

# CABINET

## MAYOR

Mayor John Biggs

## CABINET MEMBERS

Councillor Sirajul Islam	(Statutory Deputy Mayor and Cabinet Member for Housing)
Councillor Rachel Blake	(Deputy Mayor and Cabinet Member for Regeneration and Air Quality)
Councillor Asma Begum	(Deputy Mayor and Cabinet Member for Community Safety and Equalities)
Councillor Amina Ali	(Cabinet Member for Culture, Arts and Brexit)
Councillor David Edgar	(Cabinet Member for Environment)
Councillor Danny Hassell	(Cabinet Member for Children, Schools and Young People)
Councillor Denise Jones	(Cabinet Member for Adults, Health and Wellbeing)
Councillor Candida Ronald	(Cabinet Member for Resources and the Voluntary Sector)
Councillor Motin Uz-Zaman	(Cabinet Member for Work and Economic Growth)

[The quorum for Cabinet is 3 Members]

## MEETING DETAILS

**Wednesday, 19 December 2018 at 5.30 p.m.**  
**C1, 1st Floor, Town Hall, Mulberry Place, 5 Clove Crescent, London, E14 2BG**

**The meeting is open to the public to attend.**

## Further Information

The public are welcome to attend meetings of the Cabinet. Procedures relating to Public Engagement are set out in the 'Guide to Cabinet' attached to this agenda.

### **Contact for further enquiries:**

Matthew Mannion, Democratic Services,  
1st Floor, Town Hall, Mulberry Place, 5 Clove Crescent, London, E14 2BG  
Tel: 020 7364 4651  
E-mail: [matthew.mannion@towerhamlets.gov.uk](mailto:matthew.mannion@towerhamlets.gov.uk)  
Web: <http://www.towerhamlets.gov.uk>

Scan this code  
for an  
electronic  
agenda:



## Public Information

### **Attendance at meetings.**

The public are welcome to attend meetings of Cabinet. However seating is limited and offered on a first come first served basis. **Please note** that you may be filmed in the background as part of the Council's filming of the meeting.

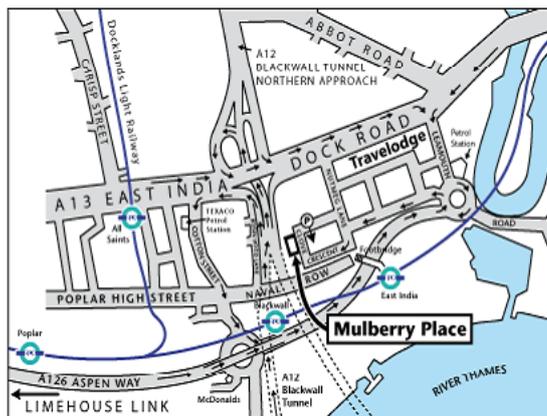
### **Audio/Visual recording of meetings.**

The Council will be filming the meeting for presentation on the website. Should you wish to film the meeting, please contact the Committee Officer shown on the agenda front page.

### **Mobile telephones**

Please switch your mobile telephone on to silent mode whilst in the meeting.

### **Access information for the Town Hall, Mulberry Place.**



Bus: Routes: D3, D6, D7, D8, 15, 108, and 115 all stop near the Town Hall.

Docklands Light Railway: Nearest stations are East India: Head across the bridge and then through the complex to the Town Hall, Mulberry Place Blackwall station: Across the bus station then turn right to the back of the Town Hall complex, through the gates and archway to the Town Hall.

Tube: The closest tube stations are Canning Town and Canary Wharf.

Car Parking: There is limited visitor pay and display parking at the Town Hall (free from 6pm)

If you are viewing this on line: ([http://www.towerhamlets.gov.uk/content\\_pages/contact\\_us.aspx](http://www.towerhamlets.gov.uk/content_pages/contact_us.aspx))

### **Meeting access/special requirements.**

The Town Hall is accessible to people with special needs. There are accessible toilets, lifts to venues. Disabled parking bays and an induction loop system for people with hearing difficulties are available. Documents can be made available in large print, Braille or audio version. For further information, contact the Officers shown on the front of the agenda.



### **Fire alarm**

If the fire alarm sounds please leave the building immediately by the nearest available fire exit without deviating to collect belongings. Fire wardens will direct you to the exits and fire assembly point. If you are unable to use the stairs, a member of staff will direct you to a safe area. The meeting will reconvene if it is safe to do so, or else it will stand adjourned.

### **Electronic agendas reports, minutes and film recordings.**

Copies of agendas, reports and minutes for council meetings and links to filmed webcasts can also be found on our website from day of publication.

To access this, click [www.towerhamlets.gov.uk/committee](http://www.towerhamlets.gov.uk/committee) and search for the relevant committee and meeting date.

Agendas are available at the Town Hall, Libraries, Idea Centres and One Stop Shops and on the Mod.Gov, iPad and Android apps.



QR code for smart phone users

## A Guide to CABINET

### **Decision Making at Tower Hamlets**

As Tower Hamlets operates the Directly Elected Mayor system, **Mayor John Biggs** holds Executive powers and takes decisions at Cabinet or through Individual Mayoral Decisions. The Mayor has appointed nine Councillors to advise and support him and they, with him, form the Cabinet. Their details are set out on the front of the agenda.

### **Which decisions are taken by Cabinet?**

Executive decisions are all decisions that aren't specifically reserved for other bodies (such as Development or Licensing Committees). In particular, Executive Key Decisions are taken by the Mayor either at Cabinet or as Individual Mayoral Decisions.

The constitution describes Key Decisions as an executive decision which is likely

- a) to result in the local authority incurring expenditure which is, or the making of savings which are, significant having regard to the local authority's budget for the service or function to which the decision relates; or
- b) to be significant in terms of its effects on communities living or working in an area comprising two or more wards in the borough.

Upcoming Key Decisions are published on the website on the 'Forthcoming Decisions' page through [www.towerhamlets.gov.uk/committee](http://www.towerhamlets.gov.uk/committee)

### **Published Decisions and Call-Ins**

Once the meeting decisions have been published, any 5 Councillors may submit a Call-In to the Service Head, Democratic Services requesting that a decision be reviewed. This halts the decision until it has been reconsidered.

- The decisions will be published on: **Friday, 21 December 2018**
- The deadline for call-ins is: **Monday, 7 January 2019**

Any Call-Ins will be considered at the next meeting of the Overview and Scrutiny Committee. The Committee can reject the call-in or they can agree it and refer the decision back to the Mayor, with their recommendations, for his final consideration.

### **Public Engagement at Cabinet**

The main focus of Cabinet is as a decision-making body. However there is an opportunity for the public to contribute through making submissions that specifically relate to the reports set out on the agenda.

Members of the public may make written submissions in any form (for example; Petitions, letters, written questions) to the Clerk to Cabinet (details on the front page) by 5 pm the day before the meeting.

**LONDON BOROUGH OF TOWER HAMLETS**

**CABINET**

**WEDNESDAY, 19 DECEMBER 2018**

**5.30 p.m.**

	<b>Pages</b>
<b>1. APOLOGIES FOR ABSENCE</b>	
To receive any apologies for absence.	
<b>2. DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS</b>	<b>9 - 12</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 Monitoring Officer.	
<b>3. UNRESTRICTED MINUTES</b>	<b>13 - 18</b>
The unrestricted minutes of the Cabinet meeting held on Wednesday 28 November 2018 are presented for approval.	
<b>4. ANNOUNCEMENTS (IF ANY) FROM THE MAYOR</b>	
<b>5. OVERVIEW &amp; SCRUTINY COMMITTEE</b>	
<b>5.1 Chair's Advice of Key Issues or Questions</b>	
Chair of Overview and Scrutiny Committee (OSC) to report on any issues raised by the OSC in relation to unrestricted business to be considered.	
<b>5.2 Any Unrestricted Decisions "Called in" by the Overview &amp; Scrutiny Committee</b>	
(Under provisions of Article 6 Para 6.02 V of the Constitution).	

## 6. UNRESTRICTED REPORTS FOR CONSIDERATION

<b>6 .1</b>	<b>Operation Continuum</b>	<b>19 - 30</b>
<p><b>Report Summary:</b> Operation Continuum was established in November 2017 to convene key agencies from across the Tower Hamlets Community Safety Partnership to facilitate the development of an enhanced package of collaborative action against crime, disorder and violence linked to the street based drug markets in the borough.</p> <p>This report seeks support for the continuing partnership work of Operation Continuum.</p> <p><b>Wards:</b> All Wards <b>Lead Member:</b> Deputy Mayor and Cabinet Member for Community Safety and Equalities <b>Corporate Priority:</b> TH Plan 3: Strong, resilient and safe communities</p>		
<b>6 .2</b>	<b>Children’s Services Improvement Programme, Quarterly Progress Report (Quarter 2- 2018/19)</b>	<b>31 - 40</b>
<p><b>Report Summary:</b> This report provides an update on progress in delivering improvements to Children’s Services in response to the report published by Ofsted in April 2017 which rated our services ‘inadequate’. The Council’s improvement plan aims to achieve a standard of ‘good’ at its next inspection, in 2019.</p> <p>Endorsement is sought for the progress made in delivering the Children’s Services improvement Programme.</p> <p><b>Wards:</b> All Wards <b>Lead Member:</b> Cabinet Member for Children, Schools and Young People <b>Corporate Priority:</b> People are aspirational, independent and have equal access to opportunities</p>		
<b>6 .3</b>	<b>MTFS Budget Update 2019-22</b>	<b>To Follow</b>
<p><b>Report Summary:</b> To inform members of changes that might impact on the 2019/20 budget and MTFS, including the impact of Local Government Finance Settlement 2019/20; Outcome of the 6 week Budget consultation and Business Rates Retention 2019/20 Pilot</p> <p><b>Wards:</b> All Wards <b>Lead Member:</b> Cabinet Member for Resources and the Voluntary Sector <b>Corporate Priority:</b> A borough that our residents are proud of and love to live in</p>		

**6 .4 Homelessness Scrutiny Review Report and Action Plan** **41 - 98**

**Report Summary:**

Homelessness is a growing and complex problem which reaches right across health, public health, and social care.

The Health Scrutiny Sub-Committee was concerned that health and social care provision for homeless residents is not as effective or as efficient as it is for other groups.

This report submits the report and recommendations of the Health Scrutiny Sub- Committee review and the action plan for implementation.

**Wards:** All Wards  
**Lead Member:** Cabinet Member for Adults, Health and Wellbeing  
**Corporate Priority:** A dynamic outcomes-based Council using digital innovation and partnership working; People are aspirational, independent and have equal access to opportunities; TH Plan 3: Strong, resilient and safe communities; TH Plan 4: Better health and wellbeing.

**6 .5 Homelessness and Rough Sleeping Strategy 2018 - 2023** **99 - 162**

**Report Summary:**

The report recommends the adoption of a new Homelessness Strategy to run from 2018 to 2023. The Strategy will set out how the Council will tackle homelessness with emphasis on fulfilling the Council's duties under the 2017 Homeless Reduction Act, reducing Rough Sleeping in line with national and regional targets, increasing the supply of available housing and meeting the needs of specific groups impacted by homelessness.

**Wards:** All Wards  
**Lead Member:** Statutory Deputy Mayor and Cabinet Member for Housing  
**Corporate Priority:** People are aspirational, independent and have equal access to opportunities

**6 .6 Site at 20 Alton Street E14 6BZ** **163 - 174**

**Report Summary:**

The report will cover the grant of a new long lease for the site at 20 Alton Street.

**Wards:** Lansbury  
**Lead Member:** Mayor  
**Corporate Priority:** A borough that our residents are proud of and love to live in

**6.7 Withy House Tenant Management Organisation Termination Notice – outcome of independent assessment 175 - 190**

**Report Summary:**

[Cabinet on 17th December 2017 deferred a decision to terminate the Management Agreement with Withy House Tenant Management organisation pending an organisational review by an independent professional assessor. This review has now been completed and the matter is brought back to Cabinet for final decision

**Wards:** Bethnal Green  
**Lead Member:** Councillor Sirajul Islam, (Statutory Deputy Mayor and Cabinet Member for Housing)  
**Corporate Priority:** A borough that our residents are proud of and love to live in

**6.8 Contracts Forward Plan 2018/19 – Quarter Three 191 - 210**

**Report Summary:**

To note the Contracts Forward Plan at Appendix 1 to the report.  
2. To confirm that all contracts can proceed to contract award after tender.  
3. To authorise the Divisional Director, Legal Services to execute all necessary contract documents in respect of the awards of contracts referred to in recommendation 2 above.  
4. To note the procurement forward plan 2018-22 schedule detailed in Appendix 2 to the report

**Wards:** All Wards  
**Lead Member:** Cabinet Member for Resources and the Voluntary Sector  
**Corporate Priority:** A dynamic outcomes-based Council using digital innovation and partnership working

**6.9 Strategic Plan Performance & Delivery Reporting: Quarter 2 2018/19 211 - 308**

**Report Summary:**

This report provides the Mayor in Cabinet with an update on the delivery and implementation of the councils strategic plan

**Wards:** All Wards  
**Lead Member:** Mayor  
**Corporate Priority:** (All Corporate Priorities)

**7. ANY OTHER UNRESTRICTED BUSINESS CONSIDERED TO BE URGENT**

## 8. **EXCLUSION OF THE PRESS AND PUBLIC**

Should the Mayor in Cabinet consider it necessary, it is recommended that the following motion be adopted to allow consideration of any exempt/restricted documents.

“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)**

The Exempt / Confidential (Pink) 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.

## 9. **EXEMPT / CONFIDENTIAL MINUTES**

Nil items.

## 10. **OVERVIEW & SCRUTINY COMMITTEE**

### 10.1 **Chair's Advice of Key Issues or Questions in Relation to Exempt / Confidential Business**

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

### 10.2 **Any Exempt / Confidential Decisions "Called in" by the Overview & Scrutiny Committee**

(Under provisions of Article 6 Para 6.02 V of the Constitution).

## 11. **EXEMPT / CONFIDENTIAL REPORTS FOR CONSIDERATION**

Nil items.

## 12. **ANY OTHER EXEMPT/ CONFIDENTIAL BUSINESS CONSIDERED TO BE URGENT**

### **Next Meeting of the Committee:**

Wednesday, 9 January 2019 at 5.30 p.m. in C1, 1st Floor, Town Hall, Mulberry Place, 5 Clove Crescent, London, E14 2BG

# 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>

This page is intentionally left blank

**LONDON BOROUGH OF TOWER HAMLETS**

**MINUTES OF THE CABINET**

**HELD AT 5.38 P.M. ON WEDNESDAY, 28 NOVEMBER 2018**

**C1, 1ST FLOOR, TOWN HALL, MULBERRY PLACE, 5 CLOVE CRESCENT,  
LONDON, E14 2BG**

**Members Present:**

Mayor John Biggs	
Councillor Sirajul Islam	(Statutory Deputy Mayor and Cabinet Member for Housing)
Councillor Rachel Blake	(Deputy Mayor and Cabinet Member for Regeneration and Air Quality)
Councillor Amina Ali	(Cabinet Member for Culture, Arts and Brexit)
Councillor David Edgar	(Cabinet Member for Environment)
Councillor Danny Hassell	(Cabinet Member for Children, Schools and Young People)
Councillor Denise Jones	(Cabinet Member for Adults, Health and Wellbeing)
Councillor Candida Ronald	(Cabinet Member for Resources and the Voluntary Sector)
Councillor Motin Uz-Zaman	(Cabinet Member for Work and Economic Growth)

**Other Councillors Present:**

Councillor Dan Tomlinson	
Councillor Abdal Ullah	
Councillor Andrew Wood	(Leader of the Conservative Group)

**Apologies:**

Councillor Asma Begum	(Deputy Mayor and Cabinet Member for Community Safety and Equalities)
-----------------------	---

**Officers Present:**

Asmat Hussain	(Corporate Director, Governance and Monitoring Officer)
Debbie Jones	(Corporate Director, Children and Culture)
Neville Murton	(Acting Corporate Director, Resources)
Denise Radley	(Corporate Director, Health, Adults & Community)
Ann Sutcliffe	(Acting Corporate Director, Place)
Will Tuckley	(Chief Executive)
Elizabeth Bailey	Senior Strategy, Policy and Performance Officer
Stephen Bramah	(Deputy Head of the Mayor's office)
Terry Bryan	(Head of Pupil Services and School Sufficiency)
Sharon Godman	(Divisional Director, Strategy, Policy and Partnerships)
Shazia Hussain	(Divisional Director, Customer Services)
Susan Mulligan	(Communications Advisor, Communications,

Matthew Pullen  
Lisa Stidle  
Matthew Mannion

Governance )  
(Infrastructure Planning Manager)  
(School Organisation & Place Planning Manager)  
(Committee Services Manager, Democratic  
Services, Governance)

## 1. APOLOGIES FOR ABSENCE

Apologies for absence were received on behalf of Councillor Asma Begum, (Deputy Mayor and Cabinet Member for Community Safety and Equalities).

## 2. DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS

There were no Declarations of Disclosable Pecuniary Interests.

## 3. UNRESTRICTED MINUTES

### RESOLVED

1. That the unrestricted minutes of the Cabinet meeting held on Wednesday 31 October 2018 be approved and signed by the Chair as a correct record of proceedings.

## 4. ANNOUNCEMENTS (IF ANY) FROM THE MAYOR

The **Mayor** made the following announcements:

- Tomorrow (Thursday 29 November), he was expecting to sign an individual mayoral decision in relation to the risk contingency in relation to the new Town Hall project.
- He was pleased to see that the Council had won 13 awards recently and was nominated for 11 at the next Local Government awards. Judging performance against your peers was an important measure for a local authority and he congratulated the staff involved in the nominated services.

## 5. OVERVIEW & SCRUTINY COMMITTEE

### 5.1 Chair's Advice of Key Issues or Questions

Pre-Decision Scrutiny Questions were submitted in relation to agenda items:

- 6.1 (Planning for School Places – 2018/19 Review and Recommendations)
- 6.3 (Tower Hamlets Customer Service Transformation Plan 2018-22)
- 6.4 (London City Airport: Neighbouring Authority Agreement)

These were considered alongside each individual report.

In addition, Councillor Abdal Ullah, Chair of the Overview and Scrutiny Committee, provided an update on the recent work of the Committee. The Committee had held a meeting earlier in the week at which they had focussed

on the issue of employment aspiration. The Committee had heard from guest speakers as well as the Lead Cabinet Member and officers. A good discussion had followed on the key identified themes and issues.

The Committee had followed that with a discussion on Youth Services involving the Cabinet Lead Member and officers looking at the work the Council undertook in this area as well as key issues and challenges such as how to provide good outreach services, provision of soft skills training and encouraging participation by girls and young women.

The **Mayor** thanked Councillor Abdal Ullah for his update.

## **5.2 Any Unrestricted Decisions "Called in" by the Overview & Scrutiny Committee**

Nil items.

## **6. UNRESTRICTED REPORTS FOR CONSIDERATION**

### **6.1 Planning for School Places – 2018/19 Review and Recommendations**

Councillor Hassell, Cabinet Member for Children, Schools and Young People, introduced the report on planning for school places. He provided an update on expected pupil numbers and the central ambition of the Council to ensure the right school provision was available in the right parts of the Borough at the right time. He noted that pupil numbers had not risen as far as expected and that school places would therefore need careful management especially as primary school demand moved towards the East of the Borough.

He also took Council through expected secondary school demand and plans to manage that including potential new schools. Finally he highlighted the planned increase in capacity for pupils with Special Educational Needs and Disabilities (SEND).

Cabinet discussed the report looking at a number of issues including:

- Potential development sites.
- Falling fertility rates
- Changing Borough demographics

The **Mayor** thanked everyone for their contributions, noted the pre-decision scrutiny questions and officer responses, and **agreed** the recommendations as set out.

### **RESOLVED**

1. To note the current position on the projected need for school places;
2. To agree the proposals for specific schemes to increase school places i.e.:
  - a. the development of a new secondary school on the London Dock site for opening in September 2022;

3. To note the progress of plans to rationalise the primary school provision in areas of the borough where there is a significant surplus;
4. To note the progress made in relation to:
  - a. The development of a new primary school at Wood Wharf on the Isle of Dogs.
  - b. The development of a new secondary school at Westferry Printworks on the Isle of Dogs.
  - c. The expansion of Phoenix Special School on the site of the former Bow Boys Secondary School at Paton Close, E3 and the planned enlargement of Beatrice Tate Special School.
  - d. The plans and options for future school developments in the East to meet the anticipated need for additional places.
5. To agree the funding for the development of the new schools as outlined in paragraph 3.46 of the report;
6. To note the options for the commissioning of a school provider when a new school is to be established; and
7. To note that this report sets out the Council's plan to exercise its Education functions, not its functions as a Local Planning Authority (LPA). It aligns with the LPA stance at the Local Plan Examination in Public, particularly on the plan to retain the current allocation of school sites.

## **6.2 Adopt London East Regional Adoption Agency – Business case**

The report was withdrawn from the agenda.

## **6.3 Tower Hamlets Customer Service Transformation Plan 2018 - 2022**

Councillor Amina Ali, Cabinet Member for Culture, Arts and Brexit, introduced the report setting out plans to transform the Council's customers services with a particular focus on enabling digital interactions for those residents who wished to use these channels. She explained that evidence showed significant demand from residents for increased digital transaction options and these had the further benefit for the Council that they were cheaper than traditional communication methods.

However, she explained that it was important face-to-face and phone contact was still available for those who needed them.

The **Mayor** noted the pre-decision scrutiny questions and officer responses. He then reviewed the recommendations in the report. He stated that although he agreed in principle to the proposed Customer Board, he would wish to hold further discussions on its proposed remit and arrangements before it was initiated. He therefore amended the recommendations to reflect that before **agreeing** them.

**RESOLVED**

1. To agree the Tower Hamlets Customer Service Transformation Plan as attached at Appendix 1 to the report.
2. To agree our Customer Promises as set out at Appendix 2 to the report.
3. To agree the proposed approach in terms of phasing the Customer Service Transformation Plan's development as set out in this report in paragraphs 3.22 – 3.24 of the report.
4. To agree in principle the creation of a Customer Board, chaired by the Cabinet Member for Culture, Arts and Brexit, to monitor delivery of the Customer Service Transformation Plan dependant on further discussion with the Mayor about the proposed Board and its terms of reference.
5. To delegate the development of the Customer Service Transformation Plan implementation plan to the Corporate Director, Resources; and the Divisional Director, Customer Services; in consultation with the Mayor and Lead Member.

**6.4 London City Airport: Neighbouring Authority Agreement (Noise Insulation Payments Scheme)**

Councillor Rachel Blake, Cabinet Member for Regeneration and Air Quality, introduced the report looking to enter into an agreement to enable residents to benefit from noise insulation works subsidised by the airport. She explained that, whilst the Council had opposed the expansion of the airport this did not prevent it from ensuring residents could benefit from the available noise insulation payments.

The **Mayor** noted the pre-decision scrutiny questions and officer responses and **agreed** the recommendations as set out.

**RESOLVED**

1. To approve the entering into a Neighbouring Authority Agreement with London City Airport.

**7. ANY OTHER UNRESTRICTED BUSINESS CONSIDERED TO BE URGENT**

Nil items.

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

Nil items.

**9. EXEMPT / CONFIDENTIAL MINUTES**

Nil items.

**10. OVERVIEW & SCRUTINY COMMITTEE**

**10.1 Chair's Advice of Key Issues or Questions in Relation to Exempt / Confidential Business**

Nil items.

**10.2 Any Exempt / Confidential Decisions "Called in" by the Overview & Scrutiny Committee**

Nil items.

**11. ANY OTHER EXEMPT/ CONFIDENTIAL BUSINESS CONSIDERED TO BE URGENT**

Nil items.

The meeting ended at 6.34 p.m.

MAYOR JOHN BIGGS

<p><b>Cabinet</b></p> <p>19 December 2018</p>	 <p><b>TOWER HAMLETS</b></p>
<p><b>Report of:</b> Denise Radley, Corporate Director Health, Adults &amp; Community</p>	<p><b>Classification:</b> [Unrestricted]</p>
<p><b>Operation Continuum</b></p>	

<b>Lead Member</b>	<b>Councillor A Begum Cabinet Member for Community Safety and Equalities</b>
<b>Originating Officer(s)</b>	Ann Corbett, Divisional Director, Community Safety
<b>Wards affected</b>	<b>Shadwell, Stepney, Bow, Whitechapel, St Peters/Weavers</b>
<b>Key Decision?</b>	No
<b>Forward Plan Notice Published</b>	N/A
<b>Reason for Key Decision</b>	N/A
<b>Strategic Plan Priority / Outcome</b>	People feel safer in their neighbourhoods and ASB is tackled

**Executive Summary**

Operation Continuum was established in November 2017 in response to reports from residents that business as usual law enforcement activity was not having the desired impact on drug dealing and associated criminality. Helping people to feel safe in their neighbourhoods is a strategic priority for the Council and the Executive Mayor acted to convene key agencies from across the Tower Hamlets Community Safety Partnership to facilitate the development of an enhanced package of collaborative action, against the crime, disorder and violence linked to the street based drug markets in the borough.

The initial Operation Continuum was launched in December 2017 and focused on Shadwell. Since then, there have been subsequent operations targeted in Stepney, Bow, Whitechapel and St Peters/Weavers wards. The partnership approach utilised in Operation Continuum has enabled partnership activity to become more holistic, allowing the Council to use its local knowledge, experience and resources to support the Police to disrupt and enforce against the drugs market. As a result, a broader range of powers and interventions have been brought to bear against the perpetrators of crime and the anti-social behaviour (ASB) linked to the drugs markets. To date, Operation Continuum activity has resulted in:

- 100 warrants executed/properties raided
- 191 total arrests for drug offences and drug supply
- 88 people charged
- 31 men sentenced to a combined total of more than 100 years' imprisonment

- Large quantities of Class A drugs and Cannabis seized
- £167k in cash seized under the Proceeds of Crime Act
- 164 drugs stop and searches conducted
- 399 ASB Warnings issued
- 25 weapon sweeps conducted
- 33 weapons recovered from weapon sweeps including knives and other offensive weapons
- 93 people arrested, assessed and referred in to drug treatment.

Operation Continuum closely aligns to the strategic goals of the Council and Partnership as set out in the following documents:

- The Community Safety Partnership Plan (2017-2021) has identified tackling drugs, alcohol and the associated ASB as one of its four strategic priority areas;
- The Council's own Strategic Plan (2018-19) prioritises making people feel safer in their neighbourhoods and tackling ASB, as well ensuring children and young people are protected so they get the best start in life;
- The ASB Blueprint, agreed by the Mayor in Cabinet in June 2017, sets out a commitment to an improved, victim focused response to ASB, to better use of all available powers and to improve the understanding of its impact and reduce its damaging effects.

This report highlights the results of those operations and recommends their continuation in 2019 with the full support of all council and partner resources.

### **Recommendations:**

The Mayor in Cabinet is recommended to

1. Note this report and the progress of Operation Continuum since its implementation in December 2017 to date.
2. Support the continuation of targeted geographic operations to disrupt drug markets in addition to business as usual law enforcement and robust policing.
3. Commend our local Borough Commander, her police officers, those in the Council funded Partnership Task Force and wider partners for their focus to date on this issue and encourage the Metropolitan Police to maintain their corporate commitment to tackling drugs with the full support of all council resources.
4. Endorse the partnership approach and ensure that we continue to build our understanding of drug markets in order to disrupt, dismantle and

safeguard our communities and young people from harm.

5. Ensure robust enforcement initiatives like Continuum and targeted communications are incorporated in the future approach to tackling substance misuse problems, crime and offending.

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

- 1.1 Not applicable

## **2. ALTERNATIVE OPTIONS**

- 2.1 No applicable

## **3. DETAILS OF THE REPORT**

### **3.1 The challenge**

In the 2018 Annual Resident Survey, 60% of residents identified tackling drug dealing and drug use as a top priority. The Police Public Attitude Survey (PAS) also highlights that 86% of residents surveyed in Tower Hamlets said drug use and drug dealing was their main concern, in comparison with 60% for the rest of London. Approximately 80% of all resident complaints to the Council about ASB relate to drug dealing and drug use and in the period Nov 2016 to Oct 2017 our residents made over 4,900 calls to the Police about drug dealing.

Understandably residents draw no meaningful distinction between crime and ASB, or between the differing duties of the public agencies responsible for tackling them. For most members of the public, crime and ASB exist on the same spectrum of bad or very bad behaviour and a perceived lack of action against them can negatively impact on the confidence in the Council and the Police. Anecdotally, these issues have grown and evolved in intensity and impact in recent years, with significantly negative effects on the quality of life for some of our residents.

Resident experience accurately describes the significant challenges facing the borough in respect of the drugs market. Tower Hamlets is estimated to have one of the highest prevalence of opiate and crack users in London at a rate of 13.2 opiate and crack users per 1000 population, 91% of whom are using both. Crack cocaine markets have strong links to violence and national evidence suggests crack use is rising in England and Wales. Between 2014/15 and 2016/17 homicides where either the victim or suspect were known to be involved in using or dealing illicit drugs increased from 50% to 57%. A fact acknowledged in the Government's recent Serious Violence Strategy.

Tower Hamlets faces high levels of crime, in particular knife crime. One of the main drivers of this violence is believed to be the supply of Class A and Class

B drugs. The drug supply ranges from ASB to more serious crime, and poses safeguarding risks linked to the criminal exploitation of young people and vulnerable adults.

### **3.2 The response**

Tackling the drugs market places a significant demand on the Council, policing and public health resources, as it requires a multi-faceted response to address the supply and demand sides of the market.

Despite these challenges, the Council and the wider Community Safety Partnership are taking robust action to disrupt and dismantle the drugs market and proactively intervene to enforce against perpetrators and prevent, safeguard and support victims.

The Tower Hamlets Substance Misuse Strategy 2016-2019 outlines the partnership ambition to achieve this, and comprises a three pronged approach:

- Prevention and behaviour change to limit growth in future demand
- Treatment to support recovery
- Enforcement and regulation to tackle the crime and anti-social behaviour linked to drugs and alcohol.

The Exploitation Team in our children's service is an excellent example of multi-agency working between council and police to safeguard young people from criminal and sexual exploitation as a result of the risks posed by these issues.

Our treatment services provide a recovery focused integrated drug and alcohol response to people's different needs and are accessible to all in the community.

The Substance Misuse Strategy commits to making full use of all enforcement and regulatory powers to target criminals who profit from activities associated with substance misuse.

### **3.3 Operation Continuum**

Operation Continuum is our collective partnership response to the crime, ASB and violence associated with local drug markets. It represents an enhanced package of measures that complements robust policing business as usual activity in the fight against crime and ASB. Working together in this way allows community safety partners to make a bigger and more sustainable difference for our residents.

Operation Continuum involves adopting 'Achilles Heel' tactics, which involve exploiting all available legislation to disrupt and deter criminal behaviour when appropriate and proportionate. For example, using Housing Act legislation and ASB Crime & Policing Act legislation (such as civil injunctions, premises

closure notices and Criminal Behaviour Orders) to address the most high risk and entrenched offending.

Commencing in November 2017 the initial Operation Continuum focused on Shadwell, an area identified by residents, through intelligence and information to be one of the most problematic for drug dealing. Planning was coordinated by the Council's Community Safety team and the police involving a wide range of partners including Tower Hamlets Homes and other housing providers. The Police targeted dealers and their operations utilising a host of different law enforcement tactics.

Improved information sharing arrangements ensured that appropriate council activity could then be planned in advance to support the Police. The following Council resources were specifically deployed and utilised in the days following the operations to provide support and address any additional issues:

- CCTV
- Clean and Green Team
- Commercial Waste and Enforcement Team
- Street Population Co-ordination
- Trading Standards
- Drug and Alcohol Action Team – to provide outreach and support
- Licensing Officers
- ASB investigation team
- Communications Officers
- Community Safety Staff

On the day of the operation, after the initial Police raids, Council resources were deployed conducting highly visible activity in support of the operation and to provide reassurance to those residents in the area. The Council activity was maintained for a full week with a focus on providing information, outreach and community reassurance. The learning and feedback has informed the subsequent Continuum operations throughout 2018 that have been held in Stepney, Bow, Whitechapel and St Peters/Weavers wards. This included ongoing feedback from residents about the impact in their neighbourhoods.

### **3.4 Future Plans**

It is important that we maintain relentless focus on drugs and not lose the momentum established by Operation Continuum. The new police Partnership Task Force funded by the Executive Mayor of Tower Hamlets have robust targets around tackling drug supply and reducing violence. Measures include the number of drug supply and possession arrests, stop and search for drugs and weapons, seizures of drugs and knives, and detections for these offences. New focused tasking and neighbourhood deployment arrangements have been introduced. Led by Community Safety, Police and Council resources are deployed via a weekly tactical tasking meeting, informed by improved intelligence and information from police, partners and the

community, ensuring more responsive, visible and timely action in neighbourhoods impacted on by drug dealing and taking.

#### **4. EQUALITIES IMPLICATIONS**

4.1 Different communities and cohorts of the population experience anti-social behaviour and associated crime differently. Those most vulnerable to becoming both perpetrators and victims of ASB and crime include:

- Young people
- Parents/guardians of children
- Residents from the BAME community
- Residents with a disability

#### **5. OTHER STATUTORY IMPLICATIONS**

5.1 This section of the report is used to highlight further specific statutory implications that are either not covered in the main body of the report or are required to be highlighted to ensure decision makers give them proper consideration. Examples of other implications may be:

- Best Value Implications,
- Consultations,
- Environmental (including air quality),
- Risk Management,
- Crime Reduction,
- Safeguarding.

5.2 Problematic drug / alcohol use within the borough contributes significantly to crime and anti-social behaviour. In addition there are significant contextual safeguarding risks and associated hidden harms for young people, vulnerable adults and within families. Treatment interventions are funded on the basis that they prevent further health harm and costs associated with crime. Nationally, it is estimated that every £1 spent on drug treatment saves £4 in health and crime costs. Latest data shows that 15% of referrals into the treatment system are via criminal justice agencies (police, probation, prison). Enforcement is a key priority within our current Substance Misuse Strategy. Operation Continuum forms part of a suite of activity to address criminal activity relating to the sale and supply of drugs and provides beneficial consequences in addressing crime and disorder

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

6.1 Annual funding of £1m in years 2018/19 to 2020/21 for the Police Partnership Task Force was agreed at Cabinet in September 2017 to fund additional police officers in the borough, and support the delivery of Operation Continuum.

- 6.2 Other service expenditure incurred to support the delivery of Operation Continuum across the Council has been, and will continue to be, funded through existing resources.
- 6.3 The update on Operation Continuum provided by this report contains no direct financial implications not already built in to existing resource plans.

## **7. COMMENTS OF LEGAL SERVICES**

- 7.1 The Council is one of the responsible authorities for Tower Hamlets, within the meaning of section 5 of the Crime and Disorder Act 1998. Other responsible authorities for Tower Hamlets include: every provider of probation services in Tower Hamlets; the chief officer of police whose police area lies within Tower Hamlets; and the fire and rescue authority for Tower Hamlets. Together, the responsible authorities for Tower Hamlets are required to formulate and implement strategies for: the reduction of crime and disorder; combating the misuse of drugs, alcohol and other substances; and the reduction of re-offending.
- 7.2 The work done under Operation Continuum has assisted the Council to comply with its duties under the Crime and Disorder Act 1998.
- 7.3 In considering this report and the work under Operation Continuum, the Council must have due regard to the need to eliminate unlawful conduct under the Equality Act 2010, the need to advance equality of opportunity and the need to foster good relations between persons who share a protected characteristic and those who do not.

---

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

### **Linked Report**

- None

### **Appendices**

- Appendix 1. Infographic Operation Continuum
- Appendix 2. Community Safety Partnership Plan Priorities

### **Background Documents – Local Authorities (Executive Arrangements)(Access to Information)(England) Regulations 2012**

- None.

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

N/A

This page is intentionally left blank

# You Said, We Did.

## We're removing drugs and dealers from Tower Hamlets

### Operation Continuum

Tower Hamlets Police and Tower Hamlets Council are working together to crack down on drug dealing and make your neighbourhood cleaner and safer. In the last nine months, working together has resulted in:

**181**



total arrests for drug offences and drug supply with 88 people charged

**25**



weapons sweeps

**£167k**



in cash seized under the Proceeds of Crime Act

**33**



weapons recovered from weapon sweeps including knives and other offensive weapons

**399**



ASB Warnings issued

**100**



warrants executed/properties raided

**164**



drugs stop and searches conducted



Large quantities of drugs seized including Heroin, Cocaine and Ecstasy pills

**93**



people arrested referred in to drug treatment

This page is intentionally left blank

# Anti-social behaviour (ASB) including Drugs and Alcohol

## AIMS

- People feel safer 
- People know how to report ASB 
- More people supported through new substance misuse treatment services 

## STATS 2016/17 vs 2015/16

- ASB Calls to Police (101 and 999): **↑12%**
- ASB Repeat Callers (5 or more times to 101 and 999 for 12 months up to and including 3 April): **↑10%**
- Drugs Offences: **↓26%**

## KEY DELIVERABLES

- Better partnership response to ASB
- Support parents out of substance misuse
- Target drug dealing

Page 29

# Reducing Re-offending

## STATS 2016/17 vs 2015/16

- Gang Flagged Offences: **↓59%**
- Knife Crime with Injury Victims (under 25 years old): **↑30%**
- Burglary Offences: **↑11%**
- Robbery Offences: **↑15%**

## KEY DELIVERABLES

- Support offenders out of re-offending
- Improve safety and feeling of safety of young people
- Better use of Stop and Search Powers

## AIMS

- Less first time entrants into Youth Justice System (less young offenders) 
- More cohesive partnership Integrated Offender Management 
- Increased victim satisfaction of partners response to crime 

# Violence

## AIMS

- Less victims of violence 
- Increased support to victims 
- Increased prosecutions of perpetrators 

## STATS 2016/17 vs 2015/16

- Domestic Abuse Incidents Reported to Police: **↑4%**
- Assault with Injury (both DV and Non-DV): **↓3%**
- Sexual Offences reported to Police: **↑21%**

## KEY DELIVERABLES

- Better awareness of Violence Against Women and Girls
- Improve support to victims to ensure perpetrators are prosecuted
- Improve confidence to report sexual violence

# Community Safety Partnership Plan 2017-21

## What people told us

A public community safety consultation between June and August 2016 told us: **72%** of residents felt safe in the borough

## Residents' top concerns

- Drugs and alcohol abuse (**24%**)
- Anti-social behaviour (**22%**)
- Gangs (**9%**)

## Annual Residents' Survey 2017

**56%** said people using or dealing drugs is a big problem (up 5% on 2016)

**39%** said people being drunk or rowdy in public places is a big problem (same as 2016)

**35%** think vandalism, graffiti and deliberate damage to property/vehicles is a big problem (up 2% on 2016)

**60%** agreed the police and other public services were successfully dealing with ASB (up 4% on 2015/16)

# Hate Crime, Community Cohesion and Extremism

## STATS 2016/17 vs 2015/16

- Racist Hate Crimes Reported to Police: **↑43%**
- Islamophobic Hate Crime Reported to Police: **↑59%**
- Sexual Orientation Hate Crimes Reported to Police: **↑39%**

## KEY DELIVERABLES

- Tackle hate crime through individual action plans
- Respond to and ease emerging community tensions as a partnership
- Train more frontline staff in the Prevent Duty and referral process

## AIMS

- Increased support and protection for victims of hate crime 
- Reduced community tension and increased cohesion 
- Improved partnership use of Prevent referral process 

This page is intentionally left blank

<p><b>Cabinet</b></p> <p>19 December 2018</p>	 <p><b>TOWER HAMLETS</b></p>
<p><b>Report of:</b> Debbie Jones, Corporate Director Children's Services</p>	<p><b>Classification:</b> Unrestricted</p>
<p><b>Children's Services Improvement Programme – Quarterly Progress Report (Quarter 2 2018/19)</b></p>	

<b>Lead Member</b>	<b>Councillor Danny Hassell, Cabinet Member for Children, Schools and Young People</b>
<b>Originating Officer(s)</b>	Nazma Rabbani Children's Services Improvement Manager
<b>Wards affected</b>	All wards
<b>Key Decision?</b>	No
<b>Forward Plan Notice Published</b>	30 October 2018
<b>Reason for Key Decision</b>	N/A
<b>Strategic Plan Priority / Outcome</b>	<b>People are aspirational, independent and have equal access to opportunities;</b>

**Recommendations:**

The Mayor in Cabinet is recommended to:

1. Endorse the progress made in delivering the children's services improvement programme.
2. Agree the next steps in the improvement journey which will be updated on in the next report.

**1. REASONS FOR THE DECISIONS**

- 1.1 Corporate and political leadership of the Children's Services improvement agenda is a critical part of ensuring its success. Consideration of this report in Cabinet will support this leadership and help to facilitate public scrutiny of progress.

**2. ALTERNATIVE OPTIONS**

- 2.1 There are no alternative options to consider.

### **3. DETAILS OF THE REPORT**

#### **Where Were We?**

This report provides an update on progress in delivering improvements to Children's Services in response to the report published by Ofsted in April 2017 which rated our services 'inadequate'. The Council's improvement plan aims to achieve a standard of 'good' in summer 2019, when it is likely to be next inspected. This is a bold aspiration but we believe the minimum our children and families deserve.

The most recent visit, on 15-16 August 2018, focused on Permanency Planning and the Public Law Outline (PLO), ie how the council performs its obligations as a corporate parent. Inspectors evaluated the quality of care planning for children in care, in particular the achievement of timely permanence for all children who are unable to live with their birth parents. They assessed progress since the last inspection and focused on areas of practice that had required significant improvement. The monitoring visit letter was published on 10<sup>th</sup> September.

Ofsted highlighted some particular areas of focus which they will expect to see progress in by the time of their next visit in December. These are:

- Permanency Planning – we must make decisions for the long term placement of children in our care at the earliest possible stage. This will often include pursuing multiple options at the same time so that there is no delay in achieving a positive, long term outcome for all children.
- Assessments – there are a number of children in the Looked after Service without a recent assessment. It has been made clear to all staff that the expectation is that all looked after children have an updated assessment at least annually.
- Through-care Service – the implementation of the new Through-care service will be prioritised to ensure that we are providing the best service to our older looked after children as they transition to adulthood.
- LAC Medicals – we are working closely with colleagues in the CCG in order to improve performance this area.

The overall level of progress over the past 18 months has been strong, however the August monitoring visit highlighted that the rate of progress previously seen other parts of the Division were not as strongly embedded and evident within the "Looked After" Children's service.

We have agreed with Ofsted that the fifth monitoring visit (11<sup>th</sup>-12<sup>th</sup> December) will again focus on Looked After children, with the addition of also looking at practice for Care Leavers. We expect one further (and final) monitoring visit in March/April 2019 which is likely to re-visit the practice at the front door. The full re-inspection will take place at any point within the six months following the final monitoring visit. Ofsted have also recently confirmed that the re-inspection will be a two week inspection under the new ILACS inspection system.

### **3.1 Our key areas of improvement/challenge**

- a) Exploitation
- b) Staff retention and workforce stability
- c) Permanence
- d) Quality Assurance/Performance
- e) Consistency of thresholds
- f) Children “missing”
- g) Sufficiency and quality foster placements for looked after children.

## **PROGRESS UPDATE**

### **3.2 Staff Recruitment and Retention**

In February 2018 48% of Social Work staff were agency staff, this was the highest across London. Our work to provide better working conditions and caseloads, along with the development of the SW Academy has been able to reduce this reliance on Agency staff to 32% (September 2018). The Inner London average for agency Social Workers is 27.7%.

We have also reduced staff turn-over from a high of 23.3% in February 2018 to 15.7% in September 2018, which is now slightly lower than the London average of 16%.

Although it is positive that we have made progress in stabilising our workforce, there are still a number of challenges and initiatives that we need to pursue. These are;

- Conversion of Agency staff to Permanent positions (Divisional Director’s event for staff is scheduled for late November)
- Review and streamlining of HR recruitment processes to “fast-track” SW applications. A Task and Finish Group has recently been set up to undertake this work.
- Commissioning of a specialist recruitment agency to source experienced SW’s interested in joining Tower Hamlets.

### **3.3 Social Work Academy**

The creation of the Social Work Academy is also one of the key ways we are seeking to establish stability within our workforce and reduce staff turn-over. This will be the first programme of its type nationally to include a three-year NQSW (Newly Qualified Social Worker) Programme to ensure newly qualified social workers have a sustained wrap-around service as well as career mobility. The vision is to make Tower Hamlets an attractive place for professionals to seek and remain in employment.

The ultimate aim of the Academy is that it will cover both Children’s and Adults Services, however learning from other local authorities who have attempted to launch in this way indicates that a phased approach is more likely to succeed. Following discussion at CLT a project team has been commissioned to oversee this work and a dedicated project officer has now been assigned. We have now

formed a Social Work Academy Board, chaired by the Divisional Director of Children’s Social Care, which will oversee the setting up of the Academy and ensure that the tight time-scales are adhered to.

The Social Work Academy is now live, with the majority of the first year cohort starting in October and November. Further, smaller intakes are due to start in January. The Academy will be officially launched at an event on 5<sup>th</sup> December 2018. The three strands of the Children’s Workforce strategy and the impact on the permanent workforce are in the table below:

3 Pronged Recruitment Projection Snapshot						
		Year 0	Year 1	Year 2	Year 3	Activity Total
1	Hire Newly Qualified Social Workers (NQSW)		40	40	40	120
2	Convert Agency Workers to Permanent		6	4	2	12
3	Targeted recruitment of Experienced Social Workers		14	25	25	64
	<b>Total Recruits</b>		<b>60</b>	<b>69</b>	<b>67</b>	<b>196</b>
	Projected Annual Staff Turnover (15%)	50 (19%)	39 (15%)	39 (15%)	39 (15%)	167
	<b>Net Recruits</b>		<b>21</b>	<b>30</b>	<b>28</b>	<b>79</b>
	Total Vacancies (Total posts 262)	114	93	63	35	
	<b>Total Vacancies in %</b>	<b>44%</b>	<b>35%</b>	<b>24%</b>	<b>13%</b>	

**3.4 Restorative Practice** we have completed the first phase of engagement with staff and partners on a new model of social work practice following a decision to move away from the ‘signs of safety’ model, which had been poorly implemented. Restorative Practice has a strong international and national evidence base underlining its value.

A number of high performing local authorities in the UK have embedded the approach to best effect including Leeds, which became a good authority following an inadequate judgement, alongside other local authorities such as Wolverhampton & West Berkshire. The Task and Finish Group has now become a Steering Group, chaired by a Service Manager from within Children’s Social Care rather than an independent consultant, as was the case previously.

Following the “Big Restorative Practice Discussion” a rolling programme of training on the Restorative Practice model has continued throughout the summer, ten cohorts of training courses have been delivered, with approximately 216 staff trained across Children’s Social Care by the end of September. We begin a further round of training in October/Nov, and this round of training will now include partner agencies. This will ensure that the model has a multi-agency approach and that families can experience a consistent model of intervention and planning. Senior Leaders undertook their first training

session on the 11<sup>th</sup> October 2018. It has been agreed for Leeds City Council to become one of our improvement partners. Arrangements are now in place for a visit to Leeds in January 2019.

### **3.5 Single Assessments**

The August 2018 monitoring visit highlighted that too many assessments of our “Looked After” children were not sufficiently up to date. This meant there was no up-to-date analysis of their needs, views and how the foster placement might support the young person towards the best possible outcomes.

At the time of the visit there were 186 Single Assessments that were over 12 months old, which was felt to be sufficiently out of date. Since that time we have updated all of these Single Assessments, as well as developing a tracking system for managers that now alerts them to future assessments. That will require updating so that we can remain on top of this process and ensure that all CLA young people now have a relevant assessment of their needs and how we plan to support them.

### **3.6 Permanency**

New guidance on permanency decision making has been developed and issued to staff. Training on permanency has been delivered to staff by the Royal Holloway College. Work has also been undertaken to change workflows to ensure all permanency decisions are now endorsed via a reconfigured Permanence Panel. This has been followed up by audits and dip samples of cases in order to monitor the impact on practice. It's clear from these audits that planning for permanency and ensuring that decisions are taken concurrently require considerable more work in order for them to become fully embedded. This will mean continued focus on permanence within our future audit activities.

### **3.7 Initial Health Assessments**

We are working very closely with colleagues at Barts Health and the Clinical Commissioning Group to address this very important issue. At the point of the August Monitoring visit our performance was at 22%. In October and September our performance had improved to 40%. Although there is still some way to go with regard to improving this figure it is clear that performance is continuing to improve and the work has engendered some positive cross partnership working.

We have undertaken to ensure that paperwork is provided to colleagues at Barts Health in a much more timely fashion to ensure that they have as much time as possible to arrange and complete the Initial Health Assessment. We have amended some of our internal processes and ensured that all social workers, team managers and service managers are placing a high priority on ensuring this is done. This has resulted in paperwork being sent much more quickly and on many occasions within our four day target with performance continuing to improve. Early indications are that more children are having their health assessments within the 28 day timescale.

### 3.8 Audit Culture

Our quality assurance and audit programme was fully launched in August 2017 and we are continuing to use audit activity systematically to inform our improvement activity. Ofsted commented in their second monitoring visit that the use of audit was becoming more embedded although they felt that some improvement was needed in its effectiveness to support the improvement journey. In addition to the full audit schedule, dip sampling continues to take place to support the understanding of social work delivery for children.

In September we audited and moderated 35 cases, and in October we audited and moderated 30 cases. These cases will be provided to Ofsted inspectors in December so that they can randomly select a group of 15-20 cases to inspect.

In reviewing the audits and moderations, specific themes emerged- some good and some requiring improvement. The learning from both will support CSC in developing practice. In addition, re-training has been delivered to staff in order to support the QA process and help people understand what “good” looks like.

During the course of the improvement journey so far, there have been areas which have shown **considerable improvement**, though taking away that there is still more to do. Those areas include:

- The pre-proceedings episodes, tracked from the legal planning meeting, have significantly reduced and are within the minimum range of the Children Act guidelines (12 – 16 weeks).
- When partner agencies support the family plan prior to and during the PLO process the outcome for children has been the most positive.
- In regard to ongoing work: in only a few cases, partners failed to work together effectively.
- Management understanding and oversight is visibly recorded in case notes and reflective group supervision and 1:1 supervision is held regularly. Management over-sight is now consistently recorded at between 95%-99%
- A child’s diversity is explored and understood in most cases.
- There is clear evidence of sustained improvement around compliance to statutory time-scales and processes. The majority of Audits and Moderations in September 2018 focus on the quality of care plans and have assessed cases as ‘does not meet good’ where the plans are not SMART and outcome focused.
- The voice of the child and direct work, is evidenced in most cases audited.

It is evident that we have now seeing sustained good performance in relation to the frequency, timeliness of visits, assessments and reviews. The challenge within phase two of the improvement journey will be to build on the consistency and quality of direct practice and written work.

### **There are some areas which require further improvement:**

- The use of chronologies varies and there is not always a consistent standard maintained. Where they are present, they are not always updated or complete. In practice this means that themes and patterns in the child's journey are not identified and this has a direct impact on the quality of assessments and planning.
- Both of the pre-birth cases that were audited this month indicated training needs for CLA managers and social workers around pre-birth assessments, planning and CP procedures
- Delays in permanency planning were also identified as a concern and the need to consider at an earlier stage in the child's journey long term permanent plans.
- Notifications to IROs of children who move placement is largely absent. This has meant there is a lack of challenge to operational teams where children move. The Group Manager for the service is already working on an automatic notification process to allow for IRO scrutiny to be improved.

The above findings were borne out by the recent Ofsted visit, where inspectors noted that case file audits are completed regularly but more work is needed to sustain the focus on the quality of practice and not just the process.

As part of embedding Quality Assurance at all levels, Ofsted recommended that we take forward "Practice Week", where senior leaders spend time with frontline social workers reviewing cases and shadowing their work with children and families in order to better understand their day to day experience. Practice Week takes place on a quarterly cycle, with the Chief Executive and Corporate Director of Children's Services taking part, alongside the Mayor, lead member for Children's Services and lead Overview and Scrutiny member for Children's Services, the Divisional Director and the LSCB chair. This includes attending social work visits, meeting student social workers, spending time with social work teams and observing professional meetings about children.

These observations are informing our improvement activity going forward. The next Practice Week will take place week commencing 19<sup>th</sup> November 2018, supported by the London Borough of Islington, and with a focus on the looked after children and leaving care service.

### **3.9 Remaining Challenges**

**Social Work Academy – Retention and reducing costs** we are currently in the process of introducing new ASYE's into Teams and therefore are beginning to reduce the number of agency social workers. This will need to be undertaken with care.

**Through Care Service Launch** the Leaving Care service will move into Mulberry Place by mid-November 2018. A fresh round of consultation with staff

and the Children In Care Council has also taken place. A task and finish group to plan transfer of cases are scheduled to commence in December 2018.

### **Preparation for the Ofsted re-inspection**

As part of the new ILACS Inspection Framework, each local authority hosts an annual engagement meeting with senior officers from Ofsted. Our meeting will take place on the 20<sup>th</sup> November. We will present a summary of our current position in the form of three questions.

- What do you know about the quality and impact of social work practice in your local authority?
- How do you know it?
- What are your plans for the next 12 months to maintain or improve practice?

We are in the process of creating a presentation that will be delivered during the meeting.

Focus groups for Social Workers and Managers have been arranged which will be led by Sir Alan Wood on the 14<sup>th</sup> November, this will be reflected and fed back as part of staff engagement at the meeting.

We have reformatted the new improvement plan to take into account the fact that we are definitely going to be inspected under ILACS. The ILACS has different criteria so we are having to ensure that we are assessing ourselves against these updated outcomes. We have updated the draft plan to reflect this and have begun to process of updating the commentary and RAG ratings. The plan is to assess ourselves against the different headings, including identifying what data we hold, both quantitative and qualitative to evidence this. We will use this to develop a higher level document, likely covering the three key areas of

- The experiences and progress of children who need help and protection
- The experiences and progress of children in care and care leavers
- The impact of leaders on social work practice with children and families

## **4. EQUALITIES IMPLICATIONS**

- 4.1 Ensuring that we are providing good services to vulnerable children and their families will ensure that some of our most disadvantaged children are effectively supported to maximise their life chances.

## **5. OTHER STATUTORY IMPLICATIONS**

- 5.1 Safeguarding children is a core focus of the improvement plan.

- 5.2 The Ofsted judgement rated our local safeguarding children board 'inadequate.' Work is underway to address this finding and improve the work of the board.
- 5.3 Work is ongoing to develop new safeguarding arrangements consistent with new regulations as set out in *Working Together 2018*.

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

- 6.1 Significant additional resources have already been identified as part of the 2017 2020 MTFs; in particular total additional growth of £5.2m addressing pressure in a range of areas, most of which feature in the improvement plan.
- 6.2 Additional one-off investment funding via the Council's Transformation Reserve is being used to support the implementation of the Children's Services improvement plan. The estimated cost of this plan over 2 years is expected to be £4.2m (of which £1.9m was spent in 2017/18)
- 6.3 The level of one-off funding is based on a detailed assessment of the costs associated with the improvement plan and the improvements that will be achieved as a result of the investment have also been identified and are regularly monitored.

## **7. COMMENTS OF LEGAL SERVICES**

- 7.1 The framework for Ofsted inspections of Children's Services is set out in sections 135-142 of the Education and Inspection Act 2006 ('the Act') and associated Employment and Education Act 2006 (Inspection of Local Authorities) Regulations 2007 ('the Regulations'). Tower Hamlets was inspected in January 2017 under Ofsted's "Framework and evaluation schedule for the inspections of services for children in need of help and protection, children looked after and care leavers and Reviews of Local Safeguarding Children's Boards" ('the SIF'), which sets out a single assessment framework for assessing local authorities during inspections conducted under section 136 of the Act. Local authorities are graded outstanding, good, requires improvement or inadequate in each of the areas inspected.
- 7.2 Under Ofsted's "Framework, evaluation criteria and inspector guidance for the inspections of local authority children's services" introduced in November 2017 ("the ILACS, information held about each local authority is used to inform decisions about how best to inspect that authority. This sets out that Ofsted will usually re-inspect an inadequate local authority using the same framework under which they were judged inadequate. However, Ofsted may also take a decision to re-inspect under the ILACS framework.
- 7.3 Ofsted will inform inadequate authorities if they no longer plan to undertake monitoring visits meaning a re-inspection should take place within six months. If the outcome of the subsequent re-inspection is better than inadequate, that authority will then begin to follow the pathway for local authorities which either require improvement, or are graded good.

