ethnically and religiously diverse population. Figures from the 2011 Census showed that only 31% of the total population identified as ‘White British’ whilst mid-year estimates from the ONS for 2015 suggests 72% of the local population is aged 39 and under.

3.3 Since 2015, as part of the Counter-Terrorism and Security Act, all public bodies, including local authorities and other responsible authorities such as schools and health services have been under a Duty to have ‘due regard to the need to prevent people from being drawn into terrorism’. Tower Hamlets is currently designated by the Home Office as a Tier 1 borough, representing the highest perceived risks of extremism. To ensure all Tier 1 boroughs are adequately supported, the Home Office provides additional funding to challenge extremist narratives and support communities to develop resilience through funded projects as well as to support staffing arrangements.

3.4 The youthful composition of the borough, coupled with the increasingly sophisticated deployment of the web and social media by organisations such as Daesh<sup>1</sup>, has presented new challenges for the borough. In February 2015, the borough drew national attention when three students from the Bethnal Green Academy fled the country to travel to Syria emulating steps taken by a

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<sup>1</sup> In December 2015, the UK Government committed to referring to the organisation also known as ISIL, Islamic State, or ISIS as Daesh. The term, an abbreviation of the formal name in Arabic of the ‘Islamic State in Iraq and Shaam (Syria)’, is also a play on words in that language and is considered offensive by members of the organisation.

student from the same school the previous year. A further five teenage girls had travel bans imposed by the courts in March 2015 at the request of the Council in response to this event.

- 3.5 In addition to radical Islamist groups, far right organisations, such as the English Defence League (EDL) and Britain First, have held protests in the borough to cause disruption and undermine cohesion in the borough. Britain First has organised a number of unannounced visits to the borough to demonstrate outside landmarks such as the East London Mosque and actively incite negative reactions for promotional purposes. Their attempts to cause disruption in the borough have been managed through the positive partnership working led through the Council, police, Tower Hamlets Interfaith Forum and the East London Mosque; however the inability to predict future visits presents an ongoing challenge.
- 3.6 The original report highlighted the Prevent Strategy and Duty was an area of sensitivity with concerns arising from a range of sectors criticising the policy for potentially restricting the freedom of speech and an alleged disproportionate impact on Muslim youth.
- 3.7 The original aim of the scrutiny review was to explore ways in which the Council and its partners can enhance safeguarding mechanisms and promote greater community resilience to overcome challenges presented by extremism whilst minimising any negative impact on cohesion in the borough.
- 3.8 The review was chaired by Cllr John Pierce, Chair of the Overview and Scrutiny Committee over the course of six sessions throughout March and April 2016. Sessions were held across a number of sites including the Town Hall, Morpeth Secondary School and Birmingham City Council. The review was underpinned by three core questions:
  - a) How does our approach to delivering the Prevent Duty impact on young people?
  - b) Does our approach appropriately reflect the priorities in Tower Hamlets?
  - c) What have been the challenges in meeting our obligations under the Duty?
- 3.9 The following recommendations were made and an update as to the actions provided at Appendix 1:

### **Safeguarding Young People**

- **Recommendation 1:**  
The Community Safety Service should continue to work in partnership with the voluntary and community sector to expand their work on promoting a better understanding of safeguarding risks presented by online and social media, and how to stay safe online, through the use of digital champions embedded across the voluntary and community sector.

- **Recommendation 2:**  
The Council should consider imposing requirements on Mainstream Grants and other grant funded and commissioned organisations working with young people to obtain relevant safeguarding training.
- **Recommendation 3:**  
The Youth Service should;
  - Build on their current work to develop a curriculum to provide a structured programme of development for young people;
  - Explore ways to support young people at risk of isolation;
  - Develop, in partnership with TH Community Safety, a peer education programme to develop young leaders capable of promoting safeguarding and cohesion within their peer groups.
- **Recommendation 4:**  
The Learning & Achievement Service should work with schools and commissioned providers of interfaith work in schools to support the creation of safe spaces for young people to promote debate and critical discourse.
- **Recommendation 5:**  
The Council should continue to engage local citizens, in particular young people, in the shaping of plans and commissioning of services aimed at promoting safeguarding and undermining the risks of people being drawn in to terrorism, the support of terrorism or violent extremism.

### **Promoting Cohesion in Tower Hamlets**

- **Recommendation 6:**  
The Learning & Achievement Service should build on existing work to support schools in promoting equality and diversity, cohesion and critical thinking skills through the school curriculum and help them explore further opportunities to do this outside the curriculum.
- **Recommendation 7:**  
The Council should exploit all commissioning opportunities to;
  - Develop greater community leadership to promote and celebrate diversity; and to build resilience to challenges to community cohesion
  - Ensure its approach to the commissioning of cohesion activities strengthens engagement across all communities in the borough and provides a platform for sustained interaction between communities.
- **Recommendation 8:**  
The Learning & Achievement Service should continue to promote the UNICEF Rights Respecting Schools Award to improve uptake across schools in the borough.
- **Recommendation 9:**

The Council should ensure the use of language across services and commissioned partners is consistent and compliant with the objective to promote community cohesion. This should include appropriate use; distinguishing between faith and ideology, avoiding objectification of groups or communities and greater clarity in describing risks/threats i.e. “*people being drawn into terrorism, the support of terrorism or violent extremism*” or “*increasing risk of travel to conflict zones including Syria and Iraq*” as opposed to using more general terms such as ‘radicalisation’.

- **Recommendation 10:**

The Communications Service should adopt a more proactive approach to promoting cohesion through a borough wide campaign which celebrates our history, diversity and resilience to adversity. This should include opportunities for resident involvement to promote the borough and a greater role within the Prevent Delivery Plan.

### **Developing Leadership around Prevent**

- **Recommendation 11:**

Elected Members should be further supported to understand and comply with Section C (A risk-based approach to the *Prevent* duty) and Section E (Sector-specific guidance) of the 2015 Prevent Duty Guidance, including:

- Dissemination of intelligence information to designated elected members in line with section C of the Prevent Duty Guidance;
- Guidance and training tailored for elected Members to enable them to understand their role in the Duty;
- Further consideration to the role of elected Members in the management of consequences following any local incidences.

- **Recommendation 12:**

The Council should progress work to promote greater collaborative working on Prevent and Safeguarding across the East London region. This should include work to promote greater consistency across the delivery of the Prevent Duty and sharing of appropriate intelligence across officers and elected Members.

- **Recommendation 13:**

The Council should take steps to promote an organisational culture which includes a focus on safeguarding and civic responsibility. This should also include consideration for rolling out appropriate e-learning modules for all staff to promote an understanding of the risks of being drawn into the support of terrorism.

## **4. COMMENTS OF THE CHIEF FINANCE OFFICER**

- 4.1 This paper submits an update on the recommendations of the Overview and Scrutiny Committee on the delivery of the Prevent Duty in Tower Hamlets.



The costs associated with the delivery of the action plan will be contained within the Prevent funding provided by the Home Office and existing Council revenue budgets.

## **5. LEGAL COMMENTS**

- 5.1. The Council is required by Section 9F of the Local Government Act 2000 to have an Overview and Scrutiny Committee and to have executive arrangements which ensure the committee has specified powers. Consistent with that obligation Article 6 of the Council's Constitution provides that the Overview and Scrutiny Committee may consider any matter affecting the area or its inhabitants and may make reports and recommendations to the Full Council or the Executive, as appropriate, in connection with the discharge of any functions. It is consistent with the Constitution and the statutory framework for the Committee to be updated in respect of the Action Plan and peer review and make further recommendations for improvement.
- 5.2. Section 26 of the Counter-Terrorism and Security Act 2015 ('the Act') placed the Government's existing Prevent strategy on a statutory basis, placing a duty on the Council, and well as schools and childcare providers, in the exercise of their existing functions, to have "due regard to the need to prevent people from being drawn into terrorism". The Prevent Strategy Guidance ('the Guidance') was issued on 1 July 2015 under section 29 of the Act, and the Council must have regard to the Guidance when carrying out its Prevent duty. The Guidance sets out that being drawn into terrorism includes not just violent extremism but also non-violent extremism, which can create an atmosphere conducive to terrorism and can popularise views which terrorists exploit.
- 5.3. The Guidance sets out that compliance with the Prevent duty requires the Council to engage in multi-agency partnership working, provide training for staff and relevant third party agency and develop a Prevent Action Plan to address risk in its area.
- 5.4. The Council's functions in relation to children include a duty under section 11 of the Children Act 2004 to make arrangements to ensure that its functions are discharged having regard to the need to safeguard and promote the welfare of children. Section 10 of the Act also requires the Council to make arrangements to promote cooperation between its safeguarding partner agencies including schools, the police, probation services and the youth offending team. Further, the Council has a duty to make enquiries under section 47 of the Children Act 1989 if they have reasonable cause to suspect that a child is likely to suffer significant harm, to enable them to decide whether they should take any action to safeguard and promote the child's welfare.
- 5.5. Schools have existing duties to forbid political indoctrination and secure a balanced presentation of political issues. These duties are imposed on maintained schools by sections 406 and 407 of the Education Act 1996. Additionally, section 175 of the Education Act 2002 places a duty on schools

to ensure that their functions are discharged with regard to the need to safeguard and promote the welfare of children.

5.6. When considering sharing personal information, the Council must comply with its duties under the Human Rights Act 1998, Data Protection Act 1998 and the common law duty of confidentiality.

5.7. When planning Prevent strategies, 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). Some form of equality analysis will be required which is proportionate to the proposed action.

## **6. ONE TOWER HAMLETS CONSIDERATIONS**

6.1 The scrutiny report makes a number of recommendations to improve Prevent delivery. A key focus is on promoting cohesion through improved engagement with the diverse communities of Tower Hamlets. This will help to address concerns with the agenda and improve access to the appropriate local support.

## **7. BEST VALUE (BV) IMPLICATIONS**

7.1 There are no direct best value implications arising from this report or its 'Action Plan'.

## **8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT**

8.1 There are no direct environmental implications arising from the report or recommendations.

## **9. RISK MANAGEMENT IMPLICATIONS**

9.1 There are no direct risk management implications arising from the report or recommendations.

## **10. CRIME AND DISORDER REDUCTION IMPLICATIONS**

10.1 The Scrutiny Review and its recommendations seek to ensure that the Council has in place appropriate mechanism to support the effective delivery of the Prevent Duty and safeguard residents in the borough from the risks of being drawn into extremism.

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### **Linked Reports, Appendices and Background Documents**

#### **Linked Report**

Overview and Scrutiny Committee 28<sup>th</sup> September 2016.

<https://democracy.towerhamlets.gov.uk/documents/s92250/Prevent%20OSC%20Cover%20Report.pdf>

## **Appendices**

- Appendix 1 - Recommendation Action Plan

### **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.

- [Casey Review 2016](#)
- [Prevent Duty Guidance](#)

#### **Officer contact details for documents:**

- Simon Smith – Prevent Coordinator

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Action	Responsibility	Date
<p><b>Recommendation 1:</b> The Community Safety Service should continue to work in partnership with the voluntary and community sector to expand their work on promoting a better understanding of safeguarding risks presented by online and social media, and how to stay safe online, through the use of digital champions embedded across the voluntary and community sector.</p>		
<p>One of the Home Office funded projects, managed by the Prevent team, 'Safer Families, Safer Communities' is designed and run by the Parental Engagement Team. The parental engagement team will offer two hour discussion/information sessions around online safety and the full e-safety 4 week course to schools and early years settings across the borough. We will continue to deliver and enhance this training in order to assist the community in understanding these areas.</p>	<p>Community Safety <i>in partnership with</i> Parental Engagement Team</p>	<p>Ongoing (Subject to continued funding from the Home Office)</p>
<p><i>This programme is part of the early help parenting offer delivered in partnership with schools and community settings. Sessions are delivered in English, Bengali and Somali with extensive reach within schools and community settings. All parent /carer only sessions are booked until the end of March 2018 with a waiting list should any schools cancel. The first cohort of parents/carers Safer Families Parent Champions have been trained and volunteer within schools and their local community to share safeguarding messages and provide information on the risks / challenges children and young people face. Champions share ideas through coffee mornings and community events to support parents and families to work together within their school / local community to ensure children and young people are safe. A further training course is scheduled for the end of March. . An online safety session is also planned for the Home Educators Information Event in March. All SFSC evidence based parenting programmes delivered by the Parental Engagement Team include key messages linked to community safety / Prevent within the Community Violence element of the curriculum.</i></p>		<p><b>GREEN</b></p>
<p>The Prevent team will look to how the Home Office can assist in providing the community sector with extra tools to help disperse messages such as online safety throughout the local communities. This will include opening training at Twitter and Google for local partners.</p>	<p>Community Safety</p>	<p>March 2017</p>

Action	Responsibility	Date
<p><i>A number of funded projects in 2017/18 deliver community focussed activity which includes to varying degrees online safety elements and how parents can also protect their children from relevant harmful influences. This is supported in turn by the Prevent Education and Engagement Officer. However the work mentioned with regard Twitter and Google is work that is being developed by central government and has been subject of various media releases during November, including an invitation for bid. Tom Llewellyn-Jones has had Home Office media training and jointly runs the PEO network Twitter account –this is used to share stories relating to Prevent.</i></p>		<p><b>AMBER</b></p>

Action	Responsibility	Date
<p><b>Recommendation 2:</b> The Council should consider imposing requirements on MSG and other grant funded and commissioned organisations working with young people to obtain relevant safeguarding training.</p>		
<p>In order to 'impose' a requirement that all MSG and other grant funded and commissioned organisations working with young people obtain relevant safeguarding training a variation to their current agreement must be made. It should be noted that the criteria for MSG funding included the need for organisations to submit an up to date Safeguarding Policy. Any variation to grant offer letters must be agreed by Commissioners in the first instance. For existing funded projects, thought will also need to be given on who might fund or deliver the safeguarding training.</p> <p>All future grant programmes (involving work with young people) administered through the Third Sector Team will now include a standard condition on safeguarding training before the programme is launched so all applicants applying know they have to agree to this. The Council will work with THCVS more generally to consider how best to ensure organisations commissioned by or in receipt of grant funding from the Council undertake safeguarding training.</p>	<p>Third Sector</p>	<p>March 2017</p>
<p><i>We are currently developing schemes for grants and community commissioning which will deliver from 1 April 2019 – we will be working with the relevant Council departments about the provision of Safeguarding training for the VCS and we hope that Council training will be made available to VCS organisations who are awarded contracts/grants. This being the case, we would be able to require that organisations funded under community commissioning to work with young people have the training. We would also consider how this might be appropriately applied to grants.</i></p>		<p><b>AMBER</b></p>

Action	Responsibility	Date
<p><b>Recommendation 3:</b> The Youth Service should;</p> <ul style="list-style-type: none"> <li>• Build on their current work to develop a curriculum to provide a structured programme of development for young people;</li> <li>• Explore ways to support young people at risk of isolation;</li> <li>• Develop, in partnership with Community Safety, a peer education programme to develop young leaders capable of promoting safeguarding and cohesion within their peer groups.</li> </ul>		
<p>Youth Services will develop a Healthy Youth Centre Framework and deliver Prevent and Safeguarding elements under the theme of Emotional Health &amp; Wellbeing. This will include the development of a Safeguarding Champions programme associated with the Youth Council.</p>	<p>Youth Services</p>	<p>March 2017</p>
<p><i>The healthy youth centre model was piloted in 2016-17, including the emotional health and wellbeing theme but it did not embed particularly well as the service was going through too much change. The youth council members were trained as safeguarding champions.</i></p> <p><i>In 2017 the youth service developed an outcomes framework which included supporting young people to develop their critical thinking skills and in response to this are developing a series of issue based workshops this will include developing workshops to help young people develop critical thinking skills in relation to radicalisation as part of structured programmes.</i></p> <p><i>The service are also working with Children’s Social Care to develop an approach to supporting young people who are known to the Co-offending and Serious Youth Violence Panel, Missing Operational Group and Multi-Agency Sexual Exploitation Panel with the intention of identifying and training a number of community based youth workers as a response team which will be tasked through the multi-agency Exploitation Team currently being established, this team has a remit in relation to Radicalisation. This project is in response to the action to explore support for vulnerable young people at risk of isolation.</i></p>		<p><b>AMBER</b></p>



<p>Youth Services will deliver WRAP and Hate Crime training in 8 Youth Hubs. The Integrated Youth and Community Service (IYCS) and Community Safety will consider a joint Peer Education programme in 2017/18 post IYCS restructure.</p>	<p>Youth Services</p>	<p>March 2017</p>
<p>Youth services acknowledge the risk of radicalisation as a key vulnerability for the young people they work with and in 2016 all youth service managers received enhanced two day Prevent Training which was compulsory. Having implemented a restructure which includes recruiting to vacant front line posts and a workforce development review the service will need to implement a programme of training for front line staff from April 2018 and this will include all front line staff attending WRAP sessions as a minimum.</p>	<p><b>AMBER</b></p>	

Action	Responsibility	Date
<p><b>Recommendation 4:</b> The Education &amp; Partnerships Service should work with schools and commissioned providers of interfaith work in schools to support the creation of safe spaces for young people to promote debate and critical discourse.</p>		
<p>Through the Prevent Education Officer, the groups providing safe spaces and critical discourse have been set up and strengthened to ensure schools provide ample opportunities. A mapping exercise has also been undertaken to ensure safe space in debate. The Humanities Education Centre global learning encourages these debates throughout schools – we will continue to engage their work throughout our schools within the available resources.</p>	<p>Education &amp; Partnerships</p>	<p>Ongoing</p>
<p><i>Mapping document has been sent to all schools on a memory stick and via email as well as a document which explains how this activity can be done in staff meetings. TLJ has also delivered training on this in schools. TLJ has been asked to sit on the Tower Hamlets SACRE (Standing Advisory Council for RE) and so can ensure that issues surrounding prevent can be implemented into the RE curriculum.</i></p> <p><i>TLJ has done joint projects and work with the HEC and delivered training with them.</i></p> <p><i>The updated TH guidance for schools has been sent electronically to all schools in the borough and printed copies will be sent out ASAP</i></p>		<p><b>GREEN</b></p>
<p>There are Home Office funded projects dealing with children either directly in schools or outside are focusing on creating critical thinking and vibrant discussion. We will continue to work with the Home Office to secure this support to provide the projects in 2017-18</p>	<p>Education &amp; Partnerships</p>	<p>September 2017</p>
<p><i>Project ongoing and delivering in line with expectations set at time of funding. This is delivered in the main by Equaliteach and the Prevent Education Officer. We have also commissioned BRAVE to deliver sessions in schools that look at both extremism and grooming for gangs</i></p>		<p><b>GREEN</b></p>

Action	Responsibility	Date
<p><b>Recommendation 5:</b> The Council should continue to engage local citizens, in particular young people in the shaping of plans and commissioning of services aimed at promoting safeguarding and undermining the risks of people being drawn in to terrorism, the support of terrorism or violent extremism.</p>		
<p>The Parental Engagement Team will continue to engage parents in discussion and service design through the borough wide Parent and Carer Council (PCC). The PCC meets 3 times a year and will work in partnership with Council teams to promote engagement and participation.</p>	<p>Parental Engagement Team</p>	<p>Ongoing</p>
<p><i>Action is considered Green at this stage. Parent Carer Council meetings have taken place in July and November 2017 the next PCC meeting will take place in April. Parents contributed to the consultation on the redesign of Early Help Services, where information and parenting support to raise awareness of issues facing young people and the help available to keep children safe were key themes. Parents were also recruited to the Safer Families Parent Champion programme. The Annual Parent Conference will take place in March 2018 providing an opportunity for 150 parents / carers to come together to obtain information and participate in discussion and debate.</i></p>		<p><b>GREEN</b></p>
<p>We will work with the Youth Council through Youth Services to ensure young people have a clear engagement during the shaping of plans. Safeguarding as a wider issue will no doubt play a part in the Young Mayoral elections in January.</p>	<p>Youth Services</p>	<p>Ongoing</p>
<p><i>The young mayor elections were completed in January 2017 and a new team appointed for a two year term. Whilst "safeguarding" was not something they specifically mentioned in their manifesto's and campaigning issues that are safeguarding issues and affect young people did come up particularly knife crime, exam stress and cyber bullying. The engagement of local young people in the shaping of plans and commissioning of services is intergral to the model of delivery in the youth services and goes beyond the work of the youth council, The youth services participation and leadership officer is developing participation forums in each of the youth hubs to ensure young people are activiely engaged in the development of programmes and services. As this is a youth led model the areas of interest and topics covered by programmes have tended to focus on wider safeguarding issues to date but it is intended that by refreshing training and awareness of Prevent with staff work can be developed with young people linked to our outcomes in relation to critical thinking skills and safety.</i></p>		<p><b>AMBER</b></p>

<p>We have recently submitted a bid to the Project Innovation Fund (managed by the Home Office) to engage local parents to better understand safeguarding issues in schools operating without oversight. This was a result of coordination of the Prevent Operational Working Group, and looks to engage and advise local community members to help them understand the dangers of institutions offering education without appropriate structures (such as safeguarding or trained staff). A decision on funding is expected in December 2016.</p>	<p>Community Safety <i>in partnership with</i> Education &amp; Partnerships</p>	<p>March 2017</p>
<p><i>Supersisters was funded as a project until March 2017. Additional funding for this work to continue in 17/18 has been subject of discussion between the Council and the Home Office and has finally been agreed (Sept 2017). Work is likely to commence in November and once formal grant agreements have been received from the Home Office.</i></p>		<p><b>GREEN</b></p>
<p><b>Action</b></p>	<p><b>Responsibility</b></p>	<p><b>Date</b></p>
<p><b>Recommendation 6:</b> The Education &amp; Partnerships Service should build on existing work to support schools in promoting equality and diversity, cohesion and critical thinking skills through the school curriculum and help them explore further opportunities to do this outside the curriculum.</p>		
<p>The Prevent Education Officer is providing a great deal of support for schools in this area, including helping teachers understand parts of their curriculum that promotes equality and diversity etc. through developing and delivering curriculum resources. Furthermore cooperative work with Stonewall, VAWG team and Home Office funded projects focus on these areas. Through the Prevent Education Officer we will continue to enhance this support work within the available resources.</p>	<p>Education &amp; Partnerships</p>	<p>Ongoing</p>

*The Prevent Education Officer continues to work in all schools across the borough, developing curriculum and supporting safeguarding activity. Mapping docs have been sent to all schools. Schools are sent guidance and resources following terrorist attacks and know that they can get the PEO to come and model lessons, workshops and assemblies that promote equality and diversity.*

*Every school in the borough has been sent a memory stick with lessons and assemblies on that deal with these issues. They have also been put onto the Educate Against Hate website. Schools are also aware that they can contact the PEO to have bespoke resources made for them*

*The updated TH guidance for schools has been sent electronically to all schools in the borough and printed copies will be sent out ASAP*

*The PEO also works closely with the PEO network to share best practice and resources that do this.*

**GREEN**

Action	Responsibility	Date
<p><b>Recommendation 7:</b>                      The Council should exploit all commissioning opportunities to;</p> <ul style="list-style-type: none"> <li>• Develop greater community leadership to promote and celebrate diversity; and to build resilience to challenges to community cohesion</li> <li>• Ensure its approach to the commissioning of cohesion activities strengthens engagement across all communities in the borough and provides a platform for sustained interaction between communities.</li> </ul>		
<p>The Corporate Strategy &amp; Equality Service will lead on the development of a revised Community Cohesion Toolkit as part of the One Tower Hamlets review. This will support all commissioners of services to map their activity to ensure commissioning activity can be utilised to promote community leadership, celebrate diversity and build resilience to community cohesion.</p>	<p>Corporate Strategy &amp; Equality <i>in partnership with</i> Third Sector / Commissioning Teams across the Council</p>	<p>March 2018</p>
<p><i>The toolkit is being developed as part of a cohesion strategy for the borough. The development of the strategy is dependent on the national and regional social integration strategies; these will be used to inform the local Strategy in addition to engagement with stakeholders in the local community. The national and regional strategies have been significantly delayed from their expected publication date of Spring 2017 and thus the local strategy and toolkit is still awaiting this. Some work to develop our local strategy has already taken place, however, including work with key partners who deliver community cohesion services/activities and with service leads across the council and externally. We are currently devising a survey, which will be used for public consultation, to determine local community cohesion and social integration priorities for the strategy and toolkit.</i></p>		<p><b>GREEN</b></p>
<p>In addition to supporting commissioners of services, the Corporate Strategy &amp; Equality Service is leading the development of a range of commissioning activity specifically to promote community cohesion in the borough. This includes the use of new sources of funding such as S106 contributions and innovative techniques such as co-production in the design and delivery of services. The programme will be supported by Professor Ted Cattle from the Institute of Community Cohesion. Learning and best practice from these programmes will be disseminated throughout the Council as part of a Community Engagement Toolkit. The work led by the Corporate Strategy &amp; Equality Service will be complemented by Home Office funded projects which this year will seek to focus on developing community resilience from within to help produce effective counter narratives to extremist ones.</p>	<p>Corporate Strategy &amp; Equality <i>in partnership with</i> Community Safety</p>	<p>July 2017</p>

<p><i>The Corporate Strategy and Equality Service has led the development of a range of commissioning activity to promote community cohesion in the borough. In terms of use of new sources of funding such as s106 contributions, following consultation with stakeholders in the 2 pilot areas - Mile End and Aldgate East – we have been working closely with key stakeholders in the two areas to develop delivery groups led by local people. Specifications have been drawn up for cohesion projects in the two areas which it is hoped will go out to tender in January 2018. All projects will have a sustainability element to encourage sustained interaction between different parts of the community. Through a separate Home Office funding stream we have also assisted local faith institutions in accessing funding for security improvements, for example the Ashaadibi Mosque has had a new CCTV system installed. We have also secured in-kind support for Black Women’s Health and Family Support to help amplify their stand against harmful practices. This will help them build their website and social media presence.</i></p> <p><i>We will continue to support community groups, to secure additional Home Office funding and in-kind support for other projects.</i></p> <p><i>Learning from all of the projects detailed above will be part of the development of the borough’s Cohesion Strategy and the toolkit that forms part of that (see update above relating to this action).</i></p>		<p><b>GREEN</b></p>
<p>As part of the Voluntary and Community Sector strategy action plan, the Third Sector Team will work with THCVS and other Council services to support VCS organisations in terms of community leadership and community cohesion objectives.</p>	<p>Third Sector</p>	<p>March 2018</p>
<p><i>In terms of the use of innovative techniques such as co-production, eight cohesion projects have been commissioned with local voluntary and Community Sector (VCS) organisations and have been delivering since September/October 2017. They were commissioned through a process of co-design with the VCS and stakeholders and they are being delivered in line with co-production principles. They address important factors relating to cohesion such as leadership, citizenship, community action and debate. Activities include intergenerational activity, community events, a range of activities to bring people together from fitness, to cooking and outdoor pursuits and community meetings.</i></p> <p><i>The Home Office funded projects include securing over £150,000 for local community groups through the Building a Stronger Britain Together initiative, for a wide range of projects. Some examples include The Spotlight Centre, which will be delivering a Youth Empowerment Project that will create the next generation of leaders to tackle Hate Crime and Extremism. Futureversity will be running summer workshops during summer holidays to engage young people around cohesion,</i></p>		<p><b>GREEN</b></p>

*celebrating differences, hate crime and hate crime reporting. City Gateway will be delivering a female empowerment project incorporating classes to upskill women from diverse communities including employability workshops and basic English.*



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Action	Responsibility	Date
<p><b>Recommendation 8:</b> The Education &amp; Partnerships Service should continue to promote the UNICEF Rights Respecting Schools Award to improve uptake across schools in the borough.</p>		
<p>41 schools in the borough are currently signed up to the UNICEF Rights Respecting Schools programme. The Education &amp; Partnerships service will continue to promote take up by schools.</p>	<p>Education &amp; Partnerships</p>	<p>Ongoing</p>
<p><i>UNICEF Rights Respecting Schools award has been recommended to all schools in the borough. The possibility of asking for HO money to pay for schools registration into this was looked at but dismissed. All schools have been advised that this is an effective programme in helping to ensure all students are aware of fundamental rights and the importance of diversity. It is continually used as an example of good practice.</i></p>		<p><b>GREEN</b></p>
<p><b>Recommendation 9:</b> The Council should ensure the use of language across services and commissioned partners is consistent and compliant with the objective to promote community cohesion. This should include appropriate use; distinguishing between faith and ideology, avoiding objectification of groups or communities and greater clarity in describing risks/threats i.e. “people being drawn into terrorism, the support of terrorism or violent extremism” or “increasing risk of travel to conflict zones including Syria and Iraq” as opposed to using more general terms such as ‘radicalisation’.</p>		
<p>The Community Safety Service will review written materials containing information in regards to Prevent and work in partnership with the Communications and Corporate Strategy &amp; Equality Service on communications activity at a corporate level.</p> <p>It must however be voiced that some terms are used due to being specified in legislation, therefore replacing them would be inappropriate. For instance “<i>Radicalisation’ refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups</i>”</p>	<p>Community Safety <i>in partnership with</i> Communications and Corporate Strategy &amp; Equality</p>	<p>March 2017</p>



