

# Cabinet



Wednesday, 27 November 2024 at 5.30 p.m.

Council Chamber - Town Hall, Whitechapel

## Agenda

### Mayor Lutfur Rahman

#### Cabinet Members

Councillor Maium Talukdar	(Deputy Mayor and Cabinet Member for Education, Youth and Lifelong Learning (Statutory Deputy Mayor))
Councillor Kabir Ahmed	(Cabinet Member for Regeneration, Inclusive Development and Housebuilding)
Councillor Musthak Ahmed	(Cabinet Member for Jobs, Enterprise, Skills and Growth)
Councillor Saied Ahmed	(Cabinet Member for Resources and the Cost of Living)
Councillor Shafi Ahmed	(Cabinet Member for Environment and the Climate Emergency)
Councillor Kamrul Hussain	(Cabinet Member for Culture and Recreation)
Councillor Gulam Kibria Choudhury	(Cabinet Member for Health, Wellbeing and Social Care)
Councillor Abu Chowdhury	(Cabinet Member for Safer Communities)
Councillor Abdul Wahid	(Cabinet Member for Customer Service, Equalities and Social Inclusion)

[The quorum for Cabinet is 3 Members]

#### Further Information

Reports for consideration, meeting contact details, public participation and more information on Cabinet decision-making is available on the following pages.



## Public Information

### Viewing or Participating in Cabinet Meetings

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. Except where any exempt/restricted documents are being discussed, the public are welcome to view this meeting through the Council's webcast system.

Physical Attendance at the Town Hall is also welcome, 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.

### Meeting Webcast

The meeting is being webcast for viewing through the Council's webcast system.

<http://towerhamlets.public-i.tv/core/portal/home>

### Contact for further enquiries:

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### Electronic agendas reports and minutes.

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## A Guide to CABINET

### Decision Making at Tower Hamlets

As Tower Hamlets operates the Directly Elected Mayor system, **Mayor Lutfur Rahman** 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, above £1million; 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, 29 November 2024**
- The deadline for call-ins is: **Friday, 6 December 2024**

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 previous page) by 5 pm the day before the meeting.

## Cabinet

Wednesday, 27 November 2024

5.30 p.m.

Pages

### **PUBLIC QUESTION AND ANSWER SESSION**

There will be an opportunity (up to 15 minutes) for members of the public to put questions to the Mayor and Cabinet Members before the Cabinet commences its consideration of the substantive business set out in the agenda.

#### **1. APOLOGIES FOR ABSENCE**

To receive any apologies for absence.

#### **2. DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS AND OTHER INTERESTS**

11 - 12

Members are reminded to consider the categories of interest, identified in the Code of Conduct for Members to determine; whether they have an interest in any agenda item and any action they should take. For further details, see the attached note from the Monitoring Officer.

Members are also reminded to declare the nature of the interest at the earliest opportunity and the agenda item it relates to. Please note that ultimately it is the Members' responsibility to identify any interests and also update their register of interests form as required by the Code.

If in doubt as to the nature of an interest, you are advised to seek advice prior to the meeting by contacting the Monitoring Officer or Democratic Services.

#### **3. UNRESTRICTED MINUTES**

13 - 26

The unrestricted minutes of the Cabinet meeting held on 16 October 2024 are presented for approval.

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

#### **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.

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

(Under provisions of Section 30, Rule 59 of the Constitution).

## 6. UNRESTRICTED REPORTS FOR CONSIDERATION

<b>6.1</b>	<b>Young Tower Hamlets Progress Update</b>	<b>27 - 72</b>
<p><b>Report Summary:</b> A priority within the Mayoral Manifesto Pledge and Strategic Plan 2022-2026. This report provides a progress update on the roll out of our new Young Tower Hamlets youth service.</p> <p><b>Wards:</b> All Wards <b>Lead Member:</b> Deputy Mayor and Cabinet Member for Education and Lifelong Learning (Statutory Deputy Mayor) <b>Corporate Priority:</b> All Priorities</p>		
<b>6.2</b>	<b>Housing Consumer Standard Compliance</b>	<b>73 - 136</b>
<p><b>Report Summary:</b> This report summarises the Council's position against the Regulator of Social Housing's Consumer Standards and our proposed action plan and Governance Arrangements to meet the standards</p> <p><b>Wards:</b> All Wards <b>Lead Member:</b> Cabinet Member for Regeneration, Inclusive Development and Housebuilding <b>Corporate Priority:</b> A council that works for you and listens to you</p>		
<b>6.3</b>	<b>Approval of council's Tenant and Leaseholder Engagement Strategy</b>	<b>137 - 194</b>
<p><b>Report Summary:</b> Following the in-sourcing of Tower Hamlets Homes to the council, the council's new Council Tenant and Leaseholder's Engagement Strategy of the landlord service has been refreshed and aligned with the council's draft Community Engagement Strategy.</p> <p><b>Wards:</b> All Wards <b>Lead Member:</b> Cabinet Member for Regeneration, Inclusive Development and Housebuilding <b>Corporate Priority:</b> A council that works for you and listens to you</p>		



**6 .4 Approval of the council's new Homelessness and Rough Sleeping Strategy 2024-2029 195 - 448**

**Report Summary:**

This report seeks approval from the Mayor and Cabinet of the council's new Homelessness and Rough Sleeping Strategy 2024-2029.

The council has a statutory duty under the Homelessness Act (2002) to conduct a review of the nature and extent of homelessness in its District (borough) every five years and to develop a strategy setting out:

- how services will be delivered in the future to tackle homelessness; and
- the available resources to prevent and relieve homelessness.

The council's most recent Homelessness and Rough Sleeping Strategy ended in December 2023 and this new strategy fulfils this statutory and mandatory requirement on the council in its role as a Local Housing Authority.

**Wards:** All Wards  
**Lead Member:** Cabinet Member for Regeneration, Inclusive Development and Housebuilding  
**Corporate Priority:** Homes for the future

**6 .5 Combating Drugs Partnership - Substance Misuse Strategy 449 - 718**

**Report Summary:**

The Combating Drugs Partnership (CDP), a statutory partnership board under the Community Safety Partnership (CSP) and Health and Wellbeing Board (HWB), has produced its Substance Misuse strategy for 2024-2027. This strategy has received formal sign off via the CDP and CSP boards but is also being submitted for approval via the Council's sign-off procedures.

**Wards:** All Wards  
**Lead Member:** Cabinet Member for Health, Wellbeing and Social Care  
**Corporate Priority:** Empower Communities and Fight Crime



**6 .6 Child Healthy Weight Scrutiny Challenge Session - Action Plan Response**

**719 - 756**

**Report Summary:**

In May 2025, the Children and Education Scrutiny Sub-Committee (CESSC) published a report on Child Healthy Weight, following the Challenge Session held in November 2023. The CESSC made 8 recommendations to further strengthen existing efforts across Tower Hamlets improve child healthy weight across Tower Hamlets across the following themes:

1. Food
2. Physical Activity
3. Psychology and Culture

In response to the recommendations, Public Health in partnership with colleagues across the Council have developed a Child Healthy Weight Scrutiny Challenge Session – Action Plan, which has been incorporated into our existing Child Healthy Weight Action.

**Wards:** All Wards  
**Lead Member:** Cabinet Member for Health, Wellbeing and Social Care  
**Corporate Priority:** All Priorities

**6 .7 Health and Adult Scrutiny - Disabilities Peoples Access to Sports and Exercise Provision**

**757 - 770**

**Report Summary:**

Following the insourcing of the Be Well Leisure Service on 1st May 2024, the Action Plan identifies and priorities initiatives that will enhance visibility and representation of people with disabilities and those living with long-term ill health conditions within the leisure sports and fitness workforce.

**Wards:** All Wards  
**Lead Member:** Cabinet Member for Culture and Recreation  
**Corporate Priority:** All Priorities



**6 .8 Planning for School Places 2025/26 Review and Recommendations 771 - 900**

**Report Summary:**

This is the council's annual report on its review of pupil place planning in Tower Hamlets. It explains: the current position on the provision of school places in the borough;  
the projected demand for school places in future years;  
the steps being taken to manage the sufficiency and sustainability of school places in accordance with the council's school organisation strategy.

The report also serves to inform: decisions on education capital investment planning and future bids to the DfE's new school programmes;  
the medium to longer term commissioning or decommissioning of places for children and young people with SEND;  
discussions with school and trust leaders around required changes to current SEND provision to meet emerging needs.

**Wards:** All Wards  
**Lead Member:** Cabinet Member for Safer Communities, Deputy Mayor and Cabinet Member for Education and Lifelong Learning (Statutory Deputy Mayor)  
**Corporate Priority:** Accelerate Education

**6 .9 Stepney Greencoat CE School – Expansion to Include Permanent Nursery Provision 901 - 958**

**Report Summary:**

A decision is required by Cabinet on the statutory proposal to extend the age range of Stepney Greencoat CE Primary School to 3 -11 years of age, to enable the permanent establishment of nursery provision for 3 and 4 year olds.

The nursery provision, was initially established as a two year pilot, but a Council decision is now required for it to continue on a permanent basis from the start of the 2025-26 school year.

**Wards:** All Wards  
**Lead Member:** Deputy Mayor and Cabinet Member for Education and Lifelong Learning (Statutory Deputy Mayor)  
**Corporate Priority:** Accelerate Education





<b>6 .10 Neighbourhood Planning: Determination of Roman Road Bow Neighbourhood Forum Redesignation Application</b>	<b>959 - 994</b>
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**Report Summary:**

Neighbourhood forum designations expire five years after they are initially granted. The Roman Road Bow Neighbourhood Forum designation expired on 16 August 2022. The Forum submitted an application in August 2022, which was refused by the Mayor in Cabinet on 21 June 2023 on the basis that the membership of the Forum was not considered to be representative of the population of the area. The Forum submitted a new application for redesignation on 5 April 2024, after working to address the reason for refusal by broadening the Forum's membership and changing the executive committee

**Wards:** Bow East; Bow West  
**Lead Member:** Cabinet Member for Regeneration, Inclusive Development and Housebuilding  
**Corporate Priority:** TH Plan 1: Tower Hamlets will be a fair, inclusive and an anti-racist borough.?

<b>6 .11 Continuation of Business Rates Pooling</b>	<b>995 - 998</b>
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**Report Summary:**

This report requests approval to continue membership in the 8 Authority Pool for Business Rates for 2025-26.

**Wards:** All Wards  
**Lead Member:** Cabinet Member for Resources and the Cost of Living  
**Corporate Priority:** Boost culture, business, jobs and leisure

<b>6 .12 Be Well - Leisure Capital Investment Proposals</b>	<b>To Follow</b>
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**Report Summary:**

In September 2024, Cabinet agreed to support the development of options appraisals and feasibility studies for further investment to improve leisure facilities and decided these should be presented to the November meeting for consideration. The report is requesting approval in principle to a Be Well leisure facility improvement programme based upon those feasibility studies. Any additional investment will need to be agreed by Cabinet and Council as part of the 2025/26 budget setting process.

**Wards:** All Wards  
**Lead Member:** Cabinet Member for Culture and Recreation  
**Corporate Priority:** Invest in public services

**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 Section 30, Rule 59 of the Constitution).

## 11. EXEMPT / CONFIDENTIAL REPORTS FOR CONSIDERATION

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

### **Next Meeting of Cabinet:**

Wednesday, 18 December 2024 at 5.30 p.m. in Council Chamber - Town Hall, Whitechapel



**Tower Hamlets Council**  
Tower Hamlets Town Hall  
160 Whitechapel Road  
London E1 1BJ

# Agenda Item 2

## **DECLARATIONS OF INTERESTS AT MEETINGS– NOTE FROM THE MONITORING OFFICER**

This note is for guidance only. For further details please consult the Code of Conduct for Members at Part C, Section 31 of the Council's Constitution

### **(i) Disclosable Pecuniary Interests (DPI)**

You have a DPI in any item of business on the agenda where it relates to the categories listed in **Appendix A** to this guidance. Please note that a DPI includes: (i) Your own relevant interests; (ii) Those of your spouse or civil partner; (iii) A person with whom the Member is living as husband/wife/civil partners. Other individuals, e.g. Children, siblings and flatmates do not need to be considered. Failure to disclose or register a DPI (within 28 days) is a criminal offence.

Members with a DPI, (unless granted a dispensation) must not seek to improperly influence the decision, must declare the nature of the interest and leave the meeting room (including the public gallery) during the consideration and decision on the item – unless exercising their right to address the Committee.

**DPI Dispensations and Sensitive Interests.** In certain circumstances, Members may make a request to the Monitoring Officer for a dispensation or for an interest to be treated as sensitive.

### **(ii) Non - DPI Interests that the Council has decided should be registered – (Non - DPIs)**

You will have 'Non DPI Interest' in any item on the agenda, where it relates to (i) the offer of gifts or hospitality, (with an estimated value of at least £25) (ii) Council Appointments or nominations to bodies (iii) Membership of any body exercising a function of a public nature, a charitable purpose or aimed at influencing public opinion.

Members must declare the nature of the interest, but may stay in the meeting room and participate in the consideration of the matter and vote on it **unless:**

- A reasonable person would think that your interest is so significant that it would be likely to impair your judgement of the public interest. **If so, you must withdraw and take no part in the consideration or discussion of the matter.**

### **(iii) Declarations of Interests not included in the Register of Members' Interest.**

Occasions may arise where a matter under consideration would, or would be likely to, **affect the wellbeing of you, your family, or close associate(s) more than it would anyone else living in the local area** but which is not required to be included in the Register of Members' Interests. In such matters, Members must consider the information set out in paragraph (ii) above regarding Non DPI - interests and apply the test, set out in this paragraph.

### **Guidance on Predetermination and Bias**

Member's attention is drawn to the guidance on predetermination and bias, particularly the need to consider the merits of the case with an open mind, as set out in the Planning and Licensing Codes of Conduct, (Part C, Section 34 and 35 of the Constitution). For further advice on the possibility of bias or predetermination, you are advised to seek advice prior to the meeting.

### **Section 106 of the Local Government Finance Act, 1992 - Declarations which restrict Members in Council Tax arrears, for at least a two months from voting**

In such circumstances the member may not vote on any reports and motions with respect to the matter.

## **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	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. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.
Contracts	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— (a) under which goods or services are to be provided or works are to be executed; and (b) which has not been fully discharged.
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	Any tenancy where (to the Member's knowledge)— (a) the landlord is the relevant authority; and (b) the tenant is a body in which the relevant person has a beneficial interest.
Securities	Any beneficial interest in securities of a body where— (a) that body (to the Member's knowledge) has a place of business or land in the area of the relevant authority; and (b) either—  (i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or  (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.

## LONDON BOROUGH OF TOWER HAMLETS

### MINUTES OF THE CABINET

**HELD AT 5.40 P.M. ON WEDNESDAY, 16 OCTOBER 2024**

**COUNCIL CHAMBER - TOWN HALL, WHITECHAPEL**

#### **Members Present in Person:**

Mayor Lutfur Rahman	
Councillor Maium Talukdar	(Deputy Mayor and Cabinet Member for Education, Youth and Lifelong Learning (Statutory Deputy Mayor))
Councillor Kabir Ahmed	(Cabinet Member for Regeneration, Inclusive Development and Housebuilding)
Councillor Musthak Ahmed	(Cabinet Member for Jobs, Enterprise, Skills and Growth)
Councillor Saied Ahmed	(Cabinet Member for Resources and the Cost of Living)
Councillor Shafi Ahmed	(Cabinet Member for Environment and the Climate Emergency)
Councillor Kamrul Hussain	(Cabinet Member for Culture and Recreation)
Councillor Gulam Kibria Choudhury	(Cabinet Member for Health, Wellbeing and Social Care)
Councillor Abu Chowdhury	(Cabinet Member for Safer Communities)
Councillor Abdul Wahid	(Cabinet Member for Customer Service, Equalities and Social Inclusion)

#### **Officers Present in Person:**

Stephen Halsey	(Chief Executive)
Julie Lorraine	(Corporate Director Resources)
Simon Baxter	(Corporate Director Communities)
Georgia Chimbani	(Corporate Director, Health and Adult Social Care)
David Joyce	(Corporate Director, Housing & Regeneration)
Jill Bayley	(Head of Legal Safeguarding)
Joel West	(Democratic Services Team Leader (Committee))
John Ainsworth	(Senior Performance Improvement Analyst)
Monju Ali	(Housing Supply CPO Co-ordinator)
Salome Chukhua	(Transformation Programme Manager)
Ayesha Hakim Rahman	(Acting Deputy Director of Strategy, Improvement and Transformation)
Martin Rogers	(Senior Research Officer)
James Walsh	(Housing Regeneration Officer, Major Project Development, Development & Renewal)
Menara Ahmed	(Hate Crime Policy & Partnership Manager)
Andy Grant	(Interim Programme Director of Procurement)
Tom Lewis	(Team Leader - Licensing Services)
Simon Smith	(Head of Community Safety)
Muhammed A Uddin	Strategy, Improvement and Transformation Officer

**1. APOLOGIES FOR ABSENCE**

There were none.

**2. DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS AND OTHER INTERESTS**

There were none.

**3. UNRESTRICTED MINUTES****RESOLVED:**

1. That the unrestricted minutes of the Cabinet meeting held on Wednesday 11 September be approved and signed by the Mayor as a correct record of proceedings.

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

Stephen Halsey, Chief Executive, advised of a number of upcoming awareness events including Baby loss awareness, Get Online week and Hate crime awareness week. He also noted the results of the most recent Tower Hamlets Annual Resident Survey, as would be discussed at this meeting, which reflected some of the best results in recent years and was well-above the London average in many key areas.

The Mayor announced:

- The upcoming launch of a new Mayor's winter fuel allowance - funding in place to secure up to 5000 eligible pensioners with £175 allowance toward fuel this winter and an accompanying campaign to assist those not eligible for the Mayoral scheme to make with DWP applications.
- His disappointment at what he felt to be misleading statements made by opposition Councillors at the recent full Council meeting regarding the Housing Allocation Policy. He reiterated statements made at previous Cabinet meetings, that no resident would be re-homed further than 90 minutes journey time from the borough. He explained how he and his administration was committed to working to undo what he felt to be prolonged underinvestment and mis-management of the Council under the previous administration.

**5. OVERVIEW & SCRUTINY COMMITTEE****5.1 Chair's Advice of Key Issues or Questions**

Councillor Bodrul Choudhury, Vice-Chair of Overview and Scrutiny Committee, provided a summary of recent scrutiny activity in October 2024. The Committee had:

- Considered a Call-In the Committee heard on the Domiciliary Care Service contract award. Overall, Members agreed to confirm the



decision taken by Cabinet to award the contract. However, the Committee expressed concerns that the paper was published shortly before the Cabinet meeting, leaving no time for Scrutiny to effectively scrutinise such a significant report.

- Considered a progress update on the LGA Corporate Peer Challenge Action Plan. The Committee welcomed progress against the plan and discussed some of the specific actions including the Women's Commission, the Be a Councillor Campaign and the diversity and inclusion actions. The Committee also questioned areas in the plan which haven't been delivered, the political tone of the report, the involvement of the LGA in setting the actions to accurately address their recommendations, and how the Council will capture the learning from the delivery of the actions.

The Committee had also:

- Reviewed the Q1 performance report which Cabinet would consider this evening.
- Considered the Cumulative Impact Assessment Policy 2024-27
- Considered the council's approach to tackling temporary rent arrears, and
- Received an update on the Youth Justice Plan.

Stephen Halsey, Chief Executive, responded to the Vice Chair's presentation. He informed the Cabinet he had attended the Committee the previous evening, and welcomed the robust and challenging discussion, which he felt demonstrated effective overview and scrutiny. He explained that he had been exploring potential actions to raise the profile and productivity of the Committee; he wished to build on the existing scrutiny improvement action plan to ensure that the Committee had the profile and resource that it needed to be as productive as practicably possible.

He had committed to ensure there was a presence of senior officers whenever needed at OSC meetings and was happy to personally attend forthcoming committee meetings to talk about the Council's performance, and to work in partnership with the Committee as the action plan is progressed.

He informed the Mayor and Cabinet he would be in getting in touch with the Chair of the Committee to ensure more regular meetings between himself and the Chair of OSC.

Finally, he noted the concerns raised at the previous meeting that officers had adopted a political tone in reports. He reassured members of the Council, Cabinet and the Committee that was not, and would never be the intention of officers, whose role was to provide support to the Council as a whole. He would ensure all future report better reflect officers' corporate role and responsibilities.

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

None.

## 6. UNRESTRICTED REPORTS FOR CONSIDERATION

### 6.1 Annual Resident Survey (ARS) 2024 results and analysis

The Mayor introduced the report that summarised the key findings from the 2024 Annual Resident Survey. Officers, including Stephen Halsey, Chief Executive and Martin Rogers (Senior Research Officer) provided further detail and context. Martin explained how, further to the analysis of survey results, officers would be working to integrate insight and measure and analysis in more detail and how this would inform further research and analysis to contribute to service improvement.

The Mayor and Cabinet welcomed the report and in particular some of the key survey findings including: 90% of residents saying that people from different backgrounds get on well, up from 87% in 2019; 84% of residents are satisfied with the local area, up six percentage points from 2023 and above the national benchmark (74%). Cabinet members indicated they felt such improvement reflected the Mayor's investment in the borough.

Reflecting on the findings relating to crime, disorder and ASB, the Lead Member summarised work already underway to address underlying causes.

**RESOLVED** that the Mayor in Cabinet:

1. Notes the findings of the latest Annual Resident Survey.
2. Notes that the report and that the results will be shared and used to contribute to service improvement.

### 6.2 Corporate Peer Challenge Action Plan – Position Statement and Organisational Impact

The Mayor introduced the report that presented progress on action to implement the recommendations of the Local Government Association (LGA) Corporate Peer Challenge (CPC). The Mayor noted that the Council had completed 84% of actions and was on track to reach 91% completion of actions aligned to the CPC recommendations by November 2024. He indicated he felt the decision to seek a CPC review demonstrated the Council's commitment to seeking and acting on external input, feedback and criticism.

Officers, including Stephen Halsey (Chief Executive), Ayesha Hakim Rahman, (Acting Deputy Director of Strategy, Improvement and Transformation) and Salome Chukhua, (Transformation Programme Manager) provided further detail and context on the report. Stephen Halsey explained he was keen for the LGA peer team to revisit the Council to witness the improvements made on their recommendations. Ayesha explained how the Council had extended several of the LGA of recommendations to better reflect Council's ambition.

The Cabinet welcomed the report, noting some of the key achievements including establishing a permanent senior leadership team and addressing the two-council culture identified by the peer team.

**RESOLVED** that the Mayor in Cabinet:

1. Noted the council's progress against the LGA CPC Action Plan
2. Requested the Chief Executive write to the Chief Executive of the LGA, requesting that they re-visit the Council to undertake a progress review at the earliest possible opportunity.

### 6.3 Tower Hamlets Council's Target Operating Model

The Mayor introduced the report that proposed a new Target Operating Model (TOM), designed to align organisational priorities, enhance resident focus, and improve organisational efficiency. The Mayor explained how the TOM represented a significant departure from the previous model, which placed excessive emphasis on internal processes, with limited consideration of resident needs and neglected the resident experience.

Officers, including Ayesha Hakim Rahman, (Acting Deputy Director of Strategy, Improvement and Transformation) provided further detail and context on the TOM. Ayesha explained how the new TOM was developed through extensive stakeholder engagement and was guided by six key design principles, which she briefly summarised. She explained how adopting the new TOM would position the organisation for a more efficient, effective, and responsive future.

Cabinet members welcomed the report. The Cabinet Member for Resources and the Cost of Living explained how the new TOM would link to the existing Strategic Plan.

**RESOLVED** that the Mayor in Cabinet:

1. Approves the formal launch of the council's new Target Operating Model (TOM).
2. Takes note of the TOM launch campaign (Section 3.8 of the report), which will commence on 1 November 2024. This campaign will highlight the TOM Guidance Notes and TOM People First Activity Map, as detailed in Appendices B and C to the report, respectively.

#### **6.4 Strategic Delivery and Performance Report Year 3 Quarter 1**

Councillor Saied Ahmed, Cabinet Member for Resources and the Cost of Living introduced the report that provided Cabinet with a Quarter 1 monitoring update of the Year 3 Annual Delivery Plan 2024-25 performance measures and reported the delivery status of operations relevant to the council's strategic objectives with the intention to give a clear understanding of the council's current performance.

Officers including the Chief Executive and John Ainsworth, (Senior Performance Improvement Analyst) provided further detail and context on the performance trends. Further to comments on whether the measures included in the report provided the most valuable insights possible, John explained how officers were shortly to commence the process for KPI refresh and would ensure all Cabinet members were invited to contribute to this process.

The Mayor welcomed the report, but noted that the 9 measures showing as 'red' continued to cause him concern. Further to this, all Cabinet Lead Members and Corporate Directors present provided the meeting with a brief summary of work underway to reverse poor performance for measures within their remit.

The Mayor asked that an options paper be submitted to an upcoming Cabinet meeting to address KPI021: Percentage of education, health and care assessments completed in 20 weeks. The report should explain how the Council can learn from other authorities with more adequate performance for this KPI.

**RESOLVED** that the Mayor in Cabinet:

1. Note the strategic delivery and performance report for Q1 covering the period of 1<sup>st</sup> April 2024 to 30<sup>th</sup> June 2024.
2. Review the status of 56 performance measures in Q1 tracking the delivery of Year 3 of the Strategic Plan 2022-2026 (Appendix A to the report).

#### **6.5 Tower Hamlets Special Educational Needs, Disabilities and Inclusion Strategy 2024 to 2029.**

Councillor Maium Talukdar, Deputy Mayor and Cabinet Member for Education and Lifelong Learning (Statutory Deputy Mayor) introduced the report that proposed a partnership strategy that set out the shared outcomes that leaders will work collectively to achieve for all children and young people with Special Educational Needs and Disabilities in Tower Hamlets. Councillor Talukdar explained how the Strategy was a partnership strategy developed on behalf of the Tower Hamlets SEND Improvement Board: a partnership between the London Borough of Tower Hamlets, schools representatives, Barts Health NHS Trust, North East London Integrated Care Board, East London NHS

Foundation Trust, the SEND Parents forum, and the Our Time Young People's Forum.

Officers, including Steve Reddy, (Corporate Director, Children's Services) provided further detail and context for the Strategy. In response to questions from Cabinet Steve explained how the partnership would measure success and track delivery.

Cabinet welcomed the report which they felt would help all young people to reach their potential.

Stephen Halsey, Chief Executive, explained he was keen to ensure that all involved in delivery of the Strategy whether Members, partners and officers had sufficient resources and support to bring forward improvement. He asked the Mayor to consider establishing a partnership task and finish group to support drawing out key actions for improvement. The Mayor welcomed and approved this additional recommendation.

**RESOLVED** that the Mayor in Cabinet:

1. Notes the partnership Special Educational Needs and Disabilities (SEND) and Inclusion Strategy.
2. Notes the Equalities Impact Assessment as set out in Paragraph 4 of the report.
3. Establishes a task and finish group whose remit will be to ensure that Members, officers and partners have sufficient resources and support to deliver the improvements from the strategy.

## **6.6 Review of the Licensing Act Cumulative Impact Assessments**

Councillor Shafi Ahmed (Cabinet Member for Environment and the Climate Emergency) introduced the report that reported the review of the Council's two existing Cumulative Impact Policies, in Brick Lane and around Bethnal Green. Councillor Ahmed explained that the Cumulative Impact Assessment forms part of the Council's Statement of Licensing Policy and therefore if the reviewed CIA Policy is adopted, then the Statement of Licensing Policy will be updated to reflect this change.

Councillor Ahmed summarised the statutory consultation process that had accompanied the review place between the January and April 2024.

The Mayor welcomed the report. He indicated he was minded to accept the proposals as set out in the report, to retain Brick Lane CIA (Cumulative Impact Assessments), and expanding it to its southeastern edge and to remove the Bethnal Green CIA (Cumulative Impact Assessments).

**RESOLVED** that the Mayor in Cabinet:

1. Retains the Brick Lane CIA (Cumulative Impact Assessments), and expand it to its southeastern edge.
2. Removes the Bethnal Green CIA (Cumulative Impact Assessments).
3. Agrees the CIA Policy Statement, which has been reviewed in light of the consultation. The Policy Statement can be found in Appendix One to the report.
4. Notes paragraph 9.11 of the Policy, which states if there are no representations, the Council must grant the application in terms that are consistent with the operating schedule submitted, in line with the Council's delegated authority."
5. Notes that the proposed Cumulative Impact Assessment, as part of the Statement of Licensing Policy will take effect from 20th November 2024 until 20th November 2027. The existing Cumulative Impact Policy, which is contained in Appendix 5 of the Statement of Licensing Policy will be rescinded on the 18th November 2024.

## 6.7 Supported Living Pathway

Councillor Maium Talukdar, Deputy Mayor and Cabinet Member for Education and Lifelong Learning introduced the report that set out a preferred procurement process for Children and Young People's Supported Housing Pathway which provided accommodation and housing-related support services to vulnerable children and young people across the borough.

Councillor Maium Talukdar explained how previous tender processes had been unsuccessful: failing to attract a high number of quality bids, necessitating an amended procurement approach.

Steve Reddy, (Corporate Director, Children's Services) provided further detail on the previous procurement activities and the new approach. He explained that, whilst he maintained delegated authority to agree this new approach, he wished to bring the matter to the attention of the Mayor in Cabinet for maximum transparency.

The Mayor welcomed the report. He stressed that whilst his preferred approach to procurement was to pursue open tenders, he was satisfied of the exceptional circumstances in this case and therefore willing to agree the alternative approach. He asked that himself and the Lead Member are consulted prior to any award.

**RESOLVED** that the Mayor in Cabinet:

1. Note that Lot 3 of the tender, which included low-to-medium support provision, has now been awarded to a provider (Salvation Army) who is not an incumbent and is also bringing provision in borough.



2. Note that Lots 1, 2 and 4 of the most recent tender could not be awarded due to not enough bids or not enough quality bids having been received. As a result, based on legal and procurement advice, the outcome of this tender now falls within the scope of Regulation 32 of the Public Contracts Regulation 2015. Under Regulation 32, in the event of a failed tender, the Council may enter into a negotiated procedure (without prior publication) to award the provision that could not be secured via the tender, provided that the initial conditions set out in the tender are not substantially altered.
3. Note that, in order to ensure continued service provision to some of the borough's most vulnerable residents, including avoiding unnecessary moves for children and young people currently accommodated within the Pathway, the Council has approached incumbents and is in the process of agreeing how those providers would be able to deliver the lots that could not be awarded during the tender.
4. Note that the Council has commenced efforts on exploring a pre-approved suppliers list model, as an alternative to the current block contracts model, based on learning and feedback received from the market during this tender and based on learning from other innovative models seen across other London-based councils.

#### **6.8 Harriott, Apsley & Pattison (HAP) Houses Regeneration Scheme - Resolution to make a Compulsory Purchase Order**

This item was considered together with Item 6.9 'Harriott, Apsley & Pattison (HAP) Houses Regeneration Scheme - Two Stage Tender Negotiation' and the combined minute is presented here.

Councillor Kabir Ahmed, Councillor Kabir Ahmed (Cabinet Member for Regeneration, Inclusive Development and Housebuilding) introduced the report that sought authorisation for Officers to make, seek confirmation and give effect to a Compulsory Purchase Order (the Order) from the Secretary of State, which will empower the London Borough of Tower Hamlets (the Council) to acquire property interests within the land known as the Harriott, Apsley & Pattison Houses (HAP Houses). He explained how this would help facilitate the Council's proposed regeneration of the area with a proposed development comprising a residential-led mixed-use development, comprising the delivery of more than 400 new homes and a new community centre and two community buildings.

Councillor Ahmed also introduced the report for Item 6.9, that sought agreement to negotiate the second stage price with the selected bidder following their successful first stage tender submission and appointment to complete the Pre-Construction Services Agreement.

The Mayor and Cabinet welcomed the reports and in particular the proposal to increase the supply of affordable homes in the borough, helping to reduce overcrowding and pressure on housing waiting lists.

The Mayor noted some references to members were out of date in the report's appendices and asked that any such references are reviewed and updated as necessary prior to any further consultation or promotion regarding the HAP Regeneration Scheme.

**RESOLVED** that the Mayor in Cabinet:

In relation to the Order:

1. Agrees that there is a compelling case in the public interest to justify the making of the Order to include interests that must be acquired to facilitate the redevelopment of the Order Land for the reasons detailed in the Report;
2. Agrees that the public interest in enabling the development of the Order Land to proceed outweighs the interference with relevant rights under the European Convention on Human Rights as discussed in the Report;
3. Resolves, further to the Cabinet report dated 31 January 2024, to make the Order to include all land interests within the red line boundaries shown on the plan at Appendix 1 to the report and any other new rights or third-party rights necessary in order to facilitate the regeneration of the Order Land by the Council to provide new and improved housing, and community facility;
4. Delegates authority to the Corporate Director of Housing and Regeneration and the Director of Legal Services and Monitoring Officer (in consultation with the Mayor) the power to effect the making, confirming and implementation of the Order;
5. Delegates authority to the Corporate Director of Housing and Regeneration and the Director of Legal Services and Monitoring Officer (in consultation with the Mayor) to take all necessary steps to give effect to the Order, including, but not limited to, the following procedural steps:
  - (a) Progressing and finalising the Statement of Reasons to properly reflect the Council's position regarding the Order so as to properly present the Council's case;
  - (b) Making any reductions and/or amendments, if necessary, to the extent of the land included in the draft Order Map annexed at Appendix 1 or to effect the withdrawal of objections to the Order;
  - (c) Preparing and making the Order and Schedule to the Order;
  - (d) Power to remove from the Order any interest no longer required to be compulsorily acquired and to amend interests in the Schedule to the Order (if so advised) and to request that the Secretary of State makes any changes to the Order prior to confirmation as may be appropriate;

- (e) Publicising and serving any press, site and individual notices and other correspondence for such making of the Order;
- (f) Making any ancillary orders and the exercise of any of the Council's planning functions to give effect to the Order;
- (g) Paying all costs associated with making the Order, including the compensation payable to landowners;
- (h) Appointing external consultants to assess, agree and pay any compensation and claims arising from redevelopment of the Order Land pursuant to the Order;
- (i) Seeking confirmation of the Order by the Secretary of State, including the preparation and presentation of the Council's case to the Secretary of State / Inspectors as necessary or, if permitted by the Secretary of State pursuant to Section 14A of the Acquisition of Land Act 1981 (the 1981 Act), to confirm the Order;
- (j) Appointing a professional team, including legal professionals and experts, and assembling any witnesses necessary to assist the Council in the preparation and presentation of the Council's case at a Public Inquiry (if any);
- (k) Publicising and serving notices of confirmation of the Order and thereafter to execute and serve any General Vesting Declarations and/or notices to treat and notices of entry, and any other notices or correspondence to acquire those interests permitted by the Order; and
- (l) Acquiring title to and/or taking possession of the Order Land and this shall include the power to take all necessary statutory procedural steps required to facilitate such acquisition of title and possession of the Order Land;

6. Delegates authority to the Corporate Director of Housing and Regeneration and the Director of Legal Services and Monitoring Officer (in consultation with the Mayor), to agree the terms of and enter into any documentation required to settle any property matters necessary to progress the Scheme, including, but not limited to:

- (a) negotiating and monitoring of agreements with landowners and/or statutory undertakers as applicable;
- (b) setting out the terms for withdrawal of any objections to the Order, including where appropriate seeking exclusion of land or new rights from the Order; and
- (c) referral and conduct of disputes relating to compensation payable pursuant to the Order at the Upper Tribunal (Lands Chamber);

In relation to the appropriation:

7. Acknowledges that further to Cabinet's decision on 31 January 2024 and subject to consent first being given by the Secretary of State in respect of the appropriation, the Council shall rely on powers of appropriation in section 203 of the Housing and Planning Act 2016 to override existing rights over the Estate.

## **6.9 Harriott, Apsley & Pattison (HAP) Houses Regeneration Scheme - Two Stage Tender Negotiation**

This item was considered together with Item 6.8 'Harriott, Apsley & Pattison (HAP) Houses Regeneration Scheme – Resolutions to make a compulsory

purchase order. For detail of discussion on this item, see the minute for Item 6.9.

**RESOLVED** that the Mayor in Cabinet:

1. Notes the award of the Pre-Construction Services Agreement and JCT Minor Works Contract for the first stage procurement recently completed.
2. Delegates authority to the Corporate Director of Housing and Regeneration, the authority to appoint any consultants required to assist the Council in the delivery of the Pre-Construction Services Agreement.
3. Authorises the Corporate Director Housing and Regeneration (in consultation with the Mayor) to enter into any negotiation of the Development Agreement and Second Stage Price with the successful bidder in order to facilitate the redevelopment of the Site and, to provide new and improved housing and community facility.
4. Notes the intention to bring a further report to the Mayor in Cabinet later in 2025 recommending the formal entering of the Development Agreement.

#### **6.10 VAWG and Women's Safety Strategy**

Councillor Abu Chowdhury, Cabinet Member for Safer Communities introduced the report that proposed a new Violence Against Women and Girls Strategy to set out new approach and priorities for 2024 to 2029. He also explained how a corresponding action plan would ensure the Strategies priorities were delivered.

Officers including Simon Baxter, Corporate Director Communities, added further details and context. All attendees offered thanks to Ann Corbett, Director of Community Safety, for her work leading on the Strategy from the officer-side.

Stephen Halsey, Chief Executive, explained he was keen to ensure that the new strategy had corporate oversight for delivery. He asked the Mayor to consider appointing the Corporate Director for Health and Adult Social Care as lead for corporate delivery of the Strategy. He explained such an appointment would not take-away from the Corporate Director Communities' responsibility for service delivery. The Mayor welcomed and approved this additional recommendation.

**RESOLVED** that the Mayor in Cabinet:

1. Approves the council's Violence Against Women and Girls (VAWG) and Women's Safety Strategy (Appendix 1 to the report).

2. Acknowledges that addressing and preventing violence against women and girls requires a whole system response and consider how members can support the delivery of this across the organisation, improving and strengthening system leadership of this cross cutting and critical agenda.

3. Requests that the Corporate Director for Health and Adult Social Care takes the lead for corporate delivery of the Strategy.

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

Nil items.

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

A motion to exclude press and public was not required.

**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. EXEMPT / CONFIDENTIAL REPORTS FOR CONSIDERATION**

Nil items.

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


Nil items.

The meeting ended at 8.00 p.m.

Mayor Lutfur Rahman

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<p><b>Cabinet</b></p> <p>27 November 2024</p>	
<p><b>Report of:</b> Steve Reddy, Corporate Director Children’s Services</p>	<p><b>Classification:</b> Unrestricted</p>
<p><b>Youth Service Progress Update</b></p>	

<b>Lead Member</b>	Councillor Maium Talukdar, Statutory Deputy Mayor and Cabinet Member for Education and Lifelong Learning
<b>Originating Officer(s)</b>	Shafiur Rahman, Interim Director of Youth Services
<b>Wards affected</b>	<b>All wards</b>
<b>Key Decision?</b>	<b>Yes</b>
<b>Reason for Key Decision</b>	Significant impact on wards
<b>Forward Plan Notice Published</b>	17 October 2024
<b>Exempt information</b>	N/A
<b>Strategic Plan Priority / Outcome</b>	Priority 3: Accelerate education Priority 4: Boost culture, business, jobs and leisure Priority 5. Invest in public services Priority 6. Empower communities and fight crime Priority 8. A council that works for you and listens to you

## Executive Summary

A priority within the Mayoral Manifesto Pledge and Tower Hamlets Council Strategic Plan 2022-2026 is to transform and improve services for young people in the borough.

We are ambitious about ensuring that every young person in Tower Hamlets has the best start in life and can access opportunities that enable young people to fulfil their potential including removing the impact of societal barriers that many young people face. To achieve this there are a range of measures designed to improve outcomes for young people which are detailed within the Strategic Plan 2022-2026 including the council’s priority to invest in a flagship youth service following significant cutbacks through the years of austerity.

This report aims to provides an update in respect of the progress made with the youth service transformation. The report sets out what has been achieved to date around the implementation of the Young Tower Hamlets delivery model, mobilisation

of the new youth service offer and the priorities over the coming months as well as governance oversight, budget and risks.

### **Recommendations:**

The Mayor in Cabinet is recommended to:

1. Note the progress made in respect of the Youth Service roll out.
2. Provide agreement to continue to roll out line with the implementation plan.

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

1. It is important that the Mayor and Cabinet are kept informed of the progress made around the implementation of the new youth service model and that the Executive is provided with feedback to improve delivery of the transformation programme.
2. This report aims to provide Cabinet with a comprehensive update on the development and launch of the Youth Service and asks Cabinet members to note the achievements to date and endorse the plan going forward.

### **2. ALTERNATIVE OPTIONS**

3. None.

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

- 3.1. The Young Tower Hamlet transformation programme has been delivering at pace since the last strategic update in June 2024. The key achievements that this paper aims to highlight are:

- The Young Tower Hamlets staffing model
- A safe space in every ward
- Operational delivery
- Communication and engagement
- Young Tower Hamlets Strategy

#### **3.2. Young Tower Hamlets staffing model**

- 3.2.1. In September 2023 the Young Peoples Service underwent a full-service restructure into becoming Young Tower Hamlets. The restructure concluded in June 2024 with staff members moving into their new permanent roles and there no longer being an 'interim' model in place as the posts are now created within the staffing establishment.

- 3.2.2. Throughout the summer of 2024, there has been a large-scale recruitment campaign to advertise and appoint to management roles

within the structure of which 13 out of 16 are now occupied by a permanent member of staff.

- 3.2.3. In September 2024 the service held a recruitment open day to support with the recruitment of the vacant operational roles and to promote the new Young Tower Hamlets Service offer. The open day was a huge success with over 200 people attend the open day of which 73% live in the borough and 68% seeking new job opportunities.
- 3.2.4. Overall, 25% of all Young Tower Hamlets permanent roles have been recruited to as of October 2024. With all remaining posts planned to be filled by March 2025.

### **3.3. A Safe space in every ward**

3.3.1. Young Tower Hamlets has increased its safe space service provision over the last 12 months to 14 operational sites across the borough. The offer is a mixed economy of mainly Local Authority provision (15 wards) and some commissioned to VCS providers (up to 5 wards). The current Young Tower Hamlets safe space settings in the borough comprise of:

- Columbia Road Youth Centre
- Haileybury Youth Centre
- Limehouse Youth Centre
- Old Castle Street Youth Centre
- St Andrews Wharf Youth Centre
- Kitcat
- Wapping Youth Centre
- Urban Adventure Base
- Osmani Youth Centre
- Linc Community Centre
- St Paul's Way Centre
- Minerva Community Centre
- Christian Street Community Hub
- Eastside Youth and Community Centre

3.3.2. The service is scheduled to open an additional three sites throughout November 2024, another three in December 2024 and one in February 2025. Any remaining sites will be open before summer 2025.

3.3.3. In 2023 the service secured an additional £488k in grant funding from the Youth Investment Fund. This funding has contributed to the Young Tower Hamlets refurbishment programme to refresh a range of safe space provision in the borough. The refresh programme started in April 2024 and is on track to be completed by March 2025.

### **3.4. Operational Delivery**

3.4.1. All of the Young Tower Hamlets service elements (Universal safe spaces, targeted youth support, integrated detached youth work, Youth sports and adventure learning and youth participation) are operational and delivering frontline services to children in the borough. The service delivered a great summer of fun programme with over 1000 free activities and are about to deliver a range of activities throughout National Youth Work Week which starts on 4 November 2024.

- 3.4.2. To ensure the services are delivering a safe and sustainable model, a full review of each area is underway around their processes, policies, KPI's, performance information as well as quality assurance.
- 3.4.3. The service continues to recruit into the vacant permanent posts and will be delivering the whole offer at full capacity by March 2025.
- 3.4.4. The service has been building relationships with the partnership, with regards to schools the service regularly contributes into the Head Teachers newsletter, the Detached Youth Service delivers youth safety and mediation workshops within schools and the Universal Safe Space team are looking to collaborate with teachers in delivering homework/revision classes for young people. Through our Targeted Youth Support work we have a wellbeing offer which we are looking to expand within the Universal Safe Space settings next year and the Detached Youth Service work with Your Stance to deliver first aid training within the community.

### **3.5. Communication and engagement**

- 3.5.1. The corporate communications team has been working with staff and children to develop the new Young Tower Hamlets website. The website went live in August 2024 and is fully up and running with over 5,000 visits to date.
- 3.5.2. Through consultation and listening to how young people want to stay in touch we have invested in our social media platform TikTok. Earlier this year we launched our TikTok channel (@youngtowerhamlets) which has over 3,000 followers, over 13,000 likes and over 1.5million views which demonstrates successful channel growth. Our top 3 Young Tower Hamlets videos by views was:
  - World Book Day (189k)
  - Study tips from Youth Council during exams (97k)
  - Urban Adventure Base – sports events during Easter (88k)
- 3.5.3. We also promote our service using leaflets and flyers which are distributed through our youth workers to create awareness of what is happening across our youth offer to children, parents and partners in the borough.
- 3.5.4. By having these different communication platforms in place is enabling us to communicate in the way young people want to be communicated with. These platforms provide us with the opportunity to showcase the work that is being delivered through Young Tower Hamlets, it supports with the increase of young people attending our universal safe space settings as well as increasing the number of young people attending holiday provision.

### **3.6. Young Tower Hamlets Strategy**

3.6.1. The Young Tower Hamlets strategy is in draft form and in the process of being reviewed by different governance groups and will be presented to Cabinet in March 2025.

3.6.2. As part of our continuous learning, we will be engaging an independent evaluator to review the added value of the new model, which will take place in September 2025.

## **4. EQUALITIES IMPLICATIONS**

4.1. Equalities impact assessment has been undertaken as part of the service redesign.

## **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.
- Data Protection / Privacy Impact Assessment.

5.2. This is a progress report implications were raised by previous reports.

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

6.1. There are no financial implications arising from this report. The budgets referenced within are accurate and have been verified as correct.

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

7.1. The Council has the legal power to operate in the manner detailed in this report.

7.2. The Council is legally obliged to ensure delivery of a number of youth related services. The proposed structure is one which may be considered one that a rational local authority may devise in order to meet the requirements of its statutory obligations.

7.3. The Council has a wide-ranging discretion to determine the best way to meet its Best Value legal obligations for the delivery of its legal functions. It is open for the Council to elect to implement the structure detailed in this report

as one which might be reasonably expected to meet its Best Value obligations.

- 7.4. The Council will continue to assess the impact of the implementation in terms of equalities and to ensure that the Council continues to meet its duties under the Equality Act 2010.
- 

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

### **Linked Report**

- NONE

### **Appendices**

- Young Tower Hamlets Progress Update

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

None.

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

N/A

# Young Tower Hamlets Progress Update

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Cabinet  
November 2024



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<b>Strategy Development</b>	Young Tower Hamlets Strategy <ul style="list-style-type: none"><li>- Needs Assessment</li><li>- Outcomes Framework</li><li>- Theory of Change</li><li>- Youth Work Curriculum</li></ul>
<b>Governance</b>	Finance overview Implementation plan Governance structure Roles and responsibilities Risks Appendix 1 staffing structure





# Our Strategic Ambition

## Strategic priorities, Young Tower Hamlets

- Priority 3: Accelerate education
- Priority 4: Boost culture, business, jobs and leisure
- Priority 5. Invest in public services
- Priority 6. Empower communities and fight crime
- Priority 8. A council that works for you and listens to you



## The change programme

- A safe space in every ward
- A workforce that reflects the community
- A skilled and qualified workforce
- Commissioning of youth provision
- What the young people say



## Where are we now

- 14 universal youth sites operational
- Targeted Youth Support & Integrated Detached Team operational
- Sports offer expansion
- Mayor Small Grants allocation
- Extension to the commissioned provider contracts



YOUNG



# The Context and Evidence

## The need is increasing

Demand of services for young people has increased dramatically through the pandemic and has been exacerbated even further in the face of cost-of-living crisis and overcrowded housing affecting young people and their families across the borough. This is also in a context of Tower Hamlets having an overall young population and a significantly higher rate of young people living in poverty.

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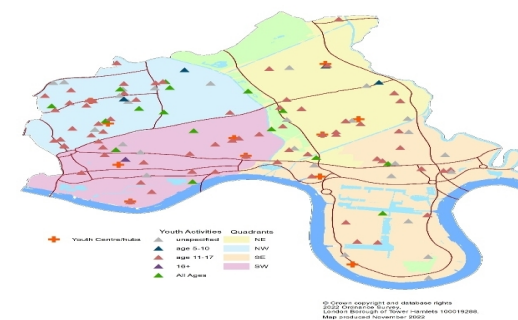
## The investment reducing

A significant reduction in funding to youth services at a local and national level over the past decade has led to an increase in crime and anti-social behaviour and lack of safe spaces for young people to go outside of school hours or during holiday periods.

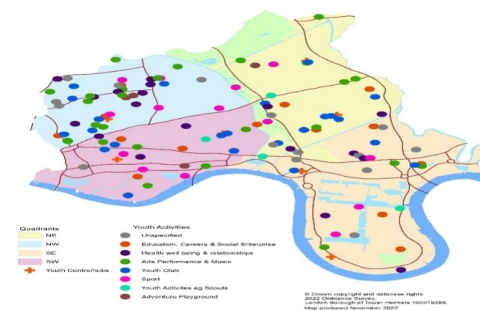
## The evidence is growing

A comprehensive analysis of existing youth provision mapping took place at a borough wide level to inform the detailed plans for the new growth.

### Youth Provision (by age)



### Youth Provision by activity & location



The ONS mid-year estimates also informed the delivery model as it highlighted the rising adolescents that will be potential service users in the next 2-6 years.

Rank	Ward	5-10 years	Ward	11-19 years	Ward	20-25 years
1	Bethnal Green	2,311	Bethnal Green	3,070	Whitechapel	3,600
2	Blackwall & Cubitt Town	2,088	Blackwall & Cubitt Town	1,745	Bethnal Green	3,312
3	Bow East	1,856	Bow East	1,768	St Peter's	2,557
4	Bow West	1,567	Bow West	1,387	Mile End	2,548
5	Bromley North	1,531	Bromley North	1,227	Blackwall & Cubitt Town	2,465
6	Bromley South	1,529	Bromley South	1,963	Spitalfields & Banglatown	2,332
7	Canary Wharf	1,441	Canary Wharf	1,309	Canary Wharf	1,884
8	Island Gardens	1,441	Island Gardens	1,322	Bow East	1,821
9	Lansbury	1,432	Lansbury	2,708	Island Gardens	1,664
10	Limehouse	1,383	Limehouse	406	Lansbury	1,500

The next slide presents a full needs assessment of the borough which sets out where the areas of need and focus should be aligned to over the coming years.

Other models for youth provision were considered as part of the service design work.



# Focus for the following period

## Strategy Development

To be presented at Cabinet in March 2025

Engage an independent evaluator to review the added value of the new model

September 2025

## Commissioning & Partnerships

Commissioning offer and budget of specialist and universal youth provision  
March 2025

## Safe Spaces

Refurbishments to be completed by March 2025

## Skilled and qualified workforce

Commences in June 2024 this will be on-going

## Quality Assurance & Performance

Recruitment of PDL, development of QA framework and datasets to be completed by December 2024

## Workforce Development

Training programme in place.

Workforce development strategy is in development it will be implemented by February 2025



# The journey so far

## January 2024

- Launch of the Supporting Families Redesign

- **February 2024** Midway Consultation Meeting with staff to feedback on the proposed YTH structure.

## March 2024

- End of Consultation meeting with staff.

## August 2023

- Summer programme launch

## September 2023

- Relocation of Sports Team & development of new sports offer

## April 2023

- Cabinet report agreed
- Project Team recruitment underway
- Hackathons in planning phase

## May 2023

- Hackathons delivered
- Launch of youth & parent survey

6

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## June 2024

- YTH new structure go live

## April 2024

- Final structure announced.
- Development of the Youth Work Statutory Duty delivery plan.
- Draft Hackathon report received.
- +1 Contract Extension Letters to providers

- **October 2023** Additional two youth centres open, 7 in total

- National Youth Work Week
- Hackathon delivered jointly with specialist providers.

- **November 2023** First YTH Away Day

## December 2023

- Data Dashboard in development and Needs Assessment completed

## June 2023

- Logo and Branding created
- Interim operational teams recruited across Universal & Detached
- YTH delivery timetable developed
- Training programme, policies & procedures created

## July 2023

- Mayors Launch Event at Haileybury
- Goulston St & Columbia Rd live

- **June 2022** launch of new Borough Strategic Plan

- **July 2022** Mandate from Deputy Mayor to develop a Young Tower Hamlets model

- **September 2022** Draft Target Operating Model

- **October 2022** Operating Model agreed

- **November 2022** Define & implement programme structure & governance

- **December 2022** Cabinet report developed & LA youth settings identified for refurbishment

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# The Model



# Introduction to staffing structure

- The Young Peoples Service has recently gone through a full-service restructure into Young Tower Hamlets.
- The restructure started with initial consultation in September 2023 and completed in June 2024.
- The interim model is no longer in place as the posts are now created within the staffing establishment.

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Throughout the summer period between July – October 2024 the management team have been recruiting to the following posts:



- Over the coming months we will be recruiting to the frontline delivery posts.



# Permanent staff in posts

- The below table presents the roles within the structure and the number of permanent staff within the posts.
- Overall, the structure has 204 posts within it with 24% of posts having a permanent members of staff within them.

No	Service	Role	No post in structure	Perm staff in post	Targeted completion	RAG
1	Management	Head of Service	1	0	December	R
		Group Managers	4	4	Completed	G
		Comms & Engagement	1	0	December	A
2	Universal	Team Manager	3	3	Completed	G
		Senior Youth Worker	7	0	December	A
		Youth Support Worker in Charge	21	0	December	R
		Youth Workers	84	0	December	R
3	Targeted Youth Support	Team Manager	4	4	Completed	G
		Targeted Youth Practitioner	20	14	November	A
4	Integrated Detached Team	Team Manager	1	0	December	R
		Senior Youth Worker Integrated Detached	4	0	December	R
		Youth Support Worker in Charge Integrated Detached Team	4	0	December	R
		Youth Support Worker Integrated Detached Team	20	0	December	R
5	Participation & Operations	Team Manager Operational Support	1	1	Completed	G
		Operational Support Officer	4	4	Completed	A
		Youth Participation Team Manager	1	1	Completed	G
		Youth Participation Practitioner	3	3	Completed	G
		Volunteer and Sessional Staff Coordinator	1	1	Completed	G
		Youth Accreditation and Achievement Coordinator	1	1	Completed	G
		Practice Development Lead	1	1	Completed	G
6	Sports	Senior Youth Worker (Sports)	2	0	December	R
		Youth Sports Coach	6	6	Completed	G
		Sports Adventure Coach	7	7	Completed	G
		Activities Co-ordinator	1	1	Completed	G
7	Commissioning	Commissioning Officer	1	1	Completed	G
		Data Analyst	1	1	Completed	G
<b>Number of posts and percentage of staff in posts</b>			<b>204</b>	<b>26%</b>		



# Recruitment Open day

The Young Tower Hamlets structure has over 100 vacant frontline posts. To support with the recruitment and to promote the new service offer the service held an open day on 9 October 2024. On the day there were 14 stalls promoting all of the different aspects of youth work such as:

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Universal	Targeted	Detached	Adventure Sports	Youth Participation	Young Work Path
Adult Work Path	National Youth Agency	Volunteers	Young Employees Network	Learning Academy	Employability workshops

The open day was a **huge success** with the following key highlights:

Over 200 people attended	73% of attendants live from the borough	25% of the attendees were between the age of 18–24, followed by 16% of 25–34-year-olds	The reason for visits were 68% looking for job opportunities and 28% seeking information about the service areas
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# Safe Spaces Refresh

Young Tower Hamlets universal offer is currently delivered from the following safe space settings:

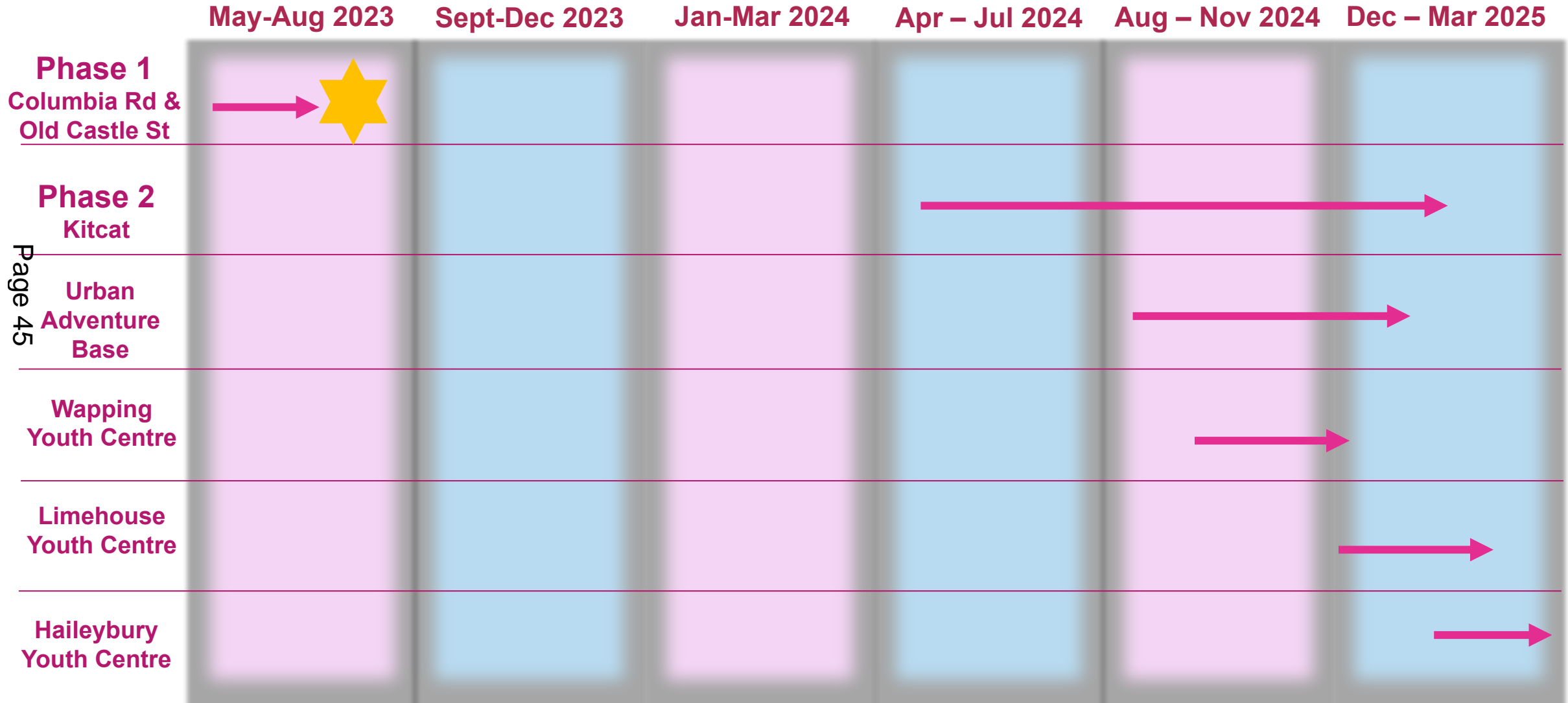
- Columbia Road Youth Centre
- Limehouse Youth Centre
- St Andrews Wharf Youth Centre
- Urban Adventure Base
- Wapping Youth Centre
- Haileybury Youth Centre
- Old Castle Street Youth Centre
- Kitcat Targeted Universal



# Safe Spaces – Refresh Timeline



- The service have been successful in securing £488k in Youth Investment Fund grant funding which needs to be spent by March 2025.



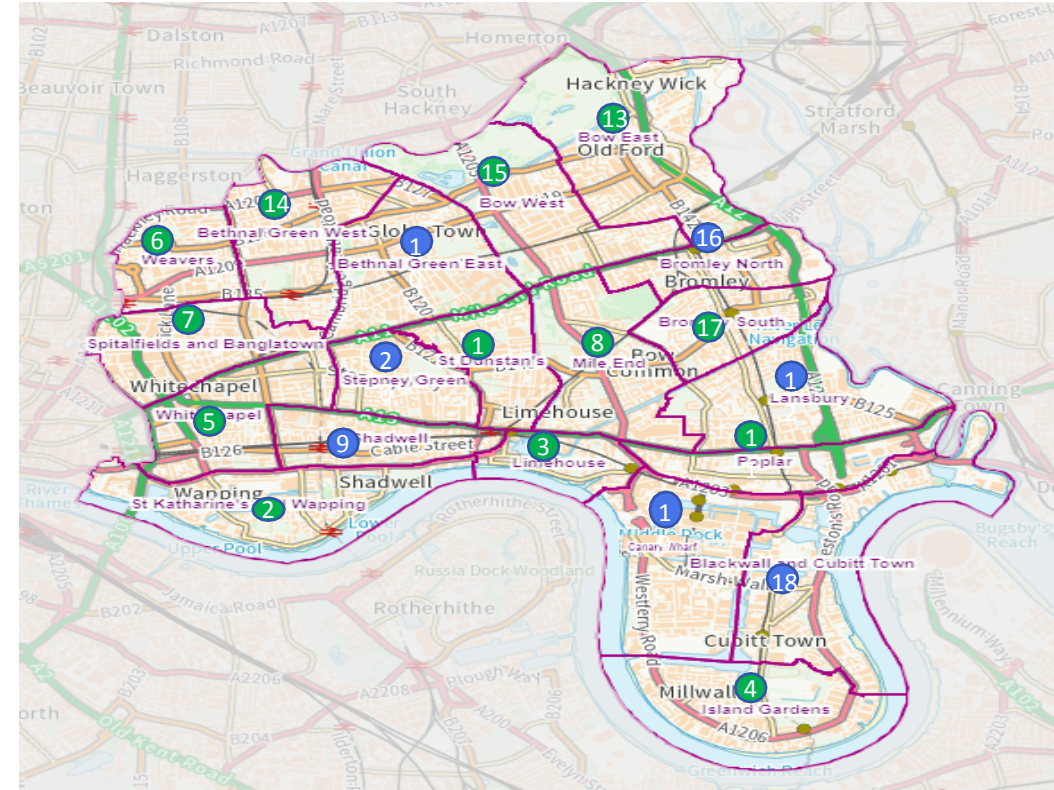


# Safe Spaces Update

- The below sets out the delivery method i.e. Young Tower Hamlets (YTH) or Commissioned (C).

No	Ward	Building (c =Community owned)	Delivery	RAG	Target opening date
1	St Dunstan's	Haileybury Youth Centre	YTH/C	G	
2	St Katharine's & Wapping	Wapping Youth Centre	YTH/C	G	
3	Limehouse	Limehouse Youth Centre	YTH/C	G	
4	Island Gardens	St Andrew's Wharf	YTH/C	G	
5	Whitechapel	Christian Street Hub	C	G	
6	Weavers	Columbia Road Youth Centre	YTH	G	
7	Spitalfields & Banglatown	Old Castle Street Youth Centre (YTH) Osmani Centre (C)	YTH/C	G	
8	Mile End	UAB (YTH) / 99 St Pauls Way (C)	YTH/C	G	
9	Shadwell	Bigland primary School (C)	YTH	A	Nov 24
10	Bethnal Green East	Bethnal Green Library	YTH	A	Dec24
11	Poplar	The reach (C)	YTH	A	Nov 24
12	Lansbury	TBC	YTH/C?	R	
13	Bow East	East Side (C)	C	G	
14	Bethnal Green West	Minerva Centre (C)	C	G	
15	Bow West	Kitcat (specialist) +1 TBC	YTH	G	
16	Bromley North	TBC	YTH/C?	R	
17	Bromley South	Bow Community Hub (YTH) Link Centre (C)	YTH C	G	Nov 24
18	Blackwall & Cubitt Town	Samuda Centre (50p Club)	YTH	A	Dec 24
19	Canary Wharf	Phoenix Heights (C)	YTH	A	Dec 24
20	Stepney Green	New City Corporation College (TBC)	YTH	A	Feb 25

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RAG	Wards	No of Youth Centres 2024-25
G	12	14
A	6	6
R	2	2
<b>Total</b>	<b>20</b>	<b>22</b>

# Mayors Small Grants



## Positive Activities for Young People

The Positive Activities for Young People is to provide activities during school holidays. The value is £250k per year. In the first round we awarded **£46,829** the next round is due to open in 20 May 2024.

In total we recommended 9 projects.

- Disadvantaged young people to attend a 3-day residential trip to help raise their aspirations.
- Holiday activities for young woman, extended opening hours during the summer.
- Positive activities to increase resilience and confidence.
- 12 arts events across the borough, learning professional dance and much more.

## Youth Empowerment Fund

The Youth Empowerment Fund is to support young people to design, bid and deliver projects for their peers. The value is £250k per year. In the first round we awarded **£24,482** the next round is due to open in 20 May 2024.

In total we recommended funding 7 projects.

- Young women to run a fundraising event for charity.
- A youth forum to create a gardening project to improve the local environment.
- A peer education project where young people educate each other on the issues affecting them.
- Delivering 4 social action projects tackling mental health in Tower Hamlets.

# Commissioning of Youth Contracts

- Discussions have commenced on the recommissioning of the existing specialist youth work contracts. These include contracts for the provision of specialist youth work for children with SEND, LGBTQI children, children transitioning from primary to secondary school, and Somali children and young people. Based on the needs assessment that is being undertaken a proposal providing recommendations will be presented through the governance for a decision.
- A Working Group was set up to review the specialist provision and lead on the commissioning of specialist youth work. The Group will be reporting to the Redesign Group and the Executive Board.
- The Group is currently carrying out analysis to support decision-making on the areas outlined above. This includes a review of a past needs analysis carried out for the Programme and the insights that came out of the Hackatons, as well as in-depth analysis of the performance of existing specialist contracts. A data request has also been raised with the Data and Performance Team to understand the wider picture around SEND and transitions in schools. This analysis will be presented to the Redesign Group in November.
- The Working Group is also considering the best way of engaging with providers and the wider youth sector to inform the decisions outlined above and the future provision.
- Once the areas outlined above are clarified, the Commissioning Team will work with the Procurement Team to design a detailed procurement timeline. The Procurement Team has been engaged regarding the upcoming procurements.
- We will commission universal youth provision in approximately 5 wards where we will not be directly delivering universal youth provision.

# Communications

Social Media

- TikTok channel (@youngtowerhamlets) now fully launched. 2,809 followers, over 13k likes and over **1.5m views** across videos so far demonstrating successful channel growth.
- Top 3 YTH videos by views: World Book Day (**189k**), Study tips from Youth Council during exams (**97k**), Urban Adventure Base – sports events during Easter (**88k**)

Website Development

- Website launched in August, and we continue to promote the website across our council channels. Visits to date are **5,238**.
- Feedback provided by service and actioned by communications.
- Young people will be the website user testers contributing to the look and feel of the new site.

Campaigns

- Communications strategy continues.
- Calendar of themes and awareness days created with monthly focus.
- Recruitment campaign launched in September and is ongoing. Communications supported with Open Day on 9 September, including photo and video content.
- Young Mayor applications and elections support.
- Youth Achievement Awards – nomination form published and encouraging submissions.
- Duke of Edinburgh landing page on website, promoting across channels.



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# Strategy Development





# Young Tower Hamlets Strategy Development



- The Young Tower Hamlets strategy is in progress a draft is going through governance and scheduled to be presented at Cabinet in March 2025.
- There are several components required to underpin the strategy to ensure that the new Young Tower Hamlets youth service is built on a solid foundation. The key elements are:

## Hackathon Feedback from young people & parent/carers

• Throughout 2023 a series of engagement events took place in partnership with VCS providers and school settings. The aim of these events were to receive feedback from children and parents/carers on what they would like from their youth centres. A summary report is in development, analysed and will contribute into the young tower hamlets strategy.

## Needs Assessment

• A comprehensive needs assessment of the borough relating to children has been undertaken. The needs assessment provides rich information on our gaps of delivery and our desired outcomes in the future. The needs assessment will be used for commissioning intentions and for delivering frontline youth provision.

## Theory of Change

• Theory of change workshops have taken place which were led by the YMCA George Williams with a range of Tower Hamlets stakeholders to map the transformation required to deliver the short and longer-term outcomes to meet future vision. The theory of change is in draft form and in the process of being signed off.

## Outcomes Framework

• Outcomes framework will support the service with knowing whether the goals set out within the strategy and at a local level are being achieved. The outcomes framework has yet to be devised.

## Youth Work Curriculum

• Provides an educational framework around youth work delivery, how their interventions and activities are being used to support personal, social and practical development for children. This work has not started as yet.

## Statutory Self-Assessment

• The NYA have released a statutory self-assessment to inform a new service delivery plan. This is in development and aims to be completed by September 2024.



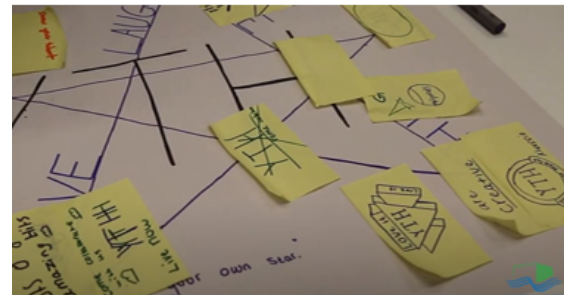
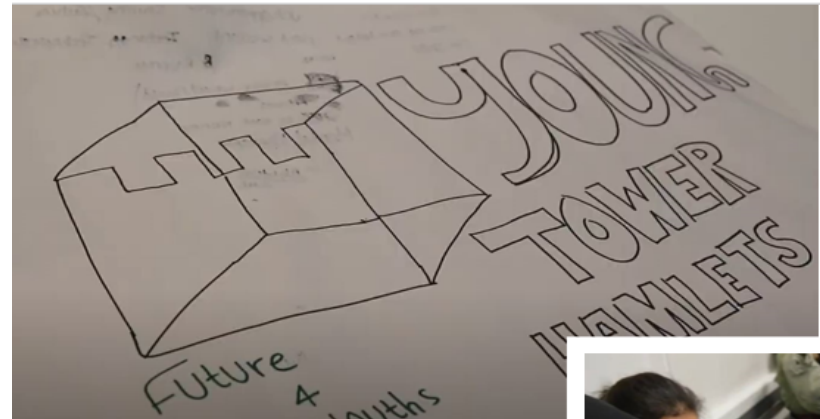
# Hackathon Consultation Events

A comprehensive consultation of the needs, preferences, ideas and ambitions of young people, their parents and those who know them to place by throughout 2023/4. The comprehensive consultation programme encompassed the following:

- **An online survey of young people, 940** responses, through schools, youth providers, social media, residents, and partner organisations.
- **An online survey of parents, 170** responses, through community networks, parent groups, council services, and digital channels.
- **Four large-scale Summer 'hackathon' events** engaging **400** young people, featuring interactive workshops, co-design sessions, competitions, and activity tasters at three youth hubs and a school.
- **A film peer action research project** involving **20** young people, trained to investigate peers' needs using journalism techniques with a professional media company.
- **Four targeted Autumn hackathon session** for specific groups, including Somali boys, girls, SEND young people (up to the age of 25), and young people who identify as LGBTQIA+, contributing to the design and vision of a future youth service tailored to their unique needs.