- 7.4 The recommendations that the Mayor in Cabinet should endorse the progress made in delivering the children's services improvement programme and agree the next steps in the improvement journey, are consistent with the Council's duty to secure continuous improvement in its functions. Failure to make the necessary improvements to children's services could result in the Secretary of State appointing a Children's Services Commissioner or removing service control from the Council.
- 

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

#### **Linked Report**

- NONE

#### **Appendices**

- NONE

#### **Background Documents – Local Authorities (Executive Arrangements)(Access to Information)(England) Regulations 2012**

- NONE

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

N/A

<p><b>Cabinet</b></p> <p>19 December 2018</p>	 <p><b>TOWER HAMLETS</b></p>
<p><b>Report of:</b> Denise Radley, Corporate Director, Health, Adults &amp; Community</p> <p>Ann Sutcliffe, Acting Corporate Director, Place</p>	<p><b>Classification:</b> Unrestricted</p>
<p><b>Homelessness Scrutiny Review Report and Action Plan</b></p>	

<b>Lead Member</b>	<b>Councillor Denise Jones, Cabinet Member for Health &amp; Adult Services</b>
<b>Originating Officer(s)</b>	Daniel Kerr, Strategy, Policy & Performance Officer
<b>Wards affected</b>	All wards
<b>Key Decision?</b>	Yes
<b>Forward Plan Notice Published</b>	30/11/2018
<b>Reason for Key Decision</b>	Impact on Wards
<b>Strategic Plan Priority / Outcome</b>	<p><b>1. People are aspirational, independent and have equal access to opportunities;</b></p> <p><b>3. A dynamic outcomes-based Council using digital innovation and partnership working to respond to the changing needs of our borough.</b></p>

**Executive Summary**

This report submits the report and recommendations of the review of health and social care provision for homeless residents in Tower Hamlets, by the Health Scrutiny Sub-Committee, and the action plan for implementation.

**Recommendations:**

The Mayor in Cabinet is recommended to:

1. Consider the report of the Health Scrutiny Sub-Committee and agree the action plan in response to the report recommendations.

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

- 1.1 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.
- 1.2 Homeless people experience poorer health outcomes than the general population and are vulnerable to illness, poor mental health, drug and alcohol problems, and are more likely than the rest of the population to have multiple complex physical and mental health needs. The average age of death for a homeless person is 30 years below the national average. There are also issues around hospital discharge. Evidence shows that more than 70 per cent of homeless people were discharged from hospital back onto the street, without their housing or underlying health problems being addressed.
- 1.3 Homeless people may experience difficulty accessing health care. For them health may be a secondary priority, meaning they do not access preventative services and health problems only get addressed when they become acute . They experience difficulty in accessing primary care as they encounter difficulty registering with a GP. This is often due to lack of proof of identity or inability to prove permanent residence in the catchment area or to provide other documentation required to register with a GP. This leads to a heavy dependence on acute health services. The Homeless population have a disproportionately high reliance on unplanned health care services and A&E. They have a high level of missed outpatient appointments and individuals rarely seek early stage or preventative treatment. This places considerable pressure on the NHS and has significant cost implications. 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 estimated 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 compared to £525 per person among the general population .
- 1.4 The Sub-Committee was concerned that provision for homeless residents is not as effective or as efficient as it is for other groups. As the health and social care system is undergoing a move towards greater integration of services it is an opportune time to review the approach towards treating the homeless to understand what their key needs are, how they are accessing services, and what impact they have on the health and social care system.

- 1.5 This report seeks the endorsement of the Mayor in Cabinet of the Sub-Committee's review and its related Action Plan. Through the implementation of the Action Plan many of the issues identified in the review will be targeted and improved.

## **2. ALTERNATIVE OPTIONS**

- 2.1 To take no action. This is not recommended as the scrutiny review provides an evidence base for improving health and social care services for homeless residents in Tower Hamlets.
- 2.2 To agree some, but not all recommendations. All of the recommendations are achievable within existing resources as outlined in the Action Plan.

## **3. DETAILS OF THE 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 individuals 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 people 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. Fourteen 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 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.
- **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. EQUALITIES IMPLICATIONS**

- 4.1 Homeless households experience significantly poorer health outcomes than the general population, including shorter life expectancy, higher morbidity, greater usage of acute hospital services, and their health issues are often more complex and exacerbated. This review makes a number of recommendations to ensure greater equity of service and access to health and social care provision between homeless households and the general population in Tower Hamlets. This will be achieved through providing training to frontline workers to support them to better 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 violence, and establishing a partnership forum to support information sharing across the key agencies involved in providing health and social care services to homeless people.

- 4.2 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.
- 4.3 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. OTHER STATUTORY IMPLICATIONS**

- 5.1 This section of the report is used to highlight further specific statutory implications that are either not covered in the main body of the report or are required to be highlighted to ensure decision makers give them proper consideration. Examples of other implications may be:

- Best Value Implications,
- Consultations,
- Environmental (including air quality),
- Risk Management,
- Crime Reduction,
- Safeguarding

### **5.2 Best Value Implications**

- 5.2.1 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

- 5.2.2 Many of the recommendations relate to improving early intervention and prevention activities, which have the potential to reduce demand on health and social care services in the longer term

### **5.3 Safeguarding Implications**

- 5.3.1 The report relates to services that have frequent contact with vulnerable adults. Although there are no direct safeguarding implications from this report or 'Action Plan', practitioners must remain mindful of potential safeguarding issues during the implementation of the recommendations

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

- 6.1 There are no immediate direct financial implications of this report. Service expenditure to support the implementation of the recommendations will be funded through existing resources.
- 6.2 Where the implementation of recommendations may result in the commissioning of new service provision, the relevant governance arrangements will need to be followed, which will include consideration of the financial implications of individual proposals.

## **7. COMMENTS OF LEGAL SERVICES**

- 7.1 Sections 244-247 of the National Health Service Act 2006 govern the Council's health scrutiny function, which gives the Council the power to review and scrutinise matters relating to the planning, provision and operation of the health service in the area and to make recommendations and require a response from NHS bodies.
- 7.2 Under Sections 1-7 of the Care Act 2014, the Council has a number of general duties, including a duty to co-operate generally with those it considers appropriate who are engaged in the Council's area relating to adults with needs for care and support, and to promote the wellbeing of individuals in the borough. Further, there is a general duty to prevent needs for care and support from developing.
- 7.3 These duties, and the Council's duties in respect of assessing and meeting the eligible care and support needs for individuals, apply to equally to people who may currently be homeless, but are physically in the Council's area. The recommendations from Health Scrutiny Sub-Committee to improve the access of homeless people to effective health and social care provision are consistent with these duties.
- 7.4 When considering the recommendations regard must be given to the public sector equalities duty to eliminate unlawful conduct under the Equality Act 2010. The duty is set out at Section 149 of the 2010 Act. It requires the Council, when exercising its functions, to have 'due regard' to the need to eliminate discrimination (both direct and indirect discrimination), harassment and victimization and other conduct prohibited under the Act, and to advance equality of opportunity and foster good relations between those who share a 'protected characteristic' and those who do not share that protected characteristic.

---

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

### **Linked Report**

- NONE

### **Appendices**

- **Appendix 1** – Health Scrutiny Sub-Committee Homeless Health Review Report
- **Appendix 2** – Health Scrutiny Homeless Health Action Plan

### **Background Documents – Local Authorities (Executive Arrangements)(Access to Information)(England) Regulations 2012**

- NONE

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

Jack Kerr ext1683

This page is intentionally left blank

**Tower Hamlets Health Scrutiny  
Sub-Committee**

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

**Scrutiny Review**



March 2018

## Chair's Foreword

---

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 violence, 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 Harrisson**  
**Chair of the Health Scrutiny Sub-Committee**

## Contents

---

	Page
<b>1. Recommendations</b>	4
<b>2. Introduction</b>	7
Review Approach	8
<b>3. Defining Homelessness</b>	11
<b>4. National Context</b>	12
<b>5. Local Context</b>	15
<b>6. Health and social care provision available for homeless residents in LBTH</b>	16
Health E1	16
Royal London Hospital Pathways Homeless Service	18
Groundswell Homeless Health Peer Advocacy Service	19
LBTH Adult Social Care Services	19
Drug and Alcohol Action Team (DAAT)	20
<b>7. Findings</b>	22
Prevalent health issues for LBTH homeless population	24
Best Practice	25
Primary Care	26
Fragmented support landscape	29
Hard to reach homeless groups	31
Mental Capacity	34
Domestic Violence and Violence Against Women and Girls	35
Substance Misuse	37

## 1. Recommendations

---

<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

---

- 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 the borough 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

---

<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

---

<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)
------------	---

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
---------------	--

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

---

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

---

<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**

---

- 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

---

<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.

---

<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 stronger 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

---

<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

---

- 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.

---

<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**

---

### **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)**

---

<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 suitable 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 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

---

<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

---

<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

---

<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

---

- 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

---

<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 on 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 order 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.



SCRUTINY REVIEW ACTION PLAN: HEALTH & SOCIAL CARE SERVICES FOR HOMELESS RESIDENTS

Action	Responsibility	Date
<b>Recommendation 1:</b> 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.		
To provide training for Practice staff and other health professionals to support them to manage some of the challenging behaviours that can be encountered when engaging with homeless people: <ul style="list-style-type: none"> <li>- Leadership, coordination and training of GP practice staff around homelessness to be included as part of the new integrated homeless service specification</li> <li>- The new provider to use PLTs and other practice forums to deliver education and training to relevant frontline staff.</li> </ul>	<b>Jenny Cooke</b> CCG	From April 2019          From July 2019
To support Practices improve data collection on homelessness/housing status: <ul style="list-style-type: none"> <li>- To ascertain which EMIS code/s practices need to use for homelessness/housing status</li> </ul>	<b>Jenny Cooke</b> CCG	July 2018
To support Practices to refer patients at risk or threatened with homelessness to the appropriate housing authority: <ul style="list-style-type: none"> <li>- To develop a coding and referral guidance protocol for Practices,</li> <li>- To circulate clear communications to practices on the use of the guidance</li> <li>- To follow up with practices to determine compliance with the guidance</li> </ul>	<b>Jenny Cooke</b> CCG	October 2018  October 2018    February 2018
To provide a package of support for hostel staff and residents: <ul style="list-style-type: none"> <li>- Use the homelessness pre-procurement engagement events to explore the feasibility of the hostel support from primary care</li> </ul>	<b>Jenny Cooke</b> CCG	Completed by July 2018

SCRUTINY REVIEW ACTION PLAN: HEALTH & SOCIAL CARE SERVICES FOR HOMELESS RESIDENTS

<ul style="list-style-type: none"> <li>- Provision of training for hostel staff to help them manage resident’s behaviour more effectively.</li> </ul>		<p>Between February and March 2019</p>
<p><b>Recommendation 2:</b> 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.</p>		
<p>Raise awareness of the Homelessness Reduction Act and develop the duty to refer protocol.</p>		
<ul style="list-style-type: none"> <li>- The Housing Options Service will provide briefing sessions to staff within One Stop Shops and Idea Stores to raise awareness of the services available to people who might be homeless or threatened with homelessness with particular emphasis on 'hidden homeless'.</li> </ul>	<p><b>Rafiqul Hoque</b> Housing Option Service, LBTH</p>	<p>March 2019</p>
<ul style="list-style-type: none"> <li>- The Council’s website will be update to ensure homeless applicants are aware of the services available for them to resolve their homelessness. They will also be signposted to other relevant services e.g. benefits, money management, and work-path to ensure clients receive a holistic service so that they receive the necessary support, guidance, and information on their family needs to improve lives as well as sustain tenancies.</li> </ul>	<p><b>Rafiqul Hoque</b> Housing Option Service, LBTH</p>	<p>December 2018</p>
<ul style="list-style-type: none"> <li>- Work with East London Housing Partnership, develop the Homelessness ‘Duty to Refer Protocol and raise awareness with referring agencies.</li> </ul>	<p><b>Rafiqul Hoque</b> Housing Option Service, LBTH</p>	<p>October 2018</p>
<p><b>Recommendation 3:</b> 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.</p>		

SCRUTINY REVIEW ACTION PLAN: HEALTH & SOCIAL CARE SERVICES FOR HOMELESS RESIDENTS

<p><b><u>Specialist provision to accommodate individuals with substance misuse issues</u></b></p> <ul style="list-style-type: none"> <li>- Map need for specialist provision ( DAAT to engage consultant in relation to substance misuse, to map need for older people with no recovery potential)</li> <li>- 2, Assess market position ( supply and demand) and emerging gaps</li> <li>- Develop options and recommendations</li> <li>- If applicable, develop business case</li> </ul>	<p><b>Rachael Sadegh/Dezlee Dennis</b> DAAT, LBTH</p>	<p>October 2018-September 2019</p>
<p><b><u>Specialist provision to accommodate individuals who are aging</u></b></p> <ul style="list-style-type: none"> <li>- Map current and future needs &amp; supply</li> <li>- Co-produce options with stakeholders and service users</li> <li>- If applicable, develop a business case</li> <li>- Complete governance route</li> <li>- Decide on procurement approach and obtain necessary procurement boards' approval</li> </ul>	<p><b>Aneta Wojcik / Keith Burns (lead) Adults</b> Commissioning, LBTH</p>	<p>October 2018-September 2019</p>
<p><b>Recommendation 4:</b> That the council and CCG review how palliative care is provided to people living in hostels and temporary accommodation.</p>		
<p>Implement mainstreamed new palliative care pathway within rough sleeping and supported housing services</p>	<p><b>Cathryn Maybin, Stephanie Graden Aneta Wojcik Kath Dane</b></p>	<p>July - December 2018</p>

SCRUTINY REVIEW ACTION PLAN: HEALTH & SOCIAL CARE SERVICES FOR HOMELESS RESIDENTS

Evaluate success of palliative care pathway amongst homeless population	<b>Cathryn Maybin, Stephanie Graden Aneta Wojcik Kath Dane</b>	January 2019
.Appreciative enquiry focus group with stakeholders	<b>Cathryn Maybin Stephanie Graden Aneta Wojcik Kath Dane</b>	February 2019
If required, co-produce palliative pathway review with stakeholders including service users	<b>Cathryn Maybin Stephanie Graden Aneta Wojcik Kath Dane</b>	March-April 2019
Implement reviewed palliative care approach/pathway for homeless people	<b>Cathryn Maybin Stephanie Graden Aneta Wojcik Kath Dane</b>	April 2019 onwards
Monitor implementation and produce 6 months implementation summary report for the scrutiny panel –	<b>Cathryn Maybin Stephanie Graden Aneta Wojcik Kath Dane</b>	April – September 2019
<b>Recommendation 5:</b> 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.		

SCRUTINY REVIEW ACTION PLAN: HEALTH & SOCIAL CARE SERVICES FOR HOMELESS RESIDENTS

<p>A proposal to deliver a service of this type has been included in the initial stages of the CCG's Quality, Innovation, Productivity and Prevention (QIPP) planning for 2019/20. The proposal will be tested for impact against other QIPP proposals in order to determine whether said impact is sufficient, comparative to other schemes proposed, to be funded. If successful, funding may be for a pilot period.</p>		
<p>Proposal submitted</p>	<p><b>Carrie Kilpatrick</b> CCG</p>	<p>18 July 2018</p>
<p><b>Recommendation 6:</b> That a person's housing issues are identified and addressed as part of the social prescribing programme in the borough</p>		
<p>The social prescribing scheme takes a holistic approach, using motivational interviewing and coaching, among a range of techniques, to provide the patient with a package of support tailored to their individual need. A 'Person Centred Outcome Tool' called 'MyCAW' is used to identify priorities to the patient, and identify how the package of support that has been agreed has made a difference to them. The service is not prescriptive about the issues need to be addressed in consultations and leaves these to be determined through a structured conversation with the patient. At present, housing related needs constitute 11% of the overall volume of needs identified.</p>		
<ol style="list-style-type: none"> <li>1. Social prescribing principles currently applied ( based on person centred, personalised, people based strengths approach) confirmed as fit for addressing needs of homeless residents</li> <li>2. Housing issues baseline currently identified as 11%</li> <li>3. Key performance indicators to be collected between October 2018 and September 2019 to measure, review and inform evaluation of current social prescribing approach success in overcoming person's housing issues</li> <li>4. Evaluation report to be submitted to the scrutiny sub- committee 12 months into social prescribing project delivery</li> </ol>	<p><b>Rahima Miah</b> Commissioning  GP Care Group</p>	

SCRUTINY REVIEW ACTION PLAN: HEALTH & SOCIAL CARE SERVICES FOR HOMELESS RESIDENTS

<p><b>Recommendation 7:</b> 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.</p>		
<p>The Barts Health standardised 'patient admission to discharge book' is completed for every adult patient admitted to hospital. On the first page you have to complete home address and then on page 5 you have a more comprehensive home circumstances section which covers home environment i.e. homeless, live in a house, flat, bungalow, supported living. It also covers who you live with and any safeguarding issues.</p>		
<p>This paperwork is completed on admission to the ward within the first 24hrs of admission and follows the patient if they move wards during their stay in hospital. I therefore feel that this book meets all of the areas covered within section 7 of the health scrutiny report.</p>		
<p>The 'patient admission to discharge book' has been appended to the recommendation</p>	<p><b>Jackie Sullivan</b> Barts Health Trust</p>	<p>May 2018</p>
<p><b>Recommendation 8:</b> 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.</p>		
<p>1. Mapping existing and future systems plans with stakeholders</p> <p>2. Agreeing scope and principles of effective information sharing systems with stakeholders</p> <p>3. Prioritising the processes required to effectively and efficiently share information to support access and engagement of homeless residents with services</p> <p>4. [Review existing Data Sharing processes and Agreement(s) to establish current provision against the agreed scope</p> <p>2.1. Establish policy statement in relation to special category data (and also if</p>	<p><b>Adrian Gorst/lyabo Agiri</b></p> <p><b>Keith Burns/Aneta Wojcik</b></p>	<p>October 2018-</p> <p>September 2019</p>

SCRUTINY REVIEW ACTION PLAN: HEALTH & SOCIAL CARE SERVICES FOR HOMELESS RESIDENTS

<p>any data relating to crime is held)                  2.2. Review Privacy Notice                  2.3. Review provider contracts and monitoring arrangements                  2.4. Review data retention and deletion policy and practice</p> <p>Assess current system provision</p> <p>5. Establish steering group to develop :                  6. Aims and objectives                  7. Approach to delivery e.g. single view interface                  8. If relevant develop business case</p>		
<p><b>Recommendation 9:</b> 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.</p>		
<p>Enhance partnership working and develop a better understanding of applicants' needs.</p>		
<p>Undertake survey/focus group meeting for clients and partner organisations to obtain feedback on their expectation of support needs, and any safety concerns. Review internal processes and in discussion with Commissioning review support needs of the T/A sector to ensure applicants are adequately supported.</p>	<p><b>Rafiqul Hoque</b>                  Housing Option Service, LBTH</p>	<p>March 2019</p>
<p>That the Housing Options service introduces the Housing First Accommodation Offer as a pilot to maximise choice and control and personalised support opportunities for individuals who are rough sleepers.</p>	<p><b>Rafiqul Hoque</b>                  Housing Option Service, LBTH</p>	<p>October 2018</p>
<p><b>Recommendation 10:</b> 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.</p>		
<p>Understand the health needs of these group and how these needs could be met more effectively - in order to inform commissioning and provision of services</p>		

SCRUTINY REVIEW ACTION PLAN: HEALTH & SOCIAL CARE SERVICES FOR HOMELESS RESIDENTS

Undertake qualitative research on experience of women who are rough sleeping, in Temporary Accommodation or hostels and health impact (as part of the refresh of the Homelessness Needs Assessment)	<b>Somen Banerjee</b> Public Health, LBTH	January 2019
<b>Recommendation 11:</b> 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.		
Consultations with survivors of VAWG and other stakeholders including VAWG Champions, VAWG & DA Steering Group and MARAC members on the relationship between homelessness and VAWG	<b>Ann Corbett</b> Community Safety, LBTH <b>Menara Ahmed</b>	October 2018
Analysis of the consultations results and inclusions of actions within VAWG strategy	<b>Ann Corbett</b> Community Safety, LBTH <b>Menara Ahmed</b>	March 2019
Development and implementation of VAWG strategy	<b>Ann Corbett</b> Community Safety, LBTH <b>Menara Ahmed</b>	April 2019 onwards
5 months review – report to the scrutiny panel	<b>Ann Corbett</b> Community Safety, LBTH <b>Menara Ahmed</b>	September 2019
<b>Recommendation 12:</b> That LBTH Adult Social Care explores the possibility of establishing a partnership forum with Corporate Director as a business sponsor (including commissioners, providers, third sector) to discuss the health and social care issues, provision, and cases of homeless residents in LBTH.		
1. Partnership forum meeting –to explore health and social care issue and map current service provision	<b>Aneta Wojcik / Keith Burns (lead)</b> Adults	26/04/2018

SCRUTINY REVIEW ACTION PLAN: HEALTH & SOCIAL CARE SERVICES FOR HOMELESS RESIDENTS

	Commissioning, LBTH	
2. Establish partnership Terms of Reference (TOR) informed by identified issues	<b>Aneta Wojcik / Keith Burns (lead)</b> Adults Commissioning, LBTH	31/08/2018
3. Partnership quarterly meetings to oversee implementation of scrutiny review action plan 4. Health and social care issues, provision, and cases of homeless residents in LBTH referred to appropriate MARACs by partnership	<b>Aneta Wojcik / Keith Burns (lead)</b> Adults Commissioning, LBTH	From September 2018 to September 2019
<b>Recommendation 13:</b> 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.		
Reviewing Healthwatch repository for feedback from homeless people.	<b>Dianne Barham,</b> Healthwatch Tower Hamlets	September 2018
Our upcoming Enter and View Visits to substance misuse services, including hostels and day centres will include gathering the experience of homeless people of health and social care services.	<b>Dianne Barham,</b> Healthwatch Tower Hamlets	October 2018
Attending partnership forum meetings	<b>Dianne Barham,</b> Healthwatch Tower Hamlets	From September 2018 to September 2019
<b>Recommendation 14:</b> 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.		

SCRUTINY REVIEW ACTION PLAN: HEALTH & SOCIAL CARE SERVICES FOR HOMELESS RESIDENTS

<p>We have had to print the 'My Right to Healthcare' cards ourselves. They are now being distributed to GP Practices in the area, are being handed out to homeless/substance misusers as part of our enter and view visits to substance misuse providers and are being circulated along with the flyer to our AGM where appropriate..</p>	<p><b>Dianne Barham,</b> Healthwatch Tower Hamlets</p>	<p>September/October 2018</p>
---	--	-----------------------------------

<p><b>Cabinet</b></p> <p>19 December 2018</p>	
<p><b>Report of:</b> Ann Sutcliffe – Acting Corporate Director, Place</p>	<p><b>Classification:</b> Unrestricted</p>
<p><b>Homelessness and Rough Sleeping Strategy 2018 - 2023</b></p>	

<b>Lead Member</b>	<b>Councillor Sirajul Islam, Cabinet Member for Housing</b>
<b>Originating Officer(s)</b>	Rafiqul Hoque, Head of Housing Options; Mark Baigent, Divisional Director, Housing and Regeneration, and Seema Chote, Statutory and Advocacy Team Manager
<b>Wards affected</b>	All wards
<b>Key Decision?</b>	Yes
<b>Forward Plan Notice Published</b>	Yes
<b>Reason for Key Decision</b>	Impact on all Wards
<b>Strategic Plan Priority / Outcome</b>	People are aspirational, independent and have equal access to opportunities

## Executive Summary

It is a legal requirement under the Homelessness Act 2002 for local authorities to carry out a Homelessness Review and formulate a Homelessness Strategy based on the results of the review every five years. Following the publication of The Government’s Rough Sleeping Strategy in August 2018, the Government indicated that it will require all Local Authorities to have a Homelessness and Rough Sleeping Strategy in place by 2019.

Tower Hamlets 5 year Homelessness and Rough Sleeping Strategy underpins a key priority and area of work on tackling and preventing homelessness in the borough which requires considerable and continuing resources.

The Homelessness and Rough Sleeping Strategy sets out the intentions of the Council and its partners to prevent and address homelessness in the borough.

Information is provided in this report on why the Homelessness and Rough Sleeping Strategy is needed and how it has been developed.

## **Recommendations:**

The Mayor in Cabinet is recommended to

1. Approve a draft of the joint Homelessness and Rough Sleeping Strategy 2018-2023. The draft Strategy is attached at Appendix A.
2. To agree the annual homelessness delivery plan and the annual review of the plan, which will involve taking into account feedback from the Homelessness Partnership Board.

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

- 1.1 The Council must produce and formulate a Homelessness Strategy at least every five years under Section 1(1) of the Homelessness Act 2002.
- 1.2 The Government has indicated that the Council must produce and formulate a Rough Sleeping Strategy by 2019.

### **2. ALTERNATIVE OPTIONS**

- 2.1 To not adopt a Homelessness and Rough Sleeping Strategy and risk challenge by way of Judicial Review.

### **3. BACKGROUND**

- 3.1 Under the Homelessness Act 2002 all housing authorities must have in place a homelessness strategy. It must be renewed at least every 5 years.
- 3.2 The Ministry of Housing, Communities and Local Government (MHCLG) indicates that it is also a requirement due to recent release of its Rough Sleeping Strategy and the Mayor's Rough Sleeping Plan of action for Local Housing Authorities to have in place a Rough Sleeping Strategy.

The London Borough of Tower Hamlets' current Housing Strategy was adopted by the Council in December 2016, and covers a full range of housing issues that include meeting overall housing need, new housing supply including affordable housing, regeneration, tackling poor conditions in the private rented sector and a commitment to partnership working.

In relation to tackling homelessness, the Strategy committed the council to:

- Refresh our Homelessness Statement into a Strategy and align it with the 2016-21 Housing Strategy
  - Reconvene the Homelessness Partnership Board which will assist with the production and delivery of the action plan, with monitoring being carried out by officers.
- 3.3 The strategy is informed by a Homelessness Review of the resources, diverse needs, trends and partnerships in Tower Hamlets regarding homelessness and prevention. Circumstances that might prompt modification of a homelessness and rough sleeping strategy include but are not be limited to: anything that may affect the composition of homelessness and/or the risk of homelessness in the district; anything that may change the delivery of the strategy; changes to the relationships between the partners involved in the strategy; or changes to the organisational structure of the housing authority.
- 3.4 The Homelessness and Rough Sleeping Strategy along with its action plan will provide a purpose to ensure the council's homelessness service maintains a clear strategic direction for preventing and tackling homelessness.
- 3.5 The Homelessness and Rough Sleeping Strategy 2018-23 will follow on from the Homelessness Statement 2013 to 2017.

#### **4. Homelessness and Rough Sleeping Priorities**

- 4.1 The Homelessness and Rough Sleeping Strategy 2018 – 2023 aims to tackle homelessness and respond to key trends on a national and regional basis. Homelessness is increasing on a national basis, particularly due to private rented sector terminations as well as a steep rise in rough sleeping. Tower Hamlets has seen trends which are directly correlated to this. Along with the lack of affordable housing and Local Housing Allowance rates (under Welfare Reform Act), not being able to cover market rents, the challenges to prevent homelessness remain high. Due to this increase there is a requirement to ensure that early intervention and prevention strategies remain our key focus as is the accessibility to affordable homes.
- 4.2 The key aims of the Homelessness and Rough Sleeping Strategy are listed below. Please be aware that they are listed how they appear and not in the order of any importance:

##### **A focus on Prevention of Homelessness:**

- Particularly in ensuring that good practice in early intervention and prevention continues and we fully embed the requirements of the Homelessness Reduction Act.

The provisions of the Homelessness Reduction Act 2017 came into effect on 3rd April 2018.

The government through its Rough Sleeping Strategy published in August 2018, makes a commitment to half rough sleeping by 2022 and eliminate Rough Sleeping completely by 2027 and ensuring an action plan is in place to combat the key challenges.

- Ensuring that the focus on prevention continues by increasing our supply of permanent and temporary accommodation

**Providing services to homeless households and vulnerable people:**

- Reducing and eliminating Rough Sleeping and,
- By supporting families, young people and vulnerable adults.

This clearly focuses the need to strengthen partnership working and collaborating with other key partners and agencies in providing vital services.

**5. The development of the Homelessness and Rough Sleeping Strategy**

5.1 Tower Hamlets Homelessness and Rough Sleeping Strategy has been developed using findings from a comprehensive review of homelessness undertaken during the first half of 2018.

This involved:

- Setting up of a Homelessness Partnership Board made up of statutory and voluntary organisations to oversee the review and development of the strategy.
- A review and evaluation of outcomes from the previous homelessness statement 2013 - 2017 and action plan
- A review of statistical data and trends about homelessness.
- Analysis of recent Census and MCHLG and GLA population data to understand the demographics and potential growth in population in Tower Hamlets for the future.
- Data on homelessness is captured in the updated LBTH 2018 Housing Evidence base, GLA and CHAIN street homeless data.

A copy of the evidence base is attached at Appendix D.

## **6 How the 2018–2023 Homelessness and Rough Sleeping Strategy is set out**

- 6.1 The Homelessness and Rough Sleeping Strategy has two main themes; Homelessness Prevention, and Response of services, each with two priorities.

### **Theme 1 – Prevention of Homelessness:**

- Preventing homelessness through advice and compliance with the Homelessness Reduction Act.
- Preventing homelessness by access to Affordable Housing Options.

### **Theme 2 – Response of Services to homeless households and vulnerable people:**

- Tackling Rough Sleeping
- Supporting Children, Families and Young People and Vulnerable Adults.

## **7. Homelessness Strategy and Rough Sleeping Action Plan**

- 7.1 An action plan is being implemented which will review and monitor the Homelessness and Rough Sleeping Strategy. This will prove to be a measure on how well Homelessness Services are progressing as well as taking on board what needs to improve to deliver outcomes. The information supplied in the action plan will rely heavily upon the case led data reported to MHCLG for Homelessness Reduction Act cases.

- 7.2 It is vital to note that under the Homelessness Reduction Act, case led data is reported to MHCLG which is administratively burdensome and has caused delays in reporting. Ensuring the accuracy of this data and working through the technical issues with the IT system is key in ensuring that case led data is officially reported. This is likely to improve as each quarter progresses and with MHCLG working closely with Local Housing Authorities in resolving the issues.

## **8. Consultation**

- 8.1 In producing the 2016-2021 Housing Strategy, the Council undertook a comprehensive consultation exercise on all aspects of housing policy which demonstrated substantial support for the Council's approach to meeting housing need and tackling homelessness.

The consultation included nearly 20 public engagements, 15 internal and partner meetings including an all Member seminar and over 450 surveys completed by the public. Several strong messages emerged including:

- Major concern over the shortage of affordable housing in the borough and concern that future higher rents set by the Council and housing associations will force people out of the borough.
  - Lack of housing choices for young people brought up, living and working in the borough meaning many on average incomes will be forced to stay at home or move out and pay high rents in poor quality private rented housing.
  - Support for the development of 'living rent' homes for this group at sub market levels on new build schemes developed on council estates.
  - Concern over population growth, impact on the environment and green spaces and whether vital infrastructure including schools, health centres, waste collection and transport links will be developed to match the needs of the population.
  - General support for the Council's approach to meeting housing need and homelessness through prioritisation of households in most need and a comprehensive advice service.
  - Common themes around how to tackle homelessness by adopting early intervention models.
  - Managing expectations of homelessness applicants who approach by educating and putting forward the realities of demand conditions and limited supply of housing.
  - Concerns that the Welfare Reform Act is contributing to homelessness.
  - More needs to be done to make privately rented accommodation an attractive offer for applicants and landlords.
- 8.2 The Council has undertaken a lighter touch consultation update to help inform the development of this strategy which has included:
- Four rounds of consultation with Housing Options Staff which included two further sessions held due to staff interest in the development and contribution of the Homelessness Strategy. It should also be noted that the Housing Options team was restructured in 2017 in order to ensure the Council was prepared to meet the challenges of implementing the Homelessness Reduction Act.
  - Homelessness Applicant focused Consultation groups
  - A web link access to the Draft Homelessness Strategy and an online questionnaire which ran for eight weeks from July to September 2018. Around 50 responses were received; there was overwhelmingly positive support for the Council's approach.

- Circulation of the draft strategy to neighbouring Boroughs, the GLA, the East London Housing Partnership, third sector partners and internal colleagues in Adult services and Health services.

It should be noted that the Government is planning further comprehensive research into Rough Sleeping as part of its new Strategy that the Council will contribute towards.

## **9. EQUALITIES IMPLICATIONS**

- 9.1 An equality impact assessment has been carried out and is attached at Appendix B. The assessment demonstrates that the Homelessness and Rough Sleeping Strategy is expected to have either positive or neutral impacts on the nine protected equalities groups.

## **10. OTHER STATUTORY IMPLICATIONS**

- 10.1 Reducing Homelessness and Rough Sleeping will contribute to improving the street environment and community safety objectives.
- 10.2 A range of support measures are also being made available to help rough sleepers exit the street safely, sustain accommodation and maintain their independence. These include early intervention, provision of advisory services, referrals concerning accommodation, health care, practical support to ensure that risk factors which expose rough sleepers to a higher level of vulnerability and community safety issues are minimised.
- 10.3 Additionally, the council will continue to implement a Support and Enforcement model to support rough sleepers and reduce anti-social behaviour. Genuine offers of support and accommodation will always be the main approach to end rough sleeping but where this approach is consistently unsuccessful, we will work closely with enforcement agencies and the wider community to reduce the anti-social behaviour that some of our rough sleeping population exhibit (e.g. aggressive begging, littering, blocking public byways with encampments, setting up tents in public parks, creating excessive noise).
- 10.4 Offers of support will continue to be made even when enforcement actions are being taken against an individual to ensure the safeguarding of rough sleepers.

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

- 11.1 This report seeks the approval of the Mayor in Cabinet of the draft Homelessness and Rough Sleeping Strategy 2018-2023 which is one of a number of policies and statements supporting the Council's overall Housing Strategy which was approved by Council in December 2016.

- 11.2 The implementation of the various elements of the Strategy will be subject to the availability of funding, and further reports assessing the financial impact of individual proposals will be submitted in future to the Mayor in Cabinet. The Strategy sets out the demands that the service and its partners will face over coming years in an environment of changing need and reforms in legislation. Delivery of the Strategy will require a co-ordinated approach and alignment of funding from all major partners, and will also require that best value is obtained from limited sources of external funding, given that the Council's mainstream resources to support the Strategy are limited.
- 11.3 An action plan to support the delivery of the Strategy has been developed. This contains activities that will contribute towards continued improvements in service delivery and although there are no specific financial consequences arising directly from the recommendations, ultimately the Strategy will underpin key decisions in relation to service provision and must be considered within the context of the Council's funding gap and the Medium Term Financial Strategy.
- 11.4 The costs associated with the development of the Strategy are mainly staffing related and are financed from within existing resources.

## **12. COMMENTS OF LEGAL SERVICES**

- 12.1 The Homelessness Act 2002 states that a local housing authority should exercise its powers to carry out a homelessness review and to ensure that a new homelessness strategy is published within 5 years of the last published strategy. The purpose of the review is to prevent homelessness , secure that accommodation is or will be available in the area for the homeless or those who become homeless and to provide support for people in their area.
- 12.2 The Homelessness & Rough Sleeping Strategy Action Plan which follows from the review includes the involvement of voluntary sector agencies who have been consulted during the course of the review.
- 12.3 A local housing authority has a duty under the Housing Act 1996 to secure that accommodation is available for eligible applicants who are homeless, in priority need and not intentionally homeless.
- 12.4 Once the local housing authority is satisfied that a housing duty is owed, it may discharge its duties by making
- (a) an offer of suitable accommodation under section 193 of the Housing Act 1996;
  - (b) a final offer of suitable accommodation by way of allocation through Part 6 Housing Act 1996; or
  - (c) an offer of an assured shorthold tenancy with a private landlord
  - (d) referring the applicant to another local housing authority
- 12.5 The Authority's previous Homelessness Statement 2013-2017 referred to the commitment to reduce rough sleeping. Exercising it's power in this way, under

S192 gave effect to the requirements of the Homelessness Act 2002 to strategically prevent homelessness. The current review will continue to do so.

- 12.6 The introduction of the Homelessness Reduction Act 2017 has increased the authority's obligations. The Act enables and encourages local authorities to intervene at an earlier stage to prevent homelessness and to improve the provision of support to anyone who is eligible and homeless, regardless of priority need or intentional homelessness. The Act has also changed the timeframe so that "a person is threatened with homelessness if it is likely that he will become homeless within 56 days" instead of 28 days.
- 12.7 The two additional duties introduced are as follows:  
a) the "Prevention Duty" where an authority has to take reasonable steps to help the applicant to secure that accommodation does not cease to be available'. i.e prevent the threatened homelessness of anyone eligible (s4)  
b) the "Relief Duty" applies to all eligible people who are homeless, where the authority has to take reasonable steps to help the applicant to secure that suitable accommodation becomes available(S5)
- 12.8 The Council is required when exercising its functions to comply with the duty set out in section 149 of the Equality Act 2010, namely to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity between those who share a protected characteristic and those who do not, and foster good relations between those who share a protected characteristic and those who do not. An Equality Impact Assessment has been carried out and the review is expected to have either a positive or neutral impact on the protected groups.

---

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

### **Linked Report**

- NONE

### **Appendices**

**Appendix A:** Homelessness and Rough Sleeping Strategy 2018 – 23

**Appendix B:** Equality Impact Assessment

**Appendix C:** Evidence Base

### **Background Documents – Local Authorities (Executive Arrangements)(Access to Information)(England) Regulations 2012**

- Housing Strategy 2016 – 2021  
[https://www.towerhamlets.gov.uk/Documents/Housing/TH\\_Housing\\_Strategy\\_exec\\_summary.pdf](https://www.towerhamlets.gov.uk/Documents/Housing/TH_Housing_Strategy_exec_summary.pdf)

- MHCLG Rough Sleepers Strategy,  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/733421/Rough-Sleeping-Strategy\\_WEB.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/733421/Rough-Sleeping-Strategy_WEB.pdf)
- Homelessness Statement 2013 -2017,  
<https://www.towerhamlets.gov.uk/Documents/Housing/Housing-provision/Homelessness/Homeless-statement-July-13-Final.pdf>
- Greater London Authority: Rough Sleeping Plan of action.  
[https://www.london.gov.uk/sites/default/files/rough\\_sleeping\\_plan\\_of\\_action\\_1.pdf](https://www.london.gov.uk/sites/default/files/rough_sleeping_plan_of_action_1.pdf)
- [Homelessness Reduction Act](#)  
<http://www.legislation.gov.uk/ukpga/2017/13/contents/enacted>

**Officer contact details for documents:**

Seema Chote  
Statutory and Advocacy Team Manager  
Housing Options  
Place Directorate  
Albert Jacob House

0207 364 7241

# Homelessness and Rough Sleeping Strategy 2018 – 2023

## Foreword

Welcome to the new Homelessness and Rough Sleeping Strategy which sets out the Council's priorities for tackling homelessness and rough sleeping over the next five years.

Recent welfare changes against a back drop of increasing local rents have put increasing pressure on the affordability of housing for residents. This along with a shortage of affordable homes and a range of complex social and health factors have led to an increase in homelessness and rough sleeping over the last 5 years, nationally, regionally and within the Borough.

Locally, we have worked hard with our partners and made good progress in preventing homelessness and alleviating rough sleeping since the adoption of our last Homelessness Statement. However, there is still more to do.

Recent changes in legislation through the Homelessness Reduction Act place additional responsibilities on the Council to work with partners to provide appropriate support to prevent homelessness at an earlier stage.

This strategy sets out the Council's ambition to meet these challenges, working in partnership with local providers to deliver better outcomes for our households at risk of homelessness and to reduce rough sleeping.

I would like to thank everyone who has helped develop this strategy, in particular those stakeholders and partners who will help us deliver the priorities contained within to prevent homelessness and eradicate rough sleeping.

## Introduction

*“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*

While rough sleeping (those who sleep or live on the street), is often the most visible and concerning form of homelessness, the definition of homelessness extends much wider than this.

It also includes anyone who does not have access to suitable accommodation and may be staying with friends or family (sofa surfing), living in squats or in temporary accommodation provided by the Council.

This Homelessness and Rough Sleeping Strategy sets out how we will, over the coming five years, prevent homelessness including rough sleeping and support those who face homelessness or who are at risk of becoming homeless. Our actions are targeted across the following work streams;

### **Theme 1 – Prevention of Homelessness:**

- Priority 1 Homeless Prevention and Tackling the Causes of Homelessness and implementing the Homeless Reduction Act.
- Priority 2 - Preventing homelessness by access to Affordable and Sustainable Housing Options.

### **Theme 2 – Response of Services to homeless households and vulnerable people:**

- Priority 1 - Preventing and Responding to Rough Sleeping.
- Priority 2 - Supporting Children, Families and Young People and Vulnerable Adults.

## National Picture

The incidence of homelessness and rough sleeping has dramatically increased within the last 8-10 years, with official estimates of rough sleeping indicating an increase of 169% since 2010.

In addition to official estimates, since 2009/10, the number of annual homelessness acceptances by Councils has increased by 19,000 across England, a 48% increase from the 2009/10 baseline.

There are a number of factors which can cause a person to be homeless. These are often complex and can include the lack of affordable housing, family / relationship breakdown, poor mental/physical health, loss of income / poverty leading to an inability to sustain or secure suitable accommodation.

The recent increase in statutory homelessness can, from national and local estimates, be attributed to the sharp rise in numbers made homeless from the private rented sector.

As a proportion of all statutory homelessness acceptances, those stemming from the private rented sector have risen, from 11% to 31% from 2009/10 to 2016/17.

Welfare reform and freezing of the Local Housing Allowance since 2011 are key contributing factors, especially in London where private rents have increased substantially.

Reduced income against a backdrop of rising private rents has led to the private rented sector being an increasingly unaffordable and unsustainable tenure of housing.

High demand on social housing stock and limited supply of affordable social housing to meet need has led to restricted social housing being available, leaving residents fewer options and leading to homelessness.

Ministry of Housing, Communities and Local Government figures, published in 2017, highlight that the number of people sleeping rough in England has increased by 73% over the last 3 years, and 169% in the last 7 years.

This is echoed by regional figures for rough sleeping which highlight that in 2010/11, 3,975 people spent at least one night sleeping rough in London. This has more than doubled in 2017/18 to 8,108.

While rough sleepers are exposed to a greater risk of crime and may be victims of violence, sustained periods of rough sleeping can lead to the development of additional complex needs such as substance misuse, mental and physical health issues. The development of these additional needs can then make the journey to securing sustainable accommodation, through addressing these issues, even more difficult.

### Local Picture & Context

Tower Hamlets is one of the fastest growing local populations in the country. This increase in population brings with it significant housing challenges concerning demand outstripping supply and a rising cost of living and housing.

The relationship between high housing costs and low incomes is evident. Tower Hamlets has the 12th highest average monthly rents in London, and one of the highest levels of poverty in the UK, with 44% of households in the Borough experiencing income poverty.

The combination of these factors can mean people in the Borough, particularly those on low incomes are being priced out with an increased risk of homelessness.

A sustained increase over the medium to long term in the supply of rented accommodation, that is affordable to local residents, could lead to a reduction in homelessness.

Even with the increased funding available to support the delivery of affordable rented housing, it is still unlikely that supply will match the level of need. It is therefore essential for the Council to increase prevention work and intervene earlier to alleviate homelessness.

One key challenge we are facing is the ability to procure affordable private sector temporary accommodation to fulfil our statutory duties to homeless households. This is resulting in a substantial increase in the cost of temporary accommodation.

The availability of affordable private rented accommodation is at risk of diminishing further, unless Local Housing Allowance and temporary accommodation subsidy are increased to more closely match market rents.

As part of this strategy we are taking steps to actively plan for the future by diversifying the supply of temporary accommodation. This is to reduce the dependence on expensive private rented accommodation and achieving an affordable pipeline of homes for the prevention and relief of homelessness.

The lack of affordable housing supply in-Borough has led to the placement of families outside of Tower Hamlets in order to fulfil our statutory duty. In these circumstances, those placed out of Borough may have left jobs, family and support networks and require additional support to resettle in a different location. We are committed to sourcing accommodation which is local and work with our neighbouring Boroughs to place homeless households within the wider locality.

Tower Hamlets has one of the youngest populations in the country, leading to a potentially greater risk of younger people experiencing homelessness who are more likely to receive lower incomes to afford local rents.

Care leavers also face an increased risk of homelessness in part as they often enter the care system as a result of the breakdown of their birth family. As a result, care leavers can often lack the emotional and practical support from families that other young people can rely on.

The need to support care leavers in developing the skills to live independently is reflected in the range of accommodation options, with varying levels of support, for young people who are entitled to Through Care services. Cases are considered by the Independent Placement Panel prior to the young person reaching the age of 16 and a half.

As part of our Corporate Parenting responsibilities, we are committed to ensure that the prevention of homelessness among care leavers is managed via support to find and sustain accommodation. Local authorities also now have a duty to provide Personal Adviser (PA) support to all care leavers up to the age of 25, if they want this. Some care leavers may experience continuing challenges, including the risk of homelessness, and they can now return for PA support to help address such issues.

Similarly, those who run away from home, in particular those who are LGBTQI+ are also at increased risk of homelessness with limited practical support from families.

A number of people are also made homeless as a result of domestic violence, largely in the case of women fleeing the principal home to escape violence. In these circumstances homeless women may be concealed as 'hidden homeless', staying with friends or relatives or indeed rough sleeping.

In 2017/18, 168 homelessness preventions were made where assistance supported residents to remain in their accommodation. 38% of these cases involved the provision of alternative accommodation due to domestic violence.

16% of the 168 preventions involved mediation/conciliation, 17% specific advocacy to remain in the Private Rented Sector and 14% requiring financial recourse to resolve the issue.

A key priority of this strategy is to put steps in place to ensure that we work with partners to deliver a greater focus on the prevention of homelessness. Specific measures are in place concerning key vulnerable groups such as young adults, care leavers, those with substance misuse problems and/or mental health issues as well as victims of domestic violence. These are set out under Theme 2, Priority 2 of this strategy.

Tackling the issue of rough sleeping within the borough is also a high priority. The total number of rough sleepers seen by our commissioned outreach team has increased from 331 in 2012/13 and 395 in 2015/16 to 475 in 2017/18.

We know that rough sleeping is harmful and dangerous. Recent studies indicate that the average life expectancy for a rough sleeper is 47 years for men and 42 for women.

Additionally, rough sleepers (and those who are homeless or at risk of homelessness) are at particular risk of suicide, in part due to high levels of related risk factors such as poverty/debt, mental ill health, drug and alcohol issues as well as isolation.

Rough sleepers with a Tower Hamlets local connection often have very complex needs (e.g. people with a triple diagnosis and/or a serious forensic history, co-dependent couples and people with pets) and therefore need very sophisticated and personalised accommodation and support options.

Prolonged periods of rough sleeping can lead to the development of additional complex needs such as substance misuse, poor mental and physical health issues.

Those who are very entrenched in a street lifestyle can often be resistant to taking up offers of support (including health and substance misuse support) and accommodation options. We are committed to never giving up on individuals and will continue to offer support.

There is an increasing need to place rough sleepers in accommodation options out-of-Borough due to all options within Tower Hamlets having been exhausted. Some clients with a local connection to Tower Hamlets are unwilling to access accommodation in another area.

There are a number of people who return to rough sleeping in the Borough after a period of time in either temporary or long-term accommodation. We are committed to working with those who return to rough sleeping to identify sustainable housing solutions.

We work with partners to better identify rough sleepers and intervene more rapidly to support as well as provide accommodation as set out under Theme 2, Priority 1 of this strategy.

### **National Policy**

Recognising the rise of homelessness as a significant issue, the Chancellor of the Exchequer reiterated a number of the

government's manifesto commitments around homelessness as part of his 2017 Budget speech. This included;

- A commitment to halve rough sleeping by 2022 and eliminate it by 2027
- The creation of a Homelessness Reduction Taskforce to develop a cross-government strategy to deliver the manifesto commitment.
- £28m investment into 'Housing First' pilot projects which prioritise an individual's need for stable housing rather than the traditional approach of moving them through different "levels" of supported accommodation.

Since the adoption of the LBTH Homelessness statement in 2013, the largest change in national policy has been the introduction of the Homelessness Reduction Act which came into force in April 2018.

#### The Homelessness Reduction Act

The Homelessness Reduction Act provides new legislation in preventing homelessness for households and individuals at risk through the following clauses:

- Improved advice and information about homelessness and the prevention of homelessness tailored to individual need and accessible.
- Extension of the period at which a client may be considered as 'threatened with homelessness' from 28

days to 56 days and thus potentially owed a duty to be housed.

- Introduced new duties to prevent and relieve homelessness for all eligible people, regardless of priority need and local connection.
- Introduced needs assessments and personalised housing plans, setting out the actions housing authorities and individuals will take to help secure accommodation.
- Encouraging public bodies to work together to prevent and relieve homelessness through a mandatory duty to refer.

#### Rough Sleeping Strategy

In addition to policies to prevent homelessness through the Homelessness Reduction Act, commitment is further emphasised through the Government's Rough Sleeping Strategy 2018. In summary, this committed;

- To halve rough sleeping by 2022, and to end it for good by 2027.
- £100m of funding and a three-pronged approach to ending rough sleeping through prevention, intervention, and recovery.
- A wider review of homelessness and rough sleeping legislation, which will include the Vagrancy Act.

## **Local & Regional Policy**

### London Housing Strategy

Complementing national policy, the London Housing Strategy offers a range of proposals to prevent and address homelessness as well as reduce rough sleeping; these largely fall under the following themes;

#### *Homelessness Prevention*

The Mayor of London will

- Work with partners to support a greater focus on prevention of homelessness, particularly youth homelessness.
- Work with partners to ensure those who lose their home are supported into sustainable accommodation

#### *Rough Sleeping*

- Work with partners to identify and pursue new approaches to tackling rough sleeping in London
- Work with partners to better identify rough sleepers and intervene more rapidly to support them off the streets. This includes providing specialist support for particular groups to help rough sleepers stay off the streets.
- Work with partners to improve the provision of accommodation for rough sleepers.

### Tower Hamlets Housing Strategy

Our current housing strategy was adopted in December 2016, and is geared towards delivering a housing offer which best meets the needs of its local residents. It set out our commitment to delivering a Homelessness Strategy which:

- Considered other options to prevent homelessness and to meet demand, including ways of reducing the number of homeless households from LBTH who are currently in temporary accommodation.
- Committed to the continuation of the No Second Night Out objective (and through working with landlords and tenants, ensuring a 'No First Night Out' on the street).
- Committed to developing council owned temporary accommodation, and using existing council and Registered Provider properties for short-term homeless housing where appropriate.
- Gave consideration to ensuring the most vulnerable groups can be assisted, linking their support into health, education, employment and wellbeing.

In addition to the Homelessness & Rough Sleeping Strategy, we have a range of other complementary strategies and plans to address both the root causes and impact of homelessness and rough sleeping on residents. These include;

- Tenancy Strategy
- Private Rented Sector Strategy
- Health and Wellbeing Strategy 2016-20
- Violence against Girls and Women Strategy 2016-19
- Suicide Prevention Strategy 2018-21
- Substance Misuse Strategy 2016-19
- Tackling Poverty Work Programme
- Hostels Commissioning Plan 2016-2019
- Health Scrutiny Committee Review: Health & Social Care Provision for Homeless Residents

## How the 2018 – 2023 Homelessness Strategy & Rough Sleeping Strategy is set out

Our Homelessness and Rough Sleeping Strategy has two themes; Prevention of Homelessness and Response to Homeless Households and Vulnerable People of services. Each theme has two priorities.

### Theme 1 – Prevention of Homelessness:

- Priority 1 Homeless Prevention and Tackling the Causes of Homelessness and implementing the Homeless Reduction Act.
- Priority 2 - Preventing homelessness by access to Affordable and Sustainable Housing Options.

### Theme 2 – Response of Services to homeless households and vulnerable people:

- Priority 1 - Preventing and Responding to Rough Sleeping.
- Priority 2 - Supporting Children, Families and Young People and Vulnerable Adults.

## What we have delivered so far;

We have made significant progress in preventing homelessness and assisting the most vulnerable households in the borough through:

- Achieving a 100% reduction in Bed & Breakfast for families so that no family is placed in B&B for longer than the statutory limit of 6 weeks.
- Successful implementation of the 'No First Night Out Rough Sleeping Prevention' service and 'No Second Night Out Rough Sleeping' initiative.
- Successful implementation of the Safe Connections project that enabled a notable number of rough sleepers to return safely to their place of origin in the United Kingdom. This model has now been replicated pan-London by the GLA.
- Successful implementation of the award winning Routes to Roots project that has enabled a significant number of homeless individuals to be safely discharged from the Royal London Hospital and return to their place of origin in the United Kingdom.
- Successful procurement of temporary accommodation within 90 minutes travel to the borough enabling households to maintain ties with their communities whilst displaced.
- As part of the LBTH Young People's Accommodation Pathway, the Council has commissioned four block accommodation based support services contracts offering 14 distinct supported

housing schemes to provide accommodation and support for vulnerable young people (homeless youth and care leavers) between the ages of 16 to 21 (up to 25 depending on needs). This service provides a safe and secure environment for young people unable to remain at home.

- The service also offers a 'crash pad facility' consisting of emergency bed spaces offering short term accommodation (24-48 hours) to further eliminate the need for bed and breakfast and temporary accommodation (in particular for 16 and 17 year olds).
- Embedding links between the homelessness and safeguarding services to identify adult abuse and neglect and take appropriate action. This includes the work of the High Risk Transition Panel which considers and supports agencies to manage risk when vulnerable adults are transitioning from one service or situation to another, one risk being the prevention of homelessness amongst vulnerable adults.
- Successfully rehousing 1,366 homeless households (bands 1B and 2A) into permanent accommodation under the last Homelessness statement between 2012 and 2017.
- A successful restructure of the Housing Options team to prepare for the Homelessness Reduction Act.
- Continuing to be a key regional and sub – regional influential and respected partner.

- Improved conditions in the private rented sector and promoted tenants' rights through our Private Renters Charter and greater landlord licensing.

### **Initiatives we will continue to deliver**

#### Theme 1 - Prevention of Homelessness:

*No Wrong Door* - Our Housing Options Service will continue its innovative No Wrong Door programme to ensure that customers can access all the services they need to help resolve their housing problems from one point of contact.

*Private Rented Sector Housing Advice Team* - The Housing Advice Team will continue to prevent homelessness through giving comprehensive advice and guidance to private sector tenants, registered social landlord tenants and leaseholders. We will continue to try and resolve landlord disputes, disrepair issues, rent/mortgage problems, maximisation of income, security of tenure issues and service charge issues.

*East London Housing Partnership* – We will continue to work with ELHP on the *New Leaf* project which delivers upstream homelessness prevention advice and support to private rented sector households who are threatened with homelessness.

The *New Routes* project will also deliver rent deposits for 250 non-priority single households (or couples) when homelessness prevention has failed.

*Partnership working with Registered Social Housing* – We will continue to broker the relationship between Registered Social Landlords and Tenants, by intervening early and preventing homelessness through rent arrears and anti-social behaviour.

The Through Care Service will continue to consider the accommodation needs of eligible care leavers as part of their individual needs assessment and Pathway Plan. Personal Advisers work with the Through Care Housing Support Officer and other professionals to find accommodation options which meet the young person's identified needs.

Theme 2 – Response of Services to homeless households and vulnerable people:

*East London Women's Project* – We will continue to work with East London Housing Partnership to provide supported accommodation for female survivors of abuse who have multiple disadvantages. These include; substance use, mental health issues, history of offending, sex working, no recourse to public funds or other multiple or complex support needs.

*No First Night Out* - We will continue to partner the No First Night Out (NFNO) initiative and provide accommodation for single people who may have otherwise resorted to sleeping on the streets.

The Housing Options Single's team (HOST) service will continue to employ a *Complex Needs Team* to work more intensively with high support self-referred and partner agency

clients (MAPPA, IOM, Hospital Pathways) who require accommodation and long term support.

HOST will continue to work with the most vulnerable single people who approach as homeless. As the Complex Needs Team deals with a high level of complex cases, the collaborative working amongst key partner agencies such as Mental Health, Drugs and Alcohol Services, Safeguarding and Adults Services will remain vital in delivering this service.

We will continue to deliver the LBTH Young People's Accommodation Pathway to provide a safe and secure environment for young people unable to remain at home in addition to activities undertaken to facilitate a safe return home where possible.

We will continue to offer a 'crash pad facility' consisting of emergency bed spaces offering short term accommodation (24-48 hours) to further eliminate the need for bed and breakfast and temporary accommodation (in particular for 16 and 17 year olds).

We will continue to embed links between the homelessness and safeguarding services to identify adult abuse and neglect and take appropriate action. This includes the work undertaken by the High Risk Transition Panel to ensure the risk of homelessness is mitigated amongst vulnerable adults.