<p><i>(Glossary of Terms, Prevent Duty Guidance– revised, 2015). Therefore because the support of terrorism or extremist ideologies is specifically mentioned, radicalisation is demarcated from a more academic appraisal of adopting radical ideas (which may be legal or acceptable). Consequentially, replacing the term with the longer version would serve no purpose.</i></p>		
<p><i>A whole scale review of existing literature has taken place with large amounts of outdated documentation being systematically removed or rewritten. New policies and processes are being published on the intranet with a new Prevent focussed intranet page drawn together as a repository for all current material and which will reflect changes in policy/strategy as they emerge.</i></p>	<p><b>GREEN</b></p>	


Action	Responsibility	Date
<p><b>Recommendation 10:</b> The Communications Service should adopt a more proactive approach to promoting cohesion through a borough wide campaign which celebrates our history, diversity and resilience to adversity. This should include opportunities for resident involvement to promote the borough and a greater role within the Prevent Delivery Plan.</p>		
<p>Communications will work with the Community Safety Service to develop a Prevent relation communications plan for 2017/18. Both services are currently running a campaign focused on Hate Crime (which covers many of the aforementioned points).</p> <p>The design and delivery of a communications campaign for Prevent will need to be in line with the Council's strategic/mayoral objectives or priorities identified through the Annual Residents Survey. Any decision will require approval from CMT and adequate resources to be identified/allocated.</p> <p>There is strict guidance over sharing and input into the Prevent Delivery Plan whilst it is in operation. The Communications Service will however feed in through the Prevent Board to ensure comprehensive input to the PDP is gathered.</p>	<p>Communications <i>in partnership with</i> Community Safety</p>	<p>September 2017</p>
<p><i>Currently Prevent is communicated through our 'No Place for Hate' campaigns and community safety communications as opposed to a distinct communications strategy.. Work is being developed with the communications team to improve communications on Prevent and are developing a communications plan. This will be a key focus for a Home Office peer review in February 2018. However plans are underway to promote Prevent training and activity through internal outlets, including weekly newsletters, training catalogue and staff spotlight. In addition support has been obtained from the Home Office as to potential communication strategies that may be appropriate for Tower Hamlets. The borough is supporting a Home Office community round table to discuss Prevent with up to 50 community members attending which will be used as a platform to promote Prevent, myth bust and scope support for a Prevent Advisory Group.</i></p>		<p><b>GREEN</b></p>

Action	Responsibility	Date
<p><b>Recommendation 11:</b> Elected Members should be further supported to understand and comply with Sections C and E of the 2015 Prevent Duty Guidance, including:</p> <ul style="list-style-type: none"> <li>• Dissemination of intelligence information to designated elected members in line with section C of the Prevent Duty Guidance;</li> <li>• Guidance and training tailored for elected Members to enable them to understand their role in the Duty;</li> <li>• Further consideration to the role of elected Members in the management of consequences following any local incidences.</li> </ul>		
<p>The Prevent/Community Safety Service will provide verbal briefings to Members on the Counter Terrorism Local Profile (CTLP), according to guidance from the Home Office. The CTLP is a police produced and owned document and subject to strict sharing guidance set out by the Home Office. These briefings will be scheduled in line with the production of latest CTLP (annually) and members will be informed of proposed date. The CTLP cannot be shared as a hard copy outside of a select number of individuals, as designated by the Home Office.</p>	<p>Community Safety <i>in partnership with</i> Members Support and SO15 Police</p>	<p>May 2017  CTLP dispersed by Met Police (SO15) in April 2017</p>
<p><i>The CTLP was released to the Local Authority on the 27<sup>th</sup> November 2017. A plan around briefing all members is currently</i></p>		<p><b>GREEN</b></p>
<p>Training has been delivered to Members through both the Prevent team and SO15. The Prevent Board has requested the Home Office to provide specific training for Members once it has been developed (currently in development). We will schedule a biannual training for members tailored to enable them to understand their role and responsibilities as part of the Duty.</p>	<p>Community Safety <i>in partnership with</i> Members Support</p>	<p>Training April and November 2017</p>
<p><i>Cabinet lead for Community Safety has been engaged with regard Prevent and a half day briefing is planned for Nov to raise awareness. Other training inputs have been scheduled however these have not been well attended by members. It is hoped that the activity with the Cabinet Lead will act as a springboard for other discussions. Other formal government events have been arranged centrally which Cllrs have been invited to. Briefings with regard the counter terrorism risk and threat have been previously arranged. Further training will be provided after the May 2018 elections</i></p>		<p><b>GREEN</b></p>
<p>Consideration will be given to the involvement of members following local incidents; however it must also be remembered that certain procedures following critical incidents must be adhered to. This will affect how quickly and how much information can be shared.</p>	<p>Community Safety <i>in partnership with</i> Police</p>	<p>Ongoing</p>
<p><i>This is undertaken where appropriate and in line with policy/procedure. In the event of critical or major incidents information will be shared in conjunction with the emergency services. By and large most information that is released comes from the police and is controlled by their media reporting. In the case of any incident which gives rise to potential community tensions then the Tension Monitoring Group is normally convened.</i></p>		<p><b>GREEN</b></p>

Action	Responsibility	Date
<p><b>Recommendation 12:</b> The Council should progress work to promote greater collaborative working on Prevent and Safeguarding across the East London region. This should include work to promote greater consistency across the delivery of the Prevent Duty and sharing of appropriate intelligence across officers and elected Members.</p>		
<p>The Prevent team has written to Service Heads and Lead Members of neighbouring boroughs to propose a cross-borough partnership group for Prevent. We will aim to create and lead this partnership in the next calendar year. Many neighbouring boroughs (and other local authorities) look to Tower Hamlets for best practice examples, advice and guidance in this field. We will look to encourage further close cooperative working across East London and developing best practice working that other local authorities can use.</p> <p>The Prevent Coordinator is a member of the London Prevent Coordinator network, the Prevent Schools Officer is a member of the Education network, and local SO15 partners are part of the North East cluster, all of which cooperate across borough boundaries with information or intelligence sharing and developing protocols.</p>	<p>Community Safety</p>	<p>Expected to commence by April 2017</p>
<p><i>The Prevent coordinator is a regular attendee of the London Prevent Network and was responsible for the formation of the East London cluster Coordinators forum which meets monthly. In addition LBTH are working with other East London boroughs on developing an existing bid to the Home Office for a wider strategic piece of work around Prevent coordination.</i></p>		<p><b>GREEN</b></p>

Action	Responsibility	Date
<p><b>Recommendation 13:</b> The Council should take steps to promote an organisational culture which includes a focus on safeguarding and civic responsibility. This should also include consideration for rolling out appropriate e-learning modules for all staff to promote an understanding of the risks of being drawn into the support of terrorism.</p>		
<p>All Staff will be requested to undertake the Home Office online Prevent training as part of our civic responsibility towards safeguarding. The training will be launched in January 2017 and will be widely publicised via our internal communication channels for staff to complete by March 2017. We will be able to provide management reports on those who access the course.</p> <p>Project Griffin which looks at the more 'hard line' aspects of countering terrorism is being promoted by HR to all staff. This will assist in helping staff understand the current threats more clearly and help develop resilience.</p>	<p>Human Resources</p>	<p>March 2017</p>
<p><i>E-Learning module being placed on Prevent Intranet page and across wider borough learning portals. Project Griffin advertised on front page of Intranet</i></p>		<p><b>GREEN</b></p>
<p>A communications plan relevant to Prevent and the support provided to those vulnerable to being drawn into terrorism is being developed for next year.</p>	<p>Community Safety</p>	<p>April 2017</p>
<p><i>Refer to Recommendation 10</i></p>		<p><b>GREEN</b></p>

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Non-Executive Report of the:  <b>Overview &amp; Scrutiny Committee</b>  22/03/2018	
<b>Report of:</b> Sharon Godman Divisional Director strategy, policy and performance	<b>Classification:</b> Unrestricted
<b>Health Scrutiny Sub-Committee Scrutiny Review; Health &amp; Social Care Provision for Homeless Residents</b>	

<b>Originating Officer(s)</b>	Sharon Godman, Divisional Director strategy, policy and partnership  Daniel Kerr, Strategy, Policy and Partnership Officer
<b>Wards affected</b>	All Wards

## 1. SUMMARY

- 1.1. This paper submits the report and recommendations of the Health Scrutiny Sub-Committee's review of health and social care provision for homeless residents for consideration by the Overview and Scrutiny Committee.

## 2. RECOMMENDATIONS:

- 2.1. The Overview & Scrutiny Committee is recommended to note the report and recommendations.

## 3. DETAILS OF REPORT

- 3.1. The Tower Hamlets Health Scrutiny Sub-Committee identified the effectiveness of health and social care provision for homeless residents as the subject for a Scrutiny Review. Homelessness is a complex and growing problem which reaches right across the health, public health and social care agendas. It has been a historic problem in Tower Hamlets and the Borough has the 9<sup>th</sup> highest number of homeless people in the United Kingdom. It continues to be a pressing issue due to reforms to the welfare system, the austerity measures of the current government, and the ongoing national housing crisis, which is creating affordability pressures in the owner-occupier and rental sectors.

- 3.2. Chronic homelessness is an associated marker for tri-morbidity; meaning homeless residents are vulnerable to a combination of physical ill-health, mental ill-health, and substance misuse. Homeless households experience significantly poorer health outcomes than the general population and their health issues are more complex and exacerbated. The average age of death for a homeless person is 30 years below the national average. There are also serious challenges around hospital discharge as evidence indicates that more than 70% of homeless people are discharged from hospital back onto the street, without their housing or underlying health problems being addressed.
- 3.3. Homeless households may experience difficulty accessing health and social care services and they have a disproportionately high reliance on unplanned health care services and A&E. For them, their health may be a secondary priority, meaning they have a high level of missed outpatient appointments and they do not access early stage or preventative treatment. Subsequently, their health problems only get addressed when they become acute. Additionally they experience challenges in accessing primary care as they encounter difficulty registering with a GP. This is often due to their inability to prove permanent residence within a catchment area or provide the appropriate documentation required to register with a GP. This leads to a heavy dependence on acute health services which has significant cost and demand pressures on the NHS. National evidence indicates that the number of A&E visits and hospital admissions is four times higher for homeless people than for the general public, and the Department of Health estimates that the annual cost of hospital treatment alone for homeless people is at least £85 million a year. This means costs of more than £2,100 per person compared to the £525 per person cost among the general population.
- 3.4. The Sub-Committee wanted to review the quality of provision for homeless residents in order to develop a clear understanding of the health and social care issues they experience in terms of outcomes and service provision, with a view to informing the future commissioning and provision of health and social care services for this group of people. The Scrutiny Review is underpinned by four key questions:
- What are the main barriers in providing effective health and social care for homeless residents in Tower Hamlets?
  - How do health outcomes for homeless residents in Tower Hamlets differ from the wider population?
  - What is the response to addressing the health and social care issues for these groups from local health and social care commissioners and providers?
  - What more can health and social care providers do to address inequality in access and outcomes for homeless residents?



3.5. The report with recommendations is attached at Appendix 1. 14 recommendations have been made:

- **R1:** That the CCG provides training to staff in GP surgeries and for other health professionals to support them to deal with some of the behaviours which may be encountered when engaging with homeless people.
- **R2:** That LBTH Adult Social Care and the CCG explore the possibility of providing all frontline workers and auxiliary staff (i.e. staff in ideas stores, parks service) with training and awareness raising sessions to help them identify and signpost the hidden homeless, and how to ask the appropriate questions without offending them. Information on provision for homeless people should be made available at all public facing council services.
- **R3:** That the Council explores the possibility of commissioning specialist provision to accommodate individuals with challenging behaviour (older people, substance misuse issues) who can no longer remain in mainstream provision for their safety or the safety of others. Many of these individuals are beyond the point where traditional treatment programmes are appropriate.
- **R4:** That the Council and CCG review how palliative care is provided to people living in hostels and temporary accommodation.
- **R5:** That the CCG explore the possibility of commissioning a peripatetic team consisting of a paramedic and advanced care practitioner in mental health to provide a visiting service to very difficult to manage and violent patients.
- **R6:** That a person's housing issues are identified and addressed as part of the social prescribing programme in the borough.
- **R7:** That Barts Health Trust reviews its discharge planning process to ensure that staff routinely ask all patients on admission if they have somewhere safe to be discharged to. Where a housing issue is identified a referral should be made as soon as possible to the Pathway Homeless team so that appropriate support is put in place before discharge. Where patients who are homeless or in insecure accommodation had a package of care in place prior to the admission ward staff should notify social services on admission so they are aware and again on discharge so that the care can be restarted.
- **R8:** That the council and the CCG review the way services share information and consider if the introduction of GDPR and the review of systems that follows will allow for more information to be shared

between services to support the way homeless residents access and engage with services.

- **R9:** That the Housing Options service works with organisations involved in this Review, and with individuals who present at Housing Options, to find out what they consider to be a safe offer of temporary accommodation and provide insight into what they value and how they would feel better supported upon approach
- **R10:** That the council performs further research on the impact homelessness has on the health needs of women who are rough sleeping, in Temporary Accommodation, or hostels.
- **R11:** That the council performs further research into the relationship between homelessness and VAWG with a view to updating the VAWG strategy to include a stronger consideration of violence against homeless women.
- **R12:** That LBTH Adult Social Care explores the possibility of establishing a partnership forum (including commissioners, providers, third sector) to discuss the health and social care issues, provision, and cases of homeless residents in LBTH.
- **R13:** That Healthwatch Tower Hamlets reach out to the organisations involved in this Review and establish a link to share the information they collect on homeless people's experiences of using health and social care services in the borough.
- **R14:** That Healthwatch Tower Hamlets work with Groundswell to disseminate 'My Right to Healthcare' cards across the borough and ensure they are available in all GP surgeries.

#### **4. COMMENTS OF THE CHIEF FINANCE OFFICER**

- 4.1 This report recommends the Overview and Scrutiny Committee to note the recommendations of the Health & Social Care Provision for Homeless Residents scrutiny review. There are no direct financial implications to the Council from this report, however if the cost of actions carried out to implement recommendations cannot be contained within the existing Council revenue budget and the Public Health grant, then growth funding will need to be requested for consideration as part of the medium term financial planning process.

#### **5. LEGAL COMMENTS**

- 5.1 The Committee's Terms of Reference in Part 2, Article 6.01 of the Constitution provides that the Committee will establish a standing Sub-

Committee, the Health Scrutiny Sub-Committee, to discharge the Council's functions under the National Health Service Act 2006 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

- 5.2 Under the Terms of Reference for the Health Scrutiny Sub-Committee, it will undertake the Council's functions under the National Health Service Act 2006 and associated Regulations and consider matters relating to the local health service within the Council's area as provided by the NHS and other bodies including the Council and to review and scrutinise matters relating to the health service and make reports and recommendations.
- 5.3 The Health Scrutiny Sub-Committee will report to Council, Cabinet or the appropriate Cabinet member and make recommendations, as appropriate. However, all reports and/or recommendations shall first be considered by the Overview and Scrutiny Committee before being reported to Council, Cabinet or the appropriate Cabinet member, as appropriate. It is on that basis that the Committee is receiving this report for consideration.
- 5.4 The scrutiny review explored the quality of provision for homeless residents in order to develop a clear understanding of the health and social care issues they experience in terms of outcomes and service provision, with a view to informing the future commissioning and provision of health and social care services for this group of people. 14 recommendations have been proposed and those at are for the Council are capable of being undertaken within the Council's powers.

## **6. ONE TOWER HAMLETS CONSIDERATIONS**

- 6.1. Health outcomes and average life expectancy are significantly poorer for homeless people in the borough. Homeless people represent some of the most vulnerable people in the borough and the recommendations of this review aims to ensure that the significant health inequalities they face are highlighted and improved.

## **7. BEST VALUE (BV) IMPLICATIONS**

- 7.1. The recommendations in this report are made as part of the Overview & Scrutiny Committee's role in helping to secure continuous improvement for the council, as required under its Best Value duty

## **8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT**

- 8.1. There are no direct environmental implications arising from the report or recommendations.

## **9. RISK MANAGEMENT IMPLICATIONS**

- 9.1. There are no direct risk management implications arising from the report or recommendations.

## **10. CRIME AND DISORDER REDUCTION IMPLICATIONS**

- 10.1. There are no direct crime and disorder reduction implications arising from the report or recommendations.
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### **Linked Reports, Appendices and Background Documents**

#### **Linked Report**

- NONE.

#### **Appendices**

- Appendix 1 – Health Scrutiny Sub-Committee Homeless Health Review Report

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

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

- NONE

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**Tower Hamlets Health Scrutiny  
Sub-Committee**

**Health & Social Care Provision for  
Homeless Residents**

**Scrutiny Review**



March 2018

## Chair's Foreword

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I am pleased to present this report which explores the provision of health and social care services for homeless people in Tower Hamlets. Homeless people experience some of the worse health in society. Many homeless people suffer from a combination of complex physical health, mental health and substance misuse issues. Yet, despite this, homeless people often struggle to access the appropriate health and social care services they need. This is illustrated by the fact that the average life expectancy of a rough sleeper in Tower Hamlets is 44, compared to 77 for the general population. Rough sleepers are the most visible representation of homelessness however it can present itself in many forms including those in temporary accommodation, people fleeing domestic violence, and more hidden homelessness such as sofa surfers. The council must address this and ensure that all homeless people are able to access the health and social care services they need.

It is clear to me that in addition to providing much needed provision to some of our most vulnerable residents, improving the health of homeless people also provides the opportunity to reduce demand on the NHS and make savings during a time of public sector funding cuts. Too often homeless people access health services when their symptoms have become so critical that they are likely to require more intensive and more expensive treatment, leading to a disproportionate reliance on emergency and acute services and avoidable emergency admissions to hospitals. Further work is required to provide more preventative care and services need be more proactive in identifying the health needs of homeless people to allow an early diagnosis before they present at primary care and A&E with multiple and entrenched problems.

Although there are a lot of things services in Tower Hamlets do well to support the health and social care needs of homeless people, there is always room for improvement. There are currently too many homeless people encountering issues registering at a GP surgery and access to this key pathway must improve. Many homeless people have had negative experiences of health and social care services and feel that presumptions made about them leads to them receiving poorer care. Further work is needed to support frontline workers to effectively engage with homeless people and gain their trust. There are also key gaps in understanding the relationship between domestic violence and homelessness, meeting the needs of a cohort of homeless people with more extreme behaviour, and integrating the provision of health and social care.

This report therefore makes a number of practical recommendations for the council and its partners for improving the services available for homeless people. The recommendations focus on providing training to frontline workers to support them to engage with homeless people and gain their trust, exploring commissioning options for the more challenging and harder to reach homeless residents, performing research to better understand the relationship between homelessness and domestic valance, and establishing a partnership

forum to support information sharing across the key agencies involved in providing health and social care services to homeless people.

I would like to thank all of the council officers, health partners and a wide range of organisations from across the borough who gave their time and effort to contribute to this Review. I am also grateful to my Health Scrutiny Sub-Committee colleagues for their support, advice and insights.

**Councillor Clare Harrison**  
**Chair of the Health Scrutiny Sub-Committee**

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## 1. Recommendations

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<b>Training</b>	
R1	That the CCG provides training to staff in GP surgeries and for other health professionals to support them to deal with some of the behaviours which may be encountered when engaging with homeless people.
R2	That LBTH Adult Social Care and the CCG explore the possibility of providing all frontline workers and auxiliary staff (i.e. staff in ideas stores, parks service) with training and awareness raising sessions to help them identify and signpost the hidden homeless, and how to ask the appropriate questions without offending them. Information on provision for homeless people should be made available at all public facing council services.
<b>Commissioning</b>	
R3	That the council explores the possibility of commissioning specialist provision to accommodate individuals with challenging behaviour (older people, substance misuse issues) who can no longer remain in mainstream provision for their safety or the safety of others. Many of these individuals are beyond the point where traditional treatment programmes are appropriate.
R4	That the council and CCG review how palliative care is provided to people living in hostels and temporary accommodation.
R5	That the CCG explore the possibility of commissioning a peripatetic team consisting of a paramedic and advanced care practitioner in mental health to provide a visiting service to very difficult to manage and violent patients.
<b>Service Improvement</b>	
R6	That a person's housing issues are identified and addressed as part of the social prescribing programme in the borough.
R7	That Barts Health Trust reviews its discharge planning process to ensure that staff routinely ask all patients on admission if they have somewhere safe to be discharged to. Where a housing issue is identified a referral should be made as soon as possible to the Pathway Homeless team so that appropriate support is put in place before discharge. Where patients who are homeless or in insecure accommodation had a package of care in place prior to the admission ward staff should notify social services on admission so they are aware and again on discharge so that the care can be restarted.
R8	That the council and the CCG review the way services share information and consider if the introduction of GDPR and the review of

	systems that follows will allow for more information to be shared between services to support the way homeless residents access and engage with services.
R9	That the Housing Options service works with organisations involved in this Review, and with individuals who present at Housing Options, to find out what they consider to be a safe offer of temporary accommodation and provide insight into what they value and how they would feel better supported upon approach.
<b>Domestic Violence and Violence Against Women and Girls</b>	
R10	That the council performs further research on the impact homelessness has on the health needs of women who are rough sleeping, in Temporary Accommodation, or hostels.
R11	That the council performs further research into the relationship between homelessness and VAWG with a view to updating the VAWG strategy to include a stronger consideration of violence against homeless women.
<b>Partnership Working</b>	
R12	That LBTH Adult Social Care explores the possibility of establishing a partnership forum (including commissioners, providers, third sector) to discuss the health and social care issues, provision, and cases of homeless residents in LBTH.
R13	That Healthwatch Tower Hamlets reach out to the organisations involved in this Review and establish a link to share the information they collect on homeless people's experiences of using health and social care services in the borough.
R14	That Healthwatch Tower Hamlets work with Groundswell to disseminate 'My Right to Healthcare' cards across the borough and ensure they are available in all GP surgeries.

## 2. Introduction

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- 2.1. The Tower Hamlets Health Scrutiny Sub-Committee identified the effectiveness of health and social care provision for homeless residents as the subject for a Scrutiny Review. Homelessness is a complex and growing problem which reaches right across the health, public health and social care agendas. It has been a historic problem in Tower Hamlets and has the 9<sup>th</sup> highest number of homeless people in the United Kingdom<sup>1</sup>. It continues to be a pressing issue due to reforms to the welfare system, the austerity measures of the current government, and the ongoing national housing crisis, which is creating affordability pressures in the owner-occupier and rental sectors.
- 2.2. Chronic homelessness is an associated marker for tri-morbidity; meaning homeless residents are vulnerable to a combination of physical ill-health, mental ill-health, and substance misuse. Homeless households experience significantly poorer health outcomes than the general population and their health issues are more complex and exacerbated. The average age of death for a homeless person is 30 years below the national average<sup>2</sup>. There are also serious challenges around hospital discharge as evidence indicates that more than 70% of homeless people are discharged from hospital back onto the street, without their housing or underlying health problems being addressed.<sup>3</sup>
- 2.3. Homeless households may experience difficulty accessing health and social care services and they have a disproportionately high reliance on unplanned health care services and A&E. For them, their health may be a secondary priority, meaning they have a high level of missed outpatient appointments and they do not access early stage or preventative treatment. Subsequently, their health problems only get addressed when they become acute<sup>4</sup>. Additionally they experience challenges in accessing primary care as they encounter difficulty registering with a GP. This is often due to their inability to prove permanent residence within a catchment area or provide the appropriate documentation required to register with a GP. This leads to a heavy dependence on acute health services which has significant cost and demand pressures on the NHS. National evidence indicates that the number of A&E visits and hospital admissions is four times higher for homeless people than for the general public<sup>5</sup>, and the Department of Health estimates that the annual cost of hospital treatment alone for homeless people is at least £85 million a year. This

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<sup>1</sup> Shelter, Health Scrutiny Presentation, 2018

<sup>2</sup> 'Homelessness Kills: An analysis of the mortality of homeless people in early twenty first century England' (Crisis, 2012)

<sup>3</sup> 'Improving Hospital Discharge and Admission for people who are homeless', (Homeless Link and St Mungos, 2012)

<sup>4</sup> Royal College of General Practitioners statement referenced in: Rough Treatment for Rough Sleepers, an investigation into the way that medical treatment for homeless people could improve, Brighter Futures Academy research paper, No. 6/11, September 2011

<sup>5</sup> Homeless Link Report "The unhealthy state of homelessness: Health audit results" 2014

means costs of more than £2,100 per person compared to the £525 per person cost among the general population<sup>6</sup>.

2.4. The Sub-Committee wanted to review the quality of provision for homeless residents in order to develop a clear understanding of the health and social care issues they experience in terms of outcomes and service provision, with a view to informing the future commissioning and provision of health and social care services for this group of people. The Scrutiny Review is underpinned by four key questions:

- What are the main barriers in providing effective health and social care for homeless residents in Tower Hamlets?
- How do health outcomes for homeless residents in Tower Hamlets differ from the wider population?
- What is the response to addressing the health and social care issues for these groups from local health and social care commissioners and providers?
- What more can health and social care providers do to address inequality in access and outcomes for homeless residents?

### **Review Approach**

2.5. The review was chaired by Councillor Clare Harrisson, Chair of the Health Scrutiny Sub-Committee and supported by Daniel Kerr, Strategy, Policy and Performance Officer; LBTH.

2.6. To inform the Sub-Committee's work two evidence gathering meetings were undertaken in February 2018. These included:

- **Wednesday 7<sup>th</sup> February 2018**

The first evidence gathering session set out the context to the review, and invited commissioners and providers from the London Borough of Tower Hamlets and the NHS to inform the Sub-Committee of the current service provision available to homeless residents. Public Health presented a summary of the findings from the LBTH Homelessness Joint Strategic Needs Assessment (JSNA) which formed the context for the review. Colleagues from Tower Hamlets Clinical Commissioning Group (CCG), East London Foundation Trust (ELFT), and Barts Health Trust delivered a joint presentation on the health services and

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<sup>6</sup> McCormick B (2010) Healthcare for single homeless people, Office of the Chief Analyst, Department of Health

access points available to homeless residents. They provided particular consideration to the role of Health E1 and the Pathways Homeless team at the Royal London Hospital. The LBTH Commissioning team and Adult Social Care service then delivered a joint presentation which detailed the social care services available for homeless residents in the borough. They were supported in their presentation by colleagues from Providence Row Housing Association, Edward Gibbons House and Lookahead, who each provide hostel services for LBTH. Finally, the LBTH Drug and Alcohol Action Team (DAAT) provided information on substance misuse issues for homeless residents and how the council is responding to them.

- **Thursday 15<sup>th</sup> February 2018**

The second evidence gathering session invited homeless residents and their advocates to share with the Sub-Committee their experiences of accessing and utilising health and social care services in the borough. The meeting began with a presentation from Shelter who provided an overview of the key health and social care issues for homeless residents at both a national and local level, and suggested how approaches to providing services for homeless residents could be improved. This was followed by a presentation from Groundswell Homeless Health Peer Advocacy service, Providence Row Housing Association and St Mungo's who detailed the barriers their clients face in accessing and using health and social care services and made suggestions on how provision could be improved to better meet their needs.

- **Monday 5<sup>th</sup> March 2018**

At the Health Scrutiny Sub-Committee meeting on the 5<sup>th</sup> March 2018 members of the Sub-Committee discussed the findings from the two evidence gathering meetings and developed recommendations.

