

Meeting of the

CABINET

Wednesday, 28 April 2021 at 5.30 p.m.

TABLED PAPERS

	PAGE NUMBER
5. OVERVIEW & SCRUTINY COMMITTEE	
5.1 Chair's Advice of Key Issues or Questions	
Chair of Overview and Scrutiny Committee (OSC) to report on any issues raised by the OSC in relation to unrestricted business to be considered.	3 - 10

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

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Item 6.1 Strategic Plan 2021-24	
Questions	Response
1. When and how will targets for the Strategic Plan be created?	The council's target setting principles are set out in target setting guidance agreed as part of the Performance Management and Accountability Framework in August 2020. The approach adopted allows for sufficient flexibility so that we can take into account factors that may be affecting local government including the impact of the pandemic and expected budget constraints. The Mayor, Members and the Corporate Leadership will review and agree targets by 2 nd June 2021.
2. Page 8 - Tower Hamlets is now the densest Borough since mid-2019 see ONS - 16,427 people per square km - can this be corrected https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/mid2019estimates	The statistic will be amended to reflect the most recent population estimates published in June 2020.
3. Page 9 - why have ASB rates not been added - we have highest in the country ?	The number of ASB reports is closely monitored by operational teams and at directorate level in the council. Number of cases of ASB reported per month is a key community safety operational performance metric and reported monthly at a divisional and directorate level. In 2020/21 there were 3,200 reports of ASB which is nearly double the number of reports in 2019/20 (1696). The number of ASB reported cases does not appear in the strategic plan as it is operational data. The metrics in the strategic plan are designed to report progress against our priority areas and outcomes, in other words, to measure if anyone is better off due to the work the council carries out. Outcome 7 is about resident perceptions about how ASB is being addressed and how safe they feel in their localities. Perceptions of the council and partner responses to ASB are included in Outcome 10 which focuses on the effectiveness of the council's partnership working.

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<p>4. Page 9 - see Internal Report that suggests numbers on housing waiting list maybe materially overstated ? Can this be minuted?</p>	<p>The data in the report is a snapshot for the period to the end of 2019 and was the most up to date data available at the time of drafting the Strategic Plan. Recent internal reports may reflect more up to date data available to the service.</p>
<p>5. Page 9 - 2019 NOX Diffusion Tube results suggest that 40% is overstated - where does this stat come from?</p>	<p>There is an error with the 40% figure/box in the table – this is incorrect, with the 77% figure being correct – this will be amended for the final version. The data provided is from the London Atmospheric Emissions (LAEI) the key tools for air quality analysis and policy development in London. The most up to date data provided is for 2019.</p>
<p>6. Page 12 - where is additional COVID funding in this table?</p>	<p>Covid grant funding allocations are announced throughout the year and are not, therefore, included in the Council’s medium term financial strategy (MTFS) budget. The Mayor has, however announced his intention, to create a £3m Covid Recovery Fund using part of its New Homes Bonus grant in 2021-22. To date MHCLG has announced a 2021-22 Covid-19 expenditure pressures grant allocation of £12.985m and a part-year extension to the reimbursement scheme for lost sales, fees and charges income. Further announcements for Covid grant funding will be reported as part of the 2021-22 budget monitoring process.</p>
<p>Item 6.2 Tower Hamlets Plan Annual Report and priorities going forward</p>	
<p>1. Page 10 of 31 draws on data from 2017/18 – 2019/20. However, the infographics’ data spans is inconsistent. For example, 77% of residents exposed to N02 levels that exceed the EU limit and 45.5% of children and young people accessing timely mental health support - refers to data from 2017/18 only. Can you clarify the reasons for the above? 2. As a measure of ‘the percentage</p>	<p>1.1 The data provided is from the London Atmospheric Emissions (LAEI) the key tools for air quality analysis and policy development in London. The most up to date data provided is for 2019. The infographic will be amended to include reference the 2019-20 time period.</p> <p>1.2 Due to pressures resultant from the Covid-19 pandemic we are currently unable to obtain up to date, validated data for this measure due to partner (CCG) capacity reasons. We expect to be able to restart reporting against this measure once these capacity pressures ease. Unvalidated data available suggests more children and young people (1,278 children from April to October 2020) were</p>