## Theme 1: Prevention of Homelessness

### Priority 1 Homeless Prevention and Tackling the Causes of Homelessness and implementing the Homelessness Reduction Act

In the next 5 years we will:

Objective 1: Provide quality, timely and accessible information and advice focused on homeless prevention and support by:

- Ensuring that there is clear and consistent information at all key points of contact for homeless households and those at risk of becoming homeless.
- Improving the quality and accessibility of housing and homelessness advice services and pathways.
- Working with East London Housing Partnership on the New Leaf and New Routes projects.
- Meeting our duties under the Homelessness Reduction Act.

Objective 2: Support people to remain in their homes by:

- Working proactively with social and private landlords to identify and support people at risk of homelessness and assist tenants to maintain their tenancies.
- Providing a holistic advice and support role for people at risk of losing their homes.

- Providing financial inclusion and income maximisation advice and support for residents, particularly those at risk of losing their homes.
- Providing targeted support to broker the relationship between landlords and those families placed in private rented accommodation.
- Discretionary housing payments - targeted and proactive use of these funds to help people to maintain their tenancy.

Objective 3: Address the root causes of homelessness through a partnership approach to tackling worklessness and exclusion by:

- Mitigating where possible the impact of welfare reform on homeless and formerly homeless people.
- Providing pathways and support to employment for households at risk of homelessness and exclusion.
- Strengthening strategic commitment and joint working on homelessness prevention and exclusion.
- Making better use of information and intelligence across partners to tackle homelessness and exclusion.
- Creating specific projects to help key groups such as young people to access and maintain good employment, in

particular addressing the specific needs of those that are Not in Education Employment and Training (NEET).

**We will achieve these objectives by**

- Service re–design to meet the challenges of the Homelessness Reduction Act.
- Upskilling our staff.
- Ensuring good practice and quality services by achieving Domestic Abuse Housing Alliance (DAHA) accreditation.
- Digital transformation enabling residents to self-serve their service needs as much as possible.
- Briefing partner organisations in all aspects of homelessness.
- Exploring and enhancing a range of preventative measures and best practice models.
- New Information Technology system.

**How will we know if our actions are working?**

- Increased number of homelessness preventions and a reduced proportion of repeat homelessness cases.

- Increased proportion of personal housing plans which achieve a positive outcome.
- Improved job outcomes achieved by those homeless or rough sleeping.
- Improved client satisfaction with the Housing Options service.

## Theme 1: Prevention of Homelessness

### Priority 2 - Preventing homelessness by access to Affordable and Sustainable Housing Options.

In the next 5 years we will;

#### Objective 1; Increase the supply of housing across social tenures by:

- Working in partnership with housing providers and developers, to continue to provide new affordable and suitable homes.
- Identifying funding opportunities to develop new council homes.
- Working through our Housing Companies to secure further housing, both through purchase of existing market properties and build new homes.
- Bringing empty properties back into use.

#### Objective 2; Develop innovative and sustainable housing options in the private sector by:

- Improving the accessibility of the private rented sector as a continued opportunity to prevent homelessness, recognising that the continuing Local Housing Allowance freeze influences affordability.

- Ensuring that the private sector offers safe and good quality housing options.
- Promoting private tenants' rights and supporting responsible landlords through the ongoing promotion of the Council's Private Renters Charter.
- Making privately rented accommodation more accessible to our residents by bridging the gaps in service, managing expectations and educating on homelessness realities.

#### Objective 3: Maximise the use of the existing social housing stock by:

- Using some of our general needs social housing as temporary accommodation where appropriate.
- Implement changes within the Allocations Policy to ensure that current resources are used most effectively to reduce homelessness and provide adequate housing to those in need.
- Working with our partner Registered Providers to use their permanent housing stock for temporary accommodation.
- Providing permanent offers to house homeless households in discharge of the council's statutory duty and to free up temporary accommodation for other homeless applicants owed a relief duty.

Objective 4; Increase the supply of appropriate temporary accommodation and reduce the time spent in temporary accommodation by;

- Developing a sustainable approach to procuring temporary accommodation.
- Procuring temporary accommodation both inside and outside the borough and supporting all households who are placed in this accommodation.
- Provide a bespoke package of support for those families who are moved out of the borough, their host boroughs, and incorporate any lessons learned from LGA commissioned research into this area.
- Continuing to work with a range of private sector landlords across London and the South East in order to provide temporary accommodation.

Objective 5; Champion innovation by;

- Continuing to lead on cross borough working and taking a collaborative approach to acquiring temporary accommodation.
- Participating in the pan London Capital Letters programme to provide properties for those families and other households most in need of accommodation.

- Continuing the £75m PLACE (Pan-London Accommodation Collaborative Enterprise) programme which procures “precision-manufactured” family homes.

**How will we know if our actions are working?**

- Through delivering a pipeline of 2,000 council homes by 2022
- Securing 4,000 socially rented homes through the planning process.
- Increasing the number of landlords signing up to the landlord licensing scheme.
- Increasing the number of homes acquired or delivered for temporary accommodation.
- Reducing the number of households living in temporary accommodation.
- Never placing homeless families in Bed & Breakfast accommodation for more than 6 weeks.
- Increasing the number of permanent offers to homeless households.

## Theme 2; Response of Services to homeless households and vulnerable people:

### Priority 1 - Preventing and Responding to Rough Sleeping

In the next 5 years we will

- Prevent people from having to rough sleep for the first time in the borough.
- Support new rough sleepers so they don't spend a second night on the streets.
- Assist people to exit the street safely and to sustain accommodation so that no one calls the street their home.
- Help former rough sleepers maintain their independence and accommodation.

We will do this by;

- Providing services and interventions in partnership with colleagues in Substance Misuse services, Adult Social Care, Integrated Commissioning, Primary Health Care and Mental Health services, Community Safety services, the third sector and many others.
- Participating in forums and implementing models to support rough sleepers and reduce the anti-social behaviour associated with some rough sleepers and sleeping sites.

- Providing a response to the Government's Rough Sleeping Strategy and working closely with the Ministry of Housing, Communities and Local Government to make most effective use of new funding streams to end rough sleeping.

#### Objective 1; Provide services and interventions in partnership by;

- Continuing to commission a Rough Sleeping Street Outreach Service – TH SORT.
- Continuing to commission day services for rough sleepers and those who are vulnerably housed.
- Continuing to provide an integrated drug and alcohol service (DAAT) which will:
  - Link into the Royal London Hospital Homeless Pathways team and rough sleeping services.
  - Deliver a High Impact Drinkers Programme which takes a multi-agency approach to engaging alcohol misusing individuals.
  - Commission RESET, an integrated drug and alcohol treatment service with an easy single point of access to treatment.
  - Commission a dedicated service at the local homeless health centre, Health E1 to support homeless service users misusing substances.

- Continuing to commission a large variety of hostel services in the borough for those with medium, high and complex support needs including challenging behaviour.
- Continuing to utilise a range of bespoke accommodation options including those funded by the London Mayor's office (GLA), regional options and inter-borough swaps.
- Continuing to provide support to non-UK national rough sleepers with offers of employment and immigration advice, and supported voluntary reconnections.
- Testing out new partnerships and ways of working with entrenched rough sleepers including a Street Nurse, Street Psychologist and a Housing First Pilot.

Objective 2; Support rough sleepers and reduce the anti-social behaviour through;

#### *The Support and Enforcement Model*

- We will continue to implement a Support and Enforcement model to support rough sleepers and reduce anti-social behaviour.
- Genuine offers of support and accommodation will always be the main approach to end rough sleeping.

- Where this approach is consistently unsuccessful, we will work closely with enforcement agencies and the wider community to reduce anti-social behaviour.

#### *Forums and Tasking Meetings*

- We will continue to chair a monthly Tasking and Care Planning Meeting for Rough Sleepers and those with a street lifestyle. This meeting brings together support and enforcement agencies to case conference and develop plans for entrenched rough sleepers and to develop rough sleeping hotspot management plans.
- We will continue to support a number of multi-agency panels to support vulnerable clients and/or reduce anti-social behaviours. These include the Community ASB MARAC, DV MARAC, TH Prostitution Partnership, Adult Safeguarding High Risk Transitional Panel, and local Ward Panel meetings.

Objective 3; Implement a response to the Government's Rough Sleeping Strategy by;

- Collecting and submitting additional data on rough sleepers as well as reporting progress in delivering strategies and publishing an annual Rough Sleeping Action Plan.
- Working with government in reviewing the issues of LGBTQI+ homelessness.

- Reviewing our current arrangements and implementing new practises regarding vulnerable adults who are at particular high risk of homelessness. These include those discharged from hospital, ex-offenders, victims of modern slavery and victims of domestic abuse.
- Delivering a number of initiatives in relation to primary, long term and palliative health care for rough sleepers as part of the Government's Access to Health Services Strategy.
- Implementing a range of 'rapid rehousing' initiatives as proposed by Government following its review of the Housing First pilots.
- Exploring new funding opportunities such as:
  - Specialist personal advisers
  - Rough sleeper Navigators
  - Somewhere Safe to Stay Pilots
  - Non UK nationals services
  - Controlling Migration Fund
  - Supported Lettings Fund
  - Private Rented Sector Access Fund
  - Local Lettings agencies
  - Social Impact Bond
- Participating on the Mayor of London's No Nights Out Sleeping Rough Taskforce, contributing to the GLA's Rough Sleeping Plan of Action and utilising new funding opportunities to improve the lives of those who sleep rough.

#### **How will we know if our actions are working?**

- Funds secured to deliver rough sleeping initiatives will be maximised.
- The number of rough sleepers supported through the No Second Night Out project will have increased.
- The number of rough sleepers supported to sustain accommodation will have increased.
- The number of rough sleepers within Tower Hamlets will be reduced over the lifetime of this strategy.

## Theme 2 Response of Services to homeless households and vulnerable people.

### Priority 2 - Supporting Children, Families and Young People and Vulnerable Adults

In the next 5 years we will

Objective 1: Prevent homelessness among families and young people as part of an integrated approach to youth and family services by:

- Improving training and joint working across agencies to focus on homelessness prevention, identification and early intervention for families and young people.
- Improving the support offered to eligible care leavers by appointing a housing officer for children's services.
- Improving the use of mediation and respite to address family breakdown as a cause of homelessness.
- Continuing to deliver the LBTH Young People's Accommodation Pathway to provide a safe and secure environment for young people unable to remain at home.
- Continuing to offer a 'crash pad facility' consisting of emergency bed spaces offering short term accommodation to further eliminate the need for bed and breakfast and temporary accommodation (in particular for 16 and 17 year olds).

- Continuing to provide the HOST Young Persons Social Worker who sees all homeless clients aged 16 and 17 years, including those who are pregnant, and will undertake Children's Act social work assessments.

- Support homeless young people to achieve their full potential and positively progress to adulthood, in particular care leavers through the development of a housing options protocol for care leavers.
- Increasing provisions and support for young people including tackling worklessness and ensuring strong links with partners including Drugs and alcohol services, and mental health.

Objective 2; Support homeless families and young people to be safer, healthier and emotionally resilient by:

- Improving awareness of GP registration rights amongst both primary care staff and service users to ensure better engagement of homeless people to health services.
- Training front line staff in dealing with homeless people to better understand behaviours which may be encountered to reduce higher discharge rates.
- Working towards ensuring that a person's housing issues are identified and addressed as part of the social prescribing programme in the borough.

- Providing better support services for homeless families including our statutory duties concerning the safeguarding of children and adults at risk.
- Support vulnerable adults at risk of homelessness through bespoke pathways, as well as delivering integrated health provision for those that are homeless or at risk of homelessness.
- As part of the Tower Hamlets Suicide Prevention Strategy (2018-2021), ensure that suicide prevention and the support of service users with mental health needs is embedded within the Housing Options Service (and other front line services).

Objective 3: Provide specialist support to victims of Domestic abuse

- In the first instance, we will consider Sanctuary schemes to enable victims of domestic violence to remain in their homes.
- We will continue to provide a multi - agency risk assessment conference (MARAC) approach which enables a bespoke support response to be provided to each individual household.
- We will continue to commission independent domestic, sexual and gender-based violence advocates (IDVAs) to help victims apply for legal remedies such as occupation

orders, Non Molestation Orders (NMOs) and coordinate weekly Domestic Violence One Stop Shops.

- Where appropriate and safe to do so, the council would consider granting a new tenancy of their existing home to victims of Domestic Violence.
- We will continue to grant priority need to victims of domestic abuse who are housed in refuges.

Objective 4; Better identify the needs of vulnerable people through a personalised, multi-agency approach by:

- Improving the assessment of vulnerable adults, particularly those with multiple needs.
- Ensuring that structures and processes are in place to support a multi-agency approach to assessing vulnerable adults.

Objective 5; Address and reduce the support needs of vulnerable homeless people to enable them to live independently by:

- Continuing to embed links between the homelessness and safeguarding services to identify adult abuse and neglect including the work undertaken by the High Risk Transition Panel to ensure the risk of homelessness is mitigated amongst vulnerable adults.

- Continuing to employ the Complex Needs Team to work more intensively with high support self-referred and partner agency clients (MAPPA, IOM, and Hospital Pathways) who require accommodation and long term support.
- Supporting ex-offenders in tandem with the Probation Service to keep their homes or find suitable accommodation on return from prison.
- Ensuring a secure passage for homeless people following Hospital discharge.
- Improving move-on options for people in hostel accommodation and independent living skills of homeless people.

**How will we know if our actions are working?**

- Improved support for vulnerable groups including;
  - Young People
  - Care leavers
  - Ex-Offenders
  - Victims of Domestic violence
  - Those with substance misuse issues
  - Those discharged from Hospital
- Greater prevention of homelessness amongst vulnerable groups including
  - Young People
  - Care leavers
  - Ex-Offenders

- Victims of domestic violence
- Those with substance misuse issues
- Those discharged from hospital

This page is intentionally left blank

## Homelessness and Rough Sleeping Strategy 2018 - 2023 Equality Assessment (EA)

### Section 1: General Information

#### **1a) Area of Activity – Housing**

Homelessness and Rough Sleeping Strategy 2018 – 2023

#### **1b) Service area**

Housing Options  
Place Directorate

#### **1c) Service Head**

Mark Baigent – Service Head, Strategy, Sustainability and Regeneration (Interim)

#### **1d) Name and role of the officer/s completing the EA**

Rafiqul Hoque – Head of Housing Options  
Seema Chote - Statutory and Advocacy Team Manager - Housing Options  
Abidah Kamali - Business Improvement and Performance Coordinator  
Corporate Strategy and Equality

## **Section 2: Information about Homelessness and Rough Sleeping Strategy and the EA**

### **2a) In brief please explain what the assessment involves**

The London Borough of Tower Hamlet's current housing strategy was adopted by the Council in December 2016, and covers a full range of housing issues that include meeting overall housing need, new housing supply including affordable housing, regeneration, tackling poor conditions in the private rented sector and a commitment to partnership working.

In relation to tackling homelessness, the Strategy committed the council to:

- Refresh our Homelessness Statement into a Strategy and align it with the 2016-21 Housing Strategy
- Reconvene the Homelessness Partnership Board which will assist with the production and delivery of the action plan, with monitoring being carried out by officers.

The housing strategy committed the council to consider other options to prevent homelessness, and to meet demand, including considering the options to reduce the number of homeless households from LBTH who are currently in temporary accommodation, a continued commitment to the no second night out objective (and through working with landlords and tenants, 'no first night out' either), developing council owned temporary accommodation, and using existing council and Registered Provider properties for short-term homeless housing where appropriate. It stated that a fundamental aspect of the new homelessness strategy will be to ensure the most vulnerable groups can be assisted, linking their support into health, education, employment and wellbeing. There are specific provisions for Young People, Carers and those who are face domestic violence, often women.

The introduction of the Homeless Reduction Act 2017 has been described as one of the major pieces of homelessness legislation in the past 15 years by Shelter. Previously a person is defined as being threatened with homelessness if it is likely that they will become homeless within 28 days. The Homelessness Reduction Act 2017 increases the number of days from 28 to 56, including those who have been served with a section 21 (Housing Act 1988) notice, a legal notice that must be served by a landlord notifying

the tenant that possession of the private sector property is required. A period in which to negotiate with a landlord once the s21 notice has been issued is vital to prevent homelessness and find alternative options, either through the same landlord or another, and is one of the ways in which our Housing Advice service has been successful in preventing homelessness.

The Government's Rough Sleeping Strategy was published in August 2018 making a commitment to halve rough sleeping 'within this parliament' and to end it for good by 2027. This Strategy sets out how we intend to respond to the Government's Rough Sleeping Strategy by aligning our current action with its key proposals and setting out our approach to other initiatives requiring a longer term approach as set out in their document.

The Homelessness and Rough Sleeping Strategy has two main themes; **Prevention** and **Response** of services, with two priorities each.

**Theme 1 – Prevention of Homelessness:**

1. Preventing homelessness through advice and compliance with the Homelessness Reduction Act 2017
2. Preventing homelessness by access to Affordable Housing Options.

**Theme 2 – Response of Services to homeless households and vulnerable people:**

3. Tackling Rough Sleeping
4. Supporting Children, Families and Young People and Vulnerable Adults.

**Community Profile**

The following statistics illustrate the diversity of the population of Tower Hamlets and these statistics have helped inform the conclusions reached in this assessment.

- Over the next ten years, the population of Tower Hamlets is projected to increase from approximately 317,200 residents in 2018 to 370,700 in 2028 . This would be an increase of 53,200 additional residents – equivalent to around 15 additional residents per day for the next ten years. It would be a 17 per cent increase in the population compared with 10 per cent in London as a whole, making Tower Hamlets one of the fastest growing boroughs in the capital.
- However, population growth is expected to vary greatly within the borough. This is because there is little housing development planned in some areas, while at the same time the average household size of the existing population is expected to fall as the population ages. An area in Shadwell is projected to see the biggest decrease, with its population expected to fall by 9 per cent over the next ten years. On the other hand, some areas in the borough are expected to see dramatic increases. Two areas in the Isle of Dogs (in Canary Wharf and Blackwall & Cubitt Town wards) are expected to see their populations nearly double over the next decade (+90 per cent). Population growth in these and other areas of the borough is driven primarily by large scale housing development.
- Tower Hamlets has a relatively young population compared with the rest of the country. Our median age in 2016 was 30.6 years which was the 4th youngest median age out of all local authorities in the UK. Nearly half of the borough’s population (47 per cent) is aged between 20 and 39 which is the highest proportion in the UK, and well above the London average (34 per cent).
- Over the next decade, the borough population is expected to age slightly, though Tower Hamlets will remain a relatively young borough. The proportion of children and young adults in their twenties and thirties is projected to fall while the proportion of older adults is projected to increase. The borough’s pension age population (aged 65 and over) is expected to grow faster than any other age group, increasing by 39 per cent by 2028 which is more than double the growth rate for all ages (17 per cent). On the other hand, the number of children in the borough is expected to grow at a much slower rate.
- All projections are subject to some level of uncertainty, but projections are at their weakest in times of great demographic change because they rely heavily on information about historical trends. In the past, national population projections did not foresee the baby boom or the increase in migration in the 1990s. Brexit makes this a particularly uncertain time for population projections in Tower Hamlets, and indeed the rest of London and the UK. It will undoubtedly impact the economy and migration patterns, and consequently the borough population. However, no source of population projections has yet

attempted to take into account the impact of Brexit because it is unclear what assumptions should be made about the future until policies are finalised and new trends begin to emerge.

More detail on population growth derived from the GLA can be viewed here:

[https://www.towerhamlets.gov.uk/lgnl/community\\_and\\_living/borough\\_statistics/population.aspx](https://www.towerhamlets.gov.uk/lgnl/community_and_living/borough_statistics/population.aspx)

Ethnicity – Based on 2011 Census

- More than two thirds (69 per cent) of the borough’s population belong to minority ethnic groups (i.e. not White British): 55 percent belong to BME (Black and Minority Ethnic) groups and a further 14 per cent are from White minority groups.
- The Census provides data about 18 different ethnic group populations. The borough’s three largest groups are the Bangladeshi, White British and ‘Other White’ populations. Considered together, people from these three ethnic groups make up around three-quarters of the Tower Hamlets population.
- The Bangladeshi population makes up almost one third (32 per cent) of the borough’s population – considerably larger than the proportion across London (3 per cent) or England (under 1 per cent). Tower Hamlets has the largest Bangladeshi population in England.
- White British residents comprise 31 percent of the borough’s population, far lower than the percentage nationally (80 per cent). Tower Hamlets has the fifth lowest proportion of White British residents in England. Newham and Brent had the lowest rates (17 and 18 per cent respectively).
- The third largest ethnic group in the borough is the ‘Other White’ group who comprise one in eight borough residents – close to the London average. This group is very diverse and includes residents from a mix of ethnic backgrounds (e.g. Europeans, Australians, Americans).

- Residents from Black ethnic groups make up 7 per cent of the population comprising: 4 per cent from Black African groups; 2 per cent from Black Caribbean groups; and 1 per cent from Other Black groups. Tower Hamlets has a smaller proportion of Black residents compared to the London average (7 vs. 13 per cent).
- **Disability and Caring**
- The Census 2011 results showed that 13.5% of residents stated that they had a long-term health problem or disability that limited their day to day activities (34,300 residents) This is slightly lower than the regional and national rates (14.1% in London and 17.6% England)
- The 2011 Census found that 19,356 residents provided some level of unpaid care in the borough, which accounted for 7.6% of all LBTH residents. Compared with London and England averages, the provision of unpaid care in the borough is significantly skewed towards the provision of more (20+) hours. While 56.5% of those providing unpaid care do so for 19 hours per week or less, the remaining 43.5% provided 20 hours per week or more. 18.1% of carers provide 20 to 49 hours of care per week, and over a quarter provide unpaid care for 50 hours or more per week (4,915 residents).

## **2b) What are the equality implications of your proposal?**

The equality implications of the proposals set out in this document are overwhelmingly positive.

On adoption of the Homelessness and Rough Sleeping Strategy, the actions will provide the rationale for individual decisions by case officers. This is particularly relevant in the context of the medium term financial strategy for the council, resources available to deliver the actions identified in this document can be expected to reduce, both from revenue and capital sources. However, the Council seeks to maximise financial support to tackle homelessness through applying for resources from central Government, particularly to tackle rough sleeping.

In addition with the continuing roll out of welfare reform, it can be expected that there will be negative impacts on the protected

groups which the council is not necessarily in a position to fully mitigate.

**2c) What is the cumulative equality impact of your proposal?**

The cumulative equality impacts of the Homeless and Rough Sleeping Strategy 2018 – 2023 are considered to be positive. As set out in the themes above, the council is seeking to provide a distinct range of responses, particularly for people from disadvantaged backgrounds who historically are over-represented amongst the protected groups identified by the council. The council will need to be mindful in certain instances to ensure that positive impacts for certain protected groups do not unintentionally negatively impact on other protected groups.

Further assessments of individual policies which emerge from the Homeless and Rough Sleeping Strategy 2018 – 2023 will be carried out and if any potential negative impacts are identified mitigating actions will be identified accordingly.

In Section 3 of this document the broad equality impacts on each of the protected groups each of three delivery themes are addressed in turn.

**1. Disability**

Identify the effect of the Homeless and Rough Sleeping Strategy 2018 - 2023 on disabled people.

*Please describe the analysis and interpretation of evidence to support your conclusion.*

## Section 3: Equality Impact Assessment

Appendix B Homeless and Rough Sleeping Strategy 2018 – 2023

### **Will the changes in your policy/service have on people who are disabled?**

Equality Assessment

In providing, support and advice to households threatened with homelessness, the individual needs of each household are taken into account, particularly in either advising on support or in the placement of households in either temporary or permanent accommodation. For residents who are disabled, their individual needs will inform each decision.

Maintaining a sustained supply of affordable housing that meets a disabled person's needs will deliver positive outcomes for disabled people. Current policy is that 10% of affordable housing should be accessible (or capable of adaptation) for people who use wheelchairs. The council is committed to delivering between 35% and 50% of new housing as affordable housing as set out in its current planning policy and therefore meeting this target will help deliver positive outcomes for this protected group.

The Council is also committed to Project 120, which was started in 2012 to address the specific housing needs of families with a wheelchair user and other complex medical needs on the Council's Housing waiting list including homeless households. The name stems from the 120 families who were on the Accessible Housing waiting list at that time. The Council works closely with developers and housing associations to identify specific needs of a family at an early stage and identify a property in development which can then be adapted accordingly to meet that need. The project has been very successful and over 200 families had been rehoused accordingly.

In providing, support and advice to individuals either rough sleeping or at risk of rough sleeping, the individual needs of each person are taken into account, particularly in either advising on or in the placement of households in either temporary or permanent accommodation. In addition the Strategy sets out how the Council works closely to meet the individual health needs of rough sleepers many of whom will have a disability including support for a mental health condition.

Concerning mental health, Health E1 is the specialist general practice for homeless people in Tower Hamlets. The practice offers 20 minute appointments, a walk-in service, mental health nurses on site, a blood-borne virus testing service, and substance misuse workers from drugs and alcohol service RESET. The prevalence of severe mental illness, such as schizophrenia and bipolar disorder, is 13 times higher than in the rest of the borough,

RESET is the drugs and alcohol service commissioned by London Borough of Tower Hamlets. The full service operates at Mile End Hospital, with two substance misuse workers based at Health E1. During 2015/16 RESET at Health E1 saw 293 people for drug and alcohol misuse, of whom the vast majority (95%) presented with opiate dependency. 19% of all of those in treatment had a dual diagnosis of substance misuse and a mental health condition.

There are a range of provisions in the strategy to prevent homelessness and reduce rough sleeping of those with mental health and substance misuse issues.

<p><b>2. Gender reassignment</b></p> <p><i>Identify the effect of Homeless and Rough Sleeping Strategy on different gender groups (inc Trans) groups</i></p> <p><i>Please describe the analysis and interpretation of evidence to support your conclusion.</i></p>	<p><b>Will the change in your policy/service have on people who have had their gender reassigned or are undergoing gender reassignment?</b></p> <p>There is no evidence to suggest or reason to believe that people with a reassigned gender will be disproportionately affected by the Homelessness and Rough Sleeping Strategy. Rather, the aim of improving our Homelessness and Rough Sleeping services in the borough will be of benefit to this group to the same extent as others.</p> <p>Person centred individual plans for either households or individuals will assist in providing a specific response to those affected by homelessness and rough sleeping including those people who have had their gender reassigned or are undergoing gender reassignment?</p> <p>The adoption of the Homelessness and Rough Sleeping Strategy is expected to have a <b>neutral</b> impact on this protected group.</p>
--	---

<p><b>3. Pregnancy and maternity</b></p> <p><i>Identify the effect of Homeless and Rough Sleeping Strategy on women who are pregnant or in maternity</i></p> <p><i>Please describe the analysis and interpretation of evidence to support your conclusion.</i></p>	<p><b>Will the change in your policy/service have an adverse impact on women who are pregnant or in maternity?</b></p> <p>There is no evidence to suggest or reason to believe that women who are pregnant or in maternity will be disproportionately affected by Homelessness and Rough Sleeping Strategy. Rather, the aim of improving housing conditions in the borough will be of benefit to this group to the same extent as others. The Strategy sets out specific responses for young single women who are either pregnant or in maternity and at risk of homelessness as this is a particularly vulnerable group.</p> <p>Person centred individual plans for either households or individuals will assist in proving specific response to those affected by homelessness and rough sleeping including those people who are pregnant or in maternity.</p> <p>The adoption of the Homelessness and Rough Sleeping Strategy is expected to have a neutral impact on this protected group.</p>
--	--

<p><b>4. Race</b></p> <p><i>Identify the effect of Homeless and Rough Sleeping Strategy on different race groups including ethnic or national origins, colour and nationality</i></p> <p><i>Please describe the analysis and interpretation of evidence to support your conclusion.</i></p>	<p><b>Will the change in your policy/service have an adverse impact on race groups including ethnic or national origins, colour and nationality?</b></p> <p>Ethnic minority households in the borough are disproportionately in more housing need with nearly 70% of applicants on the common housing register being from black and minority ethnic communities. Bangladeshi families represent nearly 55% of those on the list compared to a borough population of 33%. A high proportion of these households are overcrowded and require larger family homes.</p> <p>Ethnic minority households in the borough are disproportionately affected by homelessness, as is the case regionally. In 2015/16 80% of households accepted as homeless were from BME groups. However, ethnic minority groups account for nearly 70% of the borough’s population.</p> <p>All services are geared to meeting the needs of individuals or households regardless of their race groups including ethnic or national origins, colour and nationality. Where appropriate, those service users who do not speak English as a first language will be provided with translation services. The Strategy also sets out how the Council will assist those households and individuals whose immigration status reduces their statutory rights.</p> <p>There is no evidence to suggest or reason to believe that race groups including ethnic or national origins, colour and nationality will be disproportionately affected by Homelessness and Rough Sleeping Strategy. Rather, the aim of improving housing conditions in the borough will be of benefit to this group to the same extent as others.</p> <p>Person centred individual plans for either households or individuals will assist in proving specific response to those affected by homelessness and rough sleeping including those people from different race groups including ethnic or national origins, colour and nationality.</p> <p>The adoption of the Homelessness and Rough Sleeping Strategy is expected to have a neutral impact on this protected group.</p>
---	---

<p><b>5. Religion or belief</b></p> <p><i>Identify the effect of Homeless and Rough Sleeping Strategy on people who have religious views or beliefs using the prompts above</i></p> <p><i>Please describe the analysis and interpretation of evidence to support your conclusion.</i></p>	<p><b>Will the change in your policy/service have on people who have religious views or beliefs?</b></p> <p>Tower Hamlets has the highest percentage of Muslim residents in England and Wales – 38 per cent compared with a national average of 5 per cent. Conversely, the borough has the lowest proportion of Christian residents nationally: 30 per cent compared with a national average of 59 per cent. The council is aware of the high percentage of Muslim residents particularly of Bangladeshi heritage in the borough and is aware they suffer from particular aspects of housing need such as acute over-crowding and homelessness.</p> <p>There is no evidence to suggest or reason to believe that people who have religious views or beliefs will be disproportionately affected by Homelessness and Rough Sleeping Strategy. Rather, the aim of improving housing conditions in the borough will be of benefit to this group to the same extent as others.</p> <p>Person centred individual plans for either households or individuals will assist in providing specific response to those affected by homelessness and rough sleeping including those people who have religious views or beliefs.</p> <p>The adoption of the Homelessness and Rough Sleeping Strategy is expected to have a neutral impact on this protected group.</p>
---	---

<p><b>6. Sex</b></p> <p><i>Identify the effect of Homeless and Rough Sleeping Strategy on women</i></p> <p><i>Please describe the analysis and interpretation of evidence to support your conclusion.</i></p>	<p><b>Will the change in your policy/service have an adverse impact on women?</b></p> <p>Most areas of the housing strategy will have a neutral impact on women as most areas of the strategy are gender neutral. Specific provision has been made within the strategy to prevent homelessness, and support housing need for women and girls who are affected by violence and domestic abuse.</p> <p>Specific actions and responses are set out in relation to young single mothers and those fleeing domestic abuse</p> <p>There is no evidence to suggest or reason to believe that women will be disproportionately affected by Homelessness and Rough Sleeping Strategy. Rather, the aim of improving housing conditions in the borough will be of benefit to this group to the same extent as others.</p> <p>Person centred individual plans for either households or individuals will assist in providing specific response to those affected by homelessness and rough sleeping including women.</p> <p>The adoption of the Homelessness and Rough Sleeping Strategy is expected to have a neutral impact on this protected group.</p>
---	---

<p><b>7. Sexual Orientation</b></p> <p><i>Identify the effect of Homeless and Rough Sleeping Strategy on in relation to people who are lesbian, gay or bisexual</i></p> <p><i>Please describe the analysis and interpretation of evidence to support your conclusion.</i></p>	<p><b>Will the change in your policy/service have an adverse impact on lesbian, gay or bisexual people?</b></p> <p>It is widely recognised that issues related to sexuality and sexual identity can play a key role in the onset of homelessness (Crisis, 2005). Research by the Albert Kennedy Trust in 2015 shows that LGBT young people are more likely to find themselves homeless than their non LGBT peers, comprising up to 24% of the youth homeless population. Further, 69% of LGBT homeless youth have experienced familial rejection, abuse and violence; and homeless LGBT youth were also much more likely than their heterosexual counterparts to participate in substance abuse and fall prey to sexual exploitation on the streets. Only 2.6% of the housing services surveyed by Albert Kennedy Trust acknowledged the unique needs of homeless LGBT young people and had services to meet these needs.</p> <p>The Government’s 2018 Rough Sleeping Strategy sets out a commitment to carry out further research into the extent of the LGBT population impacted by street homelessness. The Council will participate fully in this project and respond accordingly to any recommendations or guidelines which emerge.</p> <p>There is no evidence to suggest or reason to believe that lesbian, gay or bisexual people will be disproportionately affected by Homelessness and Rough Sleeping Strategy. Rather, the aim of improving housing conditions in the borough will be of benefit to this group to the same extent as others.</p> <p>Person centred individual plans for either households or individuals will assist in proving specific response to those affected by homelessness and rough sleeping including lesbian, gay or bisexual people</p> <p>The adoption of the Homelessness and Rough Sleeping Strategy is expected to have a neutral impact on this protected group.</p>
---	--

<p><b>8. Marriage and Civil Partnerships</b></p> <p>Identify the effect of Homeless and Rough Sleeping Strategy in relation to <i>people who are married or in civil partnership</i> Please describe the analysis and interpretation of evidence to support your conclusion.</p>	<p><b>Will the change in your policy/service have an adverse impact on people who are married or in civil partnerships?</b></p> <p>There is no evidence to suggest or reason to believe that people who are married or in civil partnerships will be disproportionately affected by Homelessness and Rough Sleeping Strategy. Rather, the aim of improving housing conditions in the borough will be of benefit to this group to the same extent as others.</p> <p>Person centred individual plans for either households or individuals will assist in providing specific response to those affected by homelessness and rough sleeping including those people who are married or in civil partnerships.</p> <p>The adoption of the Homelessness and Rough Sleeping Strategy is expected to have a neutral impact on this protected group.</p>
--	--

<p><b>9. Age</b></p> <p><i>Identify the effect of Homeless and Rough Sleeping Strategy in relation to people who are from certain age groups</i></p> <p><i>Please describe the analysis and interpretation of evidence to support your conclusion.</i></p>	<p><b>Will the change in your policy/service have an adverse impact on people from certain age groups?</b></p> <p>People of all ages are impacted by homelessness and the Strategy aims to meet the needs of all people at different stages of their life. Specific attention is given to young people leaving care or having to leave the family home but the strategy also addresses the needs of children within families and older people. In line with the direction of the Government’s 2018 Rough Sleeping Strategy, the Council will develop a programme to provide better palliative care for those people who are rough sleeping.</p> <p>While there is no evidence to suggest or reason to believe that people in different age groups will be disproportionately affected by Homelessness and Rough Sleeping Strategy, care leavers face an increased risk of homelessness as they often enter the care system as a result of the breakdown of their birth family and can lack the emotional and practical support from families that other young people can rely on. Provisions exist within the strategy to ensure the needs of care leavers are managed through development of a protocol to support their needs and support in the finding and sustaining accommodation and the development of</p> <p>Person centred individual plans for either households or individuals will assist in proving specific response to those affected by homelessness of all ages.</p> <p>The adoption of the Homelessness and Rough Sleeping Strategy is expected to have a neutral impact on this protected group</p>
--	---

## Section 4: Equality Impact Assessment Action Plan

Please list in the table below any adverse impact identified and, where appropriate, steps that could be taken to mitigate this impact.

If you consider it likely that your proposal will have an adverse impact on a particular group (s) and you cannot identify steps which would mitigate or reduce this impact, you will need to demonstrate that you have considered **at least one alternative** way of delivering the change which has less of an adverse impact.

Adverse impact	Please describe the actions that will be taken to mitigate this impact
None	<p>There is no evidence to suggest that the Homelessness and Rough Sleeping Strategy will disproportionately affect any of the protected characteristics. Rather, the aim of improving housing conditions in the borough will be of benefit the most vulnerable and those most in need.</p> <p>There are a number of provisions to prevent homelessness amongst vulnerable groups including care leavers, women fleeing domestic violence, those in poverty / out of work and those with health and substance misuse issues.</p> <p>Person centred individual plans for either households or individuals will assist in providing specific response to those affected by homelessness and rough sleeping across each of the protected characteristics</p> <p>The adoption of the Homelessness and Rough Sleeping Strategy is expected to have a neutral impact, however the impact of the strategy on residents will be monitored, in particularly on those belonging to each of the protected characteristics.</p>

--	--

**If an adverse impact cannot be mitigated please describe an alternative option, its costs and the equality impact.**

Alternative option	

## **Section 5: Future Review and Monitoring**

**Please explain how and when the actual equality impacts of the Homeless and Rough Sleeping Strategy will be reviewed and monitored.**

The implementation of the policy actions set out in the Homeless and Rough Sleeping Strategy will be monitored and reviewed every year. As part of that process, the equality impacts of the policy actions will be monitored, particularly when more detailed proposals are put forward.

## APPENDIX A: Equality Impact Assessment Test of Relevance

TRIGGER QUESTIONS	YES / NO	IF YES PLEASE BRIEFLY EXPLAIN.....
Does the Strategy reduce resources available to address inequality?	No	Additional resources are being targeted to help those most in need and prevent homelessness at an earlier stage, in addition to increased partnership across homelessness services.
<b>CHANGES TO A SERVICE</b>		
Does the Strategy alter access to the service?	No	The Strategy covers a range of services, many of which will be reshaped over the lifetime of the strategy in order to achieve the efficiencies that the Council has to achieve by 2023.  Changes to specific service areas and the impact on access will be considered in more detail through individual restructure or policy plan changes.
Does the Strategy involve revenue raising?	No	The Strategy does propose making specific bids to central government for additional revenue.
Does the Strategy alter who is eligible for the service?	No	The Strategy does not propose any changes to eligibility for services
Does the change involve a reduction or removal of income	No	

transfers to service users?		
Does the change involve a contracting out of a service currently provided in house?	No	
<b>CHANGES TO STAFFING</b>		
Does the change involve a reduction in staff?	No	
Does the change involve a redesign of the roles of staff?	No	

This page is intentionally left blank

## Homelessness Strategy 2018 – 2023

### Evidence Base

Set out below are a series of tables and associated information which reflect the demands for social housing and approaches for housing advice from those in need in the Borough which highlight the severity of homelessness in the Borough.

A separate table shows that around 50% of households who we have assisted into temporary accommodation have been placed outside the Borough.

Despite continuing to build more affordable housing than any other Local Authority on a consistent basis and adopting a pro-active approach to prevention these statistics have remained consistent and therefore inform how we have developed our Homelessness & Rough Sleeping Strategy.

All tables contain the most recently published figures available.

A full Housing Evidence Base, which covers other areas such as supply, stock condition and tenure breakdown etc. was produced as part of the development of the 2016 – 21 Housing Strategy can be viewed here:

[https://www.towerhamlets.gov.uk/lgnl/housing/housing\\_statements\\_and\\_strategy/housing\\_statements\\_and\\_strategy.aspx](https://www.towerhamlets.gov.uk/lgnl/housing/housing_statements_and_strategy/housing_statements_and_strategy.aspx)

The same page also has links to the Council's Allocations Scheme, the current Homelessness Statement and other related documents.

The 2016 Housing Strategy evidence base is in the process of being updated.

## 1. Overall demand for social housing from the Common Housing Register

Band	Apr 2018	May 2018	Jun 2018	Jul 2018
<b>BAND 1</b>	1,804	1,808	1,837	1,846
<b>BAND 2</b>	9,120	9,120	9,218	9,270
<b>BAND 3</b>	7,884	7,877	7,913	7,953
<b>no banding</b>	-	-	-	-
<b>TOTAL</b>	<b>18,808</b>	<b>18,805</b>	<b>18,968</b>	<b>19,069</b>

Rehousing List	Apr 2018	May 2018	Jun 2018	Jul 2018
HPERM	1,906	1,876	1,862	1852
SHR	8,634	8,681	8,860	8937
TRANSFER	8,268	8,248	8,246	8280
<b>Total</b>	<b>18,808</b>	<b>18,805</b>	<b>18,968</b>	<b>19,069</b>

Ethnicity	Apr 2018	May 2018	Jun 2018	Jul 2018
Asian	11,455	11,461	11,583	11643
Black	2,013	2,017	2,026	2033
Dual	386	386	391	395
White	3,700	3,678	3,700	3,714
Other	927	927	925	937
No record	327	336	343	347
<b>Total</b>	<b>18,808</b>	<b>18,805</b>	<b>18,968</b>	<b>19,069</b>

Beds Req'd	Apr 2018	May 2018	Jun 2018	Jul 2018
1bed	7,580	7,579	7,660	7,679
2bed	4,447	4,445	4,478	4,511
3bed	5,176	5,173	5,224	5,275
4bed	1,440	1,443	1,436	1,434
5bed +	165	165	170	170
<b>Total</b>	<b>18,808</b>	<b>18,805</b>	<b>18,968</b>	<b>19,069</b>

2 - Banding in detail broken down by priority group:

Banding		%
1A_DECANT	62	0.3 %
<i>Decants</i>		

Appendix C LBTH Homelessness and Rough Sleeping Strategy – Evidence Base

1A_EMERGE <b>Emergencies</b>	20	0.1 %
1A_MEDICAL <b>Ground floor priority - medical</b>	276	1.4 %
1A_UNDROCC <b>Under occupiers or downsizing</b>	1,002	5.3 %
1A_DECANT <b>Decants</b>	31	0.2 %
1A_PRIOMED <b>Priority medical</b>	303	1.6 %
1B_PRIOSGL <b>Priority Single</b>	44	0.2 %
1B_PRIOSOC <b>Priority social</b>	45	0.2 %
1B_PRIOTRG <b>Priority target groups</b>	63	0.3 %
2A_OVERCRWD <b>Overcrowded applicants</b>	7,410	38.9 %
2A_PRIOHLSS <b>Priority homeless</b>	<b>1,642</b>	<b>8.6 %</b>
2B_MEDICAL <b>Transfers</b>	1	0.0 %
2B_OVERCRWD <b>Applicants who are not overcrowded</b>	64	0.3 %
1B_PRIOHL <b>Priority Single</b>	153	0.8 %
3_CHRTRANS <b>Priority social</b>	2,728	14.3 %
3_SHRADHQS <b>Priority target groups</b>	5,225	27.4 %
<b>Total</b>		

19,069

### 3 - Lettings of social housing in the borough – Includes Council Housing and Housing association lets:

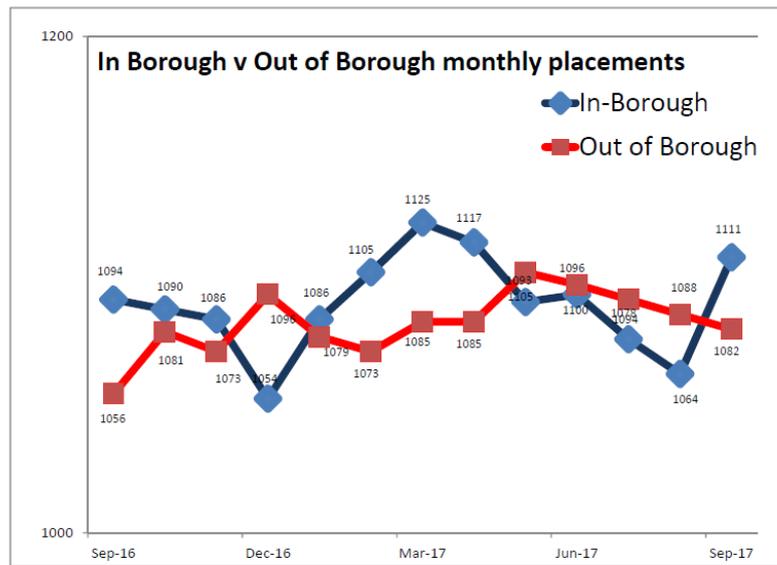
	12/13	13/14	14/15	15/16	16/17	17/18
<b>Total Overcrowded Tenants</b>	530	346	365	402	280	357
<b>Overcrowded Council Tenants</b>	232	140	137	144	107	109
<b>Overcrowded waiting list</b>	895	543	584	732	496	540
<b>Total Underoccupiers</b>	137	175	139	129	95	68
<b>Council Underoccupiers</b>	46	57	47	49	36	28
<b>Homeless Lets</b>	<b>408</b>	<b>336</b>	<b>277</b>	<b>470</b>	<b>324</b>	<b>378</b>
<b>SHR</b>	1,194	882	922	1,036	788	783
<b>TRANSFER</b>	833	689	674	701	490	519

#### 4. - Temporary Accommodation – Location of Households temporarily housed with a duty by LB Tower Hamlets.

Date	Placing Borough	Receiving (Host) Borough	Total no of households accommodated by LBTH in TA in Receiving Borough	Of the Total: B&B Nightly	Of the Total: Nightly Lets (not hotels)	Of the Total: PLAs	Of the Total: NSTs & ASTs
30/06/2018	LBTH	Barking & Dagenham	92		21	71	
30/06/2018	LBTH	Barnet	13		12	1	
30/06/2018	LBTH	Bexley	20		17	3	
30/06/2018	LBTH	Brent	9		8	1	
30/06/2018	LBTH	Bromley	8		6	2	
30/06/2018	LBTH	Broxbourne	1		1		
30/06/2018	LBTH	City	1		1		
30/06/2018	LBTH	Croydon	41		35	6	
30/06/2018	LBTH	Dacorum	1	1			
30/06/2018	LBTH	Dartford	1			1	
30/06/2018	LBTH	Ealing	12		3	9	
30/06/2018	LBTH	Enfield	93		91	2	
30/06/2018	LBTH	Epping Foprest	1		1		
30/06/2018	LBTH	Gravesham	2			2	
30/06/2018	LBTH	Greenwich	31		27	4	
30/06/2018	LBTH	Hackney	106	42	25	39	
30/06/2018	LBTH	Haringey	17		15	2	
30/06/2018	LBTH	Harrow	6		5	1	
30/06/2018	LBTH	Havering	3			3	
30/06/2018	LBTH	Hillingdon	4		4		
30/06/2018	LBTH	Hounslow	2		2		
30/06/2018	LBTH	Islington	2		2		
30/06/2018	LBTH	Lambeth	18		17	1	
30/06/2018	LBTH	Leicester	1			1	
30/06/2018	LBTH	Lewisham	41	19	21	1	
30/06/2018	LBTH	Medway	57			57	
30/06/2018	LBTH	Merton	72		1	71	
30/06/2018	LBTH	Newham	304	30	157	117	
30/06/2018	LBTH	Redbridge	136	47	27	62	
30/06/2018	LBTH	southwark	10		6	4	
30/06/2018	LBTH	Sutton	3		3		
30/06/2018	LBTH	Thanet	1			1	
30/06/2018	LBTH	Thurrock	3			3	
30/06/2018	LBTH	Tower Hamlets	1161	41		518	602
30/06/2018	LBTH	Waltham Forest	75	11	30	34	
30/06/2018	LBTH	Wandsworth	3		1	2	
30/06/2018	LBTH	Westminster	5		3	2	
30/06/2018	LBTH	Grand Total	2356	191	542	1021	602

### 5. - Comparison of placements, in and out of the Borough

Month	In-Borough	Out of Borough
Sep-16	1094	1056
Oct-16	1090	1081
Nov-16	1086	1073
Dec-16	1054	1096
Jan-17	1086	1079
Feb-17	1105	1073
Mar-17	1125	1085
Apr-17	1117	1085
May-17	1093	1105
Jun-17	1096	1100
Jul-17	1078	1094
Aug-17	1064	1088
Sep-17	1111	1082

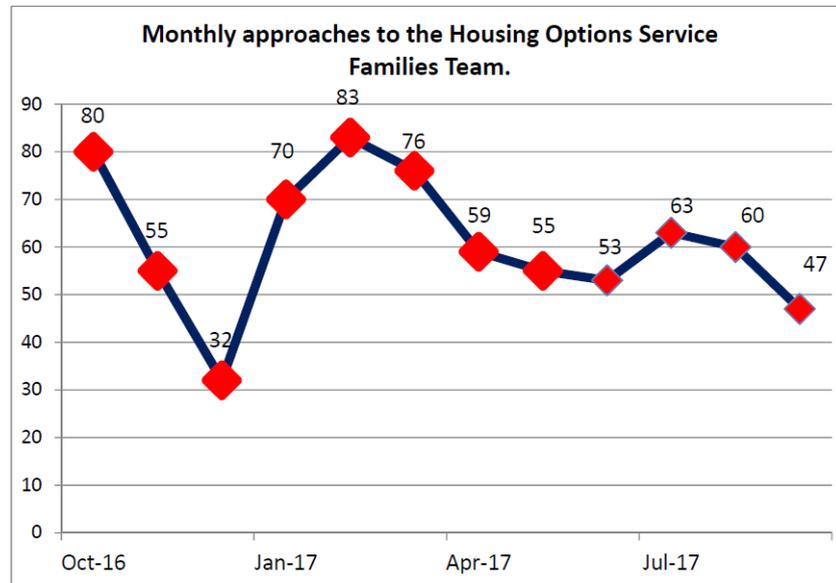


This chart represents our monthly figures of clients who have been placed in Temporary Accommodation both In-Borough and Out of Borough

Please note that this is a snapshot of the monthly cases in Temporary accommodation and not the total number that are housed monthly

## 6 - Monthly approaches to the Housing Options Family Team

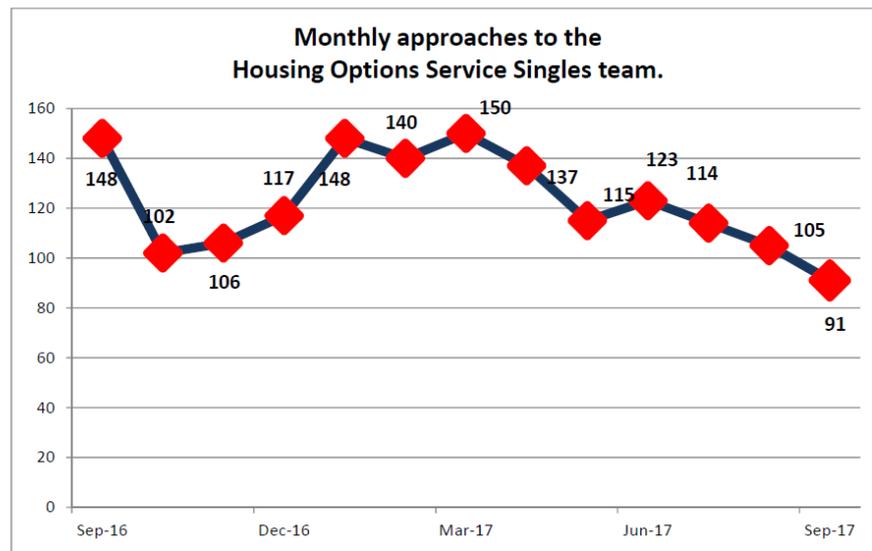
Month	No.
Oct-16	80
Nov-16	55
Dec-16	32
Jan-17	70
Feb-17	83
Mar-17	76
Apr-17	59
May-17	55
Jun-17	53
Jul-17	63
Aug-17	60
Sep-17	47



The Housing Options Families team see clients who have or are expecting children and who are at risk of being made homeless. This graph represents the approaches made monthly.

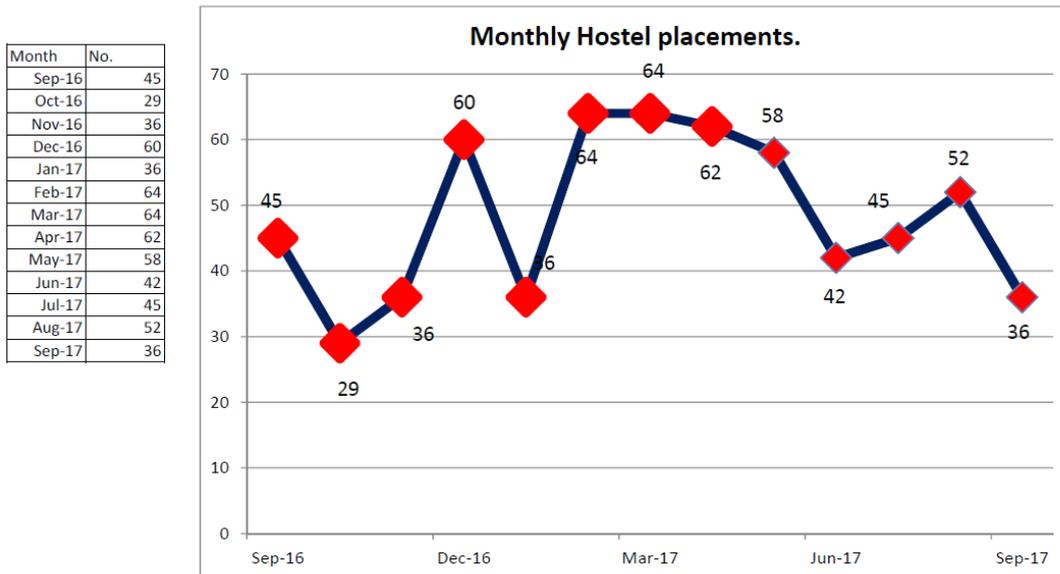
## 7 - Monthly approaches to the Housing Options Singles Team

Month	No.
Sep-16	148
Oct-16	102
Nov-16	106
Dec-16	117
Jan-17	148
Feb-17	140
Mar-17	150
Apr-17	137
May-17	115
Jun-17	123
Jul-17	114
Aug-17	105
Sep-17	91



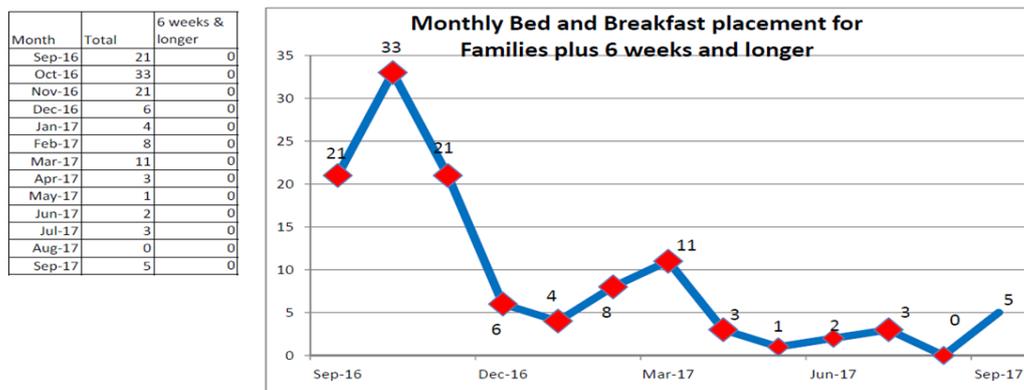
HOST (Housing Options Support Team) see single people or couples without dependants. They make all possible efforts to prevent homelessness through advice and appropriate assistance including joint working with other stakeholders. This graph represents the monthly approaches made to the Housing Options Service Singles Team (HOST)

## 8 - Hostel placements by month



This graph represents the monthly Hostel placements made by the Housing Options Service

## 9 - Bed and Breakfast placements by month –Family applicants

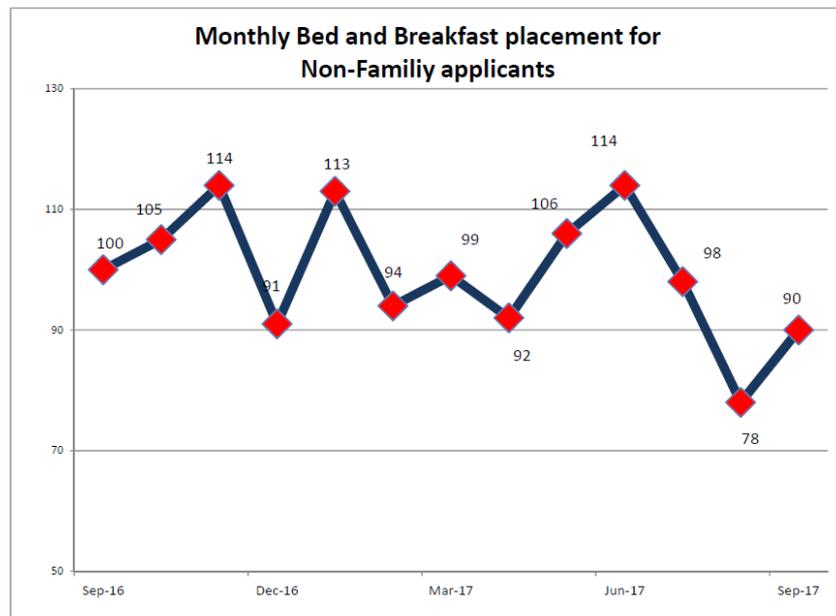


This chart represents Families housed in B&B temporary accommodation on a monthly basis. Also showing the Families who have been in B&B temporary accommodation for longer than 6 weeks

Please note that this is a snapshot of the monthly cases in B&B accommodation and not the total number that are housed monthly

**10 - Bed and Breakfast placements by month – Non Family applicants**

Month	No.
Sep-16	100
Oct-16	105
Nov-16	114
Dec-16	91
Jan-17	113
Feb-17	94
Mar-17	99
Apr-17	92
May-17	106
Jun-17	114
Jul-17	98
Aug-17	78
Sep-17	90



**This chart represents our non-family clients housed in B&B temporary accommodation on a monthly basis.**

This page is intentionally left blank

<p><b>Cabinet</b></p> <p>19 December 2018</p>	 <b>TOWER HAMLETS</b>
<p><b>Report of:</b> Ann Sutcliffe, Acting Corporate Director, Place</p>	<p><b>Classification:</b> Unrestricted</p>
<p><b>Site at 20 Alton Street E14 6BZ</b></p>	

<b>Lead Member</b>	<b>Mayor John Biggs, Responsibility for Asset Management</b>
<b>Originating Officer(s)</b>	Richard Chilcott, Acting Divisional Director, Property and Major Programmes
<b>Wards affected</b>	Lansbury Ward
<b>Key Decision?</b>	No
<b>Forward Plan Notice Published</b>	26 June 2018 (originally)
<b>Reason for Key Decision</b>	N/A
<b>Strategic Plan Priority / Outcome</b>	<b>A borough that our residents are proud of and love to live in</b>

**Executive Summary**

Lansbury Estate Muslim Association (LEMA) have been using the site at Alton Street, as shown in Appendix A for over 8 years under a tenancy at will. They have now approached the Council to acquire a long leasehold interest in the site. It is proposed that the Council grant a 99 year lease to LEMA for the premium of £402,250.