### **Health Scrutiny Sub-Committee Members**

Councillor Clare Harrison	Health Scrutiny Sub-Committee (Chair)
Councillor Rachael Saunders	Health Scrutiny Sub-Committee Member (Vice Chair)
Councillor Khales Uddin Ahmed	Health Scrutiny Sub-Committee Member
Councillor Peter Golds	Health Scrutiny Sub-Committee Member
Councillor Muhammad Ansar Mustaquim	Health Scrutiny Sub-Committee Member
Councillor Abdul Asad	Health Scrutiny Sub-Committee Member
David Burbidge	Health Scrutiny Co-Opted Member (Healthwatch)

Tim Oliver	Health Scrutiny Co-Opted Member (Healthwatch)
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The panel received evidence from a range of officers and partners including;

### London Borough of Tower Hamlets

Denise Radley	Corporate Director of Health, Adults and Community Services
Somen Banerjee	Director of Public Health
David Jones	Interim Divisional Director Adult Social Care
Karen Sugars	Acting Divisional Director, Integrated Commissioning
Aneta Wojcik	Commissioning Manager
Stephanie Diffey	Interim Service Manager, Adult Social Care
Rachael Sadegh	Substance Misuse Service Manager
Kath Dane	Street Population Coordinator – Rough Sleeping Lead
Rafiqul Hoque	Head of Housing Options
Lade Ogunseitan	Housing Options
Seema Chote	Team Manager, Statutory & Advocacy Team, Housing Options
John Harkin	Client Support -Assistant Lettings Manager, Housing Options

### NHS

Jenny Cook	Deputy Director for Primary and Urgent Care, Tower Hamlets CCG
Chima Olugh	Primary Care Commissioning Manager, Tower Hamlets CCG
Edwin Ndlovu	Tower Hamlets Borough Director, East London Foundation Trust
Michael McGhee	East London Foundation Trust
Paulette Lawrence	East London Foundation Trust
Peter Buchman	Clinical Lead Pathway Homeless Team at Royal London Hospital
Dan Gibbs	Director of Operations Royal London and Mile End Hospitals, Barts Health Trust
Alfred Overy	Barts Health Trust
Chris Banks	Chief Executive, Tower Hamlets GP Care Group

### Third Sector

Mary Kneafsey	Assistant Director Client Services, Providence Row Housing Association
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Simon Harold	Manager, Edward Gibbons House
Katie Davies	Look Ahead, Service Manager
Kellie Murphy	St Mungo's Regional Director South and East London and South England
Laura Shovlin	TH SORT Service Manager
Vicky Steen	TH SORT Team Coordinator
Sam Byers	Resilience Worker, Shelter
John Driscoll	Peer Advocate Caseworker, Groundswell
Martin Murphy	Project Manager, Groundswell
Micky Walsh	Crisis

### 3. Defining Homelessness

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3.1. Legally, someone is homeless if they do not have a right to occupy accommodation or if the accommodation is of such poor quality that they cannot reasonably be expected to stay there. However, the Health Scrutiny Sub-Committee acknowledges that Homelessness presents itself in many forms and is about much more than suitable accommodation:

*“Homelessness is about more than rooflessness. A home is not just a physical space; it also has a legal and social dimension. A home provides roots, identity, a sense of belonging and a place of emotional wellbeing. Homelessness is about the loss of all of these. It is an isolating and destructive experience and homeless people are some of the most vulnerable and socially excluded in our society”.<sup>7</sup>*

3.2. Most research on homelessness and health relates to street homelessness and hostel dwellers as it is this cohort who present with the most complex needs. The Sub-Committee recognises that the health and social care needs of homeless residents varies significantly depending on circumstances and therefore aims to include as many experiences of homelessness as possible in the Scrutiny Review, including:

#### **Statutory Homelessness**

If an individual or household is accepted by the local authority as meeting the criteria set out in the Housing Act 1996, they will be deemed statutorily homeless. Statutory homelessness may apply to people who have no access to housing of any type, or who have access to housing which is unsuitable for their needs. If the applicant is also deemed to be in priority need, the local authority has a duty to

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<sup>7</sup> Crisis

provide them with accommodation. If they are not in priority need, the local authority should provide them with housing advice<sup>8</sup>.

### **Priority Need**

A household or person is likely to be considered in priority need if<sup>9</sup>:

- Children live with them
- They are pregnant
- They are aged 16-17 and do not qualify for housing from social services
- They are a care-leaver aged 18-21
- They are homeless through disaster such as flood or fire
- They are a vulnerable adult

### **Threatened Homelessness**

Threatened homelessness applies to those who are at risk of losing their access to housing within 28 days. They are entitled to the same services as somebody who is statutorily homeless. Under the Homelessness (Reduction Act) 2017 the at-risk period will be extended to 56 days.

### **Hidden Homelessness**

The hidden homeless are those who do not have access to suitable housing, but may be staying with friends or family or living in squats, and are not known to services. This group may also include recent migrants, and those without recourse to public funds.

### **Rough Sleeping**

Rough sleepers are those who sleep or live on the street. This is often the most visible manifestation of homelessness.

## **4. National Context**

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- 4.1. Homelessness was first defined in legislation in the Housing (Homeless Persons) Act 1977, which made it a requirement of the housing authority to house homeless households that are vulnerable or have dependent children. This was developed in the Housing Act 1996 which placed a duty on local authorities to provide accommodation for a broader group of eligible people, in priority need, and who are not deemed to be 'intentionally homeless.' Following on from this, the Homelessness Act 2002 was the first piece of legislation which

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<sup>8</sup> Housing Act 1996

<sup>9</sup> Shelter 2017. Help from the council when homeless: Are you in priority need?



mandated local authorities to implement strategies to prevent homelessness. The recent introduction of the Homelessness (Reduction) Act 2017 requires that a housing authority should provide help for any homeless individual or household, regardless of whether they would have been deemed to be in priority need under previous legislation. It also requires statutory bodies, including healthcare providers, to notify the housing authority of all cases of homelessness (the 'duty to refer'). It extends the period of 'threatened homelessness' from 28 to 56 days and introduces further conditions relating to people who are deemed to be intentionally homeless.

- 4.2. The 'duty to refer' is expected to come into force from October 2018. This provides an opportunity to strengthen the relationship between health services and local authorities' housing teams and develop a cooperative way of working that improves homelessness prevention.
- 4.3. The London Homeless Health Programme (LHHP) was developed in response to the large and growing issues associated with homelessness and rough sleeping. The programme is part of the Healthy London Partnership, which is collaboration between all 32 London CCGs, and NHS England London region. As part of the LLHP, extensive consultation was undertaken with more than 100 NHS and non-NHS organisations across London, including all CCGs and many service providers, to develop ten key commitments for CCGs which suggest best practice and would improve healthcare services for the homeless population<sup>10</sup>:
  - People who experience homelessness receive high quality healthcare.
  - People with a lived experience of homelessness are proactively included in patient and public engagement activities, and supported to join the future healthcare workforce.
  - Healthcare 'reaches out' to people experiencing homelessness through inclusive and flexible service delivery models.
  - Data recording and sharing is improved to facilitate outcome-based commissioning for the homeless population of London.
  - Multi-agency partnership working is strengthened to deliver better health outcomes for people experiencing homelessness.
  - People experiencing homelessness are never denied access to primary care.
  - Mental health care pathways, including crisis care, offer timely assessment, treatment, and continuity of care for people experiencing homelessness.
  - Wherever possible people experiencing homelessness are never discharged from hospital to the street or to unsuitable accommodation.

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<sup>10</sup> Healthy London Partnership 2016. Healthcare and people who are homeless: commissioning guidance for London

- Homeless health advice and signposting is available within all urgent and emergency care pathways and settings.
  - People experiencing homelessness receive high quality, timely, and co-ordinated end of life care.
- 4.4. The NHS Five Year Forward View promotes preventative work, engaging the community in health provision decisions, and forging stringer ties with the voluntary sector. These are all key components to working with the homeless population; a population which is isolated and often reliant on voluntary sector programmes.
- 4.5. 'No Second Night Out' was introduced by the London Mayor in 2011 and aims to ensure rough sleepers are rapidly referred and given emergency accommodation to prevent a second night of sleeping rough. Following on from this, Making Every Contact Count was launched, which is the government's strategy for reducing homelessness through joint working and preventative measures.
- 4.6. The Ministry of Housing, Communities, & Local Government (MHCLG) collates information on rough sleepers based on a single night snapshot that is taken annually in England using street counts and intelligence driven estimates. Local authorities' counts and estimates show that 4,751 people slept rough in England on a snapshot night between 1<sup>st</sup> October and 30<sup>th</sup> November 2017<sup>11</sup>. This is up 617 (15%) from the autumn 2016 total of 4,134. Of these, there were 1,137 rough sleepers in London, which accounts for 24% of the total England figure. This is an increase of 18% from the 2016 figure of 964.
- 4.7. Of the 4,751 rough sleepers counted in autumn 2017, 653 (14%) were women, 760 (16%) were EU nationals from outside the UK, 193 (4%) were from outside the EU and 402 (8%) did not disclose their nationality. The majority of rough sleepers were above the age of 25 with 366 (8%) aged 18-25. There were 3 people, or less than 0.1% of the England total, who were under 18 years old.
- 4.8. The Combined Homelessness and Information Network (CHAIN) is a multi-agency database recording information about people seen rough sleeping by outreach teams in London. It is not comparable to data captured by the MHCLG as it fundamentally differs in its method of collecting data. It is a count of all individuals who were seen sleeping rough on the streets of London on at least one night during the year between 1 April 2016 and 31 March 2017. It is much more comprehensive and inclusive than street count data, which represents a snapshot of people seen rough sleeping on a single night.
- 4.9. CHAIN data found that a total of 8,108 people were seen rough sleeping in London during 2016/17, which is virtually unchanged from the total of 8,096 people seen in 2015/16. Of these people, 5,094 were

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<sup>11</sup> Ministry of Housing, Communities and Local Government. Rough Sleeping Statistics Autumn 2017

new rough sleepers, who had never been seen rough sleeping in London prior to April 2016. Amongst the new rough sleepers, 3,666 (72%) were seen rough sleeping on just a single occasion during the year.<sup>12</sup>

- 4.10. It must be noted that there are limitations on quantifying the homeless population and identifying health outcomes or the results of interventions. Many homeless people will not be known to statutory services, and therefore will not be on official registers.

## 5. Local Context

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- 5.1. The average life expectancy of a rough sleeper in Tower Hamlets is 44, compared to 77 for the general population. The major contributing factors to this disparity include liver disease, respiratory disease, and the impacts of substance misuse. The homeless population in Tower Hamlets, defined by those registered at Health E1, also suffer a burden of serious mental illness that is thirteen times higher than Tower Hamlets average. A&E visits for homeless people are four times higher than the Tower Hamlets average.
- 5.2. CHAIN data shows that the number of rough sleepers in Tower Hamlets has increased at a greater rate than across London in recent years. The causes of this increase are likely to be the same as those for the national increase in statutory homelessness.
- 5.3. Between April 2016 and March 2017 CHAIN saw 445 unique cases of people sleeping rough in the borough, an increase of 13% on the previous year<sup>13</sup>. Of the 445 rough sleepers identified in Tower Hamlets by the CHAIN methodology, 186 people (42%) were identified as sleeping rough in previous years. In addition to this, 259 people were identified as new rough sleepers. Of the 190 people whose last settled base was recorded, 47.4% had been living in long-term accommodation immediately prior to first being seen rough sleeping. 11.6% had been in temporary accommodation or hostels, 11.6% had newly arrived in the UK, and 3.7% had been released from an institution (hospital or prison). Of all the rough sleepers (new or previously known), 45% had experienced time in prison, 10% had been in the armed forces, and 9% had been in care.
- 5.4. The majority of rough sleepers are male (83%), which is similar to the proportion in London as a whole. However, the number of women sleeping rough has been increasing, and more than doubled from 8% in 2015/16 to 17% 2016/17.

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<sup>12</sup> St Mungo's. Chain Annual Report, 2016-17.

<sup>13</sup> CHAIN 2017. Annual report 2016/17: Tower Hamlets

- 5.5. More than half (58%) of rough sleepers are UK citizens. A further 24% are from the European Economic Area, representing a reduction in both numbers and proportion of the total EEA rough sleepers from the preceding year. The ethnic breakdown of the homeless population does not mirror the borough as a whole. The Asian or Asian British population makes up a large proportion of the statutorily homeless population, but a minority of rough sleepers. 60% of the statutory homeless population are Asian/Asian British, 18% are White, and 18% are Black/Black British. In comparison, rough sleepers in the borough are 57% White, 15% Asian/Asian British, and 20% Black/Black British.
- 5.6. Rough sleeping does not occur consistently across the borough; there are areas where far more people are seen to be 'bedded down'. Most of the areas are in the West of the borough: Spitalfields and Banglatown, Whitechapel, Weavers and Bethnal Green South. This corresponds with the location of homelessness services such as Health E1 and many of the hostels, and the night-time economy. There is also a pocket of rough sleeping in the East which corresponds with a similar increased prevalence outside the borough boundary in Newham.
- 5.7. Although not broken down into directly comparable age groups, it is clear that the majority of both rough sleepers (82%) and those who are statutorily homeless (73%) are aged between 25 and 59. A greater proportion of the statutorily homeless are aged under-25.
- 5.8. Of 8,065 acute bed days lost to Delayed Transfers of Care at RLH in 2017, 1459 (18.09%) were attributable to homelessness and housing issues. It was the 2nd most common of the 10 delay categories and accounted for almost as many bed days lost as delays awaiting residential homes, nursing homes and care packages combined (total 1490). Of 711 patients who were counted as Delayed Transfers of Care in the year, 148 (20.82%) were affected by homelessness or housing issues. The average amount of days any patient spent on the DToC list was 11.26. For homelessness and housing delays, it was slightly lower at 9.93.

## **6. Health and social care provision available for homes residents in LBTH**

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### **Heath E1**

- 6.1. Health E1 is the specialist General Practice surgery for homeless people in Tower Hamlets. East London Foundation Trust assumed responsibility for managing Health E1 in 2013. It aims to improve homeless residents' wellbeing, provide timely and appropriate intervention and accommodate their transient and chaotic lifestyles. A CQC inspection of the practice in 2016 rated the service as 'Good' overall.

- 6.2. The practice is open between 8:00am-6:30pm, and offers walk in clinics every morning. Patients can also book up to one month in advance with a named clinician. The practice also provides specialist in-house support and offers mental health nurse appointments, substance misuse clinics, a blood-borne virus testing service, and appointments with a Consultant Psychiatrist and a Psychologist. As there may not be a further opportunity to treat the patient the practice aims to test and treat as much as they can in one visit.
- 6.3. The practice currently has 1264 patients registered. Currently 53% of patients registered have a substance misuse issue, and 20% are receiving anti-psychotic medication. The occurrence of certain conditions is far higher in this population as is demonstrated by the Quality Outcomes Framework (QOF) indicators. The prevalence of severe mental illness, such as schizophrenia and bipolar disorder, is 13 times higher than in the rest of the borough, and the prevalence of Chronic Obstructive Pulmonary Disease (COPD), is four times greater<sup>14</sup>.
- 6.4. Patients from Health E1 are four times more likely to attend A&E than patients from other practices. In 2016, the rate of attendances to A&E was 28.8/1000 practice population for Health E1, and 7.1 in the remaining Tower Hamlets practices.

In 2015/16, 562 Health E1 patients received 1868 episodes of care in an A&E, of who 478 attended a Barts NHS Trust A&E. Of these, 139 patients were registered with long-term conditions.

- 6.5. The Homelessness JSNA focus group activity concluded that Health E1 was highly valued by participants for its flexible service, which offers shorter waiting times and longer appointments, and its hub-like structure, where several services are available at the same site. Individual members of staff were singled out as having provided a high standard of care.

*“We have got a homeless GP which is Health E1. They have got drop in services, they also do scripting of methadone there. So they do quite a variety. They have got mental health nurses there, so I believe that is a real life-saver for local homeless people ... It is important because if you are homeless you can't be running about everywhere. You don't have the means to travel or commute here and there. So it's just good that you can go to one practice and have everything dealt with.”*

**(Person with lived experience of homelessness, Tower Hamlets JSNA)**

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<sup>14</sup> Public Health England Fingertips, National General Practice Profiles, QOF 2015/16

## **Royal London Hospital Pathway Homeless Team**

- 6.6. The CCG commissions the in-hospital Pathway Homeless team at the Royal London Hospital. It provides care to inpatients who are homeless or at risk of becoming homeless, with a view to improving their outcomes after discharge. They aim to facilitate timely, safe and well-co-ordinated hospital discharge as well as discharge to accommodation wherever possible. The service aims to prevent the 'revolving door' scenario of homeless people being treated, discharged and then returning to hospital with worsening health problems because they have nowhere to go and no proper support in place.
- 6.7. The Pathway Homeless Service operates an integrated model that combines a range of specialities and includes; a GP from Health E1, nurses, a social worker and a care navigator with a lived experience of homelessness. The integration between secondary care and primary care is improved as clinical leads work in both sectors, which allows vulnerable adults to receive continuity of care.
- 6.8. The service aims to ensure there is a joined up approach to treating a homeless resident who presents at the hospital by co-ordinating different services around the individual. For example, if somebody is in a hostel and has alcohol related dementia it can be challenging to get this person diagnosed as it is difficult to perform an assessment. If they present in hospital this is an opportunity to get a psych team to assess them, receive occupational therapist input and consult social services, which is very difficult to achieve in a community setting.
- 6.9. The Pathway Homeless team aims facilitates weekly multidisciplinary meeting between primary care, secondary care, housing, social care and the voluntary sector. This has helped to shape relationships between the different agencies and made the process for discharging and finding suitable accommodation for patients much more effective.
- 6.10. In 2016/17 the Pathway Homeless team was notified of 306 inpatients, of which 296 were unique cases. The average length of admission was 11.8 days, with an average of 10 days spent under Pathway management. Just under half (40%) of the admissions were related to drugs, alcohol, or a combination.<sup>15</sup>
- 6.11. The Pathway Homeless Service conducted a randomised control trial of this in-hospital intervention at the Royal London Hospital and the Royal Sussex County Hospital in Brighton. It found that, although the intervention did not significantly reduce length of stay or likelihood of re-admission, it significantly increased quality of life scores in the group which received the intervention, demonstrated by an increase in EQ-5D-5L score from 0.43 to 0.56<sup>16</sup>. The intervention was shown to reduce

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<sup>15</sup> LBTH Homelessness JSNA, 2017

<sup>16</sup> Euro-Qol, 5 dimensions, 5 levels quality of life survey.

discharge to rough sleeping to a greater extent than standard hospital care: of the intervention group 39.8% were rough sleeping on admission and 3.8% at discharge, compared to 47.1% on admission in the control group and 14.7% at discharge<sup>17</sup>.

### **Groundswell Homeless Health Peer Advocacy Service (HHPA)**

- 6.12. Groundswell delivers its HHPA in several London boroughs and has been operating in Tower Hamlets for two years. It provides a peer advocacy programme, in which people with a lived experience of homelessness support people who are currently homeless to navigate healthcare services. In Tower Hamlets they take self-referrals or referrals from homeless or healthcare services. They can accompany patients to physical healthcare appointments, including in dentistry and optometry services.
- 6.13. In 2016/17 Groundswell engaged with 39 people on a one-to-one basis and a further 82 via in-reach sessions in hostels and day centres in Tower Hamlets. They offer a range of support, with assistance in making, keeping, and attending healthcare appointments being the most used. The estimated return on investment in the 180 days following a Groundswell peer advocacy intervention is £1.97 for every £1 spent<sup>18</sup>.
- 6.14. An evaluation of the effectiveness of Groundswell's HHPA found that it reduced unplanned admissions and increased attendance at scheduled appointments; reducing Did Not Attend (DNA) rates to that of the general population. It also decreased reliance on secondary care by 42%. It increased knowledge, confidence, and motivation to manage health and engage with healthcare. It increased independent healthcare related behaviours.

*"It's made me more confident in myself and I'm dealing with thing now that I never would have dealt with. I no one was there with me I wouldn't have dealt with it. So in the long run it's going to help. It really is."*

**(HHPA Client)**

### **LBTH Adult Social Care Services**

- 6.15. The Care Act 2014 replaced much of the preceding social care legislation and underpins the council's approach to providing social care services. It promotes wellbeing for individuals and their families, promotes personal resilience, and places a duty on local authorities to prevent and delay ongoing need for formal care. Furthermore, it formalises the integration agenda as it ensures that care and support

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<sup>17</sup> Hewett N, Buchman P, Musairi J, et al. 2016. Randomised controlled trial of GP-led in-hospital management of homeless people ('Pathway'). *Clinical Medicine*. Vol 16, 3:223-9

<sup>18</sup> Groundswell HHPA monitoring form 2016/17.

services work together. Where a local authority becomes aware that an adult may have care and support needs, it must carry out a 'needs assessment'. However, it must be noted that many homeless residents are not treated under the Care Act 2014 as they fail to engage with a Care Act assessment and are not agreeable to the type of support that might be available to them.

- 6.16. There are a number of prevention and early intervention services available for the homeless population in the borough. The Housing Options service offers assistance, signposting on housing issues and provides temporary accommodation. The council also commissions a community based floating support service and a day service for rough sleepers and homeless people.
- 6.17. The council also ensures that provision is in place for crisis intervention. The council commissions Tower Hamlets Street Outreach Response Team (TH SORT) to work with rough sleepers with a range of needs; the majority have medium, high or complex needs. Furthermore, temporary accommodation is also available through B&Bs or emergency bed spaces in generic hostels. This allows homeless residents to be brought in from the street very quickly and receive the appropriate assessment.
- 6.18. There is a substantial demand on hostel services in the borough. There are currently seven hostels providing accommodation to the homeless, supplying a total of 516 beds. Of these there are a number of specialist hostel spaces: 35 on an abstinence programme; 50 'wet' beds for entrenched alcohol users; and 33 beds for stabilised drinkers and the ageing homeless. There is also gender specific provision available. The hostels service is undergoing a restructure, resulting in a net loss of 150 beds. It is planned that this will be mitigated by a more robust 'moving on' process whereby residents will be successfully placed into long-term housing sooner.
- 6.19. There are a number of move on accommodation options available for homeless residents to get them back into long term accommodation. The social housing quota helps keep individuals with complex needs housed in the borough. A specialist pathways manager supports every individual who comes through the hostels sector and ensures they leave with a comprehensive support plan. There is an in-house Private Rented Sector scheme in the Housing Options Service. Partnership arrangements with a number of private sector accommodation providers are in place as part of the No First Night out Project. Additionally, there are Pan-London Clearing House properties available for medium support rough sleepers.

#### **LBTH Drug and Alcohol Action Team (DAAT)**

- 6.20. The DAAT delivers the partnership 2016-19 Substance Misuse Partnership Strategy. The strategy aims to reduce the harm caused by



drug and alcohol misuse, commission high quality treatment, improve the health and well-being of individuals who misuse substances and reduce the crime and antisocial behaviour associated with substance misuse.

- 6.21. Nearly two thirds of rough sleepers in the borough had drug and /or alcohol needs in 2016/17<sup>19</sup>. Of all the people starting drug and alcohol treatment (around 2000 per year), 11% had an acute housing risk or problem, meaning they were homeless in the 28 days prior to treatment. After they completed their treatment this reduced to 3%. Furthermore, 8% of new entrants had an acute eviction risk within the 28 days prior to treatment, which reduced to 1% by the time they exited treatment.
- 6.22. To help prevent substance misuse issues from emerging and encourage behaviour change the DAAT is integrated with Housing Options and share governance processes and key performance targets, and they present at each other's forums. The DAAT is also linked into the Pathways Homeless Service at the Royal London Hospital, Dallow Day Centre and TH SORT. They have dedicated substance misuse outreach teams on the street and in hostels to identify issues and people on the street early and motivate them to engage in treatment.
- 6.23. The DAAT has a High Impact Drinkers Programme which takes a multi-agency approach to engaging alcohol misusing individuals. This targets a cohort in the borough who are dependent drinkers and are not willing to access support services even after they have been engaged and referred to treatment. This cohort places a high demand on accommodation services, the Police, the Ambulance Service, the Fire Brigade and social care. The programme has trained over 100 frontline professionals and focuses on risk management, engagement and encouraging behavioural change through motivating vulnerable individuals to get help.
- 6.24. The DAAT commissioned RESET, an integrated drug and alcohol treatment service, in 2016. This service has been designed to make it easier for people to access treatment. RESET has three key strands; outreach and referral, mainstream treatment, and a separate recovery support service which focuses on long term interventions to help people to move on from evictions. The service provides treatment interventions and supports people with broader health care issues. It also supports service users at risk of homelessness, supports homeless service users with GP registration, provides a suite of activities to provide structure to the lives of service users and offers advice and support on financial welfare. RESET have developed very robust pathways with the Royal London Hospital, LBTH hostels, TH

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<sup>19</sup> St Mungo's CHAIN data, 2016/17

SORT, Health E1, criminal justice pathways, prostitution forum and social care pathways.

- 6.25. The DAAT also commission a dedicated service at Health E1 to support homeless service users misusing substances. Furthermore they commission a Primary Care Drug and Alcohol service which is focused on broader health checks to ensure people accessing substance misuse services, including many of the homeless population, have good access to physical and mental health care through mainstream general practice.

## 7. Findings

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- 7.1. The Sub-Committee examined various sources of service user experience and performance information. As detailed above, members of the Sub-Committee met with officers from the NHS, officers from LBTH Adult Social Care services, patient user groups and advocates, providers of hostels and other key partners who are integral to improving the health and social care of the Tower Hamlets homeless population.
- 7.2. The Sub-Committee would like to note that they are encouraged by the range of specialist health and social care services available for homeless residents in Tower Hamlets. The co-opted Sub-Committee member from Healthwatch Tower Hamlets was particularly pleased to see that there is now significantly more provision in place than when Healthwatch performed a review in 2013.
- 7.3. In presenting and summarising the findings of this review it is important to stress that the Sub-Committee heard a range of views about the services available for homeless people, some positive and some not so positive. The Sub-Committee was able to access this feedback as hostels, advocates, and support services for homeless people collected and shared their experiences of interacting with health and social care services.

*“Before that you need a house, you need to be accommodated, otherwise you can lose your health ... You can’t wake up on the streets and go to work. You can’t wake up on the streets and do something positive. It’s hard for you to brush your teeth, or have a shower, or eat ...”*

(Person with lived experience of homelessness, Tower Hamlets JSNA)

*“Because you have a licence agreement, not a tenancy agreement, you can’t take it to a normal high street GP and be like ‘hey, I am a normal person, can I join a normal GP?’ You have to go to Health E1 because you can’t prove you are normal enough to join a regular one.”*

(Person with lived experience of homelessness, Tower Hamlets JSNA)

*“First of all they said to me ‘have you got accommodation?’ I said ‘if you look on the computer I am homeless’. ‘OK I tell you what you can stay’, half past seven I was*

*told that ... 8 o'clock they turned round and said you have got to get out. And the nurse couldn't even look me in the eye when she was saying it."*

(Person with lived experience of homelessness, Tower Hamlets JSNA)

*"The majority of people prefer to see the same doctor what they have always seen, where they know your file. They have seen you a load of times so it's easy for them to deal with you because they dealt with you last time. So they know the problem. But when you go to a new one, you have got to explain kind of everything all over again. "*

(Person with lived experience of homelessness, Tower Hamlets JSNA)

*"I was in hospital recently. The nurses made me feel like a third class person. I was in a room all by myself, it was horrible. Then they did not give me enough methadone whilst I was withdrawing. I was in a lot of pain. I was ashamed of me, I felt so small and angry by their behaviour so I left."*

(TH SORT Client)

*"The long wait in A&E when you are in pain is too much. They make you feel bad about yourself, from the reception to the ward. All they see is the alcohol and not the person. They keep sending you to different departments, not really listening to you."*

(TH SORT Client)

*"More Health E1's needed so when you go the drop in you don't have to sit around for three hours"*

(TH SORT Client)

*"The language and communication barriers, not understanding what the doctors are saying. People don't have the confidence to even ask to see someone."*

(Groundswell Peer Advocate)

- 7.4. Health and housing are inextricably linked, and many homeless people feel that one is impossible without the other. Although health is valued, health needs are overshadowed by the more immediate priorities of day-to-day survival.
- 7.5. Many of the issues described by the homeless population are equally applicable to the general Tower Hamlets population; however they are intensified for homeless people. During the course of the review some key themes came through very strongly, including: a lack of formal documentation for homeless people, limited opening hours and appointment times of GP surgeries, language barriers and heavy substance misuse. Most homeless people had negative experiences of healthcare services in the past and there is significant distrust in healthcare providers. Many participants felt that presumptions are made about them, and that they receive worse care as a result of being homeless.
- 7.6. Consistency in care was highly valued amongst homeless people; services which provided a single point of access, or a single person in charge of care were the most popular. Flexibility was also considered to be vital, with people wanting to address health problems at the point they arose rather than waiting for an appointment at a later date.

- 7.7. The Sub-Committee noted that many patient views and experiences have been collected by the different organisations involved in this review. The Sub-Committee questioned whether organisations have submitted these views to Healthwatch Tower Hamlets as they have the authority to carry out an 'Enter & View' visit on services, and act as a formal advocate for residents, so long as they are provided with evidence which highlights where services are underperforming. The organisations stated that they had not previously contacted Healthwatch Tower Hamlets with the experiences they collected however they will ensure that they do so in the future.