<p>residents exposed to N02 levels that exceed the EU limit' and 'children and young people accessing timely mental health support' could you provide the context as to why there is not data available?</p>	<p>accessing mental health services than projected for the period.</p> <p>Projections completed by the service in Q3 estimated that by 31st March, 2,527 children and young people would have accessed Mental Health services which is in line with the target (35%) though currently we are unable to validate this figure to provide assurance.</p> <p>In 2019/20 2,072 children and young people with diagnosed mental health conditions accessed treatment. The annual performance target (34%) was exceeded.</p>
<p>3. Regarding the '% of clients using social care who receive self-directed support (up to 2014/15 also included carers) – Snapshots'. Please could you confirm further details of the Snapshot?</p>	<p>This figure is drawn from the Adult Social Care Outcome Framework (ASCOF) which all councils with Adult Social Care Commissioning Responsibilities have a statutory obligation to provide local data for. Figures are benchmarked at a regional and national level. The measure relates to how well our Adult Social Care (ASC) service is doing as regards a key duty in the Care Act 2014; to ensure that all service users in the community have their needs assessed and are informed that they have in place a direct payment or personal budget which has involved an assessment and support plan which is clear about the outcomes to be achieved and the funding allocated. In 2019/20 the national benchmark figure for this measure was 91.9% and 94.6% in the London region. In Tower Hamlets, performance on this measure had been lagging for the last few years compared to other councils. As part of our continuous improvement work, starting in 2019 we looked into the data and why our performance was below our peer authorities and put in place a plan to drive up performance. Much of this was about ensuring front line staff recorded data correctly on our systems so that this came through in our reported outcomes. Having delivered on our improvement plan our performance currently exceeds the national and regional benchmark levels.</p>

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<p>4. Measure of 'Number of affordable homes built' – could this include a breakdown of social and Tower Hamlets Living rent?</p>	<p>A breakdown of the number of affordable homes by rent product is available and can be included in the Annual Report.</p>
<p>5. As access to Food is such an important part of Better health and wellbeing could a key measure be included so that this work can be measured effectively?</p>	<p>The council currently is in receipt of DfE funding to support children at risk of food poverty during the school holidays. An additional measure will be added so that we can track the numbers of children benefiting from this funding during 2021/22.</p>
<p>6. Regarding the adoption of the NEL ICS Anchor Charter, to what extent are the Charter's ambitions around '2) Procurement for social value 3) Maximising the social value of our buildings and land', reflected in the Tower Hamlets Health and Wellbeing Strategy 2021-25?</p>	<p>The Tower Hamlets Health and Wellbeing Strategy 2021-25 has been in development with partners since winter 2019. The latest draft has emerged from a series of interviews, engagements and reviews of relevant data and strategies and is currently undergoing public consultation.</p> <p>Procurement for social value:</p> <p>While it is beyond its scope to address procurement more broadly, a priority of the draft Health and Wellbeing Strategy is to work with employers across the borough (particular Small and Medium Enterprises) to improve the health of current employees and workplaces and to advise on tackling health inequalities. Additionally, one of the underlying principles of the strategy is to put equalities and anti-racism at the heart of everything we do, including in our working with partners, and organisations in the borough.</p> <p>Maximising the social value of our buildings and land:</p> <p>One of the draft Health and Wellbeing Strategy's 5 Ambitions is that 'We can all access safe, social spaces near our homes'. This ambition and its underlying principles have significant overlap with the North East London Integrated Care System Anchor Charter's ambition. The principles and actions in the draft strategy relating to this ambition include working with residents in planning, design and development; strengthening communications and engagement with underserved</p>