## **Recommendations:**

The Mayor in Cabinet is recommended to:

1. Agree that the site at 20 Alton Street E14 be declared surplus;
2. Agree to the disposal of the site on a 99 year lease to Lansbury Estate Muslim Association at a premium of £402,250;
3. Delegate to the Acting Corporate Director of Place in consultation with the Corporate Director Governance the authority to agree the detailed heads of terms and, thereafter, enter into the legal documentation (including, but not limited to, a development agreement, agreement for lease and lease) in order to give effect to the decision
4. To note the Equalities Impact Assessment / specific equalities considerations as set out in Paragraph 4.1.
5. Note the result of the further investigations requested in July leading to the decision previously being deferred as set out in 3.14

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

- 1.1 The site of 20 Alton Street is currently accepted in planning terms to be for community use so only an alternative planning consent for the site for other uses would change this designation. The Council have investigated an alternative development option but this would not be financially viable.
- 1.2 LEMA is an established charity involved in serving the community and has a long history in the area. The organisation wants to additionally invest in the area and have requested a long leasehold interest to support their vision for a permanent building.
- 1.3 The long leasehold interest will enable them to secure funding and have a long term strategy for the provision of a mosque and other community activities

## **2. ALTERNATIVE OPTIONS**

- 2.1 **Leave everything as is** – This is not an option as LEMA occupies the site on a tenancy at will and cannot deliver additional services on the basis of such a tenancy which provides no certainty. Additionally the group occupy porta cabins on the site that have come towards the end of their economic life
- 2.2 **Disposal on the open market** - If placed on the open market the site would struggle to sell for existing community use. Other community uses are possible but size constraints would impede the full range of community uses like schools and other uses so it is unlikely to generate a better capital receipt

- 2.3 **Grant a lease** – LEMA would like to redevelop the site and build a new purpose built mosque. A short lease would not support such investment.

### 3. DETAILS OF THE REPORT

- 3.1 Alton Street is on the Lansbury Estate. The Lansbury Estate was transferred to Poplar Harca several years ago. The property comprises a number of interconnecting single storey prefabricated buildings (Porta cabin style) located on a fully enclosed site. The current buildings have a net internal floor area of 3,490 ft<sup>2</sup> (325 m<sup>2</sup>).
- 3.2 Lansbury Estate Muslim Association (LEMA) have been in occupation of this site for over 8 years on a tenancy at will and have established a strong community presence. The organisation serves the Lansbury Estate and its residents. There are no other suitable sites in the Lansbury ward to develop a mosque and community centre. A move to another area could result in a loss of members and some of LEMA's activities.
- 3.3 LEMA has approached the Council several times seeking to purchase the site at Alton Road. LEMA wish to redevelop the site and create a permanent structure which can only really be done if there is some long term guarantee of continuity of occupation. When negotiations for a long lease were commenced, the intention was to maintain a balance of services in a densely populated area.
- 3.4 It should be noted that the premium of £402,250 will be for a very restrictive 99 year lease where there will be no option of subletting and where the lease will have very tight user clause restricting uses to those falling under class D1 only. The valuation of the site is purely for D1 use and does not reflect any hope value or alternative uses
- 3.5 The open market value of the site on an unrestricted and freehold basis is estimated to be £1.2m. The most valuable use (if planning was forthcoming) would be for residential use. A feasibility study to develop the site for housing was procured which would also accommodate the re-provision of the mosque but this has not been pursued as the number of affordable units that could be generated is too few to make this viable and so would not be an effective use of the Council's resources.

3.6 Sale by negotiation is permitted under the Council's Lettings and Disposal Policy on the basis that LEMA has been considered to be a special purchaser in this transaction. A sale on the open market is therefore not required and this is on the basis that the Council's well-being powers justify this course of action. Under the well-being powers, the Council may look at the contribution an organisation makes to the area in terms of:

- A. the promotion or improvement of economic well-being;
- B. the promotion or improvement of social well-being;
- C. the promotion or improvement of environmental well-being.

3.7 LEMA is a registered charity who has undertaken to deliver adult education, Islamic teaching, the promotion of good health, promotion of racial harmony and provides support for youth services. LEMA is the first mosque in Tower Hamlets to become dementia friendly. This accolade will enable them not only to improve the lives of dementia sufferers but share best practice with other organisations. The work LEMA is doing fits in with the vision Poplar Harca has for the area for improving local residents' access to education and training, good health and social cohesion.

3.8 As the site is designated as HRA land and vacant (for the purposes of the General Housing Consent) the Council may dispose of it on the terms set out below. The Council may use the lease to protect the future community use. LEMA confirm they had no intention of using the site for any purpose other than as a Mosque and cultural centre (all within a D1 planning use) and wish to pursue the 99 year lease on that basis.

3.9 The summary of the heads of terms for the transaction are as follows:

Term:	99 years from the completion of the lease
Premium:	£402,250. LEMA's solicitors confirm they have all funds including the Council's costs in place and are therefore able to proceed immediately with entering into any agreements.
Use:	As a place of worship and ancillary D1 uses for LEMA
Alienation:	Subletting prohibited and assignment confined to permitted use
Repairs:	LEMA to be responsible for all repairs

### 3.10 Match with Corporate objectives & Community Plan

Tower Hamlets Strategic and Community Plans set out a variety of issues in the borough and covers corporate priorities. LEMA's vision and objectives, as set out in their articles of association, aim to support several of the Council's objectives and assist in addressing some of the issues in the Borough.

<b>TH Corporate strategy/Community Plan objectives</b>	<b>LEMA Vision/Charitable Objectives</b>
TH recognises that there is high levels of persistent unemployment in the Borough	LEMA will work with the community to relieve unemployment and will advance education and training including religious education.
TH want to promote community cohesion	LEMA have programs focussing on the promotion of racial harmony by sharing knowledge and mutual understanding between different racial groups
Develop Cross cutting partnerships	LEMA currently work closely with the Council and are actively engaged in delivery the priorities covering this area i.e. <ul style="list-style-type: none"> <li>• empowering residents and building resilience</li> <li>• Promoting healthier lives</li> <li>• Increasing employment</li> </ul>
The results for post 16 pupils are below the London average	They intend to help young people by developing their skills, capacity and capability and act as a resources of the under 25 age group.
Health issues for Tower Hamlets develop up to 10 years earlier for TH residents	LEMA are one of the first mosques to become dementia friendly and are committed to lessen other health inequalities. They are also committed to promoting and protection good health.
Average earning for TH residents 10k below the average earning of workers in the borough	The relief of poverty and financial hardship

3.11 In respect of the Best Value Improvement Plan 2017/8, this transaction falls within the Council's commitment to work with the Voluntary and Community sector. The New Compact considered by Cabinet in March 2018 sets out common principles and values and undertakings by both sectors to help reinforce the relationship. The grant of the long lease to LEMA will act as a catalyst to secure larger programmes, improve eligibility for more grants and support the vision to build a new facility.

3.12 Officers in the Asset Management team initially arranged for the site to be valued on the basis of several scenarios, including the freehold value for disposal, the grant of a 25 year lease, or the grant of a 99 year lease with restricted use and various other scenarios. The Council has a general policy of not disposing of freehold interests in land and so this option was discounted. The values arrived at were:

<b>Basis</b>	<b>Value based on current use</b>
99 year lease	£402,250
Rental value based on 25 year lease	£40,225 pa

3.13 In terms of the alternative uses, the following options have been considered:

**Current Community Use** - Is well established, provides balance for a dense residential area and enables a variety of community based programmes to be delivered. This use does however suppress the value.

**Nursery** – The area would generate children able to fill a nursery but the socio economic profile is unlikely to support a commercial nursery operation and therefore values would be lower.

**Residential** - The ideal alternative use would be residential but planners view would be to protect the community use on this site and only accept residential development as part of a comprehensive proposal.

**Other D1 uses** - Other community uses would always be a possibility and supported in principle by the planners. The site is too small to accommodate a school/college and many other D1 uses.

3.14 **Mixed Development** - At the July Cabinet meeting, members requested that Asset Management officers looked at an alternative option of delivering a mixed development of a place for worship on the ground floor and residential on the upper floors. This has been undertaken but the proposal is not viable because:

- a) LEMA's vision for a redeveloped site for a new mosque and cultural centre is much larger than the current foot print of the temporary buildings reducing the space for any additional housing.
- b) A feasibility study has been prepared for a mixed scheme but that would only yield 4 units given the height restrictions in the locality and the size of site.
- c) The feasibility estimated that the scheme would cost approximately £3.4m. Normally this type of cost would yield triple the number of flats and therefore it is not regarded as being financially viable.

- 3.15 It has also been confirmed that the Council is not restricted from disposing of land where the main purpose is to be a faith use. The Council ordinarily needs to ensure that the terms for any disposal represent best consideration, which has been verified by an independent valuation, but in this case is not technically required because of the nature under which the land is currently held as referred to in paragraph 7.4 below.

#### **4. EQUALITIES IMPLICATIONS**

- 4.1 This transaction will enable LEMA to further develop their services to the community. LEMA as part of their charitable objectives intend to respond to the variety of Equality issues across the Borough including activities to address health inequality. They intend to help young people by developing their skills, capacity and capability and act as a resources of the under 25 age group which will in turn assist efforts to address the disproportionate numbers of young people not in education, work or training.

#### **5. OTHER STATUTORY IMPLICATIONS**

This section of the report is used to highlight further specific statutory implications that are either not covered in the main body of the report or are required to be highlighted to ensure decision makers give them proper consideration. Examples of other implications may be:

- Best Value Implications,
- Consultations,
- Environmental (including air quality),
- Risk Management,
- Crime Reduction,
- Safeguarding.

#### **One Tower Hamlets Consideration**

Community facilities have an important role to play in community cohesion. LEMA, as a registered charity, have objectives mirroring that of the One Tower Hamlets' philosophy:

- the advancement of educational and training
- promotion and protection of good health
- promotion of racial harmony etc.

#### **Best Value (Bv) Implications**

LEMA is a special purchaser, asset management has commissioned an independent valuation of the site to ascertain the open market value and to ensure that the premium agreed is in accordance with Best Value. Asset Management can confirm that the transaction constitutes best value.

## Risk Management Implications

Risk	Mitigation
Contracts may be exchanged but transaction not completed due to lack of funds.	No contract will be entered into until all funds are in place
Substantial lapse in time from securing cabinet approval to when the transaction is entered into	The purchaser has been advised that the Council will get an updated valuation if there is substantial delay. as we are required to obtain market value.
The purchasers go through an internal split putting the purchase at risk	Officers will have to review the options in this event and build in a clause in the contract to protect the Council's position.
The purchaser tries to use the site for other uses	As the terms were agreed on the basis that there would be restriction to use as a place of worship with ancillary D1 use for LEMA, departure from this would constitute a breach in the terms of the lease and could result in forfeiture.

## 6. COMMENTS OF THE CHIEF FINANCE OFFICER

- 6.1 This report seeks the agreement of the Mayor in Cabinet to the granting of a 99 year lease of the site at 20 Alton Street to the Lansbury Estate Muslim Association (LEMA).
- 6.2 The site is held under Housing Revenue Account (HRA) powers and is currently let by way of a tenancy-at-will at a charge of £20 per day, LEMA being charged an annual rent of £7,280. It is proposed that the new lease will be at a peppercorn rent so the HRA will be forgoing the £7,280 income, however a capital receipt of £402,250 will be generated.
- 6.3 Various options for the future use of the site have been assessed (see paragraph 2.3). It was determined that the freehold disposal of the site was not desirable so options of granting a 99 year lease and generating a capital receipt, or a 25 year lease with an annual rental income were considered.
- 6.4 The report recommends the option of disposal of the property on a long (99 year), restricted use basis lease (current D1 use), at a value of £402,250. The restricted D1 use (i.e. that it must be used for the provision of non-residential services, including clinics, health centres, crèches, day nurseries, day centres, schools, halls, places of worship, church halls and non-residential education and training centres) means that the asset value is less than would be the case if sold without the restrictions being in place. Although the report

indicates that if the site could be sold for residential purposes on an unrestricted freehold basis it has a potential value of £1.2 million (paragraph 2.4), officers consider that the costs involved in compensating for the removal of the restrictions mean that this option is not viable.

- 6.5 The report outlines in paragraph 3.1 various activities that LEMA undertakes in the area which benefit the local community. The Mayor in Cabinet should be satisfied that these benefits mean that LEMA should be considered a special purchaser which justifies disposal taking place with restricted conditions, rather than the Council seeking alternative offers or using it for different purposes.
- 6.6 The property is held under HRA powers and as such any receipt is 100% usable to fund the HRA capital programme. If the receipt is used within the General Fund for purposes other than the provision of affordable housing or regeneration, then an adjustment must be made to the HRA's Capital Financing Requirement (CFR). This would have the effect of reducing the capital financing charges allocated to the HRA and increasing those allocated to the General Fund. The use of the receipt will be considered as part of the overall capital strategy, capital programme delivery and funding strategy.

## **7. COMMENTS OF LEGAL SERVICES**

- 7.1 The Council is proposing to dispose of the land, by way of long lease, to the Lansbury Estate Muslim Association.
- 7.2 The land is held in the Housing Revenue Account and the disposal is therefore governed by the Housing Act 1985. Section 32 of the Act provides that a local authority may not dispose of any housing land held by them without the consent of the Secretary of State. In order to facilitate disposals, the Secretary of State has issued a series of general consents (the General Housing Consent 2013) which provide the required consent in certain circumstances.
- 7.3 Paragraph A3.2 of the General Housing Consent provides the Council with the consent to dispose of vacant land. "Vacant land" is defined in paragraph A2.2 as including land on which "no dwelling-houses have been built". The disposal is therefore permitted by legislation.
- 7.4 Paragraph 8 of the commentary to the Consents provides that vacant land can be disposed "at any price determined by the local authority." However, as the trustee of public land the Council must consider the value of the interest being disposed of. The report confirms that an independent valuation has determined that the value of the lease, based on the restrictive use, accords with the premium to be secured.
- 7.5 The Council's procedure for disposals and lettings specifies that the procedure adopted for disposal is to be determined by the Divisional Director, Property and Major Programmes. Sale by negotiation would usually involve a

“Special Purchaser”, an example of which is a sitting tenant. This is on the basis that either a negotiated procedure will generate a higher capital receipt or, as is the case here, the Council’s well-being powers justify it. The well-being power is satisfied, under the procedure, in circumstances where:

- 7.6 “(a) the Local Authority considers that the purpose for which the land is to be disposed is likely to contribute to the achievement of any one or more of the following objects in respect of the whole or any part of its area, or of all or any persons resident or present in its area;
- i) the promotion or improvement of economic well-being;
  - ii) the promotion or improvement of social well-being;
  - iii) the promotion or improvement of environmental well-being; and
- 7.7 (b) the difference between the unrestricted value of the land to be disposed of and the consideration for the disposal does not exceed £2,000,000 (two million pounds)”.
- 7.8 It should be noted, however, that (b) is not relevant for these purposes as it does not apply to HRA land, nor is the disposal at an undervalue. The disposal by way of negotiation, on the basis of the intended use, is therefore consistent with Council policy.
- 7.9 The ultimate structure of the disposal, in terms of whether it will be pursuant to a development agreement, agreement for lease (conditional on the build and planning permission, for example) which will be proceeded by the lease, or otherwise, is dependent on the refined final terms. The Council will also wish to consider protecting its position as freeholder by, for example, requiring step-in rights and the benefit of warranties. The recommendation is drafted sufficiently to cover this.

---

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

### **Linked Report**

Site at 20 Alton Street E14 6BZ – [Cabinet 25 July 2018](#)

### **Appendices**

Appendix A – Site Map

### **Background Documents – Local Authorities (Executive Arrangements)(Access to Information)(England) Regulations 2012**

NONE

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

Meloneze Wynter, Senior Strategic Asset Manager

020 7364 1375

[Meloneze.wynter@towerhamlets.gov.uk](mailto:Meloneze.wynter@towerhamlets.gov.uk)



This page is intentionally left blank

<p><b>Cabinet</b></p> <p><b>19 December 2018</b></p>	 <p><b>TOWER HAMLETS</b></p>
<p><b>Report of:</b> Ann Sutcliffe, Acting Corporate Director, Place</p>	<p><b>Classification:</b> Unrestricted</p>
<p><b>Withy House Tenant Management Organisation Termination Notice – Outcome of Independent Assessment</b></p>	

<b>Lead Member</b>	<b>Councillor Sirajul Islam Cabinet Member for Housing</b>
<b>Originating Officer(s)</b>	Mark Baigent: Divisional Director Housing & Regeneration John Kiwanuka: Housing Partnerships Manager
<b>Wards affected</b>	Bethnal Green
<b>Key Decision?</b>	No
<b>Forward Plan Notice Published</b>	20 November 2018
<b>Reason for Key Decision</b>	N/A
<b>Strategic Plan Priority / Outcome</b>	<b>A borough that our residents are proud of and love to live in</b>

### Executive Summary

A Termination Notice was served on Withy House Tenant Management Organisation (TMO) to terminate the Management Agreement under which they had been managing properties at Withy House since 1994. The TMO exercised their right to appeal to Cabinet, in December 2017, where it was decided to defer the final decision for six months to allow time for the TMO to progress their improvement programme and for an Independent Assessor to undertake an organisational review and to provide a report back to the Mayor recommending a final course of action.

The Independent Assessor completed the organisational review and has written a report recommending that Withy TMO continues to provide housing services. The Independent Assessor also recommended a number of measures for Withy TMO to implement with the guidance and support of THH and LBTH. The Independent Assessor's report is appended at Appendix 1.

## **Recommendations:**

The Mayor in Cabinet is recommended to :

1. Agree the recommendations of the Independent Assessor's report appended at Appendix 1. The Independent Assessor recommends that the TMO continue to provide housing services, and that THH and LBTH continue to provide support and monitor the TMOs implementation of the actions identified by the Independent Assessor.
2. Note specifically the independent assessment made with regard to:
  - The service of the Breach Notice served on 3rd June 2016
  - The service of the Termination Notice dated 4th January 2017
  - The suggested further actions detailed in the Approved Assessors report attached as Appendix 1 to this report.

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

- 3.1 At Cabinet on 19<sup>th</sup> December 2017 the Mayor deferred a decision on whether to terminate the Management Agreement for six months to allow time for Withy TMO to progress their improvement programme.
- 3.2 In addition the Mayor agreed that an Independent Assessor would undertake an organisational review of the TMO and report back recommending a final course of action. An Independent Assessor was commissioned, the review conducted and concluded, and a report has been issued. The Assessor has recommended that Withy TMO should continue to provide housing management services to the residents of Withy House.

### **2. ALTERNATIVE OPTIONS**

- 2.1 To terminate the Management Agreement between the Council and Withy TMO and make arrangements for Tower Hamlets Homes (THH) to assume the housing management responsibilities.

### **3. DETAILS OF THE REPORT**

- 3.1 Withy House TMO was set up in 1996 to manage a single block of 80 flats on Globe Road. A Management Agreement (MA) was signed on 10th July 1996 in accordance with the Housing (Right to Manage) Regulations 1994. Under the MA, the Council appointed the TMO to undertake responsibility for Cleaning, Caretaking & Grounds Maintenance, Day to Day repairs, Rent Collection and Arrears Control in the block. It has a staffing complement of one Caretaker and one part time Manager. The TMO receives an annual Management & Maintenance allowance of approximately £98,000 per annum to run its services.
- 3.2 However, in November 2015, the new Chair of the TMO informed THH of numerous concerns regarding the TMO's management and employment

issues. The TMO clienting functions are delegated to THH, therefore LBTH liaised with THH to try to establish the root cause of the TMO's problems. Following LBTH/THH liaison, it was decided to conduct an audit of the TMO's management & governance.

- 3.3 The audit investigation concluded that the council could have Nil Assurance concerning the management & governance of the TMO. The audit found there had been a systematic failure of good governance that had put at risk the TMO's effective management. The audit identified long-standing failures in practice and procedure which compromised effective management.
- 3.4 In addition the audit established serious issues around suitability of the TMO's repairs and maintenance contractors, a high level of rent arrears, a lack of appropriate financial procedures, a number of governance issues and an absence of robust anti-fraud procedure. The TMO had also not held the five yearly ballot required by the Management Agreement since 2009.
- 3.5 Following the conclusion of the audit, the Council and THH established that Witherby TMO was in breach of its obligations under the Management Agreement. As a result, the Council served breach notice on the TMO in June 2016 followed by a termination notice in January 2017.
- 3.6 The Mayor in Cabinet was asked to uphold the termination notice served on 4th January 2017, and agree that the Council follows the dispute provisions made in the Management Agreement. Under the terms of the Management Agreement drawn up in 1996 the TMO has a right of appeal to the Housing Committee, the nearest equivalent decision-making body today is Cabinet. The TMO exercised this right to appeal to Cabinet.
- 3.7 Subsequently the Mayor decided to defer a decision on whether to terminate the Management Agreement for six months to allow time for Witherby Tenant Management Organisation to progress their improvement programme and for an Independent Assessor to undertake an organisational review of the Tenant Management Organisation and to provide a report back to the Mayor recommending a final course of action.
- 3.8 Following this decision Alicia Francis (of Newman Francis) an Approved Assessor appointed by the Ministry of Housing, Communities and Local Government (MHCLG) was engaged to provide an independent assessment of the competency of the TMO over a six month period from January 2018. The Independent Assessor has finalised the review and submitted the report with a recommendation of measures to consider, and the TMO to implement with guidance and support from the Council and THH.

### **Lessons Learnt, Implementing the Decision, and Assurance**

- 3.9 The council delegated the TMO's clienting functions to THH. It is acknowledged by THH that the monitoring of TMOs had fallen short of the standard expected and this resulted in the service of a Breach Notice on THH in 2016. THH have previously acknowledged that there have been historic

issues with the clienting of Tenant Management Organisations [TMOs]. In 2016 THH in a paper to the Bi Monthly Operational Meeting with LBTH's Client Team stated that the role had not been fully defined or clarified in any officer's work plan and that its management of TMOs had been by exception and reactive to issues arising. An action plan was devised and progress has subsequently been regularly reported to the client. Progress has been made in setting in place clear performance management requirements and regular liaison with all of the TMOs.

- 3.10 Following the report from the independent assessor THH have supported Withy House TMO to review and amend the job description and person specification for the post of TMO Manager. The post has been advertised and short-listing is taking place. Once the successful candidate is in post in the New Year the further recommendations of the assessor will be pulled together, in conjunction with the TMO, to form an action plan going forward. Over the past 10 months significant work has taken place to ensure that Withy House adopt and implement robust procedures and that work is begun on all areas highlighted by the Assessor as requiring attention. However, until a permanent manager is in post the TMO have not been able to take the necessary steps to fully implement all recommendations.
- 3.11 THH is currently undertaking a permanent recruitment to the post of TMO Client Officer. Since February 2017 THH have been using the services of a TMO specialist to develop a robust clienting arrangements for the TMOs within its management. During this period a performance monitoring system has been established, draft management agreements prepared for Withy House and two other TMOs and formal liaison arrangements have been agreed with all TMOs. Once the permanent officer is in post THH will develop the remaining governance monitoring requirements in line with the most recent statutory guidance from MHCLG.
- 3.12 Overall, the three other TMOs in Tower Hamlets have performed adequately. Areas such as rent collection and repairs are of an acceptable standard. Further work is underway to review management of voids. Financial management remains a strong point for all TMOs aside from the documented issues at Withy House. Birchfield House have undertaken additional landscaping works funded from their surpluses and Dennis have developed repair remedies to address condensation and design issues with bathrooms within the block, again funded from surplus funds accrued from prudent management. Bancroft TMC was recognised nationally for their work with community pay-back schemes.
- 3.13 Liaison between the TMOs and THH has improved with the establishment of a Liaison Committee which meets every six months and a working group to look at future investment needs for the TMO managed homes. Whilst all TMOs face challenges in common with all areas of social housing Bancroft, Dennis and Birchfield TMOs are in overall good health and the relationship with all TMOs has improved so that issues can be addressed. THH provide a regular update report on TMO client arrangements to LBTH client team at the bi-monthly operational client meeting.

3.14 Furthermore progress on the implementation of the Independent Assessor's recommendations and improvement generally will be reported to the Corporate Leadership Team (CLT) in December 2019 following an internal audit of Withy TMO.

#### **4. EQUALITIES IMPLICATIONS**

4.1 Equalities Impact Assessment (EIA) has been considered and there are no specific equalities implications arising from this report Equalities Impact Assessment (EIA) has been considered and there are no specific equalities implications arising from this report.

#### **5. OTHER STATUTORY IMPLICATIONS**

5.1 This section of the report is used to highlight further specific statutory implications that are either not covered in the main body of the report or are required to be highlighted to ensure decision makers give them proper consideration. Examples of other implications may be:

- Best Value Implications,
- Consultations,
- Environmental (including air quality),
- Risk Management,
- Crime Reduction,
- Safeguarding.

5.2 **Best Value (Bv) Implications:** The Council is required to consider the value for money implications of its decisions and to secure best value in the provision of all its services.

5.3 **Environment (Including Air Quality):** There are no specific greener environment implications arising from this report.

5.4 **Risk Management Implications:** The Independent Assessor recommends that the TMO continue to provide housing services, and that THH and LBTH continue to provide support and monitor the TMOs implementation of the actions identified by the Independent Assessor. To ensure that the TMOs receive continued advice, support and guidance (including monitoring of their performance) in the future, THH is committed to recruiting a TMO Client Manager.

5.5 **Crime and Disorder Reduction Implications:** There are no specific Crime and Disorder Reduction implications arising from this report.

5.6 **Safeguarding Implications:** There are no specific safeguarding implications arising from this report

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

- 6.1 The TMO receives an allowance of £98,000 per annum, charged to the Housing Revenue Account (HRA), to manage and maintain the block on behalf of the Council.
- 6.2 The TMO has introduced a range of measures to strengthen its governance processes, including the establishment of an Audit and Finance sub-committee to oversee its financial matters, and the reinforcement of its financial procedures. These measures will support the TMO in providing an effective housing service and will assist in the control of its resources. To enhance this control, THH and the Council will continue to monitor and support the implementation of the actions identified in the independent assessment report.
- 6.3 As a result of the improvements made to processes, the rent collection rate for the TMO has increased from 97.5% for the first two quarters of 2017/18 to 104.9% for the early months of 2018/19. This reflects the successful recovery of arrears as well as the receipt of payments for the current charges being raised. The average collection rate for all TMOs in the borough is 98.2%.
- 6.4 The costs of the independent assessment were funded from the Housing Revenue Account.

## **7. COMMENTS OF LEGAL SERVICES**

- 7.1 Relying on clause 19.2.2 of the Management Agreement, on 4 January 2017 a Termination Notice was served by the Council citing six breaches of the Management Agreement between the Council and the TMO.
- 7.2 In accordance with the terms of the Management Agreement, the TMO served a Dispute Notice requiring the Council to review its decision to terminate the Management Agreement. On the 19<sup>th</sup> December 2017, the Mayor in Cabinet was asked to consider if the decision to serve the Termination Notice should be upheld.
- 7.4 Cabinet deferred the decision by six months to allow the TMO to progress improvements which the TMO stated had been embarked upon and for an independent accessor to be appointed to review the TMO's compliance with the Management Agreement.
- 7.5. The Independent Accessor has recommended that the TMO continue to provide housing services and that THH and LBTH continue to provide support and monitor the implementation of actions identified by the accessor.
- 7.6 Accordingly, Cabinet's agreement to the Independent accessor's recommendation will comply with the Council's contractual obligations under the Management Agreement.

---

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

### **Linked Report**

Withy House Tenant Management Organisation (TMO) Termination Notice, Cabinet  
December 2017

<http://democracy.towerhamlets.gov.uk/ieListDocuments.aspx?CId=720&MId=7703&Ver=4>

### **Appendices**

- Appendix 1: Report of Independent Assessor

### **Background Documents – Local Authorities (Executive Arrangements) (Access to Information) (England) Regulations 2012**

- NONE

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

John Kiwanuka Ext 2616

This page is intentionally left blank

# WITHY TMO 6-MONTH ASSESSMENT

REPORT 20 JULY 2018

---

## Introduction

NewmanFrancis was commissioned to undertake an assessment of Withy TMO, following a Cabinet report that declared the TMO in breach of its management agreement in six areas:

**Breach 1** – Training and Information – failure to ensure that members, committee members and staff have access to training opportunities.

**Breach 2** – Five Year Ballot – failure to ensure, that not less than once every five years, the tenants and leaseholders are consulted concerning the continuation of the management agreement by way of a secret ballot or anonymous questionnaire.

**Breach 3** – Repairs and Maintenance – failure to maintain an approved contractor’s procedure, retain copies of insurance certificates and report matters to sub-committee/Committee/General meetings.

**Breach 4** - Rents & Arrears – failure to take prompt action to recover rent arrears, prevent arrears becoming serious and a failure to set up a rent arrears sub-committee.

**Breach 5** - Financial policy and procedures – failure to set up a finance sub-committee, failure to make the Committee aware of the financial situation, failure to involve management on budget setting, failure to maintain an effective account management system.

**Breach 6** - Staffing & Employment, – failure to follow recruitment and disciplinary procedures, no job description for the TMO manager or contract of employment, no staff supervision procedures in place.

The TMO has proactively responded to remedy five of the six breaches. A significant amount of development work has been undertaken during the six months, and it appears that the TMO has used their staff, the consultant and the support provided by the TMO liaison manager well. In addition to addressing the specific concerns of THH, they have also improved their management processes, increased membership of the TMO, recruited new Committee members and improved their communication with residents more broadly.

Newman Francis undertook a desk top review of TMO documents and held an assessment meeting on 12 July with seven members of the Management Committee. This report contains the findings of the desk top review and assessment meeting; and follows the format of the Common Assessment Model for TMOs developed through the Ministry of Housing, Communities and Local Government’s (MHCLG) Tenant Empowerment Programme. The Common Assessment Model sets out 16 competences that TMOs should meet to ensure that they are competent to manage, and this has been reinterpreted to

account for the fact that this is a functioning rather than developing TMO. Each breach is assessed under the relevant section of the competence framework.

## Findings and recommended actions

### Withy TMO has clear and viable aims

The TMO has developed a draft business plan that documents

- The TMO's vision, aims and objectives
- The actions it will take to deliver its vision, aims and objectives
- The services the TMO will deliver and broadly how these will be delivered
- A 3-year financial plan that currently plans to deliver a small surplus each year

In addition, the TMO has identified key risks and established a risk register which identifies mitigating actions.

The TMO understands its income requirements, and the resources needed to provide the housing service. Minutes of the TMO indicate that allowances from THH are not always known in advance of the financial year. Notwithstanding this, the TMO has set a timely budget for this financial year.

#### FURTHER ACTIONS REQUIRED:

1. Finalise the Business and Financial Plan, and communicate to residents
2. Review the budget and allocation of resources to staffing alongside the post-assessment staffing review.

### Withy TMO is in touch with its residents

**Breach 2** – Five Year Ballot – failure to ensure, that not less than once every five years, the tenants and leaseholders are consulted concerning the continuation of the management agreement by way of a secret ballot or anonymous questionnaire.

The TMO and wider residents are evidently committed to the continuation of the TMO. Committee members are excited about the possibility of extending the TMO's community activities and making better use of the TMO meeting room. Communication with residents has improved with regular newsletters circulated and the committee having more visibility on the estate through weekly walkabouts with the caretaker.

A continuation ballot was held in June 2018, and the results appear below. This shows significant support for the continuation of the TMO. 94.20% voted in favour on a turnout of 66.35%.

Residents were also asked to rate the housing service delivered by the TMO on a scale of 1 – 5 where 1 is poor and 5 is excellent. Responses demonstrated general satisfaction with the TMO, with just under 45% rating the service as excellent.

	Leaseholders		Tenants		Total			
Total								
Returns	17		52		69			
Balloted	38		66		104			
Turnout	44.74%		78.79%		66.35%			
For	15		50		65			
Against	2		2		4			
% for	88.24%		96.15%		94.20%			
Rating	No	%	Rating	No	%	Rating	No	%
1	2	11.76%	1	1	1.92%	1	3	4.35%
2	0	0.00%	2	3	5.77%	2	3	4.35%
3	4	23.53%	3	6	11.54%	3	10	14.49%
4	2	11.76%	4	14	26.92%	4	16	23.19%
5	7	41.18%	5	24	46.15%	5	31	44.93%
Blank	2	11.76%	Blank	4	7.69%	Blank	6	8.70%

The TMO has developed a draft communication and consultation plan which outlines a range of methods for communicating and consulting with residents. Timescales need to be clarified and the plan officially adopted. Committee meetings should review progress against the plan on a monthly basis.

The TMO has recruited some new members (including new management committee members) during the last six months – 8 new members were cited in the April 2018 minutes. The TMO has also set itself membership targets, which should be regularly reviewed by the committee.

**FURTHER ACTIONS REQUIRED:**

1. Complete and submit the communication and consultation plan to the Committee for approval.

2. Review progress against the communication and consultation plan
3. Review progress against membership targets

Withy TMO is well run and in control

This process has heightened the TMO’s awareness of its responsibilities and the need to keep abreast of good practice and changes in legislation and regulation. They have established a relationship with a neighbouring TMO and wish to work more collaboratively with other TMOs in the borough in order to share good practice, experience and expertise. They have valued the support provided by the TMO liaison Manager and their consultant and have responded positively to advice and guidance.

The Committee works well as a team: attendance at meetings is consistent, decisions are made and minuted, and individuals within the committee have clearer responsibilities aligned to their skills and experience.

**Breach 1** – Training and Information – failure to ensure that members, committee members and staff have access to training opportunities.

Withy TMO has undertaken the following training delivered by Liz Michael:

<b>Date</b>	<b>Topic</b>	<b>Attendance</b>
050318	Managing Risk	6 Committee members
130318	Understanding the Committee’s Roles and Responsibilities	6 Committee members
100418	Recruiting and managing staff	6 Committee members
170418	TMO Rules and Tools	6 Committee members 2 Staff
150518	Consulting and Involving the Community	6 Committee members 2 staff

The training reports demonstrate that these sessions were tailored to the needs of the TMO, and focussed on the development of good practice. The sessions were positively received by the Committee, and feedback documented.

The TMO has adopted revised standing orders and these include procedures for meetings, Chair’s action and the roles and responsibilities of officers.

The Committee meets monthly and attendance is consistent. Committee meetings receive reports from each sub-committee (though sub-committee minutes have not been sighted). Decisions are clearly minuted.

The TMO has identified further training it wishes to undertake, including first aid and risk assessment.

**Breach 5** - Financial policy and procedures – failure to set up a finance sub-committee, failure to make the Committee aware of the financial situation, failure to involve management on budget setting, failure to maintain an effective account management system.

During the last six months, the Committee has been provided with a narrative report on the financial position of the TMO; these have included details of income and expenditure and spend against budget.

The draft financial procedures sets out

- the terms of reference of the Audit and Finance sub-committee
- the format for future financial reporting
- the procedure and timescale for annual budget setting
- procedures for managing petty cash
- limits for delegated authority
- the process for tendering
- record keeping requirements

Currently finance and rent arrears are combined into one sub-committee.

**FURTHER ACTIONS REQUIRED:**

1. Review Committee training needs and develop annual training plans
2. Ensure that THH/LBTH continues to provide positive and proactive support to the TMO through its TMO Liaison Manager
3. Ensure the narrative of the Financial Procedures is consistent with the limits of delegated authority on page 3 (note: the limit of delegated authority requires work over £10, 000 to be tendered -page 3 , the narrative states that work over £50,000 needs formal tender- page 21 )
4. Provide financial reports in the format prescribed by the financial procedures following their adoption by the Committee
5. Schedule and hold regular meetings of the finance and audit sub-committee

Withy TMO is able to provide an effective housing service

**Breach 3** – Repairs and Maintenance – failure to maintain an approved contractor’s procedure, retain copies of insurance certificates and report matters to sub-committee/Committee/General meetings.

**Breach 4** - Rents & Arrears – failure to take prompt action to recover rent arrears, prevent arrears becoming serious and a failure to set up a rent arrears sub-committee.

**Breach 6** - Staffing & Employment, – failure to follow recruitment and disciplinary procedures, no job description for the TMO manager or contract of employment, no staff supervision procedures in place.

The TMO has intensified its processes for dealing with, and reporting on rent arrears and has seen performance in this area improve. The rent surgeries and rent arrears sub-committee in particular have been useful.

The Committee also receives monthly reports on Repairs. There are weekly walkabouts with the caretaker which enables identification of communal repair needs. The TMO has documented contractor insurances together with expiry dates.

An HR policy and staff handbook has been drafted for consideration by the Committee. It sets out recruitment, supervision and disciplinary procedures. There is a draft TMO Manager job description but no employment contract. Current staff are self-employed with the appropriate documentation. Should the outcome of the assessment and Cabinet meeting be positive, the TMO have said that they will procure an HR consultant to support them with developing the employment contract, finalising the Job Description and recruiting staff.

#### FURTHER ACTIONS REQUIRED:

1. Review the Rent Arrears sub-committee terms of reference to ensure alignment with the new financial procedures.
2. Ensure action and decisions from sub-committee meetings are documented
3. If the TMO receives agreement to continue, work with an HR consultant to finalise the TMO manager job description and employment contract; and recruit and induct a TMO Manager.
4. Develop an implementation plan for all new policies, procedures, strategies and plans and ensure they are embedded in the day-to-day practice of the TMO

#### Conclusions

Overall, the TMO has made good progress over the last six months and evidenced that they have the skills, knowledge, experience and procedures to manage their housing service. They have demonstrated energy, enthusiasm and commitment during an intensive period of training and development. They have improved performance management and developed a business plan and a suite of policies and procedures. They have improved their communication with residents and recruited new members to both the organisation and management committee. And importantly, they have received a positive vote in favour of the continuation of the TMO.

## Recommendation

It is recommended that the TMO continue to provide housing services, and that THH and LBTH continue to provide support and monitor the TMOs implementation of the actions identified above.

Alicia Francis

This page is intentionally left blank

<p><b>Cabinet</b></p> <p>19 December 2018</p>	 <p><b>TOWER HAMLETS</b></p>
<p><b>Report of:</b> Neville Murton: Acting Corporate Director, Resources</p>	<p><b>Classification:</b> Unrestricted</p>
<p><b>Contracts Forward Plan – Quarter Three (FY2018-2019)</b></p>	

<b>Lead Member</b>	<b>Councillor Candida Ronald, Cabinet Member for Resources &amp; the Voluntary Sector</b>
<b>Originating Officer(s)</b>	Zamil Ahmed – Head of Procurement
<b>Wards affected</b>	All wards
<b>Key Decision?</b>	Yes
<b>Forward Plan Notice Published</b>	30 October 2018
<b>Reason for Key Decision</b>	Significant Financial Expenditure and Significant Impact on two or more wards.
<b>Strategic Plan Priority / Outcome</b>	<b>A dynamic outcomes-based Council using digital innovation and partnership working</b>

**1. EXECUTIVE SUMMARY**

- 1.1. The Council's Procurement Procedures require a quarterly report to be submitted to Cabinet, setting out a forward plan of supply and service contracts over £250K in value, or capital works contracts over £5m. This provides Cabinet with the visibility of all high value contracting activity, and the opportunity to request further information regarding any of the contracts identified. This report provides the information in quarter two of the current Financial Year.
- 1.2. Only contracts which have not previously been reported are included in this report.

**2. DECISION REQUIRED:**

Mayor in Cabinet is recommended to:

- 2.1. Consider the contract summary at Appendix 1, and identify those contracts about which specific reports – relating to contract award – should be brought before Cabinet prior to contract award by the appropriate Corporate Director for the service area
- 2.2. Confirm which of the remaining contracts set out in Appendix 1 can proceed to contract award after tender

- 2.3. Authorise the Divisional Director - Legal Services to execute all necessary contract documents in respect of the awards of contracts referred to at recommendation 2.2 above
- 2.4. Review the procurement forward plan 2018-2022 schedule detailed in Appendix 2 and identify any contracts about which further detail is required in advance of the quarterly forward plan reporting cycle

### 3. **REASONS FOR THE DECISIONS**

- 3.1. The Council's Procurement Procedures require submission of a quarterly forward plan of contracts for Cabinet consideration, and it is a requirement of the Constitution that "The contracting strategy and/or award of any contract for goods or services with an estimated value exceeding £250K, and any contract for capital works with an estimated value exceeding £5m shall be approved by the Cabinet in accordance with the Procurement Procedures". This report fulfils these requirements for contracts to be let during and after quarter two of the current financial Year.

### 4. **ALTERNATIVE OPTIONS**

- 4.1. Bringing a consolidated report on contracting activity is considered the most efficient way of meeting the requirement in the Constitution, whilst providing full visibility of contracting activity; therefore no alternative proposals are being made.

### 5. **BACKGROUND**

- 5.1. Council's procurement procedures and processes have undergone major improvements to ensure they are clear, concise and transparent. Our systems, documentations and guidance to suppliers have been transformed to ensure they reflect best practice in Public Sector procurement. Our efforts in maintaining effective dialogue with our bidders during the procurement process has helped to minimise procurement challenges.
- 5.2. To ensure the Council continues to be recognised for its sound procurement practices and effective engagement with the supply community, it is imperative that delays in contract award are minimised and adherence to the timetable outlined within our Invitation to Tender documentations.
- 5.3. The importance of procurement as an essential tool to deliver Councils wider social, economic and environmental aims has resulted in the need to ensure effective elected Member engagement in the pre-procurement and decision making process as identified in the recent Best Value audit.
- 5.4. This report provides the forward plan for quarter two of the current financial Year in Appendix 1, and gives Cabinet Members the opportunity to select contracts about which they would wish to receive further information, through subsequent specific reports.

- 5.5. Additionally, the report also includes a Procurement Forward Plan 2018-2022 to provide Mayor and Cabinet members with high level visibility of our planned procurement activity and the opportunity to be engaged in advance of the procurement cycle.

## **6. FORWARD PLAN OF CONTRACTS**

- 6.1. Appendix 1 details the new contracts which are planned during the period Q3 of the Financial Year. This plan lists all of the new contracts which have been registered with the Procurement Service, and which are scheduled for action during the reporting period.
- 6.2. Contracts which have previously been reported are not included in this report. Whilst every effort has been made to include all contracts which are likely to arise, it is possible that other, urgent requirements may emerge. Such cases will need to be reported separately to Cabinet as individual contract reports.
- 6.3. Cabinet is asked to review the forward plan of contracts, confirm its agreement to the proposed programme and identify any individual contracts about which separate reports – relating either to contracting strategy or to contract award – will be required before proceeding.
- 6.4. Equalities and diversity implications – and other One Tower Hamlets issues – are addressed through the Council’s Tollgate process which provides an independent assessment of all high value contracts, and ensures that contracting proposals adequately and proportionately address both social considerations and financial ones (such as savings targets). The work of the Strategic Procurement Board and Corporate Procurement Service ensures a joined-up approach to procurement.
- 6.5. The Tollgate process is a procurement project assurance methodology, which is designed to assist in achieving successful outcomes from the Council’s high value contracting activities (over £250K, for revenue contracts, and £5m, for capital works contracts which have not gone through the Asset Management Board approval system). All Tollgate reviews are presented to Strategic Procurement Board; contracts require approval of the Board before proceeding.

## **7. COMMENTS OF THE CHIEF FINANCIAL OFFICER**

- 7.1. This is a quarterly update report on the Council’s contract forward plan for 2018-19 which details the list of contracts that are due for renewal in the next 3-6 months (appendix 1). Cabinet are asked to review the list and confirm whether further information is required on any specific contract and which of the contracts can progress to procurement.
- 7.2. Appendix 1 details the 12 specific contracts that will need to be out to procurement in the next few months. The cumulative annual value of these

contracts is just over £13.5m and the total contract value over the lifetime of the contract is up to £75.8m.

- 7.3. The cost of these contracts will be met through existing General Fund and HRA budgets.

## **8. LEGAL COMMENTS**

- 8.1. The Council has adopted financial procedures for the proper administration of its financial affairs pursuant to section 151 of the Local Government Act 1972. These generally require Cabinet approval for expenditure over £250,000 for revenue contracts and £5m for capital works contracts.
- 8.2. Cabinet has approved procurement procedures, which are designed to help the Council discharge its duty as a best value authority under the Local Government Act 1999 and comply with the requirements of the Public Contract Regulations 2015. The procurement procedures contain the arrangements specified in the report under which Cabinet is presented with forward plans of proposed contracts that exceed specified thresholds. The arrangements are consistent with the proper administration of the Council's financial affairs.
- 8.3. Pursuant to the Council's duty under the Public Services (Social Values) Act 2012, as part of the tender process and where appropriate, bidders will be evaluated on the community benefits they offer to enhance the economic social or environmental well-being of the borough. The exact nature of those benefits will vary with each contract and will be reported at the contract award stage. All contracts delivered in London and which use staff who are ordinarily resident in London will require contractors to pay those staff the London Living Wage. Where workers are based outside London an assessment will be carried out to determine if the same requirement is appropriate.
- 8.4. When considering its approach to contracting, the Council must have due regard to the need to eliminate unlawful conduct under the Equality Act 2010, the need to advance equality of opportunity and the need to foster good relations between persons who share a protected characteristic and those who do not (the public sector equality duty). Officers are expected to continuously consider, at every stage, the way in which procurements conducted and contracts awarded satisfy the requirements of the public sector equality duty. This includes, where appropriate, completing an equality impact assessment as part of the procurement strategy, which is then considered as part of the tollgate process.

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

- 9.1. The Council is required to consider the value for money implications of its decisions and to secure best value in the provision of all its services. The Council procures annually some £350m of supplies and services with a current supplier base of approximately 3,500 suppliers. The governance

arrangements undertaking such buying decisions are set out in the Council's Procurement Procedures, which form part of the Financial Regulations.

- 9.2. Contracts listed in Appendix One are all subject to the Council's Tollgate process which involves a detailed assessment by Procurement Review Panel and Strategic Procurement Board of the procurement strategy to ensure compliance with existing policies, procedures and best value duties prior to publication of the contract notice.

9.3. **OTHER STATUTORY IMPLICATIONS**

**One Tower Hamlets Considerations**

- 9.4. Equalities and diversity implications – and other One Tower Hamlets issues – are addressed through the tollgate process, and all contracting proposals are required to demonstrate that both financial and social considerations are adequately and proportionately addressed. The work of the Strategic Procurement Board and Corporate Procurement Service ensures a joined-up approach to council's procurement activities.

**Sustainable Action For A Greener Environment**

- 9.5. Contracts are required to address sustainability issues in their planning, letting and management. This is assured through the Tollgate process, and supported through the Corporate Social Responsibility work stream.

**Risk Management Implications**

- 9.6. Risk management is addressed in each individual contracting project, and assessed through the tollgate process.

**Crime And Disorder Reduction Implications**

- 9.7. There are no specific crime and disorder reduction implications.

10. **EFFICIENCY STATEMENT**

Contract owners are required to demonstrate how they will achieve cashable savings and other efficiencies through individual contracting proposals. These are then monitored throughout implementation.

11. **APPENDICES**

Appendix 1 – new contracts planned: Q3 of the Financial Year and beyond.  
Appendix 2 - Procurement Forward Plan 2018 -202

## Appendix one – New contracts planned: Q3 of the Financial Year 2018-19

Contract Ref & Title	<b>CS5408 Residential Children’s Homes – North East London Commissioning Partnership</b>		
Procurement Category:	Care & Commissioning	Funding:	Children’s Services
Invitation to Tender <input type="checkbox"/> Contract Signature <input type="checkbox"/>	2019	Contract Duration and Extensions:	48+24+24 months
Value P/A:	£650,000	Value Total:	Up to £5,200,000
Reviewed by Competition Board <input checked="" type="checkbox"/>	12/11/2018	<input type="checkbox"/> London Living Wage <input checked="" type="checkbox"/> New Procurement <input checked="" type="checkbox"/> Collaboration <input type="checkbox"/> Re-procurement of existing Contract	

### **Scope of Contract**

The DFE Innovations Fund has awarded the North East London Partnership £850,000 over a period of three years to jointly commission up to 35 residential LAC placements within the geographical footprint of Northeast London. The North East London Commissioning Partnership includes:

- The London Borough of Havering, The London Borough of Tower Hamlets
- The London Borough Barking and Dagenham, The London Borough of Newham
- The London Borough of Waltham Forest, The London Borough of Redbridge
- The Corporation of the City of London, The London Borough of Hackney

The Partnership has come together to address cross cutting issues across the Children’s Residential Homes marketplace. The aspirations of the Partnership are to create value for money placements that are located within the local footprint, whilst having a greater impact on the service design, quality and outcomes through block purchasing the 35 placements.

Tower Hamlets has a statutory duty to provide care, support and accommodation for Looked After children and Care Leavers. One such type of provision is Residential Children’s Homes these placements offer accommodation and support, care, and in some cases education for children less than 16 years of age. Tower Hamlets currently commission these placements on a spot-purchase basis; this approach does not offer value for money and obstructs the Council from managing the market and assessing the quality and outcomes provided through placements. Over the partnership the cost of residential placements have increased from between 21%-25% over the last 2 years.

Should the Partnership achieve 100% utilisation each member authority would achieve substantial efficiencies on current spend on the equivalent number of placements at current average costs. The proposed tender also aligns to LBTH sufficiency plan as a strategic priority to place children within, or locally to the borough.

### **Contracting Approach**

The proposal is to conclude an open tender procedure. This will ensure a fair and transparent competitive process in compliance with LBTH Procurement Procedures and the Public Contract Regulation 2015 (EU “Light Touch” regime for Schedule 3 services). Havering is the lead authority and will run the procurement exercise on behalf of the Partnership with an initial timeframe for the tender being Feb 2019.

As part of a North East London Commissioning Partnership (NELCP), It is proposed that the partnership will jointly commission up to 35 residential placements within the footprint of the Partnership. Services are co-produced with the Partnership, Providers and Children with lived experience of the care system and of living in such placements. There has been extensive market engagement led on by the programme manager (Havering) and supported by the Partnership leads which has included workshops on a range of topics, as well as specification workshops. The market has engaged well and the hope is the tender will be competitive

between single providers, mixed providers or/and consortia.

Contract Ref & Title	<b>ESCW(C)4956 Children's Rights Advocacy Service</b>		
Procurement Category:	Care & Commissioning	Funding:	Children's Services
Invitation to Tender <input type="checkbox"/> Contract Signature <input checked="" type="checkbox"/>	01/01/2019	Contract Duration and Extensions:	36 months
Value P/A:	£183,480 (including up to £50,000 spot purchasing Return Home Interview's (RHI))	Value Total:	£550,440 (including up to £150,00 spot purchasing RHI's)
Reviewed by Competition Board <input checked="" type="checkbox"/>	12/11/2018	<input checked="" type="checkbox"/> London Living Wage <input type="checkbox"/> New Procurement <input type="checkbox"/> Collaboration <input checked="" type="checkbox"/> Re-procurement of existing Contract	

### **Scope of Contract**

The children's Rights Advocacy Service contract was originally tendered for on the 16<sup>th</sup> February 2016. The successful bidder, The Children's Society (TCS), was awarded the contract as of the 1<sup>st</sup> July 2016 for a duration of 36 month (2 years + 1) delivering a statutory service offering advice and support to all Tower Hamlets' Looked After Children, Care Leavers and Children with Disabilities (CWD) to help empower them to reach their potential and uphold their human rights. The Children's Rights Advocacy Service brought together the previous existing advocacy service for Children Looked After and Children with Disabilities, and return home interviews (RHI's) for Looked After Children going missing from their placement spot purchased by Children's Social Care (CSC).

The Children's Rights Advocacy Service contract was initially presented to Cabinet and included within the quarter four contracts forward plan in October 2015 which included provision for a joint advocacy service for both Looked After Children and Children with Disabilities. The budget proposed at the quarter two and three contracts forward plan on 6<sup>th</sup> October 2015 was £325,440 for the duration of the contract (£108,147 per annum).

However, prior to the tender going live in 2016, CSC proposed to also incorporate RHI's under the Children's Rights Advocacy Service contract as it was anticipated this would further reduce procurement and management costs as CSC previously spot purchased RHI's outside of a contract. It was agreed that RHI's would be incorporated into the Children's Rights Advocacy Service contract up to an estimated £50,000 per annum (the amount was based on the previous spending by CSC on spot purchasing RHI's).

It was agreed to fund the contract using two separate funding mechanisms adding up to £183,480 per annum. Funding for advocacy services would be made as part of a block contract in four equal instalments up to £133,480 annually and provision for RHI's would be spot purchased, up to an estimated £50,000 per annum, and would be paid using an hourly unit cost per service user (up to four hours per interview).

The proposed merge of incorporating RHI's into the Children's Rights Advocacy Service contract to further reduce procurement and management costs was intended to be presented at Cabinet on 04/03/2016, however, this meeting was cancelled and no formal records are now being able to be found. Therefore we would like to re-present this to Cabinet.

### **Financial benefits**

This is not an increase in the amount spent on the Children's Rights Advocacy Service contract. As initially proposed within the Contract Forward Plan in 2015, this reflects a merging of two contracts for advocacy services (LAC and CWD) plus spot purchasing for Return Home Interviews (RHI's) and thus does not reflect an increase in costs. It was suggested that a single contract would not achieve cashable savings but will provide

better value for money as there will not be three lots of management costs. The merging of contracts and spot purchasing RHI's was also anticipated to reduce monitoring as it will be a single service and will reduce the costs of procurement and management.

Contract Ref & Title	<b>AHSCS5411 Utilising the PAL contract for the retender of Catering Disposables</b>		
Procurement Category:	Corporate Services	Funding:	Children's Services
Invitation to Tender <input checked="" type="checkbox"/> Contract Signature <input type="checkbox"/>	01/01/2018	Contract Duration and Extensions:	4 years
Value P/A:	£62,000	Value Total:	£250,000
Reviewed by Competition Board <input type="checkbox"/>	12/11/2018	<input checked="" type="checkbox"/> London Living Wage <input checked="" type="checkbox"/> New Procurement <input checked="" type="checkbox"/> Collaboration <input type="checkbox"/> Re-procurement of existing Contract	

**Scope of Contract**

London Borough of Havering has agreed to be the lead PAL (Procurement Across London) member for the Catering Disposables framework contract and will issue a new contract for four years starting 1/12/2018. It is proposed to award a single supplier framework and the contract be tendered on the basis of Restricted Procedure, an e-auction will be used to ensure the best commercial solution. The tenderer who makes the lowest/final bid in the auction will be the successful tenderer. Following the auction officers will undertake due diligence on the successful bid to ensure it remains compliant with the requirements stated in the tender. The estimated total value of the contract is circa £1,130,000 but the estimated expenditure for Tower Hamlets is £250,000.