**Recommendation:** That Healthwatch Tower Hamlets reach out to the organisations involved in this Review and establish a link to share the information they collect on homeless people's experiences of using health and social care services in the borough.

### **Prevalent Health Issues for the LBTH Homeless Population**

- 7.8. As previously stated in this report, being homeless can have a huge impact on a person's health and homeless people face inequalities in accessing health services. In addition people who are homeless or living in poor quality Temporary Accommodation often suffer worse health than those living in settled accommodation due to their physical surroundings. Poor health, whether mental or physical or both, can also be a contributing factor to a person becoming homeless in the first place. St Mungo's informed the Sub-Committee that the following medical issues are the most common for Tower Hamlets homeless people:

- Mortality and unintentional injuries.
- Ulcerations and abscesses due to unsafe injecting practice.
- Infectious diseases; there was recently a TB epidemic within the homeless population in the borough. This was caused by an individual who was contagious but was not accessing healthcare.
- Respiratory illness; COPD is a widespread issue.
- Sexual and reproductive care.
- Pregnancy and miscarrying on the street.
- Musculoskeletal disorders and chronic pain.
- Skin and foot problems.
- Dental problems; there is a significant gap in dental provision. Currently, a mobile dental clinic visits Whitechapel Mission and the Dellow Day Centre. However there are significant challenges in registering to a normal dental clinic.

## **Best Practice**

- 7.9. Feedback from the LBTH Adult Social Care teams suggests that best practice in this area meets the Healthy London Partnership themes and values. The borough still has to improve services to meet all of these points. This means that timely, holistic preventative services are available so that people do not end up being homeless. There needs to be high quality personalised interventions in place for people who are in crisis with complex needs. Furthermore there needs to be provision in place which offers timely recovery focused generic support for vulnerable people in need of support including temporary housing in hostels. Significantly, there must be work across the system to provide person centred care to maximise people's independence. Finally, care must be delivered at the right stage to offer choice and control to residents, and support them to move on into suitable independent long-term supported accommodation. In practice, this means agencies must develop a joined up approach so that they can respond to these issues collectively and be flexible to extend their remit and responsibilities where required. There must be clear leadership and co-ordination so that the roles and responsibilities of the different agencies are clear.
- 7.10. TH SORT was presented as an example of good practice and a service which is an exemplar of strong multi partnership working to deliver the best outcomes for homeless residents. The service performs both outreach and in-reach and aims to identify and engage people who are sleeping rough and find the best pathway for them into accommodation. Assessments are carried out by the team to identify local connection, needs and risk assessments. It has joint working protocols in place with agencies and services throughout the borough, including Health E1, Pathways and RESET. Significantly it also has an embedded approved Mental Health Professional (AMHP) within the team who is seconded from ELFT. This is important as they are on the street developing relationships with many people who have mental health issues, some of who are diagnosed and some are undiagnosed, and they will need to perform mental health assessments. The majority of their clients have medium, high and complex needs. In 2016/17 TH SORT worked with 640 rough sleepers and 97 residents in hostels through their preventative 'In Reach' work. They supported 338 clients into accommodation in 2016/17.
- 7.11. The Sub-Committee is keen to highlight the good practice and the learnings which can be taken from TH SORT and implemented across frontline adult social care teams. Specifically this refers to proactively identifying people with health and social care needs and signposting them on to engage with support services. This will help to avoid more costly interventions when a person is in crisis. The Sub-Committee notes the current learning and development programme being developed in adult social care to emphasise a more conversational,

strength based approach to assessment which is person centred. The Sub-Committee encourages this approach which will focus on providing more preventative care, bespoke to the personal circumstances of the individual and embedding the key ideas demonstrated in the good practice of the TH SORT approach.

### **Primary Care**

- 7.12. GPs are the primary access point to health services and the Sub-Committee identified this area as a place where a number of improvements are required to improve outcomes for homeless people. The Sub-Committee would like to note that improving homeless peoples access to primary care will allow them to be treated at the earliest opportunity and will avoid people presenting at primary health services at a late stage with multiple and entrenched problems. This will also help avoid the delay which causes problems to become more serious, leading to a disproportionate reliance on emergency and acute services and avoidable emergency admissions to hospital.
- 7.13. Of the support made specifically available to them, homeless people reported good experiences of Health E1 and singled out individual members of staff as having a positive impact on care. This is supported by the findings from the Department of Health's GP Patient Survey, which shows high levels of patient satisfaction for Health E1. However, the survey also shows markedly lower levels of satisfaction for the rest of the practices in the borough. Evidence submitted to the Sub-Committee by Groundswell shows homeless residents questioning why other practices in the borough are not as accommodating or as easy to register with as Health E1. Other GP surgeries do not cater for the transient lifestyle of homeless residents. Some homeless people find it difficult to attend appointments, often forgetting or not being contactable due to not having a phone. Furthermore, homeless residents may not have the perseverance to navigate the system and they encounter difficulty in filling in the forms required to register. More work is needed to ensure every homeless person can register with a GP.
- 7.14. The Sub-Committee questioned the links GP surgeries in the borough have with wider services for homeless people and if a person's housing needs are picked up at GP appointments. Shelter reported that as part of their study considering the impact of housing problems on mental health, 74% of people had not told their GP about their housing concerns<sup>20</sup>. Shelter supported the Sub-Committee's view that a GP appointment provides the right setting to identify a person's housing issues and address them at the earliest opportunity. However, GPs have reported to Shelter that due to the demand placed on primary care, and appointments only lasting for

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<sup>20</sup> The impact of housing problems on mental health (Shelter, April 2017)

approximately ten minutes, they have to treat a person's medical need first and do not always have sufficient time to assess their housing needs. Moreover GPs have reported that they don't always know where to refer people due to the increasingly diverse support landscape. The Sub-Committee feel that it is important that housing is made a part of everyone's agenda in order to address a person's housing needs at the earliest opportunity. The Sub-Committee identified the social prescribing programme in Tower Hamlets as an excellent location to identify people's housing needs.

- 7.15. The Homelessness JSNA focus group activity found that although Health E1 generally got very positive feedback, it was clear that many participants had been directed there by hostel staff and by other GP surgeries, and had not had the opportunity to register at a mainstream practice despite wanting to. This demonstrates that both staff and patients are not fully aware of their rights regarding GP registration, and that there remain ongoing difficulties
- 7.16. The main barrier repeatedly expressed to the Sub-Committee, from a variety of sources, is the issue of GP surgeries requiring residents to provide documentation evidencing their proof of address in order for them to register. Currently, if a person does not have a fixed address or identification it is very challenging to register with a GP surgery. The Sub-Committee was informed by the CCG that this should not be the case, and that all residents can register for a GP without providing proof of a fixed address. This is set out in the Primary Medical Care Policy and Guidance Manual. The CCG reported that it has been identified that a lot of GP surgeries are unaware of the correct registration process to follow and have therefore asked for proof of address as part of a 'safety-first' approach. In response to this the CCG are about to launch a new streamlined registration process which will also include an online offer. Significantly, this will include training and awareness raising for every GP practice in the borough to inform them of the rules around registration.
- 7.17. However, the Sub-Committee are concerned that ensuring it is easier for homeless residents to register with a GP is only the start of the behaviour and cultural change needed by practices in the borough. Once a homeless person is registered with a GP, they don't always keep appointments which can lead to problems with health services and statutory services in general. If they do not turn up for appointments they will often be discharged as not engaging. This is part of a wider issue in relation to engagement of homeless people with services whereby they may frequently be banned from using or discharged from services for not complying with rules or for behaviour which is deemed to be unacceptable. Services generally need to be as flexible and tolerant as possible when dealing with homeless people to support them to remain registered at a GP. Awareness training for front line staff dealing with homeless people will help staff to better understand how to deal with some of the behaviours which

may be encountered by services engaging with homeless people. The Sub-Committee feel that this is an opportune time to provide this type of training to staff at GP surgeries as they already have plans in place to provide them with training as part of their new streamlined registration process.

7.18. Shelter informed the Sub-Committee that they have advocated on numerous occasions for homeless people who were denied access to registering at a GP surgery due to their lack of documentation. Shelter has the skills and understanding of the rules to do this, however a homeless person left to advocate for themselves is likely to encounter great difficulty. Groundswell stated that they worked in partnership with the London Homeless Health Programme to produce the 'My Right to Healthcare Card' which aims to address this issue and support residents who have nobody to advocate for them. The card sets out the rights for all residents when registering at a GP and spreads the message that being denied access to a GP practice is not acceptable. The Sub-Committee feel that this card can be a key tool to empower homeless residents to advocate for themselves and would like the council to support Groundswell in ensuring it available across the borough.



*'My right to healthcare care card' - front*



*'My right to healthcare care card' - back*

**Recommendation:** That Healthwatch Tower Hamlets work with Groundswell to disseminate 'My Right to Healthcare' cards across the borough and ensure they are available in all GP surgeries.

**Recommendation:** That the CCG provides training to staff in GP surgeries and for other health professionals to support them to deal with some of the behaviours which may be encountered when engaging with homeless people.

**Recommendation:** That a person's housing issues are identified and addressed as part of the social prescribing programme in the borough



## **Fragmented support landscape**

- 7.19. The Sub-Committee recognised that whilst a great deal of work has been delivered to improve health and social care outcomes for homeless residents in the borough, there still needs to be greater co-ordination between agencies. The support landscape needs to be clearer to support residents to navigate the system and receive the care they need. Gaps exist between services which can sometimes disagree about whose responsibility it is to provide care for a person. For an individual with profoundly complex needs, being referred from service to service can be extremely difficult and distressing.
- 7.20. Shelter informed the Sub-Committee that a significant barrier restricting homeless people from receiving the health and social care services is the fragmented structure of the support landscape, meaning clients are unclear who is responsible for elements of their care. This is supported by findings in the Homelessness JSNA which reported that having one port of call for both health and social care issues is important for homeless people. The JSNA also reports that homeless people have a poor understanding of how social care services and NHS services work. Supporting this point, the CCG informed the Sub-Committee that they have recently conducted patient engagement around the CCG commissioned services. The feedback they received was unanimous in asserting the need for a single integrated service for homeless people. In response to this the CCG are planning to commission a service for single homeless people, homeless families, vulnerably housed people, people in temporary accommodation and individuals at Tower Hamlet hostels. It will also provide in-reach into hostels, and have an overarching leadership and coordinating remit. They are currently developing the specification and timelines for this service. The Sub-Committee was also informed that work is underway to address this issue and develop better integration and alignment between health and social care through the creation of four locality teams in the borough.
- 7.21. Due to the current structures in place, providing care for a homeless person becomes even more complicated for a person when they are moved outside of the borough. Shelter informed the Sub-Committee that support networks are often broken down when clients are placed out of the borough. Approximately 1/3 of people who are in temporary accommodation are placed outside of their borough, and 9 out of 10 of these are placed there by London authorities. If an individual has been provided with a package of care in one borough, and then their housing circumstances are addressed and they are placed in a different borough, the gap in organising their care in the new borough can be problematic. Representatives from LBTH Adult Social Care informed the Sub-Committee that the Care Act enforces a national eligibility and if an individual moves to a new authority they would have to accept the assessment which they would have to review and if there had been a change in need then they would have to perform a

reassessment. However, it is accepted that local authorities are currently struggling to perform effective reassessments due to the volume of cases and difficulties in undertaking reviews. In response to this the council is looking at how it can strengthen the arrangements in place to raise the standards of practice and monitor the care being delivered outside of the borough.

- 7.22. Providence Row Housing Association informed the Sub-Committee that they have encountered many difficulties for their clients when they are discharged from hospital. When an individual is in hospital and it is recognised that there is a need for a care package they have had to wait a long time to get a referral to the hospital social worker. By the time they receive the referral, their clients are often ready to be discharged and rather than carry the assessment forward it often feels like the process has to start again in the community setting and clients have lost out on the package of care they were originally assigned in the hospital. The handover between the hospital and the community social work teams needs to be better coordinated. Furthermore it was reported that clients were being discharged without the required incontinence packs. Providence Row stated that they had to purchase these for their clients, and raised concerns about how a homeless person discharged without this support would cope. They also reported that clients are released without their medication provided in dosette boxes. This leads to confusion over what medication should be taken and at what time. The Sub-Committee stated that both of these points were picked up as part of the Scrutiny Review the Sub-Committee performed on the Reablement Service Scrutiny Review undertaken in 2016/17. Actions have been put in place to respond to these issues and Barts Health is aware of these issues, however the learning from the review may take a little time to feed through.
- 7.23. The LBTH Adult Social Care representative informed the Sub-Committee that the service is performing well in providing care packages for those referred from the Admissions Avoidance and Discharge Team. However, more work needs to be undertaken to improve referrals for homeless people who arrive at local offices (i.e. Albert Jacob House, John Onslow House) where there is a struggle to overcome a backlog of assessments and reviews. Individuals attending a local office to arrange their support are much more likely to see different people at different times and it is important in complex cases to keep continuity.
- 7.24. The Sub-Committee questioned whether there is a partnership forum in place where agencies across health and social care get together to discuss the health and social care issues, provision, and cases for homeless residents. The Sub-Committee were informed that agencies do hold a Multi-Agency Risk Assessment Conference (MARAC) in circumstances where there is a particularly complex case which involves different agencies. There are also multiple forum meetings held by different agencies, such as the Royal London Hospital

Pathway Homeless team's multidisciplinary team meeting. However, it is clear to the Sub-Committee that there is no formal partnership committee which convenes to take a holistic view of key issues and developments for homeless residents.

**Recommendation:**

That Barts Health Trust reviews its discharge planning process to ensure that staff routinely asks all patients on admission if they have somewhere safe to be discharged to. Where a housing issue is identified a referral should be made as soon as possible to the Pathway Homeless team so that appropriate support is put in place before discharge. Where patients who are homeless or in insecure accommodation had a package of care in place prior to the admission ward staff should notify social services on admission so they are aware and again on discharge so that the care can be restarted.

**Recommendation :** That LBTH Adult Social Care explores the possibility of establishing a partnership forum (including commissioners, providers, third sector) to discuss the health and social care issues, provision, and cases of homeless residents in LBTH.

**Hard to reach homeless groups**

- 7.25. The Sub-Committee was informed that there is a huge gap in providing sheltered type accommodation and extra care for an aging, chaotic homeless population. These are people who have additional health needs, are still using drugs and alcohol, and can be very difficult to manage. With the best will in the world, and effective joined up working, there is no ideal place for this group to be accommodated. The type of care they need is extra care accommodation with the specialist expertise provided by LBTH hostels, but this facility does not exist.
- 7.26. The DAAT provided more insight into this group of people and emphasised that this is a cohort for which there is no treatment intervention to offer them. There is an aging cohort of people using substances, particularly those who are dependent on alcohol and have been for 30 or 40 years. There are very limited treatment options to offer them. They are not able to be detoxed repeatedly as it's too dangerous, and they cannot be involved in psychosocial interventions because they are too inebriated to do so.
- 7.27. The Sub-Committee recognised that the Royal London Hospital Pathway Homeless Service is effective for people who disclose their homeless status but questioned how effective services are in identifying the hidden homeless population in the borough. These are people who have no fixed abode and sofa-surfing. Groundswell stated

that it is difficult to identify these people and often it requires the service to ask the right questions and develop trust, as many homeless people have negative perceptions of health services and feel judged. The first experience an individual has makes a substantial difference in terms of how a homeless person will proceed to engage with a service.

- 7.28. The homeless JSNA focus group activity revealed several people felt that they received worse care because of their homeless status; with some implying they might try to hide the fact that they were homeless in order to avoid this.

*“They leave us on the streets, you know. And sometimes what I think is if you tell them you are homeless, they don’t give you the right service, they look down on you.”*

(Person with lived experience of homelessness, Tower Hamlets JSNA on being asked whether hospital staff should ask about housing status)

*“If you go to the hospital, at some point they are going to look at your address. I just don’t say I live in a hostel. As soon as they find out they live in a hostel the way the consultants treat them dramatically changes.”*

(Person with lived experience of homelessness, Tower Hamlets JSNA on being asked whether hospital staff should ask about housing status)

- 7.29. Groundswell suggested that in their experiences the best way to obtain information is to develop trust and ensure that this is used to ensure a homeless person accesses the care they need. It is important that all frontline workers are aware of the key signs somebody may be homeless, the correct questions to ask and where to signpost people. It may be a hospital porter, an A&E nurse or somebody in the Housing Options team. More work is needed to explore and develop these relationships. The Sub-Committee observed that whilst the NHS tries to make sure that ‘every contact counts’ it only really applies to those who are specialist in that area. The Sub-Committee would like services to explore empowering all individuals who have contact with homeless people with the awareness to identify the hidden homeless and provide them with the skills and knowledge to engage with them and signpost them on to the correct pathway. The representative from LBTH Adult Social Care suggested that with the introduction of the locality model professional development could incorporate this type of training.

- 7.30. Groundswell informed the Sub-Committee that a further barrier which prevents people from revealing their housing status is the requirement to repeatedly provide background information every time you attend a new service. For many homeless people it can feel like a test, and is particularly problematic if somebody suffered past trauma and they have to recount the abuse every time they ask for help. The Homeless JSNA focus group activity found that most saw the benefits of personal data being shared between services if it meant they did not have to repeat themselves, and it is an issue of particular importance to those who had had traumatic experiences.

- 7.31. The Sub-Committee questioned if there was any provision in place to support the end-of-life care needs of homeless people. Providence Row Housing Association stated that research into this area has uncovered vast inequalities in access to appropriate palliative care, with seriously unwell people often living in hostels that struggle to meet their needs as their health deteriorates. Hostels are not designed to provide end-of-life care. They do not have the resources, and staff do not have the palliative care training or input from in-reach services to deliver high-quality, person-centered care to residents. Providence Row reported that hostels used to be visited by a palliative care worker in the borough however this no longer happens. The Sub-Committee support the view of the London Healthy Homeless Programme that people experiencing homelessness need to receive high quality, timely, and co-ordinated end-of-life care, and feel that more work is required in the borough to explore how services provide this for those whose behaviour or lifestyle would make placement in a traditional hospice setting not possible.
- 7.32. Providence Row Housing Association stated that as part of the commissioning process for hostels in Tower Hamlets they have introduced smart plan which allows information to be shared between services. This attempts to tackle the issue of people moving between services and having to repeat their information. The Sub-Committee stated as part of a move towards greater integration between health and social care, and as part of the North East London Sustainability and Transformation Plan, there are numerous activities in place to improve the digital performance of health and social care services. The Sub-Committee noted that the introduction of General Data Protection Regulation (GDPR) may provide greater opportunities to passport people's key information with peoples consent between agencies.

**Recommendation:** That LBTH Adult Social Care and the CCG explore the possibility of providing all frontline workers and auxiliary staff (i.e. staff in ideas stores, parks service) with training and awareness raising sessions to help them identify and signpost the hidden homeless, and how to ask the appropriate questions without offending them. Information on provision for homeless people should be made available at all public facing council services.

**Recommendation:** That the council and the CCG review the way services share information and consider if the introduction of GDPR and the review of systems that follows will allow for more information to be shared between services to support the way homeless residents access and engage with services.

**Recommendation:** That the council explores the possibility of commissioning specialist provision to accommodate individuals with challenging behaviour (older people, substance misuse issues) who can no longer remain in mainstream provision for their safety or the safety of others. Many of these individuals are beyond the point where traditional treatment programmes are appropriate.

**Recommendation:** That the council and CCG review how palliative care is provided to people living in hostels and temporary accommodation.

### **Mental Capacity**

- 7.33. A number of people who provided evidence to the Sub-Committee stated that the thresholds for mental capacity can sometimes act as a barrier to people receiving the required care. The Mental Capacity Act states that everyone should be treated as able to make their own decisions until it is shown that they are not able to. A person's capacity to make a decision will be established at the time that a decision needs to be made. A lack of capacity could be because of a severe learning disability, dementia, mental health problem, a brain injury, a stroke or unconsciousness due to an anaesthetic or a sudden accident. It is very difficult for those people on the precipice of mental capacity to access the required support.
- 7.34. There is a gap in provision for people who are judged to have capacity, and are not able to be sectioned because they are not a risk to themselves or others, but who are completely unable to advocate for themselves or navigate the process successfully. The Sub-Committee was provided with a number of case studies where an individual was stuck in a cycle of falling into such a state of ill health that they were sectioned. This individual would then receive treatment in hospital and would be discharged on recovery. The individual would then leave the hospital and lacking the capacity to adequately care for themselves would fall back into the same condition of ill health and would need to be sectioned again to receive treatment. If alcohol is involved, as is often the case, it complicates matters further and it is very difficult to receive a clear steer on the agreed treatment pathway. There have been a number of challenges around mental capacity however; frontline workers find it very difficult to challenge this when they have legislation dictated to them.

## **Domestic Violence and Violence against Women and Girls**

- 7.35. The Sub-Committee questioned if there are any specific strands of work ongoing around sexual health, women's health and maternity. The CCG responded that they have commissioned a service identifying vulnerable women and homeless pregnant women are a part of this. They will have long term care needs while pregnant that will need to be supported. St Mungo's reported that pregnancy and miscarriages (on the street) are a significant issue for the homeless population. Moreover the council commission prostitution support service in the borough. They perform outreach and case management to help women exit prostitution. This is focused around healthcare, accommodation, benefits, financial welfare, employment training and education, as well as substance misuse need and particularly sexual health needs. The service was recommissioned in October 2017.
- 7.36. The Sub-Committee identified domestic violence amongst homeless people as a considerable issue which needs further exploration. There are a high number of women in temporary accommodation, rough sleeping or in a hostel that are pregnant. Statistically women make up a small number of the boroughs homeless population but they do have specialist needs which services must ensure they address. The TH SORT team informed the Sub-Committee that in many cases they are involved with, there are concerns around Adult Social Care's idea of appropriate temporary accommodation, and the accommodation not being sufficiently risk assessed. TH SORT highlighted that professionals they engage with to support their clients are not always able to appropriately recognise domestic violence risks and there is a need for further training and increased reporting. A lot of women will present at Housing Options after fleeing abuse, and with high complex needs, but they will often be referred to refuge. However, Housing Options is unaware they are often not eligible for refuge. There needs to be more work to educate services and residents on what the appropriate and available options are for those fleeing domestic abuse. The Housing Options service stated that if there is a real threat to the individuals they try to protect and safeguard individuals; however they suggested that there is scope to work with organisations who advocate for abused individuals to map what those fleeing abuse want from their temporary accommodation. This will be customer focused to assess what clients want when they attend Housing Options and how to manage the situation. This will allow Housing Options to find out what they value, what they think will keep them safe and improve the service they provide. The Sub-Committee agree with this approach and stated more work is needed to explore the relationship between homelessness and violence against women and girls (VAWG).

**Recommendation:** That the Housing Options service works with organisations involved in this Review, and with individuals who present at Housing Options, to find out what they consider to be a safe offer of temporary accommodation and provide insight into what they value and how they would feel better supported by this approach.

**Recommendation:** That the council performs further research on the impact homelessness has on the health needs of women who are rough sleeping, in Temporary Accommodation, or hostels.

**Recommendation:** That the council performs further research into the relationship between homelessness and VAWG with a view to updating the VAWG strategy to include a stronger consideration of violence against homeless women.

### **Substance Misuse**


- 7.37. The effects of drug and alcohol use have an extremely detrimental effect on the physical health of homeless people. It causes early alcoholic liver disease and is often also associated with Hepatitis C, both of which often result in severe liver disease and early death. Drugs are also a common problem and injecting drugs carries associated risks including hepatitis C, HIV, abscesses, DVT, chronic leg ulcers and endocarditis.
- 7.38. Drug and alcohol use is often a contributing factor to becoming homeless. However, problems can also develop after becoming homeless. It is not uncommon for alcohol and drug addiction to develop as a means of coping with the difficulties associated with homelessness
- 7.39. A recurrent theme identified in the Homeless JSNA focus group activity, is managing substance dependency across different care settings. Many participants had negative experiences regarding methadone prescriptions as inpatient prescription regimes differ to those in the community and transitioning between the two can be difficult. Some mentioned this as a reason to avoid being admitted to hospital, or as a situation that might lead them to relapse.
- “[We can’t] get or full dose [of methadone]. In there they want to give you half in the morning and half at night. And then like during the day you are sick all day. So what do you want to do? You want to go outside when you know in the area to use. Or you are going to get someone to bring you something.”*  
(Person with lived experience of homelessness, Tower Hamlets JSNA)
- 7.40. A key issue picked up in the Homelessness JSNA is the difficulty of returning to hostels after a period of abstinence as, by their nature, this places service users in surroundings not conducive to recovery; they will be living amongst others with substance dependency and in areas where drug dealing is common.



- 7.41. Reliance on drugs and alcohol forms a significant barrier to people accessing the services they need. The quote above illustrates the difficulties a person withdrawing from substance abuse in hospital can encounter, and demonstrates why it acts as a deterrent for people entering hospital for treatment. The distress caused from withdrawal is often greater than the need for a person to get their health issues addressed. Similarly, in a case study provided by TH SORT, concerns were raised around Adult Social's Care comprehension of how methadone works and the implications of an individual not receiving it, the need to involve substance misuse services when an individual moves into temporary accommodation, or the continued need for substance misuse treatment.
- 7.42. TH SORT informed the Sub-Committee that it is extremely difficult to sit in A&E, for an extended period of time; with an individual that has a high dependency on drugs as it's likely they will start withdrawing and they can't be forced to remain there until they receive the care they need. For this person, getting access to their next 'high' is prioritised over receiving treatment for their ill health. They can also be problematic and disruptive for their patients if they are forced to stay in A&E for a long time. Edward Gibbons House also raised this as an issue they have identified for their clients, particularly when they have to wait several hours for scans to take place, and asked if services could incorporate this as part of awareness building for staff. TH SORT emphasised the need to look at different ways of providing treatment for this cohort of patients. The Sub-Committee stated that there has been a service piloted in other parts of the country in which a mobile, advanced healthcare practitioner was tasked with responding to people in unstable conditions in a community setting. The Sub-Committee suggested that this is something which could be explored in Tower Hamlets. A peripatetic team, consisting of a paramedic and advanced care practitioner in mental health, could be commissioned to provide a visiting service to the very difficult to manage and violent patients in to keep them away from hospital where they can be better treated without upsetting ordinary patients. This team will have the authority to prescribe and admit, and could develop links with agencies such as Shelter, St Mungo's and LBTH Hostels to shortcut the need to attend A&E.

**Recommendation:** That the CCG explore the possibility of commissioning a peripatetic team consisting of a paramedic and advanced care practitioner in mental health to provide a visiting service to very difficult to manage and violent patients.



<p>Non-Executive Report of the:</p> <p><b>Overview and Scrutiny Committee</b></p> <p>22<sup>nd</sup> March 2018</p>	 <p><b>TOWER HAMLETS</b></p>
<p><b>Report of:</b> Will Tuckley, Chief Executive.</p>	<p><b>Classification:</b> Unrestricted</p>
<p><b>Gangs and serious Youth Violence: A Scrutiny Review Report</b></p>	

<b>Originating Officer(s)</b>	William Tompsett, Senior Strategy, Policy & Performance Officer
<b>Wards affected</b>	All

## Summary

1.1 This report provides the report and recommendations of the Scrutiny Review on the issue of Gangs and Serious Youth Violence in Tower Hamlets.

## Recommendations:

The Overview and Scrutiny Committee is recommended to:

1. Agree the report and the recommendations; and
2. Authorise the Divisional Director Strategy, Policy and Partnership to amend the draft report before submission to Cabinet, after consultation with the Chair of the Overview and Scrutiny Committee.

## 1. REASONS FOR THE DECISIONS

1.1 This report outlines the findings and recommendations from the gangs and Youth Violence Scrutiny Review, which was part of the Overview & Scrutiny Committee's work programme for the 2017/18 municipal year.

## 2. ALTERNATIVE OPTIONS

2.1 The committee may decide to not to agree the recommendations. This is not recommended as the report outlines work undertaken by Councillors and officers to identify areas of improvement.