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- **Needs & wants** - Creating a modern youth service offer
- **Youth voices, youth choice** - Co-designing brand identity and logo for the new youth service
- **Seeing the Future** - Designing a new youth service in the metaverse.

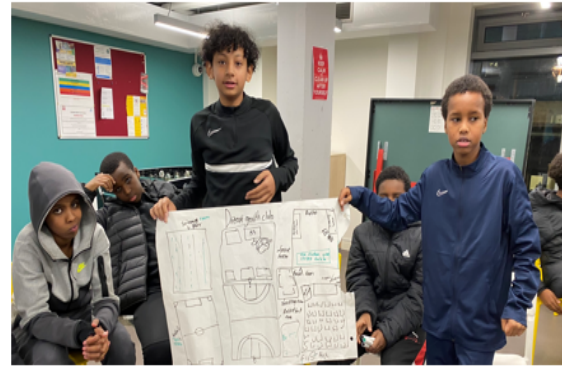




# What young people say

*"I feel like youth centres should promote more free activities or residentials or things that are in trend. For example, right now it's summertime, so I think that they should provide biking sessions or water fights - even if it may seem as if it's not that useful, it will bring people together."*

*"With crime rates going up, I feel if a young person knows that if they've got somewhere where they feel comfortable and they've got somewhere that they're going to enjoy themselves, they're going to want to come"*



*"It's pretty fun. There's lot lots of activities around here. Most of the time I'm using the studio as I'm a singer or DJ, but at times I would also ask to go and bake, because I'm a baker as well."*

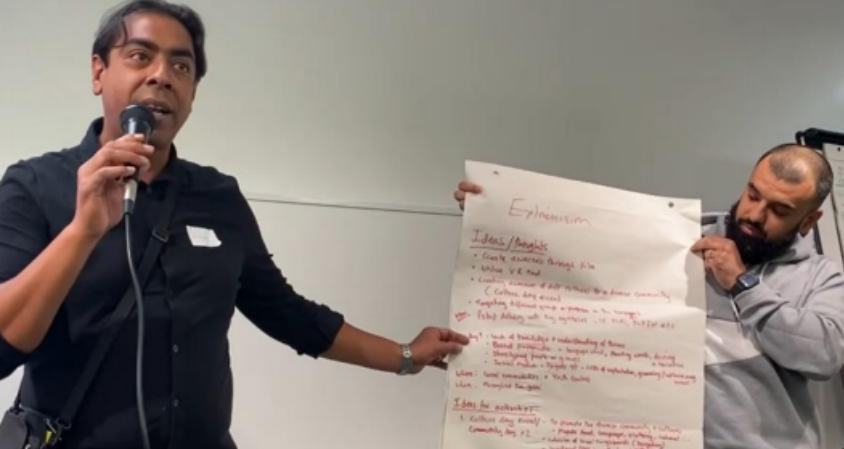


*"I think we have quite a lot, but we need to ask young people what they enjoy and make programmes based on their answers rather than just assuming."*

**YOUNG**

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# Young Tower Hamlets Staff Charter



- The Young Tower Hamlets staff charter was developed at a staff away day in November 2023. The 5 key standards for the service are:

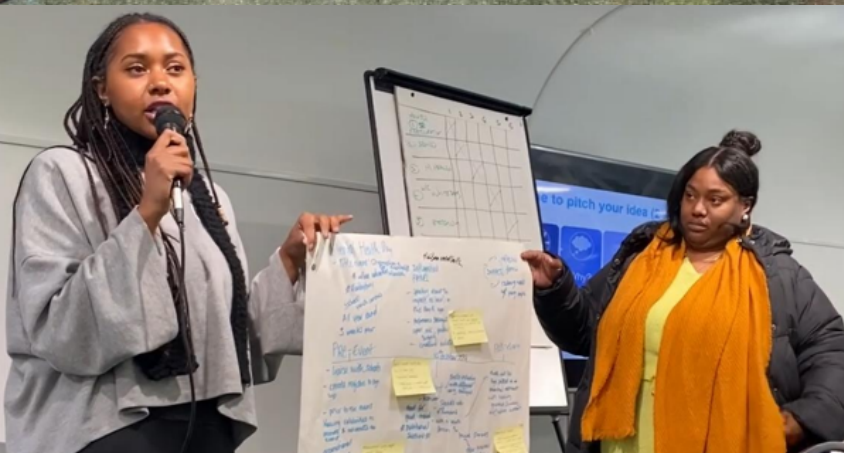
**Child Centered:** Honest, compassionate and respectful to each other, to young people and their families.

**Respect:** Being professional, positive, and respectful at all times.

**Safety:** Proactive support to ensure policies are being followed.

**Compassionate:** Give each other time for reflection and actively listening to our challenges.

**Excellence & Quality:** To keep the child's voice at the centre of all the work we do.



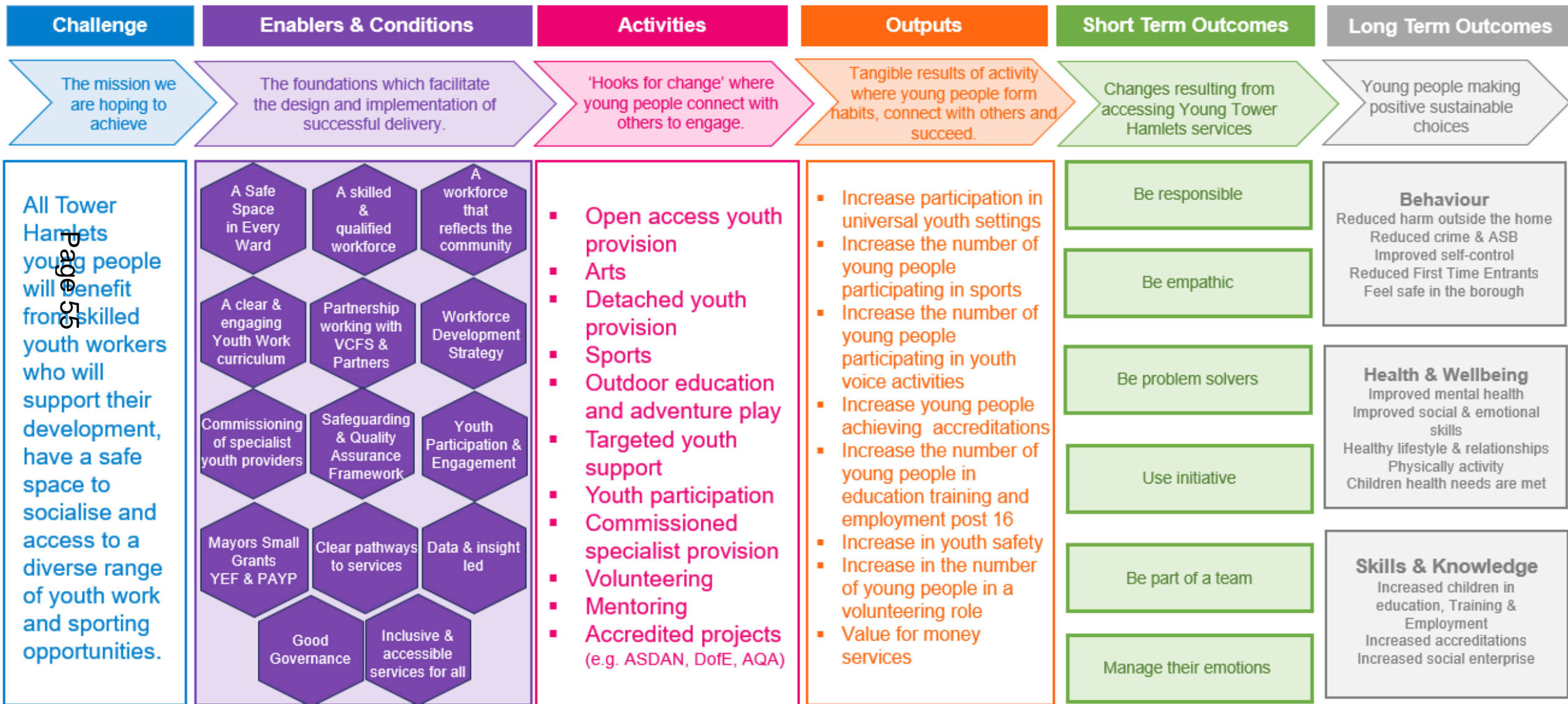


# Draft Theory of Change

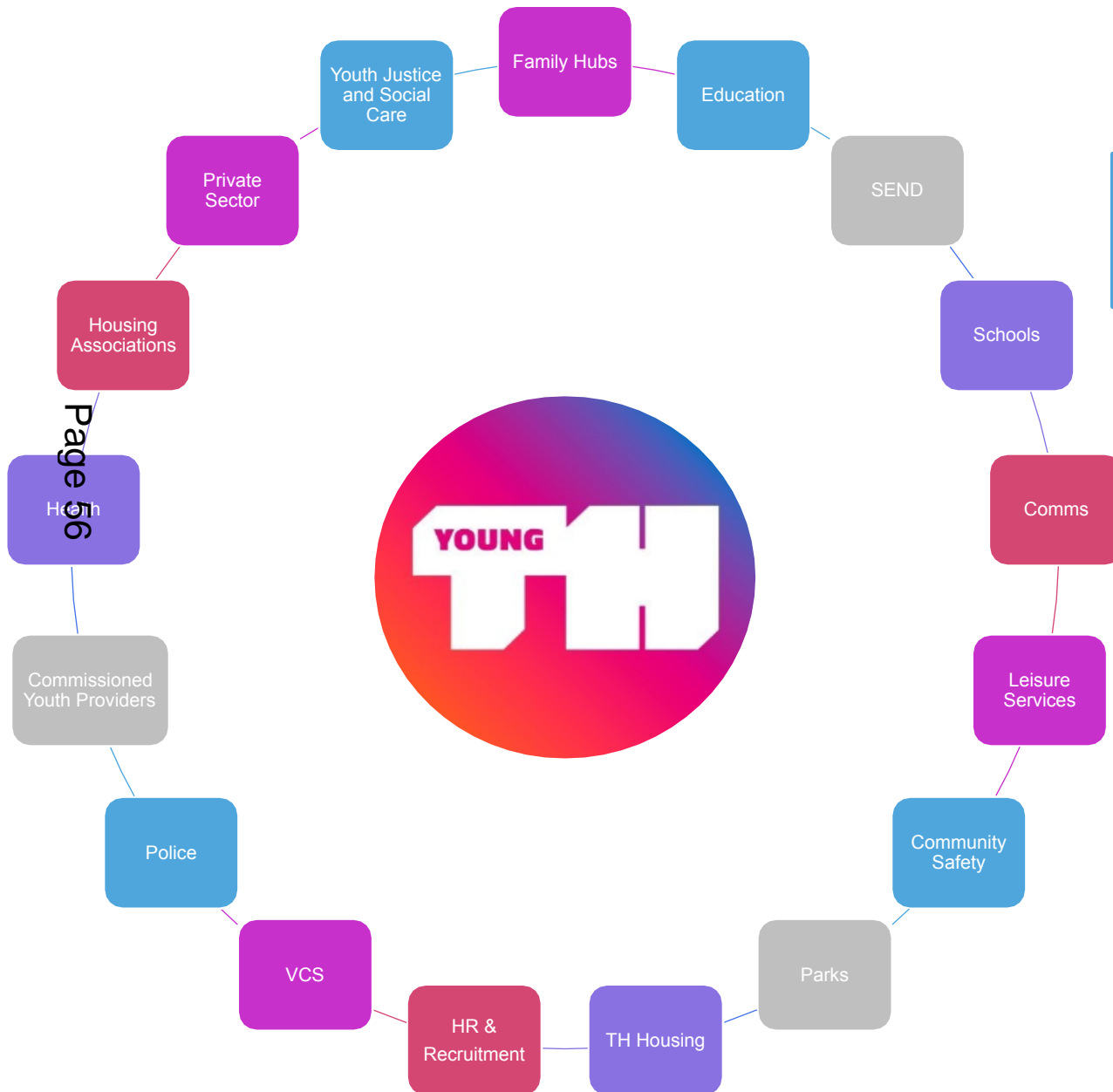
Our Theory of Change sets out how Young Tower Hamlets will be harnessed to develop interventions which provide positive experiences for young people in a safe space whilst developing their pro- social identities.

# Discovering potential, achieving success

Our vision statement for Tower Hamlets is all young people are provided with inspiring opportunities, exciting activities, and tailored support regardless of background. Enabling them to discover their full potential, transform our community and become the next generation of success stories.



# Partnership Interdependences



The diagram illustrates the range of different internal and external partners that we must engage with for this vision to be delivered and to be successful.

We need to ensure there is collaborative leadership that is listening to youth workers and the partnership at a strategic and operational level so that we can understand young people's needs and respond to the challenges they face together.

The recommendation is that this is part of a phased approach to the overall delivery of the Young Tower Hamlets model.





# P6 Revenue Forecast



## Youth Investment High-Level spending Forecast

No	Workstream	Item	Revenue Budget
1	Safe Spaces	Revenue – building rental	1,143,797
		Furniture fit out	0
		IT Revenue	150,000
2	Workforce Development	Training and development	200,000
		Activity, Equipment and Resources	802,364
		Positive Sport and Outdoor Activities	200,000
3	Comms & Consultation	Comms, Events, branding and design	105,000
4	HR & Change	Workforce	7,663,620
6	Commissioning	Commissioning	1,100,000
7	Transport	Transport	0
<b>Total</b>			<b>11,364,781</b>

Forecast P6					Over/under	£000
2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	TOTAL		
175,125	175,125	175,125	175,125	700,500	-443,297	
12,519	12,519	12,519	12,519	50,075	50,075	
37,500	37,500	37,500	37,500	150,000	0	
50,934	50,934	50,934	50,934	203,736	3,736	
208,743	208,743	208,743	208,743	834,974	32,610	
50,000	50,000	50,000	50,000	200,000	0	
26,250	26,250	26,250	26,250	105,000	0	
1,439,648	1,439,648	1,439,648	1,439,648	5,758,592	-1,905,028	
365,000	365,000	365,000	365,000	1,460,000	360,000	
3,168	3,168	3,168	3,168	12,673	12,673	
<b>2,368,888</b>	<b>2,368,888</b>	<b>2,368,888</b>	<b>2,368,888</b>	<b>9,475,550</b>	<b>-1,889,231</b>	



# P6 Capital Forecast



## Youth Investment High-Level Capital Spending Forecast

			Budget	Forecast						
No	Workstream	Item	Capital Budget	2024-25 Q1 Actuals	2024-25 Q2 Actuals	2024-25 Q3	2024-25 Q4	TOTAL	Over/under	£000
1	Safe Spaces	Kitcat Terrace	643,555	4,426	15,354	311,888	311,888	643,555	0	
2	Safe Spaces	Limehouse Youth Centre	299,303		0	149,652	149,652	299,303	0	
3	Safe Spaces	Wapping Youth Centre	219,725	0	10,839	104,443	104,443	219,725	0	
4	Safe Spaces	Haileybury Youth Centre	152,240	0	0	0	152,240	152,240	0	
5	Safe Spaces	Urban Adventure Base	216,580	6,979	13,260	196,341	0	216,580	0	
6	Safe Spaces	IT across all sites	200,000	0	0	100,000	100,000	200,000	0	
<b>Total</b>			<b>1,731,403</b>	<b>11,405</b>	<b>39,453</b>	<b>862,323</b>	<b>818,222</b>	<b>1,731,403</b>	<b>0</b>	

# Implementation Timetable

Skilled and qualified workforce commences in June 2024

Finalise the commissioned offer and budget March 2025

Workforce Development Strategy implemented February 2025

A 'Safe Space' in every ward August 2025

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Strategy to be presented at Cabinet in March 2025

Quality Assurance Framework in place December 2024

Safe Spaces Refurbishment completed by March 2025

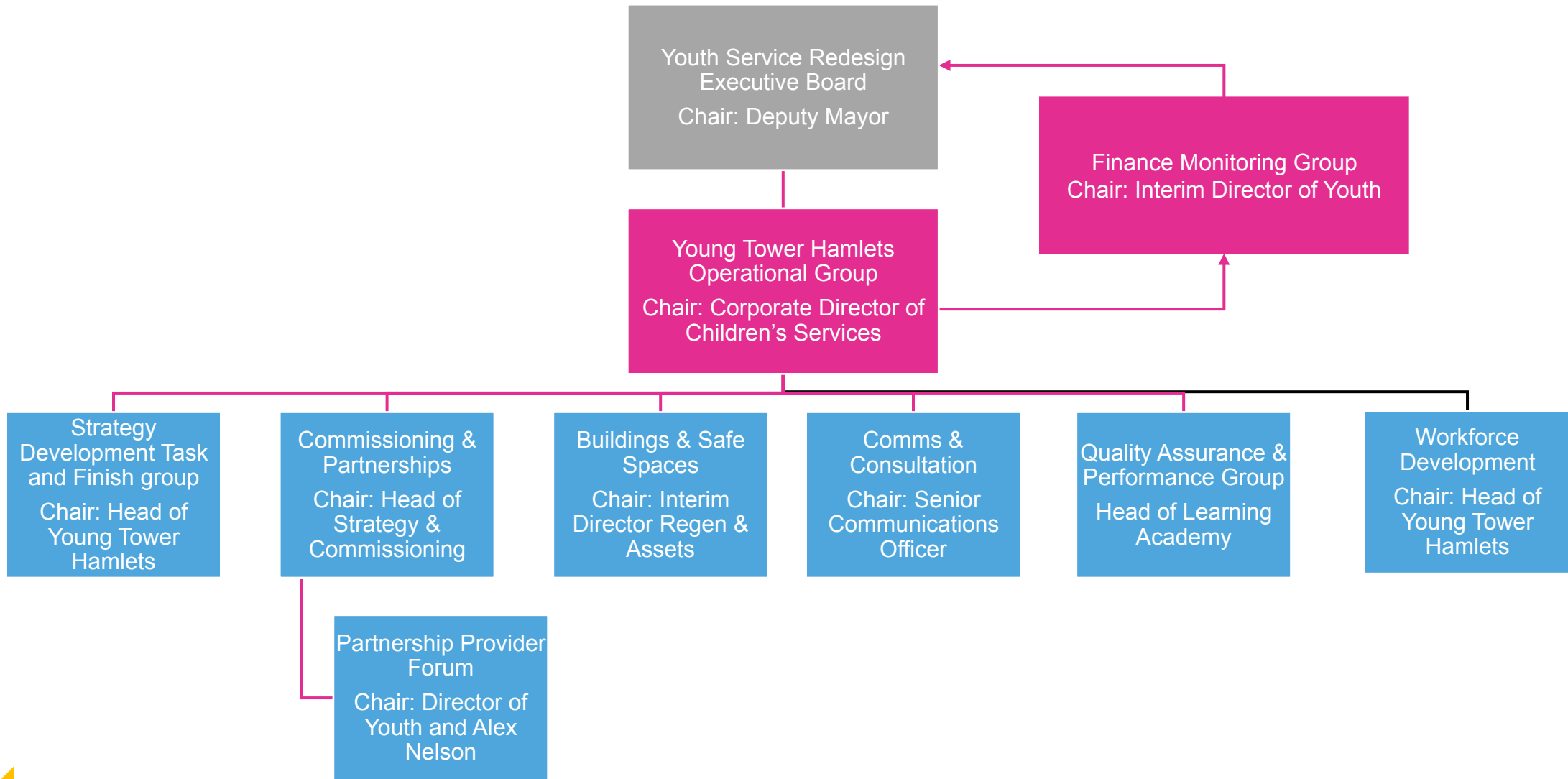
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# Transformation Governance



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# Transformation Governance



Group	Aim	Frequency	Chair
<b>Youth Service Redesign Executive Board</b>	This group provides strategic direction to the redesign whilst removing blockages, managing risks by exception and budget oversight.	Bi-Monthly	Deputy Mayor
<b>Youth Service Redesign Group</b>	Provides the day today oversight and management of the programme. It is responsible for the management of resources, risks, budget and decision making to ensure the programme delivers to time cost and quality.	Monthly	Corporate Director of Children's Services
<b>Strategy Development Task and Finish Group</b>	Development of YTH Strategy, Youth Work Curriculum, Outcomes Framework, Needs Assessment and Workforce Development Strategy.	Fortnightly	Head of Young Tower Hamlets
<b>Commissioning &amp; Partnerships Workstream</b>	Lead on all aspects of commissioning/recommissioning including quality assurance, spot checks etc and the provider forum.	Monthly	Head of Strategy & Commissioning
<b>Safe Spaces Workstream</b>	To ensure the new buildings coming into the portfolio are brought into operational standards. Identify which buildings can be used via 3 <sup>rd</sup> parties.	Fortnightly	Interim Director Regen & Assets
<b>Comms and Co-production Workstream</b>	To deliver the communications strategy products (website, tiktok etc), planning and delivering events and to develop robust communications internally for staff and externally for children, young people and families informing them of the offer.	Fortnightly	Senior Communications Officer
<b>Quality Assurance &amp; Performance Group</b>	To create and implement a robust Quality Assurance Framework, effective practice framework, performance monitoring dashboard and reporting, policy and procedures development.	Monthly	Head of Learning Academy
<b>Workforce Development Workstream</b>	Development of Practice Framework, new service offer, training plan, timetable (Staff & YP), QA, development of policies, procedures and to ensure the infrastructure to support delivery and safeguarding is in place.	Monthly	Head of Young Tower Hamlets
<b>Finance Monitoring Group</b>	Oversight of finance, spend and forecast to ensure the programme remains within the financial envelope across capital and revenue.	Monthly	Interim Director Youth

# Service Governance

Young Tower Hamlets  
Service Meeting  
Chair: Director of Youth

This meeting will consist of the whole of the YTH workforce with the aim of translating the vision and strategic direction into operational frontline delivery, ensure key messages are communicated across the division, share good practice and knowledge sharing (e.g. Service offer, training etc)

Young Tower Hamlets  
Leadership Team  
Meeting  
Chair: Head of Service

This meeting will consist of the Head of Service, Group Managers and Communications Officer. The aim of this meeting is to ensure there is strategic alignment across all services, workforce matters at a service or individual level. This will also include slots to discuss HR, Finance, Health & Safety

Young Tower Hamlets  
Team Meetings  
Chair: Group Managers

These meetings will include the Group Manager leading discussions with their team to cascade key messages, present service performance, quality assurance, timetable/rotas to sure there is an effective service offer in place.

Supervision and 1:1's  
Chair: Line Managers

Supervision and 1:1's will be taking place at all levels to provide space for 1:1 discussions/feedback, training and coaching, performance conversations and manage workload.

No	Details of Risk Event	Negative Consequences	Date open	Workstream	Current Assessment of Risk			Risk Owner	Mitigating Actions / Controls	Control Owner	Controlled Assessment of Risk		
5	Communications with community providers around partnership arrangements.	Relationships with partners break down and trust is lost.	10.05.2023	Commissioning & Partnership	4	4	16	Head of Commissioning	Provider partnership meetings in place Extension to the current contracts.	Director of Commissioning	2	1	2
17	Risk that youth service provision is undersubscribed'	Children/young people are not aware of the service.	22.8.2023	Comms/ Operational Team	4	5	20	Group Manager Safe Spaces & Senior Communications Office	Promotional material, engagement, working with partners, parents. Comms strategy and Social media to be up and running, YTH staff now doing outreach.	Director of Youth	2	2	4
18	HR capacity may not be enough to support the redesign, recruitment, interview process and onboarding of new staff.	Could hold up the timescales for operational delivery.	24.8.2023	HR & Change	5	5	25	Senior HR Business Partner	Budget for x1 HR agency resource. Use of the Operational Support Officers to help with service element of recruitment.	Head of HR	3	2	6
19	Tech resources may not have enough resources to deliver the buildings at the same time.	That the building refurbishments are not completed to timescale or to quality.	5.10.2023	Safe Spaces	4	4	16	Head of Facilities Management	YTH to support Facilities Management with additional resource to support with the development of the spec and project management. Consideration to stagger the refurbishment in line with the timescales and deliver to high-quality.	Divisional Director Property and Major Programmes	2	2	4
20	The service is operational before the Infrastructure is in place such as IT, Data, Audits etc	By not having the Infrastructure in place leaves the service and Council at risk of not having grip or line of sight of service delivery. Unable to undertake corporate reporting and no clear line of sight for safeguarding.	5.10.2023	Redesign Group	5	5	25	Director of Youth	Recruitment of a PDL and IT/Technical Project Manager. Data Officer has been in place since January 2024 with datasets in production. Learning Academy overseeing the case management audits.	Corporate Director of Children's Services	3	2	6
21	The service is continuing to use VIEWS there may be better systems within the Council to use i.e. Upshot, Mosaic.	There may be more effective systems to use within the Council such as Mosaic which may result in moving from VIEWS to Mosaic and re-doing the work that is already underway at a later stage.	5.10.2023	Redesign Group	4	4	16	Head of Youth Service	Contract extension for 1 year whilst the redesign has concluded. Recruitment of an IT PM to take this work forward.	Director of Commissioning	2	2	4



Thank you

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# Appendix 1

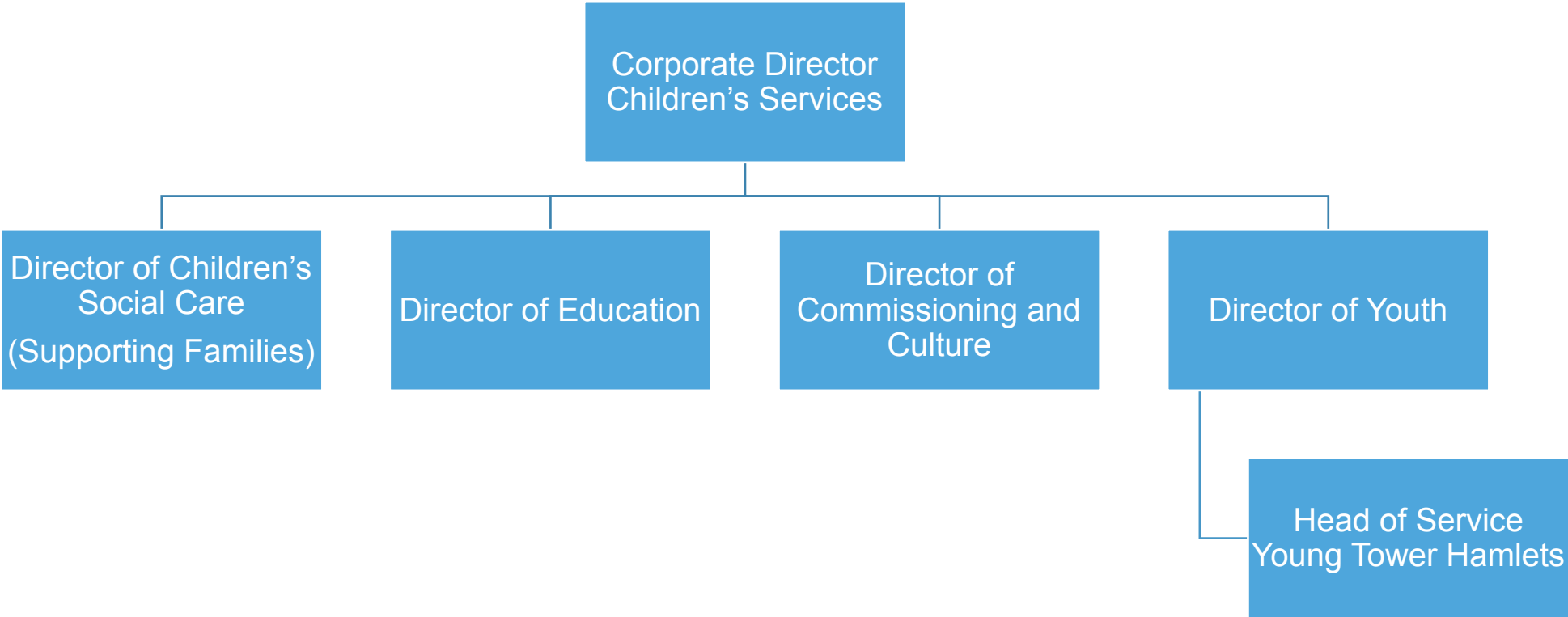
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# The Young Tower Hamlets Staffing Structure



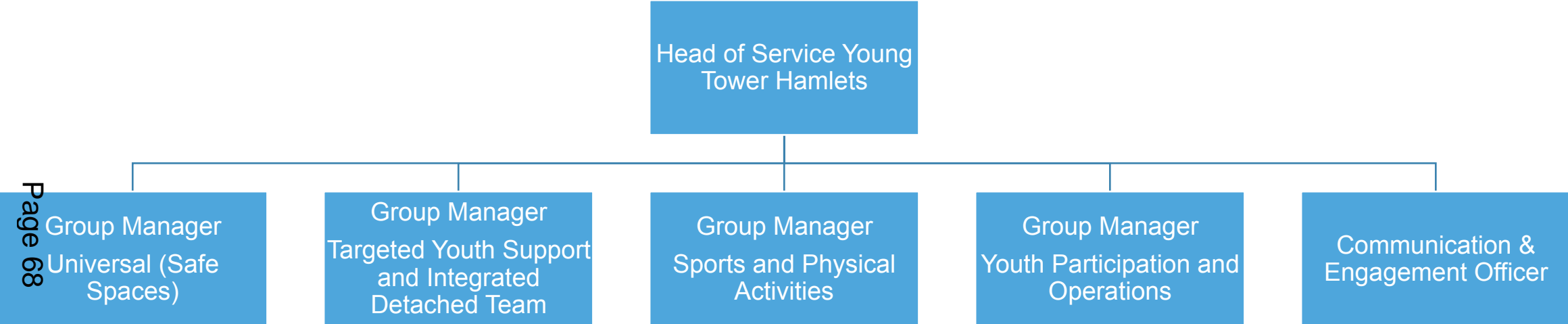


# Children's Services Senior Leadership Team

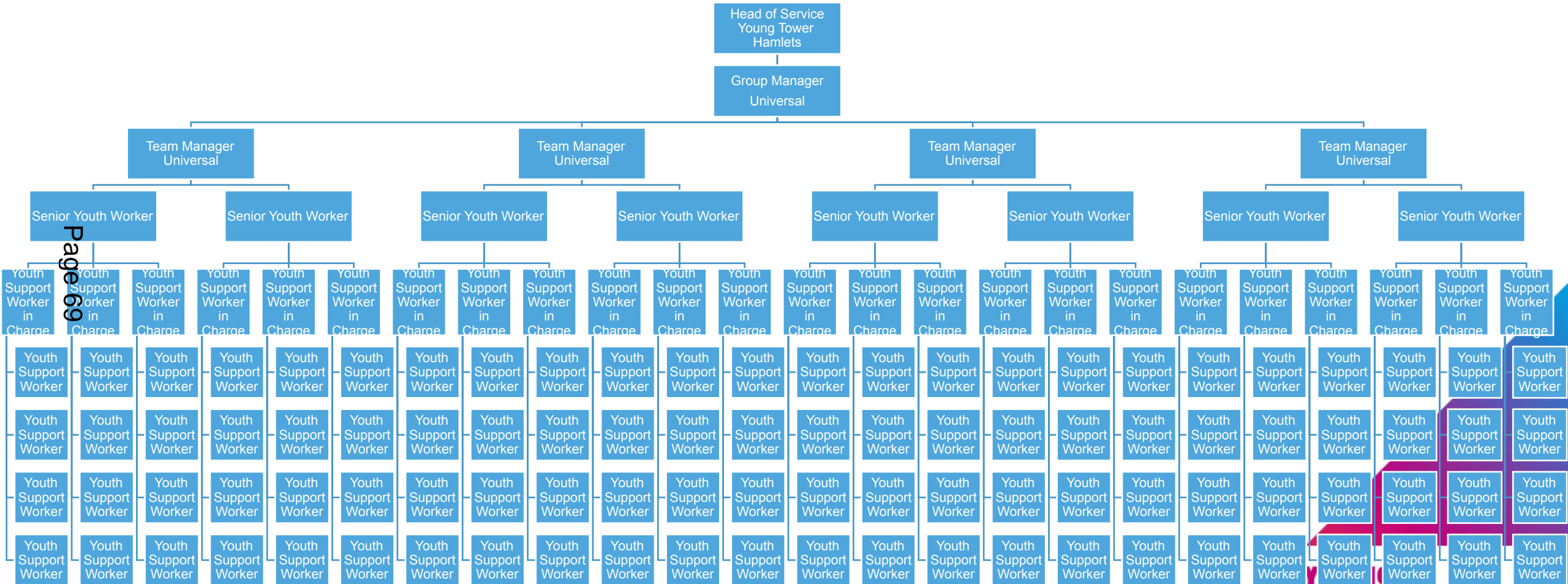


# Young Tower Hamlets Management Team

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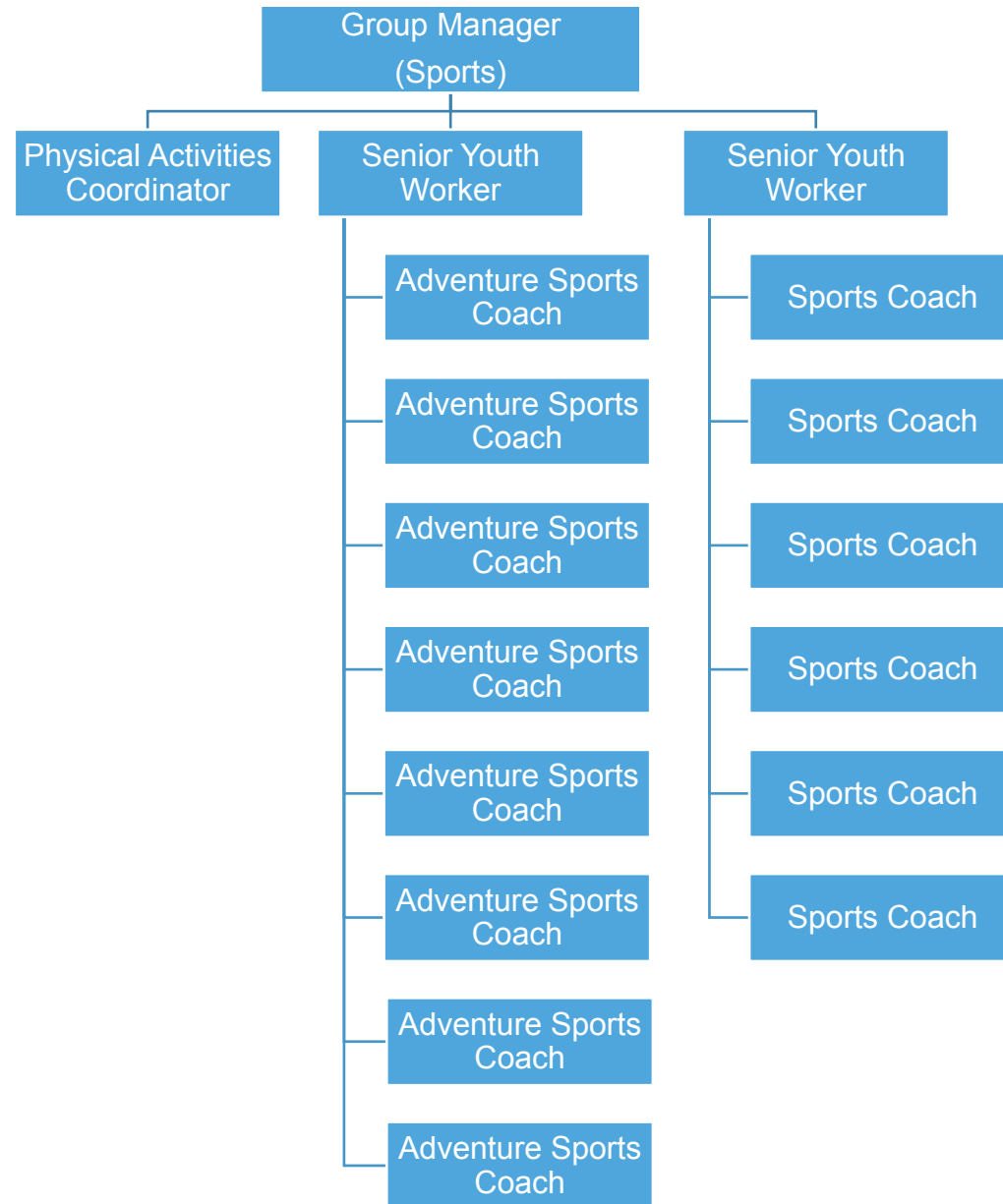


# Young Tower Hamlets Universal Team

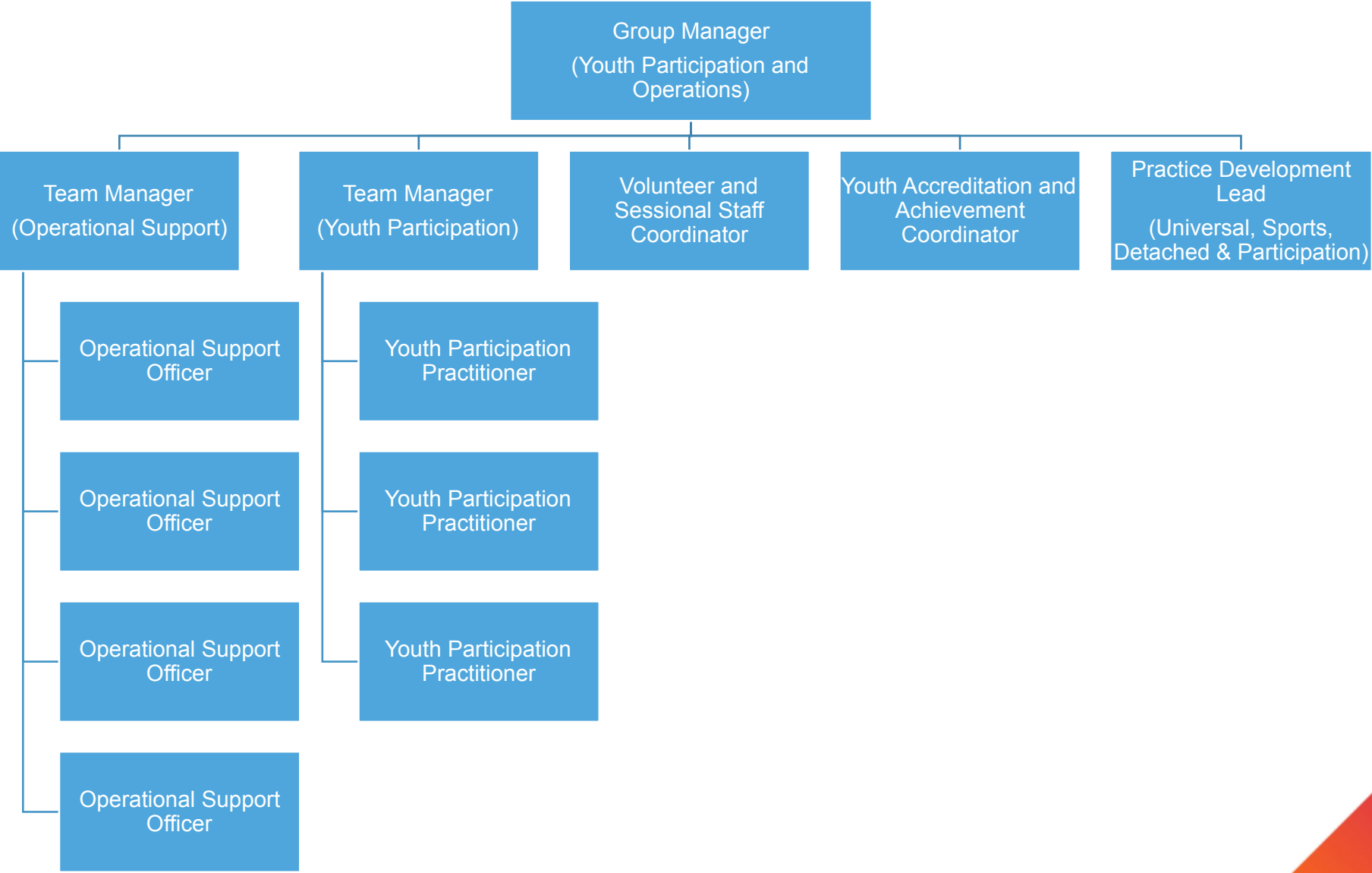




# Young Tower Hamlets Youth Sports Team



# Young Tower Hamlets Youth Participation and Operations



<p><b>Cabinet</b></p> <p>27 November 2024</p>	
<p><b>Report of:</b> David Joyce, Corporate Director of Housing &amp; Regeneration</p>	<p><b>Classification:</b> Unrestricted</p>
<p><b>Regulator of Social Housing Consumer Standards Compliance</b></p>	

<b>Lead Member</b>	<b>Councillor Kabir Ahmed, Cabinet Member for Regeneration, Inclusive Development and Housebuilding</b>
<b>Originating Officer(s)</b>	Darren Reynolds, Interim Head of Regulatory Assurance
<b>Wards affected</b>	All wards
<b>Key Decision?</b>	No
<b>Reason for Key Decision</b>	Significant impact on wards
<b>Forward Plan Notice Published</b>	21 October 2024
<b>Exempt information</b>	None
<b>Strategic Plan Priority / Outcome</b>	Providing homes for the future / A council that listens and works for everyone

## Executive Summary

After the Grenfell Tower fire tragedy, the Government introduced legislation to ensure that residents were safe in their homes as well as a new stronger regulatory framework to ensure social housing landlords were held accountable. At the same time, many social landlords were facing financial and stock condition challenges.

Faced with this changing environment the council undertook a strategic review of its housing management services which had been at arm’s length since 2010 and carried out by Tower Hamlets Homes (THH).

The strategic review identified the need for more accountability to residents and for the council to have more control and oversight in relation to the new Consumer Standards and Building Safety Regulator. The strategic review was endorsed by residents with 86% of respondents in favour of Tower Hamlets Homes being brought back in-house.

Subsequently, THH was brought back in-house on 1 November 2023 following a decision by Cabinet on 22 February 2023.

Post insourcing, the council commissioned external health checks. These provided a deeper understanding of performance gaps and areas of improvement required to meet residents needs as well as the new regulatory requirements.

Fundamentally the new Consumer Standards aim to put Residents first and drive improvements in housing management service delivery. This mirrors the Mayor's strategic pledge prior to insourcing and the Council's People first strategy. There is a greater focus on holding us to account, scrutinising our performance and the need to involve our residents in the way we design and deliver services. We have developed an improvement plan in response to the need to deliver a more resident-focussed service, but we clearly need to do more to meet the Standards and resident's needs.

In the spirit of co-regulation, this led to the council making a self-referral to the Social Housing Regulator on 4 October 2024.

This report summarises the council's compliance position against the Regulator of Social Housing's Consumer Standards, focusing on areas of breach and potential breach which informed the self-referral.

The report is seeking Cabinet approval for the Regulatory Assurance Action Plan address areas of non-compliance and service improvement (see appendix 2) as well as a proposal to establish a new Housing Management Cabinet Sub Committee to strengthen the governance around the Council's housing management service and assure the delivery of the Regulatory Assurance Action Plan. Additional Council resources are set out in the report to deliver the improvements.



## **Recommendations:**

The Mayor in Cabinet is recommended to:

1. Note the decision taken by The Chief Executive to self-refer to the Regulator of Social Housing (RSH) and endorse this decision.
2. Approve the establishment of a Housing Management Sub Committee of Cabinet to oversee the council's housing management service in relation to performance, compliance and assure the delivery of the Regulatory Assurance Action Plan.
3. Note the proposed Terms of Reference for the Housing Sub Committee of Cabinet as set out in Appendix 1 and delegate authority to the Corporate Director of Housing and Regeneration in consultation with the Mayor to finalise the Terms of Reference.
4. Agree the Regulatory Assurance Action Plan at Appendix 2.
5. Delegate authority to the Corporate Director of Housing and Regeneration, in consultation with the Mayor & Lead Member of Housing to agree the final Regulatory Assurance Action Plan following RSH comments.

## **REASONS FOR THE DECISION**

On 1<sup>st</sup> November 2023, the council brought its housing landlord functions and services back under its direct control and terminated the agreement with Tower Hamlets Homes.

Subsequently, the council commissioned external reviews and health checks of the housing landlord functions and those reviews identified areas of non-compliance relating to the new consumer standards.

Subsequently, in the spirit of co-regulation and collaboration the council self-referred to the Regulator of Social Housing (RSH) on 4<sup>th</sup> October 2024.

The RSH expects a Regulatory Assurance Action Plan to clearly show how improvements will be made. That plan is attached at **Appendix 2**.

The report also seeks the establishment of a Housing Sub Committee of Cabinet to provide oversight and assurance of the Council's housing landlord functions as well as additional staffing resources to deliver the plan.

Key recommendations from the external reviews point to the need to strengthen our Governance arrangements around our Housing Management function and as such we are making these recommendations.

## **ALTERNATIVE OPTIONS**

There is no alternative option. The council has already taken the decision to self-refer to the RSH and the council now needs to agree a set of actions that address the concerns set out in the self-referral letter.

## DETAILS OF THE REPORT

### 1. Introduction

#### 1.1 National context

In response to the Grenfell fire tragedy in 2017, the Government has introduced a range of legislation to ensure that residents are safe in their homes, have a stronger voice and greater opportunity to hold their landlord to account. This includes;

- **The Building Safety Act (2022)** which gives leaseholders protections against remediation costs whilst ensuring building owners and landlords contribute, overhauls existing building regulations, and created three new bodies to oversee the regulatory regime.
- **The Social Housing Regulation Act (2023)** which introduced new consumer standards and increased the powers of the Regulator of Social Housing.
- The Regulator of Social Housing's consumer standards apply to local authorities, particularly the Safety & Quality Standard, which requires that registered providers shall meet all applicable statutory requirements that provide for the health and safety of occupants in their homes. That obligation remains with the local authority where it is the stock-owning body, even if the management has been contracted to another body such as an ALMO.

1.2 As of 1<sup>st</sup> April 2024, the Social Housing Regulation Act 2023 introduced a suite of new and revised consumer standards. Compliance with the Consumer Standards are enforced through the Social Housing Regulation Act 2023 requiring registered social housing providers to self-assess and report potential non-compliance to the Regulator of Social Housing. The standards set out expected outcomes without defining thresholds at which point a landlord would be considered to be in breach. A full list of the standards and regulatory expectations is at **Appendix 3**.

1.3 In addition to new legislation and regulation there have been strategic and operational challenges for all social housing landlords including local authorities, these include:

- Financial constraints such as rising costs, particularly for repairs and capital works, rising borrowing rates with many landlords reprioritising capital projects due to financial constraints.
- Severe shortages of specialised technical professions across key areas particularly in areas of compliance such as fire risk assessments and building safety
- The cost of living crisis and turbulence in London's private rented sector driving increased demand for social housing

## 1.4 Local context

Faced with this changing environment, the council undertook a strategic review of its housing management services which had been at arm's length and carried out by Tower Hamlets Homes (THH) since 2010. Subsequently THH was brought back in-house on 1 November 2023 following a decision by Cabinet on 22 February 2023.

- 1.5 Whilst the statutory duties had always fallen under the Council as the freeholder, the strengthening of Consumer Regulations, particularly around Building and Fire Safety meant that the council needed to be closer to the operational delivery of the service.
- 1.6 The strategic review identified the need for more accountability to residents and for the council to have more control and oversight in relation to the new Consumer Standards and Building Safety Regulations. The strategic review was endorsed by residents with 86% of respondents in favour of in-sourcing.
- 1.7 The strategic review outlined several key strategic drivers for this decision:
  - **Bringing services together under one roof** joining up housing and council services making it easier for residents to get what they needed.
  - **A strong residents' voice** where residents are placed at the centre of service design and delivery. A strong emphasis on creating a stronger relationship with residents and placing the council closer to critical issues such as fire and building safety. Through this closer relationship residents and the housing regulator will hold the council more accountable,
  - **Good quality council homes with resident input**, the Council will decide where to focus resources, money, where to improve homes, and where and how to build new council homes
- 1.8 These strategic drivers responded to the widespread feeling after the Grenfell tragedy that residents had not been listened to.
- 1.9 Since 2020, the sector has faced huge uncertainty waiting for the development of each aspect of the new regulatory regime. Nevertheless, THH and the council were assessing risk and performance throughout this period via a resident safety lens.
- 1.10 From December 2020 THH's Board received regular updates on the changing Regulatory Landscape, potential impact and actions required to meet the requirements of the proposed Consumer Standards. THH took a proactive approach to engaging with and responding to developments in fire safety regulations. THH formed a new Building Safety Team, strengthened

relationships with London Fire Brigade (LFB) and visited 6500 homes to provide residents assurance and advice on Fire Safety.

- 1.11 The **Better Neighbourhoods Framework** brought forward investment in Fire Safety works and THH formed a joint working group to provide strategic oversight on Fire Safety matters. A Compliance Dashboard was developed to provide greater oversight of the “Big 6” Compliance areas and throughout the period the increased scrutiny led to an improved performance position in terms of the Big 6.
- 1.12 Council oversight was in place via key strategic forums on finance, risks and performance; these included the Strategic Housing Group, HRA Governance Board and sub-committees covering Building Safety, Capital investment and Social Housing Regulation. The forums were attended by Corporate Director for Place, Divisional Director of Housing & Regeneration, the Executive team of THH and members of the LBTH Client team.
- 1.13 Shortcomings in data quality and the effective use of data were highlighted in Board papers. Whilst data around compliance monitoring has improved, there has been emergency fundings packages needed to address urgent stock condition matters such as Watney Market, Brewster and Malting and Ashington House. From 2020-24 the Council has provided over £92million in Capital Investment funding to address Decent Home shortcomings and to improve the overall condition of stock.
- 1.14 As part of the 24/25 budget setting exercise a robust review of the HRA business plan and capital investment needs were undertaken. In recognition of the risks associated with the capital programme (informed at the time by what was known to be out of date stock condition data), Cabinet approved a safety net of a further £10m over and above the profiled needs-based capital works for the period leading up to the completion of the updated stock condition data.
- 1.15 Post insourcing two external reviews were commissioned to better understand performance against the new regulatory framework. Summaries of those external reviews are set out within this report. Despite investment, the external reviews indicated that there were still a significant number of stock condition improvements required.
- 1.16 In response to those reviews the council self referred to the RSH on 4<sup>th</sup> October 2024. The self referral letter is attached at **Appendix 4**. The decision by the Chief Executive, was made in the spirit of being a fully transparent, resident-focussed Council with the overall aim being to work in partnership with the RSH to meet standards. We will be transparent with residents, partners and members as we progress through this improvement journey.
- 1.17 The RSH expects landlords to engage early when issues are identified that may result in potential breaches, and to co-design improvement plans and

mitigations with the RSH. The Regulator monitors risk and performance via annual regulatory returns, memorandums of understanding between other regulatory bodies, and regular conversations between social landlord's senior management and RSH engagement leads.

- 1.18 Failure to self-refer poses a risk that the inspection regime picks up anomalies that should have been previously reported and this begins a less collaborative, open process due to lack of transparency about our concerns.
- 1.19 The RSH has promoted this type of action as a positive indicator of effective internal governance and assurance mechanisms. The RSH wants to work with landlords on their improvement plans.
- 1.20 The new inspection regime is pro-active, applying to all social housing organisations on a 4-year cycle. Early inspections can be triggered by a risk assessment based on performance (Tenant Satisfaction Measures) or Housing Ombudsman judgements. The process will include the submission of key documents; interviews with councillors; observation of Committee and resident meetings; estate walk abouts. Inspections will result in a published grading of C1 – C4 and be followed by regulatory monitoring of the delivery of a jointly agreed improvement plan.

### **Regulatory Assurance Action Plan Development and Resident Engagement**

- 1.21 We have developed an initial proposed action plan following HQN and Pennington's reviews, however we expect there to be amendments as we progress through the improvement journey and we intend to work in an agile approach to include improvements which are driven by data and performance, resident insight and advice from the RSH. The development and delivery of the programme of improvement will ensure engagement with all stakeholders including Mayor, Lead Member, Housing Sub-Committee and Tenants' Voice through the governance processes outlined in **Appendix 5**.
- 1.22 Tenants' Voice will receive regular updates on the improvement plan with opportunities to input as well as be more deeply involved in individual workstreams, and tenants and leaseholders will be engaged more widely as appropriate. The improvement programme will include a communications and stakeholder engagement strategy and delivery plan to ensure insight is captured and drives all improvement action.

### **Housing Quality Network (HQN) Summary of Findings**

- 1.23 The HQN review carried out a range of "Reality Checks" including estate visits and resident interviews. Overall, the review found there to be gap between strategy, management intentions and the lived experience of residents in their homes. The review also pointed to 50% of our stock being

leaseholders, but there being limited management arrangements for this, particularly sub-lets and emphasised the need for greater collaboration with Council services to manage this cohort and meet our building safety obligations.

- 1.24 Gaps in data and governance structures were highlighted and we were unable to evidence that we were listening to residents and acting on their feedback.

### **Pennington Choices Summary of Findings**

- 1.25 This review focussed primarily on building compliance and Landlord Health and Safety. As in the HQN review, governance structures, appropriate oversight and data quality were noted as areas of potential non-compliance. The most critical high-risk areas were around outstanding Fire Risk Assessments and overdue Fire Risk Actions.

- 1.26 Penningtons also audited the council's approach to managing Damp and Mould and actions identified within this review including enhanced oversight of performance and learning from complaints have informed our service improvement plan.

- 1.27 The council have identified two sections of the standards where it appears to be non-compliant:

- Safety and Quality Standard
- Transparency, Influence and Accountability

### **1.28 Safety and Quality Standard**

#### **Fire Risk**

- 1.29 There are various areas of non-compliance requiring remediation, the most significant area of which is the outstanding fire risk assessments and high number of overdue actions relating to fire safety. Some of the actions are reliant on the completion of complex capital works, for which Cabinet approved £140m of funding in September. The programme of work will need procurement support and robust contract management to deliver.

#### **Data Quality (Resident & Property)**

- 1.30 Data management for the individual compliance programmes requires improvement, thereby allowing the council to accurately monitor its inspection and reinspection programmes, remedial works, and to produce an auditable trail of evidence for each compliance area. Data on residents, particularly sub occupants of leaseholders requires improvement and we need to evidence how we are using this data to support our residents and deliver improved services.



## **Repairs Service and handling of Damp, Mould and condensation**

- 1.31 Improvements required around the governance of compliance, especially in the council's ability to evidence good practice, performance reporting and scrutiny at a senior leadership or elected member level; with a recommendation that the council develop a plan and methodology to enable it to use this, and other data more proactively. The development of a performance dashboard and ensuring we have robust oversight of the system should be an urgent priority for the improvement plan.
- 1.32 Operational repairs performance is below standard, this is a complex issue but there are things we can do quickly to improve contract management and hold contractors to account for improved service delivery. We have already commenced an end-to-end review of our repairs service due to the impact that this service has on resident satisfaction.

### **1.33 Transparency Influence & Accountability**

- 1.34 **Complaint handling** Operational performance does not compare favourably with peers and there is lack of learning and resident insight from complaints which must then inform service improvements going forward.

### **Governance- Both Standards**

- 1.35 The need to develop a governance framework around Housing Management Services.

### **1.36 Further Areas identified for improvement**

- 1.37 The external audits identified areas of improvement that if not actioned could potentially lead to non-compliance. These are specifically concerning the Neighbourhood and Community Standard, with particular focus on the way the council manages Anti-Social Behaviour (ASB). We have already commenced a review of our ASB Policy, process and the interface between our housing management and community safety teams to ensure we improve this area.

## **2. Benchmarking against other London Authorities**

- 2.1 There are several London Boroughs already engaged with the RSH due to potential areas of non-compliance with the new Standards. Some have received a C3 Rating (Serious Failings). Communicating with the RSH in a timely manner when aware of areas of non-compliance is seen as a positive approach. Breaches have been found across many local authorities following self-referrals, including Greenwich, Lambeth, Camden, Hackney,

Haringey, Lewisham and Southwark Councils. These Councils are now working with the RSH to implement their improvement plans.

2.2 The Housing Ombudsman’s series of ‘Learning from Severe Maladministration’ reports clearly show that several authorities have similar issues to the council, particularly across repairs, complaint handling, knowing their customers and use of data. Many of these authorities have a single failure driving their compliance issues e.g. long-term systemic underinvestment in stock driving serious breaches in their repairs service.

2.3 The table below sets out maladministration rates. The council is not an outlier;

<b>Local Authority</b>	<b>Number of Findings</b>	<b>Maladministration rate</b>	<b>Determinations per 10,000</b>
Hackney	360	79.7%	31.0
Haringey	231	78.8%	33.7
Lambeth	428	85.5%	36.2
Lewisham	236	81.8%	25.3
Newham	189	75.7%	22.8
<b>Tower Hamlets</b>	<b>292</b>	<b>71.9%</b>	<b>28.3</b>

2.4 Similarly based on the results from the first year of the Tenant Satisfaction Measures, a new national benchmark for landlords introduced by the Regulator for Social Housing, the council compares well on satisfaction measures when compared to the London average.

<b>2023-24 TSMs</b>	<b>Tower Hamlets</b>	<b>London average</b>
<b>TSMs collected from tenant satisfaction surveys</b>		
Overall satisfaction	65.3%	59.0%
Satisfaction with repairs	65.3%	63.3%
Satisfaction with time taken to complete most recent repair	61.7%	60.0%
Satisfaction that the home is well maintained	65.5%	60.9%
Satisfaction that the home is safe	66.5%	66.5%

Satisfaction that the landlord listens to tenant views and acts upon them	55.8%	51.3%
Satisfaction that the landlord keeps tenants informed about things that matter to them	72.70%	66.0%
Agreement that the landlord treats tenants fairly and with respect	73.9%	69.0%

- 2.5 Nevertheless, whilst satisfaction levels reflect positively on the landlord services when compared with other London authorities, we want to strive to be the best in class.
- 2.6 To achieve this, we need to address known challenges and the root causes of our delays and inefficiencies across complaints, repairs and capital investment in our stock. More work is also needed to strengthen our understanding of our residents, both tenants and leaseholders, to ensure our services deliver the best outcomes for our residents.

### 3. **Next Steps**

The council is already engaged with the RSH and has developed the Regulatory Assurance Action Plan to address the areas of non-compliance. The RSH will review this and work with the council to refine this plan in line with sector best practice.

#### 3.1 **Housing Management Cabinet Sub-Committee**

- 3.2 To strengthen our Governance arrangements around Housing Management and provide additional assurance on the delivery of the Regulatory Assurance Action Plan this report recommends the establishment of a Cabinet Housing sub-committee.
- 3.3 Following the recommendation of the HQN and Pennington's assessments, alongside our assessment against the Consumer Standards we recommend this Governance structure to provide greater involvement and empowerment of tenants in the decision-making process regarding the delivery of our Housing Management service.
- 3.4 The new governance arrangements will have oversight of significant aspects such as;
- The implementation of the social housing white paper, including our compliance with the New Consumer Standards, Building Safety Act and Tenant Satisfaction Measures (TSMs)
  - The performance of the council's repairs and maintenance service

- Maintaining Decent Homes, Fire and Building Safety
- Compliance with the Housing Ombudsman Code, ensuring that we are listening and acting on resident insight and learning from complaints

3.5 By setting up this governance structure we will provide a line of accountability and engagement with our Tenant scrutiny Panel, Tenant Voice and meet the Transparency, Influence and Accountability Standard.

3.6 Chaired by the Mayor, this Committee will own our Housing Management Risk Register, Key Performance Indicators, oversee decisions around investment in our homes and provide recommendations to Cabinet on the strategic direction of our Housing Management service.

### **Governance of the Housing Management Sub Committee**

3.7 The committee will comply with the Council's Constitution, and will operate in line with the Executive Procedure Rules (set out in **Appendix 6**) which include relevant references across to the Council Procedure Rules and Access to Information Procedure Rules. The meetings will be serviced by the Council's Democratic services team in a similar way to Cabinet and meetings will be held in the Council Chamber unless the Chair of the Sub-Committee considers hosting a meeting elsewhere to be beneficial.

3.8 Meetings will be held on a regular agreed basis at least 6 times annually in the municipal year. Dates of meetings will be scheduled to be included in the Council's annual timetable of meetings. All meetings will be in person in same way as any other Council committee meetings, be open to the public to attend and observe proceedings (unless business that is 'confidential' or 'exempt' for the purposes of the Access to Information Procedure Rules is being considered).

3.9 The meeting quorum will be 3 members, one of whom must be the Mayor. The Housing Management Sub Committee will ensure that tenants are able, on an annual basis, to hold a review of the whole service and report to elected members so that the service has proper oversight and accountability.

### **Scrutiny**

3.10 The Sub-Committee will engage with the Council's Scrutiny function in a manner to be determined in consultation with the Scrutiny service/Members but could, for example, include the option for Pre-Decision Scrutiny procedures and attendance by a Scrutiny Lead should that be desired by Overview and Scrutiny.

### **Terms of Reference**

- 3.11 The recommended Terms of Reference, are set out in **Appendix 1**. These are the proposed Terms of Reference as drafted by the Director of Housing and Head of Regulatory Assurance, following consultation with Democratic services. This report proposes the Mayor delegate authority to the Corporate Director to agree the final Terms of Reference.

### **Appointment of Elected Members to the Committee**

- 3.12 As an Executive function, the Mayor will be responsible for appointing Members to the Sub-Committee from amongst the Executive Members. He will also Chair the Sub-Committee.

### **Appointment of Independent Advisors to the Housing Management Cabinet Sub-Committee**

- 3.13 In addition to the Housing Management Sub Committee's elected member representatives, aligned with good practice in the social housing sector this report proposes provision for three independent non-resident nominees for appointment as co-opted members of the Housing Management Sub Committee. The independent roles are comparative to Non-Exec roles which sit on the Boards of Registered Providers, bringing industry expertise and external challenge to the proposed governance arrangements.
- 3.14 General practice for non-Executive members is that they are remunerated. They are typically paid from £5k-£10k per annum. We recommend that the members are remunerated to maximise the potential pool of applicants and enable us to recruit the required specialist capability. Offering these roles on a voluntary basis could be considered but this will need to be balanced against the skills and expertise required to support the committee and likely take up.

### **Voting**

- 3.15 As an executive function, all voting powers rest with the Mayor/Executive. The Mayor at this stage is not proposing to delegate any decision-making powers and therefore the sole vote at the meetings rests with the Mayor.

### **Governance Structure**

- 3.16 To support delivery of the action plan, a programme management structure will be implemented. The details of this structure, responsibilities and how it reports into the subcommittee is summarised within **Appendix 5**. This also summarises a proposed reporting and Governance structure to ensure expedited decision making and scrutiny of the Housing Management service based on timely information.

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

4.1 The Regulatory Assurance Action Plan will benefit all residents living in council homes. The plan does not favour one protected group over another. All improvements will ensure that residents in council homes are kept safe, improve the delivery of services and ensure that residents are listened to and have opportunity to scrutinise performance and shape services.

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

5.1 This report outlines our compliance with the Social Housing Regulation Act 2023 and associated regulations as outlined in the Building Safety Act and Fire Safety Act 2021 and Fire Safety (England) Regulations 2022. As a social landlord, the Local Authority is obligated to demonstrate compliance with these requirements and or notify the respective regulatory body in the event of a suspected breach.

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

6.1 The implementation of the regulatory assurance plan will require both revenue and capital investment within the HRA. It is estimated that £4.8m of additional costs will be incurred on compliance works from building and fire safety surveys. It is proposed to fund these works from the £10m budget set aside for emergency building safety works that was approved at Full Council when the budget was set for 2024/25.

6.2 The regulatory assurance plan recommends investment in professional staff to meet the requirements of the regulator and the requirements of Awaab's Law. It is proposed to fund a team of damp and mould surveyors, data analyst and mechanical engineer at an annual cost of £249k from the £10m budget detailed in para. 6.1.

6.3 On top of this, there is a requirement for a further two disrepair surveyors to manage the 300 active disrepair cases and the ongoing demand that will be driven by Awaab's Law at an annual cost of £136k. There is an expectation that these posts will reduce the costs currently being incurred for insurance claims, legal fees and disrepair compensation and to cover their costs.

6.4 The current complaints team are employed on fixed term contracts to reduce the backlog of complaints that have built up. It is proposed that these posts are made permanent at a cost of £403k over the three-year MTFS period to ensure compliance with the Housing Ombudsman Complaint handling code and RSH Consumer Standards. There is insufficient HRA revenue budget to meet this cost, and it will be subject of an MTFS growth bid of £151k to recruit four officers to respond to social housing complaints at Stage 2.



- 6.5 The action plan also recommends the one-year fixed term recruitment of a senior performance improvement analyst. The council has recently self-referred to the regulator and data quality was an underlying reason for this referral. This post will cost £96k and will be the subject of an MTFS growth bid.

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

- 7.1 The Building Safety Act came into force in 2022 following the Grenfell tragedy to overhaul the existing building regulatory framework.
- 7.2 The Social Housing Regulation Act (2023) introduced new consumer standards and increased the powers of the Regulator of Social Housing. The consumer standards which apply to social housing providers require that providers meet all applicable statutory requirements for the health and safety of occupants in their homes.
- 7.3 The recommendations of this report establish a Housing Management Sub Committee of Cabinet to oversee the council's housing management service in relation to performance, compliance and assure the delivery of the Regulatory Assurance Action Plan.
- 7.4 The Council has developed an action plan to meet the regulatory requirements and to ensure that the Council is taking steps to meet its statutory obligations where deficiencies have been identified and to limit the risk of regulatory judgments and enforcement notices by the Regulator

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

#### **Linked Report**

- NONE

#### **Appendices**

Appendix 1- Housing Management Sub Committee proposed Terms of Reference  
Appendix 2- Regulatory Assurance Action Plan  
Appendix 3- RSH Consumer Standards  
Appendix 4- Self Referral Letter  
Appendix 5- Proposed Governance Structure  
Appendix 6- Executive Procedure Rules

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

- None.

**Officer contact details for documents:**

Darren Reynolds, Interim Head of Regulatory Assurance

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## 1. Housing Management Sub-Committee

### Summary Description:

A Cabinet Sub-Committee, chaired by the Mayor, established to consider all matters relating to the delivery of the Council's Landlord Housing Management function. With specific emphasis on ensuring the safety of residents living in Council-owned homes and ensuring residents shape service design and delivery.

**Membership:** The Mayor and three members of the Cabinet (Executive Councillors) as appointed by the Mayor, to include the Cabinet Member for Regeneration, Inclusive Development and Housebuilding. The Mayor shall be the sole voting member of the Sub Committee.

All other Cabinet members can act as substitute attendees in the event that the appointed members are unable to attend.

Up to three industry expert advisors to be co-opted, on the recommendation of the Sub-Committee, to provide independent specialist support and advice around finance, compliance, customer services and asset management.