**Contracting Approach**

The Council's method for the procurement of Catering Disposables for the Education Catering and Welfare Catering Services has been through PAL (Procurement Across London) who previously let the contract. This method of procurement has provided financial benefits to Contract Services due to improved pricing and quality as a result of increased purchasing power of the joint member authorities. The new contract will be procured to ensure best value for Tower Hamlets and other Pal members. The tendering strategy will seek to obtain a contract that will be most economically and commercially advantageous in terms of price, quality, products and service delivery.

The contract is to be let through the European Procurement process and led, as with all previous PAL contract have been by the London Borough of Havering. The contract does not include any commitment from any member authorities regarding the amount of orders which will be placed with the supplier

**Community Benefits**

The contract will seek to maximise purchase of biodegradable and recyclable materials for catering disposables and thereby have a positive impact on the environment and waste disposal.

Contract Ref & Title	<b>R5407 Client Relationship Management Solution</b>		
Procurement Category:	Corporate Services	Funding:	Council Reserve
Invitation to Tender <input checked="" type="checkbox"/> Contract Signature <input type="checkbox"/>	01/01/2019	Contract Duration and Extensions:	2 + 1+ 1
Value P/A:	£150,000	Value Total:	£600,000
Reviewed by Competition Board <input checked="" type="checkbox"/>	12/11/2018	<input type="checkbox"/> London Living Wage <input checked="" type="checkbox"/> New Procurement <input type="checkbox"/> Collaboration <input type="checkbox"/> Re-procurement of existing Contract	

#### **Scope of Contract**

The Council will seek to create a Digital Platform for online services in order to drive transformational change within the Council and improve efficiencies in service delivery to residents across Tower Hamlets. The cost includes licence, configuration, installation and maintenance.

#### **Contracting Approach**

The Council will use the Crown Commercial Services Digital Marketplace to procure the platform.

#### **Community Benefits**

The Council's Digital Platform will benefit the community in the following way:

- **Improving customer access to services.** We want to make it easier for our citizens to access the services they need. We want citizens to be able to do this at a time, in a place and in a way that is most convenient for them. The digital platform will be the key technological enabler of this transformation
- **Improving customer satisfaction with services.** The improved convenience of accessing services on line services coupled with the extended range of different customer needs that can be met will improve customer satisfaction with the council
- **Reducing the costs of service delivery.** The power and flexibility of the digital platform will make it easy the council to integrate new services and enable on line access for citizens. This will lead to a decline in demand for the traditional and labour intensive telephone, e-mail and face to face delivery channels

Contract Ref & Title	<b>HAC5384 Adult Drug &amp; Alcohol Services</b>		
Procurement Category:	Care & Commissioning	Funding:	Public Health Grant
Invitation to Tender <input checked="" type="checkbox"/> Contract Signature <input type="checkbox"/>	April 2018	Contract Duration and Extensions:	5 years + 2 years
Value P/A:	£4,681,000	Value Total:	£32,767,000
Reviewed by Competition Board <input checked="" type="checkbox"/>	12/11/2018	<input checked="" type="checkbox"/> London Living Wage <input type="checkbox"/> New Procurement <input type="checkbox"/> Collaboration <input checked="" type="checkbox"/> Re-procurement of existing Contract	

#### **Scope of Contract**

Public Health England (PHE) estimates suggest a total of 2,798 opiate and crack users (OCU) in Tower Hamlets, based on 2014/15 data. It is estimated that approximately 53% of this population have engaged with or had access to substance misuse interventions. The latest data also estimates a total of 3,427 dependent drinkers in the borough, 82% of whom are not in treatment and may present with unmet needs.

The Drug & Alcohol Action Team (DAAT) commissions integrated drug and alcohol community treatment services for Tower Hamlets residents aged 18 or over. The current treatment system was implemented in 2016 following comprehensive review and significant redesign of substance misuse treatment services in the Borough; The model adopted sets out three separate lots/ contracts as part of this procurement: Drug & Alcohol Outreach and Referral Service (Lot 1), Drug & Alcohol Treatment Service (Lot 2) and Drug & Alcohol Recovery Support Service (Lot 3).

Together, these form a recovery-oriented system supported by a number of services/ contracts which sit outside of this procurement. These include the Reset Homeless Drug & Alcohol Treatment Service; GP Enhanced Drug & Alcohol Service and the Specialist Midwife based within Royal London Hospital.

The implementation of this model sought to reduce duplication, increase focus on recovery, simplify access pathways, increase offer for families and affected others and achieve efficiencies as part of the Council's corporate savings plan.

Services and interventions offered include outreach, pharmacological interventions, psychosocial interventions, access to residential treatment, structured groups, 1:1 counselling, whole-family programmes, support around education, employment and training, housing and benefits support, blood-borne virus identification and treatment, and access to mutual aid groups.

Our aim is to provide improved quality of life, reduce harms associated with substance use to the individual and the community, improved outcomes and long-term recovery from drug and alcohol addiction, and support for those affected by someone else's substance use. This includes legal and illegal drugs (e.g. classified illegal drugs, prescribed medication), novel psychoactive substances and alcohol.

The procurement will be informed by the Substance Misuse Strategy and Substance Misuse Needs Assessment, both of which will be updated in 2018-19. Consultation commenced in October 2018 and this will contribute to determining whether the current model remains appropriate; therefore the exact configuration of contracts may be subject to change.

### **Contracting Approach**

OJEU compliant open competitive tender. This is a re-procurement of an existing contract. Three contracts are available for award as part of this procurement and suppliers will be invited to bid for one or more of the contracts as a sole provider or part of a consortia, partnership or sub-contracting arrangement. Bids will be assessed on cost and quality. A Payment by Results element will be attached to this contract.

### **Community Benefits**

Bids from local providers will be encouraged, individually or as part of consortia/ sub-contracting arrangement. Added value will be sought as part of this contract and bidders will be asked to identify community benefits opportunities and submit proposals as part of this bid. Commitments agreed will be monitored through the contract management process.

<b>Contract Ref &amp; Title</b>	<b>HAC5315 Accredited Training and Employment Project</b>		
<b>Procurement Category:</b>	Care and Commissioning	<b>Funding:</b>	General Funds
Invitation to Tender <input type="checkbox"/> Contract Signature <input checked="" type="checkbox"/>	December 2018	<b>Contract Duration and Extensions:</b>	3 years (2+1)
<b>Value P/A:</b>	£96,452	<b>Value Total:</b>	£290,000
<b>Reviewed by Competition Board</b> <input checked="" type="checkbox"/>	01/01/2018	<input checked="" type="checkbox"/> London Living Wage <input type="checkbox"/> New Procurement <input type="checkbox"/> Collaboration <input checked="" type="checkbox"/> Re-procurement of existing Contract	

### **Scope of Contract**

The Council wishes to purchase a training and employment project for people with a learning disability. The focus of this service is to enable 55 new adults with learning disability each year to develop their employment skills in order to support them into a job. The provider will work with the individual and their family/carers, CLDS, the young people's SEN service and other key local agencies that support the individual to identify the skills development they need to get the job that fits their abilities, needs and wishes.

The service will directly deliver some skills development themselves and will also support people to engage with other skills development opportunities provided by other local agencies such as WorkPath, New College, learning disability day opportunity services and local community groups and services. Skills development opportunities people will be supported to access will include:

- Volunteering
- Experience in simulated work environments
- Job skills development and training
- Accredited training and apprenticeships.

The skills development to be provided will reflect the wishes, goals and plans that will support people to get the type of job they want to have. Hence, as well as directly providing some skills development opportunities, the service will support people to access a wide range of opportunities in line with individuals' own wishes and aspirations. Skills development opportunities will be directly offered through a simulated work environment in any appropriate type of work environment or context. Examples are catering, arts and crafts, woodwork, IT and administration or construction. The location and work environment must be accessible and have the necessary equipment, adapted as required.

**Contracting Approach**

The preferred procurement approach is to undertake an open OJEU tender. If required, commissioners will undertake a market engagement/bidders briefing as part of the tender process. Representatives from Health, Adults and Community, the Community Learning Disability Service (CLDS) and the Clinical Commissioning Group will be invited to be members of the tender panel, who will review and evaluate submissions against the service specification requirements to ensure that the most economically advantageous bidders are selected.

**Community Benefits**

The contract will be structured and tendered to take account of the council's procurement imperatives and approach to delivering community benefits. Community benefits commensurate with the contract size will be sought from providers through the tender process.

Contract Ref & Title	<b>P5404 DPS Share Workspace Providers</b>		
Procurement Category:	Corporate Services	Funding:	Income
Invitation to Tender <input checked="" type="checkbox"/> Contract Signature <input type="checkbox"/>	January 2019	Contract Duration and Extensions:	Up to 10 years (DPS) (5+5)
Value P/A:	£5,000,000	Value Total:	Up to £25,000,000
Reviewed by Competition Board <input checked="" type="checkbox"/>	26/10/2016	<input checked="" type="checkbox"/> London Living Wage <input checked="" type="checkbox"/> New Procurement <input type="checkbox"/> Collaboration <input type="checkbox"/> Re-procurement of existing Contract	

**Scope of Contract**

The council aim to streamline the way of developing workspaces in the borough by facilitating collaboration between owners and developers of commercial property and workspace providers. Under the new Local Plan policy D.EMP4.2 there is a requirement to deliver affordable workspaces for any end user, including local business, that promote co-working arrangements in flexible terms.

**Contracting Approach**

It is the intention of the Council to procure the services through a Dynamic Purchasing System (DPS) that will allow the Council to access a pool of approved share-workspaces providers in a manner compliant with the requirements of the Concession Contracts Regulations 2016. The DPS will allow applications from different categories of providers based on the type of workspace each provider will be able to create and manage, and also whether the space offered to end users would be on market, or below-market, terms. The management of each space will be subject to a mini-competition where all approved providers given opportunity to the

Council to assess suitability on each occasion

The creation of the DPS will not put the council under any obligation to award contracts for the creation of workspace over the duration of the system, but will provide a procurement framework should it on a future occasion decide to do so.

**Community Benefits**

The contract will be structured and tendered to take account of the council’s procurement imperatives and approach to delivering community benefits. Community benefits commensurate with the contract size will be sought from the provider through the tender process.

Contract Ref & Title	<b>R5413 Procurement of End User Computing Hardware &amp; Peripherals</b>		
Procurement Category:	Corporate Services	Funding:	Directorate user budgets
Invitation to Tender <input type="checkbox"/> Contract Signature <input type="checkbox"/>	03/12/2018	Contract Duration and Extensions:	18 months
Value P/A:	£500,000	Value Total:	£800,0000
Reviewed by Competition Board <input type="checkbox"/>	5/11/2018	<input checked="" type="checkbox"/> London Living Wage <input checked="" type="checkbox"/> New Procurement <input type="checkbox"/> Collaboration <input type="checkbox"/> Re-procurement of existing Contract	

**Scope of Contract**

The council has been purchasing End User Computing Hardware & Peripherals from Specialist Computer Centre (SCC) using Crown Commercial Services (CCS) framework-Technology Products 2. This requires market testing on individual items each time a new order is required. Hundreds of orders are raised each year and some of the 2077 order lines worth £962,692 have been placed with CCS over the last 4 years. In 2017/18, ICT in liaison with Head of Finance and Procurement, arranged for the benchmarking of a full year’s purchase order data. Findings from the benchmarking identified SCC to present the best value for the Council. Based upon the findings the Council is seeking to call off from the framework for the next 18 months. The council will continue to investigate alternative arrangements that are available for the procurement of hardware.

**Contracting Approach**

The market for delivering end user computing hardware and peripherals is well developed and competitive. The established Information Communication Technology (ICT) Solutions Framework Agreement which is also known as ComIT (Complete IT Solution) is intended to be used for procurement of ICT equipment. The Council intends to use LOT 1 to purchase desktops, Laptops, Tablets, Thin clients Wyse terminals, Workstations and peripherals such as Power Leads, Cabling and tidying, Cases and Covers, Headphones, Keyboards, Mice, Pointers, Power Management, Screens and Monitors from SCC. Signing up to and using the ComIT framework would ensure that the Council’s hardware purchases as described above are procured in a compliant fashion.

It would also enable council staff to purchase goods via the Council’s R2P system, which will link to SCC’s online catalogue. This will avoid double entry and other bookkeeping errors for some 1000 order lines a year worth over £500,000. This is particularly relevant as prices are changing regularly and the Current ICT catalogue via Crown Commercial Services needs monthly updates due to instability of pound.

Contract Ref & Title	<b>G5293 Lambeth &amp; Southwark Barristers Framework</b>
----------------------	---

Procurement Category:	Corporate Services	Funding:	General Fund
Invitation to Tender <input type="checkbox"/> Contract Signature <input type="checkbox"/>	12/11/2018	Contract Duration and Extensions:	48 Months
Value P/A:	£800,000	Value Total:	£3.2m
Reviewed by Competition Board <input type="checkbox"/>	12/11/2018	<input type="checkbox"/> London Living Wage <input checked="" type="checkbox"/> New Procurement <input type="checkbox"/> Collaboration <input type="checkbox"/> Re-procurement of existing Contract	

### **Scope of Contract**

The Council wishes to Secure supporting legal services via the Lambeth and Southwark Barristers Framework. The London Borough of Lambeth and Southwark undertook a joint procurement exercise and appointed Barristers' chambers ("Panel Chambers") to 10 panels covering a whole range of local authority work. The Framework is for a period of 4 years. It is intended that the Panel Chambers will take preference over other chambers not appointed to the panels. The Council reserves the right to instruct Barristers from other chambers where appropriate. The relevant panel areas are: Childcare, Housing, Property, Planning and Infrastructure, Social Care (excl. Childcare), Licensing and Regulatory, Prosecutions, Employment, Education and General Litigation.

The Panel Chambers will provide to the Council for the relevant panel areas:

- i. Legal advice services at the unit price and hourly rates set out in the pricing schedules; to include advocacy before a range of courts and tribunals, written and oral legal advice and drafting of pleadings and other legal documents
- ii. Internal placement at Council offices for urgent 'overflow' work on an ad-hoc basis, on terms to be agreed, but taking into account rates secured as part of the tender process
- iii. 1 day free training in each panel area for each Council for each year of the framework agreement
- iv. Two student placements at Chambers for each Council for each year of the framework
- v. Any other training, services and 'soft benefits' offered in chambers tender response

The London Borough of Tower Hamlets wishes to join the above network and benefit from the competitive pricing schedule agreed as part of the tender. This will give LBTH immense cost savings as LBTH continuously instruct barristers' on a number of legal matters. Furthermore, Legal Services are not obliged to call-off from the framework during the term and therefore should Legal Services wish to instruct Chambers outside of this framework to achieve best value, Legal Services will be within its right to do so.

### **Contracting Approach**

The Council intends to use the Lambeth and Southwark Framework agreement. There will be further competition within the framework undertaken by the Council to establish best value, as Legal Services will consider and evaluate each Chamber in relation to cost and quality before instructing on any given matter. Therefore the Council will continuously be considering best value throughout the term of the framework.

Contract Ref & Title	<b>5320 Huddleston Close (LD Residential Care)</b>		
Procurement Category:	Care and Commissioning	Funding:	General Fund
Invitation to Tender <input type="checkbox"/> Contract Signature <input type="checkbox"/>	12/11/2018	Contract Duration and Extensions:	5 years (3+1+1)
Value P/A:	£837,200	Value Total:	£4m to £4.2m
Reviewed by Competition Board <input type="checkbox"/>	12/11/2018	<input type="checkbox"/> London Living Wage <input checked="" type="checkbox"/> New Procurement <input type="checkbox"/> Collaboration <input type="checkbox"/> Re-procurement of existing Contract	

### **Scope of Contract**

The Contract supports the delivery of the Adults Learning Disability Strategy, Living Well in Tower Hamlets. The Strategy was approved by the Mayor in Cabinet on 19<sup>th</sup> September 2017 and sets out 6 outcomes areas and a number of improvements that adults with learning disability in Tower Hamlets said were important to them. Developing a greater range of local supported living accommodation and support options was an area of improvement people with learning disabilities felt would make a difference as this would enable them to live in their own accommodation, closer to their families, friendship networks and local community. Due to an undersupply of supported accommodation, people with learning disability are being offered placements outside of the borough.

The borough is therefore seeking to increase the capacity of learning disability supported accommodation as an alternative to high cost out of borough residential care. We are seeking to reprocur Huddlestone Close as it is currently the only learning disability Residential Care service in the borough. The service is run by Mencap in premises they currently lease from Gateway Housing.

The service is required to deliver residential care and has the capacity to support up to 7 people across three adjoining houses (four in 34 and 35 plus a further three in number 36). The service is much needed and delivers residential care and intensive support to people with learning disability who also have high levels of physical and mobility needs. The service provides tailored and flexible support delivered in accordance with an individual's need 24 hours a day, 7 days a week.

### **Contracting Approach**

The preferred procurement approach is to undertake an open OJEU tender under the Light Touch Regime. A supplier event will be held to allow bidders to seek clarification and guidance on the tender process and their submission. Representatives from Health Adult and Community, the Community Learning Disability Team (CLDT) and the Clinical Commissioning Group will be invited to be members of the tender panel, reviewing the specification and evaluating submissions to ensure that the most economically advantageous tender is selected for future delivery of the service. Service users will be invited to evaluate the service user involvement and choice criterion of submissions which bidders will be asked to produce in easy read format.

### **Community Benefits**

Community benefits commensurate with the contract size will be sought from bidders through the tender

Contract Ref & Title	<b>HAC5321 Hotel in the Park</b>		
Procurement Category:	Care and Commissioning	Funding:	General Funds
Invitation to Tender <input checked="" type="checkbox"/> Contract Signature <input type="checkbox"/>	01/02/2018	Contract Duration and Extensions:5 years (	5 years (3+1+1)
Value P/A:	£580,224	Value Total:	£2,901,120
Reviewed by Competition Board <input checked="" type="checkbox"/>	11/12/2017	<input checked="" type="checkbox"/> London Living Wage <input type="checkbox"/> New Procurement <input type="checkbox"/> Collaboration <input checked="" type="checkbox"/> Re-procurement of existing Contract	

### **Scope of Contract**

Hotel in the Park is the only respite service for adults with Learning disability in the borough and is a much sought after resource. Due to an undersupply of in borough respite accommodation people with learning disability are being offered respite placements outside of the borough.

The service is located in Victoria Park and consists of 6 bedrooms from where a flexible 24 hour service 7 days a week tailored to an individuals need is provided. The service is designed to provide a short break (respite care) to meet the assessed needs of residents (and their carers/families) fulfilling the objectives set in an individual's care plan whilst they are staying at the service. The service is able to support residents with

multiple needs. Whilst staying at Hotel in the Park, residents will have access to high quality health care facilities which includes appropriate accommodation, equipment, transport, food, personal care etc.

This contract supports the delivery of the Adults Learning Disability Strategy, Living Well in Tower Hamlets. The Strategy was approved by the Mayor in Cabinet in September 2017 and set out 6 outcomes areas and a number of improvements that adults with learning disability in Tower Hamlets said were important to them. Increasing and improving local accommodation options was an area of improvement people with learning disabilities felt would make a difference enabling them to live closer to their families, friendship networks and local community.

#### **Contracting Approach**

The preferred procurement approach is to undertake an open OJEU tender under the Light Touch Regime. Representatives from Adult Services, the Community Learning Disability Team (CLDT) Clinical Commissioning Group will be invited to be members of the tender panel, reviewing the specification and evaluating submissions to ensure that the most economically advantageous tender is selected for future delivery of the service.

The tender will offer a 3 plus 1 plus 1 contract to give both stability to service and facilitate changes and focusing to meet future as well as current need. The tender will be aligned to Living Well in Tower Hamlet, The Adult Learning Disability Strategy 2017-2020.

#### **Community Benefits**

Community benefits commensurate with the contract size will be sought from the provider through the tender process. Benefits would be expected to include local employment opportunities, work placements and volunteer opportunities.

This page is intentionally left blank

**London Borough of Tower Hamlets  
Procurement Forward Plan 2018-2022**



Current Contract Reference	Title	Current Contract Expiry Date.	Total value	Contract type	Division	Category
DR4948	Marketing Support	31/03/2019	660,000.00	Services	Place	Corporate Services
PH5045	Healthy Teeth in Schools	01/06/2019	£450,000.00	Services	HAC	Care & Commissioning
LPG4801	Translation, Transcription and Interpretation Services	08/07/2019	£450,000.00	Services	Governance	Corporate Services
ESCW AHWB 4183	Information, Advice and Advocacy Service	31/07/2019	1,455,000.00	Services	HAC	Care & Commissioning
AHS5186	HIV Support for Sexual Health Service for Adults living with HIV	31/07/2019	£705,000.00	Services	HAC	Care & Commissioning
ESCW4900	Contract for the supply of fresh and frozen meat	31/12/2019	£2,650,000.00	Supplies	CS	Corporate Services
AHS5035	Heather Lodge and Glaucus street	31/03/2020	£336,359.00	Services	HAC	Care & Commissioning
CLC5033	Independent Domestic Violence Advocacy and Violent Crime Caseworker Ser	31/03/2020	£540,000.00	Services	HAC	Care & Commissioning
AHS5041 (Lots 1 & 2)	Mental Health Family and Carer Support Services	31/03/2020	£742,000.00	Services	HAC	Care & Commissioning
AHS5098	Independent Mental Health Advocacy (IMHA)	31/03/2020	£878,535.00	Services	HAC	Care & Commissioning
AHS5034	Mental Health Forensic Accommodation Based Service	31/03/2020	£1,899,995.00	Services	HAC	Care & Commissioning
CLC5077	Material Recovery Facility (MRF) Services	31/03/2020	£2,100,000.00	Services	Place	Corporate Services
AHS5040	Mental Health Supported Accommodation (previously High Support and Step	31/03/2020	£3,396,755.00	Services	HAC	Care & Commissioning
AHS5129	Providence House	31/03/2020	£809,681.49	Services	HAC	Care & Commissioning
CLC4903	Supply & Servicing of Library Aquisitions	31/03/2020	£810,000.00	Services	Place	Corporate Services
HS5231 (HAC(R)182)	Edward Gibbons House direct award	31/03/2020	£1,350,504.48	Services	HAC	Care & Commissioning
AHS5110	Daniel Gilbert House Supported Housing Accomodation for Vulnerable Single	31/03/2020	£1,692,585.00	Services	HAC	Care & Commissioning
AHS5112	LinkAge Plus	31/03/2020	£1,935,833.19	Services	HAC	Care & Commissioning
CS5218A	Youth Activity Hub	31/03/2020	£1,962,975.92	Services	CS	Care & Commissioning
R5157	Supply of Clothing and Uniforms	19/04/2020	£310,000.00	Supplies	Resources	Corporate Services
LPG5043	Statutory Public Notices and External Printed Media Advertising - Lot A	07/05/2020	£1,650,000.00	Services	Governance	Corporate Services
CS5269	Overnight Short Breaks for children and young people with Autistic Spectrum	31/05/2020	£1,040,000.00	Services	CS	Care & Commissioning
CS5268	Overnight Short Breaks for children and young people with complex needs	31/05/2020	£1,060,000.00	Services	CS	Care & Commissioning
R5323	Occupational Health and Wellbeing Services	30/06/2020	£452,000.00	Services	Resources	Corporate Services
HAC5295	Public Health GP Enhanced Services	30/06/2020	£1,058,248.00	Services	HAC	Care & Commissioning
DR4932	Removal and Storage Services	10/08/2020	£374,000.00	Services	Place	Construction & FM
DR5075	London Postal Service Board	15/09/2020	£3,500,000.00	Services	Resources	Corporate Services
DR4907	Security Services Framework Agreement	31/10/2020	£4,000,000.00	Services	Place	Construction & FM
DR5027	Estate Management Professional Services	04/12/2020	£520,000.00	Services	Place	Construction & FM
PL5242	Resource Centre for Rough Sleepers	31/03/2021	£584,904.00	Services	Place	Care & Commissioning

**London Borough of Tower Hamlets  
Procurement Forward Plan 2018-2022**



Current Contract Reference	Title	Current Contract Expiry Date.	Total value	Contract type	Division	Category
CS5273	Young People Assessment and Support Service	31/03/2021	£734,996.25	Services	CS	Care & Commissioning
HAC5221	Prostitution Support Programme	31/03/2021	£356,258.00	Services	HAC	Care & Commissioning
LPG5029	Healthwatch Tower Hamlets	31/03/2021	£706,876.00	Services	HAC	Care & Commissioning
DR5054	Enhanced Rough Sleeping Outreach Service (EROS)	31/03/2021	£1,930,635.00	Services	Place	Care & Commissioning
CLC5136	Insurance Services	31/03/2021	£2,123,300.00	Services	Resources	Corporate Services
H3190	THH Repairs and Maintenance	31/03/2021	£150,000,000.00	Services	THH	Construction & FM
CLC4371	Highway Maintenance and Improvement Works	30/06/2021	£60,500,000.00	Works	Place	Construction & FM
AHS5147	Tower Hamlets North Young Persons Support Service	31/08/2021	£584,000.00	Services	HAC	Care & Commissioning
AHS5146	Mile End Road Young Persons Support Service	31/08/2021	£1,603,772.00	Services	HAC	Care & Commissioning
DR5025	Energy	31/08/2021	£36,000,000.00	Services	Place	Corporate Services
DR4957	EIA Review Contract	03/09/2021	£2,500,000.00	Services	Place	Construction & FM
CLC5193	Production and Event Management Services	24/09/2021	£965,000.00	Services	Place	Corporate Services
CLC4951	Arboricultural Contract	30/09/2021	£1,250,000.00	Services	Place	Construction & FM
P5219B	Professional Valuation Service-Residential acquisitions for social housing & in	31/10/2021	£500,000.00	Services	Place	Construction & FM
AHS5145	Tower Hamlets Campbell Road Young People's Support Service	31/10/2021	£1,417,516.00	Services	HAC	Care & Commissioning
AHS5046	Handyperson service	31/12/2021	£361,585.00	Services	HAC	Care & Commissioning
AHS5124A	Young People Health and Wellbeing service	31/12/2021	£699,681.00	Services	HAC	Care & Commissioning
AHS&CS5019	The provision of domiciliary care to adults aged 18+	14/01/2022	£21,763,000.00	Services	HAC	Care & Commissioning
R5089	Managed Service Provider (MSP) Temporary Agency	31/01/2022	£6,400,000.00	Services	Resources	Corporate Services
H3912	LOT NO 4 THH horticulture works	31/03/2022	£7,000,000.00	Works	THH	Construction & FM
AHS5109	Hackney Road Project Supported Accommodation Services	31/03/2022	£2,331,758.90	Services	HAC	Care & Commissioning
AHS5111	Tower Hamlets Floating Support	31/03/2022	£2,483,330.00	Services	HAC	Care & Commissioning
CS5080	Pan-London Care Impact Partnership	31/03/2022	£4,808,170.00	Services	CS	Care & Commissioning
DR3911	Offsite Data Storage and Destruction of confidential waste	16/06/2022	£1,000,000.00	Services	Place	Corporate Services
AHS5037	Independent Living Community Support (ILCS)	17/07/2022	£2,749,106.00	Services	HAC	Care & Commissioning
AHS5187	Specialist Smoking Cessation	31/07/2022	£1,550,000.00	Services	HAC	Care & Commissioning
AHS5128	Dellow Supported Housing Accommodation for Vulnerable single adults	31/07/2022	£2,320,683.60	Services	HAC	Care & Commissioning
AHS5039	Complex Needs Mental Health Service	01/08/2022	£1,773,655.00	Services	HAC	Care & Commissioning
AHS5185	Tower Hamlets Healthy Communities	30/09/2022	£3,964,405.00	Services	HAC	Care & Commissioning
CLC5176	Seasonal Bedding	30/10/2022	£375,000.00	Supplies	CS	Construction & FM

**London Borough of Tower Hamlets  
Procurement Forward Plan 2018-2022**



Current Contract Reference	Title	Current Contract Expiry Date.	Total value	Contract type	Division	Category
AHS5189	Extra Care Sheltered Housing	05/11/2022	£11,910,708.35	Services	HAC	Care & Commissioning
HAC5326	Riverside House hostel	31/01/2023	£2,571,126.10	Services	HAC	Care & Commissioning
HAC5252	Teresa House and Hamlets Way high support mental health accommodation	31/03/2023	£2,864,922.05	Services	HAC	Care & Commissioning
HAC5223	Infant Feeding and Wellbeing Service	31/03/2023	£1,900,000.00	Services	HAC	Care & Commissioning
HAC5249	Tower Hamlets Women's Refuge	01/04/2023	£645,380.00	Services	HAC	Care & Commissioning
HAC5248	Tower Hamlets Asian Womens Refuge	01/04/2023	£695,520.00	Services	HAC	Care & Commissioning
DR5116	Cleaning and Associated Services	02/07/2023	£7,261,986.00	Services	Place	Corporate Services
HAC5224	School Health and Wellbeing	31/07/2023	£4,919,280.00	Services	HAC	Care & Commissioning
P5219A	Professional valuation Services – Asset Valuations	30/09/2023	£480,000.00	Services	Place	Corporate Services
H3948	Concierge and Related Security Services	02/10/2023	£3,000,000.00	Services	THH	Construction & FM
HAC5253	North East London Integrated Sexual Health Service	30/11/2025	£40,000,000.00	Services	HAC	Care & Commissioning
CS3247	Mulberry School PFI	01/05/2027	£19,000,000.00	works	Place	Construction & FM
CLC4970	Waste Reception, Treatment and RRC Services	31/03/2035	£250,000,000.00	Services	Place	Corporate Services
New Contract	Growth Support	New Contract	300,000.00	Services	Place	Corporate Services

This page is intentionally left blank

<p><b>Cabinet</b></p> <p>19 December 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>Strategic Plan Performance &amp; Delivery Reporting: Quarter 2 2018/19</b></p>	

<b>Lead Member</b>	<b>Mayor John Biggs</b>
<b>Originating Officer(s)</b>	Sharon Godman – Divisional Director Strategy, Policy & Performance Thorsten Dreyer – Head of Intelligence & Performance
<b>Wards affected</b>	All
<b>Key Decision?</b>	No
<b>Forward Plan Notice Published</b>	30/10/18
<b>Reason for Key Decision</b>	N/a
<b>Strategic Plan Priority / Outcome</b>	<b>All</b>

### Executive Summary

This report provides the Mayor in Cabinet with an update on the delivery and implementation of the council’s Strategic Plan 2018/19 up to the end of quarter 2 (September 2018).

### Recommendations:

The Mayor in Cabinet is recommended to:

1. Note the summary status as set out at the beginning of the attached monitoring report; and
2. Review the performance of the strategic measures at mid-year, including those measures where the minimum expectation has been missed; and
3. Review progress in delivering Strategic Plan activities at the mid-year point, including those activities that are flagged as delayed and overdue.

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

- 1.1 The council's Performance & Accountability Framework sets out the process for monitoring the timely and effective delivery of the Strategic Plan to improve outcomes for residents. In line with the framework, the Mayor in Cabinet receives regular update reports to ensure oversight of delivery, performance and improvement at Cabinet level.
- 1.2 This report promotes openness, transparency and accountability by enabling Tower Hamlets residents to track progress of activities that impact on their lives and the communities they live in.

## **2. ALTERNATIVE OPTIONS**

- 2.1 Cabinet can decide not to review the performance information. This is not recommended as Members have a key role to review and challenge underperformance and also utilise performance information to inform resource allocation.

## **3. DETAILS OF THE REPORT**

### *3.1 Background*

- 3.2 This report provides the Mayor in Cabinet with an update on the delivery and implementation of the council's Strategic Plan 2018/19 up to the end of quarter 2 (September 2018).
- 3.3 As part of the budget setting report at the beginning of 2018, the council adopted a set of eleven new corporate outcomes grouped under three priorities. This was the first step on moving the council to becoming a much more outcome-based organisation which focuses on making a difference to people's lives.
- 3.4 In July 2018, Cabinet adopted a new Strategic Plan based on the new corporate outcomes. Each outcome is supported by a number of activities and the impact of activity is being measured through strategic performance indicators aligned to each outcome.
- 3.5 The corporate outcomes are:

*Priority 1: People are aspirational, independent and have equal access to opportunities*

- People access a range of education, training, and employment opportunities.
- Children and young people are protected so they get the best start in life and can realise their potential.

- People access joined-up services when they need them and feel healthier and more independent.
- Inequality is reduced and people feel that they fairly share the benefits from growth.

*Priority 2: A borough that our residents are proud of and love to live in*

- People live in a borough that is clean and green.
- People live in good quality affordable homes and well-designed neighbourhoods.
- People feel safer in their neighbourhoods and anti-social behaviour is tackled.
- People feel they are part of a cohesive and vibrant community.

*Priority 3: A dynamic, outcomes-based Council using digital innovation and partnership working to respond to the changing needs of our borough*

- People say we are open and transparent putting residents at the heart of everything we do.
- People say we work together across boundaries in a strong and effective partnership to achieve the best outcomes for our residents.
- People say we continuously seek innovation and strive for excellence to embed a culture of sustainable improvement.

3.6 When developing the new plan, the council reviewed and revised its set of strategic performance indicators with the aim of measuring the impact of its work on residents' lives. The review has resulted in a set of more outcome focused performance measures. However, it is also recognised that further changes to the strategic performance indicator set will be needed to make it truly outcome focused. Work is currently underway to identify and define a set of strategic performance indicators which will be in place from the next financial year, underpinning the council's new outcome based accountability approach to service delivery.

3.7 *Performance summary*

3.8 The plan on a page (page 2 of the attached report) summarises the number of activities and measures, which are rated green (on target), amber (slipped or delayed), or red (off target).

3.9 At the end of quarter 2 all activities are considered to be on target and are expected to deliver by the end of the financial year.

3.10 At the same time, ten performance indicators are exceeding their target, eleven are exceeding the minimum expectation, while fifteen are falling short of the target. The paragraphs below provide a summary of performance in relation to key areas of importance to residents.

3.11 Performance in our Children's Services has continued to improve with the oversight of the Tower Hamlets best Value Improvement Board. Three of the

measures for Outcome 2 are exceeding the target, three are meeting the minimum expectation, and two are falling short of the target. Attendance at children's and youth centres has exceeded the target, demonstrating that our improved universal services offer is proving popular with children, young people and their families. Our amber rated Children's Services measures (for Outcome 2) have been consistently high or have seen improvement since the beginning of 2018/19. One of these has seen significant progress since April while all three are just falling short of the target by a fraction of a percentage point. Our leaving care service continues to work with other services to improve the transition of care leavers going into training, employment or education.

- 3.12 Tower Hamlets remains one of the boroughs with the cleanest streets in London, when benchmarked through the London Council's comparative dataset of surveys. 98% of all streets sampled in the most recent survey were considered to be above the expected level of cleanliness and this figure has been consistently high for the past year. The borough's recycling rate remains low at just below 24%. A number of activities are underway to drive up recycling towards the Mayor's ambitious target to be reached by 2022. At its October meeting, the Mayor in Cabinet approved plans to bring the waste and recycling service back in house to respond more flexibly to changing needs and to improve recycling in the borough.
- 3.13 Crime and anti-social behaviour are major concerns for residents. Two measures for this area are not meeting their target at present. However, while off target, 93% of all areas sampled remain free of graffiti. The latest survey has helped us better understand where additional focus on graffiti is needed and we will be focusing our efforts in locations that experience higher level of graffiti. Youth re-offending at the end of quarter 2 falls short of the target and is higher than it was at the end of 2017/18. However, when compared to quarter 2 in 2017/18, the level of re-offending is comparable. This may be indicative of a seasonal upswing during the summer months. The service is using other data sources to understand patterns and is developing new approaches to working with young offenders, including a greater focus on helping young offenders into education, employment or training.
- 3.14 *Targets for performance indicators*
- 3.15 The council sets targets using a bandwidth approach consisting of a minimum expectation and a target, aimed at delivering continuous improvement or maintained performance where performance is already high.
- 3.16 The minimum expectation sets the level at which performance should not fall below. This should be at, or better than, the previous year's performance. The target should aim for improvement on the previous year's performance.
- 3.17 In some cases, setting higher targets than the achievement in the previous year may not be appropriate. Examples of this include:
- The indicator is already performing highly or at the maximum possible;

- Changes in legislation or funding result in the need to revise the target to reflect the changing circumstances in which the service operates;
- The target needs to be aligned with an external target, such as a national or partnership target.

#### **4. EQUALITIES IMPLICATIONS**

- 4.1 The council's Strategic Plan is focused on meeting the needs of the diverse communities living in Tower Hamlets and ensuring that everyone can play their part in a vibrant and cohesive community. The strategic outcomes and supporting activities are designed to reduce inequalities and the foster community cohesion. Equalities considerations are embedded in all outcomes of the Strategic Plan with specific actions focusing on areas of inequality identified through the Borough Needs Assessment being addressed under *Outcome 4 - Inequality is reduced and people feel that they fairly share the benefits from growth.*

#### **5. OTHER STATUTORY IMPLICATIONS**

- 5.1 This section of the report is used to highlight further specific statutory implications that are either not covered in the main body of the report or are required to be highlighted to ensure decision makers give them proper consideration. Examples of other implications may be:

- Best Value Implications,
- Consultations,
- Environmental (including air quality),
- Risk Management,
- Crime Reduction,
- Safeguarding.

##### *5.2 Best Value (BV) Implications*

- 5.2.1 Section 3 of the Local Government Act 1999 requires the council as a best value authority to "make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness". Monitoring of performance information and acting on the findings is an important way in which that obligation is being fulfilled.

##### *5.3 Sustainable action for a greener environment*

- 5.3.1 *Outcome 5 - People live in a borough that is clean and green* is dedicated to taking sustainable action for a cleaner environment. It focuses on key areas of sustainability, including air quality, waste and carbon emission. Key activities include work to drive up the borough's recycling rate and implementing a number of initiatives to improve air quality, including making Tower Hamlets one of the best boroughs for walking and cycling.

#### 5.4 *Risk management implications*

5.4.1 In line with the council's risk management strategy, the information contained within the strategic indicator monitoring will assist the Cabinet, Corporate Directors and relevant service managers in delivering the ambitious targets set out in the Strategic Plan. Regular monitoring reports will enable Members and Corporate Directors to keep progress under regular review.

#### 5.5 *Crime and disorder reduction implications*

5.5.1 Strategic Plan *Outcome 7 - People feel safer in their neighbourhoods and anti-social behaviour is tackled* and *Outcome 8 – People feel they are part of a vibrant and cohesive community* are dedicated to crime and disorder reductions. Activities under these outcomes are designed to improve safety, the perception of safety and community cohesion. Key activities include a new partnership approach to tackling violence and taking a public health approach to reducing violence, as well as continued investment in police officers who can be tasked to address local priorities.

#### 5.6 *Safeguarding implications*

5.6.1 Strategic Plan *Outcome 2 - Children and young people are protected so they get the best start in life and can realise their potential* is dedicated to keeping children and young people safe from harm. The inclusion of this dedicated outcome focused on safeguarding children and young people ensures that the council's children's services improvement journey is embedded in our planning at the highest level and is reviewed by Cabinet as a whole in addition to being monitored through our dedicated Children's Services Improvement Board. Key activities include changing the way we deliver children's services and working more effectively with partners to address all forms of exploitation.

5.6.2 *Outcome 3 - People access joined-up services when they need them and feel healthier and more independent* incorporates is our key outcome in relation to safeguarding vulnerable adults. Key activities include tackling loneliness and isolation as well as giving those receiving care and carers greater control.

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

6.1 This report sets out the delivery, performance and improvement position for the Strategic Plan 2018/19 at the end of quarter 2 (September 2018). The cost of the activities has been funded through the Council's General Fund Revenue and Capital budgets, agreed by full Council on the 21st February 2018. There are no additional financial implications arising from the recommendations within this report.

## **7. COMMENTS OF LEGAL SERVICES**

- 7.1 The report provides performance information. It is consistent with good administration for the council to consider monitoring information in relation to plans that it has adopted in order to achieve best value.
- 7.2 When considering its performance, the council must have due regard to the need to eliminate unlawful conduct under the Equality Act 2010, the need to advance equality of opportunity and the need to foster good relations between persons who share a protected characteristic and those who do not (the public sector equality duty). The council's targets are formulated by reference to its public sector equality duty and monitoring performance against those targets should help to ensure they are delivered.
- 

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

#### **Linked Report**

- NONE

#### **Appendices**

- Appendix 1: Strategic Plan Performance Report Quarter 2 2018/19

#### **Background Documents – Local Authorities (Executive Arrangements)(Access to Information)(England) Regulations 2012**

- None

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

N/A

This page is intentionally left blank

---

# Tower Hamlets Strategic Plan 2018-21

Working together with the community  
for a fairer, cleaner and safer borough

Six month monitoring report

---



### Priority 1

People are aspirational, independent and have equal access to opportunities

#### st Outcome 1

**People access a range of education, training and employment opportunities**

Actions	0	0	5	0	
PIs	3	0	1	0	0

#### st Outcome 2

**Children and young people are protected so they can realise their potential**

Actions	0	0	4	0	
PIs	2	3	3	0	0

#### st Outcome 3

**People access joined up services when they need them and feel healthier and more independent**

Actions	0	0	7	0	
PIs	1	1	3	0	0

#### st Outcome 4

**Inequality is reduced and people feel that they fairly share the benefits from growth**

Actions	0	0	5	0	
PIs	2	2	0	0	0

### Priority 2

A borough that our residents are proud of and love to live in

#### st Outcome 5

**People live in a borough that is clean and green**

Actions	0	0	5	0	
PIs	0	1	1	0	1

#### st Outcome 6

**People live in good quality affordable homes and well-designed neighbourhoods**

Actions	0	0	4	0	
PIs	1	1	1	0	2

#### st Outcome 7

**People feel safer in their neighbourhoods and anti-social behaviour is tackled**

Actions	0	0	7	0	
PIs	2	1	1	0	1

#### st Outcome 8

**People feel they are part of a cohesive and vibrant community**

Actions	0	0	7	0	
PIs	0	0	0	0	1

### Priority 3

A dynamic outcomes-based Council using digital innovation and partnership working to respond to the changing needs of our borough

#### st Outcome 9

**People say we are open and transparent putting residents at the heart of everything we do**

Actions	0	0	5	0	
PIs	2	1	0	0	3

#### st Outcome 10

**The council works collaboratively across boundaries in strong and effective partnerships to achieve the best outcomes for our residents**

Actions	0	0	3	0	
PIs	1	0	0	0	8

#### st Outcome 11

**People say we continuously seek innovation and strive for excellent to embed a culture of sustainable improvement**

Actions	0	0	6	0	
PIs	1	1	1	0	1



## Outcome 1 People access a range of education, training and employment opportunities

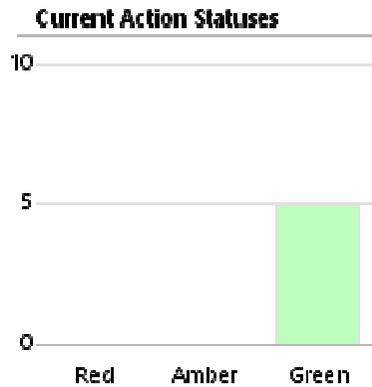
We want a thriving local economy and for our residents to be enabled to benefit from the unprecedented business growth in the borough. We will support local entrepreneurs and establish a Commission to examine what actions can be taken to support and enhance the local economy throughout the Brexit process and beyond. We will work with our partners to remove barriers to employment, providing excellent education, training and job brokerage, supporting 5,000 residents into employment through the WorkPath service.

With the Tower Hamlets Education Partnership we will continue to further improve educational attainment and outcomes, and to strengthen soft skills and the post 16 offer for those entering sixth forms, colleges or apprenticeships.

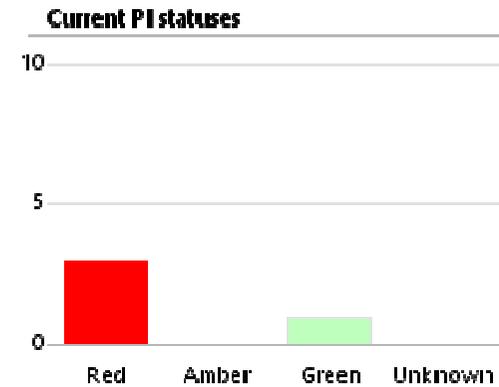
We will work with businesses to generate work placements, supporting them to create 1,000 apprenticeship opportunities, opening pathways into sustainable employment at or above the London Living wage. We will ensure that local childcare provision is better matched to the needs of families by supporting actions to provide additional services, with the aim of ensuring that sufficient childcare and early education spaces are provided where they are needed.

### Status summary for this strategic outcome

Strategic action status chart



Strategic measure status chart



**M1.3 Businesses supported**

Number of businesses supported through Council activities (BUS1)

Lead member	Expected Outcome	Last update		Short term trend arrow	Long term trend (DOT)
Cabinet Member for Work and Economic Growth	▶ On target	Q2 2018/19		↑	↑
Lead officer	Type	Contextual measure	Target	Actual	RAG rating
Divisional Director, Growth and Economic Development	Strategic	No	402	442	✔ Green

Performance data trend chart

Latest note



This measure is cumulative and the numbers increase throughout the year, always providing the year to date figure. 144 enterprises have been supported in Q2, bringing the total so far to 442 (equivalent to 1 in 31 of all businesses in Tower Hamlets).

Some of the key deliverables achieved in Q2 include:

- 26 enterprises created.
- 35 businesses benefitted from the SUR Grants
- 125 businesses were assisted in the Supply Ready Scheme
- 2 enterprises have been supported in finding suitable accommodation.
- 50 businesses assisted to improve retail and marketing performance
- New sales generated through support projects amount to £6.9m (Supply Ready)
- Projects that have contributed to these deliverables include:
  - Start Up Ready. Due to its high take up, this project has over achieved its outputs and is currently no longer available in Tower Hamlets. In the interim we are signposting all of our enquiries relating to start up support to other local agencies including: The Princes Trust, NWES and YTKO. We are also in the process of submitting new project proposals.
  - Retail Marketing Ready
  - Supply Ready
  - Growth Ready
  - Growth Businesses (now ended)



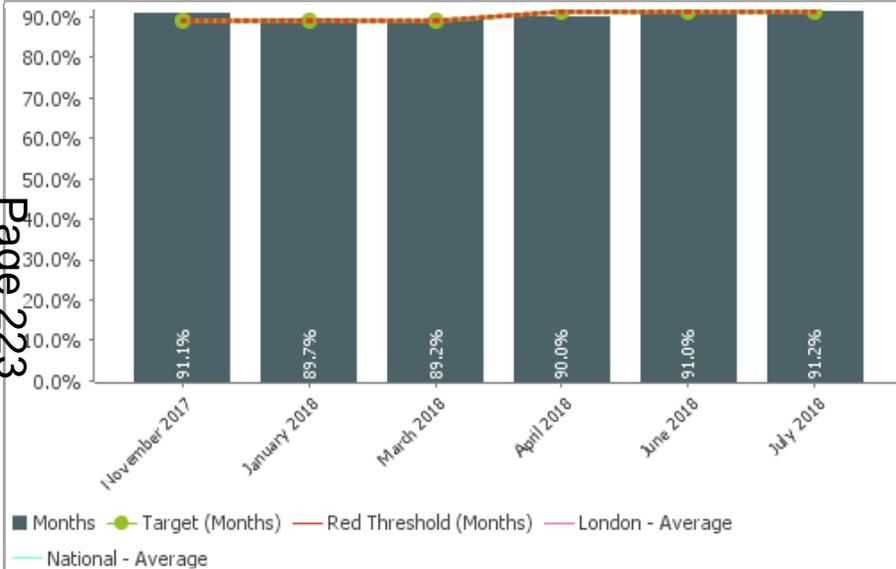
## M1.1 School pupil attendance

Percentage of pupils attending school regularly

<i>Lead member</i>	<i>Expected Outcome</i>	<i>Last update</i>		<i>Short term trend arrow</i>	<i>Long term trend (DOT)</i>
Cabinet Member for Children, Schools and Young People	Uncertain	July 2018			
<i>Lead officer</i>	<i>Type</i>	<i>Contextual measure</i>	<i>Target</i>	<i>Actual</i>	<i>RAG rating</i>
Divisional Director, Education and Partnership	Strategic	No	91.3%	91.2%	Red

*Performance data trend chart*

*Latest note*



These figures are provisional out turns from a voluntary local collection of attendance data conducted to obtain more timely information than the formal out turns taken from the school census. The full year figure for 2017/18 consisted of returns from 71 of 102 schools.

The provisional annual out turn for pupils not classed as persistently absent is 0.1 percentage points below the target and final out turn for 2016/17 of 91.3%. The 2016/17 out turn meant that Tower Hamlets was one of the top three performing London LAs on this measure.



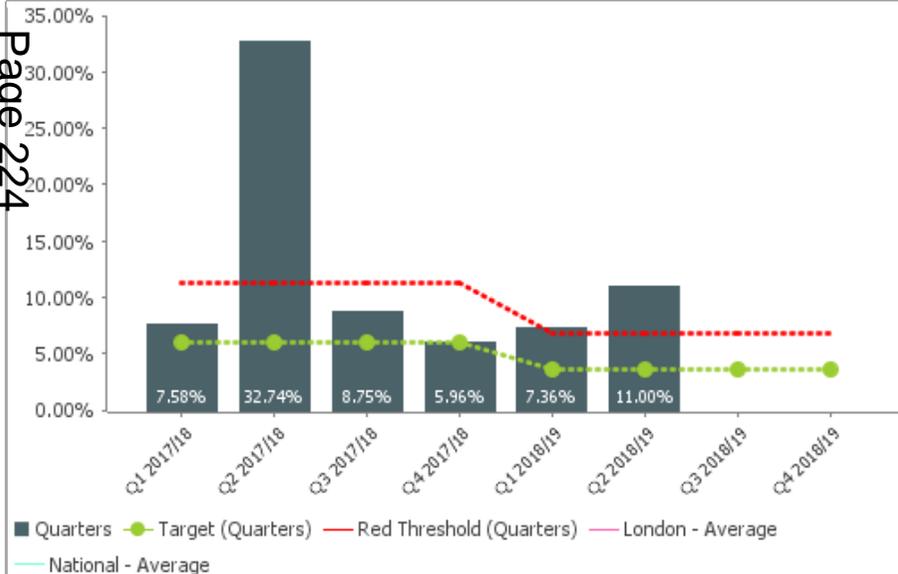
## M1.2 Young people who are NEET

Percentage of 16 to 19 year olds who are Not in Education, Employment or Training. (Annual outturns are calculated as an average of December, January and February figures)

Lead member	Expected Outcome	Last update		Short term trend arrow	Long term trend (DOT)
Cabinet Member for Work and Economic Growth	Uncertain	Q2 2018/19			
Lead officer	Type	Contextual measure	Target	Actual	RAG rating
Divisional Director, Growth and Economic Development	Strategic	No	3.60%	11.00%	Red

Performance data trend chart

Latest note



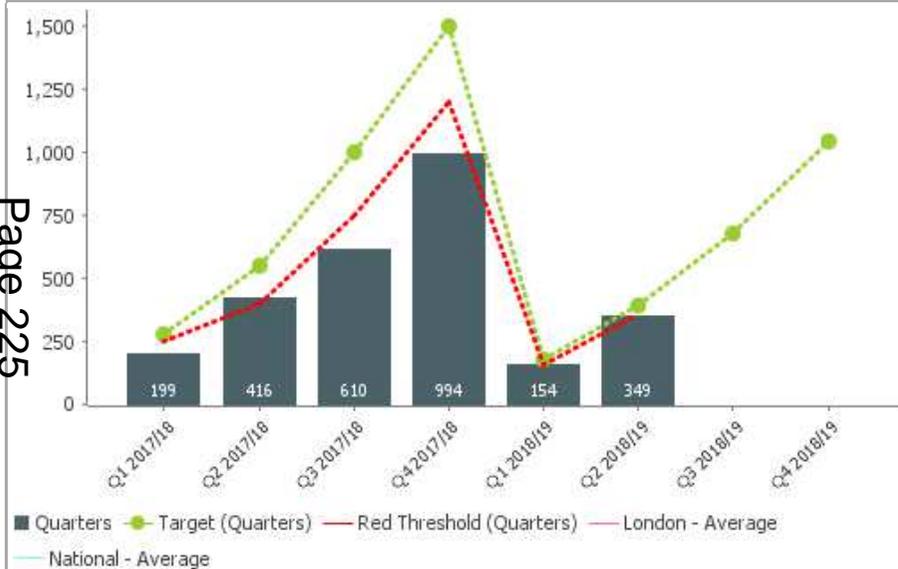
The service is currently in the process of finalising the September offer to students and will then start surveying 16 to 19 year olds to reduce the number of students for which the status is unknown. The annual outturn for NEET is taken as an average over the months December to February (for 16 & 17 year old NEET and Unknown) due to the extreme seasonality of NEET figures. We therefore expect the NEET figure to reduce with young people entering education, employment or training from September onwards.

## M1.4 Residents supported into sustainable work

Tower Hamlets residents supported into sustainable work by the Council's Workpath partnership provision

<i>Lead member</i>	<i>Expected Outcome</i>	<i>Last update</i>		<i>Short term trend arrow</i>	<i>Long term trend (DOT)</i>
Cabinet Member for Work and Economic Growth	🚩 Uncertain	Q2 2018/19		⬇️	⬇️
<i>Lead officer</i>	<i>Type</i>	<i>Contextual measure</i>	<i>Target</i>	<i>Actual</i>	<i>RAG rating</i>
Divisional Director, Growth and Economic Development	Strategic	No	390	349	🔴 Red

*Performance data trend chart* *Latest note*



This measure is cumulative and the numbers increase throughout the year, always providing the year to date figure. The outturn is one output below the minimum expectation target of 350. The Careers Service, now Young WorkPath, had been a majority contributor to this measure in previous years. In 2016/17 the Careers Service contributed 658 outputs (56.2% of the final reported figure of 1170); and in 2017/18 contributed 314 outputs (31.6% towards the final figure of 994). At the end of Q2, Young WorkPath reported 39 outputs compared to 114 for the same period in 2017/18.

The reduction of these particular contributions is linked to national policy changes. The Apprenticeship Levy has seen apprenticeship starts reduce by 34% nationally, with fewer opportunities due to the complicated delivery processes, and apprenticeships are now open to all ages (where previously they had been for 16-24 year olds).

Moving forward, an enhanced post-16 offer is in development and Young WorkPath will focus on the council's statutory obligations by supporting young people who are NEET (Not in Education, Employment or Training), those at risk of becoming NEET up to the age of 19, care leavers and young people with special educational needs up to the age of 24 in achieving a positive destination.

The WorkPath Service continues to work with key council services and external partners, and is continuing to develop its relationship with SERCO (DWP ESF Inspiring (Troubled) Families contract) and their delivery partners Renaisi and Catch22.

## Strategic plan delivery

RAG	Activity	Latest note
▶	<p><b>Activity 1.1</b> We will deliver a range of ESOL, basic skills, apprenticeship &amp; employment initiatives across the borough to help residents into work, including those from disadvantaged groups, and to our most vulnerable groups for whom we have a statutory responsibility</p>	<p>We have broadened our ESOL, employability and basic skills offer to residents. Through working with our partners such as Barts of London Health Trust, building contractors, and Veolia, we are creating apprenticeship opportunities for young people from the borough. So far this year we have created 369 apprenticeship jobs, and of those, 112 have already started.</p> <p>We want to support schools to fulfil their statutory duty to provide the borough's pupils with independent and impartial careers guidance, so our Careers Young WorkPath service is delivering careers guidance interviews across five secondary schools. We are also developing a programme of earlier careers guidance for Key Stage 3 pupils.</p> <p>Working with the Tower Hamlets Education Partnership we are reviewing post-16 provision in the borough. This includes understanding what courses are on offer and how many student places there are. This information will help us understand how we best support the highest achieving pupils in the borough so they continue to build on their achievements after their GCSEs.</p> <p>One of our key aims is to develop the life skills and aspirations of our lowest attaining pupils and improve job opportunities for them. We want to better equip young people for the transition from education to employment, providing them with the tools they need to navigate the options that are available to them. Our Young WorkPath service is supporting young people who are at risk of being not in education, employment or training (NEET) to help them plan for their future. This year, we ran dedicated careers guidance and job brokerage sessions on GCSE and A-Level results days to target those at risk of becoming NEET.</p>
▶	<p><b>Activity 1.2</b> We will develop and deliver the Growth Strategy, including a programme of support for local businesses</p>	<p>We have started to develop our draft Growth and Economic Plan and will be sharing our initial ideas with residents, businesses and partners in the coming months. The plan sets out how we will support a local economy that works for local people and ensures that everyone can benefit from growth in the borough.</p> <p>We are already delivering a number of enterprise support projects and so far this year we have supported 442 businesses in a range of ways including to be supply ready, finding suitable</p>

RAG	Activity	Latest note
		accommodation and improving retailing and marketing performance. The businesses we have supported have generated new sales worth £6.9m.
	<b>Activity 1.3</b> We will implement a programme of improvement initiatives to High Streets and Town Centres, including the roll out of Wi-Fi	<p>Our new High Streets and Town Centres Strategy sets out our approach to improving the competitiveness of key local high streets and town centres in the borough and how we aim to create vibrant, dynamic and sustainable places. We are currently designing some public realm improvements in and around Brick Lane. These will be implemented later in the year and aim to create a more pleasant environment for shoppers and other visitors to the area. We are also working with Transport for London and others to improve Whitechapel Market and the surrounding retail environment.</p> <p>We are in the process of procuring contractors who will enable us to create a free public space Wi-Fi network to help improve digital access for residents and businesses and the competitiveness of our local high streets. We expect the first public Wi-Fi to be in place by March 2019.</p>
	<b>Activity 1.4</b> We will work with partners to improve educational attainment and progress for our children and young people	Results for the 2017/18 academic year show that our young people are continuing to do well but we want to make sure that attainment continues to improve, especially for under achieving groups. We also want to support our high achieving pupils to do even better. We held a Key Stage 1 conference where 47 delegates came along to focus on how to use data to identify more able pupils who require a greater degree of academic challenge. Following on from those conversations, we will begin the 'Achieving Higher Attainment in Writing' project this November. At Key Stages 1 and 2 we have pulled together training to look at 'Extending Vocabulary through Reading' and 40 delegates have put their names forward to attend the Autumn Term training for year 5 and 6 pupils. We have set up networks in 9 subject areas to reduce the variation in outcomes between schools at Key Stages 4 and 5. We have also brokered school-to-school support through the Secondary Heads Group.
	<b>Activity 1.5</b> We will ensure that there are sufficient childcare and early education spaces provided in Tower Hamlets	We are currently working on our 2018 Childcare Sufficiency Assessment (covering birth to five years old) which will help us understand the distribution of childcare and early education spaces across the borough. This will be finalised in May 2019. Our findings so have been used to secure £0.965m capital funding for 2018-19 to develop more childcare places. We have used this money to support the delivery of our 'Early Learning for Two Year Olds' programme. We have invited partners, practitioners and parents to attend the Mayor's Early Years' Summit on 30 November 2018. The summit will help us to develop our services for early education, care, training and employment.