### 3. DETAILS OF REPORT

#### Background and context

- 3.1 The Gangs and Serious Youth Violence Scrutiny Review was chaired by Councillor Danny Hassell in his role as Scrutiny Lead for Children’s Services in order to obtain an overview of the scale and impact of Gangs and Serious Youth Violence in the Borough and the work currently being planned and delivered by the Council and its partners.
- 3.2 In 2017 the London Borough of Tower Hamlets underwent an Ofsted review of its Children’s Services and one of the recommendations that arose was that the Council should **“Urgently improve the quality and timeliness of services for children who are at risk of becoming involved in gangs and serious youth violence. Ensure the alignment of those services with those for children who go missing and those who are vulnerable to sexual exploitation and radicalisation. Ensure that comprehensive and accurate intelligence and data inform service developments.”**
- 3.3 Two sessions were held in January and February 2018. The first session was held at the Town Hall and looked at current approach and practices, existing research and findings and examples of good practice being delivered in other areas. The second at a local youth facility called ‘Spotlight’ looked at real-life case studies, feedback and findings from reviews and the work of key partners in the borough.
- 3.4 This review was underpinned by three core questions:
- a) What is the true scale and impact of Gangs and Youth Violence issues in Tower Hamlets?
  - b) What are common factors that lead to involvement in gangs?
  - c) How can the Council and its partners work together more effectively to reduce the impact of gangs in the borough and help young people avoid or exit gang involvement?
- 3.5 The following Members and officers attended the Review Sessions held in January and February 2018:

Name	Title	Organisation
Councillor Danny Hassell	Chair of Gangs and Youth Violence Review and Scrutiny Lead for Children’s Services	LBTH
Councillor Dave Chesterton	Chair of the Overview and Scrutiny Committee (OSC)	LBTH
Councillor Rabina Khan	OSC Member People’s Alliance of Tower Hamlets (Leader of PATH Group)	LBTH
Councillor Shafi Ahmed	OSC Member (substitute)	LBTH
Councillor Amy Whitelock-Gibbs	Lead Member for Education and Children’s Services	LBTH
David Burbidge	Co-opted Member for Health Scrutiny Sub-Committee	Health Scrutiny
Fahimal Islam	Young Mayor	LBTH

Shaiam Islam	Deputy Young Mayor	LBTH
Claire Belgard	Interim Head of Integrated Youth and Community Services	LBTH
Nikki Bradley	Service Manager Youth Justice, Children's Social care and Family Interventions	LBTH
Debbie Jones	Corporate Director, Children's Services	LBTH
Nancy Meehan	Interim Divisional Director, Children's Social Care	LBTH
Adam Salmon	Ending Gang, Group and Serious Youth Violence Coordinator	LBTH
Paula Wilkinson	Crime Reduction & Rapid Response Team Manager	LBTH

3.6 There was also representation from partner organisations by the following:

<b>Name</b>	<b>Title</b>	<b>Organisation</b>
Mike Hamer	Deputy Chief Inspector	Metropolitan Police
Sean Drislane	Detective Inspector	Metropolitan Police
Maurice Mason	Community Safety and Partnership Manager	London Borough of Hackney
John O'Shea	Deputy Head Teacher	Bow School
Daniel Rose	Director	Spotlight
Khalid Sugulle	Community Worker	St Giles Trust
Joe Williams	Head of ASB and Safeguarding	Poplar HARCA

### **Evidence gathering and methodology**

3.7 The Review received presentations on the following areas:

- Local Context – definition of gangs and profile in Tower Hamlets
- Wider Context – summary of findings from research and studies from other authorities and organisations
- Current Workstreams – the authority's current work in tackling gangs and related issues
- Presentation from London Borough of Hackney – approach and work done by the Integrated Gangs Unit in Hackney
- Troubled Lives, Tragic Consequences – thematic review of cases and interventions
- Case studies and Opportunities for Early Intervention – real cases, issues and lessons learned
- Spotlight – overview of the work delivered by Spotlight for young people
- St Giles Trust – overview of the work delivered by St Giles trust

3.8 The report with recommendations is attached as Appendix 1. There are twenty recommendations arising from the review. It is useful to note that the report reflects the discussions from two review sessions and background research.

3.9 The report highlights very clearly that there is no single solution or approach to tackling the issue of gangs and youth violence and this is not a problem that the

Council or any agency can tackle alone. A joined up partnership approach that considers the wider implications and effects on young people, their families and the local community is essential.

- 3.10 There is also an identified shortage in detailed information and intelligence that is needed to provide a full picture of the impact of gangs and youth violence as well as dedicated resources to provide robust analysis and inform effective strategic planning.
- 3.11 Findings from the meetings, which included submissions from Senior Officers and partners, have been supplemented by additional secondary sources. These include Mayor's Office for Policing and Crime statistics and analysis taken from existing reports and research conducted by other authorities and national agencies. The recommendations arising from this range of evidence sources are outlined under four themes below:

### **Approach and Focus**

- 3.12 **Recommendation 1:**  
Our approach to dealing with those involved in or victims of gangs and youth violence should consider the needs of the whole family and adopt a safeguarding approach.
- 3.13 **Recommendation 2:**  
The Council should develop a new Gangs Strategy which reflects the concerns of the community and young people and has a strong focus on the voices of victims and of empowering the community.
- 3.14 **Recommendation 3:**  
Consider how we structure our activity in response to gangs and exploitation to ensure that it is a more holistic approach such as a wider 'exploitation' team.
- 3.15 **Recommendation 4:**  
Our assessments of children entering the care system should more thoroughly consider the mental health needs, including an understanding of the specific impact of violence on their lives.
- 3.16 **Recommendation 5:**  
Ensure that there is funding and coordination that covers interventions for young people over the age of 18.

### **Analysis, Knowledge and Understanding**

- 3.17 **Recommendation 6:**  
Undertake further analysis of the gangs profile in the borough including the age and ethnic profile of those involved.
- 3.18 **Recommendation 7:**

Improve and develop our understanding of the impact of County Lines and Child Sexual Exploitation (CSE) on our looked after children who are placed outside of borough.

**3.19 Recommendation 8:**

Further work needs to be undertaken to develop a more comprehensive understanding of impact on women as a result of gangs and gang activity in the borough, in particular Violence Against Women and Girls (VAWG). This should include the voices and experiences of those who have been victims of gangs and serious violence.

### **Communications, Joint-Working and Engagement**

**3.20 Recommendation 9:**

Current engagement with Job Centre Plus should be expanded to include the Council's WorkPath as employment is considered an effective opportunity for gangs exit.

**3.21 Recommendation 10:**

Consider ways in which the risk and vulnerability of young people attending the London East AP can be better understood and develop an effective support package for young people re-entering secondary school when moving from the London East AP.

**3.22 Recommendation 11:**

Engage with schools and the police to better understand their policies around exclusions in relation to carrying knives.

**3.23 Recommendation 12:**

Wider engagement should be undertaken with the local community and other stakeholders, including schools, faith groups and TRAs to increase an understanding of community concerns and how they might help contribute to our response.

**3.24 Recommendation 13:**

Consideration should be given to whether there should be a social care/youth worker presence in A&E, including the paediatric A&E at Royal London in order to support early identification and intervention of those involved in gangs or subject to exploitation by gangs.

**3.25 Recommendation 14:**

The Council should work in partnership with the police in order to develop effective disruption activity in relation to gangs, drugs and CSE, ensuring that it utilises all of the tools and powers at its disposal.

### **Training and Capacity Building**

**3.26 Recommendation 15:**

Current training being delivered to staff on gangs and serious youth violence should be offered to all staff, including agency staff in relevant roles.

**3.27 Recommendation 16:**

Instigate a programme of training for local residents, where appropriate, to act as community advocates.

**3.28 Recommendation 17:**

Develop a peer led programme to raise awareness of risks and vulnerabilities and support peers through mentoring.

**3.29 Recommendation 18:**

Ensure that there are effective, reflective supervisions for staff to ensure that they can raise sensitive issues in a supportive setting.

**3.30 Recommendation 19:**

Provide training to youth workers in developing an understanding of youth courts and the youth justice system.

**3.31 Recommendation 20:**

The Council and partners should offer a quality assured preventative programme to schools, in order to spot early warning signs and develop the resilience of young people.

**4. COMMENTS OF THE CHIEF FINANCE OFFICER**

This report recommends the Overview and Scrutiny Committee to note the recommendations of the Gangs and Serious Youth Violence Scrutiny Review Report. There are no direct financial implications to the Council from this report, however if the cost of actions carried out to implement recommendations cannot be contained within the existing Council revenue budget, then growth funding will need to be requested for consideration as part of the medium term financial planning process.

**5. LEGAL COMMENTS**

5.1 The Council is required by section 9F of the Local Government Act 2000 to have an Overview and Scrutiny Committee and to have executive arrangements that ensure the committee has specified powers. Consistent with this obligation, Article 6 of the Council's Constitution provides that the Overview and Scrutiny Committee may consider any matter affecting the area or its inhabitants. The Committee may also make reports and recommendations to Council or the Executive in connection with the discharge of any functions.

5.2 The Scrutiny Review's purpose was to obtain an overview of the scale and impact of Gangs and Serious Youth Violence in the Borough and the work currently being planned and delivered by the Council and its partners. In that regard, Section 10 of the Children Act 2004 places a requirement for agencies to cooperate with local authorities, to ensure a co-ordinated approach to safeguarding to promote the well-being of children in each local authority area. This cooperation should exist and be effective at all levels of the organisation, from strategic level through to operational delivery. Further, under section 11 of the Act, local agencies, including the Council, police and health services, have a duty to ensure that they consider the need to safeguard and promote the welfare of children when carrying out their functions.



5.3 20 recommendations have been proposed in the Scrutiny Review Report and all are capable of being undertaken within the Council's powers.

## **6. ONE TOWER HAMLETS CONSIDERATIONS**

6.1 Although it has been identified that a majority of young people currently involved in gangs are from BAME communities, this is broadly representative of the diversity of the local population. Similarly, although gang involvement is predominantly male dominated, the impact on women and girls through direct involvement or families is an area of specific focus. Community cohesion and empowerment is at the heart of the review and a focus for recommendations.

## **7. BEST VALUE (BV) IMPLICATIONS**

7.1 The recommendations in this report are made as part of the Overview & Scrutiny Committee's role in helping to secure continuous improvement for the Council, as required under its Best Value duty. The recommendations arising from the review are designed to improve the efficiency of the authority and partners in working together to deliver improvements and secure additional funding for tackling the issue and impact of gangs and youth violence.

## **8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT**

8.1 There are no direct implications from this report with regards to action for a greener environment.

## **9. RISK MANAGEMENT IMPLICATIONS**

9.1 One of the reasons for this review was the recommendation resulting from the Ofsted review. Not addressing this effectively would have significant impact on the Council's reputation and service. Once the report has been agreed by Governance DMT and Overview and Scrutiny Committee, officers will produce a detailed action plan, to implement the recommendations. Therefore, during the action planning stage the key risks, implications and mitigating actions will be identified and agreed.

## **10. CRIME AND DISORDER REDUCTION IMPLICATIONS**

10.1 The recommendations in this report focus on improving the understanding and ability to effectively tackle the impact of gangs and serious youth violence within the borough. This includes working with key partners including the police to offer alternative and diversionary activity for young people at risk and support for individuals and families. It is envisioned that adoption of these recommendations will lower the number of incidences of crime and anti-social behaviour linked to gangs and help make Tower Hamlets a safer place to live.

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### **Linked Reports, Appendices and Background Documents**

#### **Linked Report**

- NONE

## **Appendices**

- Appendix 1: Gangs and Serious Youth Violence Scrutiny Review Report

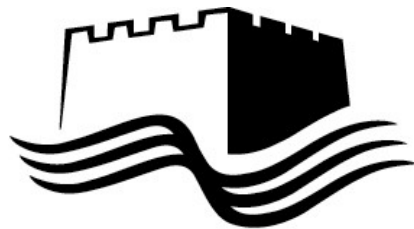
### **Local Government Act, 1972 Section 100D (As amended)**

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

- NONE

# **Gangs and Serious Youth Violence**

## **Scrutiny Review Report**



**TOWER HAMLETS**

**March 2018**

## **Chair's Foreword**

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The safety and wellbeing of all residents in our borough is of paramount importance and so I was pleased to be able to lead this review into how we can better keep our young people away from violence and make Tower Hamlets a safer place for everyone. I am grateful to the wide contributions made to this review; by Council officers, partner agencies, fellow Councillors and most importantly the Young Mayor and Deputy Mayor. It is only right that we listen carefully and respond to the concerns of young people in our borough.

Following the Ofsted inspection of children's services last year, it became clear that the work the Council and partners are doing needed to be further strengthened to ensure that we keep young people safe here. Since that time there have been improvements to our work in this area and this is most welcome. This review has helped to clarify what work still needs to be undertaken in relation to gangs and serious youth violence to ensure effective interventions to keep young people safe.

The review group has looked at the current work being done by the Council, partners and other agencies. We considered work undertaken by a number of different teams at the Council (social care, community safety and youth services). It is vital that this work is undertaken with strong partnerships both within the Council and with partners and residents in the community. Our responsibility is to provide effective, high quality service and interventions.

There was also a strong feeling that the approach of the Council in relation to gangs and youth violence should have the confidence of the local community and involve them in tackling this issue. Furthermore we should have a strong emphasis on listening to the views of young people and those who have been the victims of youth violence and their families.

Given the constraints of this work, it is inevitable that this review has not been able to explore all the areas that we might have wished. In particular further work needs to be undertaken to understand the effect of gangs and serious youth violence on women in the borough and services need to gain further insight into the lived experiences of young people in Tower Hamlets. This will ensure that we can achieve the ambition of making our borough a much safer place.

I hope that this report contributes strongly to the development of further work in this area.

**Councillor Danny Hassell**

**March 2018**

## **Summary of Recommendations**

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### **Approach and Focus**

#### **Recommendation 1:**

Our approach to dealing with those involved in or victims of gangs and youth violence should consider the needs of the whole family and adopt a safeguarding approach.

#### **Recommendation 2:**

The Council should develop a new Gangs and Youth Violence Strategy which reflects the concerns of the community and young people and has a strong focus on the voices of victims and of empowering the community.

#### **Recommendation 3:**

Develop a more co-ordinated and holistic approach to address gangs and serious youth violence such as a wider 'exploitation' team.

#### **Recommendation 4:**

Our assessments of children entering the care system should more thoroughly consider the mental health needs, including an understanding of the specific impact of violence on their lives.

#### **Recommendation 5:**

Ensure that there is funding and coordination that covers interventions for young people over the age of 18.

### **Analysis, Knowledge and Understanding**

#### **Recommendation 6:**

Undertake further analysis of the gangs profile in the borough. This should include, but not be limited to, the age, ethnic profile, education levels, disability and mental health needs of those involved.

#### **Recommendation 7:**

Improve and develop our understanding of the impact of County Lines and Child Sexual Exploitation (CSE) on our looked after children who are placed outside of borough.

#### **Recommendation 8:**

Further work needs to be undertaken to develop a more comprehensive understanding of impact on women as a result of gangs and gang activity in the borough, in particular Violence Against Women and Girls (VAWG). This should include the voices and experiences of those who have been victims of gangs and serious violence.

### **Communications, Joint-Working and Engagement**

#### **Recommendation 9:**

Current engagement with Job Centre Plus should be expanded to include the Council's WorkPath as employment is considered an effective opportunity for gangs exit.

**Recommendation 10:**

Consider ways in which the risk and vulnerability of young people attending the London East Alternative Provision (LEAP) can be better understood and develop an effective support package for young people re-entering secondary school when moving from the LEAP.

**Recommendation 11:**

Engage with schools and the police to better understand their policies around exclusions in relation to carrying knives and/or drugs.

**Recommendation 12:**

Wider engagement should be undertaken with the local community and other stakeholders, including schools, faith groups and TRAs to increase an understanding of community concerns and how they might help contribute to our response.

**Recommendation 13:**

Consideration should be given to whether the Council should lead on delivering a social care/youth worker presence in A&E, including the paediatric A&E at Royal London in order to support early identification and intervention of those involved in gangs or subject to exploitation by gangs.

**Recommendation 14:**

The Council should work in partnership with the police in order to develop effective disruption activity in relation to gangs, drugs and CSE, ensuring that it utilises all of the tools and powers at its disposal.

**Training and Capacity Building****Recommendation 15:**

Current training being delivered to staff on gangs and serious youth violence should be offered to all staff, including agency staff in relevant roles and partner agencies in the future.

**Recommendation 16:**

Instigate a programme of training for local residents, where appropriate, to act as community advocates.

**Recommendation 17:**

Develop a peer led programme to raise awareness of risks and vulnerabilities and support peers through mentoring.

**Recommendation 18:**

Ensure that there are effective, reflective supervisions for staff to ensure that they can raise sensitive issues in a supportive setting.

**Recommendation 19:**

Provide training to youth workers in developing an understanding of youth courts and the youth justice system.

**Recommendation 20:**

The Council and partners should offer a quality assured preventative programme to schools, in order to spot early warning signs and develop the resilience of young people.

## Introduction

- 1.1 Gangs and Youth Violence is a high profile issue not just locally but across the world. Although perception of gang related violence and offences often outweighs the actual number of incidents, there is an unacceptable level of gang activity within London and the London Borough of Tower Hamlets that needs addressing.
- 1.2 The Borough has a relatively high number of younger residents, an ethnically diverse population and high levels of deprivation. These are all factors that are frequently associated with gangs and related criminal and anti-social activity.
- 1.3 In 2017 the London Borough of Tower Hamlets underwent an Ofsted review of its Children's Services and one of the recommendations that arose was that the Council should ***"Urgently improve the quality and timeliness of services for children who are at risk of becoming involved in gangs and serious youth violence. Ensure the alignment of those services with those for children who go missing and those who are vulnerable to sexual exploitation and radicalisation. Ensure that comprehensive and accurate intelligence and data inform service developments."***
- 1.4 Recognising the national and local context, the aim of this review was to explore the work of the authority and its partners in tackling the problems of Gangs and Youth Violence and its effects on victims, the local community and those involved.
- 1.5 The review was underpinned by three core questions:
  - a) What is the true scale and impact of Gangs and Youth Violence issue in the Tower Hamlets?
  - b) What are common factors that lead to involvement in Gangs?
  - c) How can the Council and its partners work together more effectively to reduce the impact of gangs in the borough and help young people avoid or exit gang involvement?
- 1.6 The review was chaired by Cllr Danny Hassell, Scrutiny Lead for Children's Services over two sessions held in January and February 2018. The first session was held at the Town Hall and looked at current approach and practices, existing research and findings and examples of good practice being delivered in other areas. The second at Spotlight youth centre and looked at real-life case studies, feedback and findings from reviews and the work of key partners in the borough.
- 1.7 Other members of the review panel included;

<b>Cllr Dave Chesterton</b>	Chair of Overview and Scrutiny Committee
<b>Cllr Clare Harrisson</b>	Overview and Scrutiny Committee Member
<b>Cllr Rabina Khan</b>	Overview and Scrutiny Committee Member
<b>Cllr Shafi Ahmed</b>	Overview and Scrutiny Committee Member (Substitute)
<b>David Burbidge</b>	Co-opted member of the Health Scrutiny Committee

1.8 Also in attendance for the review;

<b>Fahimal Islam</b>	Young Mayor
<b>Shaam Islam</b>	Deputy Young Mayor

1.9 The review was supported by;

<b>William Tompsett</b>	Senior Strategy, Police and Performance Officer
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1.10 The panel received evidence from members of the Executive, a range of officers and experts including;

**London Borough of Tower Hamlets:**

<b>Cllr Amy Whitelock-Gibbs</b>	Lead Member for Education and Children's Services
<b>Claire Belgard</b>	Interim Head of Integrated Youth and Community Services
<b>Nikki Bradley</b>	Service Manager Youth Justice, Children's Social care and Family Interventions
<b>Debbie Jones</b>	Corporate Director, Children's Services
<b>Nancy Meehan</b>	Interim Divisional Director, Children's Social Care
<b>Adam Salmon</b>	Ending Gang, Group and Serious Youth Violence Coordinator
<b>Paula Wilkinson</b>	Crime Reduction & Rapid Response Team Manager

**Metropolitan Police:**

<b>Mike Hamer</b>	Deputy Chief Inspector
<b>Sean Drislane</b>	Detective Inspector

**External experts:**

<b>Maurice Mason</b>	Community Safety and Partnership Manager, London Borough of Hackney
<b>John O'Shea</b>	Bow School
<b>Daniel Rose</b>	Director of Spotlight
<b>Khalid Sugulle</b>	St Giles Trust
<b>Joe Williams</b>	Spotlight, Poplar HARCA



## 2. National, Regional and Local Context

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2.1 Although Gangs have a reputation for high level of crime and anti-social behaviour, reliable statistics and data are difficult to qualify and attribute. One major issue is that the definition of Gangs is constantly evolving. It is also an issue that crime data is not always directly connected to gang activity so a lot of the evidence is anecdotal or based on perception.

2.2 The current and generally accepted definition of a Gang is:

***“A relatively durable, predominantly street-based group of young people who (1) see themselves (and are seen by others) as a discernible group, (2) engage in a range of criminal activity and violence, (3) identify with or lay claim over territory, (4) have some form of identifying structural feature, and (5) are in conflict with other, similar, gangs”***

- Hallsworth and Young<sup>1</sup>

2.3 The accepted definition has however become dated with gangs sometimes recognising the benefit of working together instead of in conflict and there being less evidence of being publicly identifiable through symbols, colours etc in order to reduce their visibility to the authorities.

2.4 There have been a large number of studies and reviews made into Gangs and youth Violence over the past looking at impact, factors for involvement, intervention activities and overall approach to understanding and tackling the issues.

2.5 A study of existing reports and published papers was made and presented to the Review Panel summarising the perceived key findings and common themes. Six documents were chosen for review offering different perspectives and highlighting varying aspects of gangs and youth violence. These were:

- **Dying to Belong - Centre for Social Justice, 2009 -**  
<https://www.centreforsocialjustice.org.uk/core/wp-content/uploads/2016/08/DyingtoBelongFullReport.pdf>
- **Gang Prevention Programme - Waltham Forest, 2017 -**  
<http://democracy.walthamforest.gov.uk/documents/s55871/4a.%20Report%20on%20Waltham%20Forests%20Gang%20Prevention%20Programme.pdf>
- **Preventing Gang and Youth Violence - Home Office, 2015 -**  
<http://www.eif.org.uk/wp-content/uploads/2015/11/Final-R1-Overview-Preventing-Gang-Youth-Violence.pdf>
- **Children’s Voices - Children’s Commissioner, 2017 –**  
<https://www.childrenscommissioner.gov.uk/wp-content/uploads/2017/11/Childrens-Voices-A-review-of-evidence-on-the-subjective-wellbeing-of-children-involved-in-gangs-in-England-2.pdf>
- **What Works to Prevent Gang Involvement, Youth Violence and Crime – Home Office, 2015 –**

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<sup>1</sup> Dying to Belong, Centre for Social Justice, 2009 -  
<https://www.centreforsocialjustice.org.uk/core/wp-content/uploads/2016/08/DyingtoBelongFullReport.pdf>

<http://www.eif.org.uk/wp-content/uploads/2015/11/Final-R2-WW-Prevent-Gang-Youth-Violence-final.pdf>

- **Female Voice in Violence – Race On The Agenda (ROTA), 2011** - <http://www.rota.org.uk/content/rota-march-2011-female-voice-violence-project-final-report-it-my-life>

2.6 It was agreed that there are common themes identifiable from these studies/reports that should be kept in mind in developing future initiatives and approach.

- Social and economic triggers
- Family background
- Education
- Strong link to drugs
- Cross-boundary activities
- Perceived status and lack of options/opportunities
- Need for joined up working on early prevention and enabling exit

2.7 It was also noted that there is a definite need for quality information to be shared and used effectively in a joined up approach across services and geographical boundaries. Also, a balanced approach between safeguarding and enforcement, recognising the vulnerability of those involved is essential.

#### **Trident Command Risk Matrix**

2.8 Across London, the Trident Command Risk Matrix is used to identify and rank gang members and their propensity to perpetrate violence. It is the primary tool used to identify whether or not a young person is a member of a gang. Locally, matrix is managed by the police with input and consultation from partner organisations.

2.9 Decisions to remove individuals from the gangs matrix are jointly made by the police and partners and support is offered by the Youth Offending Team and St Giles Trust where possible to those coming off the matrix.

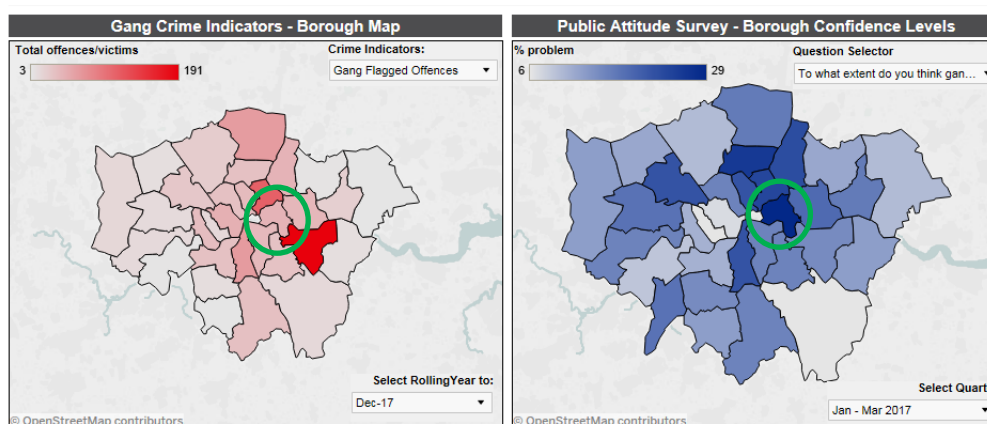
2.10 According to the matrix, at the time of the review there were 3,495 gang members and 250 gangs in London. 70% of these members were aged 17-23 years old and two thirds of these members had also been victims of crime themselves. 97.8% of these members were male and 77.6% were identified as BAME.

2.11 The Mayor's Office for Policing and Crime (MOPAC) <sup>2</sup>manage a Gangs Dashboard showing the scale of gang flagged crime and perception of gangs as an issue for all boroughs. <sup>Figure 1</sup>

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<sup>2</sup> MOPAC Gangs dashboard <https://www.london.gov.uk/what-we-do/mayors-office-policing-and-crime-mopac/data-and-statistics/crime%20gangs-dashboard>

Figure 1



- 2.12 The London Borough of Tower Hamlets currently has 8 identifiable gangs with a total of 73 nominals on the matrix (down from 119 over the past year). The local profile is one of the youngest of all London boroughs. Gang-flagged offences have reduced from 220 to just 45 since January 2016 and knife crime has remained relatively stable despite considerable increases in all other areas of London.
- 2.13 There are very strong links between gangs and the local drug trade with Tower Hamlets having the highest number of known heroin and crack cocaine users in London. Many young people are lured into drug-dealing for gangs by the promise of status and money or through bullying and coercion. Once part of the system, threats of violence against them and their families are used to keep them under control of the gang leaders and make it seem impossible to leave or approach agencies for help.

### Co-Offending Groups

- 2.14 Co-Offending Groups (COGs) is a term adopted to refer to young people who may not be on the gangs matrix (either due to lack of evidence linking them to a specific gang or not having committed a serious violent offence) but who are affected by or at risk of involvement. The COG panel works in alignment with the Youth Offending Team and currently focuses on young people up to the age of 18 years old to identify and offer support and intervention activities. There are plans to expand the remit to include a wider age-range up to 25 and include habitual knife carriers.
- 2.15 COG partners work closely with schools, St Giles Trust and the Schools Police Officer. There is also a Youth Advisory Group setting up to work within Spotlight.
- 2.16 Gangs Awareness Training is being delivered to Tower Hamlets Social Workers to build understanding and awareness in direct response to the Ofsted report. This training is mandatory and the possibility of expanding access to other agencies and parents is being considered.
- 2.17 There are a number of local support structures in place and available to young people to help avoid and exit gang involvement. These include:
- Youth Offending team

- Police Gangs Team
- Youth Services
- Children's Social Care
- St Giles COG Intervention/SOS Services
- St Giles MTU Services (at the Royal London Hospital)
- Schools and London East Alternative Provision
- Voluntary and Community Services

### **County Lines**

- 2.18 One of the growing areas of concern involving London Gangs is County Lines. This represents a move from the more saturated and violently competed drug market in the capital to enter drug markets of smaller towns outside of London, especially around the south coast.
- 2.19 Gangs often use young children to transport drugs and set up distribution and safe houses through coercion and human trafficking with a known link in some areas with looked after children.
- 2.20 County Lines presents a number of issues for enforcement agencies as most of the offences take place outside of London and the borough. Local police resources are limited and focused on reducing crime committed within the borough. Police outside of London often have difficulty identifying where to refer offenders back to. Previously, the young people being forced to transport the drugs have had little protection and were treated as the offenders whereas recent laws on human trafficking have enabled them to be treated as victims with the focus shifting to focus on identifying and stopping the organisers.
- 2.21 The Mayor's Office for Policing And Crime (MOPAC) are funding a £3million County Lines project to provide a single point of contact for London for regional police and agencies to refer children and young people back to, shared mapping of data across the capital and to support rescue and support services supplied by St Giles Trust.