Functions	Delegation of Functions
1. To oversee and assure the Council's compliance with the Regulatory Standards, Building Safety Act and Fire Safety Act	
2. To own and oversee the Housing Management Strategic Risk Register	
3. Responsible for reviewing the performance of <b>all landlord</b> housing functions and the engagement of residents in the effective delivery of services.	
4. Monitor the impacts of investment in ensuring the Council maintains decent homes, fire and building safety and customer satisfaction ensuring the effective deliver of our Asset Management Strategy	
5. Provide reports to the Council's Cabinet, Mayor and to relevant Council Scrutiny Committees including the Housing and Regeneration Scrutiny Sub-Committee, and Tenants Voice resident scrutiny panel	
6. Lead Member to assume responsibility for Housing Ombudsman Complaints handling Code on behalf of the Council	

7. Receive Reports and consider recommendations produced from any internal and external audits and reviews, including those of Tenant Voice and Scrutiny Committees	

**Quorum:** 3 Members of the Sub-Committee (one of which must be the Mayor).

Key	Status
Red	At Risk
Amber	In progress & on track
Green	Complete
Blue	Not started

## RSH Consumer Standards Improvement Plan

### Governance Workstream

Standard	Area of non-compliance	Risk Identification	Key Deliverable	Responsible Officer	Delivery Date	Status	RAG
All Standards	<p>An appropriate governance structure within LBTH needs to be established to provide effective oversight for compliance and ensure that the LBTH obligations and duties are being discharged in accordance with the corporate vision and priorities.</p> <p>There is insufficient oversight of key landlord activities.</p> <p>The leadership team, board and panels should undertake a property compliance awareness training session to gain a more thorough understanding of the compliance obligations and how to provide more effective oversight, scrutiny, and challenge of compliance performance</p>	<b>Pennington's-High/Medium</b>  <b>HQN</b>	Approval for Tenant and Leaseholder Engagement Strategy with aim of putting customer first, establishing key priorities linked to residents and neighbourhoods delivering a wider range of engagement options for residents to inform service design and delivery.	Head of Regulatory Assurance	November 2024	In Progress	Yellow
			Establish Housing Management Sub-Committee	Head of Regulatory Assurance	December 2024	In Progress	
			Establish Programme, Performance and Compliance Management Governance Structure	Programme Lead – Housing Management	December 2024	In Progress	
			Agree programme and delivery plan for support and training for strengthened Tenants' Voice	Head of Regulatory Assurance	December 2024	In progress	
			Agree programme and delivery plan for support and training for Members to develop a more thorough understanding of the compliance obligations and how to provide more effective oversight, scrutiny, and challenge of compliance performance	Head of Regulatory Assurance	December 2024	In progress	
			Audit current documents to ensure they are dated, reflect changes following insourcing and are in final form	Head of Regulatory Assurance	January 2025	In progress	
			Agree (following stakeholder engagement and consultation) a 1-year Housing Management Service & Improvement Annual Plan, to include vision, performance framework and establishing a resident first culture	Director of Housing Management	March 2025	In progress	
			Undertake series of policy principles and strategic direction workshops (that include the necessary strategic leaders and have technical input from operational staff) for each compliance area to finalise draft policies	Head of Regulatory Assurance & Head of Asset Management and Compliance	April 2025	In progress	
			Produce a new suite of policy documents using a consistent approach and layout and have been approved following LBTH's formal approval process	Head of Regulatory Assurance & Head of Asset Management and Compliance	December 2025	In progress	



Data Improvement Workstream

Standard	Area of non-compliance	Risk Identification	Key Deliverable	Responsible Officer	Delivery Date	Status	RAG
Transparency, Influence & Accountability/ Safety & Quality	There is a need to improve the data we hold on our residents and then use this to deliver improved proactive services.  Data management for the individual compliance programmes requires improvement. The migration from Tower Hamlets Homes (THH) legacy systems onto Northgate (NEC) is currently in progress. As a result, many of programmes lack system driven processes and programmes are being managed manually through spreadsheets. In many areas there is an inability to accurately monitor reinspection programmes, remediation works, and produce an auditable trail of evidence for each compliance area.	Pennington's - High	Establish Data Quality Working Group with key stakeholders (including service Data Champions) across housing management, which will develop and deliver the Data Quality Action Plan	Head of Housing Resources	February 2025	In progress	Yellow
		HQN	Agree and implement Housing Data Management Strategy	Head of Regulatory Assurance	March 2025	In progress	Yellow
			Develop a Data Dashboard on Key Data points (as defined by HACT)	Head of Regulatory Assurance	September 2025	In progress	Yellow
			Deliver Data Quality Awareness Training to all Housing Management staff	Head of Regulatory Assurance	March 2025	In progress	Yellow
			Implement structured housing management process on NEC System (including Tenancy Audits, etc.)	Head of Housing Resources	March 2025	In progress	Yellow
			Implement NEC Servicing Module	Head of Housing Resources	April 2025	In progress	Yellow
			Scope internal data sharing opportunities with other Council Services (Council Tax, Housing Options, Revs and Benefits and Licensing)	Head of Housing Resources	May 2025	In progress	Yellow
			Agree Reasonable Adjustment Policy, including definition and response to those who may be vulnerable	Head of Regulatory Assurance	June 2025	In progress	Yellow
			Develop automated big-six (FLEGAL) compliance dashboard utilising NEC Service Module data	Head of Housing Resources	June 2025	Not started	Blue
			Develop a quarterly return which analyses customer insights from Complaints, Evictions, Residents in Arrears and then analyses outcomes in terms of protected characteristics with any service improvements / adaptations to be addressed in the Reasonable Adjustment Policy where necessary.	Head of Regulatory Assurance	July 2025	In progress	Yellow
			Produce bi-annual equitable outcomes monitoring report to Tenant Voice and Housing Management Sub-Committee on our Neighbourhood Management Service	Head of Regulatory Assurance	July 2025	In progress	Yellow
Neighbourhood & Community Standard	Approach to Neighbourhood management appears to be under-developed with a lack of a strategy and a disconnect between processes and outcomes	HQN	Develop a neighbourhood strategy that sets out "what good looks like" and how you can achieve it – consult with residents over standards to be achieved through development of Neighbourhood Action plans and "You said, we Did", using data and insight gained from residents to improve services	Senior Head of Neighbourhood and Customer Services	September 2025	In progress	Yellow

Asset Management

Standard	Area of non-compliance	Risk Identification	Key Deliverable	Responsible Officer	Delivery Date	Status	RAG
Safety & Quality	<p>Asset Management Strategy not delivering robust plans based on Stock Condition Data.</p> <p>Asset-based health and safety risks and how they are managed need to be mapped.</p> <p>Data management around Landlord Compliance and Asset Management activities requires improvement.</p> <p>Resource issues have resulted in non-compliant FRAs due to resource issues with contractors. There is an obligation to address risks of FRAs within appropriate timescales; there are outstanding and overdue FRA actions.</p> <p>Data validation exercise coordinated across all compliance programmes.</p> <p>Compliance programmes and actions need to be system driven, to reduce manual processes and the risk of human error.</p> <p>Asbestos information for buildings needs to be accurate, live, and readily accessible – register that is kept up to date required.</p> <p>Water hygiene catch up programme required to ensure all risk assessments are completed within the timeframes stipulated in policy.</p> <p>All passenger lifts need to be included on the thorough inspection programme and each passenger lift inspected within the six-month timeframe</p>	Penningtons – Critical/High	Establish catch up FRA Programme for addressing outstanding and overdue FRA actions, with monitoring captured in the monthly Compliance Dashboard and submitted to Housing Management Sub-Committee	Senior Head of Housing Property and Asset Investment	December 2024	In progress	Yellow
			Review and mobilise to deliver the Capital Programme, ensuring there is visibility and clear approval process at every step in the process	Senior Head of Housing Property and Asset Investment	January 2025	In progress	Yellow
			Complete catch-up programme to ensure all water hygiene risk assessments are completed within the timeframes stipulated in the policy.	Senior Head of Housing Property and Asset Investment	January 2025	In progress	Yellow
			Establish data validation and reconciliation process coordinated across all compliance programmes	Senior Head of Housing Property and Asset Investment	February 2025	Not started	Blue
			Implement NEC Servicing module	Senior Head of Housing Property and Asset Investment	March 2025	In progress	Yellow
			Develop methodology to use repairs and maintenance analytics to inform our stock condition data and capital investment replacement programme	Senior Head of Housing Property and Asset Investment	March 2025	In progress	Yellow
			Ensure all LIFT inspections are inspected within six-month timeframe, achieving target compliance by March 2025	Senior Head of Housing Property and Asset Investment	March 2025	In progress	Yellow
			Complete end to end review of policy and process for decants and agree Decant Policy and Procedure	Senior Head of Neighbourhood and Customer Services	March 2025	In progress	Yellow
			Include stock condition programme for renewable technologies within our buildings	Senior Head of Housing Property and Asset Investment	March 2025	In progress	Yellow
			Establish asbestos register on the NEC system and ensure the asbestos information for buildings are accurate, live and readily available.	Senior Head of Housing Property and Asset Investment	March 2025	Not started	Blue
			Implement LBTH health and safety matrix which maps out all asset-based health and safety risks and how they are managed	Senior Head of Housing Property and Asset Investment	April 2025	Not started	Blue
			Increase Capital Programme to address Decent Home Failures, reducing the number of non-December homes by 25%	Senior Head of Housing Property	April 2025	In progress	Yellow

				and Asset Investment			
			Complete internal Stock Condition Survey to council owned temporary accommodation in Registered Provider blocks	Senior Head of Housing Property and Asset Investment	April 2025	In progress	
			Complete internal and external Stock Condition Survey to council owned temporary accommodation with private freeholders	Senior Head of Housing Property and Asset Investment	April 2025	In progress	
			Agree and implement renewed 5 year Asset Management Strategy that describe LBTH approach to asset management, which for example identifies asset management challenges, is based on robust condition data and includes a prioritised action plan and approach to risk and affordability in the MTFs.	Senior Head of Housing Property and Asset Investment	June 2025	In progress	
			Review handover process for new developments and acquisitions to ensure Asset related data is complete and across all key systems	Senior Head of Housing Property and Asset Investment	June 2025	Not Started	
			Achieve target % stock condition data.	Senior Head of Housing Property and Asset Investment	March 2026	In progress	
			Automatic updating of element driven by capital investment NEC module	Senior Head of Housing Property and Asset Investment	December 2025	Not Started	
			Following completion of Neighbourhood Plans and Asset Strategy, develop prioritised improvement plans (to include resident engagement, consultation and working group to deliver the actions)	Senior Head of Housing Property and Asset Investment	December 2025	Not Started	

Complaints Workstream

Standard	Area of non-compliance	Risk Identification	Key Deliverable	Responsible Officer	Delivery Date	Status	RAG
All Standards	<p>Complaints management does not reflect positive practice in several ways, including performance but also lack of evidence of learning from complaints. Responses within time at stage 2 fall far short of acceptable; learning from complaints is mixed, and policies and guides are out of date.</p> <p>Complaints performance data needs to be reviewed to understand the drivers for underperformance at stage two.</p> <p>Complaints performance dashboard needs to be formally shared with senior leaders and elected members. The dashboard should be compiled with input from operational teams to include informed commentary on key issues or outlining where performance is not meeting target and detailing the improvement plan and when performance can be expected to fall back in to line with the target.</p> <p>Redress and compensation policy seriously out of data and non-compliant with Ombudsman expectations</p>	<p>Pennington's - High</p> <p>HQN</p>	Deliver HQN Complaint Responses Tone of Voice Training	Head of Regulatory Assurance	October 2024	Complete	Green
			Implement revised templates for stage 1 and 2 responses	Head of Regulatory Assurance	November 2024	In progress	Green
			Develop Quarterly Complaints report which provides insight leading to embedding lessons learnt from Complaints	Head of Regulatory Assurance	December 2024	In progress	Yellow
			Launch Corporate Complaints Dashboard	Director of Customer Services	December 2024	In progress	Yellow
			Embed the quarterly Complaints Report in reporting cycle and use this to inform service improvement plans.	Head of Regulatory Assurance	December 2024	In progress	Yellow
			Implement Acceptable Behaviour Policy	Head of Regulatory Assurance	January 2025	In progress	Yellow
			Review Complaints Compensation Policy and implement new Compensation Procedure including training for all colleagues involved in the process	Head of Regulatory Assurance	March 2025	In progress	Yellow
			Implement a Complaints Lessons Learned log and ensure this is published on the website and shared with Tenants' Voice	Head of Regulatory Assurance	March 2025	In progress	Yellow
			Amend ICASE to ensure root case analysis can be drawn from complaints monitoring	Head of Regulatory Assurance	March 2025	In progress	Yellow
Complete review of the Customer Relations Team structure to ensure it is effectively resourced. This includes seeking agreement for permanent resourcing to take on Stage 2 complaints.	Head of Regulatory Assurance	April 2025	In progress	Yellow			

Repairs Service and Handling of Damp & Mould Workstream

Standard	Area of non-compliance	Risk Identification	Key Deliverable	Responsible Officer	Delivery Date	Status	RAG
Safety & Quality Standard	<p>There needs to be a standardised approach to damp and mould surveys to ensure consistency of data capture and reduce the risk of gaps and risk associated with manual processes.</p> <p>Dashboard need to capture all and any damp and mould cases. Changes in processes and systems to ensure this should be considered.</p> <p>Staff need to have the right IT and equipment and all works relating to damp, mould and condensation should have recorded evidence to support them.</p> <p>Need to document end-to-end no access process relating to cases of damp, mould and condensation.</p> <p>Poor Repairs performance with data that cannot be reconciled with contractor and low levels of customer satisfaction</p>	Penningtons-High	Deliver diagnostics training to HSC and all other frontline colleagues responsible for raising repairs	Head of Repairs	November 2024	In progress	Yellow
			Complete end to end review of Repairs Service	Head of Repairs	December 2024	In progress	Yellow
			Implement daily repairs Work in Progress reporting	Head of Repairs	December 2024	In progress	Yellow
			Review and implement changes to Contact Centre Messaging for Repairs Reporting	Senior Head of Neighbourhoods & Customer	December 2024	In progress	Yellow
			Implement a Damp and Mould Dashboard	Head of Repairs	March 2025	In progress	Yellow
			Complete Damp and Mould Process Review	Senior Head of Housing Property and Asset Investment	March 2025	In progress	Yellow
			Develop and implement new no-access process	Senior Head of Neighbourhoods & Customer	April 2025	In progress	Yellow
			Roll out to all frontline colleagues an awareness campaign (Every Visit Counts) around Safeguarding, Damp and Mould, and data.	Head of Regulatory Assurance	April 2025	In progress	Yellow
			Review and implement new Repairs policy	Senior Head of Housing Property and Asset Investment	December 2025	In progress	Yellow
			Deliver Repairs action plan	Senior Head of Housing Property and Asset Investment	December 2025	Not started	Blue
			Strengthen and formalise contract management arrangements across key contracts	Head of Repairs	December 2025	In progress	Yellow
			Review and implement a Rechargeable Repairs Policy	Head of Repairs	December 2025	In progress	Yellow
			Deliver solution with contractors to ensure real-time visibility of repair statuses and notes are available to the HSC via NEC or access to contractor portal in the short-term.	Head of Resources	March 2025	In progress	Yellow
			Provide solution for officers on site to raise repairs	Head of Resources	March 2025	In progress	Yellow
			Complete outstanding NEC actions to improve connectivity to contractor systems	Head of Resources	June 2025	In progress	Yellow
Complete Interfinder improvements so that Interfinder is configured and all relevant information is collected at point of entry and links to real time availability of operative.	Head of Resources	June 2025	In progress	Yellow			
Automate progress updates for residents via SMS	Head of Housing Resources	June 2025	In progress	Yellow			

## **Appendix 1: Consumer Standards 1 April 2024**

### **Safety and Quality Standard**

#### **1. Required outcomes**

##### **1.1 Stock quality**

1.1.1 Registered providers must have an accurate, up to date and evidenced understanding of the condition of their homes that reliably informs their provision of good quality, well maintained and safe homes for tenants

##### **1.2 Decency**

1.2.1 Registered providers must ensure that tenants' homes meet the standard set out in section five of the Government's Decent Homes Guidance and continue to maintain their homes to at least this standard unless exempted by the regulator.

##### **1.3 Health and safety**

1.3.1 When acting as landlords, registered providers must take all reasonable steps to ensure the health and safety of tenants in their homes and associated communal areas.

##### **1.4 Repairs, maintenance and planned improvements**

1.4.1 Registered providers must provide an effective, efficient and timely repairs, maintenance and planned improvements service for the homes and communal areas for which they are responsible.

##### **1.5 Adaptations**

1.5.1 Registered providers must assist tenants seeking housing adaptations to access appropriate services.

#### **2. Specific expectations**

##### **2.1 Stock quality**

2.1.1 Registered providers must have an accurate record at an individual property level of the condition of their homes, based on a physical assessment of all homes and keep this up to date.

2.1.2 Registered providers must use data from across their records on stock condition to inform their provision of good quality, well maintained and safe homes for tenants including:

- a) compliance with health and safety legal requirements
- b) compliance with the Decent Homes Standard
- c) delivery of repairs, maintenance and planned improvements to homes, and
- d) allocating homes that are designed or adapted to meet specific needs appropriately.

##### **2.2 Health and safety**

2.2.1. Registered providers must identify and meet all legal requirements that relate to the health and safety of tenants in their homes and communal areas.

2.2.2 Registered providers must ensure that all required actions arising from legally required health and safety assessments are carried out within appropriate timescales.



2.2.3 Registered providers must ensure that the safety of tenants is considered in the design and delivery of landlord services and take reasonable steps to mitigate any identified risks to tenants.

## **2.3 Repairs, maintenance and planned improvements**

2.3.1 Registered providers must enable repairs and maintenance issues to be reported easily.

2.3.2 Registered providers must set timescales for the completion of repairs, maintenance and planned improvements, clearly communicate them to tenants and take appropriate steps to deliver to them.

2.3.3 Registered providers must keep tenants informed about repairs, maintenance and planned improvements to their homes with clear and timely communication.

2.3.4 Registered providers must understand and fulfil their maintenance responsibilities in respect of communal areas.

2.3.5 Registered providers must ensure that the delivery of repairs, maintenance and planned improvements to homes and communal areas is informed by the needs of tenants and provides value for money, in addition to the requirement at 2.1.2.

## **2.4 Adaptations**

2.4.1 Registered providers must clearly communicate to tenants and relevant organisations how they will assist tenants seeking housing adaptations services.

2.4.2 Registered providers must co-operate with tenants, appropriate local authority departments and other relevant organisations so that a housing adaptations service is available to tenants where appropriate.

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## **Transparency, Influence and Accountability Standard**

### **1. Required outcomes**

#### **1.1 Fairness and respect**

1.1.1 Registered providers must treat tenants<sup>[\[footnote 2\]](#)</sup> and prospective tenants with fairness and respect.

#### **1.2 Diverse needs**

1.2.1 In relation to the housing and landlord services they provide, registered providers must take action to deliver fair and equitable outcomes for tenants and, where relevant, prospective tenants.

#### **1.3 Engagement with tenants**

1.3.1 Registered providers must take tenants' views into account in their decision-making about how landlord services are delivered and communicate how tenants' views have been considered.

#### **1.4 Information about landlord services**

1.4.1 Registered providers must communicate with tenants and provide information so tenants can use landlord services, understand what to expect from their landlord, and hold their landlord to account.

## **1.5 Performance information**

1.5.1 Registered providers must collect and provide information to support effective scrutiny by tenants of their landlord's performance in delivering landlord services.

## **1.6 Complaints**

1.6.1 Registered providers must ensure complaints are addressed fairly, effectively, and promptly.

## **2. Specific expectations**

### **2.1 Diverse needs**

2.1.1 Registered providers must use relevant information and data to:

- a) understand the diverse needs of tenants, including those arising from protected characteristics, language barriers, and additional support needs; and
- b) assess whether their housing and landlord services deliver fair and equitable outcomes for tenants.

2.1.2 Registered providers must ensure that communication with and information for tenants is clear, accessible, relevant, timely and appropriate to the diverse needs of tenants.

2.1.3 Registered providers must ensure that landlord services are accessible, and that the accessibility is publicised to tenants. This includes supporting tenants and prospective tenants to use online landlord services if required.

2.1.4 Registered providers must allow tenants and prospective tenants to be supported by a representative or advocate in interactions about landlord services.

### **2.2 Engagement with tenants**

2.2.1 Registered providers must give tenants a wide range of meaningful opportunities to influence and scrutinise their landlord's strategies, policies and services. This includes in relation to the neighbourhood where applicable.

2.2.2 Registered providers must assist tenants who wish to implement tenant-led activities to influence and scrutinise their landlord's strategies, policies and services. This includes in relation to the neighbourhood where applicable.

2.2.3 Registered providers must provide accessible support that meets the diverse needs of tenants so they can engage with the opportunities in 2.2.1 and 2.2.2.

2.2.4 Registered providers must support tenants to exercise their Right to Manage, Right to Transfer or otherwise exercise housing management functions, where appropriate.

2.2.5 Registered providers, working with tenants, must regularly consider ways to improve and tailor their approach to delivering landlord services including tenant engagement. They must implement changes as appropriate to ensure services deliver the intended aims.

2.2.6 Where a registered provider is considering a change in landlord for one or more tenants, or a significant change in management arrangements, it must consult affected

tenants on its proposals at a formative stage and take those views into account in reaching a decision. The consultation must:

- a) be fair and accessible
- b) provide tenants with adequate time, information and opportunities to consider and respond
- c) set out actual or potential advantages and disadvantages (including costs) to tenants in the immediate and longer term, and
- d) demonstrate to affected tenants how the consultation responses have been taken into account in reaching a decision.

### **2.3 Information about landlord services**

2.3.1. Registered providers must provide tenants with accessible information about the:

- a) available landlord services, how to access those services, and the standards of service tenants can expect
- b) standards of safety and quality tenants can expect homes and communal areas to meet
- c) rents and service charges that are payable by tenants
- d) responsibilities of the registered provider and the tenant for maintaining homes, communal areas, shared spaces<sup>[footnote 31](#)</sup> and neighbourhoods.

2.3.2 Registered providers must provide tenants with accessible information about tenants' rights in respect of registered providers' legal obligations and relevant regulatory requirements that registered providers must meet in connection with the homes, facilities or landlord services they provide to tenants. This must include information about:

- a) the requirement to provide a home that meets the government's Decent Homes Standard;
- b) the registered provider's obligation to comply with health and safety legislation;
- c) the rights conferred on tenants by their tenancy agreements including rights implied by statute and/or common law, in particular—
  - i) the right to a home that is fit for human habitation; and
  - ii) the right to receive notice of a proposed visit to carry out repairs or maintenance or to view the condition and state of repair of the premises; and
- d) the rights of disabled tenants to reasonable adjustments.

2.3.3 Registered providers must communicate with affected tenants on progress, next steps and outcomes when delivering landlord services.

2.3.4 Registered providers' housing and neighbourhood policies must be fair, reasonable, accessible and transparent. Where relevant, policies should set out decision-making criteria and appeals processes.

2.3.5 Registered providers must make information available to tenants about the relevant roles and responsibilities of senior level employees or officers, including who has responsibility for compliance with the consumer standards.

### **2.4 Performance information**

2.4.1 Registered providers must meet the regulator's requirements in relation to the tenant satisfaction measures set by the regulator as set out in Tenant Satisfaction Measures: Technical requirements and Tenant Satisfaction Measures: Tenant survey requirements.

2.4.2 Registered providers must:

a) collect and process information specified by the regulator relating to their performance against the tenant satisfaction measures. The information must be collected within a timeframe set by the regulator and must meet the regulator's requirements in Tenant Satisfaction Measures: Technical requirements and Tenant Satisfaction Measures: Tenant survey requirements

b) annually publish their performance against the tenant satisfaction measures. This should include information about how they have met the regulator's requirements set out in Tenant Satisfaction Measures: Technical requirements and Tenant Satisfaction Measures: Tenant survey requirements. This information must be published in a manner that is timely, clear, and easily accessed by tenants; and

c) annually submit to the regulator information specified by the regulator relating to their performance against those measures. The information must be submitted within a timeframe and in a form determined by the regulator.

2.4.3 In meeting 2.4.1 and 2.4.2 above, registered providers must ensure that the information is an accurate, reliable, valid, and transparent reflection of their performance against the tenant satisfaction measures.

2.4.4 Registered providers must provide tenants with accessible information about:

a) how they are performing in delivering landlord services and what actions they will take to improve performance where required

b) how they have taken tenants' views into account to improve landlord services, information and communication

c) how income is being spent

d) their directors' remuneration and management costs.

## **2.5 Complaints**

2.5.1 Registered providers must ensure their approach to handling complaints is simple, accessible and publicised.

2.5.2 Registered providers must provide accessible information to tenants about:

a) how tenants can make a complaint about their registered provider;

b) the registered provider's complaints policy and complaints handling process;

c) what tenants can do if they are dissatisfied with the outcome of a complaint or how a complaint was handled; and

d) the type of complaints received and how they have learnt from complaints to continuously improve services.

## **2.6 Self-referral**

2.6.1 Registered providers must communicate in a timely manner with the regulator on all material issues that relate to non-compliance or potential non-compliance with the consumer standards.

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## **Neighbourhood and Community Standard**

### **1. Required outcomes**

#### **1.1 Safety of shared spaces**

1.1.1 Registered providers must work co-operatively with tenants<sup>[footnote 4]</sup>, other landlords and relevant organisations to take all reasonable steps to ensure the safety of shared spaces<sup>[footnote 5]</sup>.

#### **1.2 Local cooperation**

1.2.1 Registered providers must co-operate with relevant partners to promote social, environmental and economic wellbeing in the areas where they provide social housing.

#### **1.3 Anti-social behaviour and hate incidents**

1.3.1 Registered providers must work in partnership with appropriate local authority departments, the police and other relevant organisations to deter and tackle anti-social behaviour (ASB) and hate incidents in the neighbourhoods where they provide social housing.

#### **1.4 Domestic abuse**

1.4.1 Registered providers must work co-operatively with other agencies tackling domestic abuse and enable tenants to access appropriate support and advice.

### **2. Specific expectations**

#### **2.1 Local cooperation**

2.1.1 Registered providers, having taken account of their strategic objectives, the views of tenants and their presence within the areas where they provide social housing, must:

- a) identify and communicate to tenants the roles registered providers play in promoting social, environmental and economic wellbeing and how those roles will be delivered; and
- b) co-operate with local partnership arrangements and the strategic housing function of local authorities where they are able to assist local authorities in achieving their objectives.

#### **2.2 Anti-social behaviour and hate incidents**

2.2.1 Registered providers must have a policy on how they work with relevant organisations to deter and tackle ASB in the neighbourhoods where they provide social housing.

2.2.2 Registered providers must clearly set out their approach for how they deter and tackle hate incidents in neighbourhoods where they provide social housing.

2.2.3 Registered providers must enable ASB and hate incidents to be reported easily and keep tenants informed about the progress of their case.

2.2.4 Registered providers must provide prompt and appropriate action in response to ASB and hate incidents, having regard to the full range of tools and legal powers available to them.

2.2.5 Registered providers must support tenants who are affected by ASB and hate incidents, including by signposting them to agencies who can give them appropriate support and assistance.

## **2.3 Domestic abuse**

2.3.1 Registered providers must have a policy for how they recognise and effectively respond to cases of domestic abuse.

2.3.2 Registered providers must co-operate with appropriate local authority departments to support the local authority in meeting its duty to develop a strategy and commission services for victims of domestic abuse and their children within safe accommodation.

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## **Tenancy Standard**

### **1. Required outcomes**

#### **1.1 Allocations and lettings**

1.1.1 Registered providers must allocate and let their homes in a fair and transparent way that takes the needs of tenants<sup>[footnote 61](#)</sup> and prospective tenants into account.

#### **1.2 Tenancy sustainment and evictions**

1.2.1 Registered providers must support tenants to maintain their tenancy or licence. Where a registered provider ends a tenancy or licence, they must offer affected tenants advice and assistance.

#### **1.3 Tenure**

1.3.1 Registered providers shall offer tenancies or terms of occupation which are compatible with the purpose of the accommodation, the needs of individual households, the sustainability of the community, and the efficient use of their housing stock.

1.3.2 They shall meet all applicable statutory and legal requirements in relation to the form and use of tenancy agreements or terms of occupation.

#### **1.4 Mutual exchange**

1.4.1 Registered providers must support relevant tenants living in eligible housing to mutually exchange their homes.

### **2. Specific expectations**

#### **2.1 Allocations and lettings**

2.1.1 Registered providers must co-operate with local authorities' strategic housing functions and assist local authorities to fulfil their duties to meet identified local housing need. This includes assistance with local authorities' homelessness duties, and through meeting obligations in nominations agreements.

2.1.2 Registered providers must seek to allocate homes that are designated, designed, or adapted to meet specific needs in a way that is compatible with the purpose of the housing.

2.1.3 Registered providers must develop and deliver services that seek to address under-occupation and overcrowding in their homes. These services should be focused on the needs of tenants.

2.1.4 Registered providers must take action to prevent and tackle tenancy fraud.

2.1.5 Registered providers must have a fair, reasonable, simple and accessible appeals process for allocation decisions.

2.1.6 Registered providers must record all lettings and sales as required by the Continuous Recording of Lettings (CORE) system.

## **2.2 Tenancy sustainment and evictions**

2.2.1 Registered providers must provide services that support tenants to maintain their tenancy or licence and prevent unnecessary evictions.

2.2.2 Registered providers must provide tenants required to move with timely advice and assistance about housing options before the tenancy or licence ends.

## **2.3 Tenure**

2.3.1 Registered providers shall publish clear and accessible policies which outline their approach to tenancy management, including interventions to sustain tenancies and prevent unnecessary evictions, and tackling tenancy fraud, and set out:

- a) The type of tenancies they will grant.
- b) Where they grant tenancies for a fixed term, the length of those terms.
- c) The circumstances in which they will grant tenancies of a particular type.
- d) Any exceptional circumstances in which they will grant fixed term tenancies for a term of less than five years in general needs housing following any probationary period.
- e) The circumstances in which they may or may not grant another tenancy on the expiry of the fixed term, in the same property or in a different property.
- f) The way in which a tenant or prospective tenant may appeal against or complain about the length of fixed term tenancy offered and the type of tenancy offered, and against a decision not to grant another tenancy on the expiry of the fixed term.
- g) Their policy on taking into account the needs of those households who are vulnerable by reason of age, disability or illness, and households with children, including through the provision of tenancies which provide a reasonable degree of stability.
- h) The advice and assistance they will give to tenants on finding alternative accommodation in the event that they decide not to grant another tenancy.
- i) Their policy on granting discretionary succession rights, taking account of the needs of vulnerable household members.

2.3.2 Registered providers must grant general needs tenants a periodic secure or assured (excluding periodic assured shorthold) tenancy, or a tenancy for a minimum fixed term of five years, or exceptionally, a tenancy for a minimum fixed term of no less than two years, in addition to any probationary tenancy period.



2.3.3 Before a fixed term tenancy ends, registered providers shall provide notice in writing to the tenant stating either that they propose to grant another tenancy on the expiry of the existing fixed term or that they propose to end the tenancy.

2.3.4 Where registered providers use probationary tenancies, these shall be for a maximum of 12 months, or a maximum of 18 months where reasons for extending the probationary period have been given and where the tenant has the opportunity to request a review.

2.3.5 Registered providers shall grant those who were social housing tenants on the day on which section 154 of the Localism Act 2011 comes into force, and have remained social housing tenants since that date, a tenancy with no less security where they choose to move to another social rented home, whether with the same or another landlord. (This requirement does not apply where tenants choose to move to accommodation let on Affordable Rent terms).

2.3.6 Registered providers shall grant tenants who have been moved into alternative accommodation during any redevelopment or other works a tenancy with no less security of tenure on their return to settled accommodation.

## **2.4 Mutual exchange**

2.4.1 Registered providers must offer a mutual exchange service which allows relevant tenants potentially eligible for mutual exchange, whether pursuant to a statutory right or a policy of the registered provider, to easily access details of all (or the greatest practicable number of) available matches without payment of a fee.

2.4.2 Registered providers must publicise the availability of any mutual exchange service(s) it offers to its relevant tenants.

2.4.3 Registered providers must provide support for accessing mutual exchange services to relevant tenants who might otherwise be unable to use them.

2.4.4 Registered providers must offer tenants seeking to mutually exchange information about the implications for tenure, rent and service charges.

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4 October 2024

Dear Mr Craig-Sharples

### Self- Referral: Consumer Standards

#### Setting the Context

Following our conversation on the 16<sup>th</sup> September 2024 we write to formally to self-refer.

Tower Hamlets Homes (THH) was brought back in-house on 1 November 2023 following a decision by the Cabinet on 22 February 2023.

This followed a strategic review which identified the need to strengthen accountability to residents. It signalled the need for the Council to have more control and oversight under the new Consumer Standards and Building Safety Act.

Since bringing the ALMO back in house we have undertaken a major restructure which is the start of a transformation programme in response to the findings of the strategic review. This has led to the ALMO being fully integrated into the Council, creating a single resident-focussed division which aligns Housing and Asset Management functions to drive forward standards.

We have also carefully reviewed and commissioned independent stocktakes of the performance of our housing services to ensure we have a full understanding of the position which the Council inherited and the action we need to take.

## Compliance Standards

To drive forward standards further, in February 2024 we commissioned Pennington Choice and Housing Quality Network (HQN) to provide independent assurance and assess our compliance against the Consumer Standards. The reports were finalised at the end of July and highlighted areas where we need to improve our compliance position.

From that commission, we have identified these areas to be non-compliant as set out below:

### Safety & Quality Standard

- **Fire Risk Actions;** c2500 overdue Fire Risk Actions, of which 1132 are High Risk actions. Many of these are reliant on major works and there are mitigations in place while this important, complex work is progressed. The attached LBTH Annual return provides further detail as requested, following a request for further information.
- **Data Quality (Resident & Property);** data management around our Landlord Compliance and Asset Management activities requires improvement. We also need to improve the data we hold on our residents and then use this to deliver improved proactive services. This relates to moving asset data into one data system and better understanding of leasehold sub-letting to target and shape services.
- **Asset & Repairs Performance;** Our responsive repairs service performance requires improvement, particularly the way we manage Damp and Mould reports. We have 144 Damp and Mould cases and our monitoring process requires improvement. However, we monitor category one cases on a weekly basis, while processes are being improved. We also have around 2500 Decent Home Failures with our stock requiring substantial investment to reduce the current reactive demand on our repairs service.

### Transparency, Influence and Accountability

- **Complaint Handling:** a need to improve our complaint handling performance and implement lessons learned and use resident insight to drive service improvements and put the resident at the heart of service design and delivery

**Governance:** Across all of the standards there is a recognition of the need to strengthen our Governance arrangements and oversight of key landlord activities including Building Safety and Landlord Compliance.

### Improvement Plan Development

We have already started to respond to these areas undertaking improvements at pace alongside developing a robust improvement implementation plan, supported by Trowers Hamblins advising on the prioritisation of improvements to address the areas identified. This includes:

- **Asset Investment:** £140million of capital funding approved by Cabinet on 11<sup>th</sup> September 2024 to tender works to address Fire and Building Safety
- **Data:** We are implementing improvements across Property and Resident data including a new system to manage our asset data
- **Fire Safety:** At the time of the audit (date) we had overdue Fire Risk Assessments, we are now 100% compliant across our homes. For all remaining high-risk buildings, we have remediation plans in place and/or planned works which are being progressed
- **Compliance:** Programmes in place which have already improved our position in terms of outstanding Fire Safety actions and across Landlord Compliance
- **Resources:** We have appointed to key leadership roles across Strategic Asset Management, Fire Safety and Complaints services

A report to Cabinet in November will recommend the formation of a Housing Cabinet Sub-Committee and working group to strengthen our Governance arrangements and oversee delivery of our improvement implementation plan.

In July 2024, we submitted a Fire Remediation Survey (FRS) and in response you have requested further information on our submission. We have been working on our response and attached this to the letter for your consideration. It provides assurance around our current position and the progressive action planning being undertaken to remediate any areas of non-compliance.

In the spirit of co-regulation, we are bringing these matters to your attention and have already started work to improve our position and develop an improvement plan.

London Borough of Tower Hamlets is committed to ensuring the safety of our residents and complying with the Consumer Standards.

In addition to the identified issues with regards to meeting the required outcomes of the Consumer Standards, in the spirit of being open and transparent, there is an indication that we may not be compliant with the Rent Standard. We have recently commissioned Savills to provide assurance over our compliance and will share the findings of this work when it is completed.

Our lead officer for any discussions in relation to self-referral will be our Corporate Director for Housing and Regeneration, David Joyce. Please do not hesitate to contact them on [david.joyce@towerhamlets.gov.uk](mailto:david.joyce@towerhamlets.gov.uk).

We appreciate your support with this issue and look forward to working with you and to receiving your response to this letter.

Yours sincerely,



Stephen Halsey  
Chief Executive

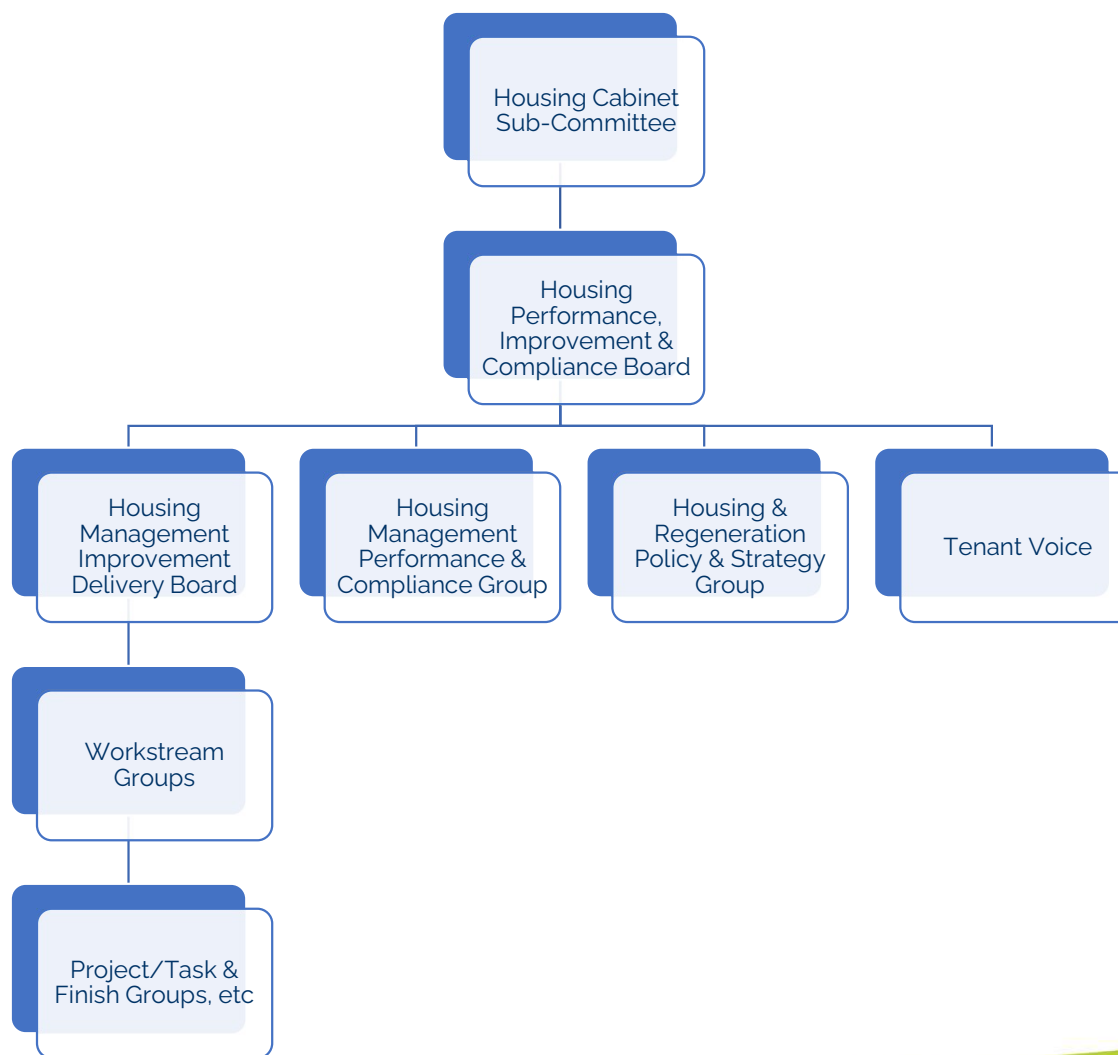


# Housing Management Proposed Governance Structure

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# Governance & Delegations



## Housing Management Cabinet Sub Committee

- Decision making body, in which the Executive Mayor will take decisions delegated from Cabinet
- These will be agreed and set out in line with the Council's constitution
- This will be a public meeting, serviced by Democratic Services

## Housing Performance, Improvement & Compliance Board

- This is a senior officer meeting where reports can be considered and scrutinised and approved at officer level
- Quarterly report to CMT and Mayor from this Board will be circulated for consideration



# Housing Management Sub-Committee



## Purpose

- To oversee and assurance the Council's compliance with the Regulatory Standards, Building Safety Act and Fire Safety Act
- To own and oversee the Housing Management Strategic Risk Register
- To review the performance of all landlord housing functions and the engagement of residents in the effective delivery of services
- To monitor the impacts of investments in ensuring the Council maintains decent homes, fire and building safety and customer satisfactions
- Receive reports and consider recommendations from scrutiny committees, Tenants' Voice and internal and external audits.

## Membership

- Mayor
- Cabinet Member for Regeneration, Inclusive Development and Housebuilding
- Two additional Cabinet Members (TBD)
- Up to three industry expert advisors

## Reports into:

- Cabinet



# Housing Performance, Improvement & Compliance Board



## Purpose

- To have oversight of performance, improvement and compliance across housing services
- Officer body in which Corporate Director (Housing & Regeneration) takes decision on improvement & compliance issues
- To drive compliance and improvement in line with regulation & Mayoral priorities
- Receive exception reporting on compliance and performance issues & plans to rectify this
- Receive programme exception reporting & deal with escalated issues for improvement programmes
- Commission reports to scrutinise progress in particular areas of non-compliance/requiring improvement

## Membership

- Corporate Director – Housing & Regeneration (Chair)
- Director of Housing Policy, Strategy & Compliance
- Director of Housing Management
- Senior Head of Neighbourhoods & Customer Services
- Senior Head of Housing Property & Asset Strategy
- Programme Lead
- Head of Strategy, Policy & Improvement
- Head of Regulatory Assurance
- Head of Strategic Finance – Housing & Regeneration

## Reports into:

- Housing Cabinet Sub-Committee



# Tenant's Voice



## Purpose

- To be consulted on proposals affecting the provision of housing services to LBTH tenants and residents including strategies, policies, service design and works programmes.
- To use performance and complaints data to oversee the operational performance of LBTH housing services for tenants and leaseholders and make recommendations for service improvements.
- To undertake scrutiny review of identified areas of concern and make recommendations for action.

## Membership

- Eight LBTH tenants
- Three LBTH leaseholders (resident within Tower Hamlets)
- One tenant of a leaseholder.

## Reports into:

- Housing Cabinet Sub-Committee



# Housing Management Improvement Delivery Board



## Purpose

- To ensure the delivery of the Improvement, Compliance and Integration Plan
- To monitor and deal with risks & issues (or escalate these to the Housing Performance, Improvement or Compliance Board where appropriate)
- To agree on additional improvements required as informed by data, etc.
- To monitor progress and receive highlight reports from workstreams
- Commission reports to scrutinise progress in particular areas of non-compliance/requiring improvement
- To hold workstream leads and SROs to account

## Membership

- Head of Regulatory Assurance
- Programme Lead
- Senior Head of Neighbourhoods & Customer Services
- Senior Head of Housing Property & Asset Strategy

## Reports into:

- Housing Performance, Improvement and Compliance Board



# Housing Management Performance & Compliance Group



## Purpose

- To monitor and identify issues with the compliance and performance of all housing management services
- To analyse trends in performance, compliance and data to identify issues and improvements
- To consider complaints data and trends and recommend actions for learning
- To recommend targets for improvement and escalate areas of low performance/non-compliance
- To commission reports to scrutinise progress in particular areas of non-compliance/poor performance
- To hold Heads of Service/Service Managers to account for compliance and performance

## Membership

- Director of Housing Management (Chair)
- Head of Strategy, Performance & Improvement
- Head of Regulatory Assurance
- Senior Head of Neighbourhoods & Customer Services
- Senior Head of Housing Property & Asset Strategy

## Reports into:

- Housing Performance, Improvement and Compliance Board





# Housing & Regeneration Policy and Strategy Group



## Purpose

- To horizon scan and consider impact of new government policy on housing and regeneration services
- To facilitate and promote partnership working both internally and externally
- To prepare strategic/lobbying responses to housing and regeneration issues for consideration by the Mayor, Cabinet & CELT
- To provide early officer steer and drive to the development of housing & regeneration policies, procedures, guidance and strategies

## Membership

- Director of Housing Policy, Strategy & Regulatory Compliance (Chair)
- Head of Regulatory Assurance
- Head of Strategy, Policy & Improvement
- Additional leads TBC

## Reports into:

- Housing Performance, Improvement and Compliance Board



# Improvement Workstream Groups

## Governance, Data, Asset Management & Complaints



### Purpose

- To track and monitor the progress of the deliverables across the workstream.
- To identify and resolve (or escalate as appropriate) any issues.
- To agree upon and track and additional actions required to achieve the deliverables of the workstream on time & to budget.
- To agree highlight reports to the Housing Management Improvement Delivery Board
- To ensure delivery leads are updating trackers as required.
- To request additional support with workstreams (e.g. project support, additional resource) from Housing Performance, Improvement & Compliance Board
- To develop reports for Boards as requested.

### Membership

- Workstream lead (Chair)
- Workstream SROs
- Delivery leads
- Programme Lead/Project Manager

### Reports into:

- Housing Performance, Improvement and Compliance Board



## Executive Procedure Rules

### CONTENTS

Rule	Subject
1	How Does the Executive Operate?
2	How are Executive Meetings Conducted?
3	The Mayor's Executive Scheme of Delegation

#### 1. HOW DOES THE EXECUTIVE OPERATE?

##### 1.1 Who May Make Executive Decisions?

In law, functions which are the responsibility of the Executive may be exercised by

- (a) The Mayor
- (b) The Executive as a whole (the Cabinet);
- (c) A Committee of the Executive;
- (d) An individual Member of the Executive;
- (e) The Chief Executive, a Chief Officer or an officer;
- (f) An area Committee; or a ward councillor in accordance with Section 236 of the Local Government and Public Involvement in Health Act 2007;
- (g) joint arrangements; or
- (h) another local authority;

subject to the Mayor or this Constitution giving delegated authority to the person/meeting listed to discharge the particular function.

The arrangements for the discharge of executive functions at Tower Hamlets are set out in the executive arrangements adopted by the Council (as set out in Part A, Section 8 of this Constitution) and the Executive Scheme of Delegation at Rule 3 of these Rules.

Currently decisions on executive functions are taken by the Mayor, either at the Cabinet meeting or separately, unless the Mayor has delegated either a function as set out in those parts of the Constitution or a specific executive decision.

## **1.2 The Executive Scheme of Delegation and Executive Functions**

At the Annual Meeting of the Council the Mayor will present to the Council a written record of delegations made by the Mayor ('The Executive Scheme of Delegation') for inclusion in the Council's Constitution. The document presented by the Mayor must contain the following information in so far as it relates to executive functions:

- (a) The extent of any authority delegated to any individual Executive Member or ward Councillor including details of the limitation on their authority.
- (b) The terms of reference and constitution of such Executive Committees as the Mayor appoints and the names of Executive Members appointed to them.
- (c) The nature and extent of any delegation of executive functions to area Committees, any other authority or any joint arrangements and the names of those Executive Members appointed to any joint Committee for the coming year.
- (d) The nature and extent of any delegation of executive functions to officers not already specified in Part B of this Constitution, with details of any limitation on that delegation and the title of the officer to whom the delegation is made.

The Mayor may amend or revoke any delegation of an Executive function at any time.

The Executive Scheme of Delegation shall be included at Rule 3 of these Rules.

Within five working days of agreeing any change to the Executive Scheme of Delegation, a Cabinet appointment or portfolio, the Mayor shall present a written record of the change that they have agreed, together with the reasons for that change, to the Monitoring Officer.

Whenever the Monitoring Officer receives notification from the Mayor of any change(s) to the Executive Scheme of Delegation, Cabinet appointment(s) or portfolio(s), the Monitoring Officer will inform all Councillors of the change(s) made and any reasons given by the Mayor.

## **1.3 Sub-Delegation of Executive Functions**

- (a) Where the Mayor, the Executive, a Committee of the Executive or an individual Member of the Executive is responsible for an executive function, they may delegate further to an area Committee, joint arrangements or an officer.
- (b) Unless the Mayor or Cabinet directs otherwise, if the Mayor delegates functions to the Executive then the Executive may delegate further to a Committee of the Executive or an officer.

- (c) Unless the Mayor directs otherwise, a Committee of the Executive to whom functions have been delegated may delegate further to an officer.
- (d) Even where executive functions have been delegated, that fact does not prevent the discharge of delegated functions by the person or body who delegated them.

#### **1.4 The Council's Scheme of Delegation and Executive Functions**

- (a) Subject to (b) below, the Council's Scheme of Delegation will be subject to adoption by the Council and may only be amended by the Council. It will contain the details required in Part A, Section 8.
- (b) The Mayor may amend the Scheme of Delegation of executive functions at any time during the year. To do so, the Mayor must give written notice to the Monitoring Officer and the person, body or Committee concerned. The notice must set out the extent of the amendment to the Scheme of Delegation, and whether it entails the withdrawal of delegation from any person, body or Committee or the Executive as a whole. The Monitoring Officer will inform all Councillors of the change(s) made and any reasons given by the Mayor.
- (c) Where the Mayor seeks to withdraw or amend delegations to a Committee, notice will be deemed to be served on that Committee when it has been served on its Chair.

#### **1.5 Interests**

- (a) Where a Member of the Executive has a disclosable pecuniary interest this should be dealt with as set out in the Council's Code of Conduct for Members at Part C Section 31 of this Constitution.
- (b) If every Member of the Executive has either a registerable or non-registerable interest and either interest might appear to a fair and informed observer that there was a real possibility of the Members' judgement being or likely to be impaired by the interest then this also should be dealt with as set out in the Council's Code of Conduct for Members in Part C Section 31 of this Constitution.
- (c) Where a Member of the Executive has either a registerable or non-registerable interest and either interest might appear to a fair and informed observer that there was a real possibility of the Member's judgement being or likely to be impaired by the interest then this should be dealt with as set out in the Council's Code of Conduct for Members at Part C Section 31 of this Constitution.
- (d) If the exercise of an executive function has been delegated to a Committee of the Executive, an individual Member, the Chief Executive, a Chief Officer or an officer, and should a disclosable pecuniary interest arise, then the function will be exercised in the first instance by the person or body by whom the delegation was made or otherwise as set out in the Council's Code of Conduct for Members at Part C Section 31 of this Constitution.

- (e) If the exercise of an executive function has been delegated to a Committee of the Executive, an individual Member, the Chief Executive, a Chief Officer or an officer, and should either a registerable or non-registerable interest and either interest might appear to a fair and informed observer that there was a real possibility of that person's judgement being or likely to be impaired by the interest arise, then the function will be exercised in the first instance by the person or body by whom the delegation was made or otherwise as set out in the Council's Code of Conduct for Members at Part C Section 31 of this Constitution.

## **1.6 Meetings of the Cabinet**

- (a) Meetings of the Cabinet will be determined by the Mayor or Chief Executive. The Cabinet shall normally meet at the Council's main offices or at another location as appropriate.
- (b) Meetings of the Cabinet will be subject to the Access to Information Procedure Rules and any other relevant procedure rules in this Constitution.

## **1.7 Quorum**

The quorum for a meeting of the Executive shall be three Members of the Cabinet including the Executive Mayor, or where notified in advance to the Monitoring Officer, the Statutory Deputy Mayor'.

## **1.8 How are Decisions to be taken by the Executive?**

- (a) Executive decisions which are the responsibility of the Cabinet as a whole will be taken at a meeting convened in accordance with the Access to Information Rules in Part B of the Constitution.
- (b) Where executive decisions are delegated to a Committee of the Executive, the rules applying to executive decisions taken by them shall be the same as those applying to those taken by the Executive as a whole.

## **2. HOW ARE EXECUTIVE MEETINGS CONDUCTED?**

### **2.1 Who Presides?**

If the Mayor is present they will preside. In their absence, then the Deputy Mayor shall preside. In the absence of both the Mayor and the Deputy Mayor then Cabinet is not quorate and may not meet (as set out in Paragraph 1.7).

### **2.2 Who may Attend?**

- (a) Meetings of the Cabinet will normally be open to the public unless confidential or exempt information is to be discussed.

- (b) Subject to the Access to Information Procedure Rules in Part B Section 27 of this Constitution, meetings may occasionally be private.
- (c) The Chair (or Vice-Chair) of the Overview and Scrutiny Committee and the Leaders of any Opposition Groups have a standing invitation to observe Cabinet meetings.

### **2.3 What Business will be conducted?**

At each meeting of the Cabinet the following business will be conducted:

- (a) consideration of the minutes of the last meeting;
- (b) declarations of disclosable pecuniary interest, if any;
- (c) A verbal update (of no more than ten minutes) by the Chair of the Overview and Scrutiny Committee (or nominated deputy) on the work of the Committee and also on any issues or Pre-Decision Scrutiny Questions relevant to the reports for consideration on the Cabinet agenda.
- (d) matters set out in the agenda for the meeting, and which shall indicate which are key decisions and which are not, in accordance with the Access to Information Procedure Rules set out in Part B Section 27 of this Constitution.
- (e) consideration of reports from the Overview and Scrutiny Committee;
- (f) matters referred to the Executive (whether by the Overview and Scrutiny Committee or by the Council) for reconsideration by the Executive in accordance with the provisions contained in the Overview and Scrutiny Procedure Rules or the Budget and Policy Framework Procedure Rules set out in Part B Section 28 of this Constitution;

### **2.4 Community Engagement/ Consultation**

All reports to the Executive from any Member of the Executive or an officer on proposals relating to the Budget and Policy Framework must contain details of the nature and extent of community engagement or consultation with stakeholders, Overview and Scrutiny Committee and the outcome of that consultation. Reports about other matters will set out the details and outcome of consultation as appropriate. The level of community engagement or consultation required will be appropriate to the nature of the matter under consideration having due regard to the Council's Community Engagement Strategy.

### **2.5 Who can put Items on the Executive Agenda?**

The Mayor and Chief Executive may put on the agenda of any Cabinet meeting any Executive matter which they wish, whether or not authority has been delegated to the Cabinet, a Committee of it, any Member, the Chief Executive,



a Chief Officer or officer in respect of that matter. The Corporate Director, Governance will comply with their requests in this respect.

The Monitoring Officer and/or the Chief Finance Officer may include an item for consideration on the agenda of a Cabinet meeting and may require the Chief Executive to call such a meeting in pursuance of their statutory duties. In other circumstances, where any two (2) of the Head of Paid Service, Chief Finance Officer and Monitoring Officer are of the opinion that a meeting of the Cabinet needs to be called to consider a matter that requires a decision, they may jointly call a meeting and include an item on the agenda of that meeting or of a Cabinet meeting which has already been called. If there is no meeting of the Cabinet soon enough to deal with the issue in question, then the person(s) entitled to include an item on the agenda may also require that a meeting be convened at which the matter will be considered.

## **2.6 Public and Member Engagement at Cabinet**

Whilst the main focus of Cabinet is as a decision-making body, there is an opportunity for the public to contribute through making submissions that specifically relate to the reports that are set out on the agenda. Members of the public may therefore make written submissions in any form (for example; Petitions, letters, written questions) and which to be submitted to the Clerk to Cabinet (whose details are on the agenda front sheet) by 5 pm the day before the meeting. The consideration of such written submissions will be at the discretion of whosoever presides at the meeting.

In addition to rights set out in 2.3(c) above, the Chair (or Vice-Chair in their absence) of the Overview and Scrutiny Committee and the Leaders of any Opposition Groups can request to raise their key issues/questions in relation to the reports on the Cabinet agenda. The Mayor or other person presiding at a meeting of the Cabinet may also at their discretion allow other persons to contribute. All requests to raise issues or ask questions must be received by the clerk to the Cabinet (whose details are on the agenda front sheet) by 5pm the day before the meeting.

All contributions to the meeting will be taken in a 15 minute question and answer session at the start of the meeting. Each contribution will normally be limited to three minutes. The Mayor or other person presiding at a meeting of the Cabinet has discretion to vary these procedures especially where there are large numbers of requests or submissions.

## **2.7 Application of Council Procedure Rules**

Rules 5 – 9, 17 to 24 of the Council Procedure Rules (Part B Section 26 of this Constitution) shall also apply to meetings of the Cabinet.

### **3. THE MAYOR'S EXECUTIVE SCHEME OF DELEGATION**

**With effect from 15<sup>th</sup> May 2024**

#### **PART A - EXECUTIVE SCHEME OF DELEGATION**

##### **1. PURPOSE**

1.1 The purpose of this Executive Scheme of Delegation is to:-

- (a) be clear about who can make which executive decisions including Key Decisions;
- (b) facilitate the smooth running of Council business;
- (c) ensure that the Mayor is able to provide effective strategic leadership for the overall policy direction of the Council and to promote partnership working with other agencies; and that officers take responsibility for operational matters and policy implementation.

##### **2. THE CONSTITUTION**

2.1 Once presented by the Mayor to the Annual Council Meeting or to the Monitoring Officer, this Executive Scheme of Delegation will form part of the Council's Constitution and will be appended to it. Its provisions apply alongside the Council Procedure Rules (Section 26) and Access to Information Procedure Rules (Section 27) provisions included in the Constitution.

##### **3. AMENDMENTS TO THE EXECUTIVE SCHEME OF DELEGATION**

3.1 This Scheme of Delegation remains in force for the term of office of the Mayor unless and until it is amended or revoked by the Mayor in accordance with Rule 1.2 of the Executive Procedure Rules.

##### **4. NON-EXECUTIVE DECISIONS**

4.1 No delegated power in this Executive Scheme of Delegation applies to any decision that relates to a matter that is not an Executive function either by law or by the allocation of local choice functions under the Council's Constitution.

## 5. THE COMPOSITION OF THE EXECUTIVE

5.1 The Executive shall consist of ten (10) people, namely the Mayor and nine (9) Cabinet Members as set out below:-

Name	Portfolio
Deputy Mayor and Cabinet Member for Education and Lifelong Learning (Statutory Deputy Mayor)	Cllr Maium Talukdar
Resources and the Cost of Living	Cllr Saied Ahmed
Regeneration, Inclusive Development and Housebuilding	Cllr Kabir Ahmed
Environment and the Climate Emergency	Cllr Shafi Ahmed
Health, Wellbeing and Social Care	Cllr Gulam Kibria Choudhury
Jobs, Enterprise, Skills and Growth	Cllr Musthak Ahmed
Equalities and Social Inclusion	Cllr Abdul Wahid
Safer Communities	Cllr Abu Talha Choudhury
Culture and Recreation	Cllr Kamrul Hussain

5.2 Where Cabinet roles are held by job share Cabinet Members one of the two councillors for the portfolio will be appointed as the official Cabinet Member who will retain official responsibility for the whole portfolio for the first six months. Following this, the second Cabinet Member will take up the official role for the second six-month period. Only the Councillor designated as the 'official' Cabinet Member at any given time may vote at the relevant meeting of Cabinet but both Job Share Members may introduce reports and take part in discussions.

5.3 Job share Cabinet Members will have day to day advisory responsibility for distinct areas of the portfolio. These responsibilities will be published on the council's website.

5.4 Special Responsibility Allowances for both job share Cabinet Members will be paid monthly with each receiving the equivalent of half a Cabinet Member SRA.

5.5 For the purposes of the Constitution, both job share Cabinet Members will be treated as if they were members of the executive. For example, they would not

be able to serve on O&S during the six months there were not the 'official' Cabinet Member.

- 5.6 The Council has the power to appoint Mayoral Advisors to give specific focus to cross cutting themes and mayoral priorities supporting and advising the Mayor and Cabinet on specific issues. Mayoral Advisors are not members of the Executive.

## **6. DELEGATIONS TO THE EXECUTIVE**

- 6.1 The Mayor has not delegated his decision-making powers to the Executive acting collectively as the Cabinet. He has delegated decision-making powers to the Grants Determination Sub-Committee and also the King George's Field Charity Board as it is a Charity Body.

- 6.2 The Mayor may, in accordance with Rule 1.2 of the Executive Procedure Rules, appoint such committees of the Executive as he considers appropriate from time to time and he appoints the following at this time:

- King George's Fields Charity Board
- The Grants Determination Sub-Committee

- 6.3 Subject to the Mayor's prerogative to make decisions on all matters relating to all his statutory powers, including as individual mayoral decisions taken outside of Cabinet, the Mayor delegates to each Cabinet Member individually the power to make decisions on matters within their portfolio after consultation with the Mayor and subject to the Mayor raising no objection to the proposed decision. Any such decision by a cabinet member will be subject to a written report and the same procedure as applies to individual mayoral decisions.

- 6.4 In accordance with section 14(6) of the Local Government Act 2000 (as amended), any arrangements made by the Mayor for the discharge of an executive function by an executive member, committee or officer are not to prevent the Mayor from exercising that function.

## **7. DELEGATIONS TO OFFICERS**

- 7.1 The Mayor has delegated to officers decision making powers in relation to Executive functions as set out at Parts B and D of the Council's Constitution.

- 7.2 Any officer executive decision resulting in (revenue or capital) expenditure or savings over £250,000 must only be taken following consultation with the Mayor.

## **8. OTHER DELEGATIONS**

- 8.1 The Mayor has not delegated any powers to any area committee, or to any ward Councillor in accordance with section 236 of the Local Government and Public Involvement in Health Act 2007.

8.2 The Mayor has delegated powers to joint arrangements with other local authorities as set out in Part A, Section 12 and Part B Section 21 of the Council's Constitution

8.3 Subject to paragraph 8.2 above, the Mayor has not delegated any powers to any other local authority.

**9. PROCESS FOR EXECUTIVE DECISION MAKING BY THE MAYOR OR A CABINET MEMBER**

9.1 The process for taking individual executive decisions, including Key Decisions, is set out in Part D Section 53.

## 53 Executive, Committee and Partnership Procedure Rules

### Procedure for Executive Decision Making by the Mayor or a Cabinet Member

1. Where an Executive decision, including a Key Decision, falls to be made and either:-
  - (a) authority to make that decision has not been delegated by the Mayor under this Executive Scheme of Delegation; or
  - (b) authority has been delegated but the person or body with delegated powers declines to exercise those powers; or
  - (c) authority has been delegated but the Mayor nevertheless decides to take the decision himself,

the decision shall be made by the Mayor individually, after consultation with the Monitoring Officer, the Chief Finance Officer and such other Corporate Director(s), the Head of Paid Service or Cabinet Member(s) as required.

2. Executive decisions (including Key Decisions) to be taken by the Mayor in accordance with paragraph 1 above shall either be taken in accordance with the procedure at paragraph 5 below.:-
3. In the event that a meeting of the Executive is not quorate, the Mayor may still take any necessary decisions as Individual Mayoral Decisions having consulted any Executive members present. All Mayoral decisions taken at a formal meeting of the Executive shall be recorded in the minutes of the meeting.
4. The Cabinet Meeting is not authorised to exercise the Mayor's powers in the absence of the Mayor. If the Mayor is unable to act for any reason, and only in those circumstances, the Statutory Deputy Mayor is authorised to exercise the Mayor's powers.
5. The Mayor may at his discretion make a decision in relation to an Executive function, including a Key Decision, alone and outside the context of a meeting of the Executive. In relation to any decision made by the Mayor under this provision:-
  - (a) The decision may only be made following consideration by the Mayor of a full report by the relevant officer(s) containing all relevant information, options and recommendations in the same format as would be required if the decision were to be taken at a meeting of the Executive;

- (b) The provisions of the Overview and Scrutiny Procedure Rules in relation to call-in, including the rules regarding urgent decisions, shall apply;
- (c) In the case of a Key Decision as defined in Section 3 of the Constitution, the provisions of the Access to Information Procedure Rules in relation to prior publication on the Forward Plan shall apply; and
- (d) The decision shall not be made until the Mayor has confirmed his agreement by signing a Mayoral Decision Proforma (example style attached) which has first been completed with all relevant information and signed by the relevant Chief Officers.


6. All Mayoral decisions taken in accordance with paragraph 5 above shall be:-

- (b) Published on the Council's website;

save that no information that in the opinion of the Corporate Director, Governance is 'exempt' or 'confidential' as defined in the Council's Access to Information Procedure Rules (Section 27) shall be published, included in the decision notice or available for public inspection.

7. Any decision taken by an individual Cabinet Member in relation to any matter delegated to them in accordance with paragraph 6 of the Mayor's Executive Scheme of Delegation shall:-

- (a) be subject to the same process and rules as a Mayoral decision in accordance with paragraphs 5 and 6 above; and
- (b) not be made until the Mayor has confirmed in writing that he has no objection to the decision.

<b>Individual Mayoral Decision Proforma</b>	 <b>TOWER HAMLETS</b>
Decision Log No: (To be inserted by Democratic Services)	
<b>Report of:</b> [Insert name and title of corporate director]	<b>Classification:</b> [Unrestricted or Exempt]
<b>[Insert title here]</b>	

<b>Is this a Key Decision?</b>	<b>Yes / No</b> (Report author to delete as applicable)
<b>Decision Notice Publication Date:</b>	(Report author to state date of decision notice – either individual notice or within the Forward Plan)
<b>General Exception or Urgency Notice published?</b>	<b>Yes</b> (give details) / <b>Not required</b> (Report author to delete as applicable)
<b>Restrictions:</b>	(If restricted state which of the exempt/confidential criteria applies)

**EXECUTIVE SUMMARY**

*(To be completed by Chief Officer seeking the decision)*

.....  
.....  
.....

Full details of the decision sought, including reasons for the recommendations and (where applicable) each of the options put forward; other options considered; background information; the comments of the Chief Finance Officer; the concurrent report of the Corporate Director, Governance; implications for Equalities; Risk Assessment; Background Documents; and other relevant matters are set out in the attached report.

**DECISION**

*(Proposed decision to be entered here)*

.....  
.....



## APPROVALS

**1. (If applicable) Corporate Director proposing the decision or their deputy**

I approve the attached report and proposed decision above for submission to the Mayor. I confirm that the Mayor and/or Lead Member have agreed to this decision being taken using this process.

Signed ..... Date .....

**2. Chief Finance Officer or their deputy**

I have been consulted on the content of the attached report which includes my comments.

Signed ..... Date .....

**3. Monitoring Officer or their deputy**

I have been consulted on the content of the attached report which includes my comments.

(For Key Decision only – delete as applicable)

I confirm that this decision:-

(a) has been published in advance on the Council's Forward Plan OR

(b) is urgent and subject to the 'General Exception' or 'Special Urgency' provision at paragraph 18 or 19 respectively of the Access to Information Procedure Rules.

Signed ..... Date .....

**4. (If the proposed decision relates to matters for which the Head of Paid Service has responsibility) Head of Paid Service**


I have been consulted on the content of the attached report which includes my comments where necessary.

Signed ..... Date .....

**5. Mayor**

I agree the decision proposed at ..... above for the reasons set out in paragraph ..... of the attached report.

Signed ..... Date .....

<b>Cabinet</b>  27 November 2024		 <b>TOWER HAMLETS</b>
<b>Report of:</b> David Joyce, Corporate Director of Housing & Regeneration		<b>Classification:</b> Unrestricted
<b>Approval of the Council's Tenant &amp; Leaseholder Engagement Strategy</b>		
<b>Lead Member</b>	<b>Councillor Kabir Ahmed, Cabinet Member for Regeneration, Inclusive Development &amp; Housebuilding</b>	
<b>Originating Officer(s)</b>	Darren Reynolds, Interim Head of Regulatory Assurance Lesley Owen, Business Development & Improvement Manager, Regulatory Assurance	
<b>Wards affected</b>	All Wards	
<b>Key Decision?</b>	Yes	
<b>Reason for Key Decision</b>	Significant impact on wards	
<b>Forward Plan Notice Published</b>	11 September 2024	
<b>Exempt information</b>	None.	
<b>Strategic Plan Priority / Outcome</b>	Priority 2: Homes for the future Priority 8: A council that listens and works for everyone	

## **Executive Summary**

Under the Regulator of Social Housing's (RSH) Consumer Standards, which came into effect from 1 April 2024, social landlords are required to comply with the Transparency, Influence and Accountability standard. This requires landlords to be open with tenants, treat them fairly, and respect their rights. It allows tenants to access services, raise complaints, influence decision-making, and hold their landlord accountable.

A key element of enabling residents to influence decision making and hold us to account is the menu of engagement opportunities we offer through our Engagement Strategy.

The report sets out the legislative and regulatory requirements of social housing landlords to proactively engage with their tenants and leaseholders. It describes how, working with residents in 2023-24, an engagement strategy was drafted, and consulted on via a variety of methods in Summer 2024.

The majority of respondents to the consultation found the Strategy easy to understand (86%) and agreed that the proposed engagement methods made it more convenient and accessible to have their voices heard and to influence decisions that affect them (78%).

Within the responses, several operational issues were raised. These were concentrated around time taken to answer calls, performance of our repair service and wider concerns around communication and accessibility of our housing management services. These issues have been raised with the relevant service leads and are areas which we are already aware of and are addressing as part of our wider service improvement plan.

Once approved, we will develop an action plan to deliver this strategy. We have already established our tenant committee, '*Tenants Voice*', to hold us to account on performance and shape service design and delivery and we are in the process of planning a series of engagement events to shape our Neighbourhood Action Plans and reconnect our colleagues with our residents and the communities we serve.

### **Recommendations:**

The Mayor in Cabinet is recommended to:

1. Approve the Council's Tenant & Leaseholder Engagement Strategy (*Appendix 1*)
2. To note the Equalities Impact Assessment (*Appendix 3*) and specific equalities considerations as set out in Paragraph 4.1
3. To note the actions within the Regulatory Assurance Action plan (*Appendix 4*) which support the delivery of this Strategy

## **1 REASONS FOR THE DECISIONS**

- 1.1 To comply with the RSH's Standard the council must proactively engage with its tenants and leaseholders. This Engagement Strategy has been developed collaboratively with residents, is set within the current statutory and legislative framework and has received broad support during consultation.
- 1.2 The RSH states that Social Landlords "must give tenants a wide range of meaningful opportunities to influence and scrutinise their landlord's strategies, policies and services", and "working with tenants, must regularly consider ways to improve and tailor their approach to delivering landlord services including tenant engagement. They must implement changes as appropriate to ensure services deliver the intended aims". We believe that the Strategy delivers these requirements.

## **2 ALTERNATIVE OPTIONS**

- 2.1 Having a robust Resident Engagement Strategy, shaped and supported by residents is key to meeting the Transparency, Influence & Accountability Consumer Standard therefore there are not appropriate alternative options.

## **3 DETAILS OF THE REPORT**

### **3.1 Background**

One of the key strategic drivers for insourcing Tower Hamlets Homes (THH) was to provide a focused, more accessible service to residents by aligning housing better with other council services. This Strategy aims to widen participation and resident engagement and to create more direct links between residents and council governance structures, therefore supporting this aim.

- 3.2 This Strategy has been produced collaboratively with our residents. It aims to widen opportunities for involvement and to ensure council tenant and leaseholder voices are heard in shaping the delivery of services, driving improvements and increasing satisfaction with the services that they receive.

### **3.2 Statutory and Legislative Framework**

This strategy has been developed taking account the following:

- [The Charter for Social housing residents: social housing white paper \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)
- [Social Housing \(Regulation\) Act 2023 \(legislation.gov.uk\)](https://legislation.gov.uk)
- [Complaint Handling Code | Housing Ombudsman Service \(housing-ombudsman.org.uk\)](https://housing-ombudsman.org.uk)
- [Tenant satisfaction measures: A summary of our requirements – September 2022 \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

- [April 2024 - Transparency Influence and Accountability Standard FINAL 1 .pdf \(publishing.service.gov.uk\)](#)

### 3.3 **National Context**

3.4 The Housing Act (1985) requires local authorities to consult tenants on 'matters of housing management'. This has been strengthened by the Regulator of Social Housing's new 'Transparency, Influence and Accountability' Standard which came into effect in April 2024 arising from the Social Housing (Regulation) Act (2023).

3.5 The Social Housing (Regulation) Act heralds a new era of proactive regulation for the social housing sector, aiming to give tenants greater power and improve access to quick and fair solutions to problems post the Grenfell Tower tragedy. A major focus of the reforms to social housing regulation has been on improving the quality of the landlord-tenant relationship. Landlords need to embed a culture of transparency and accountability that is meaningful to tenants and demonstrates fairness and respect.

3.6 The council must communicate with tenants and provide them with information so that tenants can access housing services, understand what to expect from the council as their landlord, and hold their landlord to account. In turn, landlords must listen to tenants' needs and concerns and take appropriate action to improve how services are delivered.

3.7 At the end of 2023-24 the council submitted its first year's data as required annually by the Regulator's Tenant Satisfaction Measures (TSMs). The TSMs are designed to provide information to tenants on how well its landlord is performing including in comparison with other social housing organisations.

3.8 There are 22 TSMs, including 12 tenant perception measures and 10 management information measures. In addition to overall satisfaction with the council as landlord, the TSMs are grouped around five themes:

- Keeping properties in good repair
- Maintaining building safety
- Respectful and helpful engagement
- Effective handling of complaints
- Responsible neighbourhood management

### 3.9 **Local context - Strategic priorities and Corporate Engagement Strategy**

The strategy complements and fits into wider council strategies and priorities:

- Community Engagement Strategy 2024-2028
- Customer Experience Strategy 2023-2026

- Strategic Plan 2022-2026
- A Tower Hamlets for All

### 3.10 **Developing new methods of engagement with council tenant and leaseholders**

During summer 2023, workshops were held with tenants and leaseholders alongside housing management and other council staff to ascertain what meaningful engagement looked like for them.