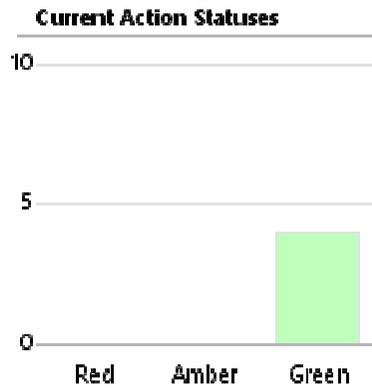


## Outcome 2 Children and young people are protected so they can realise their potential

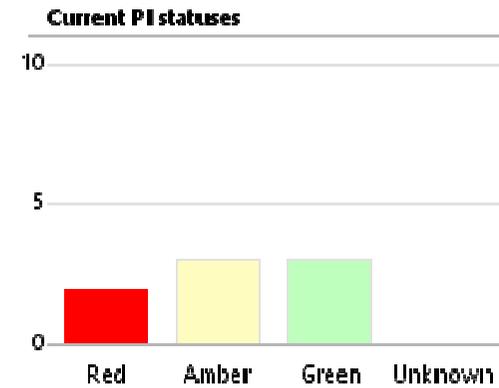
We want children and young people to be able to live in a safe environment, ensuring the best health and developmental outcomes. We are on a journey of improvement in our Children’s Social Care Services and despite making significant progress we are not complacent about the challenge ahead. We will continue to prioritise early intervention and prevention through our work on early help, ensuring effective safeguarding and tackling inequality. We will support the recruitment and development of highly skilled workers to support our children, young people and their families. Thousands of our young residents (aged 12-19) will continue to have free access to activities, including sport, games, arts, music, at state of the art facilities including our youth hubs.

### Status summary for this strategic outcome

Strategic action status chart



Strategic measure status chart



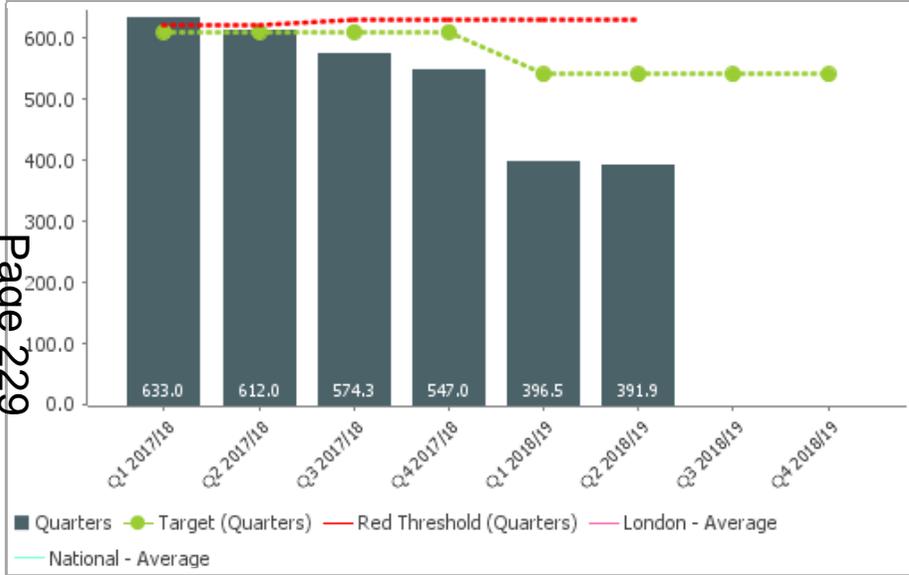


## M2.2 Time to adoption

Average time between a child entering care and moving in with an adoptive family ('time to adoption') (LAC1)

<i>Lead member</i>	<i>Expected Outcome</i>	<i>Last update</i>		<i>Short term trend arrow</i>	<i>Long term trend (DOT)</i>
Cabinet Member for Children, Schools and Young People	On target	Q2 2018/19			
<i>Lead officer</i>	<i>Type</i>	<i>Contextual measure</i>	<i>Target</i>	<i>Actual</i>	<i>RAG rating</i>
Divisional Director, Children's Social Care	Strategic	No	540.0	391.9	Green

<i>Performance data trend chart</i>	<i>Latest note</i>
-------------------------------------	--------------------



Latest note

Target exceeded

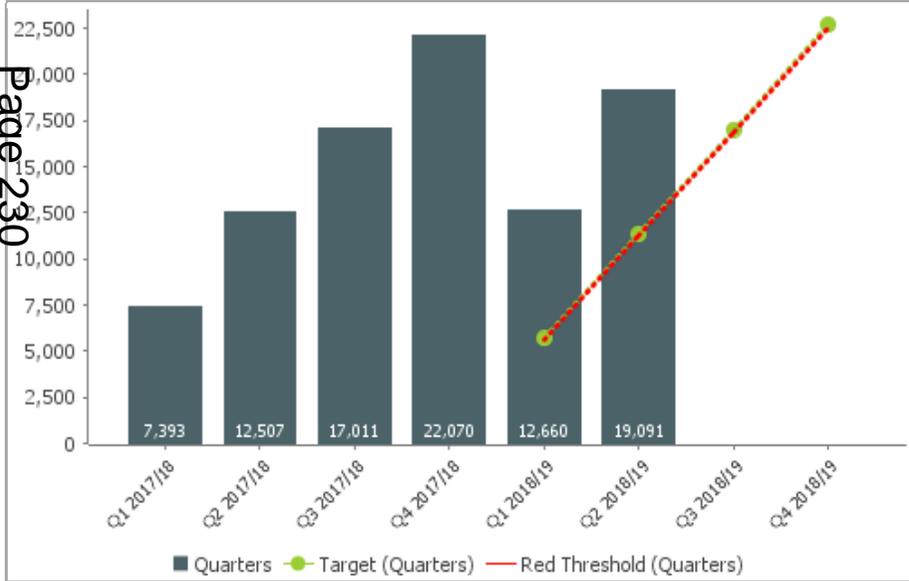


## M2.6 Children's Centre attendance

The number of individual (unique) children and adults reached by the council's children's centres

<i>Lead member</i>	<i>Expected Outcome</i>	<i>Last update</i>		<i>Short term trend arrow</i>	<i>Long term trend (DOT)</i>
Cabinet Member for Children, Schools and Young People	On target	Q2 2018/19			
<i>Lead officer</i>	<i>Type</i>	<i>Contextual measure</i>	<i>Target</i>	<i>Actual</i>	<i>RAG rating</i>
Divisional Director, Education and Partnership	Strategic	No	11,335	19,091	Green

<i>Performance data trend chart</i>	<i>Latest note</i>
-------------------------------------	--------------------



This measure is cumulative and the numbers increase throughout the year, always providing the year to date figure.

Target exceeded.



## M2.8 Youth centre attendance

Percentage of youth service users who attend regularly

Lead member	Expected Outcome	Last update		Short term trend arrow	Long term trend (DOT)
Cabinet Member for Children, Schools and Young People	On target	Q2 2018/19			
Lead officer	Type	Contextual measure	Target	Actual	RAG rating
Divisional Director, Youth and Commissioning	Strategic	No	29.0%	41.9%	Green

Performance data trend chart

Latest note

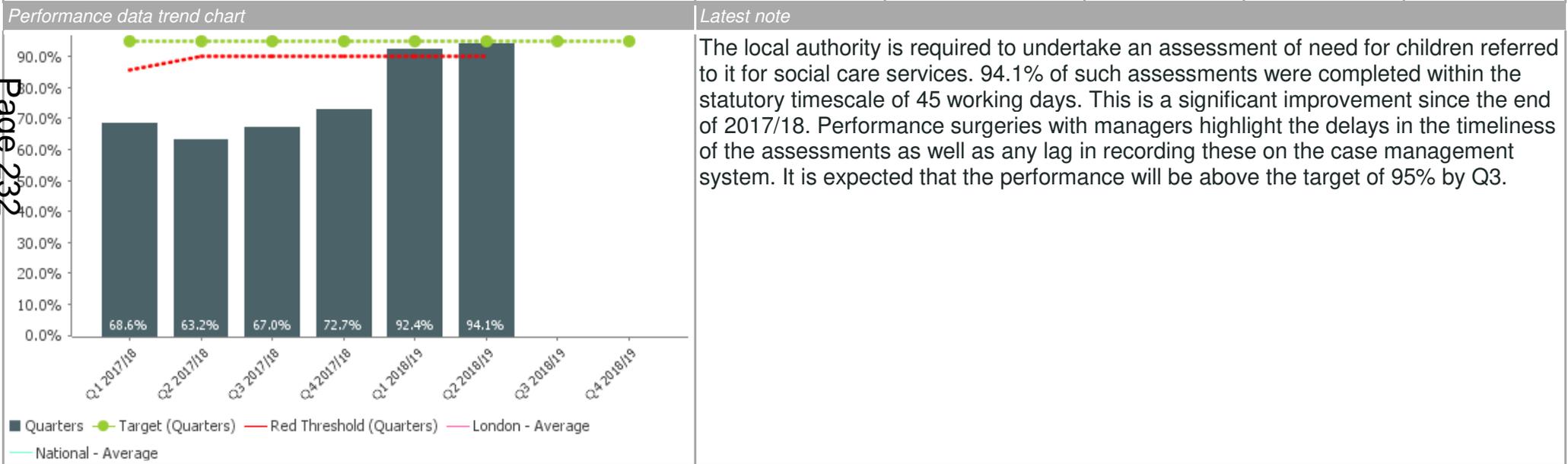
Target exceeded.



## M2.1 Children's social care single assessments

Percentage of children's social care single assessments completed within 45 days

<i>Lead member</i>	<i>Expected Outcome</i>	<i>Last update</i>			<i>Short term trend arrow</i>	<i>Long term trend (DOT)</i>
Cabinet Member for Children, Schools and Young People	⚠️ Uncertain	Q2 2018/19			⬆️	⬆️
<i>Lead officer</i>	<i>Type</i>	<i>Contextual measure</i>	<i>Target</i>	<i>Actual</i>	<i>RAG rating</i>	
Divisional Director, Children's Social Care	Strategic	No	95.0%	94.1%	⚠️ Amber	



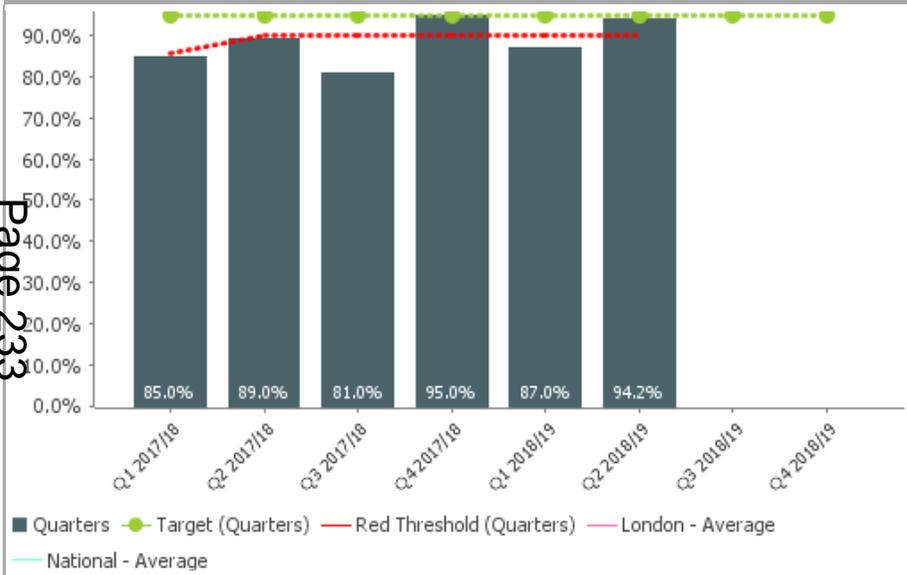
**M2.3 Child protection visits**

Percentage of children with a child protection plan receiving a visit from a social worker within the past four weeks

<i>Lead member</i>	<i>Expected Outcome</i>	<i>Last update</i>		<i>Short term trend arrow</i>	<i>Long term trend (DOT)</i>
Cabinet Member for Children, Schools and Young People	⚠️ Uncertain	Q2 2018/19		⬆️	⬆️
<i>Lead officer</i>	<i>Type</i>	<i>Contextual measure</i>	<i>Target</i>	<i>Actual</i>	<i>RAG rating</i>
Divisional Director, Children's Social Care	Strategic	No	95.0%	94.2%	⚠️ Amber

*Performance data trend chart*

*Latest note*



Children with child protection plans receive regular visits from their social workers. 94.2% of children received such visits within the previous four weeks at the end of Q2. Performance surgeries with managers highlight the gaps in the visits actually taking place, as well as delayed recording on the case management system. It is expected that the performance will be above the target of 95% by Q3. It is apparent that performance surgeries are assisting in improving compliance.

**M2.4 Child protection reviews**

Percentage of child protection reviews carried out within statutory timescales

<i>Lead member</i>	<i>Expected Outcome</i>	<i>Last update</i>		<i>Short term trend arrow</i>	<i>Long term trend (DOT)</i>
Cabinet Member for Children, Schools and Young People	⚠️ Uncertain	Q2 2018/19		⬆️	⬆️
<i>Lead officer</i>	<i>Type</i>	<i>Contextual measure</i>	<i>Target</i>	<i>Actual</i>	<i>RAG rating</i>
Divisional Director, Children's Social Care	Strategic	No	98.5%	98.0%	⚠️ Amber

*Performance data trend chart*

*Latest note*



Children with child protection plans require their plans to be reviewed within certain statutory timescales. 98% of such plans were reviewed in a timely manner. Performance surgeries with managers highlight the gaps in the reviews actually taking place as well as delayed recording on the case management system. Performance has improved steadily over the past year. It is expected that the performance will be above the target of 98.5% by Q3.



## M2.5 Children in Need visits

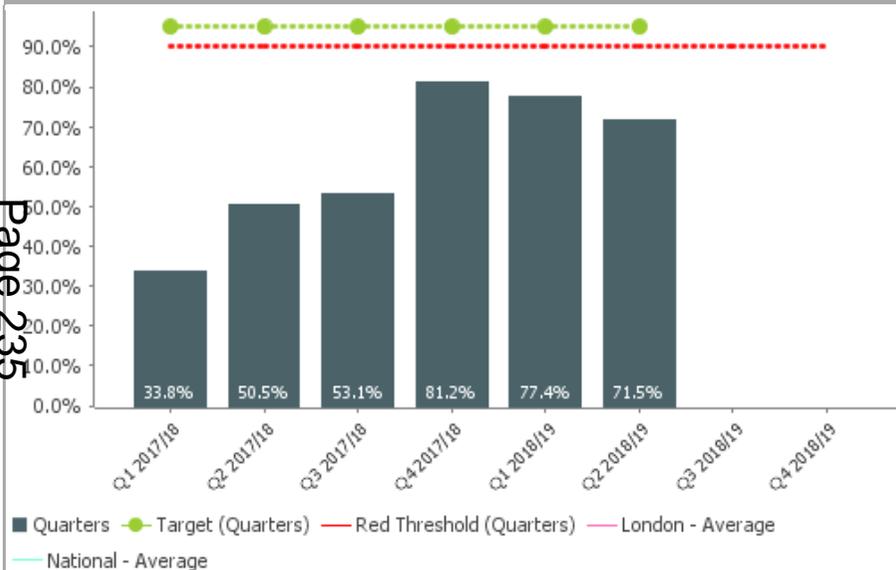
Percentage of Children in Need (CiN) visited within the last 4 weeks

Lead member	Expected Outcome	Last update		Short term trend arrow	Long term trend (DOT)
Cabinet Member for Children, Schools and Young People	Uncertain	Q2 2018/19			
Lead officer	Type	Contextual measure	Target	Actual	RAG rating
Divisional Director, Children's Social Care	Strategic	No	95.0%	71.5%	Red

Performance data trend chart

Latest note

Page 235



Children classified as Children in Need (CiN) are to receive regular visits from their social worker. 71.5% of children had their visits within the previous four weeks as at the end of Q2. Performance surgeries with managers highlight the gaps in the visits actually taking place as well as delayed recording on the case management system. It is not expected that the performance will be above the target of 95% by the end of the year. However, we will continue to monitor closely and challenge staff where performance is not improving.



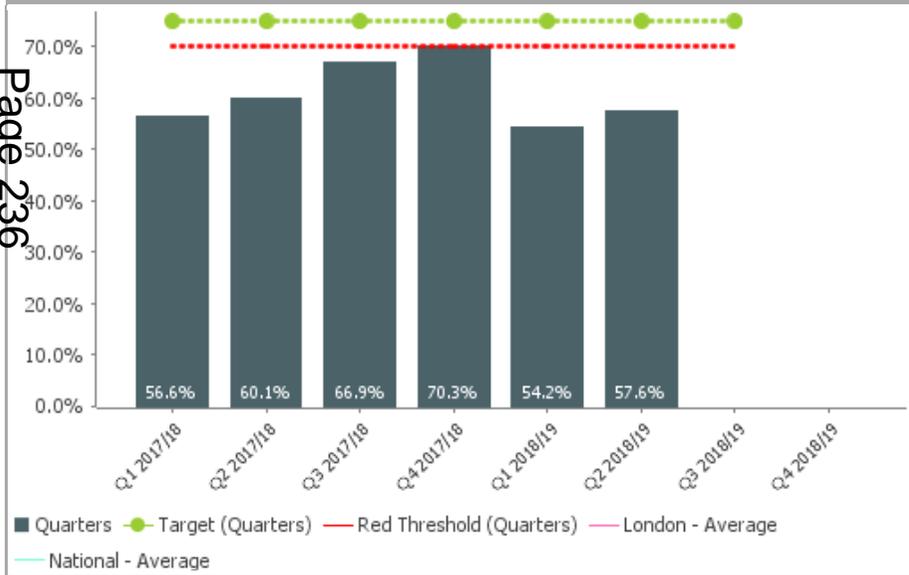
## M2.7 Care leavers in employment, education or training

Percentage of Care Leavers in Employment, Education or Training (EET1) aged 17 to 21

<i>Lead member</i>	<i>Expected Outcome</i>	<i>Last update</i>		<i>Short term trend arrow</i>	<i>Long term trend (DOT)</i>
Cabinet Member for Children, Schools and Young People	Uncertain	Q2 2018/19			
<i>Lead officer</i>	<i>Type</i>	<i>Contextual measure</i>	<i>Target</i>	<i>Actual</i>	<i>RAG rating</i>
Divisional Director, Children's Social Care	Strategic	No	75.0%	57.6%	Red

*Performance data trend chart*

*Latest note*



Young people are supported to continue in Education, Employment or Training (EET) after leaving care. However, as at the end of Q2, only 57.6% of the cohort were in EET which is below the target of 75%. There has been a big drive by Leaving Care Service to ensure the data was up to date as well as performance surgeries with managers tracking the status of care leavers. It is not expected that the performance will be above the target of 75% by the end of the year.

Page 236

## Strategic plan delivery

RAG	Activity	Latest note
▶	<b>Activity 2.1</b> We will redesign services to ensure children and young people are safeguarded effectively and can access the right service at the right time to stop their needs escalating	<p>The Mayor formally launched our new Early Help service on 4 October. The Early Help Hub brings together a number of services to provide early advice and support to families to ensure that we prevent them from entering the more formal stages of our social services.</p> <p>Over the summer, we consulted with young people, parents and community stakeholders over to inform the Q3 youth offer, which is now complete and available for young people to access. We expect that this new offer will broaden the number of young people who benefit from attending youth services and in particular have extended our offer for girls.</p> <p>We are working towards a greater level of integration with Tower Hamlets Clinical Commissioning Group so that in the future we are able to offer more seamless services to young people and their families.</p>
▶	<b>Activity 2.2</b> Improve our engagement with children and young people so they feel empowered and included in decision making	<p>We held a range of engagement and participation events with young people over the summer to help shape the formulation of a new Children and Families Plan. The Youth Service will follow up on themes emerging from the engagement to ensure young people feel their voice has led to real change for them. We are working with the Children in Care Council to develop a Young Commissioners Team which represents the voice of local young people in decision making. We are continuing to see an increase in the use of direct payments, with over £730,000 of support delivered to children with disabilities in 2017/2018 through money given to parents to support their children in bespoke ways.</p>
▶	<b>Activity 2.3</b> Work with partners to formulate a robust and proactive response to all forms of exploitation of children in Tower Hamlets	<p>We have set up Multi-Agency Exploitation Team to work more effectively with the police and others to tackle all forms of exploitation. We now use daily briefings to gather and share intelligence, disrupt perpetrators, and prevent violence and gang related activity. The team is co-located with a gangs co-ordinator, child sexual exploitation co-ordinator, representatives from St. Giles Trust, and more recently the Metropolitan Police gangs unit.</p>
▶	<b>Activity 2.4</b> Develop a social work academy, incorporating our new model of social work, to ensure we have a strong, sufficient and effective	<p>We have been working on the Social Work Academy in association with local universities and this will be launched in Q3 as part of our Safeguarding Month. The Academy will deliver a three year programme to support our newly qualified social workers so that Tower Hamlets becomes one of the best places to be a social worker. The work of our Children's Services Workforce Strategy</p>

RAG	Activity	Latest note
	workforce	Group has converted 11 agency workers to permanent staff in last 3 months compared to 4 conversions last year. Our focussed recruitment campaigns have led to 12 permanent members of staff being successfully recruited in the last quarter. Having more permanent members of staff means that the children and young people we work with experience more continuity, making their lives more stable.



### Outcome 3 People access joined up services when they need them and feel healthier and more independent

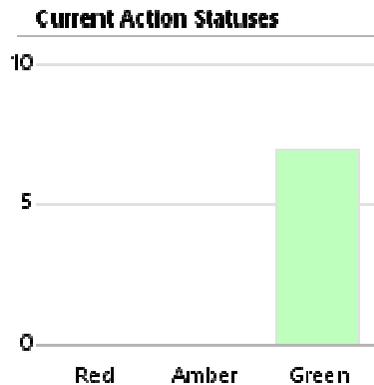
Good health is important for wellbeing but we know that our population experiences some of the lowest healthy life expectancy in the country. Childhood obesity levels in Tower Hamlets are significantly higher than national levels, and there is evidence of widespread nutritional deficiencies. Obesity in adulthood is also prevalent as are conditions such as cancer, circulatory and respiratory disease.

Risky behaviours such as illegal drug use also impact on health and longevity. There are relatively high numbers of residents with a learning disability or with a serious mental health condition. The older population of the borough is relatively small but growing, and we expect demand for social care to increase in future. We want to address the wider determinants of physical and mental health to prevent health issues from occurring. When they do occur, we want to intervene at an early stage and empower people to be as independent as possible. To this end we will promote healthy lifestyles and work to ensure that when people do require care and support, it is readily accessible, of the highest possible standard and personalised to meet individual need. We will work closely with partners in the local NHS through the Tower Hamlets Together (THT) partnership to integrate adult social care, children’s social care and health services to offer more holistic and effective care to residents and to give people greater control over their daily lives and the services they access.

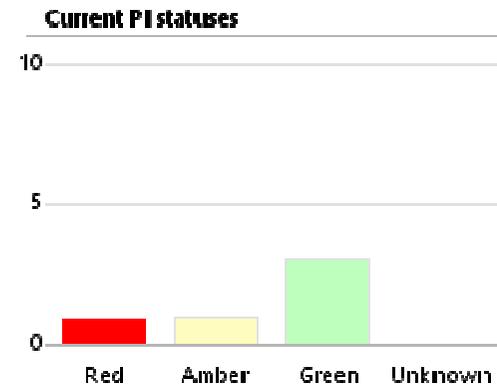
Sporting and cultural activities are also a key to health and wellbeing across all ages and communities and the council will aim to deliver and facilitate programmes and events in good quality, accessible facilities.

#### Status summary for this strategic outcome

Strategic action status chart



Strategic measure status chart



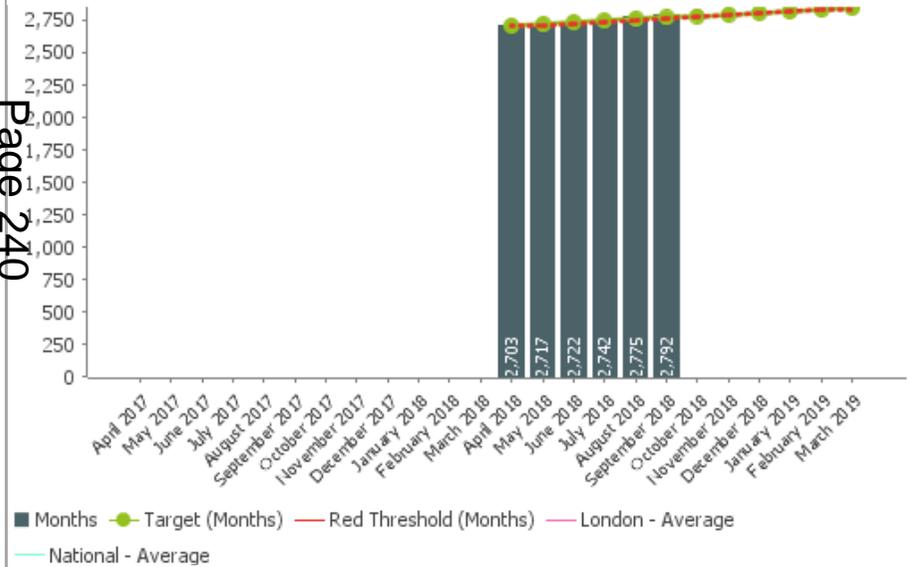


### M3.3 Assistive technology

Total number of residents being supported through Assistive Technology (ASC: SP1)

<i>Lead member</i>	<i>Expected Outcome</i>	<i>Last update</i>		<i>Short term trend arrow</i>	<i>Long term trend (DOT)</i>
Cabinet Member for Adults, Health and Wellbeing		September 2018		↑	↑
<i>Lead officer</i>	<i>Type</i>	<i>Contextual measure</i>	<i>Target</i>	<i>Actual</i>	<i>RAG rating</i>
Divisional Director, Adults Social Care	Strategic	No	2,765	2,792	Green

<i>Performance data trend chart</i>	<i>Latest note</i>
-------------------------------------	--------------------



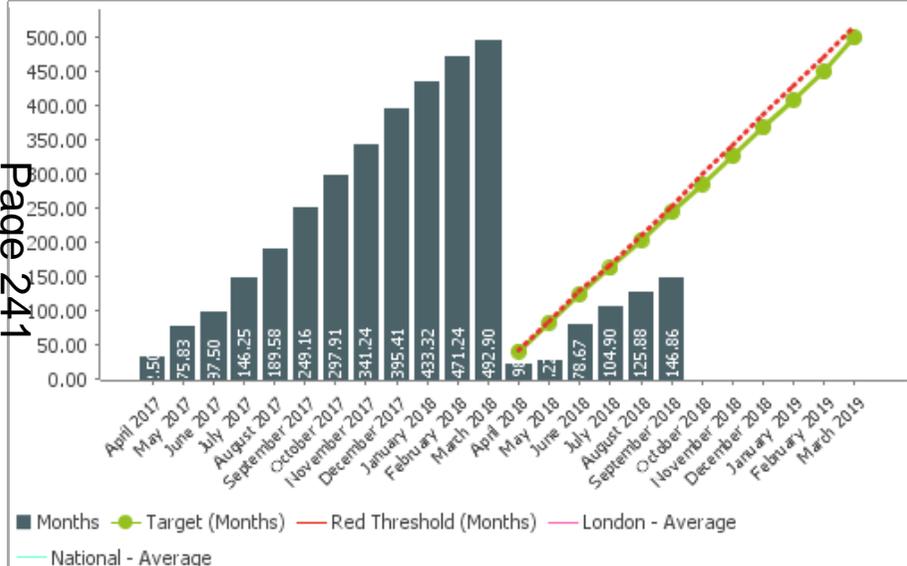
Page 240



### M3.4 Long-term support needs met by admission to residential and nursing care homes, per 100,000 population for 65+ (ASCOF 2A Part 2)

<i>Lead member</i>	<i>Expected Outcome</i>	<i>Last update</i>		<i>Short term trend arrow</i>	<i>Long term trend (DOT)</i>
Cabinet Member for Adults, Health and Wellbeing		September 2018		↑	↑
<i>Lead officer</i>	<i>Type</i>	<i>Contextual measure</i>	<i>Target</i>	<i>Actual</i>	<i>RAG rating</i>
Divisional Director, Adults Social Care	Strategic	No	244.00	146.86	🟢 Green

Performance data trend chart



Latest note

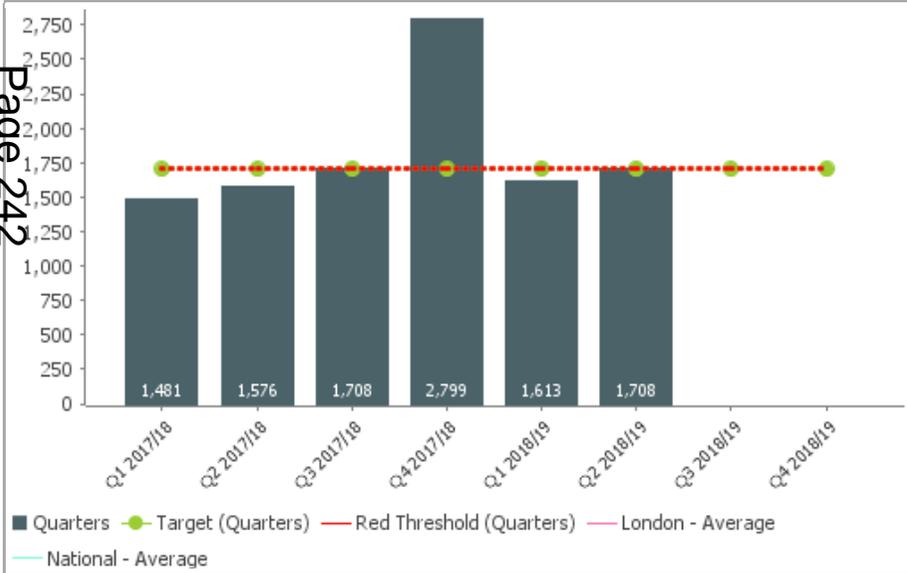
This measure is cumulative and the numbers increase throughout the year, always providing the year to date figure.

**M3.5 Number of NHS Health Checks completed in quarter for patients aged 40-74**

Number of patients that attended the NHS Health Checks during the quarter in the 40-74 age range (PHMO012)

<i>Lead member</i>	<i>Expected Outcome</i>	<i>Last update</i>		<i>Short term trend arrow</i>	<i>Long term trend (DOT)</i>
Cabinet Member for Adults, Health and Wellbeing		Q2 2018/19		↑	↓
<i>Lead officer</i>	<i>Type</i>	<i>Contextual measure</i>	<i>Target</i>	<i>Actual</i>	<i>RAG rating</i>
Director of Public Health	Strategic	No	1,703	1,708	Green

*Performance data trend chart* | *Latest note*



Health checks are delivered through general practices through an enhanced services arrangements that run through the financial year.

For 18/19, Q1 and Q2 outturn has exceeded the quarterly targets and is also better than Q1 and Q2 in previous years

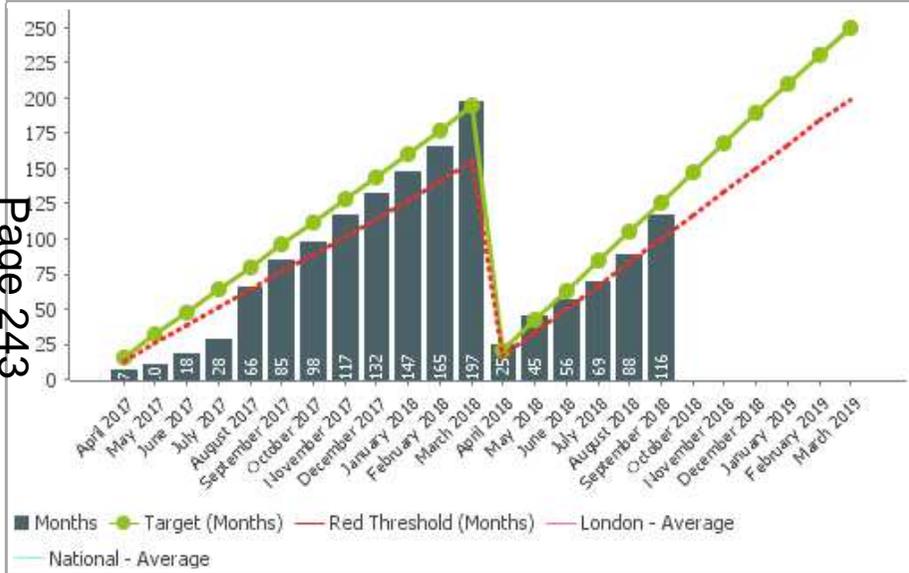
It is also worth noting that Q1 performance in 18/19 was in the upper quartile of performance for London.

### ▲ M3.2 Carer Assessments completed in current year to date

Number of carer assessments completed in the year to date (ASC: AR12)

<i>Lead member</i>	<i>Expected Outcome</i>	<i>Last update</i>		<i>Short term trend arrow</i>	<i>Long term trend (DOT)</i>
Cabinet Member for Adults, Health and Wellbeing		September 2018		▲	▲
<i>Lead officer</i>	<i>Type</i>	<i>Contextual measure</i>	<i>Target</i>	<i>Actual</i>	<i>RAG rating</i>
Divisional Director, Adults Social Care	Strategic	No	126	116	▲ Amber

*Performance data trend chart* *Latest note*



September 2018 marked the first month of a pilot scheme for a new carers assessment. The early results of this scheme are encouraging with more carers assessments completed in September than any other month so far this performance year (Apr 18 – Sept 18). The pilot is on course to be introduced to the wider service by the New Year and it is anticipated that an increase in the number of assessments for carers will be seen as a result of this. Note that the target drops slightly in Feb / March Q4 due to the annual cumulative target being aggregated monthly.

Page 243



### M3.1 Direct Payments

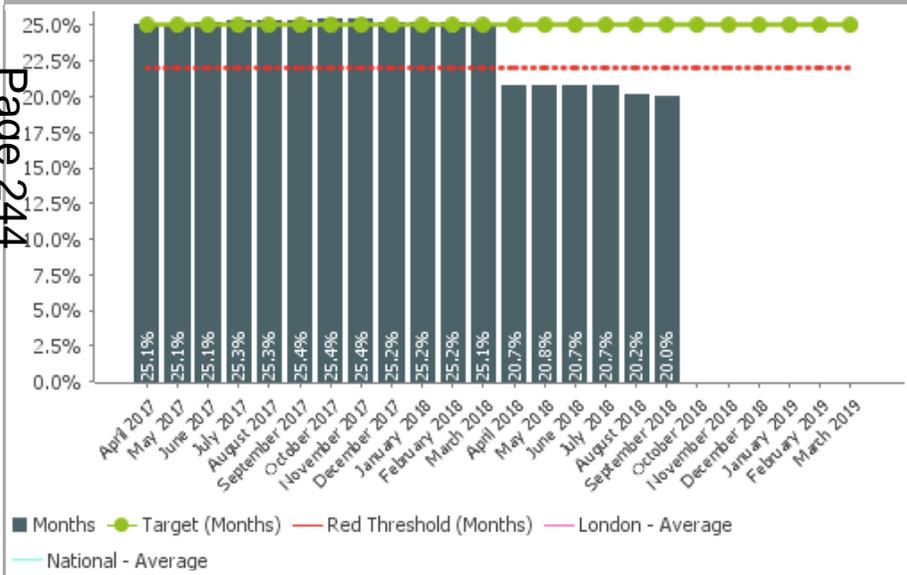
Percentage of service users and carers receiving a direct payment (ASC:1C part 2a)

<i>Lead member</i>	<i>Expected Outcome</i>	<i>Last update</i>		<i>Short term trend arrow</i>	<i>Long term trend (DOT)</i>
Cabinet Member for Adults, Health and Wellbeing		September 2018		↓	↓
<i>Lead officer</i>	<i>Type</i>	<i>Contextual measure</i>	<i>Target</i>	<i>Actual</i>	<i>RAG rating</i>
Divisional Director, Adults Social Care	Strategic	No	25.0%	20.0%	Red

*Performance data trend chart*

*Latest note*

Page 214



The actual number of people receiving direct payments as part of their long term support has remained relatively stable. However, at the beginning of 2018/19 a change was made to the calculation methodology to determine the total number of people receiving long term community based care. The indicator measures the percentage of all long term community care recipients who are receiving direct payments. As a consequence of the increase in the number of overall recipients identified following the change in methodology, the percentage value has decreased.

## Strategic plan delivery

RAG	Activity	Latest note
▶	<b>Activity 3.1</b> We will empower adults social care users and carers by enabling them to exercise greater control over their care and support	We have introduced a simpler and faster Direct Payments process which also allows far more flexibility for service users and carers. We have trained our staff in this new process and are making sure that Direct Payments are always offered as a choice for service delivery. We are also working on issuing pre-payment cards with a long term objective of offering a virtual wallet, giving service users and carers even more options.
▶	<b>Activity 3.2</b> We will further develop the integration of health and social care services and pathways to ensure that people are cared for in the most appropriate setting	We have introduced a simpler and faster Direct Payments process which also allows far more flexibility for service users and carers. We have trained our staff in this new process and are making sure that Direct Payments are always offered as a choice for service delivery. We are also working on issuing pre-payment cards with a long term objective of offering a virtual wallet, giving service users and carers even more options.
▶	<b>Activity 3.3</b> We will support carers to stay healthy and have a life outside caring, preventing unpaid care from breaking down	<p>We have worked with carers in the borough to co-produce a new carers' service which will be the first port of call for all carers in Tower Hamlets. We are piloting a new carers' to better establish what support carers may need and to make sure that our staff have access to this information when carers contact them. We will also be sharing some information on carers with our partner agencies partners to more easily identify carers and give them practical advice on how to find support.</p> <p>We are finalising plans for a new Carers Academy which will help improve carers' well-being, self-care and confidence in continuing to play a vital carers role.</p>
▶	<b>Activity 3.4</b> We will prevent and tackle loneliness and social isolation	Cllr Denise Jones has been designated a champion for older people in the borough and will be leading a Loneliness Taskforce. We are currently finalising plans for this taskforce which will launch in December with the aim of developing new and innovative ways of reducing loneliness.
▶	<b>Activity 3.5</b> We will drive innovation and promote independence by utilising technology to support vulnerable adults and carers	We have seen a 10.3% increase in the number of requests for Assistive Technology in the first six months of 2018/19. This is partly driven by the increase of technology available which has risen from 5 to 12 devices and will further increase when a new device to assist Parkinson's Disease is added to the catalogue. We have recently opened the Independence East demonstration facility to showcase the devices so that people can come and test them. We are finalising plans for a communication programme aimed at carers to inform them of the range of assistive technology

RAG	Activity	Latest note
		options available and the benefits of these.
▶	<b>Activity 3.6</b> We will reduce levels of poor nutrition, overweight, obesity and dental carries in children and young people	We have signed up 48% of primary schools in the borough to the Daily Mile, ensuring children get at least 15 minutes daily exercise each school day, and we are working with London Marathon Events to recruit the other 52%. We have played a key role in setting up a Childhood Healthy Weight Strategy Partnership Board and developed a Tower Hamlets Healthy Weight Strategy both of which will focus on helping the children and adults of the borough to lead healthier lives.
▶	<b>Activity 3.7</b> We will improve our sport, cultural and recreational offer to residents	We coordinated a successful programme of summer activities, which ended in early September 2018, attracting over 19,000 attendances to more than 165 free activities. Our drive to tackle holiday hunger within the borough's most disadvantaged residents has resulted in the delivery of more than 2,000 meals to families, 71% of whom are in receipt of free school meals. Three of our local schools have now been selected to host the School Games. The schools are currently recruiting the school games organisers, who will come into post next quarter.



## Outcome 4 Inequality is reduced and people feel that they fairly share the benefits from growth

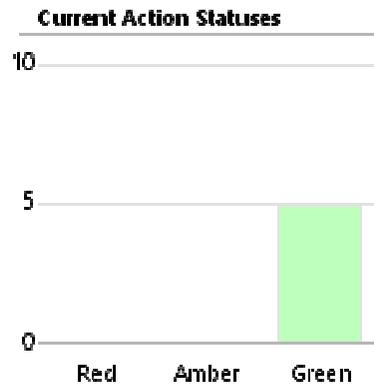
We want our residents to have opportunities and the support they need to be free from poverty and to enjoy the benefits of a prosperous borough. In Tower Hamlets the greatest inequalities are experienced by people in terms of their health, employment and housing. Poverty is often the underlying challenge and close to a third of children are living in families below the poverty line - the highest rate nationally and well above the London average. But people also experience systemic inequalities, needing support to improve their household income and to overcome barriers to having better health, career opportunities and decent housing.

The number of people claiming in work benefits has increased and Welfare Reform is estimated to affect over 40,000 (45 per cent) of all working age households in the borough.[1] Through our Tackling Poverty Fund we will continue to protect those residents struggling to make ends meet and provide more support for schemes to help residents out of poverty and into employment.

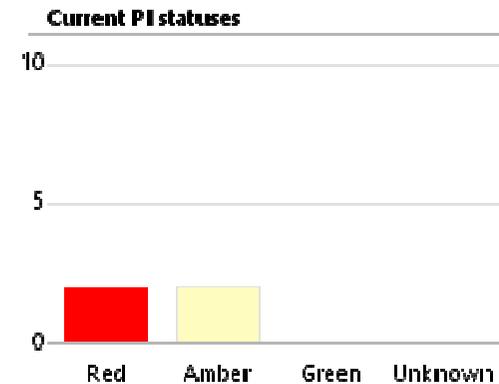
The benefit cap has made it very difficult for workless households to be able to find or maintain affordable accommodation within the borough. We will strive to improve access to affordable housing for residents through our actions to further increase the number of homes. Our adult learning and employment skills offer will include targeted provision for those furthest from the labour market, providing support towards decent employment for those in most need.

### Status summary for this strategic outcome

Strategic action status chart



Strategic measure status chart



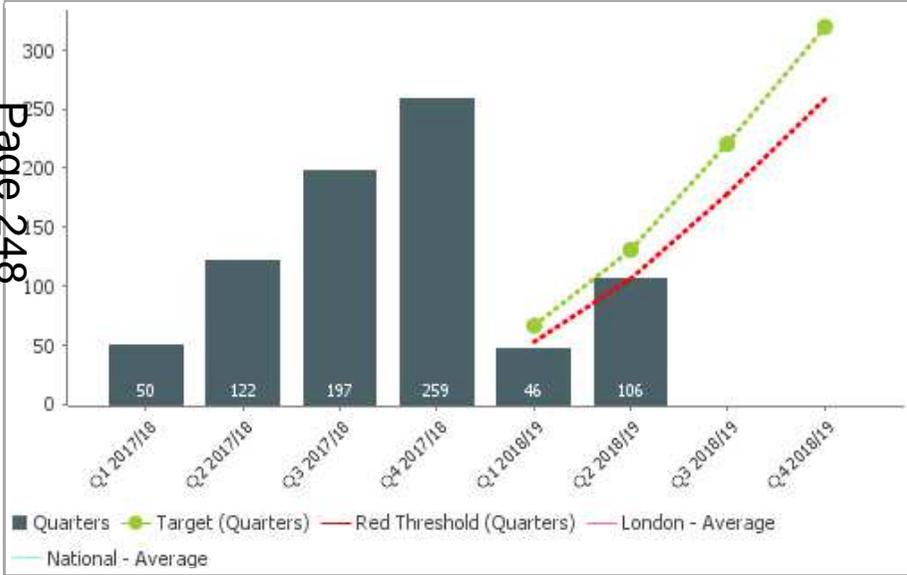
**M4.1 Women supported into work**

Number of women supported into work by the council's WorkPath provision

<i>Lead member</i>	<i>Expected Outcome</i>	<i>Last update</i>		<i>Short term trend arrow</i>	<i>Long term trend (DOT)</i>
Cabinet Member for Work and Economic Growth	⚠️ Uncertain	Q2 2018/19		⬇️	⬇️
<i>Lead officer</i>	<i>Type</i>	<i>Contextual measure</i>	<i>Target</i>	<i>Actual</i>	<i>RAG rating</i>
Divisional Director, Growth and Economic Development	Strategic	No	131	106	⚠️ Amber

*Performance data trend chart*

*Latest note*



This measure is cumulative and the numbers increase throughout the year, always providing the year to date figure.

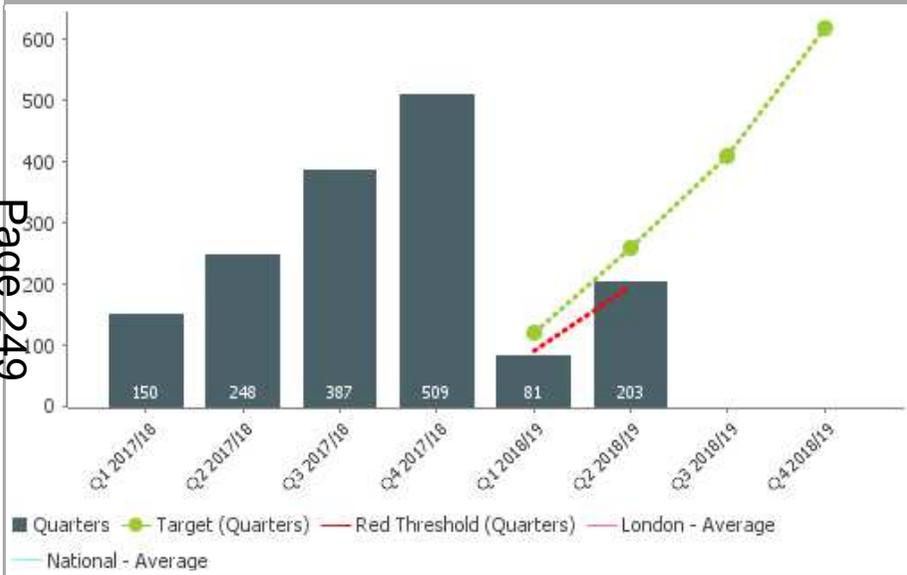
The WorkPath service and wider WorkPath partnership continue to support residents into employment: 106 female residents were supported by the WorkPath partnership provision into sustainable job starts so far this year. 89 were BME females. So far this year, 422 female residents engaged with the service for the first time. A further 31 female residents gained a job through the service; however these jobs do not meet our definition of sustainable.

**M4.2 Residents from BAME backgrounds supported into sustainable work**

Number of residents from BAME backgrounds supported into work by the council's WorkPath provision

<i>Lead member</i>	<i>Expected Outcome</i>	<i>Last update</i>		<i>Short term trend arrow</i>	<i>Long term trend (DOT)</i>
Cabinet Member for Work and Economic Growth	🚩 Uncertain	Q2 2018/19		⬆️	⬇️
<i>Lead officer</i>	<i>Type</i>	<i>Contextual measure</i>	<i>Target</i>	<i>Actual</i>	<i>RAG rating</i>
Divisional Director, Growth and Economic Development	Strategic	No	260	203	🚩 Amber

*Performance data trend chart*



*Latest note*

This measure is cumulative and the numbers increase throughout the year, always providing the year to date figure.

The WorkPath service and wider WorkPath partnership continue to support residents into employment. 203 black and minority ethnic residents were supported by the WorkPath partnership provision into sustainable job starts so far this year. So far this year, 782 BAME residents engaged with the service for the first time. A Somali Community Development Officer has been recruited with to support with engagement and promote ESOL and other opportunities delivered by Idea Store Learning and WorkPath. A further 37 BAME residents gained a job through the service, however these jobs do not meet our definition of sustainable.

Page 249



### M4.3 Adult learning reach

Percentage of Idea Store Learning adult learners who come from the bottom 30% of most deprived postcode areas

Lead member	Expected Outcome	Last update		Short term trend arrow	Long term trend (DOT)
Cabinet Member for Culture, Arts and Brexit	Unknown	July 2018			
Lead officer	Type	Contextual measure	Target	Actual	RAG rating
Divisional Director, Customer Services	Strategic	No	85.0%	79.3%	Red

Performance data trend chart

Latest note

Page 250

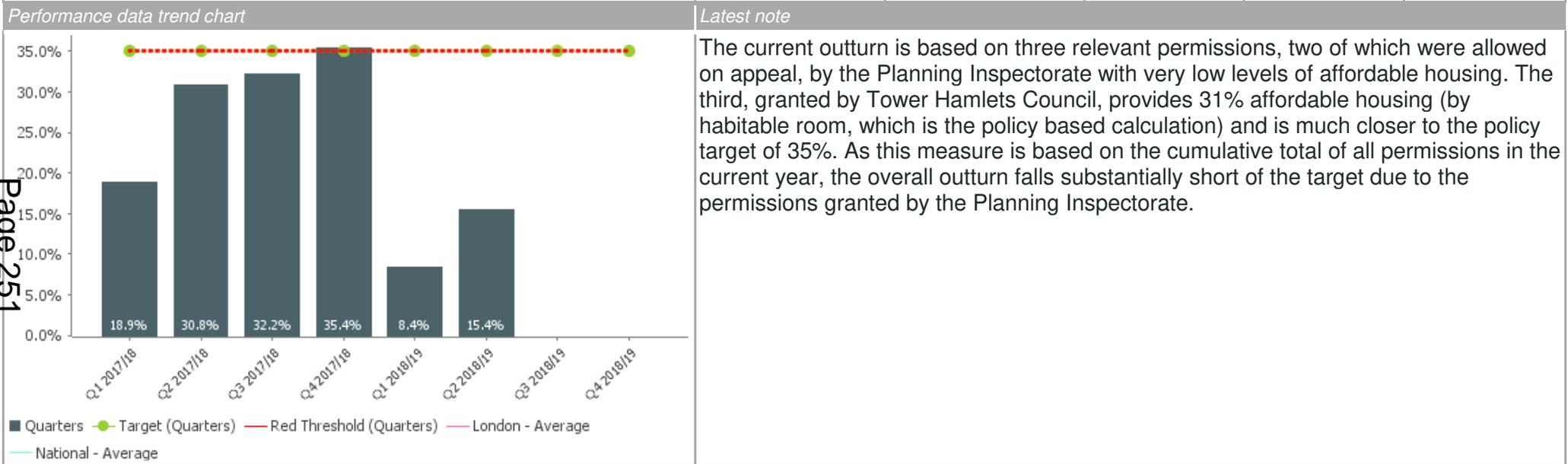


This is a new indicator and the target has been set based on limited historic data. Idea Store learning has some historical data to demonstrate that its impact in 2015/2016 was on a higher proportion of economic disadvantaged residents, which is 74% of learners who came from the bottom three deciles of the English Indices of Multiple Deprivation. This compares favourably with the London Average of 35%. Work will continue throughout the year to target learners.

## M4.4 Affordable housing secured through the planning process

Percentage of affordable housing secured at planning permission stage, from all developments meeting the thresholds for providing affordable housing

<i>Lead member</i>	<i>Expected Outcome</i>	<i>Last update</i>		<i>Short term trend arrow</i>	<i>Long term trend (DOT)</i>
Deputy Mayor and Cabinet Member for Regeneration and Air Quality	⚠️ Uncertain	Q2 2018/19		⬆️	⬇️
<i>Lead officer</i>	<i>Type</i>	<i>Contextual measure</i>	<i>Target</i>	<i>Actual</i>	<i>RAG rating</i>
Divisional Director, Planning and Building Control	Strategic	No	35.0%	15.4%	🔴 Red



## Strategic plan delivery

RAG	Activity	Latest note
▶	<b>Activity 4.1</b> We will launch our in-house advice and support service for households moving to Universal Credit to help them manage the transition more effectively	<p>We have recently set up an in-house advice and support service to assist residents affected by the move to Universal Credit. We will publicise this service when we have agreed the places that we will deliver this service from. This new service will work in partnership with our benefits team to support residents moving to Universal Credit to help ensure they have everything in place for their claim. Where we can, we will work with self-employed residents who may earn less than the minimum wage, to build their business.</p> <p>To help us further understand the impact that Universal Credit has on our residents we have commissioned research which included surveying residents who can share their experiences. We will use this information to improve how we support residents.</p>
▶	<b>Activity 4.2</b> We will run an awareness and engagement campaign for Universal Credit prior to its introduction in relevant postcodes and liaise directly with DWP on complex cases	<p>We are finalising publicity campaigns and events to support residents in the borough who face poverty and financial exclusion.</p>
▶	<b>Activity 4.3</b> We will use our planning powers to secure affordable and accessible housing within new developments	<p>Our new Local Plan sets ambitious affordable and accessible housing targets. The plan has recently been reviewed by a Planning Inspector and we expect to formally adopt it in the spring. At the moment, we continue to assess planning applications against existing policies and where decisions are made by the council, we have successfully secured high levels of affordable housing.</p>
▶	<b>Activity 4.4</b> We will develop a broad adult learning and employment skills offer, including targeted provision for those furthest from the labour market	<p>We have broadened our adult learning offer and our WorkPath service and the wider WorkPath partnership continue to support residents into employment. So far this year 349 sustainable job starts have been recorded, including: 106 female residents; 203 residents were from black and minority ethnic (BAME) backgrounds and 39 young people gained apprenticeships and/or employment through the help of Young WorkPath</p> <p>In addition, 40 residents gained employment through Main Stream Grant recipients, 20 job starts for residents from iTRES (our internal temporary recruitment agency) and 7 residents gained employment through the Somali Graduate programme. 36 learners are attending 'pathway to childcare' or 'pathway to health' skills for life courses.</p>

RAG	Activity	Latest note
▶	<b>Activity 4.5</b> We will deliver the second phase of the Somali Task Force, including the establishment of a community hub with a Somali focus, and deliver a Somali graduate programme	<p>A Somali Task Force was set up last year as part of our drive to reduce inequality in the borough. Twenty Somali volunteers have been recruited to deliver a series of Somali History projects including an arts event and workshops. The showcase event was held recently at the Rich Mix centre with over 120 participants attending.</p> <p>A mentoring project has been set up to help Somali young people into jobs through a Somali Graduate programme. So far this year, 56 graduates have been engaged and we are working with employers to support this programme. To date, 21 graduates have been offered employment support. Granby Hall has been identified as the venue for a new dedicated community space for cultural and community activities – the new venue is scheduled to be completed in August 2019.</p>



## Outcome 5 People live in a borough that is clean and green

We want residents to enjoy a good quality of life in an environment that has a positive influence on everyone's health and wellbeing. To achieve this we must take further strides to improve air quality, reduce carbon emissions, tackle fuel poverty and become a more environmentally sustainable and attractive borough. Poor air quality causes 9,500 early deaths in London every year. In our borough, air quality is primarily affected by traffic fumes and construction. We are committed to improving local air quality by implementing the actions set out in our Air Quality Action Plan.