### **Youth Services**

- 2.22 The majority of the Youth Services at Tower Hamlets is an open access universal service, not primarily in place to address gangs. However, it is recognised that this is a relatively well resourced borough with protective factors such as access to positive activities, peer networks and adult role models. Preventative measures that are in place include access to safe spaces outside of school and the family.
- 2.23 Youth Services is a frontline community resource, well placed to work with local partners to address issues. They are also able to deliver outreach and work to address local problems.
- 2.24 A review carried out during 2016 highlighted poor/declining performance in the area and a relatively poor reputation. The offer from the services was considered dated with poor quality venues and a disjointed delivery that was not understood by young people.

- 2.25 The service has since been redesigned and relaunched in February 2018 with the following improvements made:
- Better quality hub venues, open for longer
  - Increased hours for front lone staff and more full time front line staff – able to plan, train and work more with communities
  - Mixed economy of delivery and commissioning
  - Significant investment in buildings and on-going investment in ICT and marketing
  - New outcomes framework
  - New branding and uniforms
- 2.26 There are now 8 directly delivered hubs open from 3.30 -9pm and 10 commissioned hubs opening 15 hours per week. These hubs offer:
- A safe place for young people to meet friends
  - Structured positive activities – sports, games, arts, music, informal education
  - Information, advice and guidance – health, relationships, education and employment
  - Facilities – ICT suite, training kitchen, hair salon, chill out space, dance studio, music studio, sports hall, climbing wall. Gym and football pitches
  - Individual assessment, intervention plan and signposting or onward referral
- 2.27 The Early Help and Transitions work of Youth Services offer referral through the Early Help Hub or Social Inclusion Panel. Early Help assessment considers the whole family unit and the team offer specialist experience with young people “Not in Education, Employment or Training” (NEET), Child Sexual Exploitation (CSE), Prevent and Gangs. They work with Children’s Social Care, edge of care and early help services such as parenting support.

### **Rapid Response Team**

- 2.28 Tower Hamlets as an Inner London borough has challenges in key crime types, notably those linked to the workforce of drug markets and drug lines. These can include violent crimes and exploitation. The age range of the drug line workforce both inside and outside of London is usually varied, early teens through to middle aged people at the top responsible for importing drugs and weapons. Some have extensive criminal histories that began in their early teens.
- 2.29 Young adults known as “Olders” recruit younger people to distribute drugs including trafficking them within and outside of London. Olders use power and coercive control including grooming and exploitation techniques which are also evident in other forms of abuse such as domestic violence, child sexual exploitation or radicalisation to control their workers.
- 2.30 In the borough, visible drug dealing and monetary exchanges are evident despite CCTV cameras. Drug markets are also visible along the DLR and Overground transport routes which provide opportunities for customers to travel in, pick up their supply and continue with their journey.

- 2.31 People susceptible to being groomed can have limited critical thinking skills, inadequate education, additional educational and mental health needs, food poverty, lack of capable guardians and a negative perception of gaining legitimate employment opportunities.
- 2.32 The Rapid Response Team (RRT) work in conjunction with internal and external partners in specific geographical locations to decrease crime and antisocial behaviour. They attend operational and community safety, crime and anti-social behaviour problem solving meetings to deploy services as appropriate to reduce crime and anti-social behaviour.
- 2.33 RRT gathers and shares community information with partners and ensures younger residents' views are heard by professional to inform working practices. They make use of social media such as WhatsApp to be able to understand community tensions and provide information about risks to police and Council colleagues. The deployment of RRT teams allows them to respond to immediate or emerging community tensions by operating street-based outreach in community settings. They keep in regular contact with the borough control room and feed back to groups like the Tension Monitoring or Gold Groups.

- 2.34 Detached workers are deployed to areas experiencing crime and anti-social behaviour to reduce opportunities of people becoming victims and or perpetrators of crime or anti-social behaviour including:

- Violent crimes – knife crimes and gang associated violence
- Violence against women and girls – repeat victimisation and/or exploitation
- Community resilience against hate crimes and exploitation by extremists



- 2.35 RRT, police and other partners deliver a joint response, for example through home visits, Estate Awareness Days, Community Safety Walkabouts, Weapon Sweeps, programme delivery and use of resources in the area. The RRT mobile units provide medium to long-term (up to 12 weeks) tailored group sessions in accordance with identified risk and individual needs to ensure safe exit from offending and exploitation.
- 2.36 Based on identified needs, RRT provides outcome-focused interventions around learning, life skills and employment. These are designed using community information gathered through foot deployment and the mobile units. Young people vulnerable to being exploited can be identified by the school/Pupil Referral Unit as being at risk of exploitation and grooming by peers and/or older gang members and the RRT can promote specialist support services and refer young people when needed.
- 2.37 RRT are coordinating a pan-borough monthly outreach meeting with internal partners and local third sector partners to promote collaborative working, manage risk and coordinated work with victims and their families. This meeting links in with Child and Adult Social Care and other meetings arranged by police colleagues

- 2.38 In December 2017, RRT received comprehensive training from “Crying Son’s”, an organisation with a track record of training frontline police officers on how to understand and identify violence, vulnerability and exploitation attributed to drugs and county lines. This was followed by scenario training designed to increase practitioner implementation of risk management operational plans, in line with statutory safeguarding responsibilities and information sharing protocols. Both sessions are being repeated in March 2018 for a wider audience including Social Workers and third sector provision. It is hoped that this will build capacity in the borough.
- 2.39 In January 2018 the Safer London Foundation delivered Empower training focussing on Child Sexual Exploitation. The team are now working with St Giles Trust in relation to accredited NVQ Level 3 Key Working with young adults who are outside of mainstream services. RRT work in partnership with the Department for Work and Pensions (DWP) Hackney and Tower Hamlets Gangs lead. DWP have developed this as a specialised area taking into account risk and clients being ‘job ready.’ There are implications to parent benefit entitlement for Housing and Council Tax for non-dependent children and young adults over 18 and living at home. RRT coordinate liaison with DWP and clients to resolve these issues.

### **3. The Hackney Model**

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- 3.1 The Community Safety Partnership Manager from the London Borough of Hackney presented the model and approach they have adopted.
- 3.2 Hackney's strategic priorities are focused on reducing violence and serious violent offences with their gang violence being recognised as a particular issue. Hackney has set up an Integrated Gangs Unit (IGU) made up of the Youth Offending Team, Probation, Victim Support, Police, St Giles Trust and a dedicated analyst all working together. The IGU have responsibility for managing their Gangs matrix and hold monthly tasking meetings looking at dynamic evidence. Having these different agencies working together in the same location encourages greater information sharing and a co-ordinated approach to delivering strategic and operational activity.
- 3.3 The IGU also hold weekly tasking process meetings which enables them to react quickly to new incidents and changes, They are closely aligned to internal Council based resources such as Trading Standards and parks teams to share information. There is currently a focus on developing stronger working relationships with head teachers to share information on matters such as knife seizures as well as to improve access to mentoring for young people.
- 3.4 Hackney currently have 20 active gangs and around 150 gang members on their matrix. They have become particularly aware recently of the emergence of online activity which leads to greater involvement between gangs. However, most of their recent conflict and violence is being caused by existing gangs moving their operations out of the area and leaving a power struggle between rival groups. They also have a profile of older victims but younger gang members.
- 3.5 Hackney focuses their gang related activity around three themes – Enforcement, Diversion and Prevention. There is an acceptance that there is no single activity that can fully tackle the issue and impact of gangs on its own so a combination of measures are in place including intelligence lead “Stop and Search” with the support of the local community.
- 3.6 Resources are continually becoming more limited and the need for realignment rather than increase is vital. Community policing is an area that Hackney have looked at refocussing alongside working with St Giles Trust and a scheme called Mentivation to deliver engagement with young people and promote involvement in positive activities including music and sport with the help of strong positive role models.
- 3.7 Empowering families and the local community has been a strong theme with training being provided for parent advocates through the Parents' Voice group and the support of a Borough Unite conference organised by the local community. The Community Safety Partnership also works closely with Empower Safer London to promote child safety and tackle exploitation.
- 3.8 Hackney have been successful in securing funding for safeguarding and neighbourhood working which will be used to focus on those at risk of involvement with gangs rather than those already on the matrix. Co-production is a strong theme going forward with the Community and Voluntary



Service bidding for funding to train parents and peers as mentors and to work closely with the local Faith Forum.

## 4. Partner Examples

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- 4.1 Two partnership organisations were specifically featured during the review process.

### Spotlight

- 4.2 Set up by Poplar HARCA, Spotlight is a youth focused facility whose vision is to create a place where young people could think creatively, gain confidence and pursue opportunities they may not have thought possible.
- 4.3 Opened in 2014, Spotlight was created in response to local young people saying they had nowhere to go that was just for them. The design and offer was based on research conducted by young people with over 200 respondents and secured £4million in funding.
- 4.4 Since opening, Spotlight has engaged nearly 6,000 young people of which 42% are female. The success in serving such a relatively high proportion of female users has been attributed to a mixture of offering safe and secure facilities, female focussed activities and plenty of female staff. There is also a balance between mixed use and female only spaces and services. There have been over 100,000 attendances in the various activities offered with a programme based around the three themes of Get Creative, Get Active and Get Inspired.
- 4.5 According to the Metropolitan Police's Annual Crime Count, Lansbury Ward saw a 40% reduction in all crimes from 1,153 incidents in 2013 to 693 in 2015. This is significantly higher than the 18% reduction recorded for the whole borough and most wards went down by 17-20% during the same period. This coincides with the opening and development of spotlight and it's positive work with young people.
- 4.6 As well as activities, Spotlight also offer access to specialist support to young people suffering from mental health issues, child sexual exploitation and drug and alcohol abuse all within a safe and non-threatening environment. They are also developing programmes of leadership including Youth Committee, Spotlight reps and Community Heroes.
- 4.7 Spotlight is now commissioned by the local authority to deliver a youth service contract covering a third of all youth service in the borough. They have expanded to deliver across 6 centres, 5 nights a week and engaging an additional 2,400 per year. They have also extended the target age range including in Poplar and Mile End through detached and late night centre based activities.
- 4.8 Poplar HARCA are fully aware of high levels of youth violence and tension/frustration in the local area and, wherever possible, look to find methods of resolution including mediation provided by youth workers from Spotlight. However, their housing management situation does allow for "last resort" options of evictions should they be needed.



- 4.9 For more information on Spotlight and the services they offer their website can be found at <https://wearespotlight.com/>.

### **St Giles Trust**

- 4.10 St Giles Trust work with a number of authorities and agencies across London and further afield to provide a number of programmes that help young people who are either involved with or at risk from gangs.
- 4.11 Their SOS Project offers intensive help to young people exposed to or at risk of violence, vulnerability and exploitation. The work encompasses gangs work and family support as well as child exploitation and human trafficking.
- 4.12 In addition, the SOS+ Programme prevents disadvantaged young people becoming involved in gang crime and serious youth violence. It offers interactive sessions in schools, pupil referral units and colleges which offer practical tools and knowledge to young people on how to steer clear from violence and crime.
- 4.13 St Giles also work in The Royal London Hospital's Major Trauma Centre in Whitechapel, East London, to offer intensive support to young people who have been admitted as victims of serious youth violence and sexual violence.
- 4.14 One of the strengths of St Giles Trust is that they are considered "experts by experience" in that the workers who provide support and advice to young people have first-hand experience of the situations they are talking about. The young people the work with can relate to the workers through shared experiences and language.
- 4.15 For more information on the work of St Giles Trust visit their website at <https://www.stgilestrust.org.uk/>.

## 5. Approach and Focus

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- 5.1 The underpinning aim of the Tower Hamlets Ending Gangs, Group and Serious Youth Violence Strategy 2015-18 is to reduce the harm caused by gang, group and serious youth violence in the borough and its associated forms of abuse. The work is guided by the following key principles based on prevention, intervention and enforcement:
- The authority and its partners will not tolerate gang, group and serious youth violence and its associated abuse in Tower Hamlets
  - Our work will be underpinned by a safeguarding approach
  - Young people (and families) who are at risk of involvement in gang, group and serious youth violence and the associated forms of abuse will be offered targeted interventions at the earliest point to discourage involvement with support from the appropriate partners
  - If young people (or families) continue to engage in gang, group and serious youth violence the partnership will use all the enforcement options available, while continuing to offer support with appropriate interventions
  - The partnership makes a strong commitment to data and intelligence sharing to reduce the harm caused by gang, group and serious youth violence and its associated forms of abuse.
- 5.2 Findings throughout the review and in existing reports and case studies all highlight the importance of understanding and supporting the needs of the family and young people caught up in gangs and youth violence. The psychological and physical impact of threats of violence and sexual violence against individuals and family members pose a significant risk to all involved.
- 5.3 Many of the young people involved in gangs are not doing so out of choice but through fear of violence and retribution. Protection for them and their families need to be built in to any strategy or activity to help facilitate gang exit or diversion.

### **RECOMMENDATION 1:**

Our approach to dealing with those involved in or victims of gangs and youth violence should consider the needs of the whole family and adopt a safeguarding approach.

- 5.4 The current Ending Gang, Group and Serious Youth Violence Strategy runs to 2018 and is based on historic data and evidence. The Gangs situation has evolved since the strategy was adopted in 2015 with greater understanding and intelligence available to help shape improvement and service delivery.
- 5.5 The delivery of the 2015-2018 Strategy has led to a greater understanding of key issues and a more integrated partnership approach involving the Council, police and key community partners including the commissioning of St Giles Trust and Spotlight.
- 5.6 The model of Hackney's Integrated Gangs Unit reinforces the benefit of developing a strong joined-up strategic approach to tackling Gangs and Youth Violence. The Council should look to ensure its new strategy is co-produced with partners and the community to strengthen delivery of priorities.

**RECOMMENDATION 2:**

The Council should develop a new Gangs and Youth Violence Strategy which reflects the concerns of the community and young people and has a strong focus on the voices of victims and of empowering the community.

- 5.7 Historically, tackling gangs and their impact on the local community has been viewed primarily as an enforcement issue. However, it is now universally agreed that many of those involved with gangs are themselves victims of abuse in many forms too. Also the nature of gangs is more complex than public perception so activity needs to be delivered in a way to support those involved or at risk to make positive life choices and have the confidence to move away from the gangs.
- 5.8 Additionally, the wider issues of exploitation, violence and the factors leading to gang involvement make a multi-agency and multi-disciplinary approach necessary in order to develop effective and holistic responses to this issue. Hackney's example of an Integrated Gangs Unit bringing together multiple agencies within one team has proved to be a successful approach.
- 5.9 The issue of County Lines (see 2.18), its direct relation to gang activity and its cross-boundary and multi-issue nature highlight how complex the subject of gangs and youth violence is. The Mayor's Office for Policing and Crime (MOPAC) is funding development work in this area to help provide more detailed intelligence and information sharing to enable the police, local authorities and partners to address the wider issues more effectively.

**RECOMMENDATION 3:**

Develop a more co-ordinated and holistic approach to address gangs and serious youth violence such as a wider 'exploitation' team.

- 5.10 The Troubled Lives, Tragic Consequences<sup>3</sup> thematic review conducted in 2014 highlighted the need to be aware of and understand the importance of the life experiences of young people brought to the attention of Children's Services. This includes violence and other forms of abuse they may have suffered from peers, social groups or families. The impact of these experiences over time played a significant role in the behaviour and life choices of the individuals in the review and it is understood that identifying and challenging these at an earlier stage may have led to more effective interventions.
- 5.11 The review concluded that a greater understanding educational, mental health and disability needs of young people and their links to potential gang

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<sup>3</sup> <http://www.childrenandfamiliestrust.co.uk/wp-content/uploads/2015/12/Troubled-Lives-Summary-Report-Final1.pdf>

involvement was needed in order to help early identification of vulnerable young people and more effective delivery of intervention work.

**RECOMMENDATION 4:**

Our assessments of children entering the care system should more thoroughly consider the mental health needs, including an understanding of the specific impact of violence on their lives.

- 5.12 Gang involvement is spread across a wide age range and although Children’s Services and associated agencies are focussed on supporting and working with under 18 year olds, it is recognised that many vulnerable young adults involved with gangs and violence have lower educational and emotional ages and are equally at risk.
- 5.13 By concentrating efforts on young people, the Council and partners have managed to reduce the number and proportion of under 18s on the Gangs Matrix. Figure 2

Figure 2

Age	Current Matrix		Matrix A Year Ago	
	Number	%	Number	%
13	0	0.0	2	1.5
14	0	0.0	4	3.1
15	2	2.6	7	5.3
16	4	5.2	8	6.1
17	6	7.8	19	14.5
18	10	13.0	11	8.4
19	11	14.3	19	14.5
20	7	9.1	9	6.9
21	4	5.2	11	8.4
22-25	26	33.8	26	19.8
26-35	7	9.1	15	11.5
13-17	12	15.6	40	30.5
13-18	22	28.6	51	38.9
18+	65	84.4	91	69.5
Over 18s	55	71.4	80	61.1
<b>Total</b>	<b>77</b>	<b>100.0</b>	<b>131</b>	<b>100.0</b>

- 5.14 Some partner agencies are already extending their support work to include young adults and the Council’s Rapid Response Team is transitioning to be able to work with a wider age range. There is already coordinated work underway with Department for Work and Pensions (see 2.39). However, resources are limited and in order to offer services and support to a wider group, sourcing and securing additional funding is vital.

**RECOMMENDATION 5:**

Ensure that there is funding and coordination that covers interventions for young people over the age of 18.

## 6. Analysis, Knowledge and Understanding

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- 6.1 One of the key issues facing Tower Hamlets in its work with gangs and youth violence is the shortage of data and information currently available. In order to provide more robust intelligence in order to better focus resources, it is considered vital that dedicated analytical staff are in place and able to source, interpret and disseminate data effectively.
- 6.2 Although it is generally accepted that the local gang profile is predominantly male and matching the local ethnic population mix, there is not a full set of data to confirm this in detail. There are also currently gaps in information regarding the mental health needs of youths involved with gang activity and the possible scale of child exploitation that is usually linked to gangs.

### **RECOMMENDATION 6:**

Undertake further analysis of the gangs profile in the borough. This should include, but not be limited to, the age, ethnic profile, education levels, disability and mental health needs of those involved.

- 6.3 County Lines has quickly become a significant national issue but due to its cross-boundary nature it has been difficult to collect meaningful data and build up a full profile of its impact. Similarly, it is known that vulnerable young people are being used and exploited by older people involved in criminality in order to facilitate the drug trade in this way but increased research and data sharing with other authorities and police outside of the borough would enable a more detailed picture of the impact on looked after children placed outside of the borough in particular.

### **RECOMMENDATION 7:**

Improve and develop our understanding of the impact of County Lines and Child Sexual Exploitation (CSE) on our looked after children who are placed outside of borough.

- 6.4 Much of the focus of gangs and youth violence is on the male perpetrators and victims as these are the significant majority. However, studies show that there is a significant impact on females either through direct involvement with gangs and gang members or through family involvement.
- 6.5 The threat of physical, emotional and sexual violence against women from gangs was made evident in the Race On The Agenda study Female Voice in Violence<sup>4</sup> highlighting child protection and safeguarding issues, a lack of confidence in traditional support services, the need for national and local responses and the need to address attitudes of boys and men towards

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<sup>4</sup> <http://www.rota.org.uk/content/rota-march-2011-female-voice-violence-project-final-report-it-my-life>



females. The improvement of local knowledge around the impact of gangs on females would enable strengthening the protection and support that can be targeted to this group.

**RECOMMENDATION 8:**

Further work needs to be undertaken to develop a more comprehensive understanding of impact on women as a result of gangs and gang activity in the borough, in particular Violence Against Women and Girls (VAWG). This should include the voices and experiences of those who have been victims of gangs and serious violence.

## **7. Communications, Joint Working and Engagement**

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- 7.1 It has been noted that one major cause for gang involvement is the perceived lack of opportunity for success through legitimate work. Local young people who either struggle through the traditional education system or perceive cultural stereotyping to limit their choices can be vulnerable to promises of status and money obtainable through gangs involvement.
- 7.2 Similarly, young people who have been caught up in gangs often believe that they will not be given opportunities to find work and because of their past and so feel trapped in gangs and criminal activity in order to maintain an income and support themselves or their family.
- 7.3 Providing positive options for employment and training will give those wishing to avoid or leave gangs with the means to support their choice.

### **RECOMMENDATION 9:**

Current engagement with Job Centre Plus should be expanded to include the Council's WorkPath as employment is considered an effective opportunity for gangs exit.

- 7.4 The work of London East Alternative Provision (LEAP - formerly the Pupil Referral Unit) to support young people outside of the traditional school system is an important and valued resource. The opportunities offered and support offered there are of a high standard however there is potentially a challenge for young people who move back into the school system to readjust and settle.
- 7.5 The LEAP currently takes pupils from 17 schools located across both borough and city with the proportion of pupils with minority ethnic backgrounds, English as a second language and special educational needs and/or disabilities (SEND) being above the national average.
- 7.6 In order to ease the transition back into schools and provide the best opportunity for young people to succeed, it is important to understand their individual needs and offer tailored support to suit them.

### **RECOMMENDATION 10:**

Consider ways in which the risk and vulnerability of young people attending the London East Alternative Provision (LEAP) can be better understood and develop an effective support package for young people re-entering secondary school when moving from the LEAP.

- 7.7 During the review, it was recognised that there was a perceived understanding that all schools maintained a zero-tolerance policy regarding carrying drugs and knives that would lead to automatic exclusion. It was felt that such a policy could be detrimental to the development and education of the young person involved, potentially forcing them into more negative life choices.

- 7.8 This was proved to not be a universal policy and further investigation has been recommended to understand the policy of local schools in this matter in order to provide a joined up approach to supporting young people in education.

**RECOMMENDATION 11:**

Engage with schools and the police to better understand their policies around exclusions in relation to carrying knives and/or drugs.

- 7.9 A common theme that arose throughout the review was the need for greater involvement, engagement and support for the local community in empowering them in tackling gangs and youth violence or the circumstances that lead to this.
- 7.10 Faith groups, families, schools and resident associations all offer a local knowledge and are community stakeholders that can provide peer support and challenge in ways that may be more readily accepted than the police and local authority.
- 7.11 There have been good examples in the past of family based intervention and mediation work carried out within the community and local youth workers operating out of Spotlight show the benefit of positive peer role models.

**RECOMMENDATION 12:**

Wider engagement should be undertaken with the local community and other stakeholders, including schools, faith groups and TRAs to increase an understanding of community concerns and how they might help contribute to our response.

- 7.12 Many victims of youth violence who end up in hospital are still unwilling to give details of what they have been through to the police or authorities due to the fear they have of what might happen to them or their families. Also, the presentation of young people with certain conditions may help to identify those at risk of exploitation as a result of gang activity. It is believed that the placement of social care/youth workers with A&E departments would enable trained professionals to spot potential victims of gang and youth violence and provide specialist support where it is most needed.
- 7.13 In addition to the work done by St Giles Trust, the Rapid Response Team are due to recruit a new A&E Coordinator post to engage with victims of violence at the Royal London Hospital who receive treatment and are discharged.
- 7.14 St Giles Trust currently deliver a service with 2 caseworkers embedded in the Major Trauma Centre of Royal London Hospital offer support to young people who are admitted as a result of serious youth violence and sexual violence. When young people are referred to them by the hospital staff, they assess their needs then support them whilst they are still in hospital, on discharge and offer follow up services in the community to help them stay safe and reduce the likelihood of future admissions. Usually, this involves helping the young person find a safe place to stay as returning to their home area can often have risks of reprisals. Once the young person's situation is stabilised,

we will help them engage with services offering support around education, skills and training.

**RECOMMENDATION 13:**

Consideration should be given to whether the Council should lead on delivering a social care/youth worker presence in A&E, including the paediatric A&E at Royal London in order to support early identification and intervention of those involved in gangs or subject to exploitation by gangs.

- 7.15 Disruption activity forms a strong method of deterrent for gangs by making it harder for them to conduct their business. The visibility of police and other agencies on the street pro-actively tackling gangs and youth violence also serves to reassure local residents and manage the perception of crime and community safety.
- 7.16 The review was informed of activities such as intelligence led use of Stop and Search and vehicle searches had been effective in this and other boroughs and the coordinated focusing of police and Council resources in this area would help manage level of incidents. Whilst the Council have a role to play in this area, the work must be led by the police who have the tools and powers to undertake this.

**RECOMMENDATION 14:**

The Council should work in partnership with the police in order to develop effective disruption activity in relation to gangs, drugs and CSE, ensuring that it utilises all of the tools and powers at its disposal.

## 8. Training and Capacity Building

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- 8.1 Tower Hamlets has recently rolled out mandatory training for its social work staff around gangs and youth violence in order to build resilience in this area. In order to provide a joined up and informed approach across the Council, it was felt that it would be beneficial to offer this training to staff in different departments and relevant agency staff.

### **RECOMMENDATION 15:**

Current training being delivered to staff on gangs and serious youth violence should be offered to all staff, including agency staff in relevant roles and partner agencies in the future.

- 8.2 Training local families and community members to identify and help resolve issues within the local areas was seen as a key factor to empowering communities to tackle anti-social behaviour and neighbourhood problems. This has been used as a method for improving pride of place within other boroughs.
- 8.3 It was felt that many issues could be dealt with more effectively and less confrontationally if local people were trained to act as mediators and advocates rather than involving the local authority, police or other agencies that could be seen as more threatening or less approachable.

### **RECOMMENDATION 16:**

Instigate a programme of training for local residents, where appropriate, to act as community advocates.

- 8.4 One comment made during the review was that “young people should be part of the solution”. It was also pointed out that positive role models from within the young people’s peer groups had had a significant impact on life choices.
- 8.5 Hackney have made a point of bidding for funding to offer training and support for young people to act as mentors as this is seen as an effective way to counteract the negative influences of gang members and groomers sending out influencing messages to recruit new members.

### **RECOMMENDATION 17:**

Develop a peer led programme to raise awareness of risks and vulnerabilities and support peers through mentoring.

- 8.6 One area highlighted through case studies and the Troubled Lives, Tragic Consequences<sup>5</sup> review in particular was the difficulty some staff had in challenging difficult or sensitive concerns particularly around cultural and family issues. Although this has improved significantly since the review, ongoing development and support is needed to ensure all staff feel

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<sup>5</sup> <http://www.childrenandfamiliestrust.co.uk/wp-content/uploads/2015/12/Troubled-Lives-Summary-Report-Final1.pdf>

comfortable in raising concerns such as these, putting the safety of young people first.

**RECOMMENDATION 18:**

Ensure that there are effective, reflective supervisions for staff to ensure that they can raise sensitive issues in a supportive setting.

- 8.7 It was raised at the review that there was a lack of understanding amongst many young people of the youth justice system and the consequences of certain actions and activities. In particular, it was noted that quite often young people when arrested were being advised not to answer police questions during interviews which proved to be detrimental to their case overall.
- 8.8 In order to offer accessible support to young people at risk of involvement with the youth court and youth justice system, youth workers should be familiar with the general processes in order to offer meaningful advice and guidance. An offer was made for Spotlight's youth workers to visit the youth court and receive training in this area.


**RECOMMENDATION 19:**

Provide training to youth workers in developing an understanding of youth courts and the youth justice system.

- 8.9 Case studies presented to the review highlighted where some young people had been evidencing signs of concern through their behaviour and actions that had not been picked up by their families or schools. Awareness in this area has improved but a coordinated and robust programme delivered in partnership with schools, the local authority and partners would help strengthen this key area further.
- 8.10 There is also a general acknowledgement that many vulnerable young people are not aware of their own vulnerability or feel able to make informed choices. It was considered appropriate that greater training in critical and consequential thinking was to be provided in schools particularly for those who may be at risk from gang influence, exploitation and grooming.

**RECOMMENDATION 20:**

The Council and partners should offer a quality assured preventative programme to schools, in order to spot early warning signs and develop the resilience of young people.

<p>Non-Executive Report of the:</p> <p><b>Overview and Scrutiny Committee</b></p> <p>22<sup>nd</sup> March 2018</p>	 <p><b>TOWER HAMLETS</b></p>
<p><b>Report of:</b> Will Tuckley, Chief Executive</p>	<p><b>Classification:</b> Unrestricted</p>
<p><b>Overview and Scrutiny Committee Annual report 2017-18</b></p>	

<b>Originating Officer(s)</b>	Elizabeth Bailey – Senior Strategy, Policy and Performance Officer
<b>Wards affected</b>	All

## Summary

1.1 The Annual Report provides a summary of the work the Overview & Scrutiny Committee, the Health, Housing and Grants Sub Committees and Scrutiny Leads have delivered in the 2017-2018 municipal year.