Tenants and leaseholders were consulted around the following areas:

- *In its communication, the council should aim to be...*

Council tenants and leaseholders want better (clearer) and speedier responses to queries and more direct engagement with staff. They also wanted to see communication via a range of methods: online, in person and via block posters.

- *When we raise issues, the council should aim to be...*

Quicker to respond especially on repairs, keep to timescales and keep residents informed of progress. Tenants and leaseholders also want more accuracy and accountability for leaseholder bills.

- *When making key decisions, the council should aim to be...*

More informative and communicate better especially confirming that responses have been received and train staff better (on communicating with residents).

- *To build trust with residents, the council should aim to be...*

More responsive and feedback better on outcomes (more you said... we did), treat residents with respect and be more visible on estates.

- *When interacting with the council, we the residents, should aim to be...*

Polite, respectful and fair.

These principles informed the development of the draft strategy.

### 3.11 **Tenants' Voice**

A new governance structure called *Tenants' Voice* was set up in the Spring of 2024 to provide strategic engagement with council tenants and leaseholders on the quality and accessibility of housing management services. The *Tenants' Voice* (whose membership consists of eight tenants, three leaseholders and one sub-tenant of a leaseholder) has been consulted (as have all council tenants and leaseholders) on the development of this strategy including the vision, priorities and mechanisms of resident engagement.

### 3.12 Consultation Methodology

The draft Tenant and Leaseholder Engagement Strategy is attached as *Appendix 1*. Consultation on the draft strategy ran from 5 July to 19 August 2024. We lengthened the consultation period to maximise response rates, allowing for School holidays and the inclusion of our Summer Fun Day events held across the borough.

As well as an on-line survey on the Tower Hamlets *Let's Talk* portal, which was available in Bengali and Somali as well as English, the Strategy and questions were:

- Discussed at the Tenants' Voice meeting of 31 July
- Sent to targeted groups such as TRAs and the 1,400 residents who had indicated during the THH insourcing consultation an interest in being engaged
- Included in the Our EastEnd resident newsletter
- Posted on social media
- In addition, copies of the survey were completed by residents at four Community Fun Days at different locations in the borough over the summer.

### 3.13 Consultation responses

We received a total of 215 responses to the consultation. The demographic profile of the respondents is set out in more detail in *Appendix 2* but in summary included:

- 156 tenants, 55 leaseholders and 3 residents of other tenures
- 54 male, 128 female respondents
- 33 disabled respondents
- 145 of Muslim faith, 17 Christians
- Respondents from all borough post codes

#### **Was the purpose of the Strategy easy to understand?**

**86%** of respondents felt the draft Strategy was easy to understand showing support for how the strategy was written and presented. Where residents were not in support, they felt that the strategy lacked specific objectives (SMART) and some felt that the strategy provided too much detail.

In response, we will ensure our Action Plan has SMART objectives with clear KPIs so residents can hold us to account in terms of the effectiveness of our Resident Engagement activity.

#### **Will the proposed methods make it more convenient and accessible to have your voices heard and influence decisions?**

78% of respondents agreed, showing support for the strategy. Where residents did not agree, their responses were concerned with the operational performance of the service (Repairs, Call Wait times).

In response, we have factored in this feedback to our overall service improvement plan. An end-to-end review of the Repairs Service is already underway with an expected delivery date of December 2024.

### **Anything missing from the Strategy?**

30% of respondents made comments or gave suggestions to improve the Strategy. These included:

- **General issues of communication:** with too much resident communication online; the need for language assistance; the need for a named housing officer; not knowing who to contact to respond to their issue; lack of response to emails; LBTH not listening to residents
- **Service issues including:** call wait times; standard of repairs and lack of post-inspection; functionality of My Home; standard of cleanliness; cost of service charges & major works bills
- **Process:** lack of accountability or SMART targets; how can residents challenge; how can residents get involved
- **Engagement:** LBTH to hold more community activities/events especially for children
- **Stakeholders:** How the Strategy applies to s20 consultation, TRAs and TMOs

### **3.14 Response to the consultation feedback**

Many of the comments made by respondents relate to their experience of and feelings about the housing service rather than suggestions to improve the draft Strategy *per se*. These have been fed back to colleagues to inform reviews and improvement projects and activities.

Improving communication with residents is a key element of the Strategy. The role of TRAs is already set out in the draft Strategy. More community events and activities are planned to be co-ordinated by the Community Partnerships Team.

The Strategy is intended to set the overall general direction on resident engagement for the housing management service rather than specific measurable outcomes. The *Tenants' Voice* panel is soon to select the suite of measures it will be using at its bi-monthly meetings to scrutinise housing management performance.

Based on resident feedback we will ensure the following areas are included in the final strategy



- Signposting on how to get involved in different layers of engagement
- The role of Tenant Management Organisations (TMOs)
- References to statutory consultation including S20 consultation with leaseholders in advance of major works

190 of the 215 respondents expressed a wish to be kept in touch with following the consultation. Their details have been added to those who have already indicated a desire to be involved in shaping housing management services.

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

4.1 The Equality Impact Assessment [EIA] found the Strategy overall to be positive in that it offers a wide range of engagement opportunities to council tenants and leaseholders. The EIA also identified a number of potential barriers to participation affecting residents differently depending on their protected characteristics. These included:

- Older people in Tower Hamlets are more likely to have mobility, digital literacy and language issues
- Residents with a physical disability are more likely to have issues with accessing buildings/events; the visually impaired may struggle with reading engagement materials; those with mental health issues may find attending in-person events difficult
- Women in Tower Hamlets more likely than men to have language issues
- Residents of a BAME background are more likely to have language issues
- Residents with a religious belief may be excluded from engagement at certain days/times
- Residents with children or other caring responsibilities are likely to have challenges to participation

4.3 It is in the *delivery* of the Strategy where the council must ensure these potential barriers to participation are mitigated. Examples of such mitigation include:

- Translated, easy-read and large print version of written materials
- Offering hybrid and face-to-face options for activities
- Offering range of dates/times for events
- Ensuring venues used are accessible
- Covering transport and childcare costs for strategic resident panel members
- Avoiding key religious events for engagement activities

Full details of the EIA are set out in **Appendix 3**.

## **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.
- Data Protection / Privacy Impact Assessment.

5.2 No other statutory implications have been identified.

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

6.1 There are no financial implications emanating from this report which seeks approval of the Council's tenant and leaseholder engagement strategy. All costs associated with consultation and development of the strategy have been contained within existing HRA budget provisions.

## **7 COMMENTS OF LEGAL SERVICES**

7.1 The Social Housing (Regulation) Act 2023 made changes to how social housing is managed, bringing in increased regulation of social landlords and providing for the Regulator for Social Housing to set consumer and economic standards for social housing providers, hold providers to account and take action if these standards are breached. The Transparency, Influence and Accountability' Standard came into effect in April 2024.

7.2 The Regulator of Social Housing has enforcement powers which it can use if a registered provider does not meet the required consumer or economic standards. This can include serving enforcement notices on a provider and issuing fines if the provider fails to comply with the enforcement notice.

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

### **Linked Report**

- NONE

### **Appendices**

- Appendix 1: Draft Council Tenant & Leaseholder Engagement Strategy 2024-2029
- Appendix 2: Consultation responses
- Appendix 3: Equality Impact Assessment
- Appendix 4: Regulatory Assurance Action Plan

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

- None.

**Officer contact details for documents:**

N/A





# Tower Hamlets Council **Tenant and Leaseholder Engagement Strategy 2024**



On 1 November 2023, Housing Management Services previously provided by Tower Hamlets Homes (THH) came back in-house and are now delivered by Tower Hamlets Council. These services include repairs, maintenance, improvements, caretaking, gardening, and rent and service charge collections. The intention of bringing these services back in-house was to help join-up housing and other council services to make it easier for residents to get what they need.

THH had a number of channels for delivering resident engagement that have changed or no longer exist post insourcing, and its Residents Engagement Strategy (2021–2026) needs to be reviewed and refreshed. In addition, changes to the regulation of social housing (coming from the Social Housing (Regulation) Act 2023) demand an improved and more robust consumer standard, which became effective from 1 April 2024.

The council is now looking to revise THH's Resident Engagement Strategy, to give council tenants and leaseholders a stronger voice and the opportunity to be engaged and involved in the decision-making process in relation to housing management services.







Before insourcing, the council asked tenants and leaseholders about the best ways to communicate with them and for them to raise complaints. They told us:

- **In its communication, the council should aim to be...**
  - Better (clearer) and speedier responses to queries and more direct engagement with staff. They also wanted to see communication via a range of methods: online, in person and via block posters.
- **When we raise issues, the council should aim to be...**
  - Quicker to respond especially on repairs, keep to timescales and keep residents informed of progress. They also want more accuracy and accountability for leaseholder bills.
- **When making key decisions, the council should aim to be...**
  - More informative and communicate better especially confirming that responses have been received and train staff better (on communicating with residents).
- **To build trust with residents, the council should aim to be...**
  - More responsive and feedback better on outcomes (more you said... we did), treat residents with respect and be more visible on estates.
- **When interacting with the council, we the residents, should aim to be...**
  - Polite, respectful and fair.

We have listened to what our tenants and leaseholders have said and are now consulting with them on the council's new vision for resident engagement. This strategy will provide the blueprint on how the council aims to engage and communicate with tenants and leaseholders in a more transparent and accountable way. It also seeks to build on the engagement successes to drive service improvements and build a stronger relationship with council tenants and leaseholders.



# Vision

“Placing our council tenants and leaseholders at the very centre of what we do. Listening to their concerns and issues, gathering feedback to inform and influence decision-making and to drive improvements to the council’s Housing Management Service. Working with council tenants and leaseholders in an open, fair, transparent and accessible way to provide all residents with the opportunity to shape their new housing management service.”





To meet our vision, and in keeping with the specific expectations laid out in the Regulator of Social Housing's Transparency, Influence and Accountability Standard, the council's housing management service wants to make the following three commitments for the duration of this strategy.

**i. To improve the ways which we communicate with council tenants and leaseholders by:**

- a) Reducing and removing the barriers which deter tenants and leaseholders from engaging with the council through the development of accessible routes of engagement and involvement for all council tenants and leaseholders.
- b) Providing clear and accessible communications which meet the diverse needs of our communities and actively listening to their concerns and feedback in a timely manner.
- c) Using data from all engagement activities to drive performance and service improvement and through ongoing discussions with council tenants and leaseholders, enable them to participate in the decision-making process.

**ii. Increase participation and empower council tenant and leaseholders by:**

- a) Fostering a culture of openness and respect between the council and its tenants and stakeholders.
- b) Sharing ideas and knowledge with tenants and leaseholders on operational initiatives, strategies and policies which impact on them.
- c) Acknowledging the feedback and ideas of council tenants and leaseholders to ensure that they feel that their contributions are valued.
- d) Providing council tenants and leaseholders with training and skills to enable them to fully participate and engage with the council's housing management services where they take a formal approach to involvement in the scrutiny of services, strategies, policies and decision-making (Tenants' Voice panel).

**iii. Ensure that the council's housing management service is transparent and open to the challenge and scrutiny of council tenants and leaseholders by:**

- a) Embracing both positive and negative feedback to drive service improvements.
- b) Addressing issues and concerns raised by council tenants and leaseholders and working collaboratively to solve problems or concerns.



# Our ladder of engagement options

There are multiple ways that both tenants and leaseholders can get involved and engage with the council's housing management service; both formally and informally

## Formal ways

**Strategic involvement** – this is helping to inform strategic business priorities, monitoring performance against key performance indicators and undertaking scrutiny reviews. Current bodies include:

- **Tenants' Voice panel** – this group consists of eight tenants, three leaseholders and a tenant of a leaseholder. The group provides strategic feedback and sets our recommendations. The group is connected to the Council's Housing Scrutiny Committee.
- **Tenants & Residents' Associations (TRAs)** – a positive force in the community, TRAs are independent resident-led organisations that bring people together and serve as a platform for residents to influence the management of their neighbourhoods. There are currently 27 TRAs across Tower Hamlets estates. The Council provides support to TRAs to be self-sufficient and well governed organisations. It also actively engages with all TRAs at a local level through front line staff and at a more strategic level through bi-annual Resident Roadshows aimed to provide an overview of the Council, its performance and future direction.
- **Co-opted Membership** on the council Housing and Regeneration Scrutiny Sub Committee







**Local neighbourhood/estate meetings** - this is engaging local residents within specific neighbourhoods/estates to address matters that are important to them. The council will set out work priorities drawn from local consultation and produce action plans.

**Service level/issue involvement** – any tenant and leaseholder can sign up to participate in specific consultation workshops to advise and provide feedback on a particular service area; through 'Task and Finish Groups'.

**Involvement for all** – residents to be given regular key updates and may participate in consultation surveys, attend roadshows, provide digital feedback, or get involved in:

- A community project like a food garden
- Ongoing consultations across services such as new build in fill consultation/ new development design standards
- Qualitative consultation around repair service and major works
- Resident involvement in the procurement of new contracts
- Resident reading group

### Informal ways

- Reporting issues or concerns via webpage, Housing Officer or Estate Inspectors.
- Satisfaction Surveys – post transaction, resident surveys, consultation surveys, by phone, text, email or post.
- Focus groups – one-off informal but structured conversations around single issue topics.
- Mystery Shopping.
- Estate inspections
- Newsletters, email updates, the council's web content, survey reports.






If you have any questions or require further information  
about resident engagement, email:

[housinginvolvement@towerhamlets.gov.uk](mailto:housinginvolvement@towerhamlets.gov.uk)



<p><b>CMT</b></p> <p>29th October 2024</p>	 <p><b>TOWER HAMLETS</b></p>
<p><b>Report of:</b> Darren Reynolds, Interim Director of Neighbourhoods and Housing Integration</p>	<p><b>Classification:</b> [Unrestricted]</p>
<p><b>Consultation report and feedback from the Consultation on the council's new Council Tenant and Leaseholder Engagement Strategy</b></p>	

## 1. Introduction

- 1.1 This report sets out the key findings from a 6-week period of consultation and engagement with council tenants and leaseholders on the council's new Council Tenant and Leaseholder Engagement Strategy.
- 1.2 The consultation exercise began on 5 July 2024 and ran until 19 August 2024. The consultation aimed to canvass the views of a wide range of council tenants and leaseholders. The consultation period was lengthened to maximise response rates, allowing for School holidays and the inclusion of our Summer Fun Day events held across the borough.
- 1.3 This report details:
- How council tenants and leaseholders were invited to respond to the consultation.
  - The responses of council tenants and leaseholders to the questions posed in the consultation which have been used to inform the final version of the strategy being brought to Cabinet for approval and;
  - Officer's responses to the feedback garnered from the consultation.
- 1.4 Further, the findings of this consultation and views of residents will be used to develop an Action Plan post Cabinet approval which will set out the key activities that the council will undertake to engage with council tenants and leaseholders in Tower Hamlets.

## 2. Method of consultation

- 2.1 The consultation was open to council tenant and leaseholders.
- 2.2 An on-line survey was published on the Tower Hamlets *Let's Talk* portal, which was also translated into Bengali and Somali, with a summary version of the draft strategy also made available on this platform.
- 2.3 The council's Communications team promoted and publicised the consultation via its Facebook, Instagram, Twitter, and other social media channels. Details and links to the consultation were provided for in the summer edition of the council's *Our Eastend* resident's newsletter.
- 2.4 The recently established governance structure *Tenant's Voice* discussed and had the opportunity to provide their views on the new Strategy at their meeting on 31 July 2024.

- 2.5 In addition, the survey was sent out to targeted groups such as TRAs and the 1,400 residents who had indicated (during the consultation on the insourcing of Tower Hamlets Homes) they would be interested in further engagement with the council.
- 2.6 Copies of the survey were completed by residents at four Community Fun Days at different locations in the borough over the summer of 2024.

### **3. Responses to the central questions of the consultation**

- 3.1 In total, the council received of **215** responses to the consultation.
- 3.2 In summary, the protected characteristics of those who elected to disclose this information are as follows:
- 156 tenants (73% of respondents), 55 leaseholders (26%) and 3 tenants of leaseholders (1%) with one respondent who chose not to provide this information.
  - 54 male, 128 female respondents
  - 33 respondents identified as having a disability
  - 145 of Muslim faith, 17 Christians
- 3.3 Further information can be found in section 4 of this report.
- 3.4 The three pivotal questions posed in this consultation together with the feedback received, as well as officers' responses to the feedback are set out below:

#### **1. Was the purpose of the Strategy easy to understand?**

- 3.5 **86%** of respondents felt the draft Strategy was easy to understand showing support for how the strategy was written and presented. Out of the 215 who responded to the survey overall, 184 said that yes, the strategy was easy to understand, only 24 (11%) of those responding said no, while 7 (3%) completing the survey chose not to answer this question.
- 3.6 Where residents were not in support, they felt that the strategy lacked specific objectives (SMART), and some felt that the strategy provided too much detail.
- 3.7 In terms of how women and men agreed with the purpose of the strategy being clear and easy to understand, 88% (113 out of 128 respondents) of women and 78% (45 out of 58 respondents) of men who responded to the survey agreed. While only 10% of women (3 out of 128 respondents) and 9% (5 out of 54) men disagreed.
- 3.8 Of those who agreed that the strategy was easy to understand, the breakdown by age group is shown in Table 1 below (the percentage is out of the 184 respondents who agreed).

18-24	1%
25-34	15%
35-44	35%
45-54	13%
55-64	4%
65-74	1%
75 plus	1%
Other	32%
<b>Total</b>	<b>100%</b>

**Table 1:** Level of Agreement across age groups represented in the survey – note: ‘Other’ is where the respondent chose not to provide their age.

3.9 From the 184 (86%) of all respondents who agreed that the strategy was easy to understand, their racial identity is set out in Table 2 below:

Race	Percentage of those who agreed
Any other mixed race	1%
Arab	1%
Asian or Asian British	3%
Bangladeshi	63%
Black	2%
Indian	1%
Pakistani	2%
White British	15%
Prefer not to say/chose not to disclose	12%
<b>Total</b>	<b>100%</b>

**Table 2:** Racial identity of respondents who agreed that the strategy was easy to understand

3.10 In total, from the 184 respondents who agreed that the strategy was easy to understand, 67% identified as Muslim, 18% declined or chose not to say, 9% identified as Christian, 7% held not religion or belief and 1% identified as Sikh.

3.11 In terms of sexual orientation, 75% of those who said that they agreed that the purpose of the strategy was easy to understand identified as heterosexual, 22% preferred not to say or disclose this information, 2% identified as a gay man, 1% as a gay woman, 1% identified as bisexual while 1% identified as ‘other’.

3.12 The 24 respondents (11%) who said that they did not find the purpose of the strategy easy to understand were asked why they felt this way and the key themes that emerged from their comments include:

:

- Lack of Clarity and Detail:** Many respondents felt the strategy lacked clear objectives, goals, and concrete information about how changes would be implemented or measured. They expressed frustration that the document was vague and did not offer sufficient details to understand the council's intentions or the tangible outcomes it aimed for.
- Communication Issues:** Several comments highlighted poor communication, both in the document and in their previous experiences with the council. There

was a desire for better engagement, particularly for leaseholders who feel neglected or unheard. Some mentioned long waits or no responses when trying to contact the council, undermining the credibility of the "listening council" claim.

3. **Complexity and Accessibility:** Respondents mentioned that the strategy was "wordy," "hard to digest," and had "too much information." This suggests that the strategy may be overwhelming or too complex for some audiences. A few called for simpler language and better accessibility, especially for elderly residents and those with language barriers. Requests for different formats (e.g., audio or translations) were also noted.
4. **Lack of Trust:** Some respondents expressed scepticism or dissatisfaction with the council's ability to follow through on its commitments, referencing past difficulties in communication or unresolved issues. This lack of trust undermined the perceived effectiveness of the strategy.
5. **General Frustration:** There were blunt criticisms, with some respondents labelling the document as a "waste of resources" or "useless," reflecting deeper dissatisfaction not just with the strategy but with the council's overall approach to fulfilling its responsibilities.

3.13 In summary, the sentiment from these responses is predominantly negative, marked by confusion, scepticism, and dissatisfaction with both the strategy's clarity and the council's communication and responsiveness.

3.14 In response, we will ensure our Action Plan has SMART objectives with clear KPIs so residents can hold us to account in terms of the effectiveness of our Resident Engagement activity.

## **2. Will the proposed methods make it more convenient and accessible to have your voices heard and influence decisions?**

3.15 **78%** of respondents (168) agreed, showing support for the proposed methods of engagement. Where residents did not agree (16% or 35 respondents), their responses were concerned with the operational performance of the service (Repairs, Call Wait times). Of those who completed the survey, only 13 respondents (6%) chose not to answer this question.

3.16 The strongest age range of those who agreed that the proposed methods would make it more convenient and accessible to have their voices heard and to influence decisions, were those aged 35 – 44 (37%), followed by those aged 25-34 (17%), respondents aged 45 -54 (13%) with those aged 55 to 64 (2%) indicating their agreement. All other age groups provided 1% agreement respectively.

3.17 In terms of sex, of those who agreed, 65% were women, while only 25% of men agreed (of the 78% overall who agreed with the proposed engagement mechanisms, 12% declined or preferred not to disclose this information).

3.18 Analysis of the religious or belief identity among those who agreed, shows that those identified as Muslim (72%) had the highest percentage of approval, followed by those who did not identify with a religion or belief (8%), and 7% of those who identified as Christian. Overall, 13% chose not to provide or elected not to disclose this information.

3.19 Again, of those who chose to disclose their racial identity, who agreed that the proposal would make it more convenient and accessible for council tenants and leaseholders to have their voices heard and be involved in decision making, 112 identified as



Bangladeshi, while 23 identified as White British, 13 respondents chose not to provide their racial identity.

- 3.20 86% of all survey respondent (of 29 respondents) who indicated that they had they had a physical or mental health conditions or illnesses lasting or expected to last 12 months or more, agreed with the proposed methods of engagement while 14% of those who identified with this characteristic disagreed.
- 3.21 In response, we have factored in this feedback into our overall service improvement plan. An end-to-end review of the Repairs Service is already underway with an expected delivery date of December 2024.
- 3.22 From the 16% of council tenants and leaseholders who disagreed, they explained why - their comments reflect a strong mix of cynicism, frustration, disillusionment, and concern:

1. **Cynicism Toward Engagement Efforts:** Of those who disagreed, they expressed a cynicism about the council's willingness or ability to genuinely engage with residents. This is rooted in previous experiences where engagement seemed ineffective or where there was a disconnect between what was promised and what was delivered. For instance, one respondent noted, "what the Tower Hamlets Homes said they did and what they actually did were two different things," signalling doubt that the council will act differently.
2. **Lack of Trust in Action:** Some respondents said that they don't want more engagement—they want action. They feel that the council should simply fulfil its basic responsibilities (e.g., repairs, management) without needing constant input from residents. One striking example is the sentiment: "I don't want 'my voice heard'—I just want you to do the things I pay you to do." This shows frustration that engagement might be seen as a distraction from the council's core housing management duties.
3. **Long Wait Times and Impersonal Processes:** Some of those respondents who disagreed voiced that they felt that communication with the council is cumbersome and impersonal. The use of call centres and the difficulty in getting a direct response are major points of frustration. Suggestions such as having a named contact person with a direct line and personal email show that respondents feel existing channels are inadequate and disengaging. The lack of accountability in current systems fuels the belief that new engagement methods will continue to be ineffective.
4. **Lack of Tangible Outcomes:** Some respondents noted that the proposed methods of engagement, such as the "Tenants Voice," don't seem to offer anything new or substantial. They felt that these methods already exist but have failed to produce meaningful results in the past. This makes the respondents feel that the council is simply repackaging old ideas without truly addressing the core issues.
5. **Digital Divide:** While some respondents preferred online engagement (for convenience or time-saving reasons), others highlighted that this might not work for elderly residents or those less tech-savvy. There's concern that online-only engagement excludes vulnerable groups who need more personalised, in-person support. This suggests that current engagement methods are not accessible to all council tenants and leaseholders
6. **Face-to-Face Interaction:** Several respondents expressed a desire for more face-to-face or in-person meetings, as they felt this would facilitate clearer, more direct communication and accountability. However, these

meetings are perceived to be limited or poorly advertised, making it hard for residents to participate meaningfully.

7. **Vagueness in the Strategy:** Respondents criticised the engagement strategy for being vague and lacking in specific, actionable steps. Many noted that it didn't clearly outline how engagement would be improved or what tangible changes could be expected. Without concrete details, the methods feel empty or performative rather than truly empowering.
8. **No Clear Improvements:** Respondents expressed frustration that the strategy lacks accountability measures (e.g., specific goals or timelines) and doesn't explain how residents' feedback will lead to real change. This creates a sense of hopelessness or indifference, as they cannot see how their participation will make a difference. One respondent suggested that the council should set itself targets, like "responding to all repair requests within 12 hours," to demonstrate clear accountability.
9. **Unequal Treatment:** Several respondents felt that there is a disparity in how tenants and leaseholders are treated, with one noting that the methods "apply one set of rules for you and another for the leaseholder." This perception of unequal treatment undermines trust in the proposed engagement methods and leads to the belief that certain groups are excluded or disadvantaged in the decision-making process.
- 10 **Lack of Tailored Approaches:** Some respondents also expressed that the proposed engagement methods fail to address specific issues that leaseholders face, such as the high cost of service charges or limited avenues to query or challenge these charges. They feel the engagement is too generalised and does not adequately cater to their unique concerns.
- 11 **Engagement Fatigue:** Several respondents expressed a degree of fatigue with the engagement process, with sentiments like "I don't have time" or "I'm too busy" to participate. This highlights a broader issue where council tenants or leaseholders feel overwhelmed or disengaged from council processes, possibly due to a history of unresponsiveness or a perceived lack of real impact from their participation. This disillusionment is captured in sentiments like "I just want you to change" or "It never changes," reflecting a belief that no matter how much they engage, the outcomes remain the same.
- 12 **Reluctance to Engage:** There is also a strong sentiment among some council tenants and leaseholders that it is not their responsibility to help the council "do the basics." They feel the council should be competent enough to manage without constantly involving residents in the process of making things work, which suggests a weariness or reluctance to engage in more dialogue unless concrete actions are seen.
- 13 **Diverse Engagement Preferences:** While some council tenants and leaseholders prefer online engagement due to its convenience, others prefer face-to-face meetings for better accountability. This indicates that there is no one-size-fits-all method for engagement, and any successful strategy needs to offer multiple, accessible ways for tenants and leaseholders to participate. The council's failure to adequately accommodate these diverse preferences is a recurring theme in the feedback.

- 3.23 Many believe the council's past actions do not inspire confidence in the new engagement methods, and they view the proposed methods as either superficial or ineffective. Key concerns include a lack of tangible results, inadequate communication channels, unequal treatment of tenants and leaseholders, and the absence of concrete, specific details in the strategy. There is a clear desire for **more accountability, action, and accessibility**, with many calling for direct, face-to-face

engagement and simpler, clearer processes that result in real change, rather than further dialogue.

### 3. Is there anything missing from the Strategy?

3.24 **30%** of respondents made comments or gave suggestions to improve the Strategy. These included:

- **General issues of communication:** with too much communication online; the need for language assistance; the need for a named housing officer; not knowing who to contact to respond to their issue; lack of response to emails; the council perceived as not listening to residents
- **Service issues:** including call wait times; standard of repairs and lack of post-inspection; functionality of My Home; standard of cleanliness; cost of service charges & major works bills
- **Process:** lack of accountability or SMART targets; how can council tenants and leaseholders challenge and get involved
- **Engagement:** The council to hold more community activities/events especially for children
- **Stakeholders:** How the Strategy applies to s20 consultation, TRAs and TMOs

3.25 Many of the comments made by respondents relate to their experience of/and feelings about the housing service rather than suggestions to improve the draft Strategy per se. These have been fed back to colleagues to inform reviews and improvement projects and activities.

3.26 Improving communication with residents is a key element of the Strategy. The role of TRAs is already set out in the Strategy. More community events and activities are planned to be co-ordinated by the Community Partnerships Team.

3.27 Based on resident feedback we will ensure the following areas are included in the final strategy

- Signposting on how to get involved in different layers of engagement
- The role of Tenant Management Organisations (TMOs)
- References to statutory consultation including S20 consultation with leaseholders in advance of major works

3.28 190 of the 215 respondents expressed a wish to be kept in touch with following the consultation. Their details have been added to those who have already indicated a desire to be involved in shaping housing management services.

### 4. Equality and Diversity information of respondents

4.1 Our survey had additional Equality and Diversity questions which respondents chose to answer. A high number of residents elected to answer some, if not all these questions in addition to the three central questions posed in the survey. There is therefore a degree of confidence which allows the service to compare the responses of those surveyed with the protected characteristic data that the Housing Management holds on the council's tenant and leaseholder populations overall.

4.2 **Table 3** below illustrates the age ranges of respondents who elected to provide this information compared to the information held on all council tenants and leaseholders presently held.

Age	Survey	Overall council tenant and leaseholder population (from Housing Management Information System – June 2023)
	%	
18-29	21%	3%
30-39	23%	15%
40-49	23%	26%
50-64	26%	32%
65+	7%	25%

**Table 3:** Age range of respondents compared to information held on the age ranges across all council tenants and leaseholders.

4.4 In comparison to the ratio of 50:50 between female and male council tenants and leaseholders across the council’s housing stock **Table 4** illustrates that more females (70%) chose to respond to the survey than males (30%). **Note:** 191 responses to this question; 33 chose not to disclose this information.

Gender	Survey	Overall council tenant and leaseholder population (from Housing Management Information System – June 2023)
	%	
Female	70%	50%
Male	30%	50%

**Table 4:** Gender identity of respondents compared to the overall representation across male and female identified genders among council tenants and leaseholders

4.5 The representation among council tenants and leaseholders who responded to the consultation in comparison to the data that the Housing Management Survey holds differs considerably as seen in **Table 5**.

Tenure	Survey	Overall council tenant and leaseholder population (from Housing Management Information System – June 2023)
	%	
Tenant	73%	54%
Leaseholder	26%	46%

**Table 5:** Responses from Tenants and Leaseholders to the consultation in comparison with data held on proportion of actual council tenants and leaseholders

4.6 For disability, religion & ethnicity the profile of survey respondents was close to that of the overall council tenant and leaseholder population, according to equalities and diversity data that the Housing Management Service hold.

4.7 **Table 6** below shows those who responded to the consultation who identified as having a disability compared to the data held on existing council tenants and leaseholders almost mirrors each other.

Disability	Survey	Overall Council tenant and leaseholder population (from Housing Management Information System – June 2023)
	%	%
<b>Yes</b>	18%	15%
<b>No</b>	82%	85%

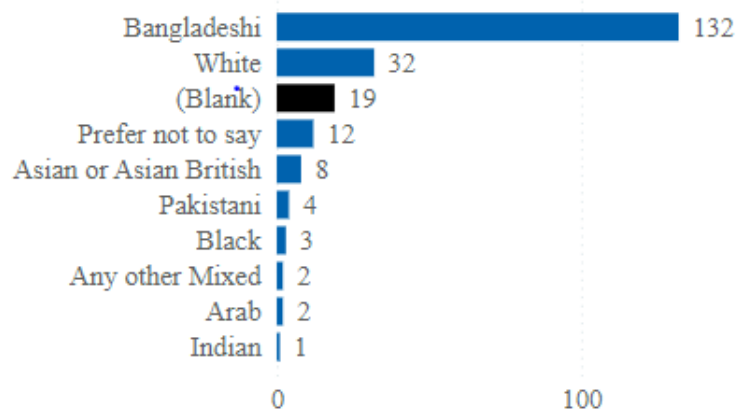
**Table 6:** Comparison between those who responded to the consultation who identified as having a disability compared to the data held on existing council tenants and leaseholders

4.8 Out of the 191 respondents who elected to disclose their religion or belief, the breakdown of how respondents identified themselves is shown in the table below.

Religion of respondent	% of those who identify with a religion or belief
Muslim	67%
Preferred not to say/chose not to disclose	18%
Christian	8%
No religion	7%

**Table 7:** Religion of consultation respondents

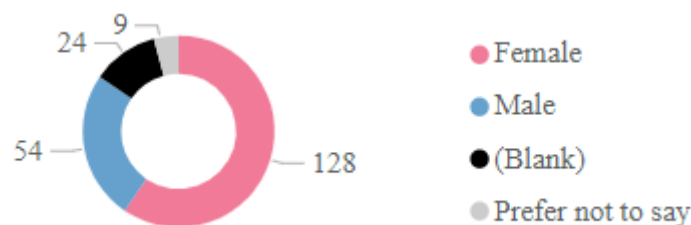
4.9 In terms of race, the graph below illustrates how respondents identified themselves in terms of race.



**Graph 1:** How respondents identified themselves by racial or ethnic identity

4.10 The greatest level of response was received from those who identified as Bangladeshi (132 or 61% of respondents), followed by those who identified as White British (32 respondents or 15%). 14% (51) of respondents chose not to respond or preferred not to say.

4.11 The number of council tenants and leaseholders who responded to the consultation survey had a greater level of participation among females (**128 or 70%**) compared to males (54 respondents or 30%) in comparison to the representation across these two sexes in the wider council tenant and leaseholder population in the borough, as demonstrated in Graph 2 below.



**Graph 2:** Representation of females to males in consultation responses

4.12 When respondents were asked if their gender identity was the same as assigned to them at birth 176 (82%) said yes, while less than 1% (2) of respondents said no. 17% of respondents chose to skip or preferred not to answer this question.

4.13 Only 4% of respondents indicated that they were currently pregnant or gave birth in the last twelve months, 78% responded 'no' while 18% chose not to answer this question.

4.14 The marital or civil partnership status of those who completed the survey is set out as follows: 59% identified that they were married or in a civil partnership, 21% declined to disclose or preferred not to say, 15% indicated that they were single, 2% divorced, 1% specified 'other' while 1% indicated that they had been widowed.



- 4.15 In terms of sexual orientation, 75% of respondents identified as straight/heterosexual, 21% preferred not to say or chose not to disclose how they identify, 2% identified as a gay woman/lesbian while 1% specified 'other'.
- 4.16 Of those who answered whether they had a physical or mental health conditions or illnesses lasting or expected to last 12 months or more, 15% identified with this protected characteristic, while 68% said they did not. 17% of respondent preferred not to say or chose not to disclose this information.
- 4.17 Respondents were also asked if they look after, or give any help or support to, anyone because they have long-term physical or mental health conditions or illnesses, or problems relating to old age (Table 8).

<b>Caring responsibilities</b>	<b>Percentage of respondents with caring responsibilities</b>
<b>No</b>	<b>70%</b>
Prefer not to say/chose not to disclose	23%
Yes, 50 hours or more a week	2%
Yes, 35-49 hours a week	1%
Yes, 20-34 hours a week	1%
Yes, 10-19 hours a week	2%
Yes, 9 hours a week or less	1%

**Table 8:** Respondents who look after, or give help or support to, anyone because they have long-term physical or mental health conditions or illnesses, or problems relating to old age

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## Equality Impact Analysis

### Section 1: Introduction


<b>Name of proposal</b>
For the purpose of this document, 'proposal' refers to a policy, function, strategy or project
Council Tenant & Leaseholder Engagement Strategy
<b>Service area and Directorate responsible</b>
Housing Management Service [Housing & Regeneration]
<b>Name of completing officer</b>
Lesley Owen, Regulatory Assurance Team
<b>Approved by (Corporate Director / Divisional Director/ Head of Service)</b>
Darren Reynolds, Head of Regulatory Assurance
<b>Date of approval</b>
TBC

**Where a proposal is being taken to a committee, please append the completed EIA(s) to the cover report.**

### Conclusion – To be completed at the end of the Equality Impact Analysis process

This summary will provide an update on the findings of the EIA and what the outcome is. *For example, based on the findings of the EIA, the proposal was rejected as the negative impact on a particular group was disproportionate and the appropriate actions cannot be undertaken to mitigate risk. Or, based on the EIA, the proposal was amended, and alternative steps taken.*

*The focus of this is to analyse the impacts of the proposal on residents, service users and the wider community that are likely to be affected by the proposal. If the proposed change also has an impact on staff, the committee covering report should provide an overview of the likely equality impact for staff, residents and service users and the range of mitigating measures proposed.*

Conclusion	Current decision rating (see Appendix A)
<p>The new strategy will shape the council’s Housing Management Services’ approach to engaging with all residents living in homes managed by council. It will not have any adverse or negative effects on people who identify with one or multiple protected characteristics <i>and</i> no further actions are recommended at this stage.</p> <p>The new strategy seeks to enhance and encourage council tenants and leaseholder to become more involved. The implementation of the new formal and informal mechanisms of engagement will allow tenants and leaseholders to become involved in a way that suits them and ensure that they are supported to become involved. This includes removing any barriers to participation.</p> <p>It is in the <i>delivery</i> of the Strategy where the council must ensure potential barriers to participation are mitigated. Section 5 of this EIA sets out the mitigations that the Housing Management Service will have in place to minimise and negate any adverse or disproportionate impacts during our engagement with council tenants and leaseholders who identify with a particular or multiple protected characteristics.</p>	<p><b>Green</b></p>  <p><b>Proceed</b></p>

**The Equality Act 2010 places a ‘General Duty’ on all public bodies to have ‘due regard’ to the need to:**

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act
- Advance equality of opportunity between those with ‘protected characteristics’ and those without them
- Foster good relations between those with ‘protected characteristics’ and those without them

This Equality Impact Analysis provides evidence for meeting the Council’s commitment to equality and the responsibilities outlined above. For more information about the Council’s commitment to equality, please visit the council’s [website](#).

## Section 2: General information about the proposal

### **Describe the proposal including the relevance of proposal to the general equality duties and protected characteristics under the Equality Act 2010**

This EIA sets out how the council's Tenant and Leaseholder Engagement Strategy aligns with the general equality duties and protected characteristics under the Equality Act 2010 including age, disability, gender reassignment, marriage/civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

The Act mandates that public bodies, such as local councils, must consider these characteristics in their policies and practices to prevent discrimination and advance equality.

The council's insourced housing management services previously delivered by Tower Hamlets Homes (THH) on 1 November 2023. By doing so this has integrated the council's Housing Management Service with other council services, thereby improving service standards, ensuring safety, and delivering value in housing services to council tenants and leaseholders.

The vision of the new Council Tenant and Leaseholder Engagement Strategy is to provide a wide range of opportunities for tenants and leaseholders to influence and scrutinise Housing Management Services, strategies, and policies, ensuring transparency and respect in the process. The strategy outlines commitments to improve communication, increase participation, and ensure transparency and openness to scrutiny by tenants and leaseholders.

The approach taken to engagement with our tenants and leaseholders has been developed in consideration of the statutory framework governing the regulation of social housing (the Social Housing Regulation Act (2023)) and the Equality Act (2010). The strategy aims to address the diverse needs of council tenants and leaseholders, setting out how the council will engage with them, and to ensure that they are provided with information to help them understand and hold the council as their landlord to account.

The strategy also links into the council's strategic priorities and Community Engagement Strategy, which emphasises listening to communities and involving them in decisions that affect them. New methods of engagement are being developed to ensure that council tenants and leaseholders have meaningful opportunities to influence and scrutinise the council's Housing Management Services

In summary, the proposal for the Tenant and Leaseholder Engagement Strategy is relevant to the general equality duties and protected characteristics under the Equality Act 2010 as it seeks to engage a diverse group of council tenants and leaseholders in the decision-making process, ensuring that their voices are heard and considered. The strategy aims to eliminate discrimination, advance equality of opportunity, and foster good relations among tenants and leaseholders, in line with the requirements of the Equality Act 2010.

## Section 3: Evidence (consideration of data and information)

### What evidence do we have which may help us think about the impacts or likely impacts on residents, service users and wider community?

The following data has been compiled from the Tower Hamlets Housing Management System – Protected Characteristics Summary, from June 2023. Data on council tenants is more complete than that held on leaseholders. This is partly a result of resales following the original Right to Buy and partly because a substantial proportion of the leasehold stock is sub-let with the leaseholder living elsewhere.

In addition, we have consulted with council tenants and leaseholders to gauge their support for the strategy, their feedback on whether our methods of engagement - as set out in the strategy - will make it more convenient and accessible to enable their views to be heard and to influence decisions when it comes to the management of the council homes in which they live.

In total, the council received **215** responses during a consultation exercise which was ran from 5 July – 19 August 2024.

Across all council tenants and leaseholders, **88%** of respondents felt the draft Strategy was easy to understand and showed support for how the strategy was written and presented

Further, 82% of respondents to the consultation survey agreed that the proposed methods of engagement would make it more convenient and accessible to have their voices heard and to enable them to influence decisions.

While respondents to the consultation have been encouraged to provide information around any protected characteristics with which they may identify, it is important to note that this is an elective process on the part of residents who can chose whether to disclose this information.

#### Age

Age range	Number of council tenants & leaseholders
18-29	713
30-39	3,150
40-49	5,557
50-64	6,867
65+	5,357
REFUSED	43
NOT KNOWN	6,526
TOTAL	28,213

**Table 1 – Age range of all council tenants and leaseholders (from Housing Management Information)**



Table 1 provides data held from Tower Hamlets Housing Management System which shows that most council tenants and leaseholders are aged 40+. The smallest represented age group are those aged 18-29.

However, in terms of those who responded to the consultation are high number of council tenants and leaseholders within the 18-24 age group responded in comparison to the wider number of those represented among this cohort of the wider tenants and leaseholders (Table 2)

Age	Survey	Overall
	%	
18-29	21%	3%
30-39	23%	15%
40-49	23%	26%
50-64	26%	32%
65+	7%	25%

**Table 2: Age range of respondents compared to information held on the age ranges across all council tenants and leaseholders**

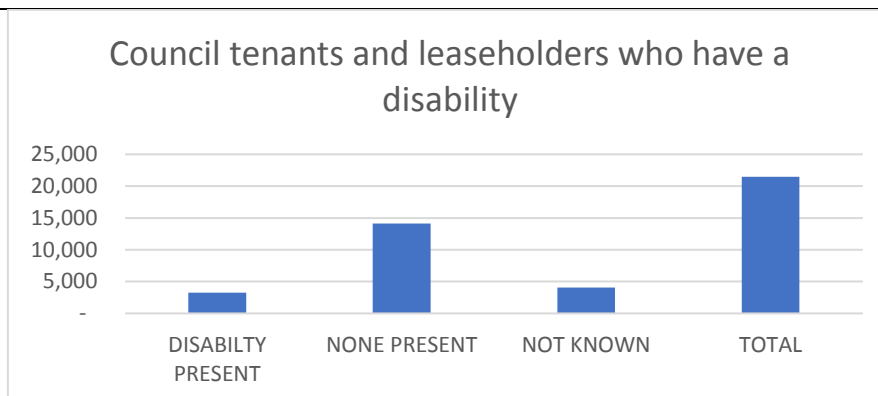
Residents aged 50-65 years of age provided the greatest volume of responses to the survey (26%) while overall, 93% of respondents were of working age with the remaining 7% of respondents aged 65+.

The level of engagement among tenants and leaseholders aged over 65 suggests that older people in Tower Hamlets may struggle with digital literacy illustrating that there may be potential issues for this age group in terms of accessing online consultation or engagement materials. Mobility issues may also affect older people which could lead to difficulties for them in accessing live/in person events. English language skills may also be an issue for older people particularly women from a BAME background as they may struggle to access and understand materials in English. In the delivery of engagement opportunities, appropriate adjustments will be made to ensure that no age group is excluded from participating.

### **Disability**

The number of council tenants and leaseholders for whom the council holds data on disability status for is lower than for other protected characteristics. Data on current residents indicates that 15.27% have a disability. Disability status has not been provided by 19% of residents. The prevalence of disability in households across the UK is 17.7%, this implies that Tower Hamlets council tenants and leaseholders are marginally less likely to have a member of their household with a disability, compared to the general population.

Table 3 shows from data from the council's Management Information system provided by existing council tenants and leaseholders who identify with this protected characteristic.



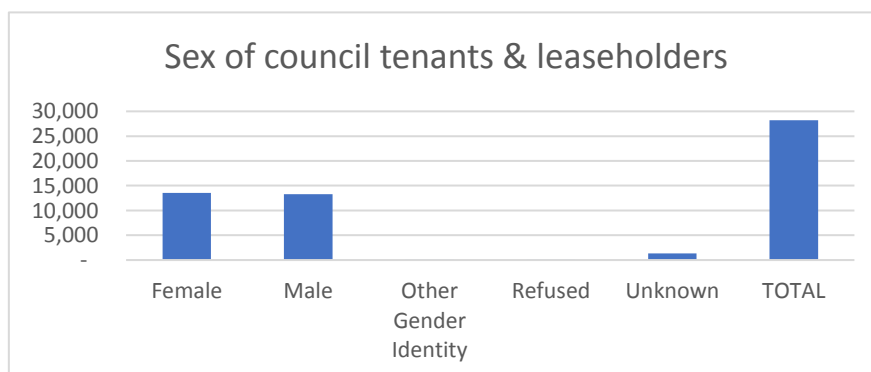
**Table 3: Housing Management Data on council tenants and leaseholders who identify as having a disability**

Of those who provided responses to the consultation survey on the new strategy, 18% of those who completed and provided equalities and diversity information identified as have a disability which is not dissimilar to the information the council holds on residents as a percentage in the borough’s population.

The council acknowledges that there may be barriers to accessing some engagement activities for council tenants and leaseholders who have a disability. There are likely to be council tenants and leaseholders with learning difficulties who may find the engagement difficult to understand. Those with mobility issues may also find it hard to attend in-person events, as may people who experience mental health issues. People with visual impairment issues may also require adjustments to access events and written materials. The council will ensure that it makes the appropriate arrangements to ensure equal access to its engagement activities for those with any type of disability.

**Sex**

Information from the 2023 EDI data demonstrates that Tower Hamlets has a slightly higher proportion of females to males (Table 4)



**Table 4: Information from the Housing Management Information System provided by council tenants and leaseholders on the sex they identify with**

The number of council tenants and leaseholders who responded to the consultation survey had a greater level of participation among females (**70%**) compared to males (30%) in comparison to the representation across these two sexes in the wider council tenant and leaseholder population in the borough.

There are potential barriers to accessing engagement events or activities based on the council tenant or leaseholder's sex. In terms of council tenants and leaseholders, there are slightly more women who are heads of the household. Women in the borough, especially older women from Black, Asian, and Multi-Ethnic groups may have lower English language skills and therefore have some difficulty understanding engagement materials. The council must attempt to lower barriers to access for women. This can be mitigated by ensuring that translation and interpretation services are made available and promoted at engagement activities.

### **Gender Reassignment**

According to the EDI data from June 2023, there are just 35 council tenants and leaseholders who have declared that their gender is not the same as at birth.

From a total of 28,213, (0.1%) of council tenants and leaseholders have confirmed that they had undergone gender reassignment, 35% have stated they had not, and the remainder declined to answer, or it is unknown. Therefore, data is only available for 35% of council tenants and leaseholders.

Reliable data is not collected for this protected characteristic.

The range of participation opportunities is open to all council tenants and leaseholders.

No impact has been identified.

The Strategy aims to ensure we provide a wide range of opportunities to ensure residents' views are heard and develop an engagement framework accessible to all.

### **Marriage and civil partnership**

No data on marital or civil partnership status has been collected on council leaseholders, and for 75% of council tenants, this information is also unknown. It is important to note that a person's marital and civil partnership status may vary over time and residents often do not tell us when changes happen during their tenancy or during the lifespan of their leasehold, this data can be unreliable. From the current data available, 2,631 of council tenants are married and 5 have recorded they are in a same-sex civil partnership.

Reliable data is not collected for this protected characteristic.

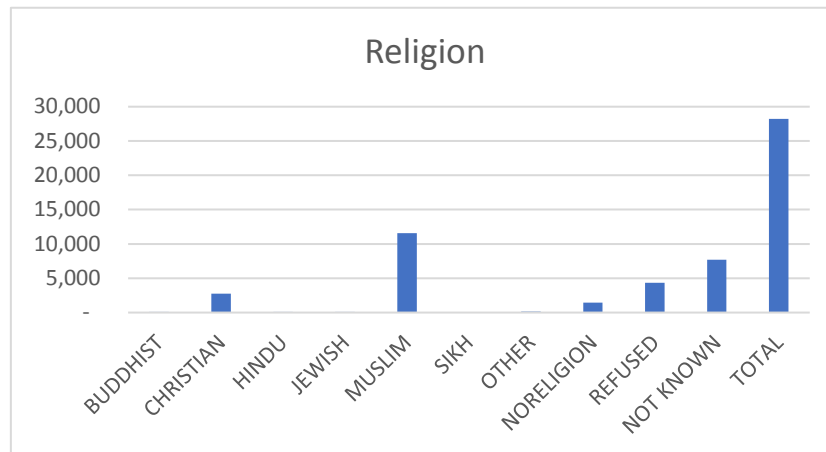
The range of participation opportunities is open to all council tenants and leaseholders regardless of marital/civil partnership status.

No impact has been identified.

The strategy aims to ensure we provide a wide range of opportunities to ensure residents' views are heard and develop an engagement framework accessible to all.

**Religion and philosophical belief**

Demographic data in Tower Hamlets suggests that the majority of council tenants and leaseholders identify as Muslim (41%). This is followed by 10% who identify as Christian, and then in far lower numbers, Hindu, Jewish, Buddhist and Sikh. 43% of council tenants and leaseholders chose not to provide this information or their religious or philosophical belief is unknown.



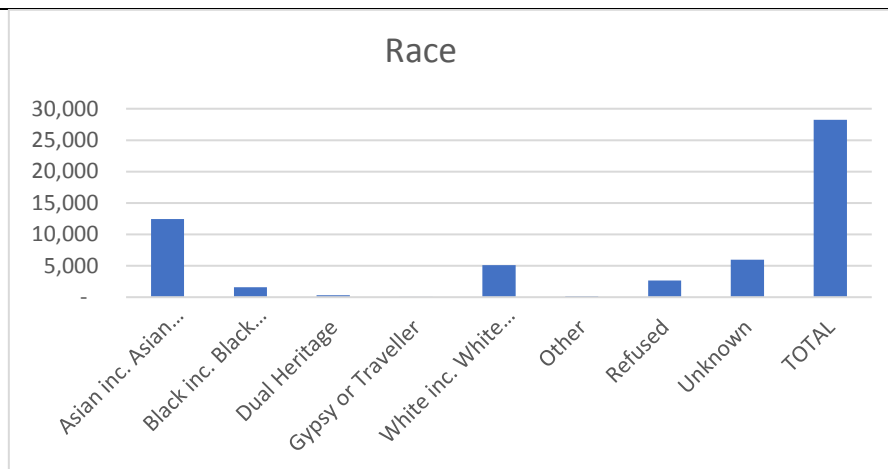
There are some implications for a tenant or leaseholder’s ability to participate in the engagement activity if they practice a religion. Tenants and leaseholders in this category may be excluded from events/webinars if they occur at the same time as a religious commitment/holiday/festival. The council will endeavour to avoid any such days/times in planning engagement activities.

**Race**

The largest ethnic group which council residents identify with is Asian including Asian British, at 44%.

The second highest ethnic group which both tenants and leaseholders identify as is White including White British, at 18%.

A significant number of residents (6%) also identify as Black including Black British. The number of residents for whom data is unknown or undisclosed is quite high, at 31.



The council recognises that there is the potential for council tenants and leaseholders for whom English is not their first language who may have difficulty in understanding engagement materials. The council will adjust ensure that materials are translated where needed to allow for the equal participation of those with lower English language skills.

**Sexual orientation**

49.6% of council tenants and leaseholders identify as heterosexual. Less than 1% (0.68%) identify as lesbian, gay, bisexual, or other. 49.7% of council tenants and leaseholders chose not to disclose their sexual orientation or it was unknown. We recognise that residents may be reluctant to disclose this information and that this is an elective process on the part of the council tenant or leaseholder. The council respects the confidence given to our officers when an individual chooses to disclose this information to us.

Reliable data is not collected for this protected characteristic.

The range of participation opportunities is open to all council tenants and leaseholders regardless of sexual orientation.

No impact has been identified.

The Strategy aims to ensure we provide a wide range of opportunities to ensure residents' views are heard and develop an engagement framework accessible to all.

**Pregnancy and maternity**

The only data which the council collects for this protected characteristic is due dates for pregnancy, this is usually collected at the point of entry to the Common Housing Register and again at the point when a resident signs up for a council tenancy. The council may also become aware where a council tenant is looking to move to a property with more bedrooms. From a total of 13,814 council tenants, there are currently 4 households in which it is known that a baby is due. There is no data on this category in relation to leaseholders.

Reliable data is not collected for this protected characteristic.

The range of participation opportunities is open to all council tenants and leaseholders.

No impact has been identified.

The Strategy aims to ensure we provide a wide range of opportunities to ensure residents' views are heard and develop an engagement framework accessible to all.

**Other**

In addition to the nine protected characteristics defined in the Equality Act 2010, the council also considers the impacts of the draft Tenant and Leaseholder Engagement Strategy on the following characteristics:

**Socio-economic status**

No data is collected by the council on the socio-economic status of its council tenants and leaseholders. Borough profiling shows that 60% of the borough is still within the 30% most deprived areas of England. 29,000 employees in Tower Hamlets earn below the London Living Wage and 72% of children live in a household that receives either Child Tax Credit or Working Tax Credit.

There are several potential impacts on tenants and leaseholders from lower socio-economic backgrounds that should be considered. Those of a lower socio-economic status may have lower English language skills, or lower comprehension skills. They also may be digitally excluded due to being unable to afford internet access. The council must implement measures to ensure that they are able to access engagement and consultation materials.

Reliable data is not collected for this protected characteristic.

The range of participation opportunities is open to all council tenants and leaseholders.

No impact has been identified.

The Strategy aims to ensure we provide a wide range of opportunities to ensure residents' views are heard and develop an engagement framework accessible to all.

**Parents and carers**

There is no data held on the Tower Hamlets Housing Management system in relation to the number of tenants and leaseholders who are parents or carers. It can be assumed, however, from the number of households in which one or more members have a disability, that there are likely to be family members in households providing unpaid care. As Tower Hamlets has an estimated 74,700 children and young people aged 0-19 living in the borough, with the highest level, at 42%, of child poverty in the country, it can also be assumed that many of the council's tenants and leaseholders are parents.

There are some potential impacts on those with parental or caring responsibilities that should be considered. Parents and carers may have limited time to participate in consultation or to attend events, webinars, and other information sessions. They may also be prevented from participating at certain times – for example during school holidays or



drop-off and pick-up times. To mitigate this, the council will endeavour to avoid these times when scheduling engagement activities.

Reliable data is not collected for this protected characteristic.

The range of participation opportunities is open to all council tenants and leaseholders.

No impact has been identified.

The Strategy aims to ensure we provide a wide range of opportunities to ensure residents' views are heard and develop an engagement framework accessible to all.

**People with different gender identities**

No specific question is asked by the council in relation to gender identity, however, within the question regarding sex there is an option to select 'Other Gender Identity'. 0.01% of residents selected this option.

Reliable data is not collected for this protected characteristic.

The range of participation opportunities is open to all council tenants and leaseholders.

No impact has been identified.

The Strategy aims to ensure we provide a wide range of opportunities to ensure residents' views are heard and develop an engagement framework accessible to all.

## Section 4: Assessing the impacts on different groups and service delivery

Groups	Positive	Negative	Neutral	Considering the above information and evidence, describe the impact this proposal will have on the following groups?
<b>Protected</b>				
Age (All age groups)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>The low response rate to the consultation exercise of those aged 65+ may indicate that there have been difficulties in engaging with this age group and officers will need to ensure that this cohort are able to engage and provide their opinions to inform decision making on the part of the Housing Management Service.</p> <p>Engaging with council tenants and leaseholders of all ages will help to shape and improve the council's Housing Management Service and decision making. The strategy intends to increase opportunities for tenant and leaseholder involvement. This includes implementing, a model of engagement so that council tenants and leaseholders can get involved in a way that suits them. This will include removing any barriers to participation so all tenants have an opportunity to be represented regardless of age.</p> <p>The strategy identifies multiple informal and informal opportunities which the Housing</p>

				Management Service will use to engage with council tenants and leaseholder and in different media formats to try to meet the needs and preferences of all age groups.
<b>Disability</b> (Physical, learning difficulties, mental health and medical conditions)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>The Strategy looks to offer a variety of ways for tenants to get involved; using formal and informal mechanisms which the council will make available with varying levels of commitment and requirements which ensures tenants and leaseholders can get involved in a way that suits them. The Strategy looks to remove any disadvantage or barriers to participation, which includes any that may be because of a disability. This will include ensuring any meeting venues are accessible and local, providing a loop system at public meetings, and providing information in accessible formats. i.e. braille, large print, audio and provision of sign language services.</p> <p>For events that require in person attendance, we will continue to make reasonable adjustments where needed, to ensure that all council tenants and leaseholders are able to be involved and have a voice.</p>
<b>Sex</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>There are no identified negative impacts on this protected characteristic.</p> <p>The delivery plan being developed in line with the engagement mechanisms being brought forward in the strategy should ensure that residents irrespective of their sex will be able to</p>

				<p>participate and feed into the delivery of their Housing Management Service.</p> <p>When delivering our engagement opportunities, consideration will be given to what may prevent men or women from engaging, such as caring or parenting responsibilities and work patterns etc. and how these barriers to participation can be removed.</p>
<b>Gender reassignment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>There is insufficient data to assess if there are any negative or disproportionate implications arising from this strategy on tenants and leaseholders who may identify with this protected characteristic.</p> <p>The delivery plan which will be developed arising from this strategy will include actions to ensure that the Housing Management Service supports and responds to the needs of LGBTQI+ people, including those from marginalised groups, such as ethnic minorities, trans and disabled LGBTQI+ people through the activities set out within it.</p>
<b>Marriage and civil partnership</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>No particular impact has been identified for this group however increasing opportunities for engagement for all tenants will ensure that any tenant who is married or in a civil partnership is able to become involved in way that suits them.</p>
<b>Religion or philosophical belief</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>The Strategy provides a wide range of opportunities for council tenants and leaseholders to get involved which are open to all irrespective of any religion or belief that they may hold.</p>

				<p>Religious commitments and significant dates may make it difficult for some council tenants and leaseholders to engage with the Housing Management Service particularly when live 'in person' events or meetings are being held. The council recognises this and will take this into consideration when planning live events and meetings. Recordings of the events should also be made viewable online after the event where applicable.</p>
<b>Race</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>The Strategy aims to ensure that all tenants are represented and can become involved. This includes engaging with communities that are currently underrepresented and / or seldom heard from, particularly tenants from different black and minority ethnic communities and making every effort to accommodate cultural needs.</p> <p>There is a potential that residents whose first language is not English may not be able to take part. The Housing Management Service will use interpretation and translating services to enable participation.</p>
<b>Sexual orientation</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Insufficient data to identify if there are any negative impacts on this protected characteristic. The Strategy however aims to remove any disadvantage or barriers to participation and create adaptable solutions, which includes any that may be because of sexual orientation. This includes providing any appropriate support that may be required so that</p>

				council tenants and leaseholders can become involved.
<b>Pregnancy and maternity</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Data is collected at the point of a household registering to join the Common Housing Register and at the point at which a tenant signs up to a tenancy, however unless a council tenant or leaseholder informs us of a change in their circumstances, it is difficult to infer how many council tenants and leaseholders identify with this protected characteristic.</p> <p>It may be difficult for those who are heavily pregnant or have young children to attend meetings or live events in person. The Strategy aims to remove any disadvantage or barriers to participation, which includes any that may be as a result of pregnancy or maternity. This includes ensuring there are sufficient comfort and rest breaks in meetings and providing any additional support wherever possible that may be required to meet a need.</p> <p>Engagement opportunities will be made available in the daytime, evenings and weekends to maximise council tenant and leaseholders availability. The strategy also provides that there are opportunities for formal or informal engagement and includes provision to ensure that where a tenant or leaseholder, may not have a regular amount of time available to commit but who may wish to be involved 'as and when' - where they are interested in the topic - that they are able to engage.</p>

<b>Other</b>				
<b>Socio-economic</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Insufficient data to assess but the Strategy creates an engagement framework which will give a wide range of opportunities for residents to get involved, irrespective of socio-economic status.</p> <p>We know that some of our council tenants and leaseholders live in homes which are in higher deprivation areas of the borough. We anticipate that this strategy will have a positive impact as it will ensure that all council tenant and leaseholders voices will be heard and that there are a variety of ways for people to get involved.</p>
<b>Parents/Carers</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Insufficient data to assess but no negative implications are anticipated for this resident sub-group.</p> <p>However, the Housing Management Service recognises that those who may have young children or caring responsibilities it may be difficult for them to find the time to engage with the Housing Management Service due to these commitments.</p> <p>When delivering our engagement opportunities, consideration will be given to what circumstances or situation may limit a person's ability to engage, such as work, caring or parenting responsibilities and how these barriers can be mitigated.</p>



Appendix 3

<p>People with different <b>Gender Identities</b> e.g. Gender fluid, non-binary etc</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Insufficient data to assess but no negative implications are anticipated for this resident sub-group.</p>
<p><b>Any other groups</b></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>No other groups have been identified who might experience an adverse or disproportionate impact.</p>

## Section 5: Impact analysis and action plan

Recommendation	Key activity	Progress milestones including target dates for either completion or progress	Officer responsible	Update on progress
<p>While the likely impact of the strategy has been assessed as having (overall) a positive impact across all protected characteristics actions need to be taken in the <i>delivery</i> of these engagement activities and opportunities to ensure equality of access to all. These include:</p>				
<p>Ensure that the consultation/engagement activity is accessible to those with limited English skills.</p>	<ul style="list-style-type: none"> <li>• Translation available on request during the consultation period/engagement activity</li> <li>• Officers proficient in community languages in attendance to support residents</li> </ul>			
<p>Ensure that those with mobility issues can access the engagement events.</p>	<ul style="list-style-type: none"> <li>• In-person live events should be made hybrid where possible.</li> <li>• Ensure accessibility of venues used</li> <li>• Provision of taxis for attendance at <i>Tenants' Voice</i> panel</li> </ul>			
<p>Ensure that those with learning difficulties can engage with written materials.</p>	<ul style="list-style-type: none"> <li>• An easy read version of written materials to be made available via post and online.</li> </ul>			
<p>Ensure those with mental health issues that stop them from attending live events.</p>	<ul style="list-style-type: none"> <li>• In-person live events should be made hybrid where</li> </ul>			

### Appendix 3

	<p>possible and recorded.</p> <ul style="list-style-type: none"> <li>• Written materials will be made available online.</li> </ul>			
Ensure that consultation and engagement materials are available to those with visual impairments.	<ul style="list-style-type: none"> <li>• Provide on request a large print version of the materials.</li> </ul>			
Ensure those with religious commitments are not excluded from events.	<ul style="list-style-type: none"> <li>• Ensure live events do not clash with important religious events and/or ensure events are repeated at different times and on different dates.</li> <li>• Recordings of the events should also be made viewable online after the event where applicable.</li> </ul>			
Ensure parents/carers are not excluded from events due to their childcare responsibilities.	<ul style="list-style-type: none"> <li>• Ensure events take place at a wide range of times and recordings are available online where applicable.</li> <li>• Provision of childcare costs for attendance at <i>Tenants' Voice</i> panel meetings</li> </ul>			
Ensure that those facing digital exclusion are given the opportunity to participate	<ul style="list-style-type: none"> <li>• Provide the option (on request) to complete consultation questionnaires by post.</li> </ul>			

	<ul style="list-style-type: none"> <li>• Run pop-up events on estates, community hubs and in Idea Stores to engage residents who are unable to access consultation/engagement events online.</li> </ul>			
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## Section 6: Monitoring





**What monitoring processes have been put in place to check the delivery of the above action plan and impact on equality groups?**

Residents will be asked to answer our optional EDI questions as part of feedback from engagement events. The officer(s) responsible will be able to review the data and take appropriate measures if one or more of these groups is being negatively affected.

In addition, satisfaction with engagement will be monitored at a strategic level via our on-going satisfaction surveys.