A new Transport Strategy for the borough will improve transport options and reducing the impacts of traffic on our residents, making our borough one of the best in London for walking or cycling. Through our planning policy we will work to ensure major developments progress towards achieving zero carbon status, and the council's assets and housing stock is being made ever more energy efficient.

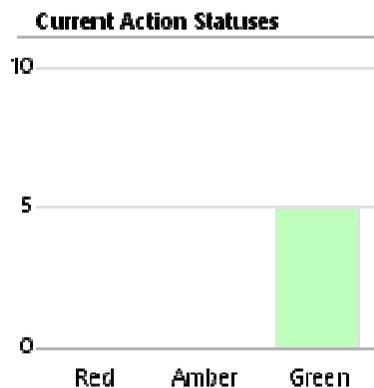
We want the borough to be a clean and attractive place but litter, fly tipping and graffiti on our streets has a detrimental impact on life for residents and visitors. We will tackle these through more efficient and effective services, backed up with investment and enforcement when necessary.

We are committed to improving our recycling rates over the next four years and want to reduce the overall amount of waste produced, at the same time ensuring convenience and value for money in the way that our waste is collected and managed. A new strategic approach for waste management will boost recycling of waste from all sources, including on housing estates, and we will work to achieve zero waste for the borough's markets.

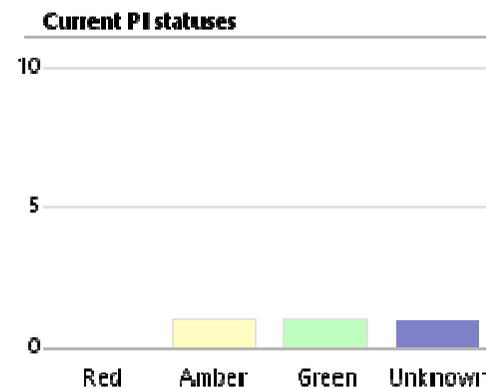
We are committed to protecting and maintaining our parks and open spaces and the council will continue to invest in the public realm to create attractive, liveable, well-maintained neighbourhoods.

### Status summary for this strategic outcome

Strategic action status chart



Strategic measure status chart



Page 25/4



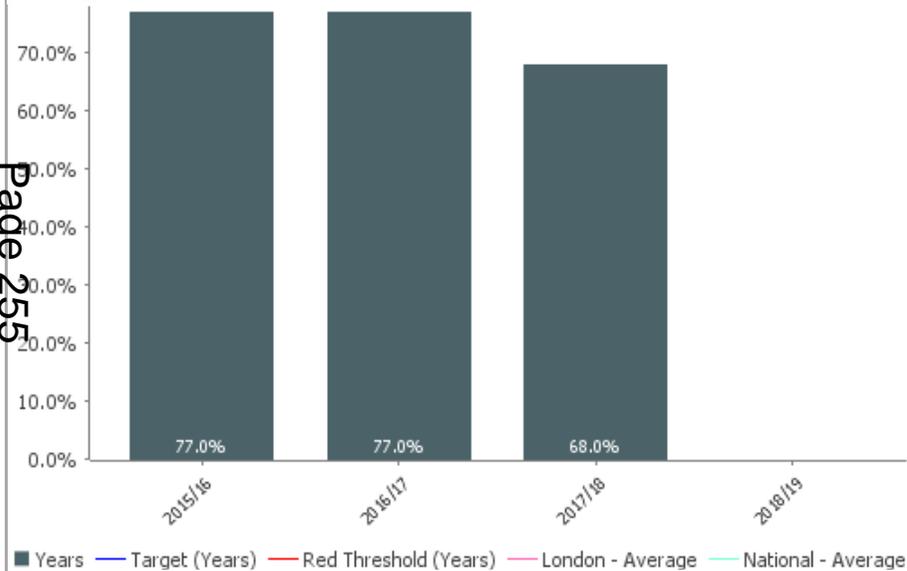
## M5.2 Satisfaction with parks and open spaces

Percentage of residents who rate parks and open spaces as good, very good or excellent

Lead member	Expected Outcome	Last update		Short term trend arrow	Long term trend (DOT)
Cabinet Member for Environment	<input type="radio"/> Not applicable	2017/18		↓	↓
Lead officer	Type	Contextual measure	Target	Actual	RAG rating
Divisional Director, Sports, Leisure and Culture	Strategic	No		68.0%	Data Only

Performance data trend chart

Latest note



Latest outturn relates to the Annual Resident Survey carried out in early 2018 as previously reported to Cabinet.



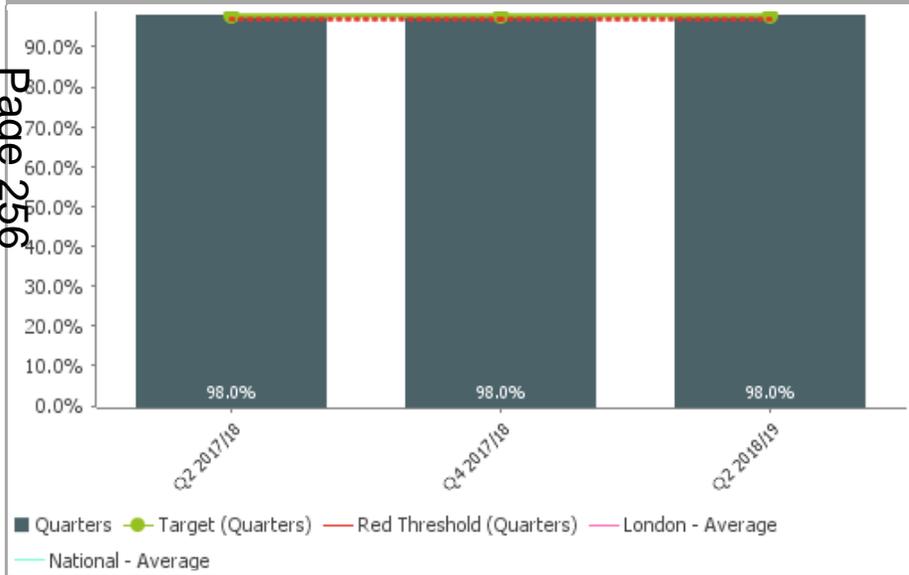
### M5.3 Street litter

The percentage of relevant land and highways that is assessed as having deposits of litter that are of an acceptable level

<i>Lead member</i>	<i>Expected Outcome</i>	<i>Last update</i>		<i>Short term trend arrow</i>	<i>Long term trend (DOT)</i>
Cabinet Member for Environment	✔ Achieved	Q2 2018/19		?	—
<i>Lead officer</i>	<i>Type</i>	<i>Contextual measure</i>	<i>Target</i>	<i>Actual</i>	<i>RAG rating</i>
Divisional Director, Public Realm	Strategic	No	98.0%	98.0%	✔ Green

Performance data trend chart

Latest note



Target achieved.

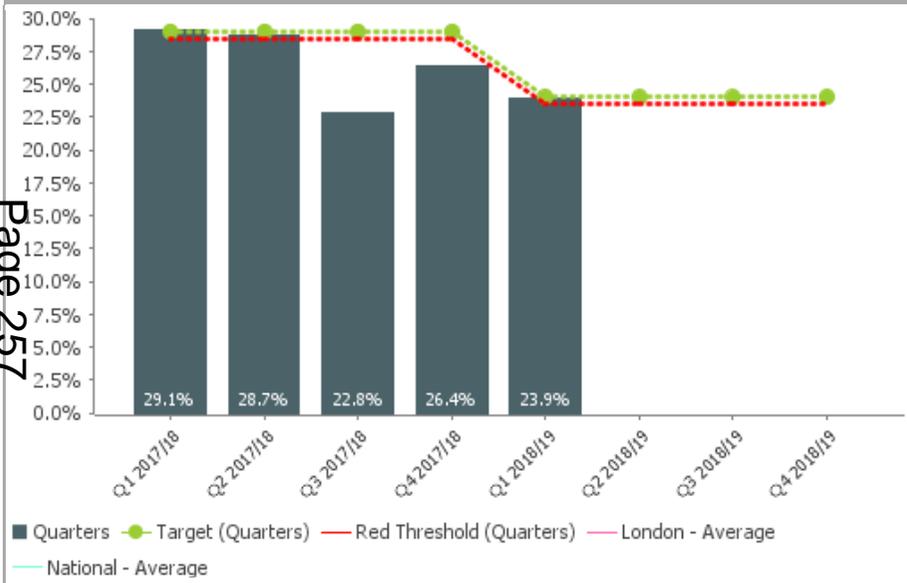
**M5.1 Household recycling**

Percentage of household waste sent for reuse, recycling and composting

<i>Lead member</i>	<i>Expected Outcome</i>	<i>Last update</i>		<i>Short term trend arrow</i>	<i>Long term trend (DOT)</i>
Cabinet Member for Environment	⚠️ Uncertain	Q1 2018/19		⬇️	⬇️
<i>Lead officer</i>	<i>Type</i>	<i>Contextual measure</i>	<i>Target</i>	<i>Actual</i>	<i>RAG rating</i>
Divisional Director, Public Realm	Strategic	No	24.0%	23.9%	⚠️ Amber

*Performance data trend chart*

*Latest note*



Increased population growth has led to increased waste growth but recycling facilities and capture have not grown at the same rate. Residual waste has grown faster than the proportion of recycling thus affecting the recycling rate

We have recently consulted on our new Waste Strategy which seeks to drive waste reduction, re-use and increased recycling. We are finalising our plans for future delivery of waste and recycling services in the borough and will bring these to Cabinet in October. When the current contract with our external waste provider ends, we want to put in place a new ambitious service that can respond more flexibly to changes and help us deliver the Mayor’s ambitious recycling target by 2022.

## Strategic plan delivery

RAG	Activity	Latest note
▶	<b>Activity 5.1</b> We will identify ways to reduce the carbon footprint and emissions from our activities	As part of our retrofitting project for our buildings, we delivered improvements to 17 schools in the borough to reduce carbon emissions. We are looking to secure further funding to roll out our pilot boiler replacement project to more council homes. These projects will help us to deliver on our target set in 2007, of achieving 60% carbon reduction by 2020.
▶	<b>Activity 5.2</b> We will develop a new Transport Strategy for the borough and make our borough one of the best in London to walk or cycle in, improving road safety and delivering a new parking policy	<p>We are implementing a range of initiatives in the borough to reduce the impact of traffic and improve road safety. We have identified 20 neighbourhood areas for improvements which will be delivered between now and 2022, starting with Wapping, Weavers, and Bow areas in this year.</p> <p>We are currently developing some street scene transformation projects, such as traffic calming, for projects outside some of our schools. The aim of this is to encourage more walking and cycling and discourage the use of the private car for dropping off pupils.</p>
▶	<b>Activity 5.3</b> We will implement a range of air quality improvements (including transport technology improvements and the Zero Emissions Network)	In conjunction with Poplar HARCA, and using funding from the Department for Environment, Food and Rural Affairs (DEFRA), we are investigating measures which we can employ to improve air quality in a defined area. As part of this, Poplar HARCA will be retrofitting some of their vehicles from diesel to petrol. Several air quality awareness raising events were held over the summer. We are upgrading our own bus and coach fleet to include more ultra-low emission vehicles and to phase out diesel. So far we have drawn up the design specification for our new vehicles.
▶	<b>Activity 5.4</b> We will deliver a programme of cleanliness, waste and recycling improvements throughout the borough	<p>We have drafted a Waste Management Strategy which is due to be agreed at Cabinet at the end of February. The strategy includes delivery options for our waste and recycling service, including the facilities provided for trade and in our markets. To improve waste improvements on our estates our Waste and Recycling team surveyed 1,100 blocks to undertake an inventory on recycling and bins on site. Over the course of the year we will continue to survey the remaining estates and provide additional bins where a need has been identified.</p> <p>These improvements will help us meeting the Mayor's ambitions to improve recycling rates to 35% by 2022.</p>
▶	<b>Activity 5.5</b> We will improve our public realm including our parks and other open	We have received all tenders for the construction due to take place at Bartlett Park and remain confident that work will begin on site by the end of 2018. We have improved our local, award-

RAG	Activity	Latest note
	spaces, so that they are more attractive and better used	winning parks with the addition of seven outdoor gyms all launched in the summer. We have completed refurbishment schemes for six sites, and have begun consultation on three playgrounds to support more inclusive play for our younger residents. We have worked in partnership with Transport for London and Poplar HARCA to reduce sound pollution on the A12 / Blackwall Tunnel approach. Unfortunately, we have had to delay the development of detailed design work for King Edward Memorial Park due to the extension of the Thames Tideway programme, which means the park will be used for construction for longer.



## Outcome 6 People live in good quality affordable homes and well-designed neighbourhoods

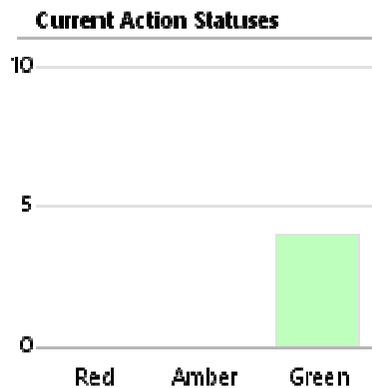
We want the borough to be a place where people are proud to live and enjoy their lives. Accessing good quality, affordable housing is an ongoing challenge in a borough which has a fast growing population, low income levels for many households and a fast growing private rented sector with high private rents and house prices. Maximising the delivery of affordable homes and improving the quality and management across all housing tenures is therefore paramount. We will continue to increase the supply and delivery of affordable homes by building new council housing, supporting the delivery of new housing at affordable rent levels by registered providers, and maximising the number of affordable homes secured through the planning process. We will continue to drive up the quality of housing across all tenures, including the private sector, through increased licensing and enforcement, and will improve standards across social housing through stronger management.

We will refresh our approach to Regeneration, including environmental improvements, across the borough; continuing our programme of estate regeneration and delivering the Better Neighbourhoods Programme, so that growth across the borough is coordinated and shaped in such a way that everyone shares the benefits.

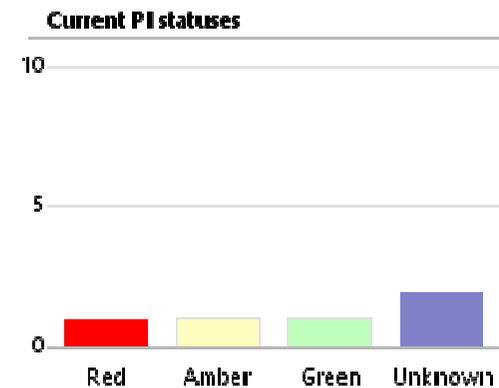
Page 260

### Status summary for this strategic outcome

Strategic action status chart



Strategic measure status chart





## M6.4 Households living in temporary accommodation

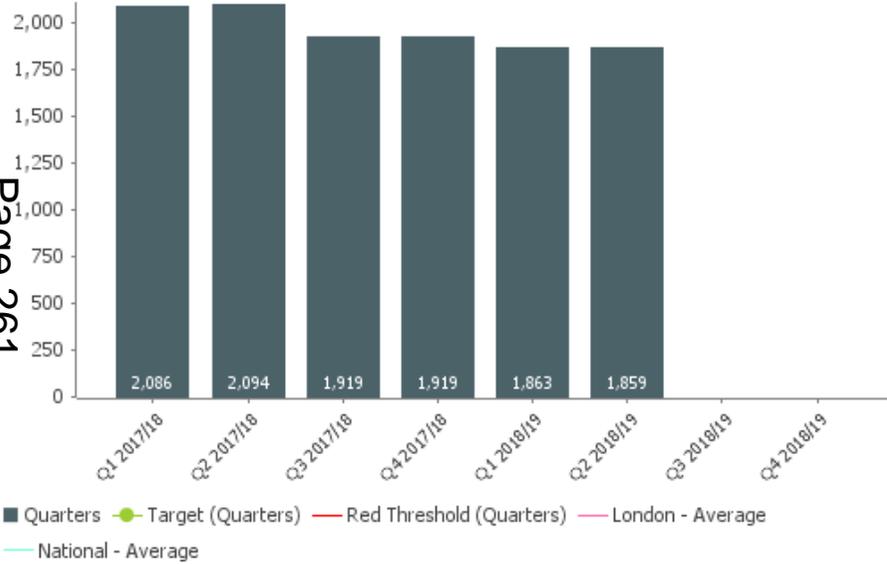
Number of households living in temporary accommodation

Lead member	Expected Outcome	Last update		Short term trend arrow	Long term trend (DOT)
Statutory Deputy Mayor and Cabinet Member for Housing	<input type="radio"/> Not applicable	Q2 2018/19		↑	↑
Lead officer	Type	Contextual measure	Target	Actual	RAG rating
Divisional Director, Housing	Strategic	No		1,859	Data Only

Performance data trend chart

Latest note

No target set due to legal implications



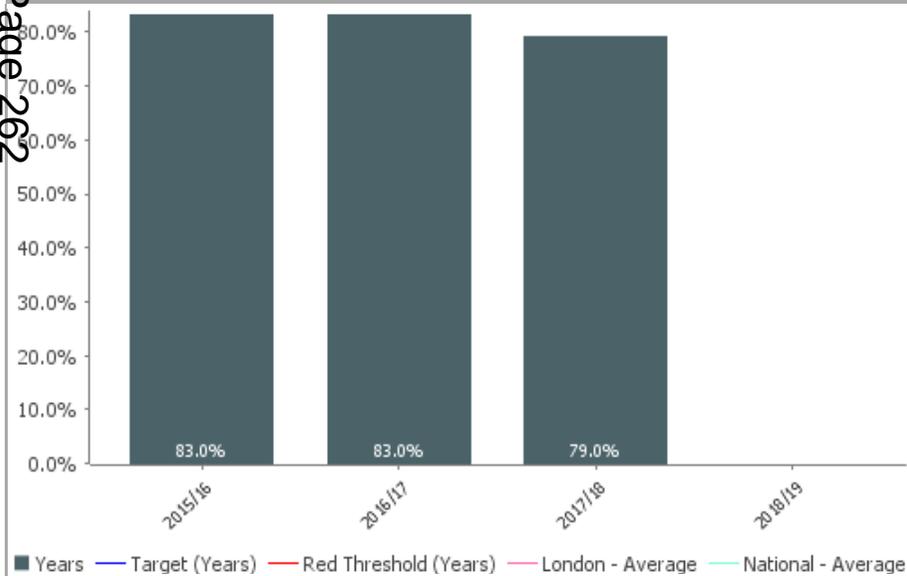


## M6.5 Resident satisfaction with the area

Percentage of residents who are very / fairly satisfied with the area as a place to live

Lead member	Expected Outcome	Last update		Short term trend arrow	Long term trend (DOT)
Cabinet Member for Environment Deputy Mayor and Cabinet Member for Regeneration and Air Quality Statutory Deputy Mayor and Cabinet Member for Housing	○ Not applicable	2017/18		↓	↓
Lead officer	Type	Contextual measure	Target	Actual	RAG rating
Strategic Director, PLACE	Strategic	No		79.0%	Data Only

Performance data trend chart



Latest note

Latest outturn relates to the Annual Resident Survey carried out in early 2018.

Page 262



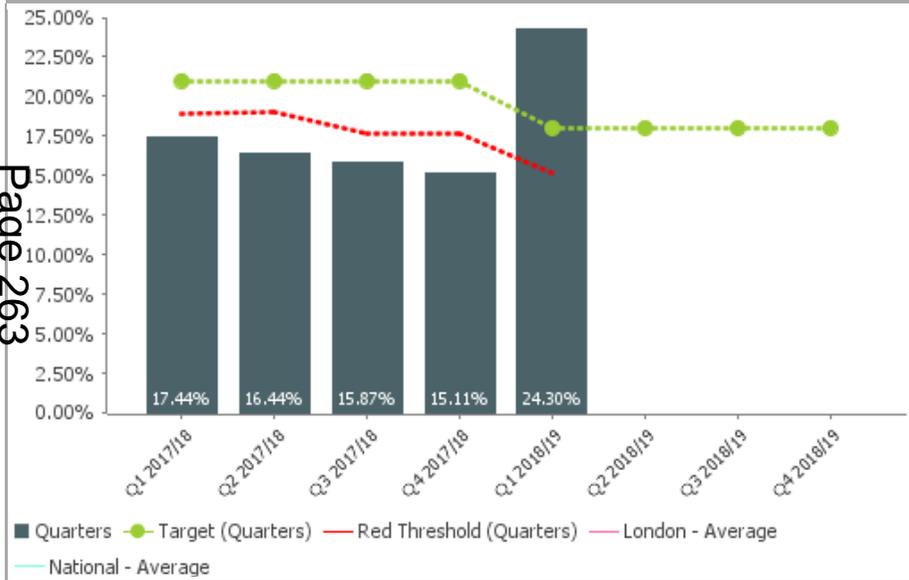
### M6.3 Homeless prevention

The percentage of households who considered themselves as homeless, who approached the local authority housing advice service(s), and for whom housing advice casework intervention resolved their situation

<i>Lead member</i>	<i>Expected Outcome</i>	<i>Last update</i>		<i>Short term trend arrow</i>	<i>Long term trend (DOT)</i>
Statutory Deputy Mayor and Cabinet Member for Housing		Q1 2018/19		↑	↑
<i>Lead officer</i>	<i>Type</i>	<i>Contextual measure</i>	<i>Target</i>	<i>Actual</i>	<i>RAG rating</i>
Divisional Director, Housing	Strategic	No	18.00%	24.30%	Green

Performance data trend chart

Latest note



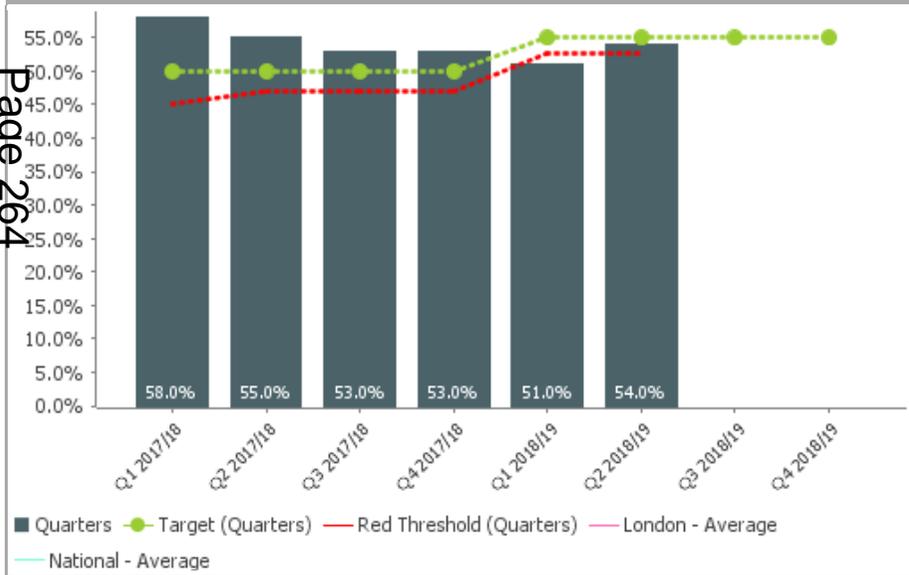
There have been 328 approaches for homeless prevention and 80 preventions recorded. Please note that this data is provisional pending verification by Ministry of Housing, CLG (MHCLG). This is because of technical issues experienced by local authorities because there has been a change in the way homeless prevention is reported to the Ministry of Housing, CLG (MHCLG) resulting from the Homelessness Reduction Act (HRA) which came into effect in April 2018.

**M6.2 Families re-housed from overcrowded lets**

The percentage of families rehoused from overcrowded lets

<i>Lead member</i>	<i>Expected Outcome</i>	<i>Last update</i>		<i>Short term trend arrow</i>	<i>Long term trend (DOT)</i>
Statutory Deputy Mayor and Cabinet Member for Housing	⚠️ Uncertain	Q2 2018/19		⬆️	⬆️
<i>Lead officer</i>	<i>Type</i>	<i>Contextual measure</i>	<i>Target</i>	<i>Actual</i>	<i>RAG rating</i>
Divisional Director, Housing	Strategic	No	55.0%	54.0%	⚠️ Amber

*Performance data trend chart*



*Latest note*

313 out of total of 583 lets. This is an improvement on quarter one and the end of 2017/18 whilst falling just short of the target.

Page 264



## M6.1 Affordable homes

Number of affordable homes delivered (gross)

<i>Lead member</i>	<i>Expected Outcome</i>	<i>Last update</i>		<i>Short term trend arrow</i>	<i>Long term trend (DOT)</i>
Deputy Mayor and Cabinet Member for Regeneration and Air Quality	🚧 Uncertain	Q2 2018/19		⬇️	⬇️
<i>Lead officer</i>	<i>Type</i>	<i>Contextual measure</i>	<i>Target</i>	<i>Actual</i>	<i>RAG rating</i>
Divisional Director, Housing	Strategic	No	582	149	🔴 Red

*Performance data trend chart*

*Latest note*



This measure is cumulative and the numbers increase throughout the year, always providing the year to date figure.

The delivery of 88 affordable units this quarter is a 31% increase upon what was achieved last quarter. The forecast for the overall number of affordable housing for the year has slipped marginally to 844. This is due to movements on a number of schemes, some completing later than forecast, some earlier. There are no actions that the council team can take to influence these construction programme issues, which are developer led. That being said it is hoped that come quarter 4 some schemes currently anticipated for 2019/20 may complete earlier. This could assist in getting back on track for the original annual forecast.

## Strategic plan delivery

RAG	Activity	Latest note
▶	<p><b>Activity 6.1</b> We will increase the supply and delivery of all types of affordable homes, including new council housing, bringing empty properties back into use and making the most effective use of the existing stock</p>	<p>Using Right-to-Buy receipts, we are enabling registered providers to purchase homes, keeping them from being sold on the open market, thus increasing our social housing stock for residents on the housing register. So far this year there have been four purchases.</p> <p>To facilitate self-builders in the borough, we have held a forum for registered self-builders where advice was provided from the Greater London Authority (GLA) small sites team. Nine potential sites for self-building have been identified.</p> <p>Seven new council homes are being built at Locksley Street, Jubilee Street and Baroness Road. We have started to build 53 new council homes at Barnsley Street, and we have submitted a planning application for new homes at Norman Grove.</p> <p>Under occupation of council homes is an issue we are tackling so that we can maximise rehousing opportunities for residents in need of social housing. We are doing this by training our staff to engage with and actively support tenants who wish to downsize.</p> <p>We are talking to home owners of empty properties with the aim of bringing them back into use. The Rating (Property in Common Occupation) and Council Tax (Empty Dwelling) Bill which is currently going through Parliament, has provision to enable councils to use additional Council Tax charges to try to encourage occupations.</p>
▶	<p><b>Activity 6.2</b> We will improve the quality &amp; management of social &amp; private housing in the borough through delivering the Better Neighbourhood programme, supporting housing associations in managing their stock &amp; extending use of licensing &amp; enforcement in the Private Se</p>	<p>With Tower Hamlets Homes, we are delivering a £25.512 million Council Housing Capital Programme. So far, through the Better Neighbourhoods Programme of funding we have spent almost £6.4million (this year's budget is £7.5million). 32 blocks of flats have been completed and a further three blocks are estimated to be completed in December. Other blocks will be refurbished over the remainder of 2018/19 and into next financial year.</p> <p>Following the Grenfell Tower tragedy, we have instigated a range of fire safety improvements in blocks on estates, spending £1.9 million so far this year. We have also strengthened our fire safety regulations for developers.</p>

RAG	Activity	Latest note
		<p>We have been providing support for private renters and landlords comprising of continued promotion of the Private Rented Sector Charter, licensing and enforcement advice, training (including fire safety) and accreditations and landlord forums. So far this year we have improved our website content on this issue and conducted several communications campaigns.</p>
▶	<p><b>Activity 6.3</b> We will deliver a programme of regeneration on the Ocean estate, Blackwall Reach, Chrisp Street and Poplar Riverside</p>	<p>We have started on site of the second phase of the Blackwall Reach development to deliver 268 new homes, and we are now looking at plans to develop the third phase. An information and engagement event was held where future tenants to be rehoused into Phase 2 saw the floorplans for their new homes.</p> <p>Planning permission has now been granted for the regeneration of Chrisp Street Market. Regeneration will include refurbishing current shops, new buildings, and providing a larger market. There are also plans to increase the number of homes including affordable homes, provide a new cinema and restaurants, pocket parks, a new Sure Start centre, a large new community hub and extended Idea Store.</p> <p>Our plans to deliver 225 new homes on the Ocean Estate (site H) have seen six new homes for affordable rent delivered so far. Another 88 affordable rented homes are expected to be completed before the end of March 2019. In the next financial year 29 shared ownership homes will be built. 50 percent of all homes being delivered in this development will be classed as affordable.</p> <p>We are working with partners to get plans in place for developing the Poplar Riverside Housing Zone which will consist of 10 development sites with around over 3,000 new homes in the first phase of development. To improve connections, the plans include options for bridges across the River Lea.</p>
▶	<p><b>Activity 6.4</b> We will manage housing infrastructure pressures through a new Local Plan</p>	<p>Our new draft Local Plan was assessed by the Planning Inspectorate (Examination in Public) during September and October. It is anticipated that the new Local Plan will be adopted in spring/summer 2019.</p> <p>To support our growing population, we have been delivering a number of strategic and local infrastructure projects with the aid of funds from large developers (Local Infrastructure Fund, Community Infrastructure Levy and Section 106). In Poplar Park and Jolly's Green we spent £80k on the construction of new ball games court, new paths, boundary improvements and renewal of</p>

RAG	Activity	Latest note
		tennis courts. In August we used £73k to improve the Victoria Park pool playground. We are spending £5m to improve George Green School sixth form, and £2.9m on Suttons Health Centre.



## Outcome 7 People feel safer in their neighbourhoods and anti-social behaviour is tackled

We want to ensure that residents feel safe in their homes and in the streets of Tower Hamlets. Through the Community Safety Partnership (CSP), we will work closely with the police and other partners to deliver initiatives and actions which improve safety in the borough. The CSP Plan sets out how we will address four key challenges – Anti Social Behaviour (including drugs and alcohol), Violence, Reducing Re-offending and Hate Crime, Community Cohesion & Extremism.

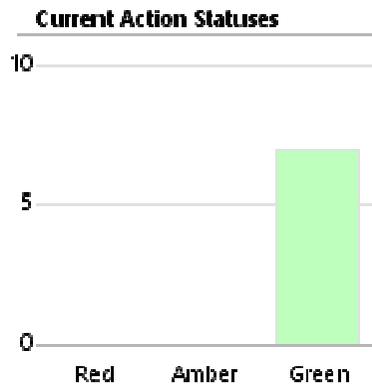
ASB and drug use remain areas of top concern for residents and our response to these problems includes improving reporting arrangements, enforcement action to reduce graffiti, littering, noise nuisance and street drinking, clearer treatment pathways for those with an addiction, and better support for victims. We will target and support offenders to stop re-offending, and take enforcement action against those who refuse our help, working with communities to involve them in solutions.

A Member-led Serious Violent Crime Taskforce will be set up to engage all stakeholders in the fight against serious violent crime, and we will expand the reach of our Rapid Response Service to engage residents aged 18-24 who are at risk of gang involvement.

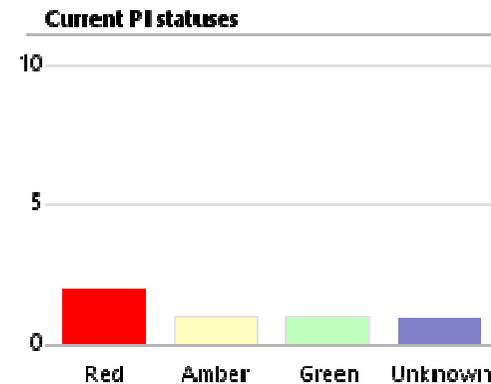
Whilst many of our residents agree that people from different backgrounds get on well together, the borough has seen increases in levels of hate crime in particular racist and religiously motivated hate crimes over the last two years. Our work to promote cohesion, such as the No Place for Hate campaign, will continue and we will provide support and protection for victims, including the publication of a Violence Against Women & Girls (VAWG) Charter.

### Status summary for this strategic outcome

Strategic action status chart



Strategic measure status chart





### M7.3 Anti-Social Behaviour resolution

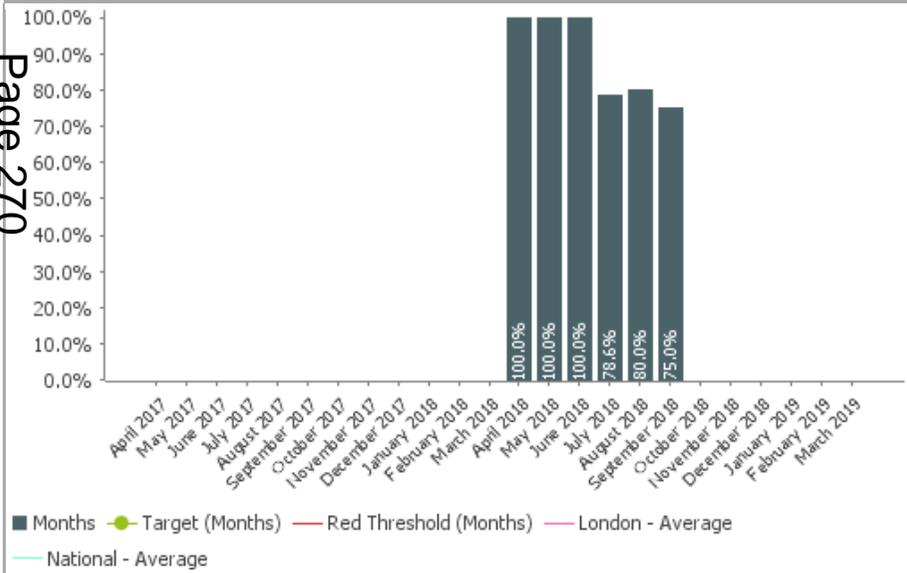
Percentage of Anti-Social Behaviour (ASB) investigations closed, which have resulted in a positive outcome

Lead member	Expected Outcome	Last update		Short term trend arrow	Long term trend (DOT)
Deputy Mayor and Cabinet Member for Community Safety and Equalities	<input type="radio"/> Not applicable	September 2018		↓	↓
Lead officer	Type	Contextual measure	Target	Actual	RAG rating
Divisional Director, Public Realm	Strategic	Yes		75.0%	Data Only

Performance data trend chart

Latest note

Page 270

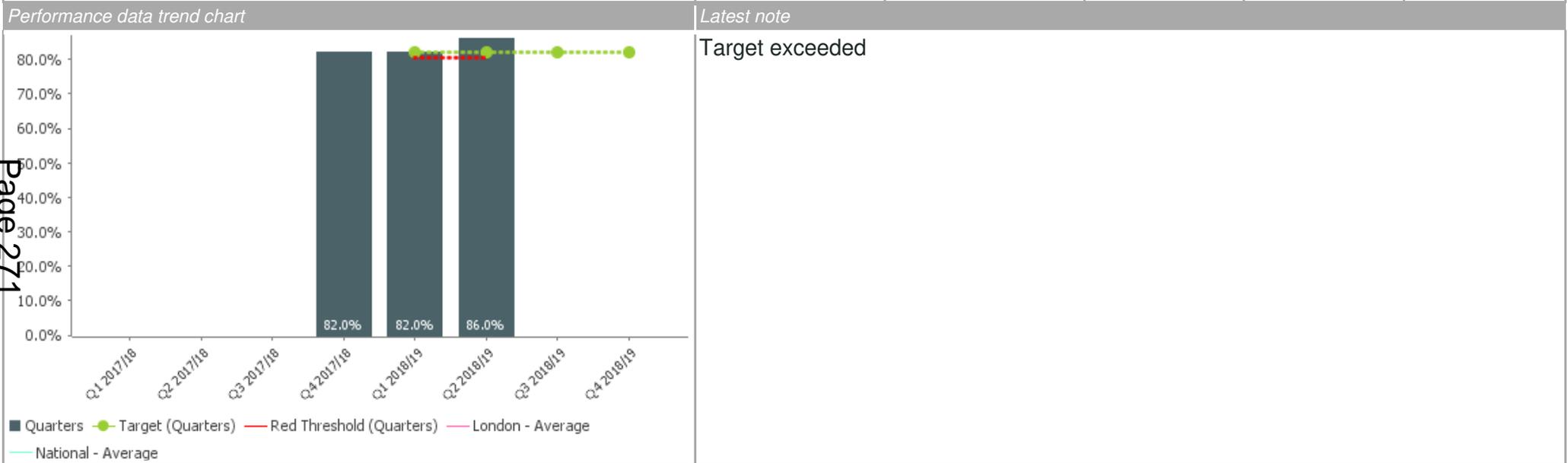




### M7.4 Satisfaction with victim support services

Percentage of victims of violent crime, including hate crime, who were satisfied with the victim support they received

Lead member	Expected Outcome	Last update		Short term trend arrow	Long term trend (DOT)
Deputy Mayor and Cabinet Member for Community Safety and Equalities	On target	Q2 2018/19			
Lead officer	Type	Contextual measure	Target	Actual	RAG rating
Divisional Director, Community Safety	Strategic	No	82.0%	86.0%	Green



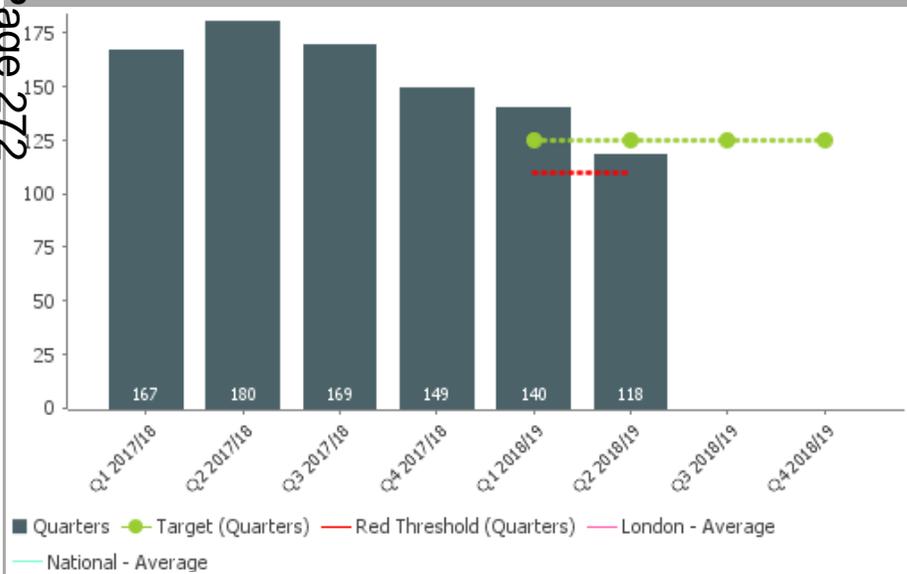


## M7.5 Residents causing drug or alcohol related crime or ASB required to engage in treatment programmes via criminal or civil orders

Number of people (residents) causing drug or alcohol related crime or Anti-Social Behaviour (ASB) required to engage in structured treatment programmes via criminal or civil orders

Lead member	Expected Outcome	Last update			Short term trend arrow	Long term trend (DOT)
Deputy Mayor and Cabinet Member for Community Safety and Equalities	Uncertain	Q2 2018/19				
Lead officer	Type	Contextual measure	Target	Actual	RAG rating	
Divisional Director, Community Safety	Strategic	No	125	118	Amber	

Performance data trend chart



Latest note

The main reason for not meeting this target is the drop in trigger offence arrests of residents who would be referred to the service by the Metropolitan Police. There have been fewer arrests as well as fewer drug tests of those arrested. In addition, only 6 out of 41 of the applications made for criminal behaviour orders with positive requirements to engage in treatment have been granted. It should be noted that whilst non-TH residents are also subject to the testing / required assessment process, they are not included in the numbers reported.

Page 272



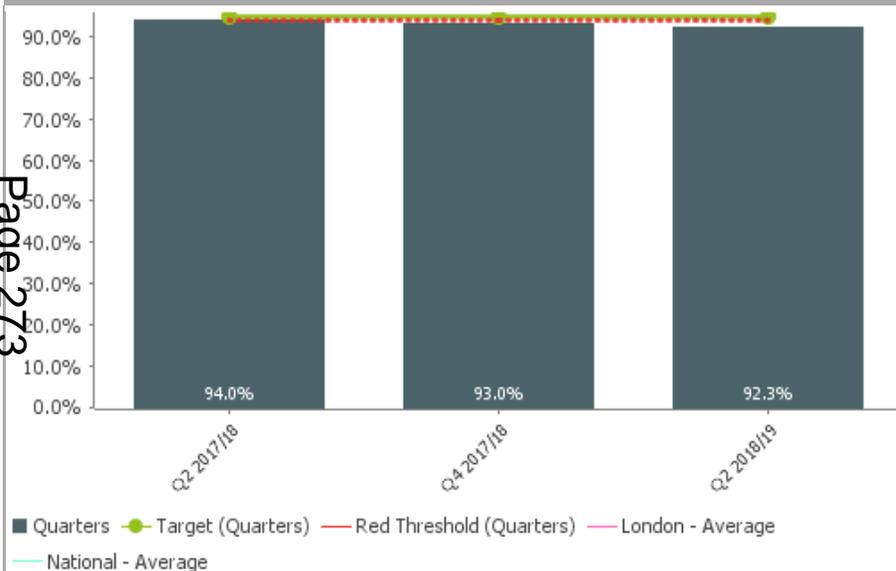
## M7.1 Level of graffiti

Improved street and environmental cleanliness - graffiti percentage

Lead member	Expected Outcome	Last update			Short term trend arrow	Long term trend (DOT)
Deputy Mayor and Cabinet Member for Community Safety and Equalities	Uncertain	Q2 2018/19				
Lead officer	Type	Contextual measure	Target	Actual	RAG rating	
Divisional Director, Public Realm	Strategic	No	95.0%	92.3%		Red

Performance data trend chart

Latest note



In the most recent survey, a number of streets surveyed in the Spitalfields and Whitechapel areas did not meet the expected standard and as a consequence, the overall borough target has not been achieved. We are using the findings of the most recent survey to target resources in areas with higher levels of graffiti. We are reviewing our approach to tackling graffiti.



## M7.2 Reoffending by young people

Percentage of proven reoffending by young people

<i>Lead member</i>	<i>Expected Outcome</i>	<i>Last update</i>		<i>Short term trend arrow</i>	<i>Long term trend (DOT)</i>
Cabinet Member for Children, Schools and Young People	Uncertain	Q2 2018/19			
<i>Lead officer</i>	<i>Type</i>	<i>Contextual measure</i>	<i>Target</i>	<i>Actual</i>	<i>RAG rating</i>
Divisional Director, Youth and Commissioning	Strategic	No	41.3%	50.7%	Red

*Performance data trend chart*

*Latest note*



We have recently changed the way we report the reoffending rate by young people and have aligned our strategic indicator to the way the national indicator is collected and measured. As a consequence, having moved from a 12 month rolling reporting, to three monthly reporting, the data will see greater fluctuations quarter to quarter. The data indicates that the reoffending rate has increased over the past two quarters and so has the actual number of young people in the cohort.

Operationally, we consider the national indicator alongside local reoffending analysis data, including in comparison with neighbouring borough's Youth Offending Teams. We analyse links between reoffending and we are putting in place a more comprehensive support package for young people at risk of reoffending. This includes our recent focus on Education, Employment and Training and Employment (ETE) to help offer all young people on live Youth Offending Team orders access to EET, which can then directly reduce the a young person's risk of reoffending.

## Strategic plan delivery

RAG	Activity	Latest note
▶	<b>Activity 7.1</b> We will work with partners to tackle all violence including domestic abuse, serious youth violence and violence against women and girls	We delivered the Mayor's Violent Crime Summit in September which brought together key partners to discuss complex violence issues including knife crime. Our strategy for Ending Gangs, Groups and Serious Youth Violence will be replaced by a broader strategy on violence, vulnerability and exploitation.
▶	<b>Activity 7.2</b> We will provide support and protection for victims	Earlier in the year, we set up a multi-disciplinary panel to help social workers deal with the most difficult safeguarding cases. This is now fully up and running. We are now refreshing our Violence Against Women and Girls (VAWG) strategy and are running a Domestic Violence One Stop Shop weekly with improved awareness leading to increased survivor drop in. The community multi-agency risk assessment conference (MARAC) is also a valuable resource to address situations where a vulnerable adult is indicated to be involved in anti-social behaviour.
▶	<b>Activity 7.3</b> We will publish a VAWG Charter setting out the rights of victims and the local support available	We have co-produced a Violence Against Women and Girls (VAWG) Charter residents and partners and will formally launch it by November 2018. Alongside the launch, we will run a communications campaign to inform residents of the support available in the local area.
▶	<b>Activity 7.4</b> We will extend the reach of our Rapid Response Service to better engage with those at risk of involvement in gang related violent crime	We are extending the reach of the Rapid Response Service to include work with young adults. We are currently developing the new service, engaging with young adults to inform the service. Our staff are attending a ten week training course to develop their skills in working with young adults.
▶	<b>Activity 7.5</b> We will work with partners and the community to tackle crime and anti-social behaviour associated with the illegal supply of drugs and the misuse of alcohol, including treatment of those with an addiction	There are currently 11 officers (1 Sergeant and 10 Constables) within the Partnership Task Force with an agreement for a further 13 to be supplied when staff shortages in other departments of the Metropolitan Police ease. The MARAC (see 7.2 above) started in July 2018 and has managed 23 cases to date, with a Community Mental Health Service Manager from East London Foundation Trust attending as the mental health expert. The Drug Intervention Programme (DIP) has played a crucial role in attaining 5 civil injunctions with positive requirements against drug users who commit anti-social behaviour, calling for them to engage in treatment. 800 members of the public have also used the Tower Hamlets website 'Report It' function to report anti-social behaviour within their local community so far this year.
▶	<b>Activity 7.6</b> We will work with partners to reduce	The Stop and Think programme has been successfully transferred to the Streetlight project as a

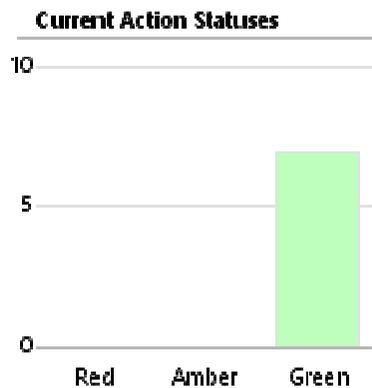
RAG	Activity	Latest note
	re-offending, focussing particularly on offences that have a big impact on the communities' feelings of safety and security	self-funding initiative and monthly sessions are delivered.
	<b>Activity 7.7</b> We will work with partners to address hate crime, tackle extremism and promote community cohesion in the borough	Our No Place For Hate (NPFH) campaign has over 3,000 pledges to date from people who have said they will stand up to hate. We have recruited a new cohort of NPFH Champions alongside a specialist LGBT Champion. We have hosted two Prevent Community Round Table discussions and our Prevent 2018/19 delivery plan incorporates all of the recommendations and learning of the February 2018 Home Office Peer Review.

**Outcome 8 People feel they are part of a cohesive and vibrant community**

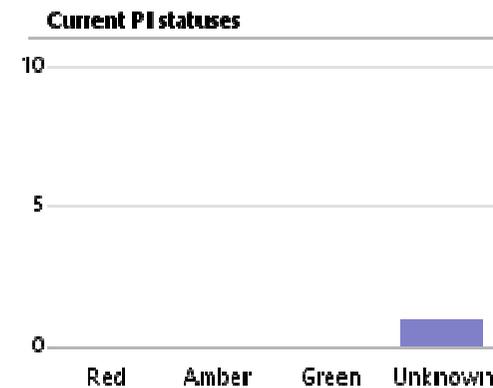
Our diversity is a source of great strength and something to be celebrated and nurtured, but it also presents us with challenges. Whilst 86% of residents say that people from different backgrounds get on well together, people have also told us that different communities in the borough lead ‘parallel lives’. There is a growing focus on social integration both nationally and regionally; the Government released its Integrated Community Strategy Green Paper and the Mayor of London released its own social integration strategy for London in March this year. We welcome this and will be developing our local approach to community cohesion to build one community which reflects the national and regional strategies as well as local needs and priorities. Through this, we will work to build and sustain a culture of mutual respect and active engagement, where people look out for one another, and where there are real opportunities to understand and appreciate our differences so that they don’t become barriers. We will welcome new communities moving into the borough; support them by offering advice, guidance and ESOL support; and help them with opportunities to volunteer in their local areas so that feel a part of the community. We will ensure that the role of Eastend women is celebrated and identify further steps to improve gender equality. We will support a range of events to bring together people from our diverse community.

**Status summary for this strategic outcome**

*Strategic action status chart*



*Strategic measure status chart*



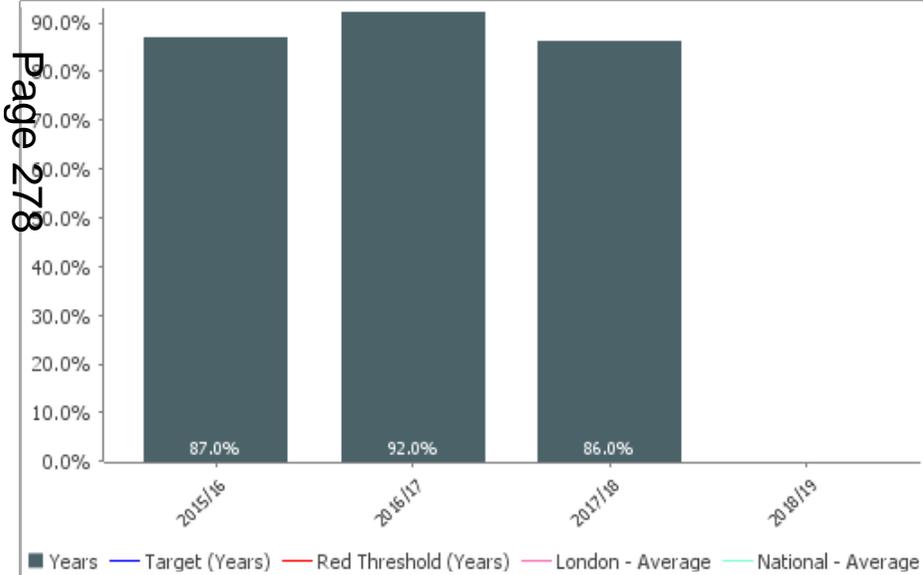


### M8.1 Community cohesion

Percentage of people from different backgrounds who get on well together

Lead member	Expected Outcome	Last update		Short term trend arrow	Long term trend (DOT)
Deputy Mayor and Cabinet Member for Community Safety and Equalities	<input type="radio"/> Not applicable	2017/18		↓	↓
Lead officer	Type	Contextual measure	Target	Actual	RAG rating
Divisional Director Strategy, Policy and Partnership	Strategic	Yes		86.0%	Data Only

Performance data trend chart	Latest note
------------------------------	-------------



Latest note

Latest outturn relates to the Annual Resident Survey carried out in May 2018.

Page 278

## Strategic plan delivery

RAG	Activity	Latest note
▶	<b>Activity 8.1</b> We will work with local communities to bring people together to celebrate the diverse cultures of our borough and promote community cohesion	<p>In the summer, we held two events, one in Aldgate East and one in Mile End. These events brought residents from different backgrounds together to improve their neighbourhoods, with over two hundred residents attending. Other events designed to improve community cohesion included co-producing mosaic based art; heritage photography walks; bat walks and food centred projects for parents of infants in early years to learning about food from different cultures. Feedback from these events was positive with the majority of residents feeling that they were more able to influence decisions in their local area; that they enjoyed mixing with people from different backgrounds; and that they cared more about their local community.</p>
▶	<b>Activity 8.2</b> We will work with faith communities to improve mutual understanding, increase tolerance and strengthen links between different faith communities and people of no belief	<p>We engage with faith communities through the Tower Hamlets Interfaith Forum (THIF) and other faith-based organisations, to identify and address the support needs of faith communities. So far this year, we have hosted two THIF meetings where participants discussed topics including local hate crime, the local delivery of the Prevent anti-terrorism agenda providing the community with a voice and enabling the groups to provide reassurance to the wider community. The council facilitated THIF to hold its AGM where since the first time since its formation, a female Muslim representative was voted onto the steering group.</p> <p>We have commissioned a ‘faith in schools’ programme of events with the aim of enabling pupils to develop a shared sense of belonging, a positive appreciation of diversity and strong and positive relationships with others from different faith backgrounds. It will also train sixth form students to deliver the project in primary schools. The project started in September 2018 and will be delivered over three years.</p>
▶	<b>Activity 8.3</b> We will actively engage with LGBT residents to improve service provision and representation	<p>We engage with the LGBTQI+ community through the LGBTQI+ forum. The forum holds regular monthly meetings and manages an online virtual forum with 1,390 people following across the social media platforms. The forum discusses areas of concern and includes a member of the borough’s Tension Monitoring Group. A number of organisations are engaging with the forum including Positive East, Stepforward, Let Voice Be Heard, the Royal London A&amp;E staff and patient LGBT group, Opening Doors, Queen Mary University LGBT society, and Trans Support Group.</p> <p>So far this year, we have supported a number of events and activities including International Day</p>

RAG	Activity	Latest note
		Against Homophobia, Bi-phobia and Trans-phobia (IDAHOBIT) (3 events attended by 104 people) and Bi-Diversity Day (33 people attending) in May and Pride (3 events attended by over 1,000 people) in July. Planning is now underway for events for LBGTQI+ History Month (in February) and World Aids Day (in December).
▶	<b>Activity 8.4</b> We will work with residents to develop a strategic approach to cohesion and social integration that meets local needs including funding work to address the impact of development on community cohesion	We are developing a Community Cohesion Framework to promote equality, increase participation in community life and improve relationships between people from different backgrounds. It is expected to be completed in March 2019.
▶	<b>Activity 8.5</b> We will roll out a programme of support for refugees and new migrants to help them play a fuller role in the borough, reducing barriers between new and existing residents	We have recently commissioned the Bromley-by-Bow Centre to produce a 'Welcome to Tower Hamlets' information pack for new migrants to the borough. They will also engage with new migrants, providing information and support to access a range of services. Eighty eight new migrants have been enrolled on English language proficiency pre-ESOL and ESOL classes running in the East and West of the borough. In the new year we will be offering volunteering opportunities to new migrants.
▶	<b>Activity 8.6</b> We will actively monitor and tackle emerging tensions and issues within and between communities including those generated by hate crimes and or extremism	With our partners we have established a Tension Monitoring Group (TMG) which meets on a regular basis to proactively discuss cohesion related tensions in the borough and to inform measured and unified preventative actions and responses. Since the 1st April, there have been several instances where the group has met at short notice because there has been an incident with the potential of raising community tensions, for example spikes in crime, acid attacks, an anti-Semitic tweet, and a potential visit by well-known right-wing extremist.
▶	<b>Activity 8.7</b> We will celebrate the history and heritage of the borough and all its people	In July, we hosted the Boishaki Mela, which was attended by over 45,000 people. We supported community events in our parks and open spaces and eleven of these community events received funding from the Event Fund small grants programme. Our Local History Library and Archives Service hosted a successful exhibition celebrating the contribution of Tower Hamlets women to the Suffrage movement. Over the summer we carried out outreach work for Black History Month and collated a programme of community events planned for October 2018. This included planning and outreach work for Diwali (due in Q3), Holocaust Memorial Day, Chinese New Year (due in Q4) as well as a Martyrs' Day celebration planned for Q3/4.



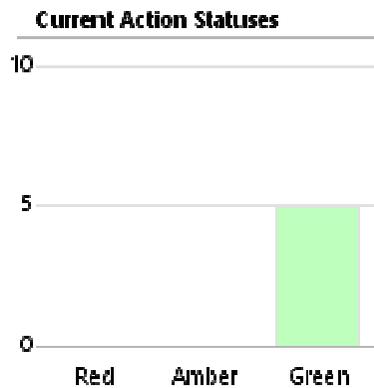
## Outcome 9 People say we are open and transparent putting residents at the heart of everything we do

We want our services to be accessible to all our residents including those who face inequality. We will redesign our services around our customers' needs, consolidating and simplifying the way we do things and embracing technology to make the most of our resources. We are investing in making our infrastructure fit for purpose, and by improving our web site and digital service we plan to support a shift from phone and face-to-face customer contact to online contact and transactions. This transfer will make information about the council and its services more open and transparent and enable us to focus our attention on better supporting our more vulnerable residents.