## Recommendations:

The Overview and Scrutiny Committee is recommended to:

1. Comment and agree the report for submission to Full Council in the new municipal year;
2. Authorise the Divisional Director Strategy, Policy & Performance to amend the report following comments by the Committee before submission to Full Council.

## **1. REASONS FOR THE DECISIONS**

- 1.1 This report provides a summary of the diverse range of scrutiny work carried out during the year by the Overview and Scrutiny Committee and the Health, Housing and Grants Sub Committees.

## **2. ALTERNATIVE OPTIONS**

- 2.1 The committee may decline to agree the recommendations. This is not recommended as the report outlines work undertaken by councillors and officers to identify areas of improvement.

## **3. DETAILS OF REPORT**

- 3.1 Under the council's Constitution, the Overview and Scrutiny Committee (OSC) must report annually to Council documenting the Committee's activities during the past year, including on the work of the Health Scrutiny Sub-Committee.
- 3.2 The attached report (Appendix 1) highlights the range of work delivered by Scrutiny during the municipal year this includes five in-depth reviews focusing on fire safety, access to health and social care services for homeless people, recreation activities for young people, gangs and serious youth violence and budget scrutiny. Scrutiny also held a one-off challenge session looking at the impact of Brexit on the Council. A key focus for the Overview and Scrutiny Committee has been on the progress in delivering the improvements in Children's Services. The Committee has held a number of sessions with internal and external stakeholders to understand this and welcomes the positive feedback received from Ofsted. However, it recognises this is an area of on-going work and it is important that the 2018-19 Overview and Scrutiny Committee remains committed to undertaking further work.
- 3.3 The work of the Overview and Scrutiny Committee is broken down into the range of types of scrutiny activity including in depth scrutiny reviews and challenge sessions, a revised approach to pre scrutiny of Cabinet decisions and spotlight sessions focusing on the Council and partners service performance.

## **4. COMMENTS OF THE CHIEF FINANCE OFFICER**

- 4.1 This report provides a summary of the work carried out by the Overview and Scrutiny Committee during 2017-18.
- 4.2 There are no direct financial implications arising from this report.

## **5. LEGAL COMMENTS**

- 5.1 Article 6.03 (d) of the Council's constitution provides that the Overview and Scrutiny Committee must report annually to Full Council on its work. The



report submitted to Council following this consideration will fulfil that obligation.

## **6. ONE TOWER HAMLETS CONSIDERATIONS**

- 6.1 Reducing inequality, promoting community cohesion and building Community leadership are all central to the work of the Overview and Scrutiny Committee. A number of reviews incorporated an equalities perspective in their consideration including the Brexit session which focused on rise of hate crime following the EU referendum. The review on recreation activities for young people also considered needs of different communities including those under represented in accessing services such as girls and BME communities.

## **7. BEST VALUE (BV) IMPLICATIONS**

- 7.1 The recommendations in this report are made as part of the Overview & Scrutiny Committee's role in helping to secure continuous improvement for the council, as required under its Best Value duty.
- 7.2 The Committee has also provided input into the council's Best Value improvement plan, which supports its efforts to meet its duties in this regard

## **8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT**

- 8.1 There are no direct sustainable actions for greener environment arising from this report.

## **9. RISK MANAGEMENT IMPLICATIONS**

- 9.1 There are no direct risk management implications arising from this report. The report on Fire Safety makes a number of recommendations to improve fire safety in high rise buildings in Tower Hamlets.

## **10. CRIME AND DISORDER REDUCTION IMPLICATIONS**

- 10.1 There are no direct crime and disorder implications arising from this report. The report on Gangs and Serious Violence makes a number of recommendations on how the Council working with partners and community can reduce gang crime and serious youth violence.

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### **Linked Reports, Appendices and Background Documents**

#### **Linked Report**

- NONE

#### **Appendices**

- **Appendix 1: Overview and Scrutiny Committee Annual Report 2016/17**

**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.

- These must be sent to Democratic Services with the report
- State NONE if none.

# Overview and Scrutiny Committee



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## Annual Report 2017/18

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## Forward

I am pleased to present the Scrutiny Annual Report for 2017-18 which sets out the range of work the Overview and Scrutiny Committee, Sub-Committees and Scrutiny Leads have undertaken during the municipal year. Scrutiny has undertaken in-depth work on important issues for the borough such as our local response on fire safety, what we are doing about gangs in the borough, and how homeless people are supported to access health and social care services.

The Overview and Scrutiny Committee chose to dedicate a significant portion of its time and attention to the Council's improvement work on Children's Services given the inadequate Ofsted rating in April 2017. We have held a number of sessions with the Mayor, Chief Executive, Cabinet Member for Children's Services, Corporate Director of Children's Services and other officers on the Council's work to address the Ofsted Report's recommendations. Alongside this, the Committee also heard from the Independent Chair of the Children's Safeguarding Board, Independent Chair of the Children's Services Improvement Board and an Improvement Partner appointed by the Department of Education. We are pleased at the progress the Council is making and recognise that scrutiny has an important role to play in providing challenge and support to this process. I am sure the next Committee will again have this as a focus of their work and in particular looking at areas where further work is needed for example embedding a stable workforce and delivering consistent standards across all children's social care teams.

I was pleased that the Committee had an opportunity to be involved in the Council's budget-setting process. Also, the work with the Centre for Public Scrutiny has enabled the Committee to undertake this role more effectively. The Committee welcomed the strategies to support the most vulnerable in our community by continuing free school meals to all primary age pupils and reducing the impact of welfare reforms with the tackling poverty fund. We are however keen to ensure in future the budget setting process is started earlier and scrutiny is engaged in this process to ensure we are able to influence the proposals at an earlier stage.

I reviewed the way in which aspects of the Committee functioned and introduced a number of changes. Some of these were a matter for the Committee, some required approval by the Mayor in Cabinet. I have listed these below and commend them to my successor:

1. To define the role of Scrutiny Leads by assigning the following specific responsibilities to the role:
  - a. Monitoring and raising scrutiny questions on Performance and Finance Reports;
  - b. Taking the lead in asking questions at scrutiny meetings;
  - c. Taking the lead in scrutinising budget proposals.
2. The introduction of Chair's Actions to the agenda to ensure urgency decisions and other governance matters are reported;

3. To release confidential reports to co-opted scrutiny members.
4. To move the dates of Scrutiny and Cabinet meetings to allow sufficient time for the scrutiny of Cabinet papers.
5. To introduce key lines of enquiry on each agenda item to support committee members with strategic questioning.

I am grateful to the Scrutiny Leads for their work and in particular those that chaired a Scrutiny Sub-Committee. Across the board, scrutiny has looked at an extensive range of issues and looked to identify how we can improve outcomes for local people. The Department of Communities and Local Government Select Committee inquiry into scrutiny has highlighted how Local Authorities can support effective scrutiny. I believe Tower Hamlets is now in a good position to further strengthen the role of scrutiny and I hope the new Committee considers this.

My thanks to our partners, Cabinet Members and officers who have attended our meetings and engaged openly about our challenges and how we can collectively address these. Finally, I would like to thank all our co-opted members who sit on the Overview and Scrutiny Committee and sub-committees for their contribution which has brought a different dimension to our discussions and debates.

**Cllr Dave Chesterton**  
Chair of Overview and Scrutiny Committee



# 1. Overview and Scrutiny at Tower Hamlets in 2017/18

- 1.1 Under the Local Government Act 2000, the role of Overview and Scrutiny is to scrutinise the decisions of the Mayor and Cabinet, propose new policies and comment on draft policies and ensure resident satisfaction and value for money. The aim is to make the decision-making process more transparent, accountable and inclusive, and improve services for people by being responsive to their needs.
- 1.2 This year, Tower Hamlets approach to overview and scrutiny has been underpinned by the Centre for Public Scrutiny's four principles for good scrutiny, which are
- providing 'critical friend' challenge to executive policy makers and decision takers
  - enabling the voice and concerns of the public and its communities to be heard
  - carrying out scrutiny by independent minded Members who lead and own the scrutiny process
  - driving improvement in public services.
- 1.3 To develop skills, scrutiny members have been supported by the Centre for Public Scrutiny through a training, development and support programme focusing on budget scrutiny, children's services scrutiny and effective questioning skills.

## Scrutiny Committees

- 1.4 In Tower Hamlets, the main, member-led body that holds executive decision-makers to account is the Overview and Scrutiny Committee.
- 1.5 In addition to the Overview and Scrutiny Committee, there are three subcommittees, which focus on key areas. This allows the Overview and Scrutiny Committee to scrutinise issues of strategic importance to the Council and residents of Tower Hamlets, such as supporting the Children's Services Improvement progress. The three Scrutiny Sub-committees in Tower Hamlets are:
- Health Scrutiny Sub-Committee
  - Housing Scrutiny Sub-Committee
  - Grants Scrutiny Sub-Committee
- 1.6 Also, there are two Scrutiny Leads for Children's Services and Governance to support the role of the Overview and Scrutiny Committee and provide effective challenge to these areas. Their work is covered later in this report.

# 2. Overview and Scrutiny Committee

## Work Programme 2017/8

- 2.1 At the beginning of this municipal year, members of the Overview & Scrutiny Committee agreed a work plan for the 2017/18 Municipal Year based on reflections of achievements and challenges in delivering the scrutiny work programme in 2016-17.
- 2.2 The Committee identified areas they would like to focus on throughout the year. The following specific themes run throughout the work programme:
- Holding the Executive to account with spotlight sessions of all Cabinet members,



- Supporting the Council’s improvement agenda through review of the work on children’s services and best value;
- Reviewing and commenting on the Council’s budget and policy framework items including in-depth review of the budget;
- Review and challenge the performance of the Council on delivery of the strategic plan, budget and resident complaints.

### Membership

2.3 The Overview and Scrutiny Committee membership consists of nine elected councillors, including the Chair, and six education co-opted representatives. The elected councillor membership of the Committee is politically proportionate and representative of the composition of the Council. The co-opted representatives are parent governors and faith representatives from the Church of England, Roman Catholic and Muslim communities.

2.4 The membership of the Overview and Scrutiny Committee is as follows:

Name	Role
Councillor Dave Chesterton	Chair
Councillor Clare Harrison	Vice Chair & Scrutiny Lead for Health, Adults & Community
Councillor Danny Hassell	Scrutiny Lead for Children’s Services
Councillor Ayas Miah	Scrutiny Lead for Governance
Councillor Helal Uddin	Scrutiny Lead for Place
Councillor Andrew Wood	Scrutiny Lead for Resources
Councillor Rabina Khan	Member
Councillor Oliur Rahman	Member
Councillor Muhammad Ansar Mustaqim	Member
Shabbir Chowdhury	Co-opted Member, Parent Governor
Christine Trumper	Co-opted Member, Parent Governor
Fatiha Kassouri	Co-opted Member, Parent Governor
Asad M Jaman	Co-opted Member, Muslim Representative
Dr Phillip Rice	Co-opted Member, Church of England Representative
Joanna Hannan	Co-opted Member, Roman Catholic Representative

2.5 Following on from the development of the Council’s scrutiny toolkit last year, the work programme has been structured around the following scrutiny categories:

- **Scrutiny Spotlight Sessions:** In spotlight sessions a Cabinet Member and/or a senior leader from a stakeholder organisation provides an overview of their work, including key risks within their portfolio, and is then questioned by members of the Committee.
- **Strategic Performance Monitoring:** Strategic monitoring reports are submitted to the Committee for scrutiny to ensure progress in delivering the Strategic Plan and to flag risks.
- **Budget & Policy Framework Scrutiny:** The Committee has a mandatory consultation role on all items that are the responsibility of full Council to agree rather than the Executive, including the budget.

- **Tracking Recommendations:** Throughout the year the Committee reviewed progress on the implementation of 'Action Plans' from previous reviews and challenge sessions.
- **Scrutiny Reviews:** Scrutiny Reviews are led by a scrutiny lead member to examine a topic over multiple evidence gathering sessions, followed by a report with recommendations for service improvement.
- **Scrutiny Challenge Sessions:** Challenge Sessions are single 'deep dive' evidence gathering sessions, led by a scrutiny lead member, which are followed by a report with recommendations for service improvement.
- **OSC Updates:** These provide an opportunity for scrutiny lead members to report back to OSC on the work of the Sub-Committees or any wider work they are involved in, for example Improvement Boards.
- **OSC Reports:** additional items that are either requested, or referred to the OSC for consideration and input.
- **Pre-Cabinet Scrutiny:** At each meeting the Overview and Scrutiny Committee reviews Cabinet papers and provides a list of recommendations and questions which the Chair reports at the start of each Cabinet meeting, thereby informing the Cabinet decision making process.

### 3. Adults, Health and Community Services

3.1 This year the Committee scrutinised the work of the Adults, Health and Community Services by providing 'critical friend' challenge at three Scrutiny spotlight sessions, reviewing the Community Safety Partnership Plan 2017-21, monitoring the implementation of the Prevent Duty and Safeguarding Action Plan and receiving the Scrutiny Challenge Session report on Community Cohesion.

#### Safeguarding Adults

3.2 The Committee received a presentation from the Independent Chair of the Safeguarding Adults Board on the Annual Report 2016/17, which focused on key themes of personalising safeguarding, empowering the vulnerable and addressing capacity issues. Applying its learnings from Children's Services, the Committee challenged whether there are effective safeguarding measures and risk assessments as children transition to adults. The Committee also queried whether key partners, such as Police and housing services, are working effectively with case workers and the Council's measures to quality assure practice of front line case workers.

#### Community Safety

3.3 The Community Safety Spotlight session focused on key focus areas of anti-social behaviour, drug related crimes, knife crime, gangs and the need to work in partnership to protect vulnerable residents. The Committee suggested working jointly with other boroughs to tackle cross borough boundary crime. The Committee also noted the poor engagement and communication between ward panels and the Police and is following up on ensuring Councillors are invited to regular Safer Neighbourhood Team ward meetings. The Committee was concerned that levels of domestic violence prosecutions have decreased locally and nationally following legislative amendments and has suggested this as a Scrutiny Review Session for the next municipal year.

3.4 The Community Safety Partnership Plan has been developed around residents' priorities. The Committee endorsed the new Plan, but made a number of recommendations around improving responses to reports of low level crime through the 101 number and working with

housing partners to promptly removed abandoned vehicles so they did not attract anti-social behaviour and criminal activity. The Committee suggested that workshops should be held at future planning cycles to ensure that the voice of victims is more explicitly incorporated into the plan.

### **Community Cohesion**

3.5 Following the Casey review of integration in Britain, the Scrutiny Lead for Governance held a Scrutiny Challenge Session on community cohesion in April 2017. The Challenge Session aimed to consider the implications of the Casey review and the integration of isolated and deprived communities in the borough.

3.6 The Challenge Session offered the opportunity to review the effective work that the Council and its partners have undertaken and commissioned to deliver improved cohesion outcomes. The report outlined six recommendations to further enhance cohesion outcomes for Tower Hamlets by mainstreaming cohesion across Council services, developing a reporting and evaluation process for cohesion activities, exploring a common assessment to ensure appropriate analysis of user needs, tackling isolation, reviewing the grant and commissioning policies to ensure a stronger focus on cohesion, promoting cohesion leadership and considering the impact of gentrification on cohesion in the borough.

## **4. Place**

4.1 This year the Committee has held four spotlight sessions looking at Housing, Strategic Development and Waste, Work and Economic Development and Environment. Following the Grenfell Tower tragedy, the Committee has also reviewed the Council's Emergency Planning and Civil Contingency Arrangements.

### **Work & Economic Development**

4.2 The Committee welcomes the Council's aim of achieving full employment in the borough and supporting residents into long term sustainable jobs, particularly in the face of skilled staff shortages. The Committee continues to challenge the Council on its plans to tackle high levels of BME unemployment, targeting business rate relief to supports small to medium entities and supporting local businesses and protect them against competition from larger chains and encourage projects, such as the Brick Lane Regeneration to be sustainable post funding.

### **Waste and Recycling**

4.3 The Committee highlighted that borough has a significant and increasing number of high rises and discussed the work in place to pilot a scheme for high rise occupants to recycle food waste. The Committee also considered the quality and accessibility of recycling bags so these are as accessible as possible for all residents, including the elderly, disabled and working residents. The Council has agreed to make these more widely available. The Committee noted the importance of reinforcing messages around correct processes face to face and supports the Council's work in campaigning in schools. The Committee also raised concerns around Veoila's performance and notes that capacity issues around contract management are being addressed.

### **Housing and response to Grenfell**

4.4 The Committee received a presentation on the Council's housing services with a focus on temporary accommodation and homelessness resulting from domestic violence. The Committee were concerned that procedures for identifying and supporting victims of domestic violence who need re-housing were not properly followed. A restructure in Housing options is currently underway to help upskill frontline staff on this issue.

- 4.5 The Committee also considered the Council's response to Grenfell around residential fire safety and noted that all fire risk assessments are up to date. The Committee noted that fire safety measures had been put in place for Council buildings and housing managed by Tower Hamlets Homes. The Committee requested that the Housing Scrutiny Sub-committee carry out a Scrutiny Review on fire safety in residential high rises. The outcomes of this review are covered later in the report.
- 4.6 The Committee also received a presentation on the Council's emergency planning & civil contingency arrangements. The Committee queried the sufficiency of the resources available to the Council for providing emergency support to residents; and noted that there are established mutual aid arrangements across London Local Authorities should these become stretched. The Committee also highlighted the community leadership role of elected members in reassuring and communicating with residents. The service area noted that elected members could play a larger role and will be rolling out training to all members.

### **Night-time Economy Scrutiny Review Report**

- 4.7 The night-time economy in London is currently high on the agenda of city leaders, and has been made a top-priority by the London Mayor with the recent appointment of London's first Night Czar, the introduction of the Night Tube. These developments, together with the rapidly changing demographic and economic make-up of Tower Hamlets, made it an opportune time to review the Council's current approach to the borough's NTE. This review was carried by the Committee in 2016-17 but the final report was presented to the current Committee.
- 4.8 The review held four evidence gathering sessions around planning and economic development, community safety, the Public Health Service and the Metropolitan Police. The review made 11 recommendations around developing a vision, appointing a "Night Czar" to champion a balanced NTE, funding activities from a Late Night Levy, availability of enforcement officers at times of high demand, supporting young people with employment opportunities, providing adequate public toilets and assessing the impact on residents local to NTE zones.

## **5. Education and Children's Services**

- 5.1 The Committee has taken a proactive role in providing 'critical friend' challenge to Children's Services, following a report published by Ofsted in April 2017 which rated the service as 'inadequate'. The Committee received three monitoring reports on the Council's improvement progress throughout the year. Two spotlight sessions were also held on the Cabinet member's portfolio and the Annual Report of Tower Hamlets Local Safeguarding Children Board.

### **Education & Children's Services Portfolio Spotlight**

- 5.2 The Committee received a presentation by the Cabinet Member for Education and Children's Services, which highlighted work around the risk to children and young people in relation to child sexual exploitation, domestic violence and mental health, unaccompanied asylum seeking children adoption and fostering, quality and timeliness of social care assessments and interventions.

- 5.3 On education, the Committee's discussion focused on plans to build parent's confidence to support their children's language and literacy skills at home. The Committee also challenged how the Council would integrate working with schools under the Early Help New Model. To secure appropriate funding for schools, the Committee queried the inclusion of academies and free schools in pupil projections under the new national funding formula for schools. The Committee also raised concerns that the Chief Inspector of Schools had made a number of comments about primary school children wearing the Hijab and received assurances that the Council did not share these views.
- 5.4 On social care services, the Committee noted the poor reliability of existing IT infrastructure and continues to challenge adequate resourcing of Children's Services IT systems through its budget scrutiny processes. The Committee also raised concerns about the impact of funding cuts on children's centres, particularly given the important prevention role that centres' services can deliver. The Committee has since received information confirming the amount and of Children's Centres functioning in the borough. The facilities available to children in the borough have been further scrutinised through the Grants Scrutiny Sub-committee's Challenge Session on youth activities and the Health Scrutiny Sub-committee's monitoring of the Children & Young People Mental Health Service action plan. These are considered later in this report.

#### **Local Children's Safeguarding Board's Annual Report Spotlight**

- 5.5 The Committee reviewed the Local Children's Safeguarding Board's Annual Report and considered governance arrangements, key safeguarding information and the Board's response to the Ofsted Inspection. The Committee's discussions focused on the improvements around performance datasets to analyse core business, identify priorities and monitor the quality of front line practice. The Committee also highlighted that, in its role as a corporate parent, the Council should receive regular reports about numbers, school attainment and any criminality concerns of Looked After Children. The Committee was advised that these details with a detailed account of the areas of improvement will be included in next year's annual report.

#### **Children's Services Improvement Progress Report**

- 5.6 Over three sessions, the Committee has monitored the progress against the Council's improvement plan, which aims to implement the 15 recommendations identified in the Ofsted inspection report and achieve a standard of at least 'good' from April 2019.
- 5.7 The Committee was impressed by the commitment of the Mayor, Members and senior staff to drive improvement. The findings of Ofsted's subsequent monitoring visits and the feedback from the Department of Education confirms that this has translated into embedding significant and necessary changes in service delivery. Accordingly, the Committee has focused its discussions on building and sustaining improvement. In particular, the Committee has scrutinised plans to attract and retain permanent social care staff and mechanisms to reduce high volumes of case-loads. The Committee now receives updates on the stability of the social care workforce. The Committee has also asked the Cabinet member for Children's Service to ensure partners in housing better integrate services with social workers to support service delivery. The Committee has been informed that senior officers in housing and social care will meet to review progress and feed back to the Cabinet Member for Education and Children's Services, the Cabinet Member for Strategic Development & Waste and the Cabinet Member for Housing. The Committee also highlighted the importance of including children's voices in social care workers' analysis and records. The Committee has been reassured that, following the introduction of the New Model of Social Care, children's voices are starting to be captured.
- 5.8 The Committee also invited Sir Alan Wood, Independent Chair of the Children's Services Improvement Board and Debbie Barnes, Improvement Partner from Lincolnshire

(appointed by the Department of Education) to provide an independent perspective of the Council's progress. While acknowledging the positive progress highlighted in the January Ofsted reports, both raised the need to focus on the quality of service to sustain progress by recruiting, training and developing a stable, motivated and highly skilled workforce. The Committee was also advised to focus on developing stronger partnerships, improving partner engagement with the delivery of Early Help and closely monitor children in need who do not have a plan. The Committee plans to focus on these areas in the next municipal year and has recommended to Cabinet that all members receive training in scrutiny and Children's Services.

## 6. Governance

- 6.1 To monitor the Council's performance and scrutinise value for money, the Committee has reviewed quarterly strategic performance reports, quarterly budget monitoring reports, biannually it looked at best value improvement plan monitoring reports and Annual Complaints and Information Governance Report. The Committee also held a spotlight session with the Chief Executive to explore how improvements are being delivered and changes made to the organisational culture.
- 6.2 On the strategic performance report, the Committee has highlighted the importance of employment in supporting local residents out of deprivation. The Council has a key role in working with local partners including businesses to reduce the employment between London and Tower Hamlets and in particular for communities with high unemployment such as BME and women. The Committee noted there are issues with confidence intervals of national survey based data and the Council should explore use of other metrics to understand employment rates in the borough.
- 6.3 With the Complaints and Information Governance Annual Report, the Committee highlighted the need to improve response rates and how intelligence from this report should be used to inform development of future scrutiny work programmes.
- 6.4 At the Chief Executive's spotlight session he highlighted the progress of the Council from a period of distress to an improvement trajectory of being an excellent Council by implementing necessary changes, such as an organisational review, new leadership and three year budgeting. The Committee raised areas of development such as cultural change, breaking down silos, raising the profile of audit and the need for leadership to be more outward focusing. The Committee also discussed planning around the election to safeguard against fraud and corruption

## 7. Resources

### **Quarterly Budget Monitoring**

- 7.1 The Committee played a key role in scrutinising and challenging the budget for 2017/18 throughout the year through quarterly budget monitoring reports. In reviewing the budget, the Committee has focused on the delivery of key services, value for money and whether the borough's most vulnerable residents are supported. In particular, the Committee has focused on the spending on Children's Services and supports the Council's initiatives to attract and maintain a stable social care workforce. The Committee also queried budget planning to mitigate against increasing pressures to adult services delivery and how the Better Care Fund can be used to support Community Care. The Committee also identified

underspending of the Disabled Facilities Grant and will continue to monitor the reasons behind this.

### **Medium Term Financial Strategy**

7.2 In October, the Committee also received a Medium Term Financial Strategy update. The Committee asked for progress updates on plans to move away from short term cash management towards long term strategic investment and will continue to monitor this. The Committee also discussed the agreement in principle of the London Business Rates Pilot Pool 2018/1 and highlighted the need for a risk mapping exercise, which has been reiterated in the Committee's Budget Scrutiny recommendations.

### **Budget Scrutiny for 2018/19**

7.3 The Committee held three sessions in January 2018, including a training session and two Overview and Scrutiny Committee meetings, to consider and challenge the budget proposals.

7.4 The Budget Scrutiny training session was delivered by Centre for Public Scrutiny with the aim of increasing the Committee's skills and capacity to effectively scrutinise the budget proposals. Training focused on questioning techniques, focusing on the impact on residents and whether the budget represents value for money. The Centre for Public Scrutiny also developed key lines of enquiry to assist Committee members provide effective scrutiny.

7.5 At the first meeting, the Committee adopted a high level strategic approach, focusing on the links between the proposed budget and the priorities outlined in the Strategic Plan. At the second meeting, the Committee reviewed the capital programme, Housing Revenue Account (HRA) and feedback from consultation with local residents and businesses.

7.6 The Committee made 12 recommendations to the executive covering the following topics:

- Facilitating effective scrutiny by earlier timeframes and incorporating budget scrutiny into the scrutiny subcommittee's work programmes throughout the year
- Reviewing the risks and opportunities of participating in the London Business Rate Pilot Scheme
- The Council taking a lead role in engaging and helping residents and businesses to mitigate local risks and take advantage of key opportunities of Brexit.
- Improving dialogue and resident engagement in recovering housing benefit overpayments
- Improving in-house resources to procure and manage large contracts
- The Council lobbying the Government for additional capital resources to fund:
  - fire safety remediation works and
  - retrofit sprinklers
- The Council working with schools to raise awareness and encourage eligible parents to apply for Free School Meals.

7.7 In discussions, the Committee noted that parents are not applying for free school meals due to universal free school meals provision, leading some schools to lose funding (in particular the pupil premium). The Committee has since welcomed the Council's change in policy around Free school meals, requiring all parents to complete forms, to ensure schools receive funding.

## **Workforce Diversity Action Plan**

7.8 The Committee also reviewed the Workforce Diversity Action Plan, which implements the recommendations of a challenge session held in 2015/16. The Committee noted that while Black and Minority Ethnic (BME) representation had increased, disappointingly disabled representation has decreased at senior management level. Accordingly, the Committee has called for improved methods of identifying existing staff for advancement, adopting and monitoring a BME blind recruitment approach to break down barriers to equality and undertaking secondments with high performing Local Authorities.

## **8. Petitions, call-ins and pre-decision scrutiny**

8.1 The Committee received no petitions this year.

8.2 One Mayoral Executive Decision was called in this year on the £119m Acquisition of Affordable Homes. The Committee was concerned whether this acquisition was best value for money and requested further information on the age and condition of the properties and confirmation that the alternative options and the financial implications had been considered in full. In recognition of the need for affordable housing in the borough, the Committee voted to confirm this decision.

8.3 Throughout the year, the Committee submitted pre-decision questions across a range of areas. The Committee raised concerns that a number of Cabinet papers were submitted as urgent matters, reducing the Committee's time to scrutinise issues thoroughly. Accordingly, the timing of Overview and Scrutiny Committee meetings will be rescheduled in the next Municipal Year.

## **9. Scrutiny Lead for Children's Services - Councillor Danny Hassell**

### **Role in Children's Service Improvement Board**

9.1 This year, the Scrutiny Lead for Children's Services has attended the Children's Services Improvement Board's meetings and Operational Sub-Group meetings as an ex officio member. These meetings monitor and review performance and progress against the Council's Children's Service Improvement Plan and provide regular reports to the Overview and Scrutiny Committee. The Scrutiny Lead has also participated in a number of 'Practice Days', which has involved meeting front line social workers, observing case conferences and attending home visits to families.

### **Gangs and Youth Violence Scrutiny Review**

9.2 This Scrutiny Review was set up in response to the recommendation in the 2017 Ofsted Children's Services inspection report to:

- urgently improve the quality and timeliness of services for children who are at risk of becoming involved in gangs and serious youth violence
- ensure the alignment of those services with those for children who go missing and those who are vulnerable to sexual exploitation and radicalisation.
- ensure that comprehensive and accurate intelligence and data inform service developments.