## Appendix A

### EIA decision rating

Decision	Action	Risk
As a result of performing the EIA, it is evident that a disproportionately negative impact (direct, indirect, unintentional or otherwise) exists to one or more of the nine groups of people who share a Protected Characteristic under the Equality Act and appropriate mitigations cannot be put in place to mitigate against negative impact. It is recommended that this proposal be suspended until further work is undertaken.	<b>Suspend – Further Work Required</b>	<b>Red</b> 
As a result of performing the EIA, it is evident that there is a risk that a disproportionately negative impact (direct, indirect, unintentional or otherwise) exists to one or more of the nine groups of people who share a protected characteristic under the Equality Act 2010. However, there is a genuine determining reason that could legitimise or justify the use of this policy.	<b>Further (specialist) advice should be taken</b>	<b>Red Amber</b> 
As a result of performing the EIA, it is evident that there is a risk that a disproportionately negatively impact (as described above) exists to one or more of the nine groups of people who share a protected characteristic under the Equality Act 2010. However, this risk may be removed or reduced by implementing the actions detailed within the <i>Impact analysis and action plan</i> section of this document.	<b>Proceed pending agreement of mitigating action</b>	<b>Amber</b> 
As a result of performing this analysis, the policy or activity does not appear to have any adverse effects on people who share <i>Protected Characteristics</i> , and no further actions are recommended at this stage.	<b>Proceed</b>	<b>Green</b> 

Key	Status
Red	At Risk
Amber	In progress & on track
Green	Complete
Blue	Not started

## RSH Consumer Standards Improvement Plan

### Governance Workstream

Standard	Area of non-compliance	Risk Identification	Key Deliverable	Responsible Officer	Delivery Date	Status	R A G
All Standards	<p>An appropriate governance structure within LBTH needs to be established to provide effective oversight for compliance and ensure that the LBTH obligations and duties are being discharged in accordance with the corporate vision and priorities.</p> <p>There is insufficient oversight of key landlord activities.</p> <p>The leadership team, board and panels should undertake a property compliance awareness training session to gain a more thorough understanding of the compliance obligations and how to provide more effective oversight, scrutiny, and challenge of compliance performance</p>	<b>Pennington's-High/Medium</b>  <b>HQN</b>	Approval for Tenant and Leaseholder Engagement Strategy with aim of putting customer first, establishing key priorities linked to residents and neighbourhoods delivering a wider range of engagement options for residents to inform service design and delivery.	Head of Regulatory Assurance	November 2024	In Progress	
			Establish Housing Management Sub-Committee	Head of Regulatory Assurance	December 2024	In Progress	
			Establish Programme, Performance and Compliance Management Governance Structure	Programme Lead – Housing Management	December 2024	In Progress	
			Agree programme and delivery plan for support and training for strengthened Tenants' Voice	Head of Regulatory Assurance	December 2024	In progress	
			Agree programme and delivery plan for support and training for Members to develop a more thorough understanding of the compliance obligations and how to provide more effective oversight, scrutiny, and challenge of compliance performance	Head of Regulatory Assurance	December 2024	In progress	
			Audit current documents to ensure they are dated, reflect changes following insourcing and are in final form	Head of Regulatory Assurance	January 2025	In progress	
			Agree (following stakeholder engagement and consultation) a 1-year Housing Management Service & Improvement Annual Plan, to include vision, performance framework and establishing a resident first culture	Director of Housing Management	March 2025	In progress	
			Undertake series of policy principles and strategic direction workshops (that include the necessary strategic leaders and have technical input from operational staff) for each compliance area to finalise draft policies	Head of Regulatory Assurance & Head of Asset Management and Compliance	April 2025	In progress	
			Produce a new suite of policy documents using a consistent approach and layout and have been approved following LBTH's formal approval process	Head of Regulatory Assurance & Head of Asset Management and Compliance	December 2025	In progress	

Data Improvement Workstream

Standard	Area of non-compliance	Risk Identification	Key Deliverable	Responsible Officer	Delivery Date	Status	RAG
Transparency, Influence & Accountability/ Safety & Quality	There is a need to improve the data we hold on our residents and then use this to deliver improved proactive services.  Data management for the individual compliance programmes requires improvement. The migration from Tower Hamlets Homes (THH) legacy systems onto Northgate (NEC) is currently in progress. As a result, many of programmes lack system driven processes and programmes are being managed manually through spreadsheets. In many areas there is an inability to accurately monitor reinspection programmes, remediation works, and produce an auditable trail of evidence for each compliance area.	Pennington's - High	Establish Data Quality Working Group with key stakeholders (including service Data Champions) across housing management, which will develop and deliver the Data Quality Action Plan	Head of Housing Resources	February 2025	In progress	Yellow
		HQN	Agree and implement Housing Data Management Strategy	Head of Regulatory Assurance	March 2025	In progress	Yellow
			Develop a Data Dashboard on Key Data points (as defined by HACT)	Head of Regulatory Assurance	September 2025	In progress	Yellow
			Deliver Data Quality Awareness Training to all Housing Management staff	Head of Regulatory Assurance	March 2025	In progress	Yellow
			Implement structured housing management process on NEC System (including Tenancy Audits, etc.)	Head of Housing Resources	March 2025	In progress	Yellow
			Implement NEC Servicing Module	Head of Housing Resources	April 2025	In progress	Yellow
			Scope internal data sharing opportunities with other Council Services (Council Tax, Housing Options, Revs and Benefits and Licensing)	Head of Housing Resources	May 2025	In progress	Yellow
			Agree Reasonable Adjustment Policy, including definition and response to those who may be vulnerable	Head of Regulatory Assurance	June 2025	In progress	Yellow
			Develop automated big-six (FLEGAL) compliance dashboard utilising NEC Service Module data	Head of Housing Resources	June 2025	Not started	Blue
			Develop a quarterly return which analyses customer insights from Complaints, Evictions, Residents in Arrears and then analyses outcomes in terms of protected characteristics with any service improvements / adaptations to be addressed in the Reasonable Adjustment Policy where necessary.	Head of Regulatory Assurance	July 2025	In progress	Yellow
			Produce bi-annual equitable outcomes monitoring report to Tenant Voice and Housing Management Sub-Committee on our Neighbourhood Management Service	Head of Regulatory Assurance	July 2025	In progress	Yellow
Neighbourhood & Community Standard	Approach to Neighbourhood management appears to be under-developed with a lack of a strategy and a disconnect between processes and outcomes	HQN	Develop a neighbourhood strategy that sets out "what good looks like" and how you can achieve it – consult with residents over standards to be achieved through development of Neighbourhood Action plans and "You said, we Did", using data and insight gained from residents to improve services	Senior Head of Neighbourhood and Customer Services	September 2025	In progress	Yellow



Asset Management

Standard	Area of non-compliance	Risk Identification	Key Deliverable	Responsible Officer	Delivery Date	Status	RAG
Safety & Quality	<p>Asset Management Strategy not delivering robust plans based on Stock Condition Data.</p> <p>Asset-based health and safety risks and how they are managed need to be mapped.</p> <p>Data management around Landlord Compliance and Asset Management activities requires improvement.</p> <p>Resource issues have resulted in non-compliant FRAs due to resource issues with contractors. There is an obligation to address risks of FRAs within appropriate timescales; there are outstanding and overdue FRA actions.</p> <p>Data validation exercise coordinated across all compliance programmes.</p> <p>Compliance programmes and actions need to be system driven, to reduce manual processes and the risk of human error.</p> <p>Asbestos information for buildings needs to be accurate, live, and readily accessible – register that is kept up to date required.</p> <p>Water hygiene catch up programme required to ensure all risk assessments are completed within the timeframes stipulated in policy.</p> <p>All passenger lifts need to be included on the thorough inspection programme and each passenger lift inspected within the six-month timeframe</p>	Penningtons – Critical/High	Establish catch up FRA Programme for addressing outstanding and overdue FRA actions, with monitoring captured in the monthly Compliance Dashboard and submitted to Housing Management Sub-Committee	Senior Head of Housing Property and Asset Investment	December 2024	In progress	Yellow
			Review and mobilise to deliver the Capital Programme, ensuring there is visibility and clear approval process at every step in the process	Senior Head of Housing Property and Asset Investment	January 2025	In progress	Yellow
			Complete catch-up programme to ensure all water hygiene risk assessments are completed within the timeframes stipulated in the policy.	Senior Head of Housing Property and Asset Investment	January 2025	In progress	Yellow
			Establish data validation and reconciliation process coordinated across all compliance programmes	Senior Head of Housing Property and Asset Investment	February 2025	Not started	Blue
			Implement NEC Servicing module	Senior Head of Housing Property and Asset Investment	March 2025	In progress	Yellow
			Develop methodology to use repairs and maintenance analytics to inform our stock condition data and capital investment replacement programme	Senior Head of Housing Property and Asset Investment	March 2025	In progress	Yellow
			Ensure all LIFT inspections are inspected within six-month timeframe, achieving target compliance by March 2025	Senior Head of Housing Property and Asset Investment	March 2025	In progress	Yellow
			Complete end to end review of policy and process for decants and agree Decant Policy and Procedure	Senior Head of Neighbourhood and Customer Services	March 2025	In progress	Yellow
			Include stock condition programme for renewable technologies within our buildings	Senior Head of Housing Property and Asset Investment	March 2025	In progress	Yellow
			Establish asbestos register on the NEC system and ensure the asbestos information for buildings are accurate, live and readily available.	Senior Head of Housing Property and Asset Investment	March 2025	Not started	Blue
			Implement LBTH health and safety matrix which maps out all asset-based health and safety risks and how they are managed	Senior Head of Housing Property and Asset Investment	April 2025	Not started	Blue
			Increase Capital Programme to address Decent Home Failures, reducing the number of non-December homes by 25%	Senior Head of Housing Property	April 2025	In progress	Yellow

				and Asset Investment			
			Complete internal Stock Condition Survey to council owned temporary accommodation in Registered Provider blocks	Senior Head of Housing Property and Asset Investment	April 2025	In progress	
			Complete internal and external Stock Condition Survey to council owned temporary accommodation with private freeholders	Senior Head of Housing Property and Asset Investment	April 2025	In progress	
			Agree and implement renewed 5 year Asset Management Strategy that describe LBTH approach to asset management, which for example identifies asset management challenges, is based on robust condition data and includes a prioritised action plan and approach to risk and affordability in the MTFs.	Senior Head of Housing Property and Asset Investment	June 2025	In progress	
			Review handover process for new developments and acquisitions to ensure Asset related data is complete and across all key systems	Senior Head of Housing Property and Asset Investment	June 2025	Not Started	
			Achieve target % stock condition data.	Senior Head of Housing Property and Asset Investment	March 2026	In progress	
			Automatic updating of element driven by capital investment NEC module	Senior Head of Housing Property and Asset Investment	December 2025	Not Started	
			Following completion of Neighbourhood Plans and Asset Strategy, develop prioritised improvement plans (to include resident engagement, consultation and working group to deliver the actions)	Senior Head of Housing Property and Asset Investment	December 2025	Not Started	

Complaints Workstream

Standard	Area of non-compliance	Risk Identification	Key Deliverable	Responsible Officer	Delivery Date	Status	RAG
All Standards	<p>Complaints management does not reflect positive practice in several ways, including performance but also lack of evidence of learning from complaints. Responses within time at stage 2 fall far short of acceptable; learning from complaints is mixed, and policies and guides are out of date.</p> <p>Complaints performance data needs to be reviewed to understand the drivers for underperformance at stage two.</p> <p>Complaints performance dashboard needs to be formally shared with senior leaders and elected members. The dashboard should be compiled with input from operational teams to include informed commentary on key issues or outlining where performance is not meeting target and detailing the improvement plan and when performance can be expected to fall back in to line with the target.</p> <p>Redress and compensation policy seriously out of date and non-compliant with Ombudsman expectations</p>	<p>Pennington's - High</p> <p>HQN</p>	Deliver HQN Complaint Responses Tone of Voice Training	Head of Regulatory Assurance	October 2024	Complete	Green
			Implement revised templates for stage 1 and 2 responses	Head of Regulatory Assurance	November 2024	In progress	Green
			Develop Quarterly Complaints report which provides insight leading to embedding lessons learnt from Complaints	Head of Regulatory Assurance	December 2024	In progress	Yellow
			Launch Corporate Complaints Dashboard	Director of Customer Services	December 2024	In progress	Yellow
			Embed the quarterly Complaints Report in reporting cycle and use this to inform service improvement plans.	Head of Regulatory Assurance	December 2024	In progress	Yellow
			Implement Acceptable Behaviour Policy	Head of Regulatory Assurance	January 2025	In progress	Yellow
			Review Complaints Compensation Policy and implement new Compensation Procedure including training for all colleagues involved in the process	Head of Regulatory Assurance	March 2025	In progress	Yellow
			Implement a Complaints Lessons Learned log and ensure this is published on the website and shared with Tenants' Voice	Head of Regulatory Assurance	March 2025	In progress	Yellow
			Amend ICASE to ensure root case analysis can be drawn from complaints monitoring	Head of Regulatory Assurance	March 2025	In progress	Yellow
	Complete review of the Customer Relations Team structure to ensure it is effectively resources. This includes seeking agreement for permanent resourcing to take on Stage 2 complaints.	Head of Regulatory Assurance	April 2025	In progress	Yellow		

Repairs Service and Handling of Damp & Mould Workstream

Standard	Area of non-compliance	Risk Identification	Key Deliverable	Responsible Officer	Delivery Date	Status	RAG
Safety & Quality Standard	<p>There needs to be a standardised approach to damp and mould surveys to ensure consistency of data capture and reduce the risk of gaps and risk associated with manual processes.</p> <p>Dashboard need to capture all and any damp and mould cases. Changes in processes and systems to ensure this should be considered.</p> <p>Staff need to have the right IT and equipment and all works relating to damp, mould and condensation should have recorded evidence to support them.</p> <p>Need to document end-to-end no access process relating to cases of damp, mould and condensation.</p> <p>Poor Repairs performance with data that cannot be reconciled with contractor and low levels of customer satisfaction</p>	Penningtons-High	Deliver diagnostics training to HSC and all other frontline colleagues responsible for raising repairs	Head of Repairs	November 2024	In progress	Yellow
			Complete end to end review of Repairs Service	Head of Repairs	December 2024	In progress	Yellow
			Implement daily repairs Work in Progress reporting	Head of Repairs	December 2024	In progress	Yellow
			Review and implement changes to Contact Centre Messaging for Repairs Reporting	Senior Head of Neighbourhoods & Customer	December 2024	In progress	Yellow
			Implement a Damp and Mould Dashboard	Head of Repairs	March 2025	In progress	Yellow
			Complete Damp and Mould Process Review	Senior Head of Housing Property and Asset Investment	March 2025	In progress	Yellow
			Develop and implement new no-access process	Senior Head of Neighbourhoods & Customer	April 2025	In progress	Yellow
			Roll out to all frontline colleagues an awareness campaign (Every Visit Counts) around Safeguarding, Damp and Mould, and data.	Head of Regulatory Assurance	April 2025	In progress	Yellow
			Review and implement new Repairs policy	Senior Head of Housing Property and Asset Investment	December 2025	In progress	Yellow
			Deliver Repairs action plan	Senior Head of Housing Property and Asset Investment	December 2025	Not started	Blue
			Strengthen and formalise contract management arrangements across key contracts	Head of Repairs	December 2025	In progress	Yellow
			Review and implement a Rechargeable Repairs Policy	Head of Repairs	December 2025	In progress	Yellow
			Deliver solution with contractors to ensure real-time visibility of repair statuses and notes are available to the HSC via NEC or access to contractor portal in the short-term.	Head of Resources	March 2025	In progress	Yellow
			Provide solution for officers on site to raise repairs	Head of Resources	March 2025	In progress	Yellow
			Complete outstanding NEC actions to improve connectivity to contractor systems	Head of Resources	June 2025	In progress	Yellow
Complete Interfinder improvements so that Interfinder is configured and all relevant information is collected at point of entry and links to real time availability of operative.	Head of Resources	June 2025	In progress	Yellow			
Automate progress updates for residents via SMS	Head of Housing Resources	June 2025	In progress	Yellow			

<b>Cabinet</b>  27 November 2024	 <b>TOWER HAMLETS</b>
<b>Report of:</b> Julie Lorraine, Corporate Director for Resources	<b>Classification:</b> Unrestricted
<b>Approval of the council's new Homelessness and Rough Sleeping Strategy 2024-2029 and supporting delivery plan</b>	

<b>Lead Member</b>	<b>Councillor Kabir Ahmed, Cabinet Member for Regeneration, Inclusive Development and Housebuilding</b>
<b>Originating Officer(s)</b>	Karen Swift, Director of Housing & Una Bedford Senior Strategy and Policy Officer
<b>Wards affected</b>	All Wards
<b>Key Decision?</b>	Yes
<b>Reason for Key Decision</b>	Significant impact on wards
<b>Forward Plan Notice Published</b>	11/09/2024
<b>Strategic Plan Priority / Outcome</b>	Providing homes for the future

## Executive Summary

The council as a local housing authority, is required by legislation, (the Homelessness Act (2002) and the Homelessness Reduction Act (2017)), to carry out a periodic review of homelessness in its District and to publish a homelessness and rough sleeping strategy based on the results at least every five years.

The current iteration of the council's Homelessness and Rough Sleeping Strategy was published on 21 December 2018 and has now reached the end of its life. In order to ensure that the council is compliant with this statutory duty, it is important that the council approves this latest version of the strategy.

## Recommendations:

The Mayor and Cabinet are recommended to:

1. Approve the council's new Homelessness and Rough Sleeping Strategy 2024-2029 and the Delivery Plan which underpins the priorities of the new strategy.

2. To note the outcome of the consultation and how it has been used to shape the priorities of the new strategy.
3. To note the Equalities Impact Assessment as summarised in Section 4 of this report

## **1 REASONS FOR THE DECISIONS**

- 1.1 The council as a local housing authority, is required by legislation, (the Homelessness Act (2002) and the Homelessness Reduction Act (2017)), to carry out a periodic review of homelessness in its District and to publish a homelessness strategy based on the results at least every five years.
- 1.2 The current iteration of the council's Homelessness and Rough Sleeping Strategy was published on 21 December 2018 and has now expired. In order to ensure that the council is compliant with this statutory duty, it is important that the council approves this latest version of the strategy and the delivery plan which sits underneath it.
- 1.3 Given that there have been significant changes in the local housing market, the pandemic, the cost-of-living crisis and financial uncertainty, the council is seeing an increasing number of approaches being made to its Housing Options Service for housing advice and homelessness assistance than ever before. It is necessary for the council to produce a new Homelessness and Rough Sleeping Strategy, which reflects the latest trends in homelessness, follows best practice and is compliant with current legislation.
- 1.4 In addition, this strategy reflects the council's commitment to focusing on improving outcomes for our residents. The council's Strategic Plan defines the council's vision for the future and identifies its goals and objectives.
- 1.5 Under **Priority 2: Homes for the future** – our ambition is that '**Everyone in Tower Hamlets lives in a good quality home that they can afford**'. The council's Strategic Plan sets out the council's commitment to '**Develop a strategy to House people experiencing homelessness (including, as a priority, to house rough sleepers)**'.
- 1.6 This strategy therefore reflects and sets out the council's priorities and commitment to focusing on improving outcomes for residents at risk of, or experiencing homelessness or rough sleeping in our borough, which is further underscored by the accompanying Delivery Plan with actions setting out how we will meet our new priorities.

## **2 ALTERNATIVE OPTIONS**

- 2.1 "Doing nothing" would put the council at risk of legal challenge and would breach statutory requirements for developing and adopting a Homelessness and Rough Sleeping Strategy. This is because without a strategy in place, decisions taken that rely on the strategy could be open to challenge.

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

- 3.1 The council has a statutory duty under the Homelessness Act (2002) to conduct a review of the nature and extent of homelessness in its District (borough) every five years and to develop a strategy setting out:
- how services will be delivered in the future to tackle homelessness; and
  - the available resources to prevent and relieve homelessness.
- 3.2 Our most recent Homelessness and Rough Sleeping Strategy ended in December 2023 and this new strategy fulfils this statutory and mandatory requirement on the council in its role as a Local Housing Authority.
- 3.3 The review (see Appendix 1) was conducted as a desk top exercise using a sizable evidence base - drawn from data published by DLUHC (Department for Levelling Up, Housing and Communities), collated from the council's Housing Options Services, the Census 2021 data, and a variety of other sources. It is intended to be a snapshot in time using data which was available up to March 2023.
- 3.4 This data has been used to inform the council's new Homelessness and Rough Sleeping Strategy (2024 – 2029) which will provide the direction of travel for the council and its partners through the priorities identified via the review. These priorities will be used to guide the delivery plan for activities to reduce homelessness and rough sleeping in Tower Hamlets over the course of the next five years.
- 3.5 Our review and new strategy, (Appendices 1 and 4), have considered the national and regional policy context as well as the role that the government's welfare reforms have played in increasing homelessness. In addition, the review examines how rising housing costs - now exacerbated as a result of the current cost- of- living crisis – have contributed to the challenges that the council faces in delivering its support and services for those who are currently or at risk of homelessness.
- 3.6 The review also reflects on the impacts of the Homelessness Reduction Act (2017) and identifies some national policy uncertainties which could affect future levels of homelessness and responses to it. The review characterises those most affected by homelessness and rough sleeping, the main causes of both and how the council currently responds to homelessness and rough sleeping in the borough.
- 3.7 The review pinpointed a number of areas of focus for the Housing Options Service to enable officers to respond to the challenges ahead. These include:
- rising demand.
  - late approaches to the Housing Options Service (when people are actually homelessness, rather than when they are threatened with it).
  - reducing the number of new placements into temporary accommodation; and



- the need to do more to prevent homelessness at a much earlier stage.

3.8 The priorities which have been identified are set out below:

- 1. Working with people earlier to prevent them from becoming homeless and to reduce the use of Temporary Accommodation.**
- 2. Provide good quality accommodation for people who are at risk of, or where they become, homeless.**
- 3. Improve customer service and the individual's experience.**
- 4. Making sure that people have access to the right support services.**
- 5. To prevent rough sleeping but where it does occur, it's rare, brief and doesn't happen again.**
- 6. Boost staff resilience and well-being.**

3.9 Each of these priorities are accompanied by a number of associated high level action points to enable the priorities to be achieved, which have been developed further into activities within a delivery plan. The regular monitoring of this delivery plan will make it easier to update, in light of future changes in national, regional, and local policy and means we will be able to respond appropriately. Above all of the priorities is an accompanying and overarching priority of partnership working and an understanding that homelessness cannot be solved by the council or the Housing Options Service alone.

3.10 The delivery plan (Appendix 5) recognises the value of partnership working across the council and with statutory and voluntary agencies and was developed not only because of the new priorities and the review but following extensive consultation with residents and stakeholders.

3.11 Although a 6-week public consultation (Appendix 2) on the proposed priorities for the strategy was originally agreed, extra time was allocated to the consultation to account for the Easter and Eid period which occurred during the original consultation period. Therefore, the consultation opened on 4 March 2024 and closed on 26 April 2024 and ran for 8 weeks. During this period, all residents placed in Temporary Accommodation by the council were sent a paper version of the survey.

3.12 The consultation exercise consisted of an online survey via the council's online consultation platform 'Let's Talk' which sought to obtain the views of residents and stakeholders on the proposed priorities for the new Homelessness and Rough Sleeping Strategy. A summary of the council's review of homelessness and rough sleeping was included on the consultation page. Both the survey and summary of the review were translated into both Bengali and Somali which residents could access on the 'Let's Talk' platform.

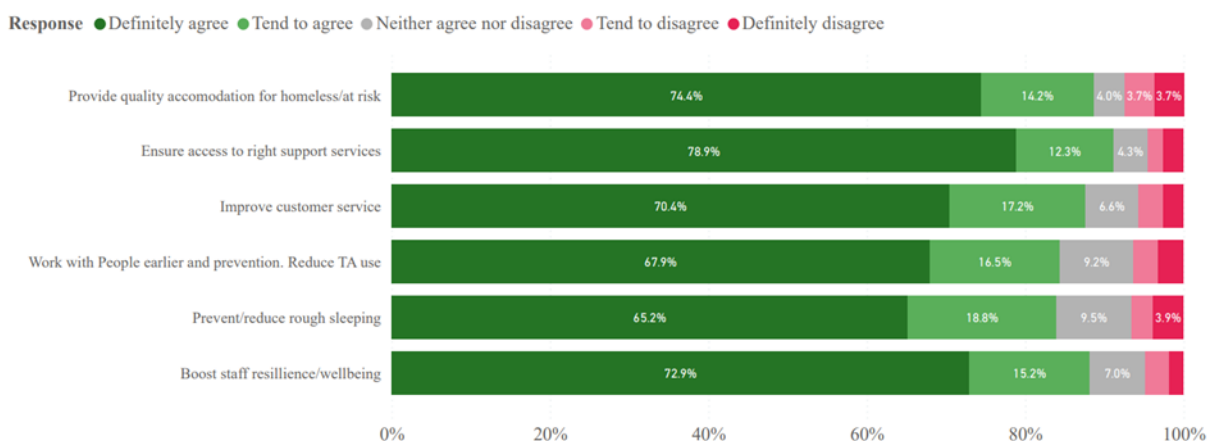
3.13 The council's Communications team promoted and publicised the consultation via its Facebook, Instagram, Twitter, Linked In and other social media channels. A press release was also issued, Members were informed via an all Members Briefing and staff encouraged to complete the survey via TH Now (the council's Internal News Bulletin) and through Housing Options staff service meetings.

- 3.14 In addition, paper copies of the survey were sent out in the post to circa 2,400 residents who the council has placed in temporary accommodation.
- 3.15 The Strategy and Policy Team actively canvassed residents at both the Residents Hub during the week commencing Monday 8 April through to Friday 12 April and attended the Mayor's Advice Surgeries encouraging and supporting residents to complete paper versions of the survey.
- 3.16 The Strategy and Policy team used their contacts widely and promoted the online survey through the London Councils Housing Directors Group, Tower Hamlets Homes Housing Partnership, Community and Voluntary Sector Groups, as well as ensuring that partners both internal and external to the council were invited to complete the survey online.
- 3.17 The council's Corporate Communications team promoted the link to the electronic version of the survey across all media channels to all residents.
- 3.18 In addition, the survey was promoted at the London Councils Housing Director Group – with the link to the electronic version of the survey shared. Similarly, all our contacts in the voluntary and third sector, Tower Hamlets Together Board, Tower Hamlets Housing Forum (THHF) and the councillors All Members briefing.
- 3.19 On the 10 March, the Housing Options Service hosted a stakeholder event inviting colleagues from other neighbouring local authorities, other service areas within the council who support and assist the boroughs residents who are or at risk of homelessness and rough sleeping along with agencies from the voluntary and third sector who also provide support to residents. A total of 35 delegates attended the day.
- 3.20 A further webinar was held on 17 April for residents with the Housing Options Management Team in attendance to discuss the review and development of the council's new priorities for homelessness and rough sleeping.
- 3.21 The consultation was also promoted in TH now – the weekly update for staff in the bulletin dated 11 April 2024.
- 3.22 A session was held on 24 April 2024 with over 100 members of staff within the Housing Options Service to gauge their responses to the proposed priorities, seeking their input into actions in the delivery plan accompanying the new strategy.
- 3.23 A further session was held with those experiencing rough sleeping on 1 May 2024 and through this informal discussion, opinion was gathered on the new priorities and the proposed activities to meet the priorities which the Service were looking at to inform the Delivery Plan.
- 3.24 A considerable volume of traffic was seen on the council's consultation platform 'Let's Talk' (a total of 1,043) during the consultation period, which demonstrates a high degree of awareness among residents and stakeholders.

3.25 Via 'Let's Talk,' 226 stakeholders completed the survey online with a further 133 providing a completed paper copy of the consultation (via the responses received from residents currently places in temporary accommodation who had been sent paper copies, and from the paper copies collected by the Strategy and Policy Team). **The total number of survey responses received was 359.** But adding together the traffic/number of visitors who viewed 'Let's Talk,' together with those who completed a paper version of the consultation survey, at least 1,269 stakeholders, including residents, had an awareness of the consultation and had engaged by viewing the survey and supporting documentation on 'Let's Talk'.

3.26 In comparison with other London Local Authorities who in the last two (post-pandemic) years have carried out consultation work on their new Homelessness and Rough Sleeping Strategies, this was a successful engagement exercise. London Borough of Barnet received 16 responses (16 April – 16 June 2023), City of London received 34 responses, (12 December 2022 – 12 March 2023) and more recently, the London Borough of Croydon received 188 responses (6th October to 15th December 2023)

3.27 The table below illustrates that among all respondents, across each of the six proposed priorities for the new strategy there is a high level of agreement.



3.28 A full analysis of the feedback received from the consultation exercise can be found in Appendix 2 of this report.

3.29 Further, the feedback received via the consultation exercise has demonstrated that the proposed priorities within the new strategy chime with residents and stakeholders. The comments received from residents and stakeholders have been taken into consideration by the Housing Options Service in the development of the Delivery Plan which accompanies the new strategy.

3.30 The feedback further reiterates the need (particularly with a new government and following the recent GLA/Mayor of London election) for the council to continue to lobby for changes to policy and regulation to tackle homelessness and rough sleeping, and to ensure that this is visible externally to stakeholders and residents. With our intentions evident as demonstrated by the new strategy

and delivery plan, there is no answer to homelessness that does not involve the government.

- 3.31 The timing of this new Homelessness and Rough Sleeping Strategy provides an opportunity to further support the ongoing Transformation Programme for the council's Housing Options Service. This year, the Service has received an additional £1.3m revenue and capital investment to move the Service to a single Housing Options ICT system to reduce the multiple IT applications and therefore remove duplication, which compounds delays in decision making.
- 3.32 In May, the Mayor in Cabinet approved the immediate release of an additional £1.93m for improvements to the Housing Options Service. These improvements will include creating thirty-four new roles with a sustainable funding source to meet the increasing demand and footfall and address backlogs, as well as extending the hours that residents can access a face-to-face service.
- 3.33 Oversight of the Homelessness and Rough Sleeping Strategy and its associated delivery plan will be provided by a Strategic Board which will be a multi-agency group - comprising of representatives from services internal and external to the council - who work with those who find themselves or who are at risk of homelessness and rough sleeping.
- 3.34 The Strategic Board will ensure that the delivery of this strategy is monitored and scrutinised, and that work is progressing as it should. A regular update will be provided to the Board alongside an update on key homelessness data to demonstrate the impact of our activity. The Strategy's actions will also be reviewed annually to ensure they are still relevant and appropriate with input from the Strategic Board.

#### **4 EQUALITIES IMPLICATIONS**

- 4.1 The council's new Homelessness and Rough Sleeping Strategy has been developed with a compelling evidence base and sets out how the council will work towards tackling homelessness and rough sleeping, enabling the council's officers to meet the challenges of homelessness and rough sleeping which derive from inequality of opportunity. The subsequent delivery plan outlines the activities which the council will undertake, and it will guide officers and assist them with supporting residents at risk of or who present as homeless or rough sleeping.
- 4.2 An Equalities Impact Assessment (Appendix 3) for the strategy has been completed and it is expected that strategy will have a positive impact on residents irrespective of any protected characteristics that they identify with. The review of homelessness and rough sleeping in Tower Hamlets identified that certain groups are more likely to be affected by the strategy as they are more likely to present themselves to the council as homeless, these groups include:
- Those aged between the ages of 18-44 years.

- Single persons without dependent children
  - Households (including individuals) asked to leave by family and friends.
  - Households that are threatened with homelessness when their private sector tenancy ends.
- 4.3 As a result of completing the EIA, it is evident that the priorities being taken forward within the strategy will not have a negative or detrimental impact on residents, irrespective of any protected characteristics under the Equality Act 2010 which they may identify with - both directly and indirectly.
- 4.4 The consultation exercise with residents and stakeholders has demonstrated that there is a strong consensus of agreement with all of the council's priorities to tackle homelessness and rough sleeping in Tower Hamlets - across all residents and stakeholders who identify with a particular or multiple protected characteristics with the majority of respondents to the consultation expressing that they definitely or tend to agree with all of the strategy's priorities.
- 4.5 Both the strategy and the supporting delivery plan will ensure that the council's statutory homelessness provision will become more accessible to all persons irrespective of any protected characteristics that they identify with. The activities which the Housing Options Service will take to support these priorities intend to ensure the delivery of targeted and appropriate support services as required. There are multiple actions within the delivery plan which intend to have a positive impact across all protected characteristics.
- 4.6 The strategy's focus on working earlier to prevent homelessness will therefore benefit all residents. While the strategy acknowledges that any household can become at risk of homelessness, those most vulnerable include a high proportion of households without social / family networks who can support them and who are more likely to have low or welfare-based incomes. The strategy will seek to tackle exclusions, improve accessibility and assessment, and enable individuals to achieve sustained outcomes that include improved health, wellbeing, and choices.
- 4.7 The proposed priorities and actions identified within the strategy are designed to address the needs of those who are disadvantaged, and all equality groups within the EIA are positively targeted with actions in the strategy's delivery plan which are designed to support and help them to maintain a home. The emphasis is on providing an accessible service and effective pathways to ensure sufficient advice and support is in place to support those who find themselves or at risk of homelessness or rough sleeping.

## **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.
- Data Protection / Privacy Impact Assessment.

5.2 No other statutory implications have been identified.

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

6.1 The Homelessness and Rough Sleeping Strategy 2024 - 2029 does not presently involve any additional costs, as its delivery will be funded within existing budgets, specific grants, and previously approved investment funding.

6.2 The delivery plan (Appendix 5) sets out six key priorities with actions to allow these priorities to be achieved. Finance will work closely with the Service and partners to identify where individual actions may require additional funding beyond current budget allocations, and as such further assessment of their financial impacts will be needed.

## **7 COMMENTS OF LEGAL SERVICES**

7.1 The council is required by the Homelessness Act 2002 and the Homelessness Reduction Act 2017 to review homelessness in the borough and to publish a homelessness and rough sleeping strategy based on the results at least every five years.

7.2 In order to ensure that the council compliance with the statutory duty, the Mayor and Cabinet are requested to approve the latest version of the strategy.

7.3 Section 149 of the Equality Act 2010 requires the authority, in the exercise of its functions, to have due regard to the need to eliminate discrimination, harassment, victimisation and any other conduct prohibited by the 2010 Act, to advance equality of opportunity between persons who share a relevant protected characteristic and those who do not, and to foster good relations between those who share a relevant protected characteristic and those who do not (the public sector equality duty (PSED)). The relevant protected characteristics are age; disability gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation. The duty must be complied with at the time that the decision under consideration is made and must be conducted with rigour and with an open mind. It is not, however, a duty to achieve a particular result and there will be decisions that do not give rise to any specific PSED issues. This decision appears to be neutral with respect to the PSED.

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

### **Linked Report**

- NONE.

### **Appendices**

- Appendix 1 – Review of Homelessness and Rough Sleeping in Tower Hamlets
- Appendix 2 – Consultation Report on the proposed Priorities for the council's
- Appendix 3 – Equality Impact Assessment
- Appendix 4 – Homelessness and Rough Sleeping Strategy 2024-2029
- Appendix 5 – Homelessness and Rough Sleeping Strategy Delivery Plan 2024/2025
- Appendix 6 – Homelessness and Rough Sleeping Strategy (Light Version) 2024- 2029

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

- NONE

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

N/A



# **Review of Homelessness and Rough Sleeping in Tower Hamlets (March 2023)**

**Review of Homelessness and Rough Sleeping in Tower Hamlets (March 2023)**

<b>Name</b>	<b>Review of Homelessness and Rough Sleeping in Tower Hamlets</b>
<b>Version number</b>	7
<b>Status</b>	Final Version 17 May 2024
<b>Author</b>	Una Bedford, Senior Strategy & Policy Officer and Duncan Jones, National Management Trainee
<b>Lead Officer</b>	Karen Swift – Director of Housing & Regeneration
<b>Approved by</b>	TBC
<b>Scheduled review date</b>	TBC

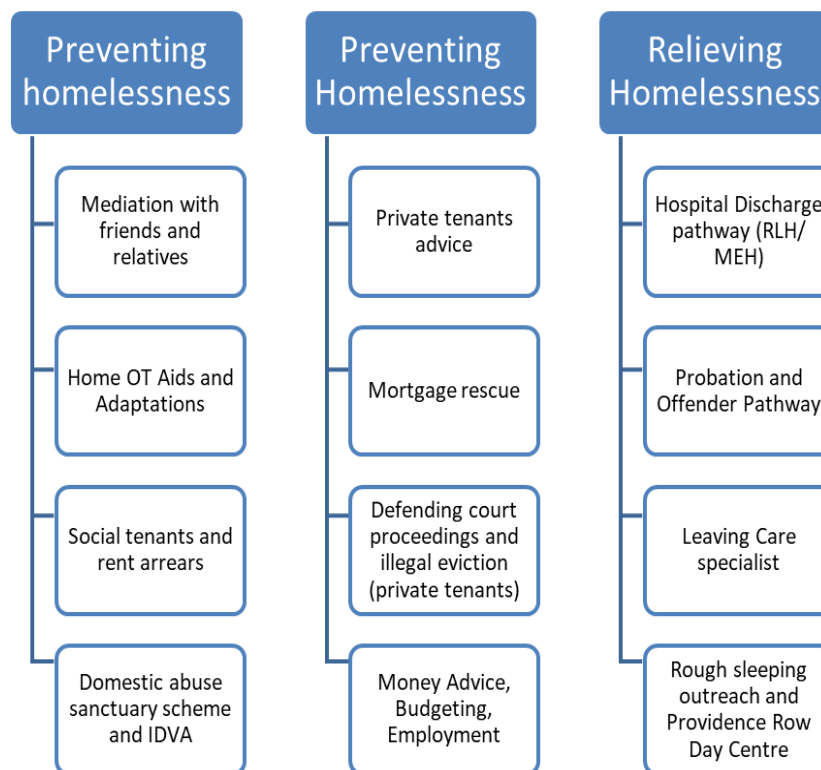
This review of homelessness and rough sleeping in Tower Hamlets establishes the extent of homelessness and rough sleeping in the borough, assesses its likely extent in the future, identifies what is currently being done, and by whom, and what level of resources are available, to prevent and tackle homelessness. This review looks back on data collated from 2018/2019 and provides a snapshot based on all available data at the time that the review was undertaken and completed in March 2023. It has since been amended to include DLUHC verified data up to the end of the financial year 2022/23 which had been unavailable at the time the review was completed. Data on the provision of Temporary Accommodation extends further out to the end of March 2024, to illustrate the high level of demand for Temporary Accommodation over the course of the last financial year.

The review provides our evidence base which has been used to formulate our new Homelessness and Rough Sleeping Strategy, taking into the administration’s priorities and the challenges which Tower Hamlets faces concerning homelessness and rough sleeping in the borough.

### **1. Our current services**

The council’s Housing Options Service performs the strategic housing function of providing and commissioning advice and assistance to help people in housing need to find suitable accommodation. It is often the case that people who are homeless or threatened with homelessness approach the Housing Options Service directly. The Housing Options Service provides advice on a number of housing issues including tenancy problems, illegal eviction and housing benefit entitlement. Currently the Housing Options Service have an average of 90 appointments a day and deals with 1,000 phone calls a month from residents seeking early advice with officers undertaking assessments of whether a resident is homeless or faces becoming homeless in the next 56 days. On the council’s website, the team’s webpages provide information that covers a range of housing issues and provides details of Registered Providers (social Landlords) and private landlords who operate in the borough.

The chart below illustrates the services that the council’s Housing Options Service provides to prevent and relieve homelessness:



Prior to the COVID-19 pandemic, the Service managed demand reactively on first come, first served daily drop-in basis at Albert Jacob House. This led to lengthy waiting times and increased customer dissatisfaction. In March 2020, in response to government social distancing measures, Albert Jacob House closed to the public. The service transitioned to conducting interviews by telephone or via MS Teams and used email as a means of client contact with some face-to-face interviews.

The Service moved to Mulberry Place in June 2021 and in February 2023 moved into the new Residents Hub in the council’s new Town Hall. The new Town Hall is a more accessible place for residents to reach and has more inclusive facilities for residents – parent and child facilities, translation services, better signage and hearing facilities, and there has been colour and acoustic considerations for those with autism and dementia. The Residents Hub will also host and include specialist external partners – Tower Hamlets Homes, CAB and VCS to provide a more integrated approach to helping residents. Those who approach the council’s services when they reach crisis point will find that our partners who are based in the Town Hall will be able to assist residents and help them resolve any other issues that these specialists can assist with. The Residents Hub also has a ‘digital hub’ to help residents get set up, enabling them to access digital services.

Within the Housing Options Service there are specialised roles and functions, the graphic below shows how the Housing Option Service manages its core functions.

Homelessness and rough sleeping	Temporary Accommodation and Procurement	Housing Register and Allocations
<ul style="list-style-type: none"> <li>• Lead Professionals (front of house team)</li> <li>• HOST Complex (vulnerable singles)</li> <li>• Housing Advice (private tenants)</li> <li>• Homelessness Intervention Prevention Project (HIPP) (social tenants in rent arrears)</li> <li>• Complex Assessment Team and Reviews</li> <li>• Street Population and Rough Sleeping Commissioner</li> <li>• Hostel Access</li> </ul>	<ul style="list-style-type: none"> <li>• Emergency Bookings and Allocations Team</li> <li>• Housing Management</li> <li>• Tenancy Sustainment</li> <li>• Current and Former Rent Arrears team</li> <li>• Accommodation procurement (TA and PRS)</li> <li>• Beam (specialist employment service)</li> </ul>	<ul style="list-style-type: none"> <li>• Applications and Administration</li> <li>• Advertising and Shortlisting</li> <li>• Assessment and Attainment Team</li> <li>• Occupational Therapist Team (housing needs medical assessment)</li> <li>• Members Enquiries and Complaints</li> <li>• Business Support (part of Resources Directorate)</li> <li>• Information Change Management (Part of ICT)</li> </ul>

The Housing Options Service offers housing advice to people who live in private sector accommodation in Tower Hamlets, which is free, confidential and independent. They support:

- tenants of a private landlord
- tenants of a housing association (also known as a registered provider or social landlord)
- homeowners (but not council leaseholder)

### Supporting individuals with Complex Needs

The Housing Options Service has a complex needs team who provide support and carry out homelessness needs assessments of people who are considered vulnerable. This includes young people in or leaving care, ex-offenders, those fleeing domestic abuse, those at risk of homelessness or homeless on hospital discharge and those who have substance misuse and mental health issues who may be homeless or rough sleeping.

### Supporting ex-offenders

The team works closely with the Ministry of Justice, the Probation Service and Public Health to support ex-offenders by ensuring that there is a pre-release plan in place (at least 12 weeks before) to accommodate ex-offenders who will become homeless on their release. People leaving prison with strong foundations in place are less likely to reoffend and more likely to make a positive contribution to society – a stable home, a steady job, and good health free from substance misuse are essential factors in achieving this.

The government’s Community Accommodation Service (CAS) and AFEO (Accommodation for Ex-Offenders) schemes build on this work – to help join up local authority and probation services, improve partnership, create better pathways and accommodation options.

Tower Hamlets has secured AFEO funding for the next 2 years (2023/24 and 2024/25) via a joint bid with the London Borough of Hackney to secure Private Rented Sector (PRS) accommodation for prison leavers, (for those who would not be deemed under homelessness legislation to have a priority need for temporary accommodation), and to fund support services to ensure tenancies are sustained. This

scheme will be delivered in collaboration with HMPPS partners and will improve duty to refer and joint working arrangements to achieve better outcomes for prison leavers. Under the AFEO scheme the council will provide:

- rent in advance for ex-offenders.
- support ex-offenders to get back to living independently in the community.
- help to prevent ex-offenders returning to criminal activities.

Within the community, Housing Options provides an outreach service that has two officers now in situ and working within the Probation Service in the borough. The officers deliver upstream homelessness prevention work.

### **Hospital Discharge support**

In addition, the team has developed a hospital pathway, which is recognised as a model of best practice by other local authorities, working closely with the Mile End and the Royal London Hospitals. There is a hospital coordinator in place who provides homelessness prevention and relief advice to those who are at risk of homelessness prior to their discharge from hospital.

Other outreach activities within the community include the provision of advice by having a case worker at Providence Row's Day centre for rough sleepers in the borough to provide homelessness and housing options advice.

### **Hostel Pathway**

The Housing Options Service also facilitates a Hostel pathway to provide clients with mental health and substance misuse issues with support to enable clients to develop life skills for independent living and to enable them to move on. Placement in hostel accommodation is considered for those with an identified support need to ideally enable them to make a sustainable transition toward self-supported living. The council's Adult Social Services Integrated Commissioning Team commission these hostels and works closely with the Housing Options Service to provide support to people within this client group.

Hostels represent the largest proportion of commissioned accommodation provision for homeless individuals in Tower Hamlets and these services represent a major opportunity to improve the outcomes for clients who have mental health and substance misuse issues.

The council currently spends £3.12M per annum on accommodation-based services in the Hostels pathway. The Integrated Commissioning Team presently commission six hostel contracts in the borough, providing a total of 418 bed spaces. In addition to these six contracts, the Greater London Authority funds one further hostel in the borough – East London Apartments. This is comprised of 31 bedspaces at an annual cost of £570,750.00. Housing also provides a 35-unit service for rough sleepers Luke House which is funded through the government's allocation to Tower Hamlets via the Rough Sleeping Initiative Fund.

In addition, there is accommodation for more than 200 single individuals in non-commissioned specialist hostels for seafarers/veterans, funded by local charities and separate from the local authority services.

### **Provision for clients fleeing Domestic Abuse**

The Housing Options Service supports those fleeing domestic abuse within the council's specialised hostel provision and ensures that clients are referred to and able to access appropriate and suitable hostel provision within the borough.

Since 2018, the council has received funding from the government to recruit a Housing Independent Domestic Abuse Advisor (IDVA) and Housing Domestic Abuse caseworker to be co-located with the Housing Options Service. However, because of the pandemic, the co-location has not been possible but funding for these posts ends this year.

The Housing Options Service works alongside the council's Community Safety team who commission the borough's IDVA service (who provide advice and ensure emotional and practical advice for survivors of domestic abuse) and monitor outcomes. During quarters 1-3 of 2022/23, there has been 217 positive housing outcomes for these clients which have included accessing crisis accommodation, finding suitable social or other housing options, the perpetrator being removed from the survivor property and Sanctuary.

Prior to the pandemic, a Community Safety officer was co-located once a week within the Housing Options Service to support Officers and raise awareness of domestic abuse.

In addition, the council is progressing and working towards the Domestic Abuse and Housing Alliance (DAHA) accreditation process.

The Community Safety team have provided extensive training and awareness raising on issues related to violence against women and girls and domestic abuse to the Housing Options team and to registered providers of social housing who operate within the borough.

Over the course of the last 5 years, the council has maintained funding for 34 beds via 2 Refuges, which is significantly higher than most other boroughs. The council's Commissioning Team also funds a specific hostel provision for single women with complex needs. While this specialist hostel provision is not solely for those fleeing domestic abuse, many of these clients will have experienced some form of violence against women and girls.

The Domestic Abuse protocol for all council services has also been reviewed and updated linking into recent legislation and housing duties for the local authority relating to those who flee Domestic Abuse. The council's Common Housing Register Allocations Scheme has also been updated to reference and set out the council's statutory duties with regard to those fleeing domestic abuse.

### **Support for young people under 18 years of age**

The council also has specialised hostel provision for young people - "The Crash Pad" where a young person can be placed for up to 48 hours when a relationship breaks down at home, allowing colleagues in Children's Services to assess the young person's needs and next steps. This feeds into the council's approach and Corporate Parenting responsibilities.

### **Assistance for clients with additional support needs**

The Housing Options Service has, alongside the council's Public Health team, commissioned an officer to work specifically with rough sleepers who have substance misuse issues. The officer works with the Pathway team to support the client and to enable the client to access rehabilitation services and working with the client to enable them to acquire the life skills and confidence to live independently within the community.

## 2. Current Housing Provision in Tower Hamlets<sup>i</sup>

There has been a significant increase in the total dwellings in the borough between 2018 and 2022 (**Table 1**). The private sector has seen the largest growth with the number of people residing in privately owned accommodation increasing. In contrast, the number of local authority owned dwellings has risen but at a much smaller rate. In 2022, 68.04% of dwellings were in the private sector, 8.35% were dwellings owned by the local authority and 23.6% were with PRPs.

**Table 1 – Number of dwellings by type in Tower Hamlets**

Number of dwellings, on the 1 April each year					
	Local Authority (incl. owned by other LAs)	Private Registered Provider	Other public sector <sup>2</sup>	Private sector (P)1	Total (P)1
2023	11475	33108	0	Data not available	Data not available
2022	11,586	32734	0	94356	138676
2021	11633	32556	0	85162	129351
2020	11477	32421	0	82205	126103
2019	11476	32023	0	78040	121539
2018	11568	31712	0	76735	120015

There has been an increase in the number of vacant social housing dwellings over the past five years, among social housing homes owned by private registered providers (see Table 2). Vacant dwellings owned by the council did increase between 2018 and 2020, which then declined in 2021 and 2022 only to increase again in 2023. A large number of properties being left vacant is an inefficient use of space and supporting private registered providers to bring these properties back in use should be considered to increase the supply of affordable housing in the borough.

**Table 2 - Vacant Dwellings within Tower Hamlets**

	All vacant Dwellings	All long term vacant	Local authority vacant dwellings	PRP vacant dwellings	PRP general needs and not available to let vacant
2018	1,832	634	47	330	149
2019	3,308	984	67	544	251
2020	3,566	1,035	164	447	201
2021	3,325	550	163	472	246
2022	4,527	1,510	108	629	399
2023	2,661	1491	162	670	476



### 3. Lettings demand and turnover over the last 5 years <sup>ii</sup>

The number of residents on the council and its Registered Provider partners' Common Housing Register (social housing waiting list) has grown year on year since 2018/19. This is a trend which is set to continue as the private rental market recovers from COVID-19 and continues to remain increasingly unaffordable – further exacerbated by the ongoing cost of living crisis. This trend has been driven primarily by those looking for 3 bedrooms and 1-bedroom properties.

**Table 3 – Number of people on Common Housing Register by bedrooms needed.**

	April 2018	April 2019	April 2020	April 2021	April 2022	April 2023
1 bedroom	7,580	7,938	8,185	8,734	9,031	10,444
2 bedrooms	4,447	4,613	4,587	4,800	4,909	5,355
3 bedrooms	5,176	5,652	5,700	6,008	6,301	6,892
4 bedrooms	1,440	1,467	1,451	1,451	1,441	1,507
5 bedrooms +	165	156	150	159	158	141
<b>Total Demand</b>	<b>18,808</b>	<b>19,826</b>	<b>20,073</b>	<b>21,152</b>	<b>21,840</b>	<b>24,399</b>

Demand has grown over the course of the last six full financial years for 1-bedroom properties, mirroring that increasingly more single young people cannot afford to rent in the private rent sector and similarly reflecting the number of people who have been asked to move out because their family or friends are no longer willing to accommodate them.

Over the course of the last five years, demand has risen for 2- and 3-bedroom properties while demand for 4 and 5+ bedrooms is not as great and has decreased slightly.

**Table 4: Average waiting times in years by banding and bedrooms rehoused to (based on actual lets from 1 April 2022 -31 March 2023)**

Bedrooms rehoused to	Bedsit	1 bedroom	2 bedrooms	3 bedrooms	4 bedrooms	5+ bedrooms
<b>Band 1</b>	2	3	4	6	8	10
<b>Band 2</b>	5	5	6	11	13	<b>No Lets</b>
<b>Band 3</b>	11	6	6	2*(*based on 3 actual lets)	<b>No lets</b>	<b>No Lets</b>

*(Note, current our banding system reflects priority need as of 31 March 2023 at the time of undertaking this review. The definitions for each band are as follows:*

- **Band 1** – Applicants considered to have a high priority housing need – there are 2 groups of applicants within this band, those in Group A are typically within facing a housing emergency, and or have a medical or disability need for a ground floor or wheelchair accessible property (category A & B), priority decants or persons currently under-occupying their social housing property. Those applicants placed in

*Group B will be accorded this status based on priority medical or priority social needs, decants, other priority target groups and armed forces personnel in urgent housing need.*

- **Band 2** – Applicants also in priority need. This banding is also split into 2 groups. Group A includes overcrowded or homeless applicants, while Group B includes applicants with a housing need without a local connection.
- **Band 3** – Applicants/households without priority need.)

Applicants on the council and its partners’ Common Housing Register who are placed in Band 1 currently have the shortest wait for a bedsit or a one-bedroom property of two years, while those in Band 2 are waiting 5 years respectively for a bedsit or a one-bedroom property. Applicants in Band 3 (without priority need) will be waiting 11 or 6 years respectively for a bedsit or a one-bedroom property. The statistics for 2022/23 show that those with the shortest waiting times are those in Band 1.

Applicants in Band 2 face a longer wait for a property of all bedroom sizes with 11 years and up to 13 years for a 3 or 4-bedroom property, in 22/23 no lets were available for a 5+ bedroom property.

Applicants in Band 3, (those without priority need), face the longest waiting times and in 2022/23 no lets of 4 or 5+bedrooms were made to this cohort of applicants.

This shows that there is more movement within the social housing stock for bedsits and one-bedroom properties than there is for larger family-sized accommodation. It further supports the view that more work needs to be done to support those social housing tenants who are under-occupying a property to move into more suitably sized accommodation. Further, when considering the waiting times of those in Band 3 (without any priority housing need) given the length of time that this cohort remain on the Common Housing Register (CHR), it does question whether applicants are proactively bidding on properties, given that Bands 1 and 2 have ‘shorter waiting’ times. Often applicants will apply to join the common housing register and will fail to actively bid, remaining in situ on the CHR. Consideration should be given to actively reviewing applicants in all bands within the CHR to ensure that they remain engaged with and are still seeking social housing.

#### 4. Local statistics on the prevalence of Homelessness and Rough Sleeping in the Borough<sup>ii</sup>

**Table 5 – Homelessness approaches for advice and assistance**

Homelessness Approaches & Outcomes	2018/19	2019/20	2020/21	2021/22	2022/23
Number of homeless applications where homelessness was successfully prevented	127	296	382	508	254
Number of homeless applications where homelessness was successfully relieved	92	151	490	418	199
Number of homeless applications where the Council accepted a full homeless duty	2359	2032	1935	1831	2272
Number presenting at prevention stage	1370	1116	760	936	1879
Number presenting at relief stage	989	919	1180	895	1237

In 2018/19 and 2019/20, there was a clear majority of prevention duties owed over relief duties however, in 2020/21, there were more people presenting at the relief stage than at the prevention stage. Demand rose significantly last year – Total households assessed as owed a duty rose by 381 (20%) during 2022/23 compared with the previous financial year. This is highest since 2018/19, showing a post-Covid increase. Tower Hamlets has very much remained consistent with the trend identified across other London Boroughs where the pandemic led to a shift in the patterns of homelessness assessments by local authorities, with fewer households requiring support to prevent them becoming homeless and more who had already become homeless needing help to secure accommodation.

### Homelessness Applications by Household composition

**Table 6 – Homelessness applications by household composition**

Household Type	2018/19	2019/20	2020/21	2021/22	2022/23
Single Person households (prevention)	1000	640	477	577	643
Single Person households (relief)	821	695	982	715	949
Single persons with dependent children or pregnant (prevention)	140	194	117	169	143
Single persons with dependent children or pregnant (relief)	83	141	101	117	164
Couples with dependent children (prevention)	139	180	101	144	183
Couples with dependent children (relief)	55	51	63	75	91
Couples/households with non-dependent adult children/other (prevention)	70	75	53	77	70
Couples/households with non-dependent adult children/other (relief)	26	26	32	33	35

The most frequent cohort of applicants who have been assessed as owed a duty in the borough, (either at the relief or prevention duty), are single person households without dependent children. This could be due to having only a single income to pay rent whereas a couple who work may be able to combine their income. Single persons with dependent children and couples with dependent children are owed prevention duties in similar numbers however, there are far more single persons with dependent children owed a relief duty than couples with dependent children owed a relief duty. This data suggests that housing advice on how to access help earlier would be beneficial for single people. The type of households assessed as being owed a duty the least often (either the relief or prevention duty) are couples/ households with non-dependent adult children.

**Table 7 - Reasons for Homelessness (prevention stage) <sup>xxii</sup>**

Reason for loss of last settled accommodation for households owed a prevention duty	2018/19		2019/20		2020/21		2021/2022		2022/23	
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
<b>Family and Friends no longer willing or able to accommodate</b>	470	34.3%	382	34.2%	355	46.7%	388	39.7%	392	37.7%
<b>End of Private Rented Tenancy (AST)</b>	145	10.6%	157	14.1%	60	7.9%	145	14.8%	303	29.2%
<b>Domestic Abuse</b>	100	7.3%	65	5.8%	55	7.2%	62	6.3%	56	5.4%
<b>Non-violent relationship breakdown with partner</b>	85	6.2%	72	6.5%	33	4.3%	30	3.1%	33	3.2%
<b>End of social rented tenancy</b>	25	1.8%	14	1.3%	54	7.1%	240	24.5%	153	14.7%
<b>Eviction from supported housing</b>	16	1.2%	8	0.7%	3	0.4%	25	2.5%	20	1.9%
<b>End of private rented tenancy - not assured shorthold</b>	18	1.3%	12	1.1%	13	1.7%	25	2.5%	12	1.2%
<b>Other violence or harassment</b>	23	1.7%	9	0.8%	7	0.9%	18	1.8%	20	1.9%
<b>Left institution with no accommodation available</b>	5	0.4%	5	0.5%	4	0.5%	13	1.3%	10	1%
<b>Required to leave accommodation provided by Home Office as asylum support</b>	4	0.3%	0	0.0%	1	0.1%	10	1%	21	2%
<b>Other reasons (not known)</b>	479	35.0%	392	35.1%	174	22.9%	22	2.2%	19	1.8%

‘Family and friends no longer willing or able to accommodate’ is the highest cause of homelessness in prevention and relief, but this is a broad category with many different meanings attached to it. To get a better understanding of this high percentage of homeless individuals resource needs to be put towards breaking down this statistic.

Similarly, the ‘Other unknown’ reason, also makes up a large number of homelessness presentations. When combined with the reason for loss of last settled accommodation, ‘Family and Friends no longer willing or able to accommodate’, accounts for 70% of the prevention duty caseload and indicates that this considerable gap in data needs to be addressed. Other Local Authorities have removed the ‘Other unknown’ field in their data recording IT systems to ensure that the full the reasons for approaches and why approaches are made are captured – providing clearer indication of the reasons why applicants present in the first instance.

**Table 8 – Reasons for homelessness (relief)**

Reason for loss of last settled accommodation for households owed a relief duty	2018/19		2019/20		2020/21		2021/2022		2022/23	
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
<b>Family and Friends no longer willing or able to accommodate</b>	306	31.3%	286	31.3%	484	41.2%	395	41.2%	489	39.5%
<b>End of Private Rented Tenancy (AST)</b>	50	5.1%	41	4.5%	39	3.3%	65	6.8%	112	9%
<b>Domestic Abuse</b>	142	14.5%	142	15.6%	127	10.8%	134	14.0%	213	17.2%
<b>Non-violent relationship breakdown with partner</b>	56	5.7%	62	6.8%	55	4.7%	62	6.5%	64	5.2%
<b>End of social rented tenancy</b>	32	3.3%	21	2.3%	29	2.5%	22	2.3%	34	2.7%
<b>Eviction from supported housing</b>	16	1.6%	49	5.4%	56	4.8%	65	6.8%	70	5.6%
<b>End of private rented tenancy - not assured shorthold</b>	9	0.9%	7	0.8%	17	1.5%	32	3.3%	48	3.9%
<b>Other violence or harassment</b>	38	3.9%	24	2.6%	33	2.8%	60	6.3%	58	4.7%

<b>Left institution with no accommodation available</b>	21	2.2%	27	3.0%	83	7.1%	62	6.5%	52	4.2%
<b>Required to leave accommodation provided by Home Office as asylum support</b>	3	0.3%	7	0.8%	0	0.0%	19	2.0%	51	4.1%
<b>Other reasons (not known)</b>	306	31.3%	247	27.1%	253	21.5%	43	4.5%	48	3.9%

When assisting homeless households, local authorities record the reason that the household became homeless. Under the Homelessness Reduction Act (2017), this information is also recorded for all households who are owed a new prevention or relief duty.

Since 2018/19, there has been an increase in the total percentage of duties owed under both the prevention and relief duties to an applicant because their family/friends are no longer willing to accommodate them. A similar trend can be seen where the ending of private rent sector tenancy is the reason for homelessness. These trends have been accompanied by large decreases in the percentage of homeless duties caused by an unidentified other cause since 2018/19 therefore, we may have just become better in recent years at identifying and keeping track of reasons for homelessness duties.

Tower Hamlets reflects the picture across all 33 London Boroughs, where the most recorded reason, (apart from the 'unknown or other reasons' category), for becoming homeless are 'Family and friends being no longer willing to accommodate the household' and 'the end of a private sector Assured Shorthold Tenancy (AST)'. It is worth noting that family and friends being no longer willing to accommodate is an extremely broad description and could cover anything from the family no longer being able to financially support someone in their home to the family discriminating against someone for their sexuality or gender identity.

The introduction of a ban on evictions at the onset of the pandemic led to a sharp fall in the proportion of households who became homeless due to the end of an AST, but the lifting of the eviction bans and the rise in rents has seen this figure rise again. At the same time, the proportion of households becoming homeless due to family and friends being no longer willing to accommodate them has fallen after rising during the pandemic.

### **Age of the main applicant**

In 2022/23<sup>iv</sup>, 41% of homelessness applicants were under the age of 35. In terms of the composition of the households owed a prevention duty, the most prevalent cohorts of applicants are single males and single mothers with dependent children. Similarly, the household composition of those owed a relief duty, single male applicants were by far the highest percentage with single female applicants as the second highest percentage group.

With regards to age of the main applicants assessed as owed a duty, the highest percentage group was 25–34-year-olds (35%), 35–44-year-olds (23%) and those aged 18-24 years old (16%) being the

next highest represented age groups. In 2022/23, we did not assess any applicants ages 16-17 years as owed a prevention or relief duty by the council. In total, working age applicants between the ages of 18-64 years old represent the biggest cohort of applicants. Applicants of Pension Age 65+ represent only 4% of those assessed as owed a prevention or relief duty.

Relationship breakdown between young people and their family, or their primary caregivers has consistently emerged as a leading cause of youth homelessness. Pressures including financial hardship, housing, and the job market can contribute to family tensions and can lead to conflict with the breakdown of family relationships.

Welfare benefit changes as introduced within Universal Credit and the wider welfare reforms can also explain the increase in young homeless people, in addition to the increased lack of available affordable housing in the private rented sector. Administrative changes and delays under Universal Credit, including delayed payments, housing costs paid direct to claimant, monthly payments in arrears, removal of automatic entitlement to housing costs for 18–21-year-olds, have negatively affected young people’s access to housing. Sanctions including the capping of local housing allowance to shared accommodation rate, benefit cap, abolition of the spare room subsidy (i.e. bedroom tax) and non-dependent deductions influence young people’s housing options. In turn, these affect a young person’s ability to access and sustain accommodation.

Other contributing factors that may affect people under the age of 35 include mental and physical ill health or substance misuse which can mean that they chose or are asked to leave home. Experience of domestic abuse and violence or neglect may also contribute to young people leaving their family home.

**Table 9 – Yearly percentages of support needs of those owed either a relief or prevention duty.**

Support Needs:	2018/19	2019/20	2020/21	2021/22 Q1 Q2 and Q4	2022/23
History of mental health problems	21.2%	23.1%	25.4%	19.3%	19%
Physical ill health and disability	15.1%	19.0%	20.4%	13.7%	15.5%
At risk of / has experienced domestic abuse	9.9%	9.4%	9.3%	7.1%	7.3%
Offending history	7.5%	10.2%	15.8%	10.8%	9.5%
History of repeat homelessness	8.2%	8.8%	9.7%	8.5%	7.1%
Drug dependency needs	7.5%	9.5%	14.5%	10.4%	8.8%
History of rough sleeping	9.4%	11.3%	15.3%	8.5%	7.7%
Alcohol dependency needs	4.4%	6.6%	6.8%	4.4%	4.9%
Learning disability	2.5%	4.2%	4.6%	3.8%	3.6%
Young person aged 18-25 years requiring support to manage independently	5.6%	3.5%	3.9%	2.2%	0.9%
Access to education, employment or training	6.7%	5.1%	7.4%	4.2%	2.8%
At risk of / has experienced abuse (non-domestic abuse)	3.0%	3.3%	4.0%	3.2%	3.0%
At risk of / has experienced sexual abuse / exploitation	3.0%	3.2%	3.7%	3.0%	3.2%
Old age	1.1%	1.0%	0.6%	0.6%	0.9%
Care leaver aged 21+ years	1.3%	1.5%	1.9%	1.5%	2.2%



Care leaver aged 18-20 years	0.6%	0.4%	0.4%	0.5%	0.3%
Young person aged 16-17 years	0.1%	0.3%	0.3%	0.3%	0.4%
Young parent requiring support to manage independently	2.2%	0.7%	0.8%	0.4%	0.9%
Former asylum seeker	1.6%	1.3%	1.0%	1.0%	1.6%
Served in HM Forces	0.5%	0.2%	0.5%	0.1%	0.3%

Table 9 shows the percentage of people owed a duty according to their support needs. Applicants with a history of mental health needs are the largest group within this cohort. This highlights the need for more bespoke trauma informed support for these clients.

Physical ill health and disability is the next highest support need represented and this prevalence may be due to the difficulties that this client group face in obtaining stable employment. This suggests that there is a real need to provide these clients with additional support to find and maintain employment and consideration may need to be given to review the provision of supported housing in the borough.

Drug dependency affects 1 in 10 homeless people owed a duty emphasising the need for continued joint work with the appropriate health care services. Many of those owed a duty have a history of offending and to combat this the council should look at expanding the work we already do in partnership with prisons in the area and supporting those ex-offenders to gain the skills necessary to live independently without risk of reoffending.

### Ethnicity of main applicant

**Table 10 – Yearly data on ethnicity of those owed homeless duties in Tower Hamlets**

		2018/19	2019/20	2020/21	2021/22 Q1 Q2 & Q4	2022/23
White	Total	443	322	351	274	509
		19%	16%	18%	18.00%	22%
	White: English / Welsh / Scottish / Northern Irish / British	330	244	276	216	296
		14%	12%	14%	14.00%	13%
	White: Irish	9	5	5	3	7
		0%	0%	0%	0.00%	0%
	White: Gypsy or Irish Traveller	1	0	0	2	4
		0%	0%	0%	0.00%	0%
Any other White ethnic group	104	73	70	53	202	
	4%	4%	4%	3.33%	9%	
Black / African / Caribbean / Black British	Total	375	283	233	199	318
		16%	14%	12%	13.33%	14%
	Black / African / Caribbean / Black British: African	248	199	139	125	189
		11%	10%	7%	8.33%	8%
	83	54	65	58	75	

	<b>Black / African / Caribbean / Black British: Caribbean</b>	4%	3%	3%	3.67%	3%
	<b>Any other Black / African / Caribbean background</b>	44	30	29	16	54
		2%	1%	1%	1.00%	2%
<b>Asian / Asian British</b>	<b>Total</b>	917	869	779	616	1020
		39%	43%	40%	40.33%	45%
	<b>Asian / Asian British: Pakistani</b>	26	25	18	13	80
		1%	1%	1%	0.67%	4%
	<b>Asian / Asian British: Indian</b>	25	11	16	18	20
		1%	1%	1%	1.00%	1%
	<b>Asian / Asian British: Bangladeshi</b>	797	788	711	556	870
		34%	39%	37%	36.67%	38%
	<b>Asian / Asian British: Chinese</b>	14	8	7	5	5
		1%	0%	0%	0.33%	0%
	<b>Any other Asian background</b>	55	37	27	24	45
		2%	2%	1%	1.33%	2%
<b>Mixed / Multiple ethnic groups</b>	<b>Total</b>	85	91	85	59	160
		4%	4%	4%	3.67%	7%
	<b>Mixed / Multiple ethnic groups: White and Black Caribbean</b>	40	46	30	26	65
		2%	2%	2%	1.67%	3%
	<b>Mixed / Multiple ethnic groups: White and Black African</b>	18	29	27	5	65
		1%	1%	1%	0.33%	3%
	<b>Mixed / Multiple ethnic groups: White and Asian</b>	13	6	7	15	9
		1%	0%	0%	1.00%	0%
	<b>Any other Mixed / Multiple ethnic background</b>	14	10	21	13	21
		1%	0%	1%	1.00%	1%
<b>Total</b>		85	68	69	53	114
		4%	3%	4%	3.33%	5%

Other ethnic group	Other ethnic group: Arab	16	13	13	13	37
		1%	1%	1%	1.00%	2%
	Any other ethnic group	69	55	56	40	77
		3%	3%	3%	3.00%	3%
Not Known		453	402	423	308	157
		19%	20%	22%	20.33%	7%

Table 10 shows yearly data on either prevention or relief duties owed by ethnicity. The most common group owed a duty across all years are the Asian/Asian British community. More specifically it is the Bengali population which is owed the highest percentage of duties. This is in line with the demographics of the borough (according to the Census 2021) and when compared to the general population of Tower Hamlets applicants in from the Asian/Asian British community are neither significantly over nor under-represented. The second most represented community owed either a prevention or relief duty are those who identify as White with the most common sub-group of this being White: English/Scottish/Welsh/Northern Irish/British. Again, the percentages are like that of their representation amongst the general population of Tower Hamlets (according to the 2021 census figures).

When comparing this Table 10 (owed a homelessness duty) to graph 9 (on rough sleepers by ethnicity), there is a stark contrast between the two. In particular when looking at the two main ethnic groups in the borough.

This table shows that significantly that there are more Bangladeshi applicants to White British applicants (who are owed homelessness duties. However, graph 10 (Rough sleeping by nationality) shows that a significant percentage rough sleepers in the borough identify as White British in comparison to those who identify as Bangladeshi.

The reasons for these contrasts should be explored further as this may indicate that there are barriers to the service or conversely, it may identify where exceptionally good practice has been exemplified.

## 2. Use of Temporary Accommodation<sup>v</sup>

Local housing authorities in England have a duty to secure accommodation for unintentionally homeless households in priority need under Part 7 of the Housing Act (1996). Households may be placed in temporary accommodation pending the completion of inquiries into an application, or they may spend time waiting in temporary accommodation after an application is accepted until suitable secure accommodation becomes available.

Most applicants placed by the council in temporary accommodation are either awaiting the outcome of a homeless application under section 188 of the 1996 Act, (an interim duty to accommodate), or are waiting for an offer of suitable accommodation. The Table below illustrates the total number of households who the council placed in TA from September 2021 to December 2023.

**Table 11: Total number of households who the council placed in Temporary Accommodation (September 2022 – December 2023)**

September 2021	December 2021	March 2022	June 2022	September 2022	December 2022	March 2023	June 2023	September 2023	December 2023

2548	2531	2527	2547	2584	2617	2567	2645	2858	2832
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The lack of available social housing and PRS accommodation has led to councils being forced to use Bed & Breakfast and commercial hotels. Table 12 shows how the number of families placed in Bed and Breakfast Hotels this has steadily increased since June 2022 in Tower Hamlets. The use of bed and breakfast accommodation was historically a last resort, but the severe lack of suitable housing means that the council has no choice and is forced more and more to use this as a housing solution.

**Table 12: families in Bed and Breakfast hotels (including shared annexes and commercial hotels)**

September 2021	December 2021	March 2022	June 2022	September 2022	December 2022	March 2023	June 2023	September 2023	December 2023
22	5	5	22	54	65	138	201	252	235

Post-Covid, there was an increase in family homelessness as restrictions on evictions ended. Coupled with the cost of living crisis, this has reduced the ability of many households to afford the rents being demanded in the private rented sector. Increasing mortgage and operating costs, as well as anxiety around regulatory changes and the Renters’ Reform Bill has also seen an increasing number of landlords decide to leave the market which has diminished the supply. A survey by the London School of Economics (July 2023) found that 40% of landlords who had let to tenants with lower incomes had reduced their exposure in the last two years<sup>vi</sup>.

The survey was part of the same research piece commissioned by London Councils and conducted in partnership with the estate agent Savills and the London School of Economics. This found that there has been a 41% decline in the number of properties in London available for private rent since the covid pandemic. In London, there has also been a dramatic 781% increase in homeless families placed in bed and breakfast accommodation beyond the legal six-week limit. This means 1,287 London families were stuck in unsuitable B&B accommodation in April 2023 compared to 146 in April 2022. Table 13 below shows how this has impacted in Tower Hamlets from September 2021 – December 2023.

**Table 13: Total families in Bed and Breakfast hotels (including shared annexes) for longer than 6 weeks**

September 2021	December 2021	March 2022	June 2022	September 2022	December 2022	March 2023	June 2023	September 2023	December 2023
0	0	0	0	22	28	59	101	175	235

The rising demand for support has come with soaring costs for councils, particularly in London where the demand for suitable accommodation outstrips supply. This explains why we are seeing more and more families staying longer than the 6 weeks statutory limit permitted to accommodate households in Bed Breakfast and commercial (hotel) accommodation. Families are accommodated in B&Bs for longer periods because there are no other options available to the council to fulfil its housing duty, and officers work hard to find more suitable accommodation as quickly as possible.

The council’s ability to secure private rented housing through lease agreements with private landlords to limit the use of unsuitable B&B-type temporary accommodation is hampered by restrictions on help with rent payments through Housing Benefit and the housing cost element of Universal Credit, meaning landlords can secure higher returns from letting on the open market to non-claimants. The

affordability of PRS Accommodation has decreased since the Coalition government’s welfare reforms from 2011 reducing local housing allowance (LHA) rates to 30<sup>th</sup> percentile rents and with subsequent LHA freezes reducing the rents payable by households reliant on benefits relative to market rents much further. While the government has increased LHA by 16 percentage points to keep up with the 30<sup>th</sup> percentile of local market rents from April 2024, the government needs to maintain that link beyond 2024 and review the relationship between LHA and the benefits cap. One in seven private renters in London rely on Housing Benefit<sup>vii</sup> and more than 38% of Universal Credit recipients work in London.

With regard to private rented accommodation for discharge of duty, prior to 2022 there was a steady supply of in-borough private rented accommodation available, but this has significantly reduced. The council has therefore had to increasingly resort to using out of borough provision, as Table 14 shows.

**Table 14: PRS accommodation placements in and out of borough (2020/21 – 23/24)**

New private rented lets	In-borough	Outside of Borough
<b>2020/21</b>	175	271
<b>2021/22</b>	194	306
<b>2022/23</b>	53	225
<b>2023/24</b>	31	211

Tower Hamlets alongside other London local authorities are increasingly placing people in Temporary Accommodation (TA) outside of their areas due to several key reasons:

1. **The high cost of housing:** The cost of housing in London is significantly higher than in many other parts of the country. The council struggles to find affordable accommodation within our own borough forcing us to place residents in accommodation outside of the borough.
2. **The shortage of local accommodation:** There is a severe shortage of available and suitable temporary accommodation within Tower Hamlets and within many London boroughs. The high demand for housing and limited supply means that we often cannot meet the needs of all those requiring temporary accommodation within our own boundaries.
3. **Budget constraints:** Tower Hamlets and all local authorities face significant budgetary pressures and must manage our resources effectively. Placing people in TA outside of London can be more cost-effective due to lower rental prices, helping the council to stretch its budget further.
4. **Welfare Reforms and Benefit Caps:** Changes to welfare policies, including the introduction of benefit caps, have made it harder for families to afford accommodation in high-rent areas like London. By placing people in less expensive areas, local authorities can ensure that housing benefit covers the cost of rent.
5. **Increased Demand for Services:** London, and Tower Hamlets in particular, faces higher levels of homelessness and demand for housing services than many other parts of England. This

increased demand puts additional pressure on the availability of temporary accommodation, necessitating the use of accommodation outside the local area.

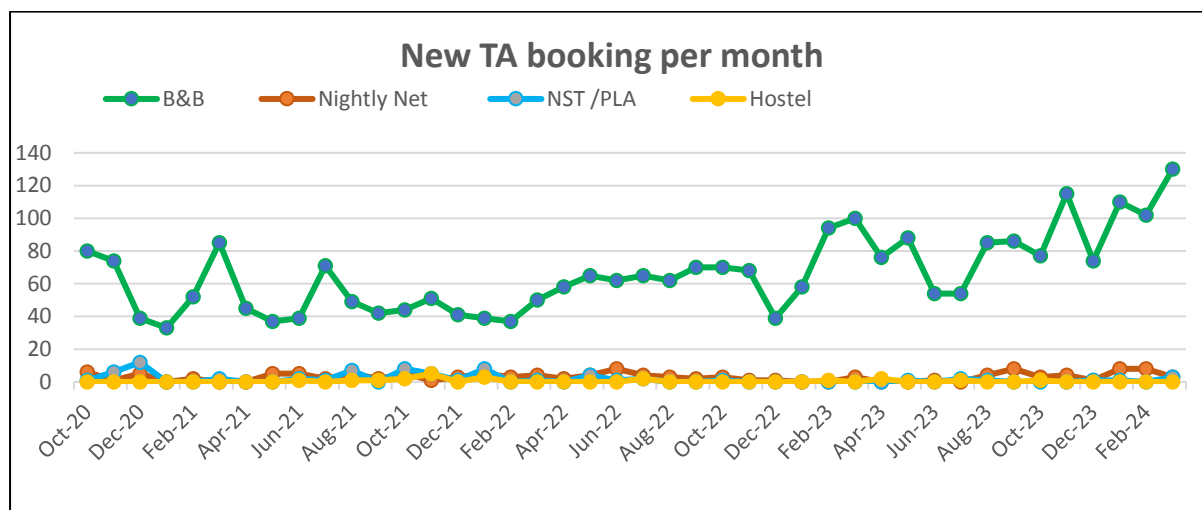
6. **Legal and Policy Frameworks:** While local authorities have a duty to house homeless individuals and families, there is some flexibility in how and where this duty is fulfilled. Authorities can place people in accommodation outside their areas if it meets their needs and if no suitable local accommodation is available.
7. **Quality and Availability of Housing:** In some cases, temporary accommodation outside of London may offer better quality accommodation than what is available locally. This can be an important consideration for officers aiming to provide safe and adequate housing for vulnerable individuals and families.