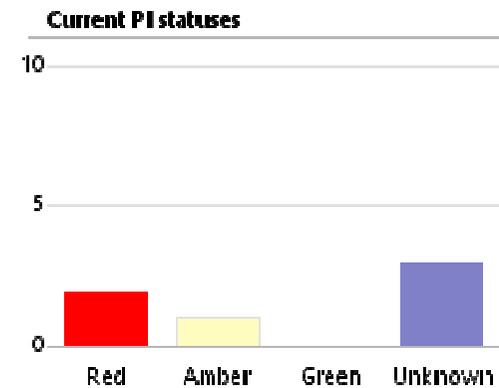
Our Community Engagement Strategy 2018-21, developed with our partners and the wider community, seeks to enable strong, active and inclusive communities who can influence and shape the borough in which they live and work.

### Status summary for this strategic outcome

Strategic action status chart



Strategic measure status chart



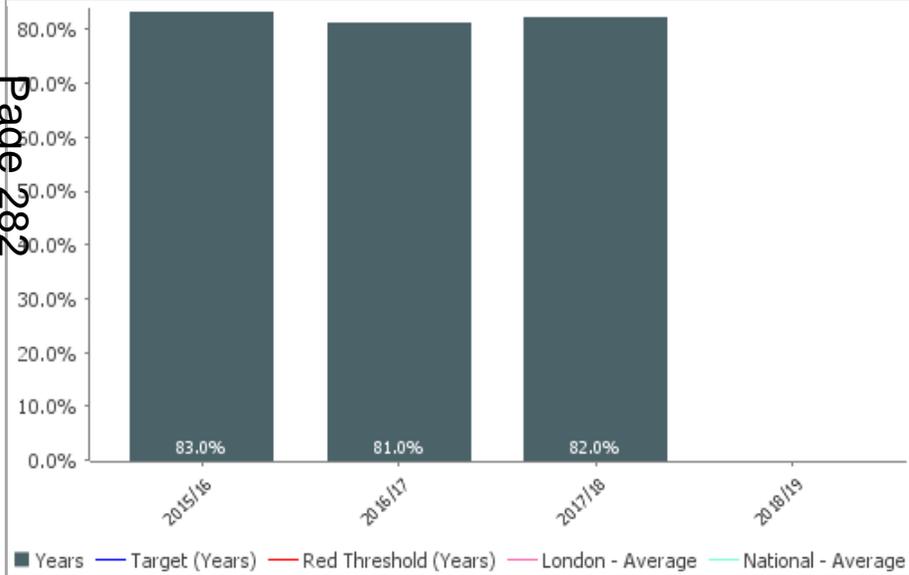


### M9.3 User satisfaction with libraries and Idea Stores

Percentage of users who rate libraries and Idea Stores as good, very good or excellent

Lead member	Expected Outcome	Last update		Short term trend arrow	Long term trend (DOT)
Cabinet Member for Culture, Arts and Brexit		2017/18		↑	■
Lead officer	Type	Contextual measure	Target	Actual	RAG rating
Divisional Director, Customer Services	Strategic	Yes		82.0%	Data Only

Performance data trend chart



Latest note

Latest outturn relates to the Annual Resident Survey carried out in early 2018.

Page 282



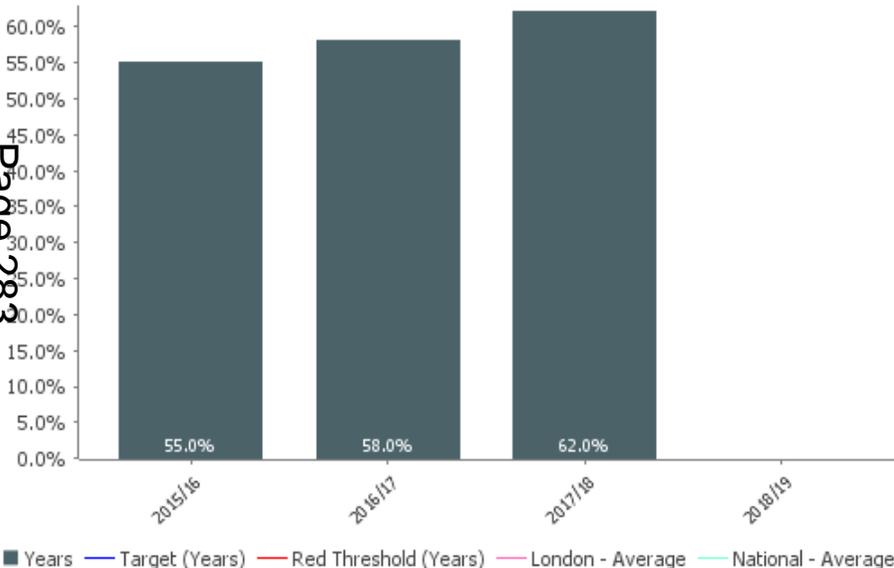
## M9.4 Resident satisfaction that the council involves residents when making decisions

Percentage of residents who agree a great deal or to some extent with the statement 'the Council involves residents when making decisions'

Lead member	Expected Outcome	Last update		Short term trend arrow	Long term trend (DOT)
Executive Mayor	○ Not applicable	2017/18		↑	↑
Lead officer	Type	Contextual measure	Target	Actual	RAG rating
Chief Executive	Strategic	No		62.0%	Data Only

Performance data trend chart

Latest note



Latest outturn relates to the Annual Resident Survey carried out in early 2018.

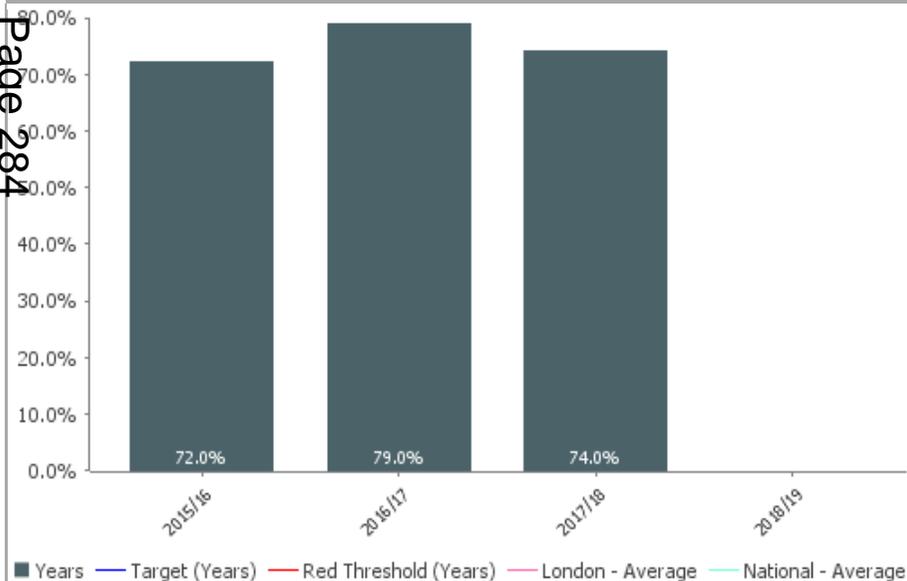


## M9.5 Resident trust in the council

Percentage of residents who feel able to influence decisions in their local community (ARS04)

Lead member	Expected Outcome	Last update		Short term trend arrow	Long term trend (DOT)
Executive Mayor	○ Not applicable	2017/18		↓	↓
Lead officer	Type	Contextual measure	Target	Actual	RAG rating
Chief Executive	Strategic	No		74.0%	Data Only

Performance data trend chart



Latest note

Latest outturn relates to the Annual Resident Survey carried out in early 2018.

Page 284

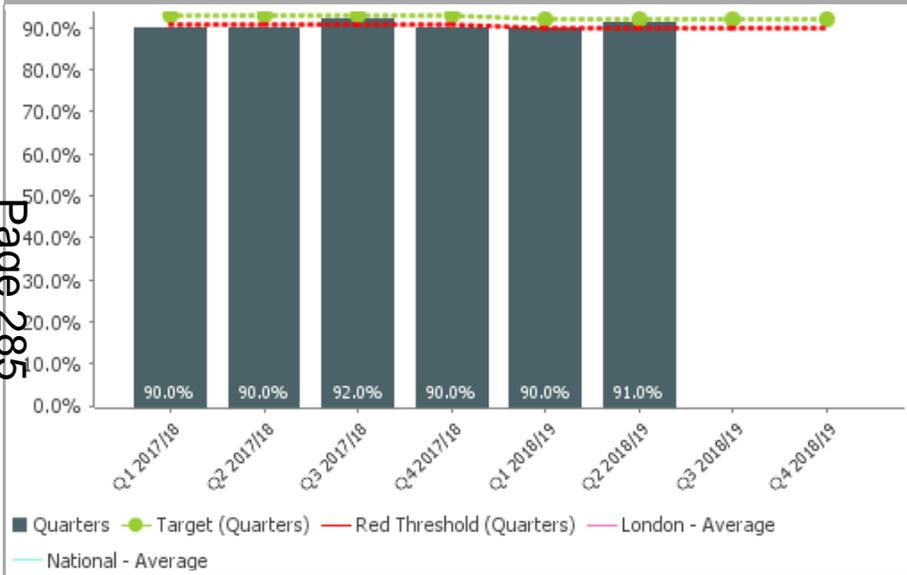
**M9.1 Customer satisfaction**

Percentage of overall customer access satisfaction (telephone contact)

<i>Lead member</i>	<i>Expected Outcome</i>	<i>Last update</i>		<i>Short term trend arrow</i>	<i>Long term trend (DOT)</i>
Cabinet Member for Culture, Arts and Brexit	▶ On target	Q2 2018/19		↑	↑
<i>Lead officer</i>	<i>Type</i>	<i>Contextual measure</i>	<i>Target</i>	<i>Actual</i>	<i>RAG rating</i>
Divisional Director, Customer Services	Strategic	No	92.0%	91.0%	⚠ Amber

*Performance data trend chart*

*Latest note*



Telephone customer satisfaction exceeds the minimum expectation and falls just short of the target of 92%. 1,898 customers took the customer satisfaction survey between July and September. 1,736 rated our response as 'good', 125 rated our response as 'average', and 37 as 'poor'.



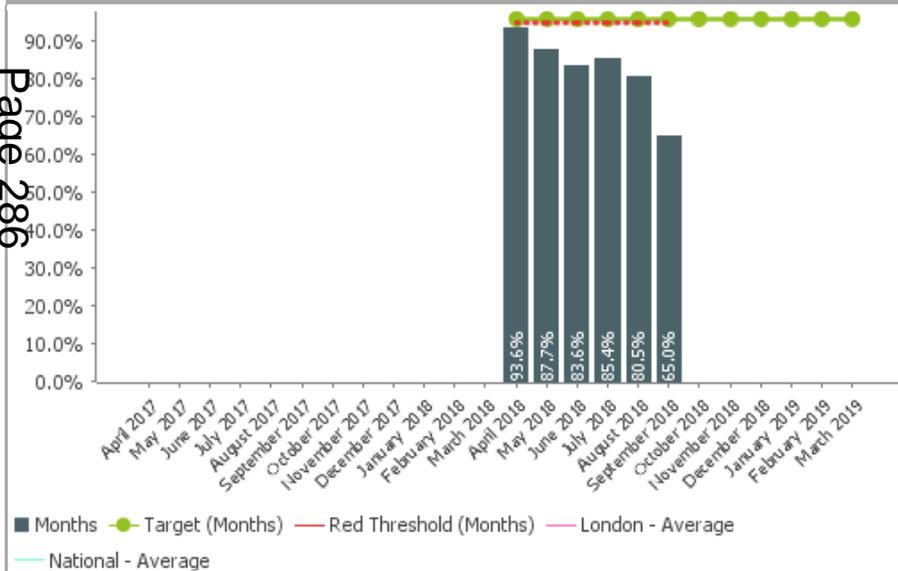
## M9.2 Freedom of Information requests

Percentage of Freedom of Information requests responded to on time

Lead member	Expected Outcome	Last update		Short term trend arrow	Long term trend (DOT)
Executive Mayor	Uncertain	September 2018			
Lead officer	Type	Contextual measure	Target	Actual	RAG rating
Head of Information Governance	Strategic	No	96.0%	65.0%	Red

Performance data trend chart

Latest note



Performance has fallen for a variety of reasons, including changes in personnel and staff shortages leading to some directorates failing to respond in a timely fashion. We are working with individual directorates and services to improve response rates and also clear a backlog of overdue requests. This will mean that the month of October is likely to have poor performance while the backlog is cleared. Performance is expected to be on target by the end of March 2019.

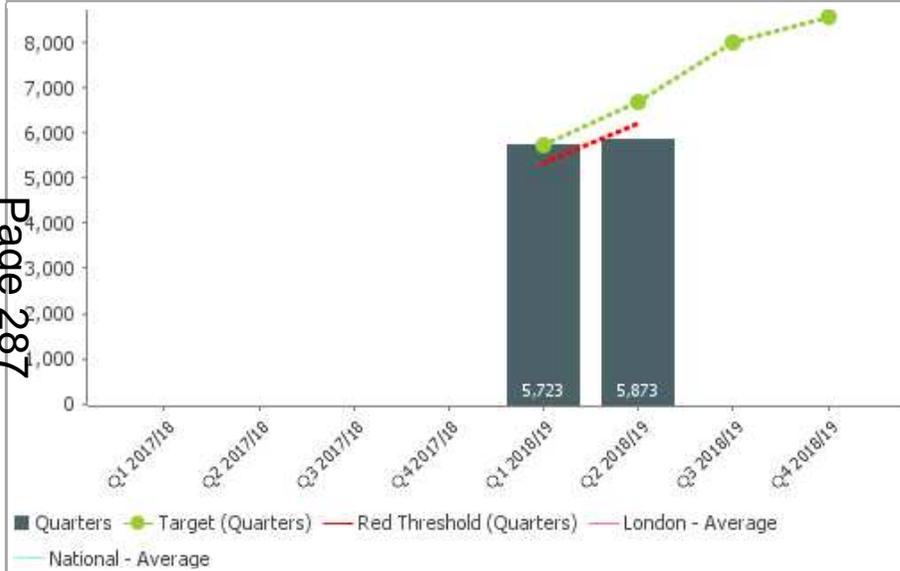


## M9.6 Subscribers to the Council newsletter

The number of residents subscribed to the Council email newsletter

<i>Lead member</i>	<i>Expected Outcome</i>	<i>Last update</i>		<i>Short term trend arrow</i>	<i>Long term trend (DOT)</i>
Executive Mayor	🚩 Uncertain	Q2 2018/19		⬆️	⬆️
<i>Lead officer</i>	<i>Type</i>	<i>Contextual measure</i>	<i>Target</i>	<i>Actual</i>	<i>RAG rating</i>
Divisional Director, Communications and Marketing	Strategic	No	6,677	5,873	🔴 Red

<i>Performance data trend chart</i>	<i>Latest note</i>
-------------------------------------	--------------------



Newsletter audience numbers fell significantly across local government after the introduction of the new General Data Protection Regulation earlier this year. However, while our audience might now be smaller, it is significantly more engaged than in recent years. The quarter saw an average of 51% of email newsletters being opened by recipients. We have appointed an officer to drive engagement and growing the size of our newsletter audiences. Utilising all digital and physical channels, cross-channel promotion, specific campaigns/drives through events and competitions; and ensuring the content of the newsletter is engaging and structured in the best possible way. Work is underway to develop a pop-up sign-up message on the website and have a sign-up message as part of registering to join Idea Stores.

## Strategic plan delivery

RAG	Activity	Latest note
▶	<b>Activity 9.1</b> We will redesign our services around our customers' needs, consolidating and simplifying the way we do things	We are currently developing a new digital customer services plan which will detail how we will simplify our services so that it is easier and quicker for customers to undertake transactional activities with us – for example, registering a birth or death, booking a wedding ceremony, sorting out parking permits, applying for housing benefit or reporting an environmental issue. In addition to this, we are also making it easier for customers to contact the council by phone so that when we have completed this work there will be one contact number rather than the 17 hotlines that currently exist.
▶	<b>Activity 9.2</b> We will improve our customer services by increasing the availability of digital transactions and services, making it easier to contact us by telephone, and provide a greater range of services at our Idea Stores	We are finalising the design and testing of a council service kiosk (Local Presence kiosk) and will trial it at Idea Store Whitechapel in December. This will allow residents to access a wider range of services online than currently available. After this trial, we will roll out this facility to our other Idea Stores.
▶	<b>Activity 9.3</b> We will provide citizens with the skills and tools which will empower and enable community participation	We have developed a Community Insight Network with the aim of improving the way we engage with residents and draw on their skills, knowledge and expertise to improve our services and outcomes. We two events for the network and have released one Community Insight newsletter. We have developed a Community Insight Research Framework and we have recruited four Community Insight Researchers, alongside a Community Insight Research Co-ordinator.
▶	<b>Activity 9.4</b> We will identify and use community assets including the skills, knowledge, experience and enthusiasm of residents to shape our priorities and services	<p>We have made a commitment in the Community Engagement Strategy 2018-21 to work with residents to shape priorities and services.</p> <p>We are changing the way we fund voluntary and community sector organisations so that they are funded according to the improved outcomes we want to achieve. We are working closely with the voluntary and community sector to develop the new Local Community Fund Programme together through co-production. To help prepare organisations to bid for funding for this new programme we are running a series of training and support events</p> <p>We are also working with local voluntary and community groups to develop a new partnership group called Co-operate where the council and the VCS can discuss how we work better together</p>

RAG	Activity	Latest note
		to meet the needs of local residents.
▶	<b>Activity 9.5</b> We will deliver a comprehensive learning and development programme for Councillors and provide them with the right tools to support effective decision making	All councillors have received an extensive Member Induction programme of training following the local elections in May. Training includes ethics and probity; corporate parenting and safeguarding of children; Prevent counter terrorism; civil contingencies; dealing with constituency case issues on a range of subject issues such as homelessness, housing, planning and parking. In addition, the Centre for Public Scrutiny has delivered training on a range of topics including effective questioning and chairing skills.



## Outcome 10 The council works collaboratively across boundaries in strong and effective partnerships to achieve the best outcomes for our residents

We want to be an effective and efficient council delivering best value across all of our services. We will root out duplication to reduce cost and complexity so that we focus on the things that really matter to our residents.

We will work collaboratively with the Tower Hamlets Strategic Partnership to improve outcomes for local people by pooling our resources and skills and delivering excellent public services. Through the new Tower Hamlets Plan we will focus on tackling inequality by building a strong, inclusive and fair borough with a focus on four themes of good jobs and employment, strong, resilient and safe communities, better health and well-being and a better deal for children and young people.

We will enter into coproduction where we share resources and decision making in an equal and mutual relationship, bringing together professionals, service users, and their families and neighbours to design and deliver public services.

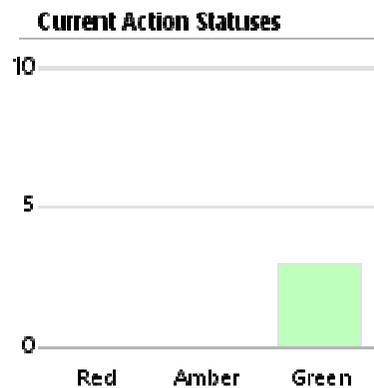
We will use our buying power to commission services that get the best outcomes. Wherever it is practical to do so, and provides value for money, this will be through local providers and those offering the optimum social value to the borough and its residents. We will work with partners to address the digital exclusion of some residents by supporting them to improve their digital skills.

We will continue to support local voluntary and community sector provision of services through better collaboration and supporting them to deliver services.

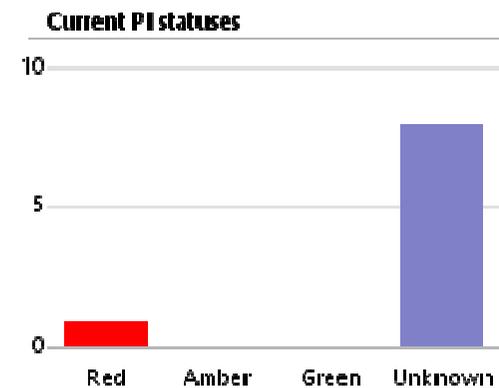
We will continue making the best use of Council assets, progressing the Community Hubs Programme and with a new Town Hall supporting the co-location of services and delivering better outcomes for residents.

### Status summary for this strategic outcome

Strategic action status chart



Strategic measure status chart



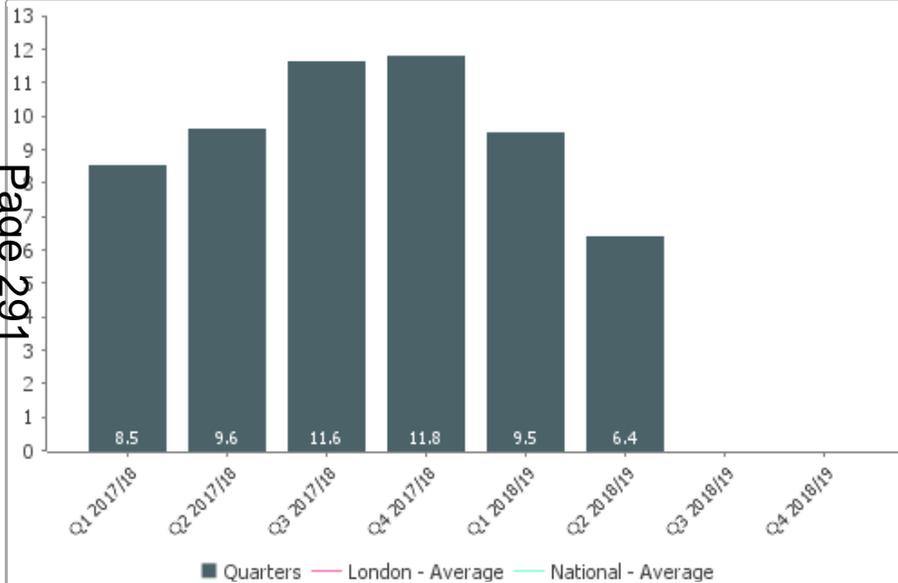


## M10.6 Employment rate gap between Tower Hamlets and London

Overall employment rate gap, between the Borough employment rate and London average rate, for people aged from 16 to 64 years old (WORK2)

Lead member	Expected Outcome	Last update		Short term trend arrow	Long term trend (DOT)
Cabinet Member for Work and Economic Growth	<input type="radio"/> Not applicable	Q2 2018/19		↑	↑
Lead officer	Type	Contextual measure	Target	Actual	RAG rating
Divisional Director, Growth and Economic Development	Strategic	Yes		6.4	Data Only

Performance data trend chart Latest note



Target not set for this measure

Tower Hamlets employment rate is 67.8 percent. London average employment rate is 74.2 percent. The gap between the Borough employment and the London average rate is 6.4 percentage points.



## M10.2 Key Stage 4 (GCSE) - Attainment 8

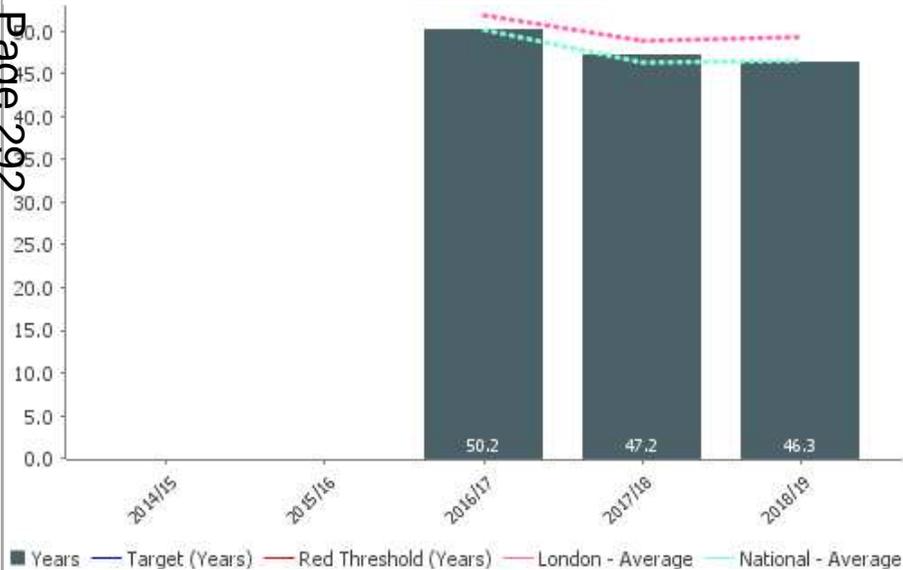
Average Attainment 8 score per pupil

Lead member	Expected Outcome	Last update		Short term trend arrow	Long term trend (DOT)
Cabinet Member for Children, Schools and Young People	○ Not applicable	2018/19		↓	↓
Lead officer	Type	Contextual measure	Target	Actual	RAG rating
Divisional Director, Education and Partnership	Strategic	Yes		46.3	Data Only

Performance data trend chart

Latest note

Page 292



Provisional outturn for the academic year 2017/18 - final out turn data available in January 2019.



### M10.3 Key Stage 4 - Progress 8

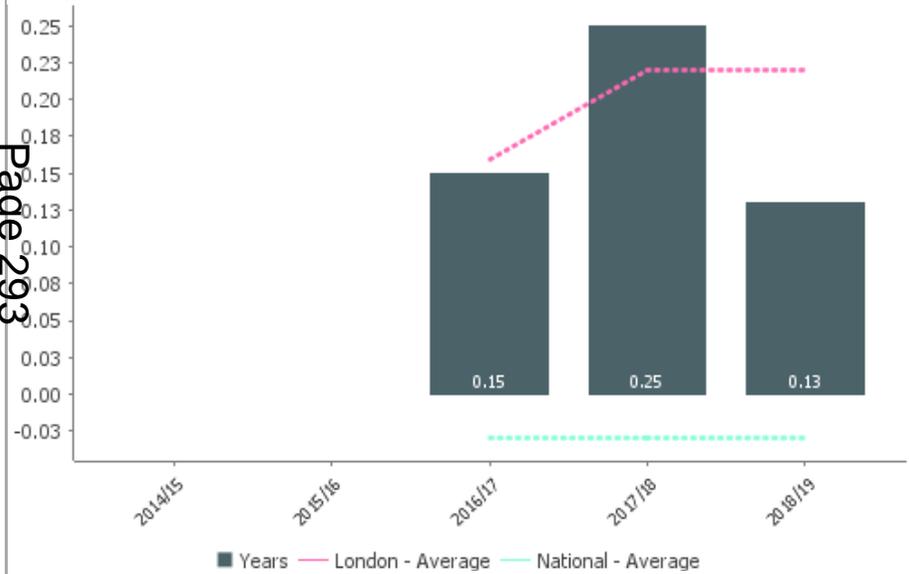
#### KS4 (GCSE) - Progress 8

Lead member	Expected Outcome	Last update		Short term trend arrow	Long term trend (DOT)
Cabinet Member for Children, Schools and Young People	○ Not applicable	2018/19		↓	↓
Lead officer	Type	Contextual measure	Target	Actual	RAG rating
Divisional Director, Education and Partnership	Strategic	Yes		0.13	Data Only

#### Performance data trend chart

#### Latest note

Provisional out turn for the academic year 2017/18 - final out turn data available in January 2019.



Page 293



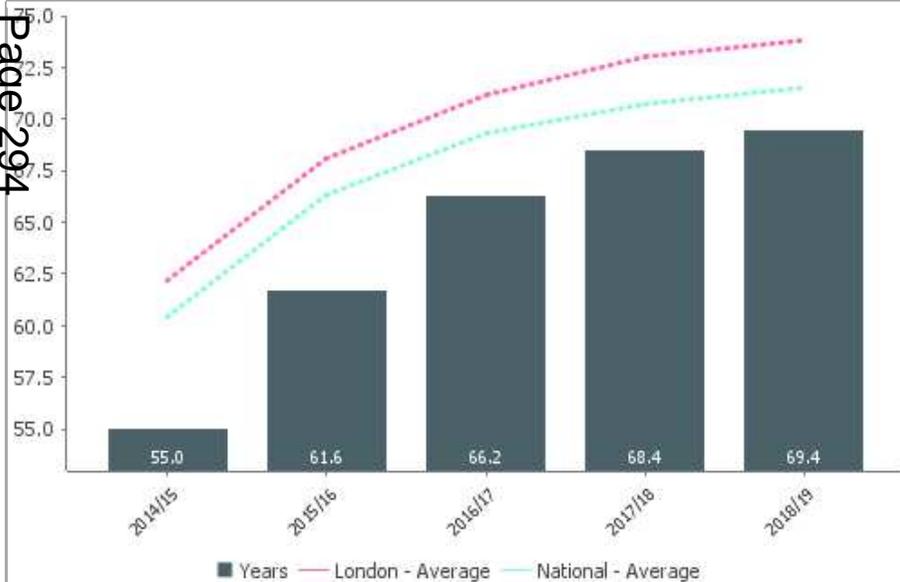
## M10.4 Early years achievement

Early Years Foundation Stage Profile: percentage of children achieving a Good Level of Development (GLD)

Lead member	Expected Outcome	Last update		Short term trend arrow	Long term trend (DOT)
Cabinet Member for Children, Schools and Young People	○ Not applicable	2018/19		↑	↑
Lead officer	Type	Contextual measure	Target	Actual	RAG rating
Divisional Director, Education and Partnership	Strategic	Yes		69.4	Data Only

Performance data trend chart

Latest note



Page 294

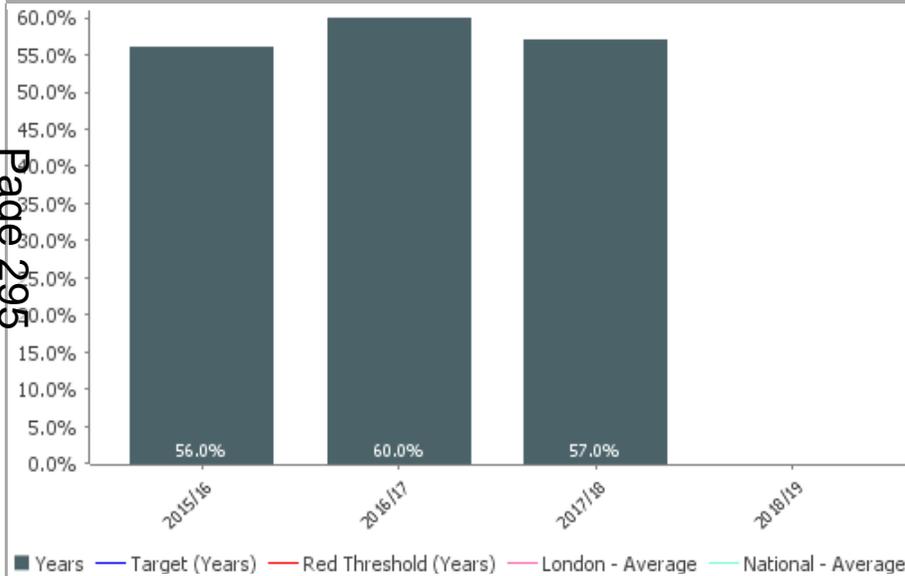


## M10.5 Resident satisfaction with response to Anti-Social Behaviour (ASB)

Extent to which residents feel the police and other local services are successfully dealing with Anti-Social Behaviour (ASB)

Lead member	Expected Outcome	Last update		Short term trend arrow	Long term trend (DOT)
Deputy Mayor and Cabinet Member for Community Safety and Equalities	○ Not applicable	2017/18		↓	↓
Lead officer	Type	Contextual measure	Target	Actual	RAG rating
Divisional Director, Public Realm	Strategic	Yes		57.0%	Data Only

Performance data trend chart



Latest note

Latest outturn relates to the Annual Resident Survey carried out in early 2018.



## M10.7 First time entrants to the youth justice system

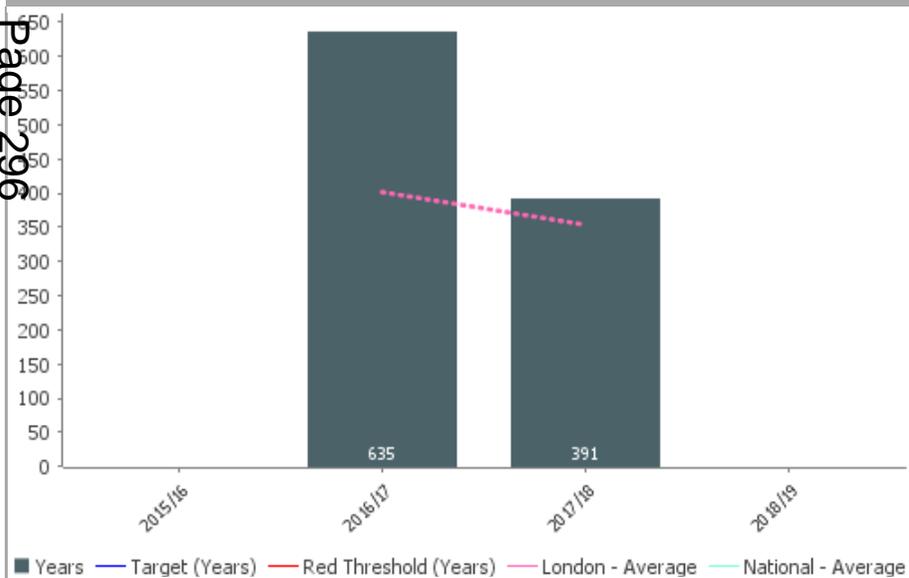
First time entrants to the youth justice system (JCE9) rate per 100,000

Lead member	Expected Outcome	Last update		Short term trend arrow	Long term trend (DOT)
Cabinet Member for Children, Schools and Young People	○ Not applicable	Q1 2018/19		↑	↑
Lead officer	Type	Contextual measure	Target	Actual	RAG rating
Divisional Director, Youth and Commissioning	Strategic	Yes		391	Data Only

Performance data trend chart

Latest note

page 296



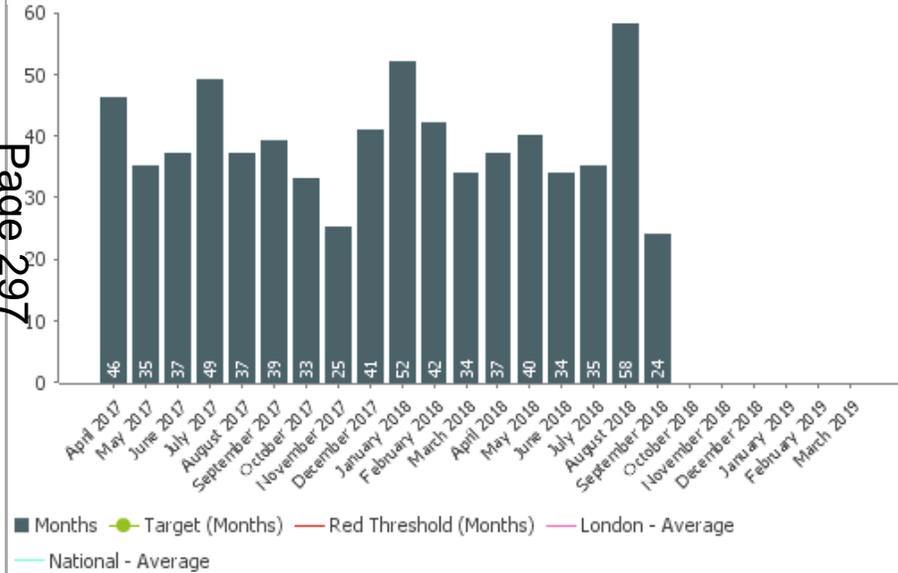


## M10.8 Arrests supported by the Council's CCTV room

The number of arrests as a result of the Council's CCTV room working jointly with police on the street

Lead member	Expected Outcome	Last update		Short term trend arrow	Long term trend (DOT)
Deputy Mayor and Cabinet Member for Community Safety and Equalities	○ Not applicable	September 2018		↓	↓
Lead officer	Type	Contextual measure	Target	Actual	RAG rating
Divisional Director, Public Realm	Strategic	Yes		24	Data Only

Performance data trend chart



Latest note

228 arrests so far this year, compared to 243 in the same period last year.



## M10.9 Arrests as part of Operation Continuum

The number of arrests for drug trafficking offences as part of Operation Continuum, our joint operation with the police to tackle drug related crime

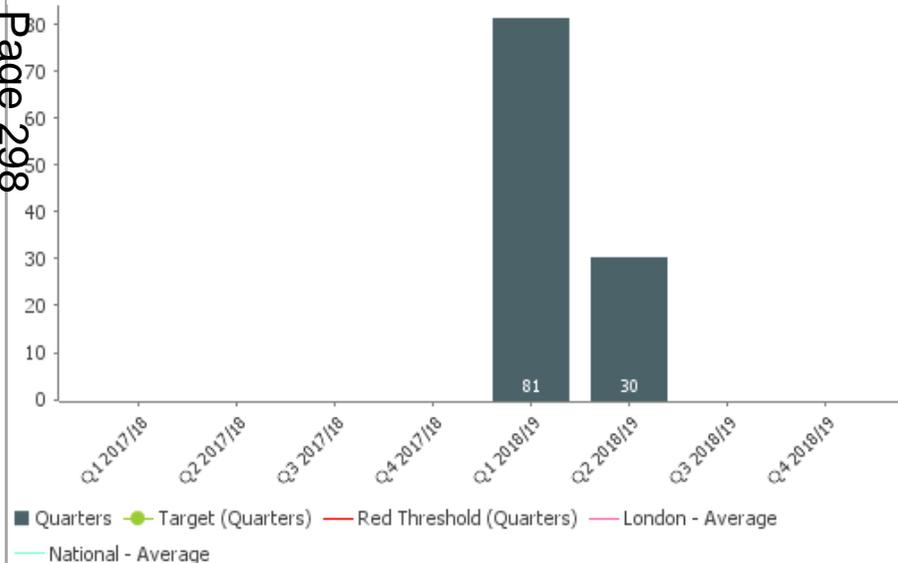
Lead member	Expected Outcome	Last update		Short term trend arrow	Long term trend (DOT)
Deputy Mayor and Cabinet Member for Community Safety and Equalities	○ Not applicable	Q2 2018/19		↓	↓
Lead officer	Type	Contextual measure	Target	Actual	RAG rating
Divisional Director, Community Safety	Strategic	Yes		30	Data Only

Performance data trend chart

Latest note

Page 298

Target not set for this strategic measure



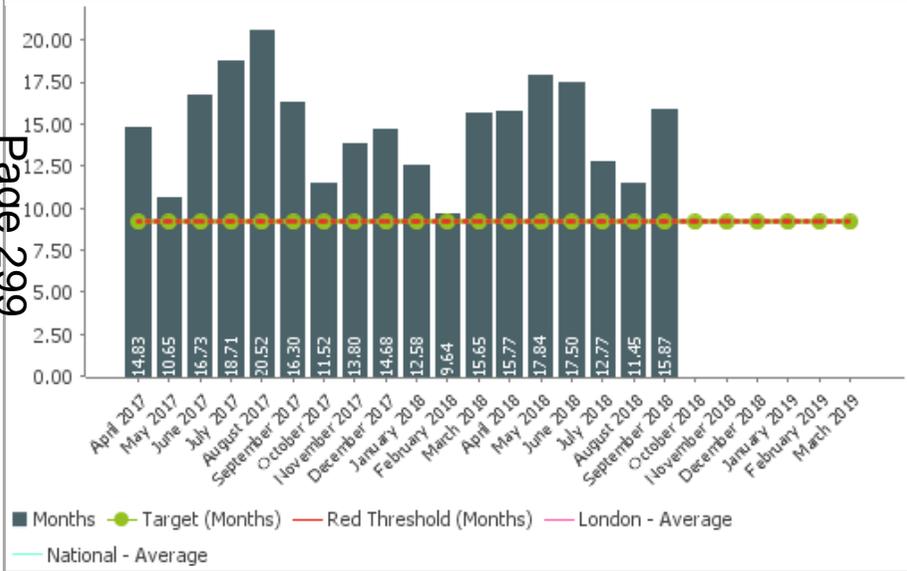
**M10.1 Delayed transfers from hospital care (average daily bed days)**

Delayed Transfers of Care from hospital (All Delayed Transfers of Care - NHS, Social Care and Joint NHS/Social Care) - average daily bed days (ASC:2C(1) JCE)

Lead member	Expected Outcome	Last update		Short term trend arrow	Long term trend (DOT)
Cabinet Member for Adults, Health and Wellbeing		September 2018		↓	↓
Lead officer	Type	Contextual measure	Target	Actual	RAG rating
Divisional Director, Adults Social Care Divisional Director, Integrated Commissioning	Strategic	Yes	9.17	15.87	Red

Performance data trend chart

Latest note



The high level of delays for this measure is due to delays within the NHS process, as delays attributable to social care or joint NHS and social care are both below target at the current time.

## Strategic plan delivery

RAG	Activity	Latest note
▶	<b>Activity 10.1</b> We will work collaboratively with the Tower Hamlets Strategic Partnership to develop and deliver the Tower Hamlets Plan	<p>Last year, with our partners, we re-established the Tower Hamlets Partnership, a way in which organisations in Tower Hamlets can work together to try and tackle some of the high profile issues facing the borough. The first Partnership Summit will take place in November and will focus on children and young people. A second summit will be held in April 2019 and will focus on accessing good jobs and employment.</p> <p>Our Brexit Commission was launched on 6th September 2018. It was set up to examine the impact that Brexit will have in key areas such as the local economy, the delivery of public services, and the lives of residents in the borough. So far, we have delivered a road show with expert advice and support provided for EU citizens living in the borough on EU settlement rights. Evidence gathering events are taking place with key businesses, public sector services and members of the public, for an impact report which is due to be launched in January 2019.</p>
▶	<b>Activity 10.2</b> We will continue to deliver the Community Hub programme (through start on site at both Raines and Granby Hall) and start construction on the new Town Hall	<p>Our community hubs are versatile, bookable spaces, designed to host a number of community groups run by local groups, the voluntary and community sector and local residents. The space at Granby Hall is due to be refurbished into a hub starting before the end of this year, whilst the space at Raines House will be started in 2019.</p> <p>We are finalising our contract for a main contractor to start building works on the new Town Hall, ready for our move in 2022.</p>
▶	<b>Activity 10.3</b> We will continue to deliver integrated care through the Tower Hamlets Together Partnership	<p>Each work stream of the Tower Hamlets Together Partnership (THT) is now established, has a comprehensive work plan, and has good attendance from across the health and social care system. Staff are encouraged to attend information sessions where they can find out about THT and its work and a Workforce and Organisational Development Group is exploring areas such as protocols around joint learning, development, commissioning and delivery, and multi-agency approaches to commissioning.</p>



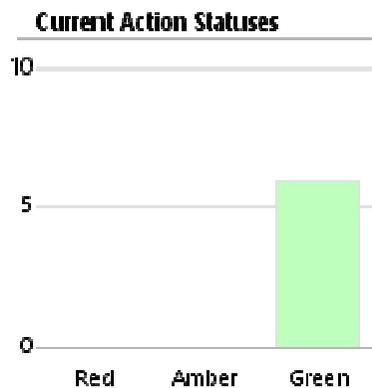
## Outcome 11 People say we continuously seek innovation and strive for excellent to embed a culture of sustainable improvement

As our funding from central government continues to reduce we need to make sure that we use our resources even more effectively than we do now and constantly challenge the way we do things. We have made significant progress on our improvement journey over the past three years. We have put into place robust arrangements to improve services and strive towards excellence. Our organisational change programme is focused on giving our staff the right skills and tools to embrace a rigorous approach on achieving outcomes for our residents.

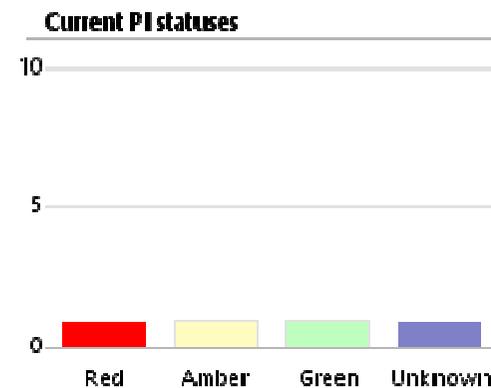
Now is the time to build on those foundations and accelerate the pace of change and innovation. This means embedding Best Value into everything we do, learning from our recent Local Government Association Corporate Peer Challenge, and continuing to work towards an improved Ofsted rating for Children's Services.

### Status summary for this strategic outcome

Strategic action status chart



Strategic measure status chart





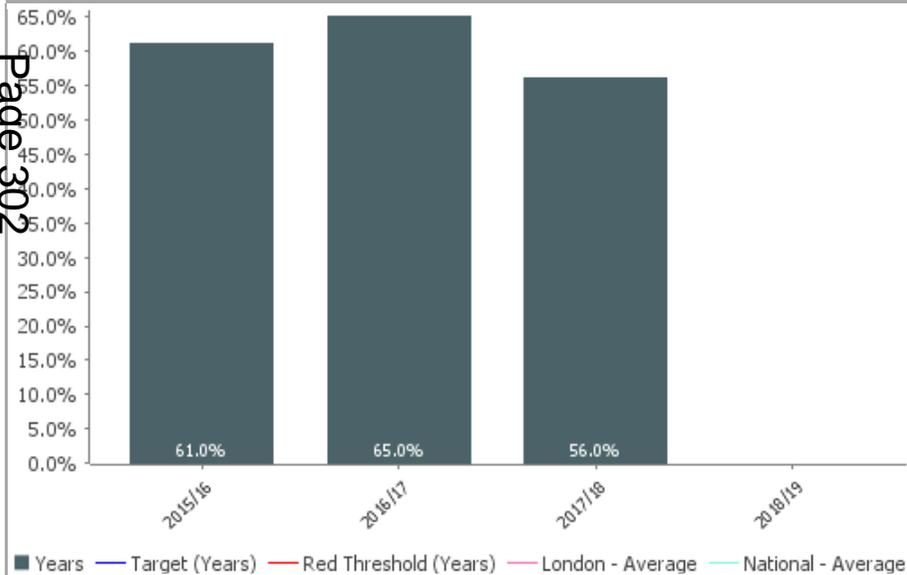
## M11.4 Resident satisfaction in the council doing a better job than a year ago

Percentage of residents who agree a great deal or to some extent, that the council is doing a better job than a year ago (ARS12)

Lead member	Expected Outcome	Last update		Short term trend arrow	Long term trend (DOT)
Executive Mayor	<input type="radio"/> Not applicable	2017/18		↓	↓
Lead officer	Type	Contextual measure	Target	Actual	RAG rating
Chief Executive	Strategic	No		56.0%	Data Only

Performance data trend chart

Latest note



Latest outturn relates to the Annual Resident Survey carried out in early 2018.

Page 302

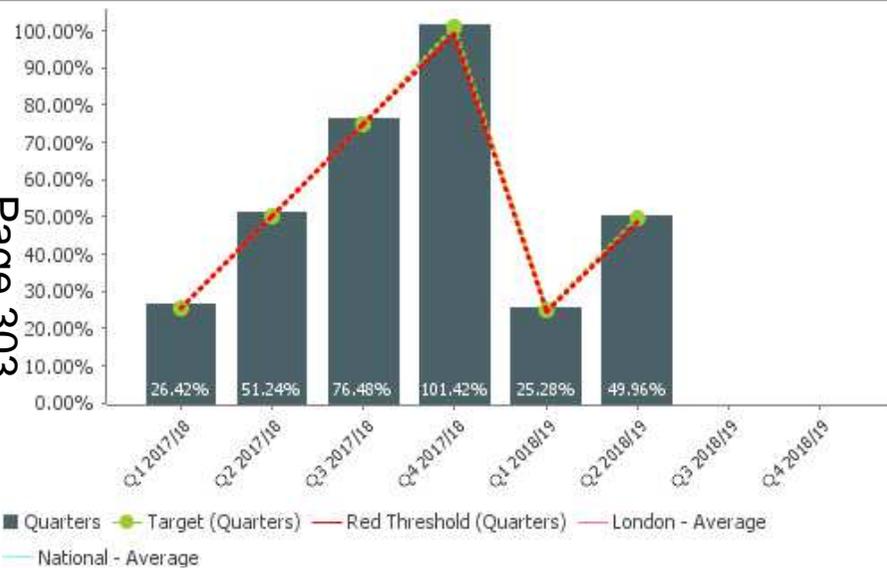


### M11.1 Council Tax collection

Percentage of Council Tax collected (budgeted)

<i>Lead member</i>	<i>Expected Outcome</i>	<i>Last update</i>		<i>Short term trend arrow</i>	<i>Long term trend (DOT)</i>
Cabinet Member for Resources and the Voluntary Sector	On target	Q2 2018/19			
<i>Lead officer</i>	<i>Type</i>	<i>Contextual measure</i>	<i>Target</i>	<i>Actual</i>	<i>RAG rating</i>
Head of Revenue Services	Strategic	No	49.50%	49.96%	Green

<i>Performance data trend chart</i>	<i>Latest note</i>
-------------------------------------	--------------------



This measure is cumulative and the numbers increase throughout the year, always providing the year to date figure.

Target achieved.

**M11.2 Business Rates collection**

Percentage of Non-Domestic Rates collected (budgeted)

<i>Lead member</i>	<i>Expected Outcome</i>	<i>Last update</i>		<i>Short term trend arrow</i>	<i>Long term trend (DOT)</i>
Cabinet Member for Resources and the Voluntary Sector	⚠️ Uncertain	Q2 2018/19		⬇️	⬇️
<i>Lead officer</i>	<i>Type</i>	<i>Contextual measure</i>	<i>Target</i>	<i>Actual</i>	<i>RAG rating</i>
Head of Revenue Services	Strategic	No	48.96%	48.65%	⚠️ Amber

*Performance data trend chart*

*Latest note*



This measure is cumulative and the numbers increase throughout the year, always providing the year to date figure.

The amount raised through business rates has continued to fall due to changes in valuations of vacant floors undergoing substantial alterations. Further new regulations will come into effect in November 2018 and we are working with the Valuation Office Agency to try and estimate how this will impact on business rate income in Tower Hamlets.

Page 304



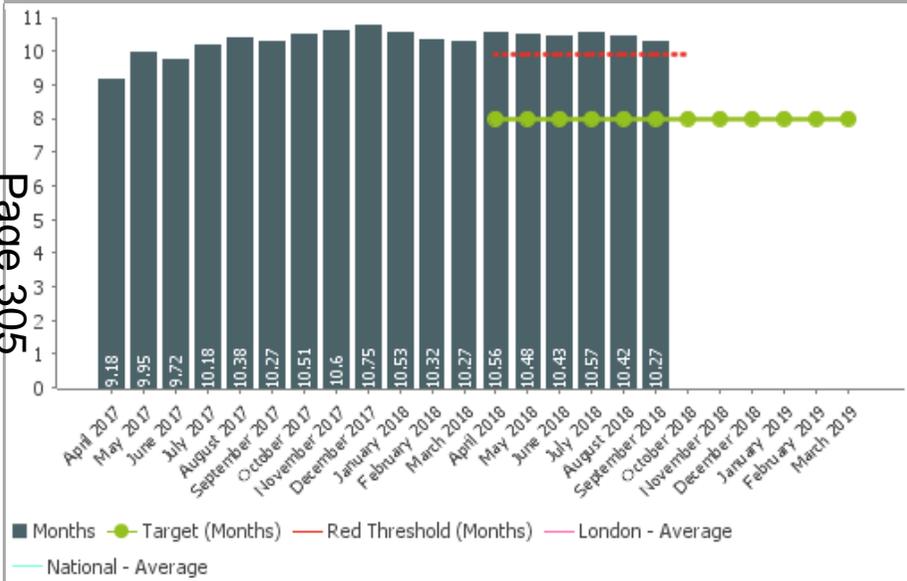
### M11.3 Staff Sickness absence

Number of working days / shifts lost to sickness absence per employee (not including schools) (BV12) (CE046a)

Lead member	Expected Outcome	Last update		Short term trend arrow	Long term trend (DOT)
Cabinet Member for Resources and the Voluntary Sector	Unlikely	September 2018			
Lead officer	Type	Contextual measure	Target	Actual	RAG rating
Divisional Director, HR and Transformation Divisional Director, HR and Transformation	Strategic	No	8	10.27	Red

#### Performance data trend chart

#### Latest note



The target was missed as absence levels are still exceeding the minimum expectation of 9 days.

We are putting in place a number of interventions to improve sickness absence levels:

- a new set of outcome focused performance measures to assess compliance with our procedure and the impact it has
- consideration of piloting a Day One (those who have triggered the sickness procedure) Absence Management Strategy by a third party
- mandatory sickness management training and annual refresher course for all managers;
- annual Flu Clinics; Physiotherapy services including a 6 week rehabilitation programme; Free Employee Assistance Programme; Managers' helpline for difficult situations

It is unlikely that the target of 8 days will be reached by year end although we expect the figure to reduce over the next 6 months. However, we expect our actions to see more profound results by end of Quarter 2 2019/20.

## Strategic plan delivery

RAG	Activity	Latest note
▶	<b>Activity 11.1</b> We will work smarter together to become a dynamic outcomes-based organisation that delivers excellent services with fewer resources, using insight and intelligence to inform our decisions	<p>We have recently set up an Organisation and Culture Board to change the way we work to an outcomes focussed organisation. Our staff have been attending workshops which are aimed at enabling a better understanding of the changes that need to be made to achieve better outcomes for residents. We are also restructuring our frontline services in order to be able to deliver our services in a more outcomes-oriented way, and our IT services are being improved so that we can work in a more reliable, efficient and productive way.</p> <p>We have taken on board the feedback from our August monitoring visit conducted by Ofsted and the Department for Education which looked at support for looked after children and their permanence arrangements. The learning and direction which we gleaned from the visit has helped us to refocus service delivery so that we remain committed in our journey towards a good Ofsted rating by 2019. We have implemented a revised internal quality assurance (QA) framework which met the approval of Ofsted. A number of initiatives are in place and improving the quality of our children’s social care workforce, one of which, ‘Grow Your Own’ which provides a 3 year support plan to newly qualified social workers—is the first offer of its kind in the country.</p>
▶	<b>Activity 11.2</b> We will continue to ensure that our workforce is diverse, reflects the people we serve, and has the right tools to deliver excellent services to our residents	<p>We have supported this activity by undertaking a Gender Pay Gap audit which was published in April. This included data relating to staff disability and ethnicity for all staff including contracted out services. We will take corrective action where the findings show staff have been disadvantaged.</p> <p>A leadership programme, which aims to be representative of our workforce and the communities that we serve, has been set up, funded by the Government’s Apprenticeship Levy.</p>
▶	<b>Activity 11.3</b> We will undertake activities which see Tower Hamlets recognised nationally and locally as an inclusive employer that recruits, develops and supports staff from different backgrounds	<p>As a committed equal opportunity employer we have recently submitted our annual application for the Stonewall Equality Index, demonstrating our commitment to LBGTQI+ inclusion in the workplace. We will find out whether we have remained in the Stonewall top 100 employer index early in 2019.. In September we were successfully reassessed as a Disability Confident employer, meaning we have been recognised as an employer which recruits, retains and supports disabled people and people with health conditions for their skills and talent.</p>
▶	<b>Activity 11.4</b> We will build on our continuing journey of innovation, excellence and	<p>We have set up a new Mayoral Improvement and Transformation Board which will take forward improvement activities across the council. The board meets for the first time in December and will</p>

RAG	Activity	Latest note
	improvement by embedding Best Value improvements into service delivery and by developing a new way of measuring how we are performing as an organisation	<p>consider an action plan responding to the recommendations from the recent Corporate Peer Challenge.</p> <p>Our scrutiny work programme has been developed to support both the council's improvement agenda and effective decision making. The Overview and Scrutiny Committee will be scrutinising progress on improving Children's Services.</p> <p>We want to raise the profile of Tower Hamlets as an innovative council which is leading the way in a number of areas and we want to improve the quality and range of our communications to our customers. Activities we have promoted this year include: the launch of the Brexit Commission; the Violent Crime Summit through the Safer Together campaign; the launch of the Young WorkPath; and the Breathe Clean campaign on air quality. Our work has been positively received in local and trade press such as the Local Government Chronicle, the Municipal Journal, the Estates Gazette, and the East London Advertiser.</p>
▶	<b>Activity 11.5</b> We will protect our resources by carrying out anti-fraud measures to tackle tenancy, parking and other types of fraud	We take our duty to protect our scarce resources seriously. In conjunction with Tower Hamlets Homes, we have run two counter-fraud campaigns targeting social housing fraud, and we will be running another in early 2019. We are providing our staff with guidance and training to spot fraud.
▶	<b>Activity 11.6</b> We will develop a medium-term financial strategy (MTFS) and associated saving and investment proposals to take account of the impact on our local Council Tax payers of any changes to the level of Council Tax	Every year we consult local people and businesses on our budget proposal. This year's budget consultation will run from October to December, and the new MTFS proposals will be presented to January Cabinet.

This page is intentionally left blank