	<p>communities, as well as empowering the views of children and young people to create sustainable change to the environment; and making use of unused open spaces;</p>
Item 6.3 Future of the Private Rented Sector Housing Selective Licensing Designation	
<p>1. What are the measures of success for this policy?</p>	<p>The scheme has enabled the Council to identify where the private rented properties are in this part of the borough, this has been critical during the pandemic as we have been able to communicate with tenants and landlords directly in regards to protection against eviction. The scheme has also set the standard that landlords must achieve when renting out their property and informs the tenant who is responsible for managing their property. As of March 2021, the Selective Licensing scheme has achieved the following:</p> <ul style="list-style-type: none"> • Properties licensed: 8146 • Total number of visits and surveys undertaken: 3105 • Property conditions improved: 924 • Enforcement Notices served: 320 • Civil Penalty Notice fines issued: £83,374.27 • Prosecutions for failure to licence and Management Regs: 10 • Rent Repayment Orders (RRO) claimed: £91,000 from May 2019 to date in the Selective Licensing area only. <p>Total RROs for the whole borough (inc. SL area): Claimed: £210,125 (78 applicants) Claims filed and awaiting decision: £267,062 (61 applicants) Claims to be filed: Approx. £160,000 (50 applicants)</p>
<p>2. Can it be reiterated why this area focuses on Whitechapel, Spitalfields &</p>	<p>Based on the Mayhew Report which reviewed ASB across the Council it was noted that these ward areas have the higher amounts of ASB which is one of the</p>

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Banglatown and Weavers wards?	key criteria for introducing the scheme
3. Have other parts of the borough been considered for such a scheme?	Yes, as detailed in the Mayhew report in relation to ASB. However, the Additional Licensing Scheme, which captures all small HMOs, is currently in force throughout the rest of the borough.
Item 6.4 Proposal for the introduction of the borough wide Public Spaces Protection Order (PSPO) to deal with the possession and use of psychoactive substances (e.g. nitrous oxide) and associated Anti-Social Behaviour (ASB)	
1. When will the PSPO be legally enforceable from?	If Cabinet agree the decision the Order will come into force immediately. We have planned for sufficient signage to be placed around the borough, particularly in those hotspot areas from 3 rd May 2021 onwards. Once signage is in place, the order will become legally enforceable.
2. Have we ensured that every Met Police officer & THEO in Tower Hamlets is aware of the PSPO and is ready and able to issue FPN ?	The turnover of police officers that may be working within the Central East Basic Command Unit is high. Therefore the Council ensuring every Met Police Officer in the BCU is aware of the Order and able to issue an FPN is not practical. We have discussed the Order and enforcement of it with police partners. They have been consulted on the Order as part of the formal consultation. We have taken a targeted approach. We anticipate that the vast majority of enforcement by members of the MPS will be undertaken by Neighbourhood Police Officers, Police Community Support Officers and our council funded police teams within LBTH & THH. As part of our commitment to enhance partnership working, and ensure a better overall service offer for our residents, we have committed to delivering regular bite-size workshops to ensure those neighbourhood police officers are fully versed with all council services, including the powers that exist within the (if the NOX PSPO is agreed) three PSPOs in the borough. All Tower Hamlets Enforcement Officers are familiar with PSPO enforcement, have had regular training, are aware of the proposed introduction of this PSPO and already have what they need to enforce where appropriate.
6.7 – GP Enhanced Public Health Services – Direct Award	

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Public Health GP Enhanced Services – the contract awarded to Tower Hamlets GP Care Group is welcomed and they are active partners in Tower Hamlets Together. However, could the Council outline where and how the governance and oversight of the contract is undertaken by the TH Council directly, including quarterly monitoring?

Contract monitoring meetings are conducted quarterly between the Tower Hamlets Public Health and GP care group, attended by the associate director of Public Health and two Public Health programme leads (commissioners) and representatives from GP care group including clinical leadership (provider). In these meetings, the usual agenda items are quarterly performance report, finance/invoicing, contractual issues, staffing issues, risk log, action plan/recovery plan if underperformance. Moreover, the commissioners have access to the monthly/quarterly dashboards provided by clinical effectiveness group (CEG) which enables early identifications of issues or lower/higher activity.

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