These factors combine to create the situation where placing people in temporary accommodation outside of their local area has become a necessary strategy for many London local authorities. However, this practice can lead to additional challenges, such as disruptions to schooling, employment, and access to support networks for those affected.

The council’s criteria for prioritising in-borough placements includes consideration of specialist medical treatment, specialist schooling and GCSE exams, and social services safeguarding, and is set out within Council’s ‘Homelessness Accommodation Placement Policy<sup>viii</sup>’ (Approved by Cabinet in October 2021). Note, the council intends to publish a revision of this policy - subject to Cabinet approval in Summer 2024.

Affordability and availability of temporary accommodation hampers the council’s ability to place households in local accommodation – we can only place people in the accommodation that is available on the day.

**Graph 1<sup>ix</sup> – Monthly number of new TA bookings by TA type (October 2020 – February 2024)**



Graph 1 shows the number of new Temporary Accommodation bookings by type in the months between October 2020 to February 2024. The majority of new Temporary Accommodation bookings are placements in B&B accommodation. Hostels, Nightly and NST/PLA are at a similar level with regards to new bookings for TA. B&B bookings for TA over this period has shown that there is a certain level of instability across the months with various peaks and troughs within this period. The high number of new bookings for B&Bs is due to a high turnover of people in this type of Temporary Accommodation.

**Table 15– Quarterly and monthly new TA bookings by TA type and household type<sup>x</sup>**

Quarter	B&B	Nightly Net	NST /PLA	Hostels	TOTAL	Singles	Families
Q3 Oct - Dec 2020	193	12	19	0	224		
Q4 Jan - Mar 2021	170	2	0	0	174	100	74
Q1 Apr - June 2021	121	2	1	1	134	69	65
Q2 Jul - Sep 2021	162	8	2	2	181	87	94
Q3 Oct - Dec 2021	136	14	7	7	166	76	90
Q4 Jan - Mar 2022	126	12	9	3	150	78	72
Q1 Apr - June 2022	185	14	5	0	204	104	100
Q2 Jul - Sep 2022	197	9	2	2	210	91	119
Q3 Oct - Dec 2022	177	5	1	0	183	86	97
Q4 Jan - Mar 2023	252	3	0	1	256	118	138
Q1 Apr - June 2023	218	1	1	2	222	114	108
Q2 Jul - Sep 2023	225	12	3	1	237	95	146
Q3 Oct - Dec 2023	266	8	1	1	276	136	140
Q4 Jan - Mar 2024	342	19	4	0	365	181	184

Table 15 shows new temporary accommodation bookings by type on a quarterly basis. We have seen an increase in Temporary Accommodation bookings which is mostly led by families and an increased reliance on B&B accommodation for this TA. Families have gone from being in the minority of new Temporary Accommodation bookings to the majority. New Temporary Accommodation placements across all household types has increased rapidly by the end of 2023/24.

The rise in families in Temporary Accommodation (TA) compared to single people can be attributed to several interrelated factors:

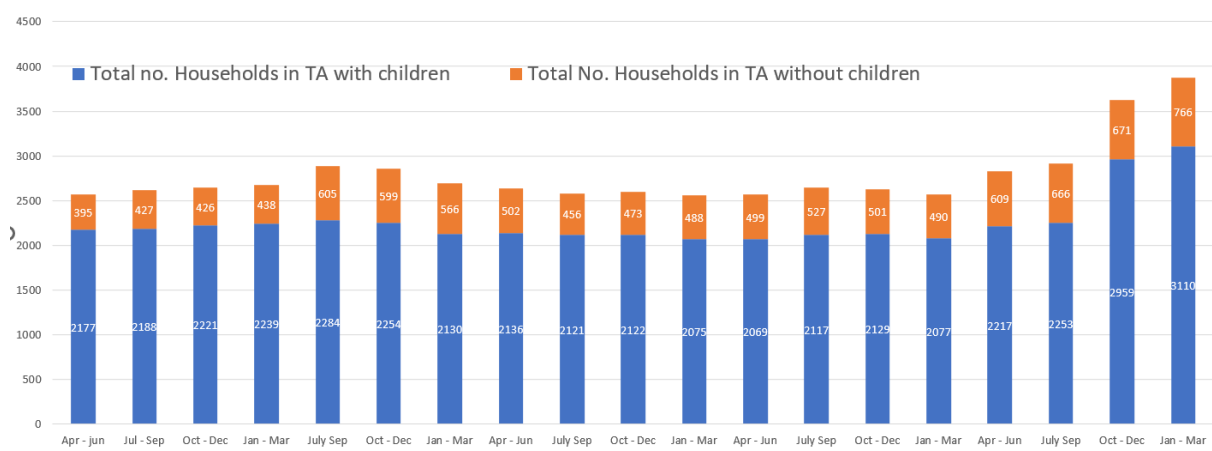
1. **Housing Shortage and Affordability Crisis:** There is a significant shortage of affordable housing in London. This impacts families more severely because they require larger homes, which are both less available and more expensive. As rents in the Private Rented Sector have risen and affordable housing diminishes, families are more likely to be unable to secure stable housing, leading to an increased reliance on TA.
2. **Welfare Reforms and Benefit Caps:** Changes in welfare policies, such as the benefit cap and reductions in housing benefits, have disproportionately affected larger households. These reforms reduce the financial support available to families, making it more difficult for them to afford private rental housing, pushing them into homelessness.



3. **Evictions and Family Dynamics:** Families are at a higher risk of eviction due to financial instability. Additionally, family breakdowns or domestic violence can force families to seek emergency accommodation. Single individuals, on the other hand, may have more flexibility in finding temporary living arrangements with friends or relatives.
4. **Priority Need for Housing:** Due to the recognised vulnerability of children and the legal obligation to ensure they have a safe place to live, families are more likely to be placed in Temporary Accommodation compared to single individuals who might not meet the same level of priority need.

These factors together create a situation where families are more frequently found in temporary accommodation than single individuals.

**Graph 2 – Monthly number of households in Temporary Accommodation with and without children**



Graph 2 illustrates the total number of households in Temporary Accommodation over various quarterly periods from April-June 2019 to January-March 2024. The total number of households in temporary accommodation has generally increased over this period. With a noticeable upward trend, particularly from mid-2022 onwards, with a significant rise in the number of households in temporary accommodation by January-March 2024. Households with children consistently form the largest cohort of those placed in temporary accommodation throughout the entire period.

The number of households with children shows a gradual increase with some fluctuations but a significant rise can be seen from July-September 2023 onwards. By January-March 2024, the number of households with children in TA reaches 3,110, marking the highest point on the graph.

Households without children are a smaller proportion compared to those with children, while there are fluctuations in the number of households without children in temporary accommodation but a clear upward trend is visible from mid-2023 onwards. The sharpest increase can be seen between July-September 2023 and January-March 2024, with the number reaching 766 in the latter period, also the highest point on the graph for this category.

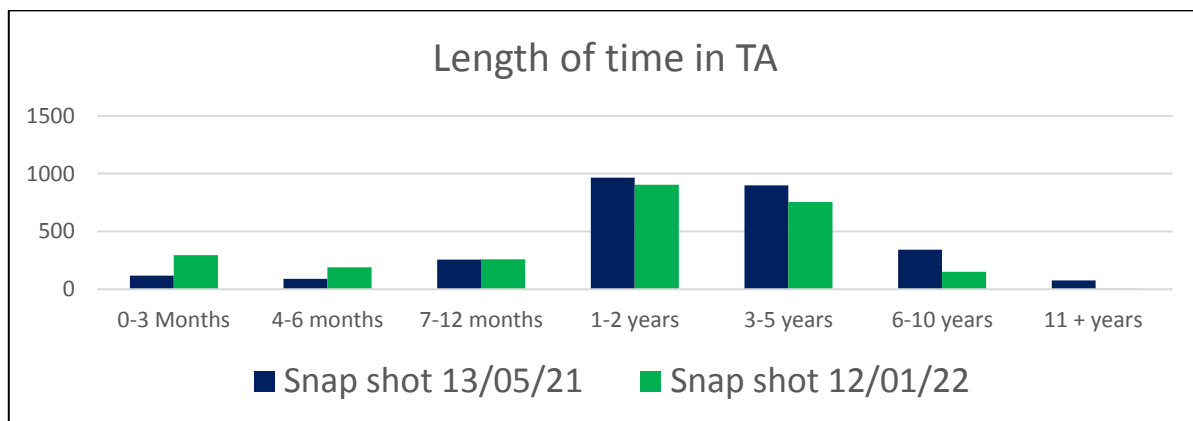
The data shows seasonal variations and periodic increases in the number of households in TA, but the overall trajectory indicates that the need for Temporary Accommodation will continue to grow.

The increase in households without children is particularly notable in the last two periods (October-December 2023 and January-March 2024).

Since the last version of the council’s Homelessness and Rough Sleeping Strategy was produced the demand for Temporary accommodation has increased. Most notably, there has been a sharp rise in the latter periods. With the highest impact on families with children. Families with children consistently make up the majority of those in temporary accommodation, reflecting the greater housing challenges faced by larger households.

The most significant increases for both categories occur in the last two quarters shown, indicates a worsening housing situation driving more households into temporary accommodation.

**Graph 3 – Length of time spent in Temporary Accommodation**



Graph 3 shows the length of time spent by households in Temporary Accommodation in two snapshots. The most common time periods for a household to spend in temporary accommodation remains 1-2 years and 3-5 years, this is far longer than what would be ideal. Time periods such as these are a particular cause for concern when considering the amount of these households that have dependent children.

On 1 April 2017, the removal of the Temporary Accommodation Management Fee Subsidy from Housing Benefit subsidy saw an additional financial burden transferred from central government to local government budgets. To assist with this, from 2017, the loss of this subsidy was replaced by the Flexible Homelessness Support Grant (now called Homeless Prevention Grant (HPG)). However, there is no guarantee that this annual grant will be continued indefinitely (currently under review) and DLUHC now also expect it to be used to deliver homelessness preventions options.

### 3. Rough Sleeping

Rough sleeping is the most visible form of homelessness and is incredibly traumatic for those who experience it. Many rough sleepers have significant support needs, such as substance misuse, which can inhibit their ability to improve their situation without focused professional help. People who rough sleep often experience barriers in accessing both health and care services and experience poor health outcomes in comparison to the rest of society. The average age of death of men is 47 years old and even lower for homeless women at 43.

The incidence of rough sleeping was reduced during the COVID-19 lockdowns as a result of the ‘Everyone In’ scheme. Post ‘Everyone In’/pandemic, rough sleeping has risen in London and is likely to continue to rise throughout the United Kingdom as a consequence of the cost-of-living crisis. The CHAIN reports provide valuable insights into the profiles of rough sleepers at local authority level.

The CHAIN report breaks down rough sleepers into three groups Flow, (people not previously seen rough sleeping), Returner, (people who had been seen rough sleeping but not in the prior financial

year, and Stock, (people who had been seen rough sleeping in the year prior). The data for all these groups in the past five financial years is shown in Table 14.

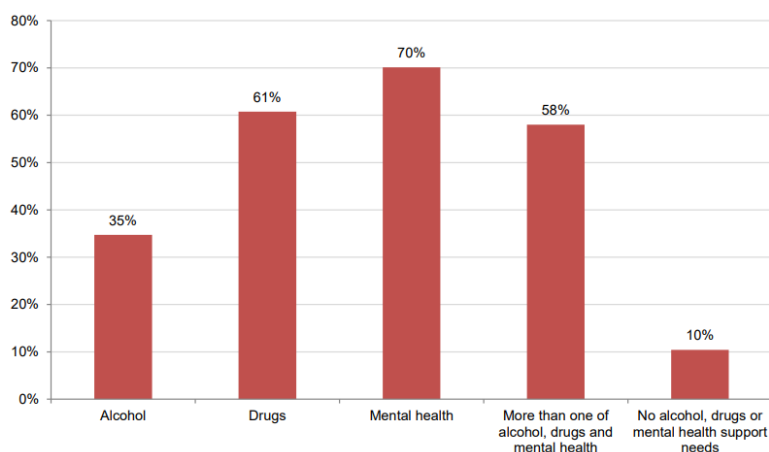
**Table 16 – number of rough sleepers in Tower Hamlets (flow, stock, and returner model)<sup>xi</sup>**

Rough sleepers	2018/19	2019/20	2020/21	2021/22	2022/23
<b>Total</b>	316	459	400	297	460
<b>Flow (identified)</b>	154	223	202	120	209
<b>Flow (unidentified)</b>	12	34	16	11	63
<b>Returner</b>	52	77	54	56	73
<b>Stock</b>	98	125	128	110	115

In the two financial years up to and including 2020/21, there had been a significant decrease in the prevalence of rough sleeping in the borough. The main driver of these decreases appears to be from the flow cohort, whereas stock and returner appeared more resistant. This may be due to a considerable number of rough sleepers within the ‘stock’ and ‘returner’ cohorts experiencing multiple disadvantage and multiple exclusion from other services which have impacted trust and relationships with support services. It is likely that people can become entrenched in the conditions that led them to rough sleeping in the first place and will struggle to break the cycle of rough sleeping if they are not provided with personalised and trauma-informed support.

However, the data for the last full financial year (2022/23), shows that the number of rough sleepers among the flow cohort is increasing - a markedly different trend which reflects the waning effects of ‘Everyone In’ and the continued and multiplying impact of the cost-of-living crisis. As the cost-of-living crisis continues this trend is likely to continue and worsen over the next few years.

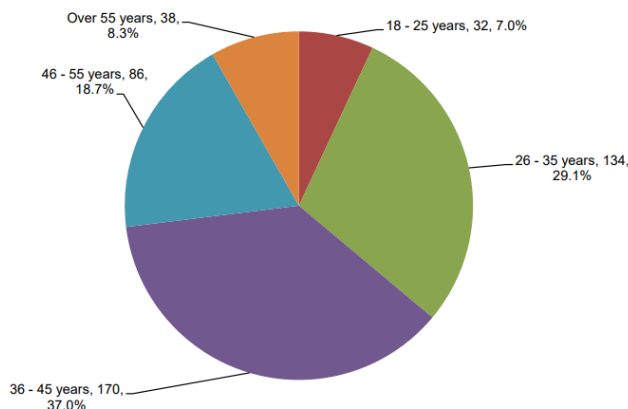
**Graph 4: People seen rough sleeping in Tower Hamlets by support needs (2022/23)**



Of those known to be rough sleeping in the borough, only 10% have no support needs while 58% have a combination of support needs such as mental health, drug and alcohol abuse. This is the picture provided by the most recent annual CHAIN report (2022-23), but the percentages are remarkably similar across all years and quarters showing these issues to be consistent across time periods. The need for mental health and addiction support is therefore clear. However, there are complex challenges to ensuring service provision meets the needs of those who need such support. These

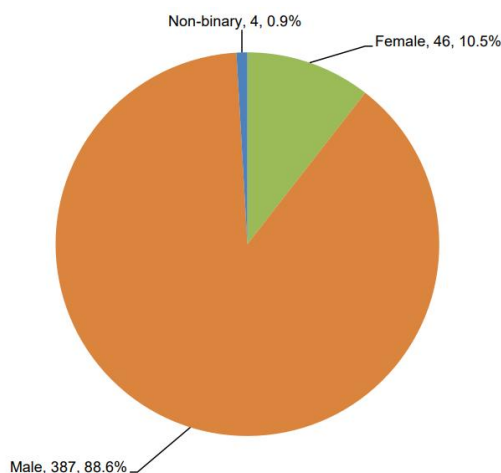
include ensuring services are trauma-informed, operating within outreach-based support models, and that commissioning approaches and projects align strategically and operationally.

**Graph 5 – People seen rough sleeping in Tower Hamlets by age (2022/23)**



Graph 5 shows the age ranges of rough sleepers in Tower Hamlets from CHAIN Annual report for Tower Hamlets (April 2022 – March 2023). The vast majority (73.1%) of rough sleepers are under 45 years of age with the 36-45 age range being the most prevalent age group (37%). The next highest age range is the 26–35-year-old group making up 29.1% of rough sleepers. The least common age group are those aged between 18–25-year-olds (7%).

**Graph 6 – Gender of rough sleepers 2022/23 in Tower Hamlets<sup>xii</sup>**



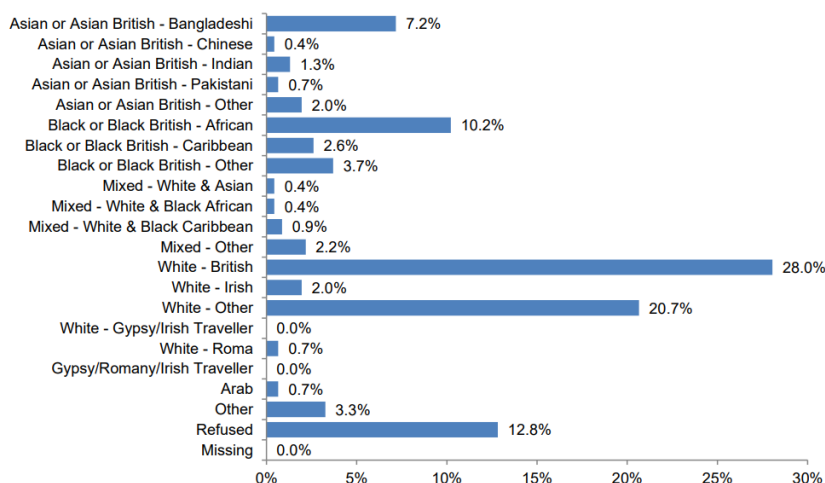
Base: 437 people seen rough sleeping whose gender was known. This excludes 23 people whose gender was not known.

Official data from the CHAIN Annual Report – Tower Hamlets April 2022 - March 2023 found only 10.5% of rough sleepers were female. While this gives the impression that women were by far in the minority of rough sleepers, there is increasing evidence that women are far more likely to be hidden homeless. This is due in part to women facing higher levels of violence when rough sleeping leading them to try and stay hidden finding different ways to seek shelter rather than bedding down on the street. Female rough sleeping is often transient, intermittent and hidden which means that they are often missed from official statistics and that can have a knock-on effect of excluding them from

accessing housing and support. More research is required to fully understand the extent to which hidden homelessness presents an issue in Tower hamlets and how it can be effectively combatted.

The Annual CHAIN report for Tower Hamlets (April 2022 – March 23) found that 0.9% of rough sleepers identified as non-binary. This again may be an underestimation of the true extent - as people who have non-traditional gender identities are also more likely to be hidden homeless.

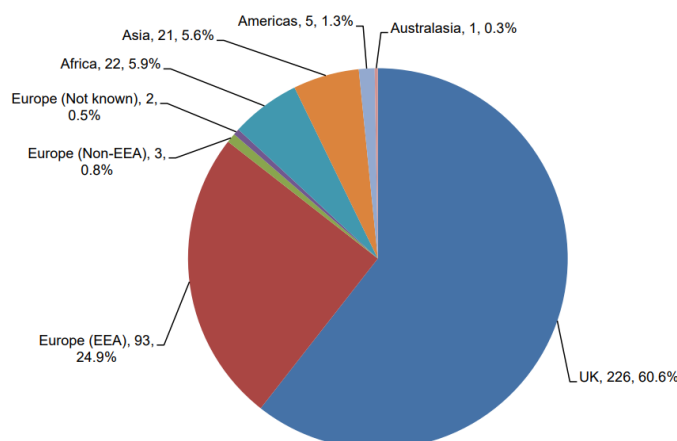
**Graph 7– People seen rough sleeping in Tower Hamlets by Ethnicity (2022/23)<sup>xiii</sup>**



Graph 7 breaks down the ethnicity of rough sleepers within the borough according to the most recent CHAIN Annual report (2022/23). The most represented ethnic group are those who identify as White British who, at 28% make a higher proportion of rough sleepers in the borough than they do statistically in the general population of Tower Hamlets (22.9% as of the 2021 census).

The next most represented ethnic group identified as White – Other, are also overrepresented in the proportion of rough sleepers - making up 20.7% of rough sleepers, but only 14.6% of the general population. Of the top four most represented ethnicities seen to be rough sleeping in the borough (according to the CHAIN Annual report), White – British, White – Other, Black or Black British – African, and Asian or Asian British – Bangladeshi, the only ethnic group which is not overrepresented is Asian or Asian British: Bangladeshi, who are actually underrepresented. It is worth noting however that a large proportion 12.8% refused to give their ethnicity meaning that the actual picture could be significantly different.

**Graph 8: People seen rough sleeping in Tower Hamlets by Nationality (2022/23)**



In terms of nationality, British nationals make up the majority of rough sleepers at 60.6% in Tower Hamlets. With European nationals being the next most represented group at 26.2%. London-specific data indicates that rough sleeping has risen since 2021, with around half of those sleeping on the streets being non-UK nationals, many of whom will have No Recourse to Public Funds (NRPF) or other restricted eligibility for statutory support. In Tower Hamlets, data shows that 32% of the rough sleeping population were non-UK nationals. Locally, and within the context national migration policy, stakeholders report that there has been an increase in the number of people presenting homeless who have NRPF. This highlights the need to provide housing advice to new arrivals even when they have no recourse to public funds.

In Q2 2022/23, 56% of rough sleepers within the borough had experience of being in prison. Therefore, the continuation of focused and personalised support to potential rough sleepers before their release from prison and maintaining that continued support after release, is critical to preventing rough sleeping on their release from prison. The conditions that may lead to rough sleeping may also put some at an increased risk of committing crime or that their time in prison is not adequately preparing them for living independently outside of prison.

**Table 17 - Reason for leaving last settled accommodation - Tower Hamlets (2022/23)**

Reason for leaving last longer-term or settled base	No.	%
<b>Asked to leave or evicted</b>		
Asked to leave	10	17.9%
Evicted - arrears	3	5.4%
Evicted - end of tenancy agreement	1	1.8%
Evicted - ASB	0	0.0%
Evicted - other	5	8.9%
<i>Asked to leave or evicted subtotal</i>	<b>19</b>	<b>33.9%</b>
<b>Employment and education</b>		
Financial problems - loss of job	1	1.8%
Seeking work - from within UK	0	0.0%
Seeking work - from outside UK	1	1.8%
Study	0	0.0%
<i>Employment and education subtotal</i>	<b>2</b>	<b>3.6%</b>
<b>Relationships</b>		
Relationship breakdown	7	12.5%
Death of relative/friend	0	0.0%
Move nearer family/friends/community	0	0.0%
<i>Relationships subtotal</i>	<b>7</b>	<b>12.5%</b>
<b>Financial</b>		
Financial problems - debt	0	0.0%
Financial problems - housing benefit	0	0.0%
Financial problems - other	1	1.8%
<i>Financial subtotal</i>	<b>1</b>	<b>1.8%</b>
<b>End of stay in short or medium-term accommodation</b>		
End of stay - asylum accommodation	0	0.0%
Evicted - given non priority decision	0	0.0%
End of stay - hostel	0	0.0%
End of stay - other	6	10.7%
<i>End of stay in short or medium-term accommodation subtotal</i>	<b>6</b>	<b>10.7%</b>
<b>Victim of violence, harassment or abuse</b>		
Harassment/abuse/violence	5	8.9%
Domestic violence - victim	1	1.8%
Tenancy hijack	0	0.0%
<i>Victim of violence, harassment or abuse subtotal</i>	<b>6</b>	<b>10.7%</b>
<b>End of stay in institution</b>		
End of stay - prison	1	1.8%
End of stay - hospital	0	0.0%
<i>End of stay in institution subtotal</i>	<b>1</b>	<b>1.8%</b>
<b>Housing conditions</b>		
Housing conditions	0	0.0%
<b>Perpetrator of violence, harassment or abuse</b>		
Domestic violence - perpetrator	0	0.0%
<b>Transient</b>		
Transient/travelling around	0	0.0%
<b>Other</b>		
Other	14	25.0%
<b>Not recorded</b>		
Not recorded	96	
<b>Total (excl. not recorded)</b>	<b>56</b>	<b>100.0%</b>
<b>Total (incl. not recorded)</b>	<b>152</b>	

The most common reason that rough sleepers in Tower Hamlets left their last settled place of accommodation (according to 2022/23 CHAIN report) was because they were asked to leave or were evicted from their accommodation (33.9%). Being evicted can often prevent someone who is vulnerable and homeless from being housed by local authorities as they are deemed to have

intentionally made themselves homeless and are therefore not owed the main homelessness duty. This can leave them with few other alternatives other than to start sleeping rough.

The next main reason for leaving last settled accommodation is Relationships - arising from a relationship breakdown, death of a relative or friend bereavement can often precede other issues that lead to rough sleep including increased substance use, relationship breakdown and eviction), moving nearer to family/friends/community (12.5%). This evidences how mediation can be a useful tool in reducing homelessness and rough sleeping as part of upstream prevention by increasing efforts to reach people sofa surfing or nearing rough sleeping and providing preventative support.

The third most frequent reasons given were ‘End of stay in short/medium term accommodation’ and where the individual left because they were a victim of violence, harassment or abuse (10.7% respectively).

The CHAIN report also indicates that education and employment is significant reason for rough sleepers leaving their last settled accommodation. Education and skills are important as these can provide a route out of poverty and rough sleeping. Without education or training, it’s even harder to find sustainable employment. Without a permanent address, this can hinder employment opportunities so access and support into training and education are critical.

DLUHC compiles an annual rough sleeping snapshots to reveal the number of people sleeping rough on a given night. The Tower Hamlets Rough Sleeping Coordinator and Street Outreach Team complete street counts for the borough, followed by an estimation meeting to improve the overall accuracy of figures. These snapshots are broken down by local authority district area below in table 16 are the figures for Tower Hamlets and London between 2018 and 2022.

**Table 18– Rough sleeping annual snapshots for Tower Hamlets and London between 2018-2022<sup>xiv</sup>**

	2018	2019	2020	2021	2022
<b>Number of rough sleepers in Tower Hamlets on a given night</b>	10	17	40	28	21
<b>Number of rough sleepers per 100,000 people in Tower Hamlets</b>	3.1	5.2	12	9	6.7
<b>Number of rough sleepers in London on a given night</b>	1283	1136	714	640	858
<b>Number of rough sleepers per 100,000 people in London</b>	14.4	12.7	7.9	7.3	9.8

The trends in rough sleeping in Tower Hamlets vary from London as a whole. In Tower Hamlets, the number of rough sleepers fell in 2020 possibly linked to the initiation of the ‘Everyone In’ scheme during the pandemic, however the number of rough sleepers remains appears to be on the increase again in the borough In 2022/23, the number of rough sleepers in the borough has risen again but it is not at the level that it was in 2018.



## References

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- <sup>i</sup> Tables 1 & 2 – DLUHC Live tables on dwelling stock: [Live tables on dwelling stock \(including vacants\) - GOV.UK \(www.gov.uk\)](#)
- <sup>ii</sup> Tables 3 &4 – Demands and Lettings data provided by the council’s Housing Options Service.
- <sup>iii</sup> Tables 5 - 10 DLUHC Live homelessness tables: [Live tables on homelessness - GOV.UK \(www.gov.uk\)](#)
- <sup>iv</sup> [Detailed LA 2022-23 Revised Nov 2023 .ods \(live.com\)](#) - A6: Age of main applicants assessed as owed a prevention or relief duty
- <sup>v</sup> Graphs 1-5 Monthly and quarterly Management Information data provided by the council’s Housing Options Service.
- <sup>vi</sup> [London Councils - Supply of PRS Accommodation - Summary Report \(3\).pdf](#)
- <sup>vii</sup> [Raise housing support to prevent 60,000 London renters becoming homeless, say boroughs | London Councils](#)
- <sup>viii</sup> Tower Hamlets Homelessness Accommodation Placement Policy (October 2021): [mgConvert2PDF.aspx \(towerhamlets.gov.uk\)](#)
- <sup>ix</sup> Graphs 1-3 Data provided by the council’s Housing Options Service.
- <sup>x</sup> Table 11-15 Data provided by the council’s Housing Options Service.
- <sup>xi</sup> Table 16-17 Annual CHAIN report for Tower Hamlets 2022/23) [Rough sleeping in London \(CHAIN reports\) - London Datastore](#)
- <sup>xii</sup> Graphs 4-8 Annual CHAIN report for Tower Hamlets (2022/23): [Rough sleeping in London \(CHAIN reports\) - London Datastore](#)
- <sup>xiv</sup> Table 18: DLUHC Rough Sleeping Snapshot Autumn 2022: [Rough sleeping snapshot in England: autumn 2022 - GOV.UK \(www.gov.uk\)](#)

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## **Consultation report and feedback from the consultation on proposed priorities for the council's new Homelessness and Rough Sleeping Strategy 2024-2029**

### **1. Introduction**

- 1.1 This report sets out the key findings from an 8-week period of consultation and engagement with residents and other key stakeholders on the proposed priorities for the council's new Homelessness and Rough Sleeping Strategy (2024-2029).
- 1.2 The consultation exercise began on 4 March 2024 and ran until 26 April 2024. The consultation aimed to canvass the views of a wide range of residents, community groups and stakeholders with an interest in the council's Homelessness and Rough Sleeping services to see if they agreed with the proposed priorities which emerged from an officer led review of homelessness and rough sleeping in Tower Hamlets.
- 1.3 The proposed priorities which the council consulted on are:
- 1. Working with people earlier to prevent them from becoming homeless and to reduce the use of Temporary Accommodation.**
  - 2. Provide good quality accommodation for people who are at risk of, or where they become, homeless.**
  - 3. Improve customer service and the individual's experience.**
  - 4. Making sure that people have access to the right support services.**
  - 5. To prevent rough sleeping but where it does occur, it's rare, brief and doesn't happen again.**
  - 6. Boost staff resilience and well-being.**
- 1.4 This report details:
- How residents and organisations were invited to respond to the consultation; and
  - The level of satisfaction with each proposed priority and a summary of the free text feedback including the main issues raised by respondents which has been used to develop the Delivery Plan which supports the proposed priorities.
- 1.5 The report includes details on how residents and stakeholders, who identified with certain protected characteristics, responded to the survey. This data has been used to inform the Equalities Impact Assessment which has been conducted in support of the council's new Homelessness and Rough Sleeping Strategy. Further, the Delivery Plan which accompanies the new Strategy sets out key activities that the council will undertake to meet these new priorities to tackle homelessness and rough sleeping in Tower Hamlets.

### **2. Method of consultation**

- 2.1 The consultation was open to anyone who lives, or works in the borough, any professional working for an organisation with an interest in homelessness and rough sleeping, and to Members and staff working for the council.
- 2.2 Originally, the consultation was set to run for six weeks, this was however extended by a further 2 weeks in order to garner as much feedback as possible and in consideration of the Easter break/school holidays plus Ramadan and Eid which all took place during the consultation period, recognising that these events may have also slowed or reduced the level of engagement by stakeholders on the consultation.

- 2.3 The consultation exercise consisted of an online survey via the council's online consultation platform 'Let's Talk' which sought to obtain the views of residents and stakeholders on the proposed priorities for the new Homelessness and Rough Sleeping Strategy. A summary of the council's review of homelessness and rough sleeping was included on the consultation page. Both the survey and summary of the review were translated into both Bengali and Somali which residents could access on the 'Let's Talk' platform.
- 2.4 The council's Communications team promoted and publicised the consultation via its Facebook, Instagram, Twitter, Linked In and other social media channels. A press release was also issued, Members were informed via an all Members Briefing and staff encouraged to complete the survey via TH Now (the council's Internal News Bulletin) and through Housing Options staff service meetings.
- 2.5 In addition, paper copies of the survey were sent out in the post to circa 2,400 residents who the council has placed in temporary accommodation.
- 2.6 The Strategy and Policy Team actively canvassed residents at both the Residents Hub during the week commencing Monday 8 April through to Friday 12 April and attended the Mayor's Advice Surgeries encouraging and supporting residents to complete paper versions of the survey.
- 2.7 The Strategy and Policy team used their contacts widely and promoted the online survey through the London Councils Housing Directors Group, Tower Hamlets Homes Housing Partnership, Community and Voluntary Sector Groups as well as ensuring that partners both internal and external to the council were invited to complete the survey online.
- 2.8 A Stakeholder event was held on Wednesday 20 March in the Grocers Wing at the Town Hall with delegates from other local authorities Housing Options and Advice Officers, DLUHC, London Councils, our council's Lead Members for Regeneration, Inclusive Development and Housing Building and Community Safety, and other services within the council who provide support and assistance to residents who are at risk of/or who approach as homeless or rough sleep. A total of 35 stakeholders attended this event which included representatives /external stakeholders from:
- Providence Row
  - London Councils
  - London Borough of Hackney
  - London Borough of Lambeth
  - London Borough of Havering
  - London Borough of Waltham Forest
  - NHS North East London
  - Crisis
  - St Mungo's
  - This is Growth
  - Beyond the Streets
  - The Royal London Hospital
  - East London NHS Trust
- 2.9 The event included presentations from DLUHC and the council's Head of the Housing Options Service. Delegates were split into focus groups afterwards to discuss the

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proposed priorities with potential actions that could be built into the council and its partners delivery plan which will sit underneath the new strategy.

- 2.10 A Webinar for residents to gauge their support for the new priorities was held on the evening of Wednesday 17 April.
- 2.11 A similar event was held for staff on 24 April 2024 where the priorities were discussed - explaining how these priorities arose and the potential activities that were being developed to deliver and meet these priorities. This direct session provided staff within the service an opportunity to feed into the strategy’s delivery plan.
- 2.12 A focus group specifically aimed at reaching rough sleepers was held at Providence Row day centre on 1 May 2024. This was a more informal session, where discussions took place with individuals with lived experience of rough sleeping. Their views on the priorities were sought as well as their ideas on what the council’s Housing Options Service might include as actions and activities within their delivery plan.
- 2.13 The interactions which the Housing Options Service undertook with stakeholders (either face to face or via online meetings/webinars) have been used to inform the development of the delivery plan which provides the activities to meet the priorities of the new Homelessness and Rough Sleeping Strategy.

### 3. Respondents and survey demographics

- 3.1 This section of the report provides high level detail on who responded to the consultation’s survey and their demographics.
- 3.2 The table below illustrates the volume of traffic/the number of visitors who viewed the survey on the council’s online consultation platform ‘Let’s Talk’ (a total of **1,043**) during the consultation period.

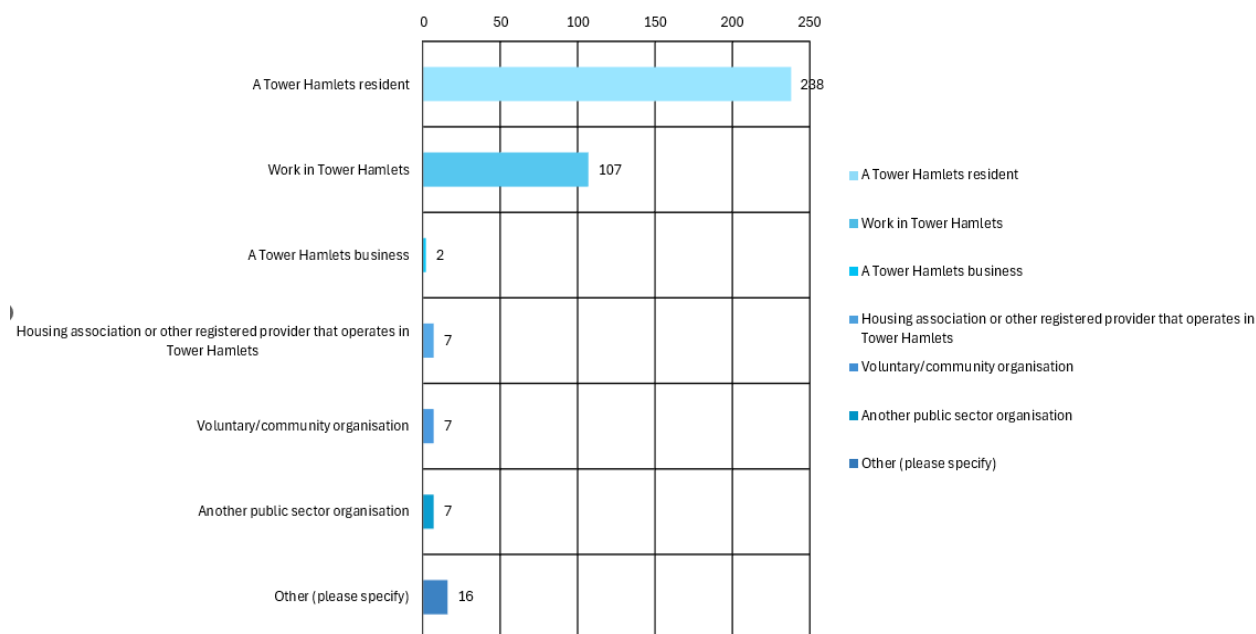
Aware Participants	1,043	Engaged Participants	226		
Aware Actions Performed	Participants	Engaged Actions Performed	Registered	Unverified	Anonymous
Visited a Project or Tool Page	1,043				
Informed Participants	671	Contributed on Forums	0	0	0
Informed Actions Performed	Participants	Participated in Surveys	106	22	98
Viewed a video	0	Contributed to Newsfeeds	0	0	0
Viewed a photo	0	Participated in Quick Polls	0	0	0
Downloaded a document	176	Posted on Guestbooks	0	0	0
Visited the Key Dates page	11	Contributed to Stories	0	0	0
Visited an FAQ list Page	0	Asked Questions	0	0	0
Visited Instagram Page	0	Placed Pins on Places	0	0	0
Visited Multiple Project Pages	415	Contributed to Ideas	0	0	0
Contributed to a tool (engaged)	226				

- 3.3 Via ‘Let’s Talk’, 226 stakeholders completed the survey online with a further 133 providing a completed paper copy of the consultation (via the responses received from residents currently places in temporary accommodation who had been sent paper

copies, and from the paper copies collected by the Strategy and Policy Team). **The total number of survey responses received was 359.** But adding together the traffic/number of visitor who viewed ‘Let’s Talk’, together with those who completed a paper version of the consultation survey, **at least 1,269 stakeholders**, including residents, had an awareness of the consultation and had engaged by viewing the survey and supporting documentation on ‘Let’s Talk’.

3.4 In comparison with other London Local Authorities who in the last two (post-pandemic) years have carried out consultation work on their new Homelessness and Rough Sleeping Strategies, this was a successful engagement exercise. London Borough of Barnet received 16 responses (16 April – 16 June 2023), City of London received 34 responses,(12 December 2022 – 12 March 2023) and more recently, the London Borough of Croydon received 188 responses (6th October to 15th December 2023).

3.5 The survey also asked those who respondents to identify the capacity in which they were answering in. **Note:** Some respondents provided more than one answer.



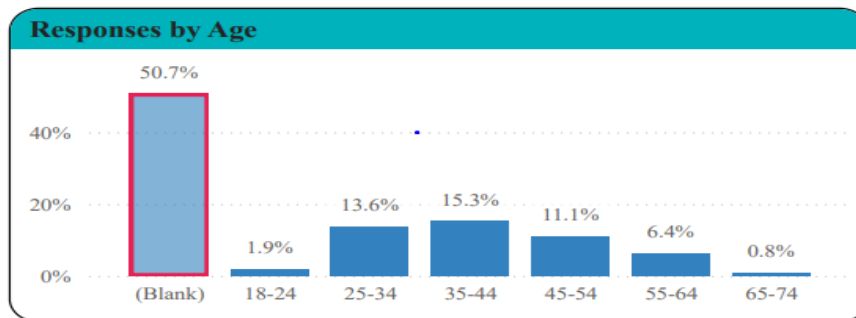
3.6 The highest volume of responses came from residents, followed by those who work in the borough. While there is often a reluctance from those who access the council’s Housing Options Service to respond, the considerable volume of responses which came from other bodies and services who support those at risk of/ or who are homeless is valuable given their expertise and knowledge in this area, and there was much qualitative information that was taken from these stakeholders (their suggestions and current practices) which has been used in the development of the strategy’s delivery plan.

3.7 In terms of protected characteristics, the following section illustrates how respondents chose to identify themselves. **It is important to note that while we provide an additional set of standard corporate Equality and Diversity questions with any consultation survey, the decision to disclose this information is entirely at the discretion of the respondent.**

3.8 **Age**

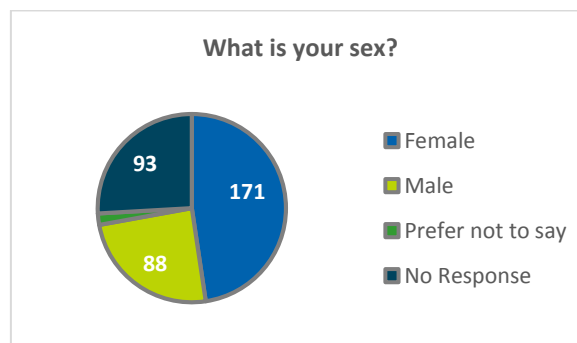
The majority of respondents who completed the equalities segment of the survey are of working age - 18-64 years, with the most represented age groups being those aged

35-44 years (15.3%) and those aged 24-34 years. The lowest level of response was received from those aged 65-75 years of age.



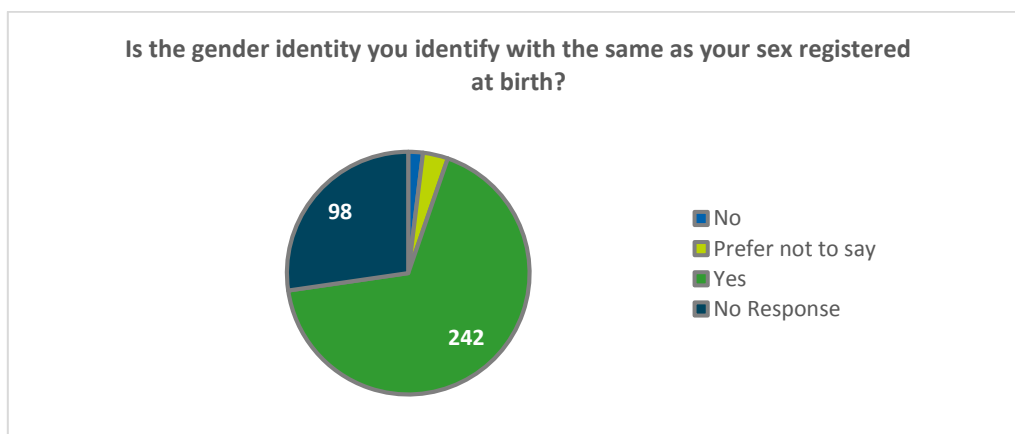
### 3.9 Sex

In terms of Sex, the majority of respondents identified as female, (48%), while 25% identified as male. There is a deficit in data here because a number of respondents (28%) either preferred not to say or chose not to provide this information .



### 3.10 Gender Identity

Respondents were asked if their gender identity is the same as their registered sex at birth. 242 respondents (67%) confirmed that their sex was the same as registered at birth, while just under 2% said it was not. 31% of respondents preferred not to say or chose not to respond to this question.



### 3.11 Sexual Orientation

Respondents were asked “Which of the following best describes their sexual orientation”? The most represented group were those who identified themselves as

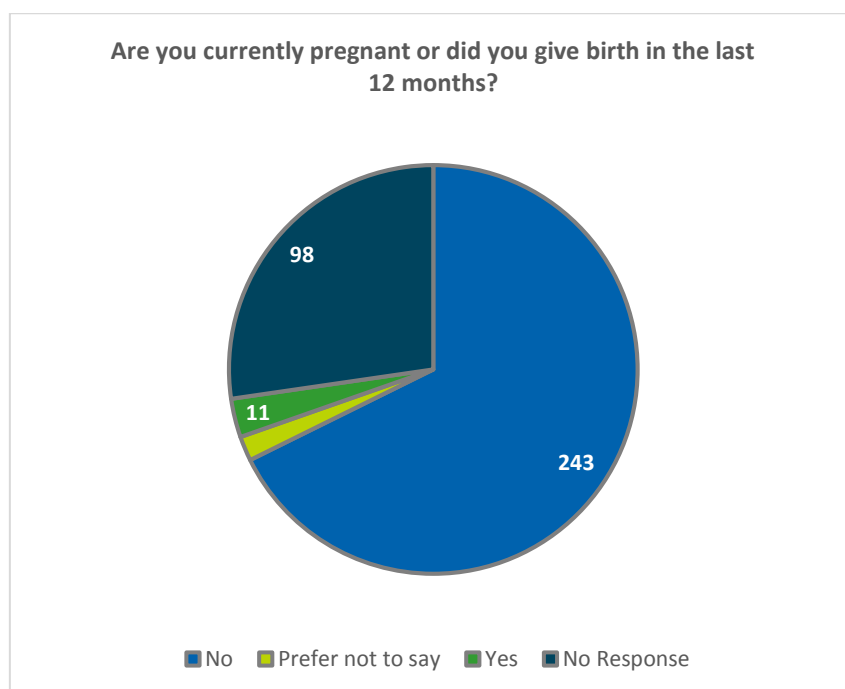


'Straight/Heterosexual' (59%), although 28% of respondents preferred not to say/chose not to respond.

<b>Which of the following best describes your sexual orientation?</b>		
	<b>Count</b>	<b>Percentage</b>
Bisexual person	6	1.6%
Gay man	4	1.1%
Gay woman/lesbian	4	1.1%
Other sexual orientation	3	0.8%
Prefer not to say	30	8.3%
Straight/Heterosexual	213	59.3%
No Response	99	27.5%
<b>Grand Total</b>	<b>359</b>	

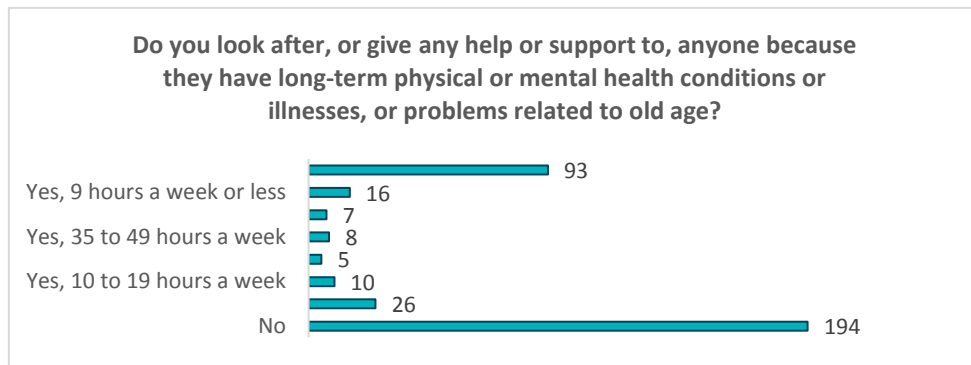
### 3.12 **Pregnancy and Maternity**

Respondents were asked 'Are you currently pregnant or did you give birth in the last 12 months?'. The majority (68%) of respondents said No, while 3% of respondents said Yes, they are currently pregnant or had given birth in the last 12 months. In total a combined 29% preferred not to say or chose not to provide this information.



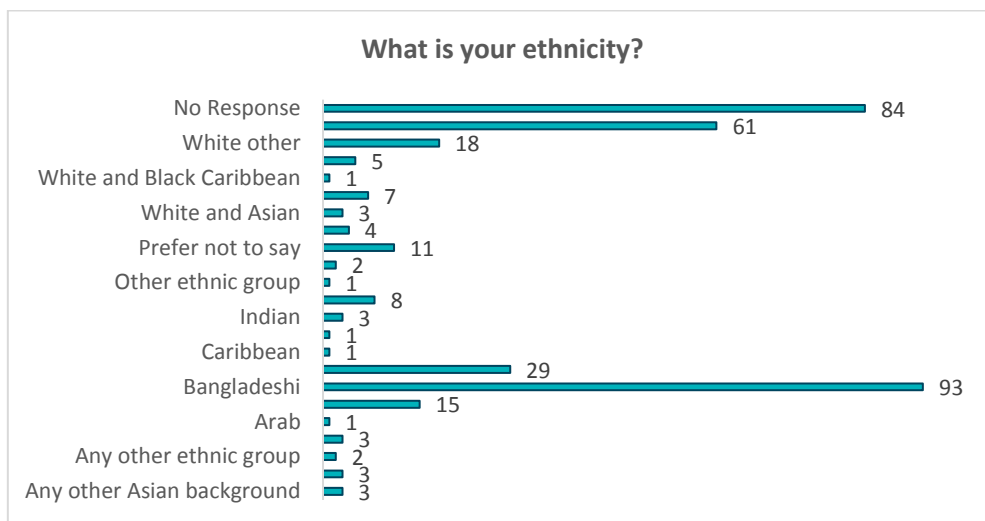
### 3.13 **Carers**

Respondents were asked if they look after, or give any help or support, to anyone because they have a long term physical or mental health condition or illness or problem related to old age. Of those who chose to respond, 54% indicated that they don't while, 13% of those who responded indicated that they provide a degree of care and support to others.



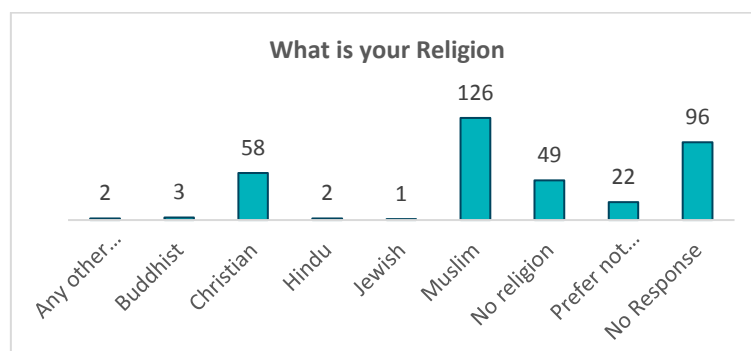
### 3.14 Ethnicity

The most represented ethnicity was from those respondents who identified as Bangladeshi (26%) followed by those who identified as White English, White Scottish, White Northern Irish or British (23%) with those who identified as Black, Black British, Caribbean or African representing 8% of those who chose to provide this data. Other more notably represented ethnic groups included those who identified as White Other (5%) and Asian British (4%)



### 3.15 Religion or belief

Of those respondents who chose to disclose their Religion or belief system, 35% identified as Muslim, followed by 16% who identified as Christian. 14% identified as having no religion or belief. Other religions/beliefs identified by respondents combined as 2% (any other religion, Buddhist, Hindu and Jewish). 33% of respondents preferred not to say or chose not to provide this information.



### 3.16 Marital or civil partnership status

Respondents were asked to confirm their legal marital or registered civil partnership status. The largest identified group were those respondents who had said they were married (32%) with 22% of respondents indicated that they have never married or registered a civil partnership.

What is your legal marital or registered civil partnership status?		
	Count	Percentage
Divorced	21	6%
In a registered civil partnership	4	1 %
Married	115	32%
Never married and never registered a civil partnership	79	22%
Prefer not to say	33	9 %
Separated, but still legally in a civil partnership	1	0.2%
Separated, but still legally married	7	2%
Widowed	5	1%
No Response	94	26%
<b>Grand Total</b>	<b>359</b>	

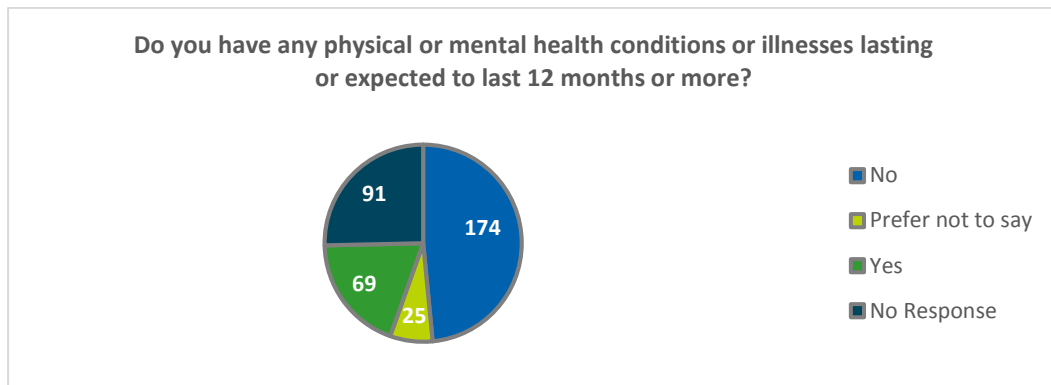
3.17 The Equalities and Diversity section of the survey then asks the respondent. 'Who is (or was) your legal marriage or registered civil partnership to?' A combined 60% of respondents either preferred not to say or chose not to provide a response to this question. Of those who chose to provide a response, 39% indicated that their legal marriage or civil partnership is or was to someone of the opposite sex, while 1% indicated that it was with someone of the same sex.



### 3.18 Disability

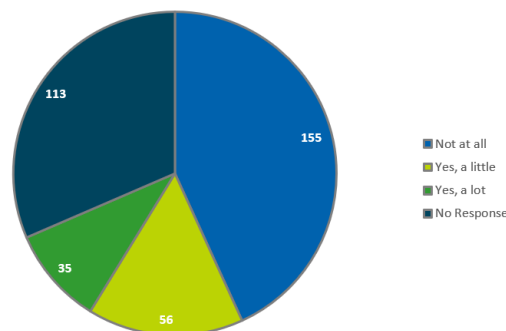
Respondents were asked if they had any physical or mental health conditions or illnesses lasting or expected to last 12 months or more. A total of 174 respondents (48%) said No, while 19% indicated Yes. However, 32% of respondents preferred not to say or chose not to provide this information.

Appendix2: Consultation report and feedback from the consultation on proposed priorities for the council’s new Homelessness and Rough Sleeping Strategy 2024-29



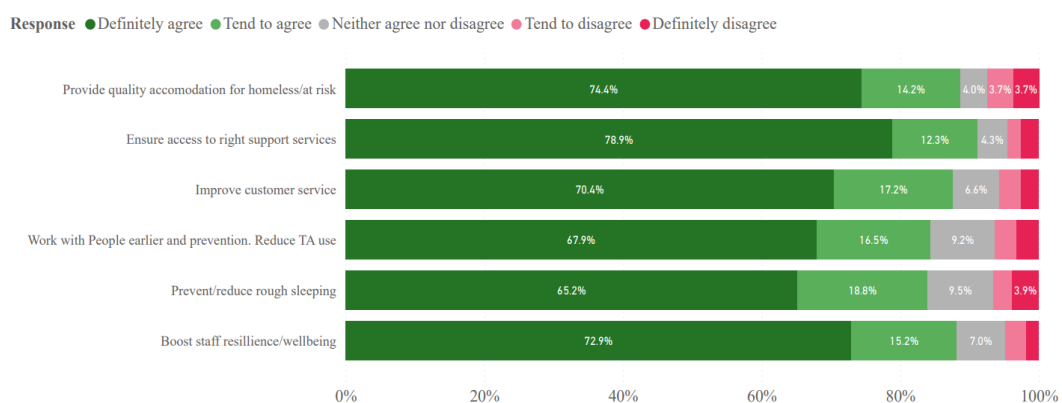
3.19 We also asked respondents who had said ‘Yes’ to the previous question, if they had any conditions or illnesses that reduced their ability to carry out day to day activities. 43% of respondents said, ‘Not at all’ while 16% indicated that ‘Yes, a little’) with only 10% of respondents indicating that ‘Yes, a lot’.

Do any of your conditions or illnesses reduce your ability to carry out day to day activities?



#### 4. Main findings of survey around the proposed priorities

4.1 We asked residents, **Q2 To what extent do you agree or disagree with each of our priorities?** The chart below demonstrates the opinions of respondents.



4.2 The chart presents survey responses on each of the proposed priorities - which aim at addressing issues related to homelessness, support services, customer service, prevention, rough sleeping, and staff resilience/wellbeing. Each priority is measured by the level of agreement among respondents, categorised into five responses:

**"Definitely agree," "Tend to agree," "Neither agree nor disagree," "Tend to disagree," and "Definitely disagree."**

- 4.3 Asked about **Priority 1: Working with people earlier to prevent them from becoming homeless and to reduce the use of Temporary Accommodation**, respondents indicated:
- **Definitely agree: 67.9%**
  - **Tend to agree: 16.5%**
  - Neutral: 9.2%
  - Tend to disagree: 3.9%
  - Definitely disagree: 2.5%
- 4.4 This priority is well-supported, with over 84% of respondents agreeing to some extent, emphasising the importance of early intervention and preventive measures.
- 4.5 Priority 1 had an extremely high level of support among females (who were the largest represented/identified sex of all respondents reflecting 48% of all respondents) and males (who represented 25% of all respondents) with 88% of females compared to 79% of males indicating that they **Definitely or tended to agree** with this priority.
- 4.6 In response to **Priority 2: Provide good quality accommodation for people who are at risk of, or where they become, homeless**, respondents indicated that:
- **Definitely agree: 74.4%**
  - **Tend to agree: 14.2%**
  - Neutral: 4.0%
  - Tend to disagree: 3.7%
  - Definitely disagree: 3.7%
- 4.7 This priority enjoys high support, with nearly **89%** of respondents either definitely or tending to agree.
- 4.8 **Priority 3: Improve Customer Service and the individual's experience**, respondents indicated that:
- **Definitely agree: 70.4%**
  - **Tend to agree: 17.2%**
  - Neutral: 6.6%
  - Tend to disagree: 2.9%
  - Definitely disagree: 2.9%
- 4.9 This has strong support, with **87.6%** either definitely or tending to agree, showing a significant consensus on the need to enhance customer service.
- 4.10 When asked about **Priority 4: Making sure that people have access to Right Support Services** respondents showed that:
- **Definitely agree: 78.9%**
  - **Tend to agree: 12.3%**
  - Neutral: 4.3%
  - Tend to disagree: 2.3%
  - Definitely disagree: 2.2%

- 4.11 There is a high level of strong agreement with **91.2%** of respondents definitely or tending to agree that providing access to appropriate support services is a priority for respondents.
- 4.12 **Priority 5: To prevent rough sleeping but where it does occur, it's rare, brief and doesn't happen again.** Responses received showed that:
- **Definitely agree: 65.2%**
  - **Tend to agree: 18.8%**
  - Neutral: 9.5%
  - Tend to disagree: 3.9%
  - Definitely disagree: 2.6%
- 4.13 While still receiving substantial support (**84%**), this priority has slightly lower strong agreement compared to the others, but still indicates a strong consensus on the need to tackle rough sleeping.
- 4.14 Responses to **Priority 6: Boost Staff Resilience/Wellbeing**
- **Definitely agree: 72.9%**
  - **Tend to agree: 15.2%**
  - Neutral: 7.0%
  - Tend to disagree: 3.2%
  - Definitely disagree: 1.7%
- 4.15 This priority is also highly supported, with nearly 88% in agreement, highlighting the perceived importance of staff resilience and wellbeing.
- 4.16 Overall, the responses illustrate a strong consensus across all priorities, with the majority of respondents expressing that they definitely or tend to agree with all of the priorities. The highest levels of strong agreement is seen for **Priority 4: Making sure that people have access to Right Support Services.**
- 4.17 The priorities with slightly lower strong agreement still maintain high overall support, indicating that respondents value all the proposed priorities. Neutral and disagree responses are minimal across all of the proposed priorities suggesting that there is a general alignment among respondents on the importance of the proposed priorities.
- 4.18 The responses received to this question reflect a consensus on these priorities suggesting that these are viewed as critical by all respondents.
- 4.19 Respondents were then asked to explain why they agreed or disagreed with the proposed priorities (**Q3- Please explain why you agree/disagree with the priorities.**) There were multiple comments, from those with experience of the council's Housing Advice and Housing Options Services as well as from those who have received support from other services internal and external to the council, which were more anecdotal and provided more of their lived experience (Please see Appendix B for the full list of all comments in answer to Q3).
- 4.20 The sentiments expressed from those who agreed with the proposed priorities reflect deep concern and a strong desire for effective and compassionate solutions. Analysis of the comments from respondents who agreed with the proposed priorities demonstrated that their agreement came from:

- **Empathy and Personal Connection:** Respondents who agreed with the proposed priorities expressed empathy and personal connection to the issues of homelessness and rough sleeping. For instance, those who have volunteered or currently work with homeless households, or who have experienced homelessness themselves, emphasised the importance of treating those at risk of or experiencing homelessness or rough sleeping with compassion and advocated for supportive interventions.
- **Preventive and Comprehensive Support:** A significant number of comments highlighted the necessity of preventive measures and comprehensive support services. Respondents who agreed with the priorities believed that addressing the root causes of homelessness, such as unmet social and health needs, mental health issues, and the lack of affordable housing, is crucial for effective intervention. There is a consensus that early intervention, sustainable housing solutions, and coordinated support services can significantly reduce homelessness.
- **Moral Responsibility:** Many sentiments reflect the stance that homelessness should not exist and the view that society has a responsibility to care for its most vulnerable members is a recurring theme. This includes providing high-quality accommodation, ensuring 'no one slips through the cracks', and offering resources to help people rebuild their lives.
- **Impact on Children and Families:** Concern was expressed for the long-term effects of homelessness on children and families. Respondents were particularly worried about families placed in temporary accommodation further away from the borough, which can have lasting negative impacts on children's development and family stability. Ensuring stable and suitable housing for families is seen as critical.
- **Systemic Issues and Solutions:** There is an acknowledgment of systemic issues such as the lack of social housing and inadequate support services. Many believe that the council and government should take a more active role in reclaiming and providing social housing, hiring more social workers, and ensuring that support services are well-funded and effective. They stress the need for systemic change to address the complexities of homelessness.
- **Positive Outcomes and Community Benefits:** Several comments recognise that addressing homelessness has broader positive outcomes for society, including reducing crime, improving public safety, and fostering a sense of community.
- **Personal Testimonies and Real-Life Impact:** Personal testimonies from those with current or previous experience of homelessness highlight the practical difficulties and the importance of support services. Those who provided firsthand accounts underscore the need for systemic improvements to the Housing Options Service and the need for officers to provide a more empathic outlook when assisting residents.

4.21 In summary, the sentiments reveal a strong agreement with the priorities of addressing homelessness through preventive measures, the provision of comprehensive support services, and a desire for systemic change. Respondents identified the need for empathy, concern for vulnerable families, and the need for effective and compassionate solutions which they agreed that these priorities will facilitate.



- 4.22 From respondents who disagreed with the priorities, of which there were few concerning the priorities themselves, one respondent expressed that there was a vagueness and a need for specific actions on **Priority 3: Improve customer service and the individual's experience** *Note: at the time that the consultation was undertaken, the Delivery Plan was still very much in its infancy and in development so further details on the activities underpinning these priorities was not available.*
- 4.23 **On Priority 4: Making sure that people have access to the right support service,** again there were comments on the vagueness of the priority, 'unclear focus'. One respondent expressed a negative response to **Priority 5: To prevent rough sleeping but where it does occur, it's rare, brief and doesn't happen again,** with their key concern around the 'inevitability of homelessness, need for a good strategy rather than unrealistic goals'.
- 4.24 Other comments denoted a degree of scepticism concerning the priorities. The full commentary on question 3 (included in Appendix B of this report) provides anecdotal information provided by respondents who feel that there is a lack of support and a feeling of being ignored – impacting on mental health impact and among some, a loss of faith in the council.
- 4.25 Those who opined that they disagreed with the priorities cited:
- **Vagueness and Lack of Clarity:** A few comments highlighted that the proposed priorities are too vague and lacked specific, actionable steps. *The high level detail on these priorities and the activities underneath them were still very much in development during the consultation period.*
  - **Ineffectiveness of Current Approaches:** There is a strong belief that the current strategies and priorities are not effective in addressing homelessness.
  - **Need for Concrete Solutions:** Respondents want to see more concrete, practical solutions and examples rather than broad statements. *Again, this will be set out in the final version of the strategy and the accompanying delivery plan.*
  - **Personal Impact and Lack of Support:** There are personal testimonies of feeling unsupported and ignored by the council, leading to a loss of faith in the system.
- 4.26 The comments particularly highlight the need to transform the council's provision of housing advice and the associated support services provided across the council.
- 4.27 Respondents were asked in **Q4: Overall, our proposed priorities are clear and easy to understand.**
- 4.28 Out of the 359 respondents who completed the survey, 9 skipped this question – (3%). **A total of 74% of respondents agreed that the council's proposed priorities are clear and easy to understand** . Only 12% of respondents said that they didn't know, while 11% of respondents indicated that they did not think that the proposed priorities are clear and easy to understand.
- 4.29 The survey then asked respondents, **Q5: Do you think the draft priorities will help to tackle homelessness and rough sleeping in Tower Hamlets in the course of the next five years?** All respondents who completed the survey, answered this question. **52% of respondents felt that the priorities will help the council to tackle homelessness and rough sleeping in the borough over the course of the next**

**five years.** Only 13% said no, while 35% said that they didn't know if these priorities would.

- 4.30 The considerable number of respondents who said they did not know may reflect that there are other dependencies beyond the council's control which could impact on the council's ability to deliver on these priorities - as the Covid19 Pandemic has shown and the current cost of living crisis – other forces including national/government driven housing and economic policies, and central government funding streams can impact beyond the council's control and therefore affect the council's ability to deliver on these priorities.
- 4.31 We asked respondents **Q6: If you answered no, what else should be our priorities to help the council to tackle homelessness and rough sleeping and to explain why?**
- 4.32 Within the free text responses, there were some positive sentiments, some respondents agreed that the priorities are sound, clear, and well-intentioned. Respondents expressed a desire to build more homes to provide permanent accommodation. In addition, there is a positive acknowledgment of the need for joint working with third sector partners and for the better coordination of partnership working with external organisations.
- 4.33 Negative comments expressed the lack of clarity and specific actions in the priorities. Again these will be fully available when the final iteration of the strategy and delivery plan are approved and published.
- There is a strong sentiment that current approaches and services are inadequate, particularly concerning support for mental health, substance misuse, and addiction.
  - Respondents feel that staff attitude and communication skills need significant improvement.
  - There is concern about the lack of specific timeframes and actionable steps to achieve the stated goals. *These will however be seen more clearly through the Delivery Plan in support of the strategy.*
  - There is a need for staff and members to manage and ensure realistic expectations from residents and from partner services who advocate and support residents who seek advice and support from the council's Housing Options Service.
  - Concerns about the availability of funds from central government to support the prevention and relief of homelessness and rough sleeping.
- 4.34 Key activities which respondents wanted to see included:
- A need for specific priorities focused on young people transitioning to adulthood.
  - A need to address substance misuse.
  - Better signposting to enable residents to access services like Street Link.
  - Better training, empathy, and support for staff dealing with homelessness.
  - A need to reduce time residents spend on temporary accommodation and to provide suitable permanent housing.

- Better coordination and communication with other council services, third sector organisations and charities who provide support and services above the provision that the council's Housing Advice Service offers.
- A more tailored support for individuals, recognising the complexity and uniqueness of each case.

4.35 The second section of the survey focused on actions that the council should consider to meet these priorities.

4.36 Respondents were asked **Q7: Underpinning the priorities will be key actions. What are the key prevention and support actions we should be taking to support those at risk of homelessness and rough sleeping?** A number of suggested actions were given by respondents on several themes.

**1. Provision of Education and Employment Support/Safe Spaces and Shelter**

- Offer accessible, employment-oriented classes that do not require a fixed address for enrolment.
- Ensure homeless individuals can manage claims and attend necessary appointments by improving access to technology.

**2. Safe spaces and hostel accommodation**

- Publicise safe spaces for sleeping and well-advertised shelters. Establish temporary safe spaces for at-risk individuals to stay before securing long-term accommodation.
- Design hostel accommodation to discourage anti-social behaviour and to promote a sense of community and productivity.

**3. Counselling and Drug Prevention**

- Provide comprehensive counselling and drug prevention programs. Focus efforts on reducing drug use, particularly around hotspots like Whitechapel Station.

**4. Housing Support**

- Help vulnerable people maintain their tenancies with private landlords and in social housing.
- Provide assistance to those issued with Section 21 eviction notices, including financial support and legal aid.
- Ensure the availability of affordable, quality housing in the private rented sector and sufficient funding for safe, cost-free services for the homeless. Consider shared homes and communal living spaces as alternatives to traditional individual properties.

**5. Health and Mental Health Services**

- Ensure health and mental health services are accessible, even for those without a fixed address.
- Provide appropriate accommodations for those with physical health issues, such as ground-floor units.
- Use outreach teams to build trust with homeless individuals and ensure they are aware of available support services.
- Foster collaboration between local authority directorates and other organisations to provide comprehensive support.
- Utilise outreach teams to build trust with homeless individuals and ensure they are aware of available support services.

## 6. Financial Support

- Offer financial support to those struggling with rent arrears and assistance with accessing benefits and debt advice.
- Provide targeted support for asylum seekers and refugees facing homelessness due to lack of public funds.

## 7. Organisational Strategies for the council

- Collaborate with charities to better understand and address the vulnerabilities of service users.
- Hire and train more social workers and support staff to adequately meet the needs of the homeless population.
- Maintain open communication channels to make it easy for individuals to reach out for support.
- Link with other local authority directorates for a preventative approach to homelessness.
- Enforce planning regulations to address issues with rogue landlords.
- Increase funding for temporary accommodation combined with job-seeking support.
- Investigate the root causes of homelessness to tailor support effectively.

4.37 Drilling down a little further, to tap into those with experience of the council's homelessness service provisions, we asked **Q8: What actions might improve customer service and individual's experience?** There were some positive suggestions on **Priority 3: Improving Customer Service and Individual's Experience.**

4.38 Respondents said that they value staff who are trained to be empathetic, respectful and non-judgmental when dealing with those approaching the council for housing advice and support.

4.39 Effective and clear communication was also cited as vital, with respondents highlighting that information should be provided in multiple languages and that all communication channels available and accessible to all residents. In addition, regular updates and transparency about processes and timeframes would help to manage both resident and stakeholder expectations and reduce anxiety felt by those using the service.

4.40 Quick and efficient responses to queries and concerns and reduced waiting times for accommodation and services are considered crucial.

4.41 Comprehensive training in mental health, cultural competency, and resilience for staff emerged as necessary in the view of respondents to improve the customer journey and individual experiences, as well as ensuring that continuous professional development and support for staff dealing with trauma and complex cases are put in place.