9.3 The review looked to identify and understand the scale and impact of gangs and youth violence issues within the borough, examine the Council's current approach, priorities and



resources and identify evidence and best practice examples to learn from, adopt and build upon when planning and delivering services going forward.

- 9.4 Two sessions were scheduled for January and February 2018 and were attended by councillors and officers with key representatives from education and the police and other service delivery partners as well as the Young Mayor and Deputy Young Mayor.
- 9.5 The January session focussed on key issues identified locally as well as evidenced through previous studies held by other authorities and organisations. Presentations were made by the authority's Ending Gang, Group & Serious Youth Violence Co-ordinator and the Interim Head of Youth Services on how work is currently delivered and ongoing plans. The Community Safety and Partnership Manager from the London Borough of Hackney presented on how they have shaped and delivered their Integrated Gangs Unit and discussions were held regarding matters raised including supporting the role of community mediation and intervention, perceived issues for young people and examining the causes for gang involvement.
- 9.6 The February session was held off-site at the Spotlight Centre where a lot of positive outreach and involvement work is delivered. This session focussed on feedback and experiences of young people involved with or affected by gangs and youth violence, adding greater context and impact to the discussions and findings from the first session.
- 9.7 The review has made 20 recommendations covering themes of resourcing, communications and engagement, analysis and understanding, training and capacity building and developing the focus and approach of work going forward.

## 10. Scrutiny Lead for Governance - Councillor Ayas Miah

### **Brexit Scrutiny Challenge Session**

- 10.1 The Scrutiny Lead for Governance chaired a Scrutiny Challenge Session to improve the Committee's understanding of Brexit and its likely impact on the Council. The Session was held in December 2017 and attended by 3 Members, 2 Co-opted Members and officers.
- 10.2 The Challenges Session made a total of 10 recommendations on following themes:
- Further work to understand the impact on Council's workforces and also those it commissions to supply services;
  - Being proactive in understanding the impact on Tower Hamlets and engaging in regional and national discussions;
  - Undertaking a Scrutiny review in 2018-19 looking at the impact on businesses, statutory agencies and local voluntary and community sector;
  - Understanding impact on local labour market based on future needs;
- 10.3 The Scrutiny Lead in consultation with cross party members and co-opted members has also developed a draft scope for the scrutiny review on Brexit to be undertaken by the new Committee in 2018-19.

# 11. Scrutiny Lead Health, Adults & Community and Chair of Health Scrutiny Sub-Committee – Councillor Clare Harrisson

## Overview

- 11.1 The Health Scrutiny Sub-Committee is the primary way in which the democratically elected councillors of Tower Hamlets are able to voice the views of their residents and hold the relevant NHS and social care bodies to account. By doing this, the Health Scrutiny Sub-Committee acts as a lever to improve the health of the local population by ensuring their needs are considered as part of the commissioning, delivery and development of health and social care services in the borough.
- 11.2 To develop the 2017/18 Health Scrutiny work programme, the Sub-Committee carried out extensive consultation with key stakeholders including: Barts Health Trust, LBTH Adults Commissioning, Social Care, Healthwatch Tower Hamlets, GP Care Group, Public Health, East London Foundation Trust, and Tower Hamlets CGG.
- 11.3 Following this consultation the Committee generated a list of significant issues, challenges and projects across health and social care in 2017/18. The Committee decided to adopt a deep dive approach to its work programme, focusing on one issue per meeting in depth. The deep dive items included; self-care & prevention, loneliness, and the sustainability of social care services in Tower Hamlets.
- 11.4 In addition to the deep dive items, the Sub-Committee continued to receive occasional and statutory reports relating to the performance of the local health and social care system.
- 11.5 The Sub-Committee held four meetings in 2017/18. In addition to the Committee meetings the Sub-Committee also undertook a Scrutiny Review which inspected the provision of health and social care services for homeless residents in Tower Hamlets.

## 11.6 Membership

Name	Role
Councillor Clare Harrisson	Chair
Councillor Khaled Uddin Ahmed	Member
Councillor Abdul Asad	Member
Councillor Peter Golds	Member
Councillor Muhammad Ansar Mustaqim	Member
Councillor Rachael Saunders	Member
David Burbidge	Co-Optee (Healthwatch Tower Hamlets)
Tim Oliver	Co-Optee (Healthwatch Tower Hamlets)

## Highlights

### Self-care and Prevention

- 11.7 The Sub-Committee carried out a deep dive of self-care and prevention to improve understanding of the self-care and prevention agenda and how it is implemented in Tower Hamlets. The Sub-Committee aimed to gauge residents' understanding of self-care and prevention and consider what degree of behaviour change is required for residents to make an impact on health and social care sustainability.

- 11.8 Self-Care can be defined as what people do for themselves to establish and maintain health, and to prevent and deal with illness. It is a broad concept encompassing hygiene, nutrition, lifestyle, environmental factors, socio-economic factors and self-medication. The Sub-Committee were informed that promoting self-care and prevention is at the centre of the East London Health and Care Partnership vision of the future health and care system in East London.
- 11.9 The Committee were informed that there needs to be a flexible approach to supporting self-care and there is a need to encourage and develop a culture that supports adventure and risk taking to ensure residents are open to using self-care assets. There is still significant work required to provide the community with accessible information on how to access assets and help in the community and encourage them to access services this way. There needs to be a system wide change in the health and social care system so that it enables people to self-care better, however increased integration and the development of Tower Hamlets Together presents the opportunity to drive through the changes which need to be made.

### **Loneliness**

- 11.10 The Sub-Committee reviewed the work which has been undertaken in the borough to tackle the issue of loneliness and social isolation. Addressing issues of loneliness was identified in Mental Health Strategy 2013-2019, and was included as one of 10 key themes in the Ageing Well strategy. It is estimated that in Tower Hamlets 16% of over 65s (2,500 residents) are likely to be lonely all or most of the time (referred to as chronic loneliness).
- 11.11 The Sub-Committee received a presentation from Public Health, who informed them that they have delivered two projects in the borough to address issues of loneliness. The first looked at community perspectives on loneliness. Twenty volunteers were trained in community research techniques to find out the thoughts and experiences of loneliness of 600 residents from a wide range of backgrounds and ages. The project identified 8 themes as having an impact on loneliness; mental health and wellbeing, physical health, feeling safe, housing conditions, family, relationships and life experiences, community activities and social networks, culture, faith and cohesion, environment and infrastructure.
- 11.12 The second project looked at loneliness in care homes. This was a befriending scheme based on mutual interests. The Sub-Committee was informed that this project was a success and greatly valued by the care homes, however due to specialist knowledge and time and cost related to supporting volunteers it was not continued beyond the project end date.
- 11.13 In November 2017, a borough-wide stakeholder event was held to feedback the findings from both projects and made a number of recommendations to tackle the issue of loneliness and social isolation further. It was concluded that the logical next step was to embed tackling loneliness throughout Council wide strategies.
- 11.14 The Sub-Committee recommended that identifying loneliness could be incorporated into the social prescribing project and that the Council should follow the outcomes on the London wide strategy on loneliness and explore opportunities to get involved with it. The Sub-Committee would like to be updated on the developments in this area and have requested that it be included on 2018/19 Health Scrutiny work programme.

### **Maternity Services; Scrutiny Review (progress update)**

- 11.15 The Sub-Committee reviewed the progress made on the action plan produced in response to the Maternity Services scrutiny review undertaken in 2016. The scrutiny review brought together representatives from the Council, Tower Hamlets CCG, Barts Health NHS Trust, and community organisations to explore the quality of provision and the

performance of Maternity Services in Tower Hamlets. Through listening to patient feedback the review explored the extent to which women are involved in monitoring and planning services and how accessible and responsive services are for people from different social backgrounds. The Sub-Committee made a number of recommendations to improve Maternity Services in Tower Hamlets.

- 11.16 The Sub-Committee heard a presentation from Alwen Williams, CEO Bart's Health Trust and Kelly Jupp, Maternity Management Team at Bart's Health. Following the recommendations from the Health Scrutiny Committee in 2016, a Maternity Partnership Board was set up to address the challenges. The success of the Partnership Board was evidenced in a recent CQC inspection which concluded that there were improvements in five key areas, these were: safety, workforce, staff, partnership and staff wellbeing. As a result of the review the hospital has implemented an abduction policy and has installed 10 secure doors and an electronic baby tag monitoring system. Moreover, the recruitment web page has been revised to include direct contact details of the management team and list live vacancies.
- 11.17 There is a 94% fill rate, one midwife to twenty-eight patients and two labour ward co-ordinators have been recruited. Staff members are required to sign up to both day and night shifts. The hospital has also introduced overnight stays for partners. Finally, staff wellbeing initiatives have been introduced for the midwifery team and wider support staff including administrative workers.

#### **Children & Young People Mental Health Service; Scrutiny Challenge Session (progress update)**

- 11.18 The Sub-Committee reviewed the progress made on the action plan produced in response to the Children & Young People Mental Health Service (CAMHS) scrutiny challenge session undertaken in 2016. The challenge session brought together representatives from the council, Tower Hamlets CCG, Tower Hamlets CAMHS, and community organisations to explore the level of provision and the performance of children and young peoples' mental health services in Tower Hamlets. The session focused on how accessible mental health services are for service users from a wide range of backgrounds, how effectively services are promoted and engage with a diverse range of services users, and what gaps exist in the current service provision. The Sub-Committee made fourteen recommendations to improve CAMHS in Tower Hamlet's.
- 11.19 The Sub-Committee were informed that in response the action plan the Council are working with Tower Hamlets CCG and the voluntary sector to strengthen early intervention services. Parent and infant emotion health and wellbeing training was delivered in 2016/17 as part of the Tower Hamlets Together training. A new integrated young people's health and wellbeing service will begin in 2018 and will target young care leavers. Moreover, a co-commissioned specialist Community Adult Mental Health Service was launched to support young people experiencing mental health issues who have been in contact with the youth justice system. Additionally, a pilot has been delivered by Tree4Life, which trained local women in delivering mental health first aid and aims to improve cultural awareness of mental health issues. The 'Flourishing Minds' pilot was also delivered to breakdown cultural barriers and reduce the stigma in mental health. The Children and Families team delivered training sessions for parents at schools to improve engagement with children and families in mental health awareness. Finally, the Council and Tower Hamlets CCG are raising awareness of mental health and available support services to all staff.

## **NHS Cyber Attack**

- 11.20 Jackie Sullivan, Director at Royal London Hospital at Barts Health, together with Sarah Jenson – Chief Information Officer at Barts Health, provided a presentation on the cyber-attack which took place on 12 May 2017 at the NHS Trust.
- 11.21 The Sub-Committee heard that the NHS Trust was vulnerable to the cyber-attack due to a Microsoft Windows vulnerability as all medical equipment ran on a Windows operating system. The virus was initially discovered in the x-ray machine, followed by more calls received indicating that PCs were also defective. Newham was the first site, within Barts Health, to be affected. A decision was made to shut down all technology to protect neighbouring providers and NHS systems. Work undertaken to segregate networks and to schedule engineer visits. Service areas within Barts Health were prioritised, for example, restoring the stroke and heart centres were first priority. Systems were largely restored by 24 May 2017. Since that date significant work was undertaken on recovery plans. The fact that the cyber-attack was treated as a London-wide major incident, as when trauma centres were closed, increased pressure was put on other trauma centres. There were 120 in-patient cancellations, which all would be re-booked and seen before the end of July 2017.

## **Scrutiny Review; Health and social care provision for Homeless Residents**

- 11.22 The Sub-Committee performed a scrutiny review which looked at the provision of health and social care services for homeless residents in Tower Hamlets. Homelessness is a growing and complex problem which reaches right across health, public health, and social care. Homelessness has been a historical problem in Tower Hamlets and continues to be a pressing issue due to reforms to the welfare system, the austerity measures of the current government, rising house prices, rent and fees, and the national housing shortage leading to unaffordability of homes.
- 11.23 The review aimed to develop a clear understanding of the health and social care issues experienced by homeless households in terms of outcomes and service provision with a view to informing the future commissioning and provision of health and social care services for these groups of people.
- 11.24 Specifically the review wanted to answer the following questions:
- What are the main barriers in providing effective health and social care for homeless residents?
  - How do health outcomes for homeless residents differ from the wider population?
  - What is the response to addressing the health and social care issues for these groups from local health and social care commissioners and providers?
  - What more can health and social care providers do to address inequality in access and outcomes for homeless residents?
- 11.25 The Sub-Committee held two meetings as part of this review. The first meeting invited commissioners and providers of health and social care services from the NHS and London Borough of Tower Hamlets to inform the committee of the current services in place to support homeless households. Public Health introduced the Homeless Joint Strategic Needs Assessment which formed the context for the review. This was followed by a presentation from the CCG, East London Foundation Trust, and Barts Health Trust who provided an overview of the different health services and access points in place for homeless residents. Particular attention was given to the role of Health E1 and the Pathways Homeless Team at the Royal London Hospital. The LBTH Commissioning Team and Adult Social Care Team then followed and provided a joint presentation of the social care services available for homeless residents in Tower Hamlets. They were

supported in their presentation from colleagues from Providence Row Housing Association and Lookahead who provide hostel services for LBTH.

- 11.26 The second meeting invited homeless residents and their advocates to share their experiences of accessing and using health and social care services. Presentations were received from Shelter, St Mungos, Groundswell, and homeless residents.

## 12. Inner North East London Joint Health Overview & Scrutiny Committee

### Overview

- 12.1 For 2016/17 and 2017/18 the London Borough of Tower Hamlets held the rotating Chair on the Inner North East London (INEL) Joint Health Overview & Scrutiny Committee (JHOSC). This body comprises of London Borough of Tower Hamlets, London Borough of Hackney, London Borough of Newham and the City of London Corporation (together with LB Waltham Forest as observers).
- 12.2 The JHOSC is tasked with scrutinising health and social care plans and/or decisions that may affect one or more member authority. In accordance with s.245 of the NHS Act 2006 and the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002, the JHOSC is able to refer certain decisions (formal ‘cases for change’) to the Secretary of State if it is felt they have been taken without due consultation and engagement. The JHOSC has jurisdiction over the scrutiny of sub-regional health care planning such as the Sustainability and Transformation Plans (STPs).
- 12.3 During 2017/18 the JHOSC met four times. The committee continued to scrutinise the North East London Sustainability and Transformation Plan (STP) which represents a significant transformation to NHS healthcare provision at a multi-borough and sub regional level.
- 12.4 Additionally, the JHOSC reviewed proposals for the reconfiguration of North East London Clinical Commissioning Groups (NEL CCG) as they appointed a Single Accountable Officer (SAO) across the seven NEL CCGs. Both of these plans include re-configurations of services that could have an impact on Tower Hamlet’s residents and it is therefore important that JHOSC provides democratic oversight.

### 12.5 Membership

<b>Name</b>	<b>London Borough</b>
Councillor Clare Harrisson (Chair)	London Borough of Tower Hamlets
Councillor Susan Masters (Vice-Chair)	London Borough of Newham
Councilman Christopher Boden (Member)	City of London Corporation
Councillor Ann Munn (Member)	London Borough of Hackney
Councillor Ben Hayhurst (Member)	London Borough of Hackney
Councillor Yvonne Maxwell (Member)	London Borough of Hackney
Councillor Anthony McAlmont (Member)	London Borough of Newham
Councillor James Beckles (Member)	London Borough of Newham
Councillor Shiria Khatun (Member)	London Borough of Tower Hamlets
Councillor Muhammad Ansar Mustaqim (Member)	London Borough of Tower Hamlets

## Highlights

### Single Accountable Officer

- 12.6 The JHOSC scrutinised proposals for the creation of a SAO across the seven NEL CCGs. The proposed new commissioning arrangements composed of two key aspects; the appointment of a Single Accountable Officer who will also take the STP lead role, and the establishment of new shared governance arrangements to support commissioning across the North East London footprint and at an individual borough level.
- 12.7 The proposals were presented to the JHOSC by Dr Sam Everington (Chair of NHS Tower Hamlets CCG), Dr Clare Highton (Chair of NHS City & Hackney CCG) and Dr Prakash Chandra (Chair of NHS Newham CCG). Following scrutiny of the proposals members of the JHOSC voted against endorsing the appointment of an SAO. The committee sent a letter to the CCG governing bodies which detailed their refusal to endorse the proposals.
- 12.8 The committee were concerned that this reorganisation represented a weakening of local accountability structures. The proposal to appoint a SA was ratified by the CCG governing bodies however the JHOSC was provided with assurances that local accountability would not be lost in the new structure and that wider consultation with key stakeholders would be carried out to test the new commissioning arrangements.

### North East London Sustainability and Transformation Plan

- 12.9 The JHOSC performed a number of scrutiny reviews on specific elements of the STP, including; digital enablement, mental health and workforce.
- 12.10 The JHOSC considered the role of digital technology in supporting the delivery of the STP. The committee were informed that NEL STP would make better use of Information Technology to help support health and social and community care providers, in order to meet the needs of local people. Digital technology would enable the development of new, sustainable models of care to achieve better outcomes for patients, with a focus on prevention and out of hospital care. Specifically, as part of the STP four work streams have been created to; address server issues at Barts Health Trust, improve how data is shared and utilised across different pathways, improve how data is pooled together with real time data, and enable patients to have access their own medical records and information.
- 12.11 The JHOSC scrutinised the work being undertaken to develop mental health services as part of the North East London Sustainability and Transformation Plan. Officers from East London Health and Care partnership (ELHCP) outlined that mental health is a national priority and that investment in this area is as essential as it is in acute illnesses. The STP must deliver the access and quality standards outlined in the mental health Five Year Forward View. Significantly, inner North East London has the highest level of mental illness in the country and there is an increasing demand for mental health services. The STP will allow local partners to develop solutions to the range of issues and provides an opportunity to make mental health an integral part of all the health and social care interventions provided across East London. The Committee were informed that delivery groups have been established to deliver the following areas of work; improve population mental health and wellbeing, improve access to service provision and quality, ensure services have the right capacity to match increasing demand, mental health supporting improved system outcomes and values, commissioning and delivering new models of care.
- 12.12 The JHOSC reviewed the issues surrounding the NHS workforce and asked for assurances that that the recruitment and retention challenges are being met and that

progress is being made in transforming the out of hospital workforce. Given the population growth, there are significant gaps in supply and demand of the NHS workforce. There are pockets in east London which are under doctored. In addition to this the nursing workforce is migrating away due to affordable housing issues. The committee were informed that workforce retention is included as one ELHCPs four core priorities. Health Education England (HEE) established a Local Workforce Action Boards (LWAB) for ELHCP to coordinate and support the workforce requirements of the STP. The national target for increasing the number of GPs is 500. North East London has a target of employing 19 additional GPs. Given the population demand, new roles are to be introduced into primary care including physician associates and care navigators. In secondary care a nursing associate role will be introduced. It was noted that there has been little joined up working with the health service and local authorities on key worker housing. The JHOSC suggested offering workers a suite of benefits such as nursery places, housing, and training to encourage people into entering the profession.

- 12.13 In addition to deep dive reviews the JHOSC also scrutinised the governance arrangements of the STP, the financial strategy and challenges of the STP, the development of Accountable Care Systems, and planned changes to maternity services as part of the STP.

## **13. Scrutiny Lead for Resources & Chair of Grants Scrutiny Sub-Committee – Councillor Andrew Wood**

### **Overview**

- 13.1 This year, the Members of the Grants Sub-Committee focused on ensuring that the overall objectives of the grant scheme were being met based on identified need, that a fair geographical distribution of funding is being proposed, and that the full range of community needs are being met. It aims to support an objective, fair, transparent and co-ordinated approach to grant funding across the Council.
- 13.2 The Sub-Committee held six meetings and focussed on pre-decision scrutiny of the reports being presented to the Grants Determination Sub-Committee. These include reports on grants awards, monitoring of grants performance, grants policy development reports and other reports requested by the Committee.
- 13.3 A further meeting was on held to look at the grants monitoring GIFT system to give members an opportunity to provide feedback and gain insight into the new system.
- 13.4 As articulated in the Council's Voluntary and Community Sector Strategy, the Council is moving towards a commissioning approach. To this end, the Sub-Committee wanted to look at the arrangements being put in place to support local organisations. The Sub-Committee received a report outlining the co-production support to the voluntary sector to date for commissioned projects relating to Community Engagement, Cohesion and Resilience, and the Sub-Committee have asked receive another update further into the co-production programme.



### 13.5 Membership

Name	Role
Councillor Andrew Wood	Chair
Councillor Clare Harrison	Member
Councillor Candida Ronald	Member
Councillor Ayas Miah	Member
Councillor Muhammad Ansar Mustaqim	Member
Councillor Shafi Ahmed	Member
Margherita De Cristofano	Co-opted Member
Sirajul Islam	Co-opted Member

### Tower Hamlets Mayor's Air Quality Fund

13.6 This year, the Council implemented the Tower Hamlets Mayor's Air Quality Fund (THMAQF). The Sub-committee supported the recommendation to award £200,000 bid to cover a two year period (17/18 and 18/19). A significant proportion of funds will go into raising awareness about the need to improve Air Quality.

### Renewal of Service Agreement with Mudchute Farm and Friends of TH Cemetery Park

13.7 These two facilities are an important part of the community and, although they are owned by the Council, they are managed by a charity organisation. Moreover, they fit within all the Mayoral strategic priorities.

13.8 Members commended the work carried out by the management of those facilities, and stressed how much they improve the community's quality of life.

### Royal London Hospital Meanwhile Use Community Garden

13.9 The Committee raised concerns that the selected location for the "Meanwhile use Community Gardens" will be located in an area which has very bad air quality and high air pollution.

13.10 It was noted that after the 2 year lease there is no requirement to continue this as a community garden as that area is part of the life sciences development by the Trust. It was felt that the Council needed to consider what was in the local plan for the life sciences development and find a way to ensure that the Trust continues to keep this running as a community garden so that the Council's original investment is not wasted.

13.11 The report had a lot of details in relation to the relocation but was lacking information on how the garden will be maintained in future and how the Council will establish whether the garden achieved objectives over the 2 year period. It was only mentioned that the organisation that will take over had experience of running such projects and that they work with GP for referrals and schools and that they have a dynamic projects which engages different audiences.

### Brick Lane Regeneration Programme Phase 2- Shopfront Programme Grant Payment

13.12 £270,000 had been identified within Brick Lane Regeneration Programme for the shopfront regeneration programme. This programme would be part funded by s106 and part funded by the shopkeepers.

13.13 Members noted that Brick lane is already an area that generates high foot walk and that S106 money should be spent on other projects. However, they were made aware that more revenue would only benefit the area. Moreover, there is discussion to insert this area in the Business Improvement District, which again will increase the revenue area.

### **Mainstream Grants (MSG) Performance Monitoring Reports**

13.14 The Committee received quarterly monitoring reports of project delivery by organisations in receipt of MSG Programme. This included projects that were rated 'red' and 'amber'. The Committee sought assurance on work taking place to support these organisations and ensure targets were being met. The Committee also supported the extension of the current programme until March 2019 to enable co-production and move to a commissioning process.

### **Recreation activities for young people - Scrutiny Review**

13.15 The Committee undertook an in-depth review on opportunities offered by the Council for young people to stay active in the borough. The review links to the strategic aim of reducing childhood obesity and also the development of the Council's Physical Activity and Sports Strategy, which is currently being developed.

13.16 The Committee noted from the outset that there are limited grants available for this but there a range of projects through being delivered by the MSG Programme. The review therefore focused on activities being delivered by the Council and other partner agencies. They also heard about regional best practices from London Sports.

13.17 The draft report outlines recommendations around maximising the use of facilities, which will be further developed by the new Committee.

## **14. Scrutiny Lead for Place & Chair of Housing Scrutiny Sub-committee – Councillor Helal Uddin**

### **Overview**

14.1 The Housing Scrutiny Sub-Committee scrutinises housing matters impacting on residents or the borough, which includes reviewing the Council's decisions or actions, monitoring performance of service providers and holding them to account, making evidence based recommendations for service improvements.

14.2 The Housing Scrutiny Sub-committee also considers matters brought to its attention by resident associations or members of the general public and is working to improve this engagement.

### **Work programme**

14.3 This year, the Housing Scrutiny Sub-committee developed its annual programme, based on discussions with the Chair, members and key stakeholders. In determining the work programme, the Housing Scrutiny Sub-committee considered priorities of the Council and registered providers and important national and local developments. In particular, the Grenfell tragedy highlighted the need for our residents to enjoy quality housing, which meets fire safety standards. The Housing Scrutiny Sub-committee therefore carried out a Fire Safety Scrutiny Review.

## Membership

14.4 The Housing Scrutiny Sub-committee has 6 elected members and 2 co-opted members. These are as follows:

Name	Role
Councillor Helal Uddin	Chair
Councillor John Pierce	Vice Chair
Councillor Andrew Wood	Member
Councillor Gulam Robbani	Member
Councillor Rabina Khan	Member
Councillor Shiria Khatun	Member
Anne Ambrose	Co-opted member, Tenant Representative
Moshin Hamim	Co-opted member, Leaseholder Representative

## Highlights

14.5 The Housing Scrutiny Sub-committee met quarterly and received a quarterly performance reports to monitor the performance of Registered Housing Providers. The Committee members have focused on resident satisfaction levels as a guide to the level service provided.

14.6 The Housing Scrutiny Sub-committee also received three spotlights sessions:

- Cabinet Member for Housing Management and Performance
- Cabinet Member for Development & Renewal
- Impact of short-term lets (eg Air BnB) in the borough.

14.7 The Sub-committee also considered how the Council is meeting the needs for temporary accommodation through its acquisition programme. In terms of new legislation, the Sub-committee also considered the Council's readiness to comply with the Homeless Reduction Act, which comes into force in April 2018. The Sub-committee welcomed the preparation in place, particularly around training frontline staff and will continue to monitor the Council's activities to comply with statutory requirements and residents' needs. The Committee also considered the draft London Plan, to raise issues around local housing targets, environmental considerations and feedback via Housing Options' response into the public consultation.

14.8 A significant focus of the Housing Scrutiny Sub-committee this year has been fire safety and received a presentation in July outlining the Council's response to reviewing its housing stock.

## Fire Safety Scrutiny Review

14.9 Following the Grenfell tragedy, the Housing Scrutiny Sub-Committee has carried out a review of fire safety issues in residential high rises to identify gaps in current policies or practices. The Review aimed to:

- Drive improvement in fire safety policies, practices and compliance in existing and new developments
- Clarify roles and responsibilities across the public and private owned high rises
- Amplify the voice and concerns of the resident tenants.

14.10 The Committee held 3 evidence gathering sessions, which were based around the following themes:

- Roles and Responsibilities
- Preventions Measures
- Emergency Responses

- Resident engagement
- 14.11 The Review received evidence from Tower Hamlets Homes, Registered Providers, the London Fire Brigade, a private developer and officers from Housing Options, Planning, Building Control, Environmental Health and Legal. The Review also considered the residents reviews through written evidence from tenants associations, petitions, complaints, member's enquiries and freedom of information requests.
- 14.12 The Review has made 20 recommendations covering areas around how the Council can work better with private developers and building owners, improve communication to local people, lobby government for additional funding for retrofitting sprinkler systems and develop and review performance measures in relation to fire safety.

## 15. Looking ahead

- 15.1 Scrutiny plays an important role in challenging performance and driving improvement and needs to be as effective as possible. Therefore, the Committee has formally requested a response from the executive on the Department of Community & Local Government Select Committee review of local authorities scrutiny function. The report will be presented at the first Overview and Scrutiny Meeting of the next municipal year. This report presents an opportunity to improve how scrutiny operates in Tower Hamlets recognising good practices and improving on these.

## 16. How to get involved

- 16.1 Residents can play a key role in challenging service delivery and helping to shape improvements. There are four main ways you can get involved with Tower Hamlet's Overview and scrutiny processes:
- attending Overview and Scrutiny Committee meetings (or one of its subcommittees). These all public meetings and therefore open to any local resident who wishes to attend. The Overview and Scrutiny Committee are now live cast through the Council website.
  - giving evidence to the Overview and Scrutiny Committee or one of its sub-committees, or a review or challenge session established by one of these committees, on any issue or matter that appears on an agenda or that is being scrutinised;
  - applying to join the Overview and Scrutiny Committee or one of its subcommittees as a co-opted member when a vacancy arises.
  - proposing topics for scrutiny by one of the committees.
- 16.2 In terms of proposing topics for scrutiny, the Council actively seeks greater public participation in proposing topics for scrutiny through the Council's website. These topics will be considered alongside proposals from councillors to develop the work programme for the next municipal year.