4.42 Respondents also wanted to see an increase in personalised support. Suggestions included assigning a named person to support individuals through the process - helping to build trust and reduces frustration felt by clients. Personalising the customer experience to cater to individual needs and circumstances is seen as beneficial.

4.43 In terms of accessibility and outreach, respondents felt that the provision of support through face-to-face interactions and by having diverse officers (in terms of language,

gender, and race) would enhance accessibility to the council's Housing Options Service. Respondents said that it can be challenging accessing services, particularly for those without phones or internet access, leading to significant barriers.

- 4.44 Respondents felt that simplifying processes and reducing the number of steps to get support could improve customer experience.
- 4.45 Encouraging customer feedback and actively using it to improve services would demonstrate a commitment to excellence, using regular surveys and satisfaction reports to gather insights from service users.
- 4.46 Creating a supportive and holistic environment where individuals feel safe and encouraged to seek help was cited as critical. As is also ensuring that the physical environment, such as the Residents Hub, is welcoming and efficiently managed.
- 4.47 There were some negative comments expressed on Customer Service and Experience, around delays in responding to queries and concerns, often taking months, leading to frustration and dissatisfaction. Respondents expressed difficulties in reaching housing officers and the prevalence of automated messages as significant pain points.
- 4.48 Respondents expressed that poor communication about processes and what customers can expect causes confusion and distress. Language barriers and what respondents felt was a lack of multilingual staff exacerbate communication issues.
- 4.49 Respondents felt that overly complex and bureaucratic process can be difficult for persons experiencing homelessness especially those in crisis, to navigate, emphasising a need for streamlined and simpler procedures.
- 4.50 Insufficient training for staff on dealing with complex and vulnerable residents, including those with mental health issues and substance dependencies, is a major concern. Some stated that there was a lack of empathy and understanding from staff, leading to poor interactions and negative experiences.
- 4.51 Some respondents felt that there is an absence of a consistent support figure which leads to individuals being passed from one officer to another, having to repeat their stories multiple times. In the comments, it is frequently mentioned that there is a need for more staff to handle the workload and reduce waiting times.
- 4.52 In summary, respondents want to see actions to improve customer service and experience for individuals experiencing homelessness with the focus to be on empathy, clear communication, responsiveness, and personalised support. Addressing training gaps, simplifying processes, and ensuring accessibility and consistent support are key areas for improvement. By fostering a supportive, safe and holistic environment, the overall experience of those using homelessness services could be significantly enhanced.
- 4.53 Thinking a little further, respondents were asked **Q9: What actions will help us (the council) to provide suitable and affordable accommodation?** The suggestions provided by respondents have been broken down into themes below:

#### **1. Financial Support and Incentives**

- **Grants for High-Standard Properties:** Subsidise landlords to offer high-standard properties at lower rents.

- **More Funding for Housing Services:** Increase funding for local housing and support services.
- **Incentives for Long-Term Private Renter Sector Tenancies:** Offer financial rewards for longer tenancy periods.

## 2. Increasing Housing Supply

- **More Affordable Housing:** Invest in constructing new affordable housing units.
- **Modular Housing Units:** Use quickly erected modular units to increase housing stock.
- **Repurpose Empty Buildings:** Convert unused buildings into affordable housing.
- **Allow high-density and mixed-use developments to increase housing supply.**
- **Establish Community Land Trusts:** Maintain affordable housing stock through community land trusts.

## 3. Partnerships and Collaboration

- **Work with Developers:** Ensure new developments include affordable housing units.
- **Collaborate with Registered Providers:** Partner with them to expand affordable housing options.
- **Consider Cross-Borough Partnerships:** Foster partnerships with neighbouring boroughs to increase housing availability.

## 4. Supporting Vulnerable People

- **Housing First Approach:** Prioritise providing stable housing as a foundation for addressing other issues.
- **Mandatory HMO Licensing:** Enforce licensing to ensure properties meet safety and living standards.
- **Temporary Accommodation Solutions:** Create or partner with hotels for immediate housing for the homeless.
- **Support Homeless Sponsorships:** Allow households to sponsor homeless individuals with appropriate incentives.

## 5. Utilising Existing Resources

- **Repurpose Empty Council Stock:** Use unused council properties for housing solutions.
- **Encourage Property Buy-Backs:** Promote selling private properties back to the council for affordable housing use.

## 6. Enhancing Support Services

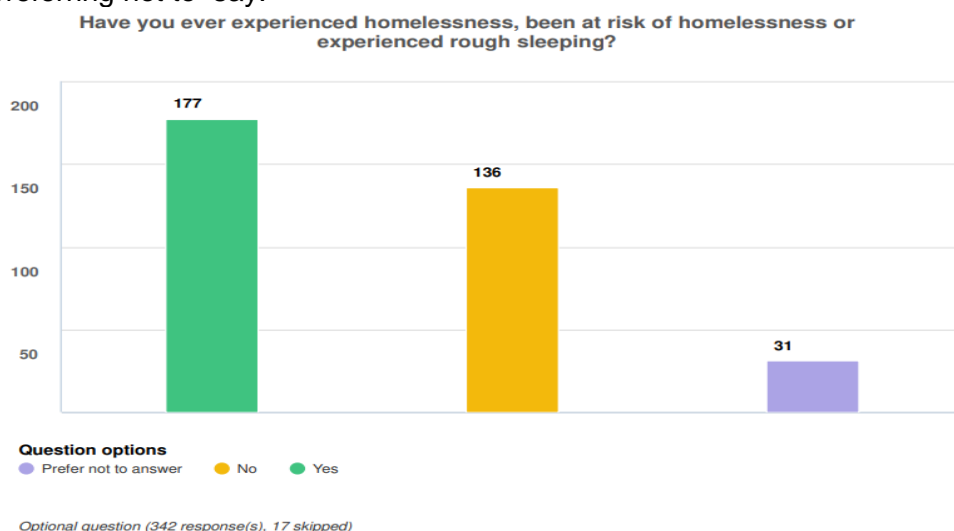
- **Support for Downsizing:** Provide incentives for residents to downsize, freeing up larger homes.
- **Better Procurement and Allocation:** Improve procurement and provide clear indicators for frontline workers to allocate housing resources efficiently.

## 7. Policy and Regulation Lobbying opportunities with Mayor of London and Central Government

- **Implement Rent Control: Introduce rent controls to keep rental prices affordable.**
- **Regulation of private landlords: Strengthen regulations to hold landlords accountable for property standards.**
- **Advocate for Government Funding: Push for increased central government funding for housing initiatives.**

4.54 Many of these suggested activities are already being explored or undertaken by the council. This suggests that there is a disconnect/lack of communication with respondents on the work that the council is undertaking and that these activities need to be highlighted and publicised to residents and stakeholders.

4.55 We asked respondents in **Q10: Have you ever experienced or been at risk of homelessness or rough sleeping?** Of those who chose to answer this question (we received 342 responses, while 17 chose to skip this question), **49% identified that they had experienced homelessness, been at risk of homelessness or had experienced rough sleeping**, while 38% said they hadn't, with 9% of respondents preferring not to say.

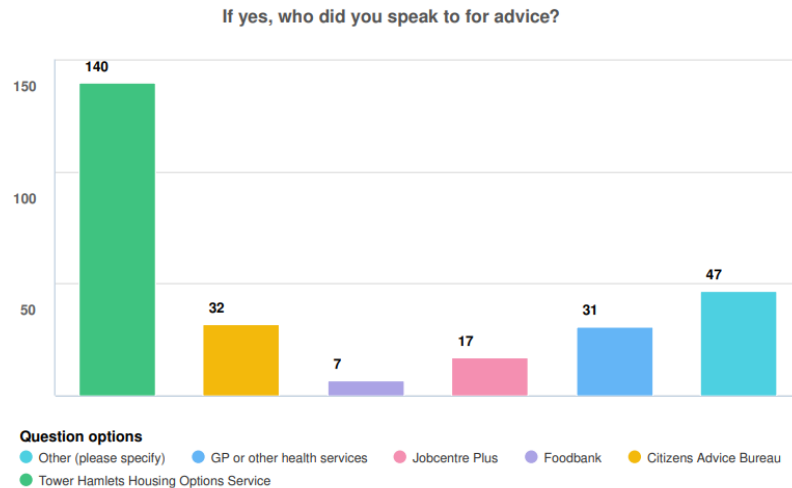


4.56 Following on from the previous question, we asked in **Q11: If yes, who did you speak to for advice?** The survey wanted to delve a little deeper and establish who they had approached/spoken to for advice. (Tower Hamlets Housing Options Service, Citizens Advice Bureau, Local Food bank, Jobcentre Plus, GP or other health services or other (to specify).

4.57 This question was aimed at those respondents who indicated that they have experience or have been at risk of homelessness or rough sleeping. Respondents could indicate that they sought assistance from multiple providers.



Appendix2: Consultation report and feedback from the consultation on proposed priorities for the council's new Homelessness and Rough Sleeping Strategy 2024-29



Optional question (193 response(s), 166 skipped)

4.58 While respondents could tick any number of organisations, in the main, the greatest numbers of those who had experience of homelessness and rough sleeping sought assistance directly with the council's Housing Options Service, but also looked for assistance from the Citizens Advice Bureau, their GP or other health services and from a food bank.

## Appendix A: Analysis by protected characteristic

### 1. Age

- 1.1 177 respondents (49%) who completed the survey provided details of their age.
- 1.2 The table below shows how much agreement there was within each age range for each of the council's proposed priorities.

Percentage of respondents who Definitely/Tended to agree with priorities by age group						
	18-24	25-34	35-44	45-54	55-64	65-74
<b>Working with people earlier to prevent them from becoming homeless and to reduce the use of Temporary Accommodation.</b>	100%	72%	87%	80%	91%	100%
<b>Provide good quality accommodation for people who are at risk of, or where they become, homeless.</b>	100%	77%	96%	87%	88%	100%
<b>Improve customer service and the individual's experience.</b>	100%	80%	95%	87%	86%	100%
<b>Making sure that people have access to the right support services.</b>	100%	79%	98%	87%	86%	100%
<b>To prevent rough sleeping but where it does occur, it's rare, brief and doesn't happen again.</b>	100%	70%	95%	87%	81%	100%
<b>Boost staff resilience and well-being</b>	100%	74%	87%	90%	77%	100%

- The highest and most consistent agreement is in the youngest (18-24) and oldest (65-74) age groups, both showing 100% across all categories.
  - Those aged between 25-34 and 55-64 show more variability and lower agreement percentages compared to the youngest and oldest groups.
  - The 35-44 age group shows high agreement, particularly strong support for ensuring access to support services (98%).
- 1.3 Among those aged between 18-24 (7 respondents, 2% of those who provided their age), they agreed fully (100%) with all six proposed priorities. All also agreed (100%) that the council's proposed priorities are clear and easy to understand. 71% of this cohort agreed that these priorities will help the council to tackle homelessness and rough sleeping in the borough. 57% of this age group said they had experienced or been at risk of homelessness or rough sleeping.
- 1.4 Similarly of those who identified as being between the ages of 65-74, (3 respondents, 1%), they agreed 100% with all six of the council's proposed priorities. Of the 3 respondents, 66% said they had never experienced homelessness or rough sleeping. The same percentage agreed that the council's proposed priorities were clear and easy to understand (67%). However, only 33% of this age group agree that the proposes priorities would help to tackle homelessness and rough sleeping in the borough.

1.5 Within the other age ranges the headlines are:

- **25-34** - 47% of this cohort said they had experienced or had been at risk of homelessness and rough sleeping. 65% agreed that the priorities were clear and easy to understand while just over half agree (51%) that these priorities will help the council to tackle homelessness and rough sleeping in Tower Hamlets.
- **35-44** - 58% of this age group said they had been at risk of experienced homelessness or rough sleeping. There was 84% agreement that the council's proposed priorities were clear and easy to understand, with 62% of respondents in this cohort who thought that these priorities would assist the council to tackle homelessness and rough sleeping in the borough.
- **45-54** - 40% of this cohort said that they had experienced or been at risk of homelessness or rough sleeping. A total of 73% agreed that the priorities were clear and easy to understand. While only 40% agreed that these priorities would aid the council to tackle homelessness and rough sleeping.
- **55-64** - 22% of respondents in this age range said that they had experienced or been at risk of homelessness or rough sleeping. Among this cohort, 74% of respondents said that they agreed that the priorities were clear and easy to understand, however, only 45% of respondents agreed that the council would be able to tackle homelessness and rough sleeping with these priorities.

2. Sex

2.1 Female respondents accounted for 171 of the total responses received (48% of all responses). Male respondents represented 88 of all responses (25%) (just under 25% of survey respondents preferred not to disclose this information).

Percentage of respondents who Definitely/Tended to agree with priorities by sex		
	Female	Male
<b>Working with people earlier to prevent them from becoming homeless and to reduce the use of Temporary Accommodation.</b>	88%	79%
<b>Provide good quality accommodation for people who are at risk of, or where they become, homeless.</b>	94%	89%
<b>Improve customer service and the individual's experience.</b>	89%	86%
<b>Making sure that people have access to the right support services.</b>	91%	89%
<b>To prevent rough sleeping but where it does occur, it's rare, brief and doesn't happen again.</b>	88%	81%
<b>Boost staff resilience and well-being</b>	89%	85%

- Females consistently show a slightly higher level of agreement across all priorities compared to males.
- The highest agreement for both genders is seen in the priority of providing good quality accommodation (94% for females, 89% for males).
- The lowest agreement is seen in the priority of working with people earlier to prevent homelessness (88% for females, 79% for males).
- The data suggests that while both genders largely agree on the priorities, females tend to show stronger support for each of the priorities listed.
- 71% of all female respondents compared to 80% of male respondents indicated that our priorities are clear and easy to understand.

2.2 When asked if they had experienced homelessness or rough sleeping or had ever been at risk of rough sleeping or homelessness, 47% of all female respondents said yes, whereas 41% of those who identified as male, said that they had this lived experience. However, both sexes had the same approval percentage on whether or not they thought that the council's proposed priorities might help the council to tackle homelessness and rough sleeping – 53% said Yes for both sexes.

### 3. Sexual Orientation

3.1 The table below shows the agreement percentages among respondents who identified as LGBTQI+ (17 respondents/5% of all respondents) who chose to provide this information.

<b>Approval rating of respondents who identified as LGBTQI+ who Definitely and Tended to agree with the priorities</b>	
	<b>%</b>
<b>Working with people earlier to prevent them from becoming homeless and to reduce the use of Temporary Accommodation.</b>	88%
<b>Provide good quality accommodation for people who are at risk of, or where they become, homeless.</b>	100%
<b>Improve customer service and the individual's experience.</b>	88%
<b>Making sure that people have access to the right support services.</b>	100%
<b>To prevent rough sleeping but where it does occur, it's rare, brief and doesn't happen again.</b>	88%
<b>Boost staff resilience and well-being</b>	87%

- 76% of respondents who identified with this protected characteristic agreed that the proposed priorities are clear and easy to understand, 18% disagreed while 6% said that they didn't know.
- 35% of respondents disclosed that they had lived experience of homelessness or rough sleeping, 47% said that hadn't with 18% preferring not to say or choosing not to disclose this information.
- 65% agreed that the council's priorities will help to tackle homelessness and rough sleeping over the next five years (25% said that they didn't know) and 6% said they didn't think that the priorities would help.

### 4. Race

4.1 The most represented race/ethnic groups identified as Bangladeshi (26%), followed by those who identified as White English, White Scottish, White Welsh, White North Irish, and White British (23%), Black British, Caribbean, African (8%), White other (5%) and Asian/Asian British (4%).

4.2 All other indicated races/ethnicities which respondents identified with have been collated together - (Any other/Asian background/Black/ Black British or Caribbean background/any other ethnic group/Any mix or multiple background/Arab/Black, British Black/Caribbean/Indian/Other African/Other ethnic group/Pakistani/White Asian/White

and Black Asian/White and Black African/White and Black Caribbean/White Irish – 74 respondents, 21% of all responses).

- 4.3 The percentage rates of those who Definitely/Tended to agree for the largest represented groups and the combined total of all other ethnic groups which residents identified with, has been set into the table below and highlights that there are variations in priority agreement across different ethnic groups, with some groups showing consistently higher or lower levels of agreement with the stated priorities.

<b>Percentage of respondents who Definitely/Tended to agree with priorities by race/ethnicity</b>						
	<b>Bangladeshi</b>	<b>White: English, Scottish, Welsh, Northern Irish, British</b>	<b>Black British, Caribbean or African</b>	<b>White Other</b>	<b>Asian/ Asian British</b>	<b>All other</b>
<b>Working with people earlier to prevent them from becoming homeless and to reduce the use of Temporary Accommodation.</b>	72%	85%	89%	100%	93%	90%
<b>Provide good quality accommodation for people who are at risk of, or where they become, homeless.</b>	82%	94%	86%	94%	93%	90%
<b>Improve customer service and the individual's experience.</b>	85%	88%	86%	89%	100%	90%
<b>Making sure that people have access to the right support services.</b>	86%	95%	86%	100%	87%	90%
<b>To prevent rough sleeping but where it does occur, it's rare, brief and</b>	83%	80%	89%	89%	93%	88%

<b>doesn't happen again.</b>						
<b>Boost staff resilience and well-being</b>	86%	80%	96%	88%	93%	88%

- Respondents who identified as White Other consistently showed very high agreement across all priorities, particularly for **Priority 1: Working with people earlier to prevent them from becoming homeless and to reduce the use of Temporary Accommodation (100%)** and **Priority 4: Making sure that people have access to the right support services (100%)**.
- Those who identify as Bangladeshi tend to show lower agreement percentages compared to other groups, particularly for **Priority 1: Working with people earlier to prevent them from becoming homeless and to reduce the use of Temporary Accommodation (72%)** and **Priority 2: Providing good quality accommodation for people who are at risk of or where they become homeless (82%)**.
- Respondents who identify as Asian/Asian British show the highest agreement for **Priority 3: improve customer service and the individual's experience (100%)**.
- The Black British, Caribbean or African group shows the highest agreement for **Priority 6: Boosting staff resilience and well-being (96%)**.
- White: English, Scottish, Welsh, Northern Irish, British tend to show lower agreement with **Priority 5: To prevent rough sleeping but where it does occur, it's rare, brief and doesn't happen again**, and **Priority 6: Boost staff resilience and well-being (80%)**

- 4.4 Of those who identified as Bangladeshi, 68% of these respondents thought that the council's proposed priorities are clear and easy to understand with 15% disagreeing and 16% uncertain. When asked if they thought that the draft priorities would help the council to tackle homelessness and rough sleeping in Tower Hamlets, 48% agreed while 37% did not know and 15% disagreed.
- 4.5 57% of respondents who identified as Bangladeshi indicated that they had been at risk of, or had experienced homelessness or rough sleeping, 23% said No, they had not while 20% preferred not to say or chose not to disclose this information.
- 4.6 Respondents who identified as White – English, Scottish, Welsh, Northern Irish, British agreed (73%) that the council's proposed priorities were clear and easy to understand. Some 41% of this group agreed that these priorities would help the council to tackle homelessness and rough sleeping, while 41% said that they did not know and 15% did not think that the priorities would help.
- 4.7 Among respondents who identified as Black - British, Caribbean or African, 62% agreed that the council's priorities are clear and easy to understand, while 28% disagreed and 10% did not know. Across this cohort, 66% thought that the priorities would help the council to tackle homelessness and rough sleeping. Within this group,

48% said that they had experienced or been at risk of homelessness and rough sleeping, while 52% said they had not.

## 5. Religion or belief

5.1 The most represented religion or belief system which respondents identified with was Muslim (126 responses or 35% of all responses received). Those who identified as Christian represented 58 respondents or 16% of all responses received. A total of 49 (14%) of respondents said that they held no religion or belief, while all other faiths (Any other religion, Buddhist, Hindu or Jewish) represented 2% of all respondents (8 responses combined).

	Muslim	Christian	No religion or belief	All other
<b>Working with people earlier to prevent them from becoming homeless and to reduce the use of Temporary Accommodation.</b>	86%	86%	90%	100%
<b>Provide good quality accommodation for people who are at risk of, or where they become, homeless.</b>	87%	90%	94%	100%
<b>Improve customer service and the individual's experience.</b>	87%	86%	92%	100%
<b>Making sure that people have access to the right support services.</b>	86%	93%	94%	100%
<b>To prevent rough sleeping but where it does occur, it's rare, brief and doesn't happen again.</b>	86%	84%	85%	100%
<b>Boost staff resilience and well-being</b>	88%	86%	82%	100%

- Residents who identified as belonging to 'Another religion, Buddhist, Hindu or Jewish' showed unanimous agreement (100%) across all the priorities.
- Those who held "No religion or belief" consistently shows higher agreement percentages compared to Muslim and Christian groups, except for Priority 6: Boost staff resilience and well-being where it is lower (82%).
- The percentages for Muslims and Christians are relatively close across all categories, with slight variations.
- The highest agreement from all groups for **Priority 2: Provide good quality accommodation for people who are at risk of, or where they become, homeless** and **Priority 4: Making sure that people have access to the right support services**.
- The lowest percentage of agreement is for **Priority 6: Boost staff resilience and well-being** among those with "No religion or belief" (82%).



## 6. Disability

- 6.1 From those who chose to disclose this information, 19 of respondents (19%) of respondents indicated that they had physical or mental health conditions or illnesses lasting or expected to last 12 months or more. From those respondents who affirmed that they did, 78% said that they had experienced or been at risk of homelessness or rough sleeping.
- 6.2 74% felt that the proposed priorities were clear and easy to understand, however only 49% of this group thought that these priorities would assist the council to tackle homelessness and rough sleeping in Tower Hamlets.
- 85% of this protected group definitely or tended to agree with **Priority 1: Working with people earlier to prevent them from becoming homeless and to reduce the use of Temporary Accommodation**
  - 85% definitely or tended to agree with **Priority 2: Provide good quality Accommodation for people who are at risk of, or where they become, homeless.**
  - 81% definitely or tended to agree to **Priority 3: Improve customer service and the individual's experience.**
  - While 87% definitely or tended to agree with **Priority 4: Making sure that people have access to the right support services.**
  - 85% definitely or tended to agree with **Priority 5: To prevent rough sleeping but where it does occur, it's rare, brief and doesn't happen again** and 83% agreed with **Priority 6. Boost staff resilience and well-being**

**Appendix B: Free text questions and respondent's comments**

**Question 3- Please explain why you agree/disagree with the priorities.**

From my experience, rough sleeping incidents are not rare and it is a long cycle to break, even where numerous offers of support are given, even during SWEP. Various factors also cause rough sleepers not to want to take accommodation, i.e. unable to take pets or not able to be housed at the same location as their partners.
There are too many homeless people in this area. There is insufficient housing all round as we know so it all needs to improve. I don't think the sign posting as to what individuals can do to help street sleepers is good enough.
I am concerned about homelessness particularly regarding families who are put in temporary accommodation, often out of borough. This is a much more prevalent and hidden problem (with long-lasting consequences for children) than that of people who are visibly sleeping rough and begging. I am also, of course, concerned about the latter.
I agree with the themes as I used to volunteer for Crisis and help with church meals for the homeless. I no longer donate my time but try to support Whitechapel Mission and other charities that help with homelessness.
Having high-quality relevant support services is vital
I think it's terrible that people are sleeping rough, and that there's more homelessness in Tower Hamlets than before.
Because homelessness is not a nice position to be in nobody cares
Bit concerned what you mean by making sure rough sleeping where it does occur, is rare, brief and doesn't happen again. Don't want individual homeless people punished in anyway. If you don't have suitable accommodation available for them, they might have to sleep rough more than once. What will happen to rough sleepers who are not British Nationals?
I believe helping people at risk/before they become homeless is the least intrusive option for the person at risk. I'm expect this would also be better option for staff too, who must find it challenging.
I think that homelessness is more likely related to unmet social and health needs that could be addressed more directly to prevent and reduce homelessness. Directing people to the right support would help with this, as would preventative support. This will also be an ongoing issue with lack of social housing. I really feel the council needs to push to reclaim / buy back social housing in the area - particularly from larger landlords.
Based on current homelessness crisis situation these are very common social requirements. Indeed it is the councils' responsibility to act because our neighbours and relatives are busy with themselves. It is only the council- people can turn into as a last resort.
Homelessness should not be an issue in a first world country but is tied up with mental health and social issues. Society needs to be responsible for these people and to ensure no one slips through the net into homelessness which then exacerbates the problem making it harder to solve. Early intervention is critical.

You need to provide accommodation in areas where people will not fall back into homelessness due to old habits or contacts dragging people down. Accommodation should be built to discourage anti-social behaviour and encourage a community and working spirit.
We have a serious problem of rough sleepers in Tower Hamlets - more resources should be allocated to hire more social workers, offer more temporary accommodation and help people hey back on track through counselling and other means.
It sounds like a good, compassionate strategy to reduce rough sleeping and help achieve better outcomes.
They all seem to be strongly aimed at being preventative or at least reduce the time people spend homeless. I completely agree that staff also need to be supported in dealing with homelessness.
Housing is one of the biggest problems in Tower Hamlets. It is awful to see so many people sleeping rough, especially those who have complex needs or those who have sought asylum here. There is a big shortage of housing including good quality housing. I do worry for staff who having to deal with people's frustrations/anger and very upsetting stories as this must have an impact on them.
Homelessness is a problem that doesn't have to exist in a developed country. The Everyone In scheme during Covid proved that.
These all sound sensible.
These are all positive sentiments. Why wouldn't I strongly agree
Helping to prevent and resolve issues is appropriate
My opinion -as I work in this sector, I have a good understanding
The "rare, brief, and doesn't occur again" is phrased in way where it feels like someone who's homeless should go to someone else's neighbourhood to rough sleep? I don't agree with such statement, and think the focus should not be on "making the nuisance go away"
Anyone can become homeless and we need to tackle the underlying causes not just wait until people become homeless.
1. early intervention works 2 sustainable accommodation 3 think about peer-to-peer support and involving those with a lived experience 4. encourage joint working 5 training
Agree with the principles of all statements but some of the language could be changed/re-thought - i.e. 'quality accommodation' - this differs depending on the applicant etc. Also, point 6 - agree but should this be a specific part of homeless strategy?
3,4,5 are very important. Bolstering street link and rough sleeping verification would be helpful. 4. people getting linked with services when they are clearly vulnerable but not diagnosed
3 - this is too vague and should include a commitment to outreach/in-reach/mecc 4 - again too vague. Is this about PHPs or (hopefully) joint commissioning/partnerships?

<ol style="list-style-type: none"> <li>1. early prevention work is the key to prevent homeless</li> <li>2. invest with your hostel provision to ensure it is quality as people are in TA for longer periods</li> <li>3. Invest in customer care training</li> <li>4. Have your pathways advertised/joint meeting with DA team as an ex</li> <li>6. Ensure caseloads are manageable and provide effective training and support is in place. Use an EAP service</li> </ol>
<p>Because more of these are happening much at present and it is vital that they do</p>
<p>Persons experiencing homelessness deserve dignity and sleeping on the street ( rough sleeping is a euphemism making it sound better than it is) not only experience lack of accommodation but additional health complications, risks of physical and sexual assault, inability to find work due to our home/post-code based systems of communication and location verification, among other ills.</p>
<p>I agree with all of these as I was once homeless and know how much it means to have a house; therefore, I agree with these themes to better homelessness</p>
<p>As was very close to homeless myself before my experience with the department in regard to homelessness was inconsistent as to how I would get the help I need at times. Sometimes it depends on the person in contact at the time to the way they deal with the situation. They don't sound happy to help, rather they do it because it's their job.</p>
<p>No one should be homeless. If your homeless hard to establish yourself in a community and society.</p>
<p>It will improve the safety and reduce the crime</p>
<p>I agree with it is as I have firsthand experienced homelessness and am now in temporary accommodation places by Tower Hamlets. It's not an easy process at all and small things like customer service mean a lot. I believe it is imperative and highly important to make it known how to access the right support and give good quality accommodation. I was homeless with three daughters with me and it is so important as a human to provide good, conditioned accommodation. We should be treated as humans not as a burden.</p>
<p>The staff members at the tower hamlets department are very rude and unhelpful. They don't care about genuine people that need help. I have written to several members at the housing department about my living condition and they don't care.</p>
<p>I've agreed to the above themes as I am currently a homeless applicant whose been living in a temporary accommodation for the past 4 years with my husband and young child and till this day we are struggling. Being homeless is an ongoing struggle mentally, physically and mainly financially.</p>
<p>Each of these themes should have already been in place or addressed and so it would be impossible to disagree with them.</p>
<p>I believe if you catch people in risk of homelessness early with the right housing, psychological, and physical health support, they will not become entrenched</p>
<p>I strongly disagree with most statements, tower hamlets council have made me feel that it's hard to come by help, I've spent years feeling let down by them, mentally the council have affected me and disregarded anything I have said and have made me lose faith in them as a whole. I am in temporary accommodation with 2 sons, a 1 bed on the 2nd floor 40 steps up and can never leave the house, I have requested for the last 2 years to be moved by I either get ignored or told to wait, my housing officer has spoken to me once in 2 years despite countless emails and calls I have sent him. My parents talk of how the council were years ago and how they were helpful, although this is going back 40 years,</p>

<p>a lot has changed, not for the better though. Wholeheartedly I feel tower hamlets is going downhill with their housing and homeless approaches, they aren't stopping homelessness, they are encouraging it</p>
<p>Having the right support service and provision is key - this include effective join up between service, Those who are homeless often have a range of support need and there ensure the appropriate service support is there is key to support someone to cope. To try to prevent rough sleeping but where it does occur, it's rare, brief and doesn't happen again - I think this is a value statement which needs more context</p>
<p>Many families in my block has been housed by Tower Hamlets council and their flats have bad mould. After letting the council know of their situation, there was no solution provided. These families have children who are aged between 1-5 and it's causing them health problems. My personal experience with the housing officer was not great either, after I was put in a temporary housing, I only heard from him 1 time in the whole 5 years I've lived here. I needed help regarding rent issues and other things but I had no reply. I wasn't the only one that this happened to. It ends up impacting our mental health as the people who we are supposed to get support from, just left us be without any help. I believe the council should look at these families from the ethical side and see if the situation they are in is just.</p>
<p>More people are becoming homeless every day due to multiple reasons including cost of living crisis, and its impact on general wellbeing and mental health etc. These people need to be supported asap to prevent the spiral that homelessness means making things worse for them.</p>
<p>I strongly agree with the themes because by doing so we cannot only prevent homelessness but also avoid worsening the condition of the whole family or even we can save our society. Moreover, homelessness can result in many crimes such as harming other people, violence and crime rate will increase, and human rights will be violated.</p>
<p>I agree with the themes since these will help prevent homeless get to its worse degree. By getting to the root of the problem and providing care to those who desperately need it will create a happier society.</p>
<p>I hope what I agree with can be better than everything in this point, thank you</p>
<p>I believe in a developed country in 21st century its citizens should not be in danger of homelessness. It should be the responsibility of the government and citizens to avoid homelessness. The rough sleepers, be it intentional or real, damages the prestige of a country and questions the welfare of a society. Additionally, homelessness imposes a big burden, including financial, on a council and severely impacts rough sleepers.</p>
<p>Staff are like robots they need re training and develop some empathy skills</p>
<p>Because all questions are asked it's right.</p>
<p>I am living in temporary accommodation for more than 6 years and I have lots of health problems. I have emailed my housing authority several times also I have filled up some form few times explaining in detail how my health affects my daily life but I did not receive any positive response.</p>
<p>Overall there are many factors that need to improve such as improving customer service satisfaction.</p>
<p>Homelessness is very painful in mentally and physically. For the people. So it's better to take steps before homelessness.</p>
<p>I agree with anything see it right and vice versa</p>
<p>I agree because I'm also homeless I need good and suitable accommodation for my children .I'm homeless in Tower Hamlets</p>

Early intervention will help lots of people to have a place to lay their head with their families.
I agree because at the moment the homeless system is terrible and there is no service of first come first serve. And I myself are suffering from living in a homeless accommodation which is damp and every house that was given to me by homeless has been severely damp and nothing had been done about it, the system needs to be fixed.
I agree because I am one of the homeless and know live in very difficult conditions in temporary accommodation I know there are many who have no home
At some stage people that work in homeless departments help residents but most of the time seems like they do not care about residents or willing to help or give good advice. Homeless places are not fit for health and safety for people to stay in also do not have cooking facilities for people like me to cook and eat. I cannot afford to eat out every day.
I agree to the themes because when staff resilience and wellbeing are being boost their confidence level at work will be high.
no comment
Helping people before they choose the wrong path will definitely help. When it’s too late the help won’t work or will be slow progress.
To give more support to people the need help.
I have been homeless been 7 years and I have a disabled child living with my husband and other two kids. I have given to a hotel service first, then moved us to near xxx for 4 months. Tower Hamlets has moved us on Tower Hamlets on a temporary accommodation in 2018 then moved us to another temporary accommodation. I have disabled children, because of this kind of moving my disabled child is not fixed to any accommodation. In the meantime, My neighbour, attacked my disabled child by hammer, police came arrested neighbour from his home. My disabled child is always feeling unsecured and unsafe in my current accommodation. I met Tower Hamlets Mayor after the incident with disabled child and he ensured me that I will be given and moved into a permanent accommodation as soon as possible. Mayor has contacted with housing officer and replied me my housing bidding position is on number x now. It’s been more than a year now. I am still living on unsecured & unsafe accommodation. I am very disappointed to the Tower Hamlets because they are not taking any seriously action for my permanent accommodation. We are husband & wife and three young children living in the current temporary. Please take a serious care for my permanent house.
Because I am suffering with my current temporary accommodation with my autistic son
I believe everyone should have a place to stay
Because this should be addressed as it isn't at the moment.
It is with everyone’s best interest in mind.
I agree with what I think will help the population develop into one with a better support system and decrease the chances of needing to go into temporary accommodation.
These will help the council to meet the increasing challenges facing residents who are at risk of or who present as homeless. These are easy for residents to understand at a time when council and partner agencies are stretched and demand is high for housing support.

working with people who are desperate for housing support and who may also have complex other needs too must be gruelling and take a toll on staff. Improving resilience and wellbeing amongst staff will help them to provide better customer service and support them when they have to give unpopular advice and decisions.
I agree with all of these themes because they seems to go hand-in-hand in preventing people from suffering through rough sleeping. Prevention & immediate action are a priority when trying to avoid people falling into extremely entrenched version of rough sleeping which is prominent in the clients my organisation works with at the moment.
Don't know
People become homeless for all sorts of reasons, and fighting to prevent it often misses out key factors -- someone could be considered 'making themselves homeless' for example, due to a breakdown in their living conditions - and then you could force them to put up with something intolerable because of failures with assessment.
I definitely agree with all but one of these themes, because they are all valid for both client and staff wellbeing and experiences with homelessness. With the first theme, I am not sure I fully agree with reducing the use of Temporary Accommodation as this can be a vital lifeline for many clients in need of emergency housing due to a range of needs. But I do definitely agree that people should be supported earlier to avoid and prevent homelessness and maintain their housing.
Working for people who in needs is their human rights.
The best services provide best environment and prevent people to be homeless.
Prevention duty needs to continue in line with discussion on The Renters (Reform) Bill to end 'no fault' evictions, especially tackling rogue providers. The quality of temporary accommodation and length of time an applicant stays in temporary accommodation has a great long term impact on health and well-being. Clear move-on pathways from temporary accommodation i.e. PRS, supported housing - between LA & housing associations - this includes strengthening partnerships between Adult Social Care and other support services. Education that rough sleeping is dangerous and should not be an option to find a housing solution. Gatekeeping of accommodation for applicants who are in priority need due to a physical or mental health condition to end - to be provided with a clear pathway into secure accommodation to prevent their health deteriorating further and needs increasing; this includes households with children. Clearer communication & pathways between the Home Office and the local authority to ensure NASS leavers are fully supported and not evicted to the streets. More resources in staff wellbeing & development, including reflective practice and support to achieve development goals through Inclusion & EDI groups.
I believe that prevention and good quality accommodation for those who become homeless or at risk of is the most important point - Hostels are not holistic environments nor are they supportive in a lot of ways. This does the opposite of preventing sleeping rough. This also creates a cycle of sleeping rough because people do not hold down their tenancies in TA. Especially if you are using drugs and trying to come off them, the hostel environment encourages drug use and makes it more difficult to be sober.



<p>Agree because there really shouldn't be any excuse for people to be homeless in the 21st century in our society and every effort should be made to eliminate homelessness and the information support and training available to those whose job it is to work with people facing this predicament.</p>
<p>I strongly agree with all of the above statements, because I believe if there was more effort to prevent rather than chasing after homelessness has impacted them, it will be easier to navigate. Rough sleeping and being at risk of homelessness is a stressful and chaotic time, and really impacts people's mental health, which then makes it more difficult for them to engage with services who are there to support, where as if we are able to put help towards the prevention, it would alleviate some of these issues. And with regards to staff resilience and wellbeing, it is a difficult and challenging sector to work in, and I believe if there was more support and contributions to staff, it would help immensely, as everywhere tends to be short staffed and overworked, which then ultimately impact the clients as well.</p>
<p>It's important to help vulnerable people from being homeless as living on the street is unfair to them who are not given any other option</p>
<p>Because those in need should be safe, be helped, and supported with finding a purpose, a job, and a home</p>
<p>Because they are important.</p>
<p>I agree with all themes, but recognise that some homelessness can't be prevented, e.g., DV/DA, illegal subletting, illegal evictions with harassment, etc. Access to right support services is important, but not the responsibility of Housing Options Service. Boosting staff resilience and wellbeing CANNOT be pushed onto staff as their responsibility (as it currently is) because the problems were created by the Service ignoring the pleas of overwork, creating dangerously high levels of stress through under-resourcing and ignoring compassion fatigue by failing to provide reflective sessions to discuss the impact of the relentless torrent of misery, distress and frustration.</p>
<p>I agree that supporting people before they become homeless is key and ensuring they have the right support to is important as well. A challenge is that residents with support networks in borough do not want to move out of the borough and I see that as a barrier as there is little accommodation in borough - perhaps this fits into the theme about improving customer experience or support services - but I think we need to think about how we support people when they have to be rehoused (temporarily or permanently) away from their support networks as that is a barrier to people accepting accommodation and staying in temporary accommodation. In regards to support services I think substance misuse and mental health are big contributors to homeless that I see in working with homeless people in hospital, so hopefully that is what is meant with "support services". I think to tackle homelessness we need to ensure those services and third sector organisations that support those people are adequately funded and resourced.</p>

PRHA has a long-standing commitment in supplying good quality housing and support to Tower Hamlets residents who end up rough sleeping or homeless. We typically work with people in our communities who are the most vulnerable or "at risk" and who have very complex needs and poor engagement with services and require 24/7 hostel support to remain off the streets. Partnerships with all stakeholders is vital to ensuring this group achieve the best outcomes and our general point will be for this strategy to see these partnerships not only maintained but developed further in the coming years. In particular we would like to offer to work with other partners to contribute to the final version of this strategy .

Making sure that people have access to the right support services

Ensure dedicated leadership and resources to ensure the homeless cohort who move into hostels receive optimal healthcare services to ensure their health needs are met. This is especially needed as support needs of rough sleepers have increased significantly over the last ten years.

We are also seeing increased support needs amongst our residents in semi-supported housing. While we do provide general support to these residents, the thresholds of other specialist services (e.g. mental health and detox) mean that people often have to reach crisis point before they receive any support . As most of these residents are formerly homeless they can be vulnerable to repeat homelessness when this happens.

To have a strategic leadership forum involving decision-makers in housing, adult social care, health and mental health services and hostel providers to ensure joined up partnerships and ensure resources are targeted efficiently.

Ensure that the role of supported housing & hostels in preventing repeat homelessness is understood within the council and landlords of supported housing engaged with as valuable partners rather than just as a commissioning arrangement.

Provide good quality accommodation for people who are at risk of, or where they become, homeless

Ensure joined up approaches between the commissioning of support services and Housing Benefit teams so as to ensure that there is a robust funding of supported housing in the next few years.

Work in partnership with landlords to ensure that future planning for needs and investment is possible.

Working with people earlier to prevent them from becoming homeless and to reduce the use of Temporary Accommodation

Look at how homeless prevention resources, funding and interventions can be developed further so as save resources down the line and improve the outcomes of those at risk of homelessness.

<p>Embedded rough sleepers tend not to enter services because of their complex issues and there is no legal provisions to force people to engage. Therefore arranging appointments, assessments, interventions, support sessions all fail when the client does not turn up due to their choices to indulge in drug , alcohol and mental health conditions. There needs to be motivation and /or sanctions.</p>
<p>I believe that the homeless sector in Tower Hamlets is doing an incredibly important job with very limited resources at a time when homelessness is very high. I believe the themes and approaches laid out above are correct and what is needed as homeless people have often been let down by those around them and have varied and complex needs which should be in the interests of everyone in society to help resolve. The homeless sector cannot do everything alone and they need resources and trust in their work and ability to help begin to fix the problem while ensuring that the correct housing and other support is available so people can move on from homelessness and never return to it.</p>
<p>Currently services commissioned by the LBTH are underfunded and under resourced and put a strain on the organisations that deliver them. Fixed financial envelopes have not changed in years, and inflationary increase has not been accounted for in many instances. Because such envelopes are fixed there is not possibility for the introduction of salary scale for workers, meaning a high turnover of staff and discontinuity of services for clients. As a result of this, as well as other factors, homelessness has increased and voluntary organisations, whose mission is to alleviate this problem, are left struggling. A complete overhaul of the commissioning of homelessness service in TH including, crucially, SWEPP provision is necessary and long overdue.</p>
<p>These themes are at the heart of Providence Row's work with people affected by homelessness.</p>
<p>Homeless work should be done by Homeless people - regular citizens get demoralised and have a white saviour complex. More importantly we can manage resources better ! There is too much emphasis on services sometimes 60 charities and orgs can be involved at once. They are trying their best but the money could be spent on DIRECTLY empowering affected people and creating opportunities rather than paying citizens to clean up the mess.</p>
<p>I am a former tower hamlets resident and have been unintentionally homeless since my family was evicted in 2021. I work and live in tower hamlets also, working at mile end leisure centre and I study at university. Though I have spent a majority of my life living, studying and working in tower hamlets, I believe in this regard my family and I have been neglected.</p>
<p>Everyone deserves quality sleep and safe, healthy and perfect accommodation.</p>
<p>This will encourage more people to go through the easier route of getting a property, this will gain an unfair advantage for people who are on the housing list and who are overcrowded. An example is a single parent with children will show they are homeless and gain a house earlier than someone who has been on housing list for years as overcrowded. This has happened in tower hamlets and these are all known within tower hamlets.</p>
<p>I agree as the key focus needs to be on reducing homelessness, providing better accommodation and better customer service experience, and ultimately supporting people out of homelessness and rough sleeping.</p>
<p>It's important that we have less street homeless</p>
<p>I have heard so many stories of people not feeling safe in the accommodation provided for people with these complex issues and also if staff are not in it for the right reasons or well trained and looked after they will not be able to truly help people with complex issues.</p>

<p>These are the important information required to help the people from becoming homeless, the earlier intervention the better it is for people and the staff.</p>
<p>Nobody sleeps rough for fun, and all efforts should be made to minimise it. No mention, though, of the Mental health element in causing rough sleeping.</p>
<p>Prevention from homelessness is difficult to apply as you can only apply to those that are threatened with homelessness and this could be too late. More understanding of renter's rights, rent affordability, or affordable housing can also help. The rental market is unfortunately a very hard environment.</p> <p>Accessibility to services should be a priority but this should also come with more staff rather than book their resiliencies there should be more budget in acquiring more personal and better training overall.</p> <p>More affordable housing and social housing for families (3/4 bedrooms) should be built in the Borough to stop gentrification</p>
<p>It makes sense to be able to intervene early and to try and prevent homelessness, there are so many reasons it could happen to anyone no matter who you are or where you are from. Losing your job, break down in relationships, domestic violence drink and drug misuse/addictions the list goes on, there should be basic guidelines and simple steps to break down what are all the cases and how to deal with them and to know where to go for help, not just the person affected but also for family and friends and the community. When people seek help it is always so important that they are not judged and they are greeted with a helpful friendly person.</p>
<p>Homeless people should be housed but the accommodation should not be better than the Ricard or social rented sector.</p>
<p>It is a good idea to keep in mind the customer service, but I think the overall experience with your services will depend on whether or not you can actually help them. So if a client is in need and cannot access emergency accommodation or the assessment takes a lot of time to finalise, the overall experience will be bad.</p>
<p>The bough is plagued with drug addicts and homeless people, who are often aggressive</p>
<p>They are all so important - the current state of housing and homelessness service is simply appalling, because they are so overwhelmed. I work in the NHS and the impact it has on health and wellbeing is so significant.</p>
<p>Your working is so slow</p>
<p>Support for people experiencing rough sleeping is very important - as is being able to access appropriate accommodation both in an emergency and in the longer term. Alongside this there is a need to prevent repeat homelessness, ensuring people who have been street homeless do not return to the streets - or if they do are helped quickly. These priorities are in line with London-wide programmes such as Life off the Streets (GLA). However, I would also suggest a theme which is about partnership / joined up working - across public, private and community and voluntary sectors. This is a problem that needs a broad coalition - led by LBTH and with their power to convene central to what is developed</p>

These are good aims to achieve and therefore if achieved the council can save a lot of money and focus on financially investing on more social housing which is in great demand.
Your themes are not really clear. I'd prefer to read concrete and practical examples that should reduce the homelessness in Tower Hamlets. Homelessness in Tower Hamlets is growing a lot in these last 10 years and people seem more aggressive and with mental health issues compared to the past. I don't think your approach all reduce this behaviour.
I strongly believe that only a combination of all of the above practices will bring positive outcomes to our services. They are interlinked and dependent on each other for the other part to work well and I think all should receive high attention.
I think that it's incredibly difficult, but Hostels aren't working. They don't provide a safe environment for the homeless, or those battling addiction. Drug use and mental health needs should be addressed first. The staff in hostels and those who work in association are amazing and should be supported. There needs to be standards set. I believe that the Council's Relationship Managers help to provide stability and support to residents and staff.
Ultimately if they have a better experience and better service then they will stay when they are offered a placement. Also good accommodation out of an area which is likely to trigger them into relapsing.
Agree with the overall aims, but what is needed is a range of ways that these get implemented and high level priorities need to be seen alongside the detailed implementation strategy. Also needs to understand the different circumstances that may be facing different individuals and or communities and have a strategy that can take account of different access needs
I have been in this borough for nearly 8 years now I have experienced all those and noticed during this period.
We need to turbo boost a strategy that brings tangible outcomes for people - the status quo is currently not acceptable
It's common sense
They all aid in the prevention of homelessness
they are very relevant and clear
Mostly self-evident, all points and things for which we should aim.
Prevention is always key and if we work on preventing early could help especially with footfall in emergency duty. Customer service is vital as it helps give reassurance to members of public that their case will be dealt with professionals dedicated to helping improve service.
it's all important to provide a good service and maintain a good work environment
Do not feel staff resilience is boosted by management
More needs to be done in terms of staff well-being.
I agree with the themes as long as they come with realistic actions plans that don't over burden staff
Due to current demand and lack of staff preventative work is not being done and the service is currently reactive.

There is nothing to show that there is significant change within the service in every area including staff well-being
In regard to boost staff resilience - this should be an internal priority. Improve customer services - should be reworded
I agree with themes as it is best practise and the way forward to enable staff and residents alike to have a streamlined effective service
I disagree with Rough Sleeper prevention as I feel that they end up rough sleeping before they are supported.
I agree to early prevention of homelessness, it allows time to help clients explore their housing options and it allows Housing options staff enough time to support client. It will make it less stressful for client and the case officer.
most experiences are subjective and cannot be generalised.
I don't work in this service, therefore don't understand this questionnaire and does not relate to me
They all improve the service provided to the residents.
I agree with provision of providing advice earlier; good quality accommodation; making the right support services accessible to all because it meets the needs of both Service Users and members of staff, resulting in TH being a good place to live in as well as work within.
As a public servant it would be in the interests of our clients to provide the best service possible and the earlier the better. Staff would also benefit from the provision of the above as it would assist in avoiding conflict.
Currently, support is very low and needs improvement.
it is very essential to work with people and prevent them from being homeless
All positive themes will help both our clients and colleagues alike to be in a position to not only offer better support but also guidance and signposting to other support services that might be available.
I believe good support and customer service provides assurance for resident. gives better understanding and motivates to act accordingly.
Agree because protect people & their well-being matters
I am not sure what can be done to prevent homelessness but for all other themes more could be great
Because Homeless has negative effects on family and Children, Working towards fixing this issue will be gratefully beneficial
I follow there activity I saw they work hard
Tend to see a lot of people on street who are homeless and not getting the correct help and support
All above questions is very important to the local community
Current accommodation is in very bad condition
All of the themes need to be addressed urgently as the homelessness and rough sleeping crisis is getting worse
Because being homeless means more likely to become sick
Strongly agree but students should have more priority especially exam students
Preventing homelessness through education, support etc is a better and more sustainable. Paying for housing when tenants has no way of supporting themselves is of false economy

People need good quality housing
Never have had exceptional service, it's like I owe them something. Government employees lack accountability
From my personal experience I was put in a B&B with my 4 year old child after 4 month I was housed in (redacted) I suffer with a heart condition even knowing this my Housing Officer put me here knowing I have zero support which I need with my health
For person that homeless is depression I can't remember 2018 with my little boy suffering council pushing me from one place to another before they gave me where I am since 2019 am still in temporary with 3 children 18 years 16 years, 5 years in one bedroom
They are sending outside tower hamlets
As a homeless resident being in temporary accommodation, I have experienced the worst form of service from TH. I'm a DV victim and I thought I'd be supported but instead I was continuously suffering. I'll never ever forget the experience I am currently going through and I'll never forgive TH.
Better service mean a better community and a safer community
They are logical and reasonable - provided there are resources behind them
Because they are factual statements and should be implemented universally.
I agree because people should have access to the right support services
Our individual experience with housing was poor as if to 2+ years to get a bidding number even with constant communication with our housing officer at the time. Our temporary accommodation is good
There is a lot that needs to be done when it comes to homeless in all sections. As someone that has been homeless in the past, I know that it is an extremely long and tiring process that sometimes feels never ending
Making sure everyone has a roof over their head is so important, and as a Council you should go that extra mile to give them as much help as you can
I agree with working to stop homelessness and providing accommodation for people and also give good customer service and the right to support right peoples. I hope Tower Hamlets give more effort and working to sort out housing problem in borough.
I believe everyone should be treated equally and get the support that they need
I think most of the homeless people don't know very well where he has to contact to prevent himself from becoming a homeless. Communication from council is not very prompt. Not signposting properly, which confused them and they think process is very complex.
When the court decided that I would be evicted I request help and was told that no help was available until I would physically be kick out of my house. During my time in temporary accommodation there was no support, I waited for hours just to be given another B&B, no one was available to explain.
From the themes box I tend to agree with most of them because I got the support when I was in a homeless situation. One thing I didn't like is when staff members absent on the day you have your appointment with them. This is because it effected my health during that time as I was pregnant and coming again once my appointment got rescheduled was very different for me.

<p>I strongly agree with all of these priorities other than no. 5 as 5 is not relevant to us related to priority no 1 if I take our case as an example, case worker did mention she will contact out housing group manager and she had the opportunity to communicate with the housing group manager to prevent us being homeless but housing group manager confirmed he didn't hear from our case worker at all. As a result we are still living in a temporary accommodation for five years. I think when it comes to "good quality accommodation" it should be appropriate for the people's needs to understand the needs caseworkers should be a very good listener with lots of empathy and should treat everybody who come to them equally, fairly regardless of the ethnic background or any other reasons. When we go to the council office becoming homeless, it was just after a month losing our family vehicle from an accident my wife was pregnant and my daughter was six years old wife was injured from accident as well we provided a letter from our GP to case worker but case worker was acting like a robot no humanity at all, our requests was to have a ground floor accommodation or an accommodation with a lift as I was the only person to move our stuff from previous house. In the end we had to leave everything including our bed and since the house we got was unfurnished we slept on the floor for over a week.</p>
<p>I live in a good home and get all the help I need; I am happy</p>
<p>I agree with the themes this is because it will reduce homelessness, reduce rough sleeping and provide people with good quality housing.</p>
<p>Temporary accommodation was very far from school and work, not in good condition.</p>
<p>My experience was very traumatic for me and the kids for the factors I put in the priority columns, the housing officer and her manager was not fully aware of EU law after Brexit, they was rude and heartless and worked one pace not suitable by law for a family like ours flee for domestic abuse, 2 young kids placed in a B&amp;B facility with no toilet and with addicted people sharing the other facilities in the B&amp;B. The 1 point I tend to disagree just because in certain cases because homeless is inevitable (like us in the refugee for DV women and kids).</p>
<p>I agree because housing access to the right support will help them a lot to know what to do.</p>
<p>1) Working with Landlords to keep the rent down also giving tenants longer leases on the property 2) Building more suitable housing for people on social housing with reasonable monthly rent.</p>
<ul style="list-style-type: none"> <li>-Support people with their application</li> <li>-investigate any safeguarding concerns</li> <li>-prioritise those with young children</li> <li>-allocate housing based on employment opportunities, support network, ease of access.</li> </ul>
<p>It is always a problem to get through to reach Tower Hamlets. It is very rare to contact housing officers or the housing benefit service. Any applications are considered for a very long time or do not receive a response to the application at all, for example, I have been waiting for the decision on the assignment of benefits and the decision on the appeal for two months, but still, I want to express me deep gratitude for the opportunity to have me temporary housing.</p>
<p>I believe that everyone deserves a decent home.</p>
<p>Tower Hamlets did not help me I am still in temporary accommodation after 12 years my son is 13 and daughter 9 share a room.</p>



I have and am still in homeless housing, I don't think that the system helps people who are struggling, give advice or support to change their situation. They the staff do however give you plenty of judgement abuse and looking down on and as for people with medical conditions they don't care at all. The housing officers allocated are incompetent more often than not and rarely almost always unreachable.
No 2 - most people have been sent in hostel with children but is not very safe or clean. Safety depend the situation of the person abuse etc. In the hostel are lots people with addiction or bully and of course the person some out from abuse situation find themselves in another no safe place. We are grateful for temporary home but even there depend the area no safe and have to deal with the agency/landlord to do anything in the property if they do it. It is not much control / check from the housing officer.
I agree with most of the themes above as it's important to make sure people have a place to live & have things in place to reduce homelessness.
No comment
The customer service I received from the housing officers and the benefits officers was really bad. They didn't used to bother replying to my emails for months on end.
This is all from my own experience.
Helping early prevents stress.
n/a
Due to my health condition I have been put 3rd floor which is not ideal the flat is in poor condition.
I got the help from council to not being homeless and all those.
So far, the service that received is good to me. When I think if that it is for everyone. Then Tower Hamlets is the best borough to live.
All ideas sound good.
Provide good quality accommodation for people who are at risk of or where they become homeless.
I strongly agree with number 1 because it says to reduce the use of temporary accommodation and to prevent them from becoming homeless.
I agree with the themes. More needs to be done to prevent rough sleeping & tackle homelessness.
1 Strongly agree because soon it is identified soon you prevent. 2 Tend to agree because the good quality of accommodation is important for the health and safety of people. 3 Neither agree nor disagree: with the same customer service you can do a good job. 4 Strongly agree: because sometimes people don't get the right support, they are not well advised. So they are confused and take a bad decision. 5 Tend to disagree because you cannot stop homeless. it will always happen. You have only to set up a good strategy to tackle when it happens. 6 Don't know this up to you.
In fact there are many people who need help. At that level, I am very satisfied with the welcome and having a reasonable place to stay. Thank you very much.

I agree will all of these points because they tackle the issue before it gets out of hand.
The quicker someone is helped to prevent homelessness the better, this impact on health, physically and mentally. Bad housing trigger my mental health and is not accommodating. Also having someone that can help is very important. Because I don't feel like staff care abouts me, my child and my situation.
Because I am also homeless and these actions will impact too.
Yes, I agree with the themes because working with people earlier to prevent them from becoming homeless. Provide good quality accommodation or people who are at risk but you should enquire first. Please make sure that people have access to the right support.
1 Because it's important to help people 2 Ensure happiness of people 3 Neutral 4 Ensure good service 5 Have sympathy
All strategies I believe are very important to prevent and reduce homelessness, the only thing do focus on do achieve these goals are to encourage and continuing providing these services in practice
Necessary action taken promptly
Helping vulnerable people should have the priority in any capacity it is hard to explain how difficult when you become homeless unless you have experience like us.
Life isn't smooth sometimes would be up and down. The person who is living as a rich person tomorrow he would be ill. That time he would need home for living. Thats why we are agreeing with you.
2 The accommodation itself is good, however I am having problems with the location. I have been given accommodation in an area with a predominantly white community, and so am having trouble with communication and getting around.
I agree because I've seen and heard stories about homelessness and how the council works.
Because six properties for needs I am thinking for best option .
I strongly agree because it would make a change.
To decrease the chance of homelessness by improving these themes people will be able to get help them lose their homes.
I agree because even though not everyone has a home Tower Hamlets is doing as much as they can.
I would not want anyone else to suffer like me and my family, which are homeless. The accommodation provider currently are not of the best quality for example the accommodation we live in is old and we have constant problems such as mould and roof leaking problems. We have been almost 8 years in this current temporary house and we are still waiting for a permanent house.
Due to personal experience.
For the good things I strongly agree, things I don't know or not sure I think it thanks. Number two I'm in 1 bedroom house I have two daughters my wife have health issues I should get good accommodation.

The temporary provided for me is clear and safe much appreciated I have been offered support to find more permanent accommodation.
I don't really agree to question 4 because I didn't get the right support when I was eligible.
<p>1 People will get a boost in money and will be able to sustain themselves so they can avoid the possibilities of becoming homeless.</p> <p>2 People will be able to use that support to not be homeless anymore if good quality accommodation is given to them.</p> <p>3 Genuinely don't understand.</p> <p>5. If rough sleeper are given shelter they won't need to sleep on the streets, they can go to shelter that are built for them.</p>
I agree because housing is a right, secondly providing help to families that are going through a bad time and helping the integration of vulnerable people we are all important, I care about the well-being of people.
<p>1 I agree with the statement and I think working with people earlier will help to prevent most of them from be homeless.</p> <p>2 Because some councils they just put people in a bad condition house and that would incur the risk for their lives.</p> <p>3 That would help to get advice quickly,</p> <p>4 Because that will let people get the best support service and get better advice.</p>
I was made homeless due to domestic abuse. I found it very hard leaving me partner as I didn't know about the support available to me to a single mother fleeing abuse. When I finally had the confidence to leave, I was faced with many hurdles and no authority wanted to help me they treated me like a liar wanting to get accommodation and this needs to change.
Without above points out contacts with housing will be poor
I have been on homeless register since September 2012 waiting to get re-housed with permanent accommodation with my family, unfortunately we are still waiting for 12 years my housing officer and housing options does not give me any clear answer or any indication that further how long do we have to wait get a secure accommodation truly frustrating and depressed.
Homelessness is a big issue especially due to the cost of living crisis. We need more effective measures in place to help more who are at risk of being homeless or are already homeless. At the moment customer service is atrocious. You can never get hold of someone via telephone or if you do, they're not very helpful / understanding emails are not responded to until a week or so later. Staff are genuinely rude as they have frequent interaction with individuals facing homelessness. However its crucial to remind them this issue is a real life struggle for those experiencing it and require empathy and understanding in their interactions.

**Q6 - Do you think the priorities will help to tackle homelessness and rough sleeping in Tower Hamlets in the next 5 years, If you have answered 'No', what do you think should be our priorities?**

I really hope so. I think there should be another specific priority surrounding young people and support as they transition into adulthood.
Substance misuse needs to be tackled in addition as this is one of the main issues.
Better services available to sign post homeless to. When I've got in contact with street link it has been hard to make any headway when I have seen people sleeping rough.
I don't know but I often see the same people begging in the same places in the borough and wonder what is happening to help them.
Some people like rough sleeping and don't want help where others want help
The priorities are sound, but will central government send the funds to enable you to take the practical steps needed to avert and remedy homelessness? E.g. building or acquiring suitable accommodation.
I only don't know because I assume homelessness will become more complex with increasing poverty and cuts to key services continue.
Priority should include building helpful staff from root level. Staffs behave rudely, ignores and applies prejudice to individual facing homelessness. Very commonly staffs lies, and instead of helping they offer hope until the legally required time runs out. As soon the time passes, staff take a different positions to excuse law thereby technically refuse to help. Early No is better than holding then No.
You need to provide accommodation in areas where people will not fall back into homelessness due to old habits or contacts dragging people down. Accommodation should be built to discourage anti-social behaviour and encourage a community and working spirit.
Lots of joined up working required, Addressing the issues e.g. the most vulnerable having access to direct deductions even when receiving UC, agreeing pathways and access to the right support for the most vulnerable when thresholds to e.g. MH continue to increase, working with landlords to mitigate the spiralling costs of providing supported accommodation e.g. Hoarding, infestations, tenant damage particularly fire doors which are £2000 to replace etc.
Perhaps more drug patrols should be allocated to Tower Hamlets to prevent homeless people fall prey or become facilitators of drug trade. It is way too visible around Whitechapel Station, never mind more hidden areas. Rough sleepers are vulnerable and should be given more support and care.
The homeless situation in my area of Whitechapel is out of control, I see the same faces on our streets daily, many of whom clearly have addiction and mental health issues. How did these people end up homeless? We need to make an effort to understand the root of these issues, offer treatment and support as well as providing a safe place for them to sleep and start their recovery.
One can set priorities but the key is in the execution and commitment. I need to see budget/staff commitment.
Working with agencies in the borough groundswell where I work for and all the other agencies trying to understand it better Employing people that have had lived in homeless experience it must be a must !

Financial investment from government needs to happen and lobbying gov to that effect
Better joint working with charities. Seeing it as less us vs them - but working together for good outcomes and to reduce overall homelessness. Networking and open conversations
Need to give more thought and planning to people with no recourse to public funds. Local authority and ICB should fund local support for this group to regularise their immigration status wherever possible
Stop developers building private homes/housing and build more council properties. This has significantly declined in Tower Hamlets...
I think it's important to give a rough time frame on how long it will take for a permanent house. it is important to highlight about the relief and exit of homelessness. It is hard to live in uncertain times where our jobs could be at risk. Especially with landlords evicting us which is in my case. There should be more emphasis on the exit of it and not just placing people in different places and calling it a day. For people who devote their lives to working in tower hamlets and taking care of its citizens and living there, it' is mind blowing the lack of care that is given when we become homeless.
priorities should be to reduce temporary accommodation length and to provide suitable permanent accommodation to homeless families
People need to be offered individualised support and assistance. There is not a one-size fits all solution. People need to be heard and their situations need to be considered.
Listen to people, contact them more frequently, see how they are, whether their accommodations are suitable, look at where they want to be placed first and try that before sending them away, especially those with young children who need support, this reduces the risk of other issues like depression, anxiety, physical changes too. I know tower hamlets is densely populated, but maybe if you spot to the homeless people first, you'd know what they truly need and try that first rather than just housing them anywhere and never contacting them again, or if you do contact them it's usually about a bill, not how they feel supported or helped
I'm currently in temporary accommodation and I have been waiting years to be offered social housing even though I was told this will take quicker. This makes me believe that tower hamlets does not meet priorities/expectations and goals
Need more communication.
To give priority to first come first serve and reduce the waiting years of homeless housing. Also to not give housing to people who are not living in homeless accommodation and to give more priority to people who are living in homeless accommodation.
Provide residents with homes.
I am still living on temporary accommodation since 2018 with my disabled child. My housing priorities is top didn't get permanent house been that time. How could I say the Tower Hamlets will provide house in next five year where I didn't get permanent house in last 6 years.
Maybe go and check how people are actually suffering and rough sleeping.
Well this should actually be carried out and support given to those in hostel/temporary accommodation
1. Build A LOT more homes. 2. Lower the time someone has to be in TH before they can go on the waiting list.

- 3. Employ competent people in the lettings department (they currently are not)
- 4. Process applications as soon as they come in.

To advocate for rent controls from private landlords and to build more suitable accommodation

I think the biggest issue and the one which all LA's are unable to do much about without committed intervention from Central Government is that of the supply of good affordable accommodation

While I think the priorities are good and well intentioned, I also think there should be a huge focus on the organisations that are already supporting homeless residents within Tower Hamlets as they are expert in what they are doing and know the client's needs and how to help them.

To better enable the existing homeless organisations in Tower Hamlets to better do their work supporting them with more suitable resources would be key and some thoughts are as follows:

Currently, homeless services commissioned by the LBTH are underfunded and under resourced and put a strain on the organisations that deliver them. Fixed financial envelopes have not changed in years, and inflationary increase has not been accounted for in many instances. Because such envelopes are fixed there is not possibility for the introduction of salary scale for workers, meaning a high turnover of staff and discontinuity of services for clients.

While the above has been going on, homelessness has increased hugely as have the complex needs of the homeless clients that require support. Simultaneously, voluntary organisations, whose mission is to alleviate this problem, are left struggling. A complete overhaul of the commissioning of homelessness services in the borough, crucially, SWEP provision and the provision of essentials like meals is vital and long overdue.

Rough sleeping fine, however, the problem is homelessness, this does not include people who are not tenants and living with family and friends but are overcrowded, they are seemed to be forgotten. Someone can easily take the homeless route by saying they are single and with dependants and need to be based in this borough, they will gain advantage and occasionally will have a property before other people on the housing list, which is not fair at all
Please build enough accommodation for residents.
I think the priorities are excellent and clear, now it is a matter of making actionable steps towards these so these goals are truly achieved
Stricter criteria on eligibility.
You have mentioned nothing about a trauma informed approach

<p>Build more social housing and reduce the threshold for those applying to the housing register                  More restrictions in who should access services                  Better training and more staff in housing</p>
<p>It's taken years for Tower Hamlets to be in this state and it will take years to unravel it all, But it has to start sometime and there has to be 100% commitment, There should be more awareness how to get help and each person should be treated as individual's and not all treated the same regarding the reasons why they are in the predicament they are in.</p>
<p>It's whether the good sounding policies are put into practice and maintained</p>
<p>Nice ideas but without a joined up council where different council departments speak to each other. I am one of the biggest HMO landlords in Tower Hamlets and I can assure you there is little support for people at risk. Actually, the council make some problems worse. I am happy to discuss any time.</p>
<p>Well, I think a priority should never be formulated as "to try to" do something. Trying is not a priority, doing something is.</p>
<p>It is great to address priorities, but there should be actually real action. We have been seeing the problem and "addressing the problem" for more than 5 years and it is just getting worse</p>
<p>Most of the rough sleepers are alcoholics or drug addicts. This is the main cause of homelessness-addiction. This needs to be dealt with, plus having so many hostels in a small radius around Bethnal green has encouraged them all to congregate in large groups in local parks and estates to take drugs and buy drugs. This happens next to my children's school and on the main roads as well. Tackling addiction which leads people to spiral and not pay bills etc needs to happen.</p>
<p>No matter what the priorities are, funding needs to be increased</p>
<p>Look at issues of people with no or limited rights to public funds, use data effectively to understand where homelessness is coming from and what responses are needed, think about no wrong door approaches and duties to refer so people in need of help don't have to go to multiple services, engage mental health and drug and alcohol services at a strategic and operational level so there is greater responsiveness. Provide additional accommodation to get people off the streets quickly, with the right support to help them stay there. Boosting staff resilience and well-being is important but services across the homelessness sector are under funding pressure and are often trying to do more with the same (or less) funding. Please ensure that frontline staff are being properly paid for difficult and challenging jobs and do all you can to give longer term contracts rather than short term ones.</p>
<p>Comprehend people mentality and give the right support in specific centres are the main priority here.</p>
<p>This will indeed tackle the issue but over 5 year period is unknown . This is because more of people accumulated in town areas rather than outer boundary . Even the new immigrants try to accompany within this space making housing a major issue . So necessary amenities should be provided in remote areas so that people are more encouraged to work and live there.</p>



It will depend on how they are implemented and if implemented with resources
Failures are down solely to management
if suitable temporary housing is available though
Not sure of our strategy and priorities
Build housing
Root cause of the issue is not being addressed. This has increased repeat street homelessness.
It will help to tackle homelessness; however this will also depend on other factors such as resources, legislative changes, geo political and economic factors.
I believe that the overarching issue is the change of needs for this cohort. The model of the current supported living is no longer financially viable.
Clear structure and processes that involve every team including who deals with all forms given to applicants e.g. HB, inventory etc..
Clearer messages need to be consistently delivered to residents that their expectations need to be managed, we cannot deliver everything they want, and a sea change of realisation amongst residents need to happen. Too many people are demanding to be accommodated in the most densely populated borough in the entire country and to expect that we can keep delivering accommodation in limited and already overcrowded geographical areas is simply unsustainable and residents need to take that on board. Population growth in this borough is significantly higher than any other borough and people need to realise that. It should not be all down to the council to tackle these issues because they cannot do this alone. Residents cannot expect things such as population increases to continue at the same pace and demand the same infinite accommodation supply it should be plainly obvious that this is unsustainable Attitudes amongst residents need to change, as does and acknowledgement of advice agencies and solicitors representing clients. They cannot realistically expect councils to deliver everything for everyone and constantly litigate and seek public funds to litigate when what they are seeking is simply not realistically achievable.
Better/continuous partnership working, ensuring up-to-date information is displayed on the website and across the borough i.e. in THH offices etc.,
Will have to see once implemented.
The priorities are good and cannot be disagreed with. I just hope more detailed work is done to look at how to implement this in reality.
As well as staff resilience focus, there needs to be equal or more support for staff wellbeing, where currently there is a distinct lack of training for those working within homelessness, both on induction to a new role and throughout the role. There also is a lack of emotional support for staff dealing with extremely high caseloads and very stressful and traumatic cases.
There needs to be significant training and resources put into homelessness services so that these priorities can become reality.
I think they are start but from the principles not clear if you are taking a holistic approach to prevent homelessness and then also supporting those who are currently homeless - i.e. are you considering mental health and physical health needs , the wider determinants of health and the

complex trauma that people who are homeless often experience. It's also not clear what you mean by temporary accommodation - there still needs to be provision like hostels etc. You also need to consider that many asylum seekers are not being granted leave to remain and becoming homeless. They also need support.
Less waiting time
More support of properties is needed
There needs to be an additional priority on improving conditions for tenants in the private rented sector
students
Looking into individual cases assessing situations , tackling homelessness quicker
I don't think your priorities have ever been about humans at all. You only care about yourselves
More empathy from the staff at the Council and their language level so it is easy to understand.
Have a process - get people off the street/sleeping Find out their issues/problems Offering help a human being
Better process to help the need for referring, more help for single people not just families, less waiting time in housing options waiting area
Build more houses make sure there is harmonious housing policies that put a cap on landlords not overcharging private tenants.
Safeguarding concerns Rehabilitation Affordability
Improve information sharing – medical
Because there isn't anything to say how just that these are the facts that's it. No strategies are or commitments are on that paper attached.
Provide permanent accommodation with no issues / problems
As disabled people, the sick the elderly, refugees who did not find housing and families with children.
I answered with 'Don't know / not sure'
You have not only to identify homeless but also to provide them with accommodation e.g. my case since 2016 until now, I still temporary accommodation.

The house holder cannot increase the rent without reason. After 5 years resident council should provide a permanent accommodation for the resident.
Investing in affordable housing providing comprehensive support service including mental health care, addiction support.
Need more social housing so that rent is affordable.

**Q7 (Underpinning the priorities will be key actions. What are the key prevention and support actions we should be providing for those at risk of or who are homeless or rough sleeping?)**

<ul style="list-style-type: none"> <li>- Providing later life learning courses and employment oriented accessible classes that do not require a fixed address to sign up.</li> <li>- Naming and spreading information on safe spaces to sleep if all else fails.</li> <li>- Counselling services and other drug prevention schemes.</li> <li>- Cracking down on drug use in the Borough, particularly those who frequent Whitechapel Station.</li> </ul>
Shelters which are well advertise do we all know about them.
Vulnerable people in their own homes need support to sustain their tenancies with private landlords and in social housing
Helping people issued with a section 21 eviction notice.
Financial support
Don't know. Where they are your tenants, give them more time to pay rent arrears and help with accessing benefits and debt advice/support. Support their mental and physical health needs by working with healthcare agencies to identify those at risk or who are experiencing homelessness. Consider working in partnerships e.g. with Doctors of the World.
Keeping close to the organisations that will be close to people at risk
<p>Accessible health and mental health services including to those without an address</p> <p>To have a strategy for wrap around support - sometimes a house is not enough, people may not be able to maintain a property if other needs are not met</p> <p>Consider new approaches to housing, e.g. shared homes (giving care for lowered rent) communal living spaces rather than an individual property approach</p>
Creating long term housing for single individuals. It will help drop one major problem from head to focus on life improvement.
Communication and seeking out those most at risk.
<p>You need to provide accommodation in areas where people will not fall back into homelessness due to old habits or contacts dragging people down.</p> <p>Accommodation should be built to discourage anti-social behaviour and encourage a community and working spirit.</p>
<p>A challenge but having appropriate affordable accommodation, hope of end goal supports those needing support to engage with plans. Greater access to IT so those experiencing homelessness can better manage their claims and attend the necessary appointments etc. Having staff in all departments demonstrating they care and that it is not just a job. Access to MDTs from the start when multiple support needs identified.</p> <p>Having the right support/accommodation for those with physical health issues e.g., ground floor accommodation</p>
More social workers hired, trained and allocated. Safe spaces created for those at risk of homelessness if they need to spend a few nights in a safe place, until temporary accommodation is provided.

Having visible outreach teams that can build trust with homeless people. There should also be a promotion of the contact and website details for people to contact if they have concerns about homeless individuals. Providing the right kind of accommodations, temporary or long term so that people feel safe.
Improving the quality and affordability of the private rented sector. Making sure people have good access to support with their mental health and addiction as these can lead to homelessness. Support post Home office decision for asylum seekers. Perhaps more options for single people?
Getting to the root cause of how these people have go into this situation and help them navigate a way out.
Enough affordable housing, and funding for services where homeless people can stay, safely, without cost.
Make it easy for people to get in touch with the council.
Early intervention, quick resolutions even if temporary.
Having understanding of alcohol and drug addiction - we will be having lots of people with no recourse to public funds asylum seekers and refugees that are being made homeless
Supporting people who are at risk of becoming homeless to prevent it from happening. Find out what the needs of the homeless are before organising support so they are consulted and not just processed by services.
More safe hostel/temp accommodation
Having a preventative approach - linking with other LA directorates
Inter-departmental working
Find people before they approach - local community to target people
We see a list of services users who have "fallen through the gap" and so don't have a clear diagnosis for example. Better joint working with charities might help us to make the vulnerabilities clearer and get better outcomes
SLAs and cross organisational xxx (MECC etc)
Meaningful intentions with people unhappy in their accommodation, people cuckooed, people feeling safe, support people in disputes with their landlord
Prevention: 1. Planning enforcement when it comes to reports made on rogue landlords 2. Increased budgetary allocation for temporary accommodation 3. Combining temporary accommodation with additional support including job seeking support
Not
Professional People to hire

Provide an accommodation
Getting the bottom of the problem, find the cause and treat it.
Give them a place to live asap and stop long process of to be accommodated.
Listening to them and make it easy to be able to reach out to the team.
Providing an emergency or shelter accommodation while studying the case and looking for an alternative
a key support action is to make sure there is a suitable accommodation for those who are rough sleeping and homeless. but also to intervene prior to becoming homes less when there are fears. To enable open communication.
Provide affordable accommodation and help financially
Why are they becoming homeless? Do they need financial/emotional/mental/physical/educational/legal support? If a person is going to become homeless due to losing a job - the council should support them in finding work. If it's due to losing a family member, they will also be grieving and will need all types of support (emotional, financial, legal etc)
Adequate, flexible services ABSOLUTELY MANDATORY - mental health and psychotherapy
Look at how many overcrowded homes there are, how many children of both and same sexes share rooms, how this may affect them becoming homeless in the future, relationships in households and disputes of physical and mental altercations can cause homelessness, automatically add children onto the housing list when they are 18 or at least ask them if they wish to be added and ask for their details to do so, especially children who come from harsher backgrounds, look at those who tend to offend and go to prison, offer them support and housing help, I think single people who have no children should be housed together in a supported accommodation rather than dishing out flats for them to not even look after when people like myself with young children would love a family home; one to look after
Better join up and collaboration across service provision across homelessness and outside of homelessness e.g. domestic abuse support services.
The case worker to be available and actually wanting to help the people who are in these situations.
Support with mental health, substance misuse and employment
Respect, consideration of their circumstances and fund services that can help. Ask the experts who work with these patients about the best approach.
Provide secure accommodation
provide appropriate support.

<p>Firstly, regular assessment of the residents should be conducted. Secondly, regular family visit should also be delivered to ensure that there is no conflict or dispute in the family. One final solution could be finding jobs to unemployed.</p>
<p>Accommodation and health care</p>
<p>Listen to them</p>
<p>Maybe because the current rental price is too high</p>
<p>I think a fresh national plan for dealing the housing crisis would be highly necessary and useful. Also, a critical assessment of homeless people will prevent misuse of the service. Eventually, the people who are really in need of support will be receiving the service and decrease the pressure over the service provider.</p>
<p>Placing them with a house and accepting their homelessness</p>
<p>I wish all homeless people can get house at soon</p>
<p>Support and think about our well-being how it's effecting us and communication instead of ignoring our emails which is poorly.</p>
<p>To give the priority for the new home.</p>
<p>I have no idea</p>
<p>By responding to them early as possible. By providing them what is needed and equal opportunity is also important. Some people are being ignored for long.</p>
<p>To give A1 priority for housing to the homeless people.</p>
<p>I think if the council builds more houses and gives attention for homeless the problem can be tackled.</p>
<p>Provide them with shelter as soon as possible and give them a home.</p>
<p>Effectively providing emergency accommodations for these individuals, to support their security and welfare.</p>
<p>Not sure of any</p>
<p>Early intervention programs: Implementing programs to identify individuals at risk of homelessness and providing necessary support services before they become homeless.</p>
<p>Affordable housing initiatives: Increasing access to affordable housing options through subsidies, rent assistance programs, and affordable housing development projects.</p>

Comprehensive Support Services, Emergency Shelter Improvements, Integration of Services, Community-Based Solutions, Advocacy and Policy Reform
Early help before they fall into the mess. Advice and should work with them.
Provide more hostels.
Council should give priority to people who is housing priority. I have housing priority but didn't get any housing officer been last 6/7 years.
To provide them with support that they require
support actions I believe the council should be providing is trying to be trying to stop making people think that they don't need a property and actually provide them with a suitable home they can be safe in.
So they feel safe
Make sure the housing officers in temporary accommodation are understanding and not targeting people because of their sexuality, making sure hostels have drinking water available 24/7
Providing adequate accommodation even if it is temporary
prioritise providing the support needed to prevent such risks and supply more options for the cases of people who as already experiencing homelessness and rough sleeping
Deliver an awareness campaign focusing on prevention; encouraging individuals to seek help at the earliest opportunity – particularly among single young people under the age of 35 – raising awareness of mediation services and ensure they are offered at earliest possible opportunity for intervention. Continue to work with our local social housing registered providers with whom we have agreed common policies and approaches to help minimise the number of social housing evictions. Improve how we capture the reasons for homelessness and identify trends, particularly in relation to cases of repeat homelessness, understanding that some people will require more support than others to sustain a tenancy in the future.
The only way to afford a home is to have a job so providing more support for people to get them job ready. And mediation with family.
Council should give priority to people who is housing priority. I have housing priority but didn't get any housing officer been last 6/7 years.
A few that I would pinpoint are substance misuse advice & support, catering services & access to mental health support services like psychotherapy.
To provide accommodation as soon as possible regarding a situation
To act quickly on receiving online homeless self-referrals, instead of these having to be chased up by caseworkers. To try limit the wait times that clients have to wait in the town hall having to be assessed or seen by a housing officer, this is not a very trauma-informed or inclusive practice for our client group of rough-sleepers and homeless clients and has quite a negative impact where the client often loses trust in the system.
When clients are known to being evicted from local authority commissioned hostels, there should be more preventative work going into these clients to try line up an alternative and smooth transition into other housing rather than high risk of returning to rough sleeping and coming to our service to do processes that perhaps should have been done already whilst the client was in housing and a form of stability.



Make more accommodation available and make it fair for everyone
Providing jobs
Tackling rogue landlords and the issue with supply and demand for the need of supported accommodation - leaving vulnerable people insecurely housed.
Don't know
We should be supporting them in holistic environments and improving temporary accommodation in both its looks and functionality. This will prevent rough sleeping because at the moment, some people will choose sleeping on the street rather than being in temporary accommodation as they feel isolated and unsupported.
Publicity on what to do if you face homelessness More outreach and case workers to provide more one on one support Bring more disused buildings back into use so they can be converted to provide short stay/hostel provision for those who are homeless
To be able to provide decent accommodation options for people experiencing homelessness or at risk. so that if services are working with them and able to work with them from the beginning of their journey, the housing options on the table are feasible and safe spaces. For example, if a client is struggling with their substance use, and we have managed to work with them to get this reduced or on a script, and then are placed in an accommodations with known dealers or known for their drug use, and this is just one example. At the moment it feels like people are set up to fail rather than be supported, therefore at less risk of being homeless again.
To provide them with the right information
This a question for someone who is being paid to solve this.
Support them with accommodation as soon as possible.
Regularly communicating with everyone registered with Housing Options to manage expectations, clearly outline what assistance might be available under which circumstances and persuading Councillors to manage expectations appropriately instead of advocating for applicants in situations where the actions of the Service were legally appropriate.
Identifying their desired outcomes and needs so they are supported to maintain their well-being and stay in accommodation- whether that be mental health needs, substance misuse needs, support/advocacy to get affairs/finances in order. They need holistic support We need to be completing homelessness assessments before people are homeless so they have somewhere to go immediately when their existing accommodation comes to an end.

<p>Eviction from the Private sector needs to be tackled through advice and support to tenants and landlords. Ensure that sufficient high support accommodation is funded/ available for those people who have experienced/may experience rough sleeping.</p>
<p>Laws need to change as a priority that compels engagement. I work in a hostel where the clients simply refuse to attend doctor appointments, Probation appointments, support sessions. They have a tenancy that by their refusal to comply with conditions results in homelessness by eviction.</p>
<p>Currently services commissioned by the LBTH are underfunded and under resourced and put strain on the organisations that deliver them. Fixed financial envelopes have not change in years, and inflationary increase has not been accounted for in many instances. Because such envelopes are fixed there is not possibility for the introduction of salary scale for workers, meaning a high turnover of staff and discontinuity of services for clients, As a result of this, as well as other factors, homelessness has increased and voluntary organisations, whose mission is to alleviate this problem, are left struggling. A complete overhaul of the commissioning of homelessness service in TH is necessary and long overdue.</p>
<p>Place trust and give the right resources to the experienced and very professional organisations within Tower Hamlets that are already performing a lot of this work with the homeless people within the borough</p>
<p>Providing commissioned partners with the necessary resources for their effective delivery of services. At Providence Row we value our long term partnership with THLA. However, we now find ourselves in a position that is unsustainable for the future.- The financial envelope for our Resource Centre contract has not increased at all for 10 years whilst the number of vulnerable clients continues to grow exponentially. So the contract is now very significantly underfunded, and discussions about this over many years have not addressed the issue. Consequently, the number of staff we employ cannot meet the needs of the service. Turnover is very high with burn out and salary level as the most common reasons for staff resigning. In addition SWEP is not appropriately resourced and the model does not work. We have highlighted these issues for a number of years but unfortunately, they have not been addressed.</p>
<p>Give Personal Budgets &amp; Unconditional Cash Transfers to homeless or at risk people. Look at work on Homelessness by Manchester Mayor Charity Support Housing First and make sure it's part of economic and social 'levelling' Demand Devolution for Councils &amp; London Mayor to put resources and powers in place. DWP conditionality causes many people to fall through the cracks. Demand for the DWP to remove conditionality of benefits for vulnerable people and those earning or living on less than £20k (or whatever is reasonable). Investigate trials &amp; Modelling of Basic Income and it's social + economic impacts. Stop landlords being able to evict without reason and insist on 2-3 months' notice. Make sure Living Wage and fair contracts are abided to in Tower Hamlets</p>

Lambeth Borough organisations came together to look at Homelessness & Health in case of interest
Provide extra support for tenants in private housing who are subject to section 21 especially. Provide support from the moment they receive the eviction letter as opposed to helping the day bailiffs throw them out. Once people are evicted and given temporary accommodation, they should have someone to regularly communicate with who works to support them with queries they may have about their temporary accommodation.
To investigate further if the case is genuine
Outreach work, to speak to people to find out the issue; not to go straight to eviction, preventative measures to stop eviction. Rough sleeping - need wraparound support for underlying issues, addictions etc, talking therapies, need someone to talk to help, support out of it
Temp accommodation should be all over the UK
Understanding trauma informed approaches and the complexities involved with people experiencing homelessness
Early intervention, finding alternative accommodation and in the areas, they want to move or where there are properties available.
Targeted support for those with mental health issues, and separately for those with drug issues.
Education training and boost of life skills Employability skills and better employment options Support accessing better education and training to boost their income and chances of saving. Financial education
Commitment, trust, non-judgemental, give people the knowledge and the help to be empowered, awareness of how to get help, advertise around the borough more key workers
Provision of shelters, shelters and more shelters for rough sleepers. Then more temporary housing for those with priority needs. Better links to other social services and mental health assessments and assistance for those with mental health issues or addictions.
There is a lot of emphasis of trying to understand these people, which is fair, humane and understandable. However, there is little empathy for the constant threat and disruption for the residents., with out of ours ASB being ineffective and practically useless and security concerns not been taken seriously enough

<p>Stop the development of luxury apartments, instead build truly affordable houses, upgrade the awful state of many current properties. Supporting older people to move away (current seaside and country homes scheme is not well known, hard to access for those without digital skills</p> <p>. Reduce the huge difference between private and council rent. Set up 'housemate - matchmaking services, including for older people living alone who would like a reliable, younger person to live with them</p>
<p>The gov the first should be see how is the really homeless and need home and the guy is good man not for ducts people.</p>
<p>Engage mental health and drug and alcohol support that are expert in working with people experiencing homelessness. Help people with status / immigration issues otherwise they will remain on the streets. Provide on-going support to people after homelessness to they do not return to the streets. Understand roots onto the streets and work with these e.g. hospital discharge, leaving prison, care, leaving Home Office accommodation. Provide appropriate accommodation for people - including move-on. For those ready to work support them into jobs with accommodation they can afford.</p>
<p>More open communication and respect Aswell. Talking from experience when I went through homelessness I was in a vulnerable situation, my marriage broke down and I became a single mum to my 3 months old daughter. The investigation officer who interrogated me (that's what it felt like) was not taking me seriously even though I had a letter from a social worker to support my case. Even now although I am in a temporary accommodation, I still feel like there isn't much communication.</p>
<p>partnership work and early warning signs and engagement with service users.</p>
<p>-Education, -give them a simple and basic social work, they can feel useful for the society and have something make ( vouchers to buy food or money to pay a part of the rent),start social programmes to have them to comprehend how a society should work and discover the best approaches of other countries and copy them</p>
<p>Good communication good customer service is the key . Knowing individual issues and tackle it .</p>
<p>Try placing in areas we are familiar with.</p>
<p>In Hostels, we need to create a safe place. We need to deal with mental health and addiction as a condition of residence.</p>
<p>Sustainable accommodation and ensuring support is providing and maintained. In particular drug users or those linked to hostels. It's hard for those to move on from hostels when they are housed with drug users or those dependant on drink or drugs.</p>
<p>Need to understand why different people may be facing homelessness - need to ensure staff are trained to prevent homelessness, which is beyond just housing staff, but in schools. colleges, health services etc, where people present with other concerns, but may be sofa surfing for example that is impacting on their mental health,</p>
<p>Examine current procedures and see what is working and what isn't.</p>
<p>Immediate temporary accommodation</p>
<p>Early intervention by Landlords to prevents tenants threatened with Eviction.(E.g. NOSP stage rather than Eviction Warrant stage)</p>
<p>accommodation, negotiating with landlords, empowering them</p>

Being trauma-informed
Early intervention Community Outreaches
What is the reason that you are homeless
More quality accessible temporary housing and hostel/BB/hotel placements so that disabled people are safe in accessible homes and don't have to move again which causes more staff time, legal challenges and harm to client. More push to go into affordable PRS and out of borough. work with councillors and public to manage expectations that everyone will get social tenancy
We need to work more closely with partners in the borough as this will manage clients' expectations
Ensuring a streamlined access to suitable accommodation, whether this is PRS, Hostel Pathway, Sheltered or Social Housing. Good quality advice on the front line, even if caseworker unavailable, ensure clients can be given advice and guidance on where there case is or how it can progress.
Actions plans and clear guides
I am not sure what is in place centrally or locally
Cost of housing and private properties being not affordable Legislation to regulate private sector is lacking
Identify how to help and provide them with support
Advice and guidance on where and how to get help. Third-party referral/signposting
More supported hostels
Joined-up agency working across the landscape to ensure the earliest possible prevention activity and cohesive service provision Data sharing will be paramount for this
For those rough sleeping smaller more bespoke hostel options are needed to get them the right support and ensure the best outcome. Reduce the number of evictions at the hostels
More staff for early intervention prevention team.
Providing support to those at risk of eviction by providing rent support and move on options to affordable accommodation before eviction
Holistic support, well-being, housing, provision for work for those employable and decent homes
aside for assistance to secure suitable accommodation, there should be upstream prevention, training, development, employment skills and financial assistance as affordability is a major issue being a central London borough.
Upstream prevention. More resources to do the prevention work.

we should have a clear Strategy for our PRS, we need to have the properties available to genuinely help clients.
PRS.
N/A
Early engagement and information around available housing options.
Earlier intervention to prevent homelessness.
Introducing online homeless application and easy uploading of documents
Early intervention programs to identify individuals and families at risk, Providing temporary accommodations and hostels, Collaboration with local organizations and charities to expand support networks
Improving information available to service users Improving joint/partnership working
Giving advice prior becoming homeless
Provide not only legislature of types of support available to them but also what support can be navigated locally and with neighbouring boroughs. Find out how they became homeless their current circumstances, and whether they have any connections to family or friends who may be able to provide immediate temporary support both for placement as well as mental stability. Do they have any underlying health conditions/additional psychological issues by carrying out risk assessments to provide the best well-rounded support with limited resources? Categorise in order of most important issue to resolve.
I believe there should be much greater prevention services for homelessness, at current homelessness staff are so stretched that there is not sufficient capacity to carry out any dedicated prevention support. This includes within Housing Advice who no longer have capacity to support tenants with court hearings to try to prevent them from being evicted from PRS. We currently have a successful prevention service for Housing Association tenants however only 2 employees for this service, I believe increasing this service with more employees would be of great benefit. I also believe additional training & resources for frontline homelessness approaches regarding how to prevent homelessness would be useful, rather than just having to prepare tenants for what to do when they do lose their tenancy.
Key services to help prevent homelessness include benefit support to resolve potential benefit issues, ensure all eligible benefits are being claimed and assistance to apply for these. It is also important for people with mental health or addiction issues to be able to be connected to appropriate support so their tenancies can be managed appropriately. This includes better training for staff on when to refer tenants to adult social care and how.
Where tenants have high needs, they need support workers to assist them in person.
I believe it may be beneficial to train current prevention staff on how to complete benefit forms, including PIP applications and how to help with this process for clients. However this would mean their caseload needs to be reduced sufficiently to allow this additional workload.

Having realistic housing options, like bringing back the sons and daughters' scheme
Not sure
n/a
Mental health and substance use support and more generally support with physical health.
More accommodation
Young people may need more support especially single
More messaging at gatherings (Community centres, action advice) and use empty commercial buildings as a temporary solution.
Have a clear support scheme for people at risk of homelessness
More support for families
I think build more homes to solve this types of problem
More awareness for homeless people
Extra homes
Be more proactive
Not sure
Work more closely with organisations such as Shelter and community organisations to work with their service users
Provide adequate support
Better quality temporary accommodation, more affordable rents, more restriction on rent restrictions for private landlords
The people who working in this area or in the city give them more priority
Education, employment
Medical
Support people that homeless that at risk what Tower Hamlets did to me in 2018 remain small to kill myself & my little boy but thank God today
Kindness, empathy, understanding, be human
Negotiate with local landlord to stop increasing rent
Early intervention - ensuring that immediate TA is provided especially identifying those who are most vulnerable that is young single and those facing domestic abuse
By giving them a temporary accommodation
Finding out the reason behind becoming homeless and attempt to support them
Keep in contact with them

Family support Help people quickly Get them back into jobs/society
Give them temporary home asap
Having a place for people to afford where they can receive help and support
-Having more affordable properties available -Interacting with the tenants before they get into rent arrears that they can't pay.
Change the referring process. No reference no room available. reduce rent liability more female only accommodation
Not sure
Don't know
Early intervention
Accommodation
The advice + assistance provided should be clearer + consistent from the initial assessment stage to manage expectation. If a homeless officer provides advice the same advice to be given by MP's
Key prevention to give support are:- Reduce homelessness and rough sleeping - Building new homes
n/a
Fair housing and accommodation for everyone
Communication in right time, make all official process bit simple and easy.
People should be supported at the early stages, when possible, rather than being kicked out of the houses with children.
Making sure the homeless people mental health is well and given them more support to show that they are not alone.
First you must identify who genuinely in need of help and at risk of being homeless. For an example you can use new tools as AI or Voice reconstruction software. Secondly, it's better to prioritise the victims depending on vulnerability, disability, families with small kids etc.
Help them as soon as there is an issue.
Work with people to make sure they don't become homeless.



Provide proper accommodation according family composition.
Supporting those with genuine needs especially mothers with children in finding accommodation that helps and contributes to their welfare and wellbeing.
More housing officers working on the ground and accompanying the people at risk to visit estate agents, more face-to-face meetings, shape needs on the individual base.
I don't know
Make a profile of building house every year to make it available for people to have homes Make rents affordable Providing social housing
Listening to them and giving them the right support by providing accommodation for them.
Helping tenants from rogue private landlord's support tenant to get social housing.
Support their mental health Employment opportunities Welfare calls
1 Prevent illegal immigration of people from government's side 2 Organise low-price hostels for people who cannot afford paying 3 If people are not able to pay, arrange volunteering jobs for people so that they can help others and themselves.
Nipping the issues in the bud. Supporting people and educating them on the importance of looking after their home and paying their bills.
Treat them firstly as human beings struggling in life. Offer them accommodation, sign post them to other services, adult social care, place them in hostels if they are unable or unwilling to stay out of streets.
Night Shelters with access to wash themselves and clothes. Food banking and places where will be access to have a warm meal. For women free sanitisers.
Providing accommodation (temporary) and helping with getting jobs
Build more and more new accommodation and provide them
Provide accommodation sooner than the current time.
Immediate support
Better customer service and better housing experience.

Visit them asap to help them
n/a
Offer more support to people who cannot speak English.
I did not ever talk to anyone who experienced homelessness, so I can't answer this question.
Finding suitable accommodation as soon as.
Build more houses
I think day to day visit to homeless and rough sleepers be good.
Provide a suitable accommodation
Psychological support and reintegration into society, offering not only shelter but also work so that there is motivation in life of every citizen who experiences homelessness.
Providing more good homes for the homelessness people. More shelters for homeless people. Lower the rent / bills and council tax.
Provide accommodation.
Firstly, you have to identify the reason which makes the people to become homeless. Sometimes no money to afford the rent. In this case please try to find a job for her / him. Sometimes divorce sometimes sickness. In all these case you have to find an appropriate solution.
I am satisfied as it is now.
Everyone will have different views regarding this sensitive subject. However, it's important that people have access to shelter, food, and water.
Better accommodation and more financial support, with help with some of the appliances needed.
Provide food, raise money, create awareness through education
Between the landlord and the resident should a long time agreement.
Just give them a place
Acknowledging families who are about to become homeless and assist them
Access to help providers, perhaps easy individual helpers with them all the way and they have what they need secured.
Everyone will have different views regarding this sensitive subject, however it's important that people have access to shelter, food and water.
Financial assistance for rent and utility payments. Access to mental health and addiction services
It's important for them to seek immediate assistance without delay, when they call or visit the officer the service they need.
Create job opportunities improve quality of life
Building up enough social accommodation, controlling the unethical rent increase (private accommodation), making landlords/estate agent more accountable in terms of repair or rent increase

Provide good quality of accommodation for people who are at risk of or where they become homeless.
A House
Explaining all options beforehand, for example like showing and explaining how we can take any action in advance to the most vulnerable community and not making them be seen as outcasts.
Help them generate homes and reach financial stability
Work together fix new household flat
<ol style="list-style-type: none"> <li>1. Prevention program</li> <li>2. Outreach program</li> <li>3. Housing Assistance</li> <li>4. Supportive Service</li> <li>5. Employment and Education Support</li> </ol>
We need more people to help homelessness
Homes if not shelters
If they are having trouble paying rent. Tower Hamlets should help them.
Try to help them find a good new house that they are happy with and located in Tower Hamlets.
Reducing application feedback responses.
For me now I have two daughter's 1st one 2 years old 2nd one 1 month I'm in 1 bedroom I understand the hard life.
I don't know.
When people get into rent arrears you should call them to arrange a minimum amount to prevent them for being homeless and for those who is sleeping rough you should ask them how you can help them a provide them with a property to meet their needs.
Have a sufficient public housing stock eliminate speculation
It will be helpful for who needs help to get special hotline number. (for everyone who is at risk / going to be homeless of who is already homeless.
Build a new generation of social rented home
Need to identify and understand why someone will firstly be in that position and then tailor services to meet that need. Create teams that support people fleeing abuse or any other key issue and advise them of policies that help them.
Immediate housing (floor and roof)
n/a don't know

More social housing .Reduced rent for working families who earn too much to receive universal credit but not enough to keep afloat.

**Q8- What actions could be taken to improve customer service and individual's experience of using the Service?**

A range of individuals from different backgrounds, all with positive attitudes and a belief that we can end homelessness, so that people feel as comfortable as possible.
People answering the phone and getting back to me when I have been concerned re rough sleepers.
Accountability and staff taking responsibility
Making sure that all communication is available in all the different languages in Tower Hamlets.
To see a friendly face someone who doesn't judge them
Knowing how to access the service in the first place. How do you achieve this if they are living on the streets - do you have outreach teams? Please treat them with respect and appreciate that they may not always be polite because of the stress and uncertainty and health conditions (including alcohol and drug dependency) but that these poor behaviours are not personally intended. Train staff in resilience and educate them around the issues of how homelessness impacts on people's behaviour.
Don't know about this
Good inclusive training (mental health, intersectionality, cultural competency Different language speakers Less steps to support / one door approach / joining up services Good easy to understand signposting for homeless people for support/ resources/ food

Personnel training and guidelines to provide the service as much as possible and as quickly as possible.
Respect and empathy.
Being able to reach a person promptly (under 30 minutes).
Essential is good communication with client and various teams, Clarity as to the objectives minimising duplication. Ensuring that the resident has a voice, clarity from the start as to what is and what is not possible so no assumptions are made as to what the pathway will be. Clarity as to consequences of revolving door failure to pay rent/service charge, being abusive to staff and or other residents, failure to follow H&S guidelines, partaking in ASB etc.
Not sure
The quality of the teams and staff makes a huge difference. Homeless people will be vulnerable and complex and need skilled people to work with them.
Maybe having one named person who will support individuals through the maze of housing issues rather than passing people on from pillar to post, having to repeat stories.
Getting out on there and speaking to people on the streets. Connecting with individuals who are attending soup kitchens or other support services in the area such as Spitalfields Crypt Trust.
Minimise the layers of administration between a person-at-risk and a key worker. Ideally, starting with a phone call which is answered by a human being.
Someone they can speak to
Employing people that understand homelessness lived in experience must be a priority
Listening to people. Provide outreach homelessness workers for those sleeping rough.
Less waiting times, more understanding of vulnerability
Using people with lived experience to develop strategy
Peer-to-peer involvement
Empathy/ realistic expectations etc
Clearer appointments. Appointments quicker for those in crisis
Outreach/in-reach - peripatic (sic) working for assessments
See housing officer promptly. Be able to contact their housing officer, Caseloads realistic to allow housing officers to do their jobs

<ol style="list-style-type: none"> <li>1. Availability of diverse officers dealing with the homeless including gender, race and language diversity.</li> <li>2. Regular training on empathy</li> <li>3. Regular counselling for officers dealing with persons experiencing homelessness</li> </ol>
Homelessness support available
To teach the staff in Tower Hamlets to respect people who's in need
Kind staff
<ol style="list-style-type: none"> <li>1. The amount of time spent on automated messages while trying to reach customer service on telephone.</li> <li>2. An online appointment booking system to reach to individual housing officer. As I found it so hard to get hold of my housing officer for more than a year now.</li> <li>3. Issues like rent arrears and payment plan should be dealt with other staff if that particular housing officer is not available.</li> </ol>
I can never reach my Housing officer. Always goes voicemail. Like he does care for basic questions...
Employ a qualified and expert staff to deal with this matter
A better understanding of how the process works, how to access support and guidance and when. A lot of this is not spoken about and feels like we constantly have to reach out to those who should reach out to us. I understand the workload is a lot but going into the offices myself many times, the customer service is appalling and leaves people in confusion and pain.
I think to have more helpful housing officers and shorter queues.
More financial support and understanding of our situations.
Having a customer service team who are compassionate and empathetic to residents, and simpler process
Retention of staff, better training in hostels
All housing officers should check in with their clients at least once every couple of months, to see how they are finding their accommodation
Better join up across service and homeless providing being more aware referral pathways for individual who are homeless based on their circumstance.
I believe I was told there are shortage of staff. Maybe they need to come up with a better way to deal with everyone or hire more staff

Communication and an awareness that not everyone has access to phones/laptops
Trauma informed approach, respect, kindness, understanding of patient's circumstances and adapting communication to their needs. For instance if there is substance misuse or Alcohol problems, being aware of that so you understand their needs which will improve engagement, just an example.
More online services 24/7 and more available customer advisors
Response as quick as possible.
Firstly, good communication between the two parties. Secondly, dealing with people according to their needs and choices not according to our choices and needs. One final thing is to treat people fairly not equally as some need more attention.
If it was less complicated, there's a lot of information needed which someone who's homeless may not always have access too.
Understanding customers situation
Act friendly so people can comply with what you ask
I think a clear explanation of the system would be helping a lot the customers to have a clear vision what is happening to his/her situation.
I feel like staff paint everyone with the same brush and have been treated really badly previously which caused me a great deal of trauma. I no longer directly deal with the council and use support workers
They are very helpful for the homeless people.
Communication and understanding each vulnerable situation
To keep in touch with the customer
continues communicate with customers or let customer provide their feedback flexible
Quick response and taking every situation seriously, not other way round like others in not important.
To make sure the workers should be supervised and actually do their work and work more faster and efficiently, rather than replying or acting after a few months or Yr.
In my opinion, Serving equal opportunity with full sympathy is the best way.
Experienced staff and willing to work not to time pass and take salary. People that has knowledge of their jobs and responsibilities. Willing to help residents with their needs.
You can consider providing more multilingual staff members on calls, to help ease communication barriers.
Maybe training

Empathetic and respectful interactions: Train staff to interact with empathy, compassion, and respect, ensuring that individuals feel valued and supported throughout their interactions with the service.
Train staff on communication and empathy, Implement customer feedback mechanisms, Personalize the customer experience, Ensure quick response times, Provide robust self-service options, Proactively follow up with customers, Empower employees to make decisions, Ensure services are accessible to all and Create loyalty programs.
Speaking with them. Sitting down and listening to them. Being empathetic
Speak to adviser more.
Please build up house for homeless people and gave urgently house who ever been waiting for long time. Urgently means as soon as possible.
Not sure
Housing officers being in contact more The right services they can email or call!
Being able to meet everyone's needs
Better support for issues with housing officers, the way they treat people is not ok. Causing my mental health to deteriorate. Causing me to self-harm more regularly too and coming in the room without notice when I am sleeping naked. And also demanding I tidy when I have broken my foot and I cannot stand.
Regularly update those who have gone homeless so they are aware of an approximate time they will receive accommodation.
support the workers who are working for the people as their help will greatly improve the individual's experience
Managing residents' expectations • Improve the council's digital offer to residents and enhancing resident's self-service capabilities. Explore how working arrangements with mental health, substance misuse and social care services can be improved.
Provide a customer charter that states dates and deadlines for getting back to people and the process so people know where they are. Making sure it's realistic so people's expectations aren't unrealistic.
From my perspective, I feel like the main feelings of our clients are often that of frustration, so maybe some sort of training on how to support clients through that. Additionally, it would be ideal to have an overarching survey/satisfaction report that clients using services could fill out



with or without the help of a staff member to let us know what can be done better & how they would feel more supported. This information can only come for the source.
Quick response with action
More updates to both clients and case workers throughout processes of HRAs and housing applications. Improved timely communication to parties involved. Often the local authority already have documents stored on their systems, which as a case worker for a charity I can view on CDP, and often these documents are asked by the client when they don't need to be because they are already on the database, so more checking is needed.
Train and employ competent staff - they really are a joke tbh.
Answering to customer queries promptly and take their concerns seriously
Need more good people for customer satisfaction.
To provide a timeframe within which they will be contacted from the date of the homelessness application.
To keep the customer service provider more accessible that people can reach and the customer service can recognise the issues as soon as possible to sort them out.
Going along with my above answer about the importance of environments whilst accessing support and clear move on plans to keep people in the loop. By being transparent with the client it motivates them more to stay engaged and have hope that they will move on. At the moment there is nowhere to move them on too from TA so it is really difficult.
well trained caseworkers, easy access to advice where you speak to someone not a pre-recorded message in a timely manner Having staff that get back to people when they say they will.
To have more holistic and respectful environments for clients, where they are supported and encouraged to want to come back and ask for help in the future.
As above
Less waiting period for the accommodation.
More funding for services.

<p>Monitoring and sharing customer service experience with officers, disseminating KPIs to officers and teams for discussion and feedback to SMT, e.g., "Provide suggestions on how we can improve x KPI.", actively listen to staff suggestions around service improvement, provide a dashboard for applicants to easily see the progress of their application and hold the Service to account for below-par performance, making much better use of the Cafe module (which allows applicants to communicate directly with their case officer) as officers' email inboxes are often overwhelmed, improving the resources available to Housing Options (more staff, more streamlined processes, more compassion and more joined-up working), the restructuring of the organisation to remove the 'silo' structure that has persisted for over 20 years, formalise and document all processes so applicants are guaranteed consistent advice, regardless of which team they speak to.</p>
<p>Transparency, clear explanation of the homelessness pathway and service so they know time frames and what to expect. Clear phone numbers and contact options, especially contact options if someone does not have a phone or cannot travel to the town hall. They need to know where homeless hubs and resources are in the community.</p>
<p>Don't judge homeless people before you get to know their individual stories.</p>
<p>Customer service would be demonstrably improved by ensuring appropriate numbers of support staff with salaries reflecting the market for skills required.</p>
<p>Homeless people pay about £15 for sleeping shelters. It's a service yet - they are kicked out early in morning because staff need to clean and staff are demoralised and don't treat rough sleepers well. How can "customers" wash and do any admin or try to change their situation if they are back on the streets early morning ? How can they help each other ? In (my Borough) Lambeth The Soup Kitchen Project wants to make a hotel or housing run by and for homeless people where they rotate work hours and are paid.          - \$50 per month can be enough to help ! Look at the experiences of Homeless people receiving BI they get INTO HOUSING and into WORK          This is proved in different locations and countries for homeless trials OR in the UK it costs £50 per night for accommodation or about £27,000 a year to 'service' a per person ! so Basic Income is a cost effective solution in comparison.</p>
<p>Clear communication channels and up to date information. It is an incredibly distressing process being homeless and struggling to find the correct information.</p>
<p>Find out more information and how they can prevent this</p>

There needs to be a named person or way to go directly go to someone for support. When people keep being referred/pushed pillar to post, they feel even more lost and confused and it's very difficult to get help
Online and easy to understand - create a portal.
I don't understand this question - who is the customer? Who is the individual.?
Early intervention and meeting with the customers.
More face to face interaction at all levels with the various sectors of rough sleepers.
Compassion when dealing with vulnerable adults Better training in clinical skills when assessing applicants Have culturally understanding of local authority's main ethnic backgrounds More language lines and Esol classes for foreigners wanting to access services
Training, empathy, treat people with dignity and respect, understanding, sign posting to the correct departments, having patients. The service user needs to know they can be treated with dignity and respect they need to know they are not going to be judge, they need information to help empowerment and to make informal choices, they should be offered an advocate to advocate on their behalf.
The provision of services to those in need would surely improve the individual's experience using the service...
Customer service for who? Homeless or residents?
Improve the Residents Hub feel - not to have first contact with Security Officer
Downsizing information sessions
Leave the phone
No wrong door / duty to refer across public bodies (so people don't have to go to multiple agencies for help). Get public services to agree to prioritise homelessness / rough seeping so they don't have to wait for a response. Train staff to be trauma informed.

More open communication (and better) between the council and the individuals. Especially when trying to get in contact via telephone. Sometimes it takes ages to speak to someone especially when reporting repairs. Also keeping individual's up to date with the changes of housing officers allocated to your case.
dealing with customers in a respective manner, easier more streamlined processes that are explained to service users. bigger, ,more organised space in resident's hub.
practical support to help them to change their behaviour
The customer service in tower hamlet is so bad . Timely response to email especially is rare. I will encourage more online chat option along with telephone to improve service and to respond quickly.
Not having long waiting times to be placed in accommodation.
Many residents want to have clear boundaries and be protected.
Not sure but I would imagine like any good customer service, reliable, supportive and responsive.
Would be important for the LGBT+ community for customer services to be familiar with the needs of the community, to be able to ask about someone's gender identity or sexual orientation and to understand how this may be playing a part in someone's risk of homelessness, or also what accommodation is appropriate to offer someone who is homeless - and to understand the fear of violence from homophobia /transphobia is real
Examine current procedures and see what is working and what isn't.
Actioning feedback
More staff to help them. Better, co-ordinated IT systems(1 instead of 3 systems, as at present)
making the reception (Residence Hub) Early intervention easier to navigate
Listening and support
Customer survey Staff survey about frontline service delivery
customer focused, focus groups for feed back
not sure don't work in homelessness front door services
For members and the mayor's office to manage client's expectation
n/a
Clear processes and procedures so clients can understand how their application / journey is being handled and where they sit within the broader service.

Regular staff training and feedback sessions/ meetings
I consider this to be a grey area, but we do need to ensure that we are realistic to what we can provide
more availability of good quality housing
one to one interaction and more accessibility to officers
Less analogue approach to service delivery
Returning client's phone calls and emails. Updating clients on their case/assessment.
Simplified and clear policy and processes which are aligned across the agencies
reduce waiting times at the hub for those with complex needs
Support to complete referral forms
organisation and well-staffed teams to work with clients
The structure of the service needs to be looked at again, an internal customer services team, triage service, accessible service, co-location, work with the community at community settings and venues. We need more staff in the right roles.
knowing when to get advice.
More front line staff, processes and policies to underpin the work that is being done.
Customer service training
Include Staffs sharing their good practice stories in meeting, this can be great learning for all
n/A
Communication is key, regularly and clearly.
Managing customers' expectations as they are disproportionate to what we can deliver
Operational reception .i.e. Qmatic system, good scanners/copies in reception, and individual interview rooms, loud speaker, update on website or temporary use of leaflets etc.

Tailoring communication to individual needs and preferences can make interactions more meaningful and effective, Ensuring timely responses to queries and concerns can significantly enhance customer satisfaction, Encouraging feedback and actively listening to customers' suggestions and concerns can help identify areas for improvement and demonstrate a commitment to excellence.
Improving the customer journey on approaching the service Have a Triage team dealing with homeless queries at the outset
communication
Training and supporting staff development to deal with this type of client. update any resources and online resources for staff to use to help deal with cases more effectively. Having updated contact information of partners and other third-sector organisations that may be better suited to support and for better cross-partnership working to prevent rough sleeping. Benchmarking with other local authorities and using data from both local authorities and central government to see trends and areas of concern. What is currently working and what has worked in the past?
Working with our Partners more closely so that they can advise their customers/clients of what help they are realistically going to get.
none
more empathy, provide multiple support when needed and be able to direct them to other services with ease. be able to find solution out of your own job role. this will help resolve issues faster.
Already just completed this survey, but wanted to add here, I think ensuring there are fully trained triage officers when dealing with homelessness applications to ensure it is passed onto the correct team is essential. Very often, cases are passed through to the wrong team which means clients appointments can be delayed/cancelled which is poor service to the client. There is also a poor system when people present at the resident's hub, often waiting hours to be seen, a proper ticketing service is required, or timed appointments, so clients are not missed or waiting around. I also believe there needs to be services again where clients who are not internet savvy can be assisted to complete benefit applications including Housing Benefit, Council Tax Reduction but ideally other benefits such as UC or PIP to save problems mounting up without appropriate support. If these services are available, they need to be communicated more to staff and the public as I am not entirely sure of these services.
To provide a better customer service there needs to be much better training for staff to complete their duties appropriately, but also the time and resources to allow this also.
Training staff to be trauma informed
More options
More caseworkers so you don't have to wait so long
Have someone they can speak to and have a suitable housing for them
If they are more friendly to with customer it's going to be happy

How more appointments for residents
Customer Service e.g. Bangladesh Speaker
Housing Team was very supportive
Better communication, updates more follow-ups
Make it easier for people with disabilities / health issues to access services by phone
Help with the application process
No improvement required
Take all the information before the evaluation
Longer opening times, maybe being based in local supermarket or Mosque
Better interpreting service, quicker service at HO
Being more honest, not pushing to pillar to post
they should not be employed evil social worker like the person they allocated for me, she nearly kill me & my child
Everything needs improving, you have the worst customer service. replace everyone
Communication
Training for staff and continuous review and feedback from customers. Customers still complain how awful the interaction and service with council staff is including not responding to queries, not answering to phones, being passed from one person to another etc
To take their problems more seriously
More communication between housing officers and customers
Listening skills showing empathy and understanding
1. Quick response via phone/emails 2. Speak to real people on phone
By keeping meeting times accurate + answering phones, emails promptly
Politeness, understanding, speaking in language the customer is compatible with
More face to face interactions as some people struggle to express themselves over the phone.
Better online of what to expect when you come to the Residents Hub
More staff better information
Don't know
Making sure everyone understands their needs

Help line empathetic staff
In house training. Customer service staff should get similar shelter training / crisis training
Contacting face to face with customer Avoiding phone appointment Attend residential area to inspect the situation
Staff are more kind and understanding
Proper signposting and communication time not too lengthy with the person who has risk of homelessness
Better customer service, having someone available to explain the procedure, and when we have question someone to answer them, in my experience I had no support, I still don't know how the process is going.
Having good communication skills with your resident when they need your support during their difficult times.
For customer service you better recruit people with various cultural and ethnic background. If it's a majority of one community, then service will fail of favouritisms and will be disadvantage for others.
They're very helpful, I enjoy their service.
Listen to people and be sensitive towards their situation.
Staff training.
Having access to customer service, it's very difficult to speak to customer service most of the times.
More training on new law, empathy and managing behaviour courses, recruiting different background staff for understanding all people differences.
To have more properties for single people
Employ capable people who know about social housing and enforce social housing rules and regulations employ who have communication skills to deal with social housing issues relating to homelessness.
They need to feel understood, heard and served. Active listening to them, getting feedback to see what's working well.



<p>Comforting staff Ease of information Equality + Diversity</p>
<p>1 Employees should be better trained on how to deal with requests and complaints. 2 The company must set realistic expectations for its customers service department, being clear about what they can and cannot do.</p>
<p>listening to people's needs</p>
<p>Respect and compassion towards people who are already in a hard place. Start with the facts and offer support, give true information and transparency from outset make housing officers available and accessible and accountable for their job role.</p>
<p>Be more empathetic and supportive morally. No be judge by the situation.</p>
<p>n/a</p>
<p>Provide more skilled people</p>
<p>Respond to emails within 5 working days instead of a whole month or 2.</p>
<p>Once I was rehoused in temporary accommodation TH have not contacted me. It has been almost 2 years.</p>
<p>Customer voice is heard.</p>
<p>Better housing facilities.</p>
<p>More staff</p>
<p>n/a</p>
<p>house more people in housing team Need more face to advisors.</p>
<p>No idea, sorry.</p>
<p>I experienced racism in the customer service. All people should be treated the same.</p>
<p>Improve the amount of staff</p>
<p>I have no idea.</p>
<p>Fulfilling the residents' issues</p>
<p>Every 6 months face to face appointment with the case manager for essential updates.</p>
<p>Understanding customers more clearly. Support the customer with disabilities / help them out more.</p>

Able to get through + contact someone.
Some appropriate training
I am satisfied as it is now.
Training staff ensuring they are friendlier and easier to approach.
Staff to listen to individuals, be more empathic with people's situation and show care, be realistic and not what they can't achieve. Not to make us feel like we are pitied.
Clear communication donations therapy for homeless people
Understanding the service they are receiving and the benefits.
answering calls and having good customer service. BEING PATIENT with those who can't speak English.
Training staff ensuring they are more friendly, helpful.
The service can be achieved through personalised care management, empathy and understanding from service providers.
A good customer service
Helpful minded
1 Non judgement approach from housing options officers 2 Understanding residents and the overall needs of diverse community in Tower Hamlets
Everybody should get good home. Anybody shouldn't rough sleep.
For the people to be patient and thoroughly explain everything in advance. Also for them to actually help with the referring rather than just letting people know as some struggle with communication.
Easier reach the communication.
I don't know
Clear and responsive communication empathy and understanding well trained and knowledgeable staff proactive problem solving
I went through that situation so homeless needs more help.

Responding quicker on emails.
Staff should treat us nicer.
Much clear communication with the homeless department.
Better communication.
When someone contacts about any emergency issues they need to look after them as soon as possible.
More follow ups.
It's very hard to contact the homeless team they should have a direct number with more workers to answer calls.
Help these people by providing them jobs so they have money to have a house / are able to sustain themselves. Build shelters for these people until they are able to sustain themselves.
They do what they can, everything can improve.
Council numbers should be available I told above about special hotline number to be reached.
Encourage honest customer feed back
Stop treating homeless people as though they are lying and rent council accommodation, support them they are going through a lot. I was feeling suicidal due to the lack of support I had from the council.
immediate intervention to support homeless persons
Housing officer and housing options should liaise with customers with help and transparency, those who are registered on a homeless waiting list are also human being not just a number.
Staff that are knowledgeable and show empathy staff need to work on their customer service skills and maintain a polite demeanour in their interactions respond to calls / emails in a timely manner Explain processes clearly rather than me asking probing questions.

**Q9: What actions would help us to provide suitable and affordable accommodation?**

More money which is hard to find I know.
- Increase the percentage of affordable houses in TH. Actually affordable, not just a decrease that doesn't mean anything. - Maybe grants for landlords that have high standard properties to offer their properties for lower prices?
More funding for local housing and support services.
Reduced rents in the private sector, modular housing units which can be erected quickly and easily
Building more really affordable housing.
More housing
Money from central government!!!! Where they are refugees, fear from being exposed to home office intervention/removal.
I don't know what is already in place - but - having a defined programme of progression to help people move through to becoming independent again.
Encourage the selling back of private properties Continue to consider filling unused spaces with social housing (like the flats on Shetland Road) More regulation of landlords / working with them to help people with DSS into rented property/ filling unused property
1. Building flats 2. Modifying bigger houses 3. Opening mechanisms for households to sponsor homeless individuals for incentives and doing so that households wouldn't suffer other types of burdens imposed by authorities. This way households may use available space legally for as long as a homeless individual needs until a permanent accommodation.
Maintenance of housing stock, investigation of empty properties,

Working with landlords as to the challenges and escalation costs of providing supported housing. e.g. infestations, damage to property, How can these be mitigated? If we continue to lose access to support housing provided by council/ housing associations the dependency on hotels and emergency accommodation will only increase.
More cooperation with the local real estate developers who should contribute financially to offering more accommodation for vulnerable people and those at risk of homelessness.
It's a difficult financial time but there are also lots of empty office spaces in London. Perhaps they could be considered for developing into accommodation. Could the local community help with providing the skills and materials akin to DIY SOS to help get this done where money is the barrier.
Making sure that when new homes are built, they meet the needs of the local community rather than property developers - at least a proportion should be truly affordable.
Making use of empty buildings. More shelters for those who are on the streets.
Working with hotels or creating purpose-built accommodation that can be simple but must be clean and warm and give people enough space.
More home building! Increase supply. Support for TH residents who want to downsize their accommodation, Support for TH residents to make a room available for rent as a live-in landlord.
Identify space perhaps within unused council accommodation
Working with the council housing associations having fast track to help people
Provide good quality housing. Support tenants and or residents associations. Hold landlords to account.
Investing in more temporary accommodation and not closing hostel spaces
Being creative - look at what other borough are doing

Working and attracting new, good landlords
Vote for a new government
Better procurement. Clear indicators to frontline workers in the sector about who would and wouldn't meet priority so that the system is not overwhelmed. But ultimately supply
cross-borough partnerships and cross-departmental commissioning / resource allocation
Buy good quality accommodation where possible. Access quality accommodation provided. Housing first and increase floating support. More affordable housing to be built
<ol style="list-style-type: none"> <li>1. Increased budgetary allocation for accommodation</li> <li>2. Priority housing in affordable housing to be allocated to persons experiencing or recently experiencing homelessness</li> <li>3. Increased research on homelessness</li> </ol>
Rent control
To help people
Knowing the needs and ability of the receiving person
Working closely to individuals on what they want to do next regarding to their plan and assessing their situation to moving to a more permanent settlement home.
Restructuring the whole service.
Priorities the homeless and provide the affordable accommodation

The financial resources of someone/a family and the challenges of it. There should be more depth into finance especially for single parent households who are struggling with children in full time education and parents working 7 days a week to make ends meet.
Check the accommodation before placing people in certain environments. Some properties are unsuitable for people with young children.
Temporary accommodation is not suitable for families with children. The rent is extremely high and it's not affordable for any person to live comfortably without stressing. We should be given priority for permanent housing
Reevaluating budgets. Making use of abandoned businesses, offices and schools.
Improve staff at hostels, more longer term options
I don't think anything will help, London prices are London prices, some homes I see on the bidding are the same prices as private rented ones, that's not council price
affordable good quality housing -
Not sure
Not sure
Not an expert on housing system.
More social housing needs to be available rather than selling these off to private sector. This contributes to the rich being rich and poor remaining poor
build more accommodation.
contact the people to discuss with them their needs before taking any decision. Also, priorities should be for those who form strong local connection to the area and schools. additionally, the number of big families should be taken into account and prioritised.

Taking into consideration their situation, e.g. providing a family who have a baby a suitable room with a toilet in the room for example rather than a shared bathroom.
Each individuals are different therefore requires different affordable accommodation.
like being kicked out by a landlord or a single mother who doesn't have a job
I think building more houses and stopping misuse of the service results to provision of suitable and affordable accommodation to the people in need.
All need to help each other's to get suitable accommodation.
Not sure
To build new property in the borough.
I do not know
I have no idea
Give people more of an option when giving housing.
By categorising people as their in need specially for disabled and vulnerable people.
Build a in house residential flats (hotel rooms) where council can keep homeless residents until somewhere placed rather than paying lots of money to hotels and private companies for accommodations.
demolishing desolate and out of use buildings and creating more spaces for council accommodation. Or refurbishing these areas if they are adequately liveable.
Maybe more housing funds



<p>Housing first approach: Prioritize a “housing first” approach that focuses on quickly providing stable housing to individuals experiencing homelessness, with the understanding that access to housing is a fundamental first step towards addressing other challenges they may face.                  Affordable housing development: Invest in the construction or renovation of affordable housing units to increase the supply of affordable accommodation options in the community.</p>
<ol style="list-style-type: none"> <li>1. Increase housing supply through new developments.</li> <li>2. Offer housing subsidies or vouchers for affordability.</li> <li>3. Incentivize the development of affordable housing units.</li> <li>4. Implement zoning reforms to allow for high-density and mixed-use developments.</li> <li>5. Establish community land trusts to maintain affordable housing stock.</li> </ol>
<p>More funding into this area. Building more homes. Reducing the costs of rent, council tax etc.</p>
<p>Give more support.</p>
<p>Talk to the people directly who needs house. Follow the priority of people needs and move them to the permanent house.</p>
<p>Take everything into account</p>
<p>Make more houses</p>
<p>Being affordable for everyone</p>
<p>Gaining more council properties</p>
<p>Local accommodation to their current work placement.</p>
<p>provide a variety of realistic jobs options for people who struggle to attain one</p>

Develop an improved ‘Move on’ offer to residents living in temporary accommodation – to include support in bidding for appropriate social housing homes and to find alternative housing solutions in the private rent sector with regular occupancy reviews. Provide enhanced information and support to customers on how to search for PRS properties to enable them to undertake future searches independently.
accepting that we have to provide accommodation outside the borough in cheaper areas. Paying market rates for housing people inside the borough presumably means you can't house as many households as you could if you used cheaper accommodation.
Identification of family ties, if any. Being housed somewhere close to a potential support system could make for a more sustainable way of housing, as people tend to come in and out of homelessness quite often.
Provide a suitable property with all the boxes tick such as spaces clean and safe and give space as people needs.
Perhaps more partnerships with housing associations, I think this can be a good option for many clients and offers a lot more security than PRS. However, as a third sector charity we can rarely make direct referrals to these organisations. When working with clients who are also working with LBTH, this has not been an option offered. More robust support with the PRS option offered by LBTH, I have seen this option offered to many clients as their only pathway but have not had a client been given a single offer or viewing so perhaps more connections with regulated landlords near to the borough. More support from housing officers with external referrals such as Clearing House or other appropriate housing schemes. Increase TA in or near to the borough - we have had many issues with our clients being given TA which is very far and away from their support networks in Tower Hamlets which increases risk of abandoning and also risk of disengaging with services such as with Reset Drug and Alcohol Treatment.
Lower rent prices More benefit to help with housing cost
Need more housing
Clear partnerships between trusted housing provider such as housing associations and letting agents.
Make sure there are enough homes to go around. get building!
Don't know

<p>To have rent controls on private landlords. Going along with my above point about there not being suitable and affordable accommodation after TA because there aren't enough council houses and also no one wants to go into private accommodation because it is horrifically unaffordable. The government needs to introduce rent controls on private accommodation and build more council houses.</p>
<p>Accepting that in the short/medium term many areas of London is not likely to be the place where that's going to happen. Ensure those that have to move Londoner have access to appropriate service and infrastructure to make their lives as comfortable as it can be. Incentivise landlords to make their properties available for renting . The longer they rent it for more they get.</p>
<p>having a process with landlords/landlady's where the accommodation is inspected and safe for clients. As well as having more social housing to accept more clients.</p>
<p>To find the most priority people</p>
<p>As above</p>
<p>Reducing rent prices and make it affordable for everyone.</p>
<p>Imposing rent controls on private landlords, mandatory HMO licensing across the entire borough, mandatory physical inspection of all properties under consideration for use as TA, a zero-tolerance approach to disrepair, harassment and illegal evictions, compulsory purchase of abandoned land or properties for development of 100% social housing blocks.</p>
<p>No comment</p>
<p>Managing and reigning in rogue landlords, ensuring good quality and affordable housing/accommodation is available to the people who helped make Tower Hamlets the borough it is today. Currently, it seems the only people who can afford a decent life in the borough are those who are new to the borough begging the question, where do those who grew up in and call Tower Hamlets 'home' go?</p>
<p>This has to be linked to the funding that THLA receives from central Government. Advocacy to achieve this in collaboration with partners organisations may have new impetus after the forthcoming general election.</p>
<p>- Find cooperation across SECTORS /ORGANISATIONS this was told to me by a Homeless person! -Work REGIONALLY to buy or rent land for Housing. Work with Land Trusts and Commissions., Housing Associations and create cooperatives that handle the work instead of profit grabbing companies. Let Communities Build Housing that's modular or ecological in urban pockets or brownfield sites. <a href="https://allia.org.uk/our-blogs-and-news/new-allia-film-shows-how-modular-homes-can-help-address-homelessness">https://allia.org.uk/our-blogs-and-news/new-allia-film-shows-how-modular-homes-can-help-address-homelessness</a></p>

Higher cooperation tax in tower hamlets and conditions placed on new building developments to construct affordable housing.
Do more research on the case, maybe to deter unfair advantage, showing people they may move out the borough will change things
Build more affordable housing Benefits to support rent etc
Offer homes all over the UK
Empty spaces, entrepreneurs, people who think outside the box, disrupters of outdated ways of creating policy and how about new ways of thinking like if people do want to sleep on the street then design somewhere for them to do it maybe (that's controversial my last point - I have a lifetime of experience of the complexities so you know I am coming from knowing the complexities) - Scotland are doing some new ways of trying things out and Portugal. The old ways of punitive just doesn't work - our systems are outdated - a lot of these issues are trauma related complexities and adverse childhood experiences in origin - keep punishing people and shunting them around or trying quick fixes do not really work for life long issues - where is the compassion
Discuss with Allocations / Lettings team in the council and other RSL to provide voids listing.
Easing of planning laws.
Build more affordable and social housing Partner with landlords and housing providers that are not lucrative from vulnerable adults but that offer affordable housing Deal with government to push for more housing support to stop inflation on rental market and building of 1/2 bedrooms leaving families with no space to live.
organisations (housing associations, council, voluntary organisations) should be given budgets to set up schemes to help people back on their feet, everyone would have an assessment to see what they need this assessment would be able to determine their needs holistically .
Not selling social housing to developers left and right would be a good start, no?

We pay you and elect you to do this
Prioritising the building of genuinely affordable accommodation in redevelopments. Providing move-on accommodation so hostels are not silted up. Encouraging / incentivising private landlords to rent to people in housing need. Explore small scale, difficult site development and the release of public land for development.,
Ensuring the quality of accommodation meets the needs of the individual. My flat is very cold during winter due to the old and poor quality of windows and doors. Individuals should also be given the chance to see the accommodation before moving in to a temporary accommodation or a permanent accommodation.
Government - with my taxes too - should build accommodations with close laboratories/workshops to allow them to leave in an affordable situation OR Renew old buildings and create new simple accommodations. Obviously, make sure they will be supervised
lobbying developers to provide low cost housing with each development
Work with other borough where there is plenty of space and accommodation to move people out of town .
More inspection of properties before sending clients there.
Cost is always going to be difficult; the hostels are too big.
areas away from hotspot areas which may cause them to being cuckooed.
To know the circumstances and needs of the individual to be able to provide suitable accommodation. To have a range of models of service provision to meet differing needs
Examine current procedures and see what is working and what isn't.
Identify and requisitioning empty stock
Build more social housing.

Early intervention networking
build more homes
Procurement being less cumbersome Building our own TA
wider use of out of borough accommodation
more council owned stock which we could adapt and control the rent. using empty buildings and shops/offices. using more prefabricated pod solutions
To increase incentives to landlord and sign a longer tenancy period rather than 2 years. Landlord to agree for a 5 year tenancy rather than 2 year
closer working
Competitive incentives rates to ensure private sector partners want to work with the council. More negotiators / focus on expanding the supply of PRS accommodation.
Funding and building relationships with Landlords.
Informing client to where we stand as a local authority and what is available to clients in the area. we need to encourage clients that all services that they have aces to in London they are able to access outside of London.
Push for better legislation
Source more accommodation
Less use of Hotels/B&B accommodation
Further away from Tower Hamlets. Carrying out checks to make sure the accommodation is suitable.
Improved incentives for PSLs with robust enforcement on non-compliant landlords
Provide liveable accommodation

<p>Sending a strong message that clients are less likely to find accommodation in Tower Hamlets</p>
<p>procure quality accommodation benchmark neighbouring councils and make incentives attractive</p>
<p>Lobby with Government re: benefits and LHA rates. Look at DHP, non-dependant deductions etc. sell the positives of moving out of the area, i.e. larger property, better facilities etc</p>
<p>More procurements, properties in affordable areas.</p>
<p>Good relationship with landlords</p>
<p>Ensuring all properties procedures meet a high standard. A TA repairs team to deal directly with repairs would be good. Incentives for landlords to provide properties at reasonable rates i.e. we cover the costs of repairs over the time the tenant is in the TA and agreements on the level of rent increase yearly to avoid it become unaffordable later down the line. Liasing with landlords/local authorities outside of the borough to procure properties. Looking at current empty homes/buildings that have potential to become TA.</p>
<p>For Tower Hamlets council to procure more properties and place homeless clients in them as this would eliminate the need to use commercial hotels and B&amp;B which are very expensive.</p>
<p>Taking action against rogue landlords and ensuring the comply with their statutory duties and negotiate lower rents</p>
<p>Council to buy properties and major advert by council to attract different types of landlord</p>
<p>Assessing client current housing needs and preferences, Provide information on housing benefits or financial assistance programs, Explore alternative housing solutions, if necessary, Collaborate with local housing agencies and landlords to find suitable options</p>
<p>Building new accommodation</p>
<p>Completing a tailored assessment of the client's current situation and what they can and cannot afford. Explain the process and enable the conversation with the client so they are made as comfortable as possible given the circumstances when discussing moves outside of the borough to other LAs that offer cheaper places to rent. Look at policies to push central/local authorities to provide more homes/rooms that are currently underused or not habitable due to poor condition as part of the future strategic plan.</p>
<p>To build social housing in the borough and not affordable or share ownership, etc. properties. Due to right to buy the stock has depleted and never been replenished.</p>

For us to have more properties
n/a
Priority
Place people in categories so they can pay the rent being charged
Increase the supply of properties
Understanding their circumstances and ask about their needs
More home buildup
The council to build more homes and provide adaptable homes for people with disability
Extra council homes
Be more proactive and work together
Listen to people, multi-agency working
Pilot project with the aim of providing rent deposit or guarantors to people on social housing list and at risk of homelessness
Better working with landlords and more just for council housing
Current methods work well
More housing built
Private rent needs limitations
Not sure
Seeing who genuinely needs to be housed being more thorough
Don't have any ideal



Do your jobs properly
improving the bidding system
Identify and taking control of empty residential properties in Tower Hamlets - there are enough stock in the borough it needs to be managed effectively. Empty new build tower blocks remain empty.
Not sure
Build more houses
n/a
Not sure
To build more affordable housing.
Same as 6
Don't know
Buildings that are empty or have been left vacated
More affordable housing
Purchasing our own B+B to save money
Building more new homes Moving people from home to home depend on bedrooms
Being fair to everyone and having cheap but good living conditions for everyone
Rent should be affordable Not car free properties

No open plan kitchen, especially in THC Communal garden for all tenants
Having properties closer to the borough, I had to do long journeys with 2 children in primary and secondary school plus I worked / study location needs to be the priority.
Putting your residents near their friends of family that they are in touch with and making sure they are in an accommodation where it is affordable for them to manage.
Giving good quality safe homes to who needs it.
Considering people's needs and requirements,
Good investment in new built homes.
Provide accommodation based on specific needs especially in regard to temporary accommodation where children are concerned. Providing them with housing that is closer to school where possible.
Prioritise the highest benefit claimers when giving permanent accommodation to prevent council costs.
More temporary accommodation and more easy system for the bidding, a lot of people doesn't truly understand the bond and the rough waiting time.
To have more accommodation to provide
Building more social housing which is affordable to those in need Having more social housing trained workers Avoiding putting people on bed and breakfast hostels that are unhygienic infested with bed bugs Avoid moving families from one hostel to another weekly.
The actions that will help is by given financial support for them to be able to afford suitable and affordable accommodation so that they might not be evicted by the landlord.
Build more homes for social housing and less for private shred ownership.

Differentiate between the affordability of social housing + private renting sustainability + mental health
<p>Creating a live chat. Customer service must be available during extended hours. Customers should not wait months or weeks for a response.</p> <p>Additionally, automated responses should be avoided as this appears to be indifferent to the customer. Recalculate earnings and keep in mind other bills when deciding the cost of accommodation in the person works.</p>
w/shops + interviews
Housing that reflects social rent, affordable rent is not that different to private rent. car free homes are stupid for families and people with medical needs move people into secure tenancy homes quickly.
Lots houses are empty or a single person live in, example elderly people to don't be alone can be asked to share with rules and someone to supervise the home/people to have someone checked DBS etc to go and living altogether sharing the bills/food.
n/a
B&B, Housing Association can help about this
Look for housing in the tower hamlets borough.
Communicate on updates and permanent accommodation.
Low cost housing in Tower Hamlets.
Focus on struggling residents.
n/a
No idea, sorry.
More houses and flats to be available.
Not know.

There are many old and abandoned buildings in Tower Hamlets they could be demolished and rebuilt to accommodate many citizens.
Do 50% discounts Give priority for homeless people permanently accommodation.
More social housing.
Build more refurbished accommodation.
I am satisfied as it is now.
Ensuring the person receiving the accommodation is happy / content with their location and has a stable income and provide reasonable services if the resident requires any.
Council needs to be accountable for inspecting properties provided by temporary accommodation to families, they need to not make people feel forced to take properties not in a good state
Raise money Expand budget on this project.
You should find out misuse accommodation and provide affected family.
Building decent houses used of recycled materials making buildings high to reduce space.
Various and easy access to these services.
Ensure the person receiving the accommodation which they can afford and they are happy with the location.

Action to provide suitable and affordable accommodation including increasing the supply of social housing and partnering with landlords to offer an affordable housing option.
Build more houses
1 Restrict movement from other boroughs 2 build-up social accommodation as much as possible.
You should build more home.
Building an economical house at average prices
For the person to explain their needs. A suitable location where they can communicate, have religious understanding etc.
more residential access
Working together
Collaborate with housing providers offer a range of housing options seek feedback and improve
We needs more houses and help more homeless.
Lowering the payments
Better housing, better facilities.
Tailor individual needs.
Like I'm in 1 bedroom house I have two kids and my wife health issue type two diabetes, thyroid pancreatitis, it's hard to for us we should get better place home for stay so check my cost please.
Encouraging more landlords to make their properties available to those facing homelessness.

Don't forget these people have lost a home there for provide them with a property with less rent and free water supply no home should have a water metre.
I will build more public housing.
I have to think about it.
By provide reasonable living costs and child support payments.
Training staff to be more empathetic. Train them to understand the suitability of the properties, train them on mental health.
immediate rehousing building more flats houses Benefits person and working person must be supported
don't know n/a
More social housing.


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## Section 1: Introduction

<b>Name of proposal</b>
For the purpose of this document, 'proposal' refers to a policy, function, strategy or project New Homelessness and Rough Sleeping Strategy 2024- 2029
<b>Service area and Directorate responsible</b>
Housing Options, Housing and Regeneration
<b>Name of completing officer</b>
Una Bedford, Senior Strategy and Policy Officer
<b>Approved by (Corporate Director / Divisional Director/ Head of Service)</b>
Karen Swift, Director of Housing
<b>Date of approval</b>
Click or tap to enter a date.

Where a proposal is being taken to a committee, please append the completed EIA(s) to the cover report.

### Conclusion – To be completed at the end of the Equality Impact Analysis process

Conclusion	Current decision rating (see Appendix A)
<p>As a result of completing the EIA, having consulted with residents and stakeholders, it is evident that the priorities being taken forward within the strategy will not have a negative or detrimental impact on residents, irrespective of any protected characteristics under the Equality Act 2010 which they may identify with - both directly and indirectly.</p> <p>There are no indications that the priorities within the council's new Homelessness and Rough Sleeping strategy or the activities that have been developed in the accompanying delivery plan, will have any negative or disproportionate impacts for any protected groups.</p> <p>The consultation exercise on the strategy's new priorities has demonstrated that there is a strong consensus of agreement with all of the council's proposed priorities to tackle homelessness and rough sleeping in Tower Hamlets - across all residents and stakeholders who identify with a particular or multiple protected characteristics with the majority of respondents to the consultation expressing that they definitely or tend to agree with all of the priorities.</p> <p>Both the strategy and the supporting delivery plan will ensure that the council's statutory homelessness provision will become more</p>	<p><b>Amber</b></p>  <p><b>Proceed</b></p>



accessible to all persons irrespective of any protected characteristics that they identify with. The activities which the Housing Options Service will take to support these priorities intend to ensure the delivery of targeted and appropriate support services as required. There are multiple actions within the delivery plan which intend to have a positive impact across all protected characteristics.

The strategy's focus on working earlier to prevent homelessness will therefore benefit all residents. While the strategy acknowledges that any household can become at risk of homelessness, those most vulnerable include a high proportion of households without social / family networks that can support them and are likely to have low or welfare based incomes. The strategy will seek to tackle exclusions, improve accessibility and assessment and enable individuals to achieve sustained outcomes that include improved health, wellbeing and choices.

The proposed priorities and actions identified within the strategy are designed to address the needs of those who are disadvantaged, and the equality groups within the EIA are all positively targeted with actions in the strategy's delivery plan which are designed to support and help them to maintain a home. The emphasis is on providing an accessible service and effective pathways to ensure sufficient advice and support is in place to support those who find themselves or at risk of homelessness or rough sleeping

**The Equality Act 2010 places a 'General Duty' on all public bodies to have 'due regard' to the need to:**

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act
- Advance equality of opportunity between those with 'protected characteristics' and those without them
- Foster good relations between those with 'protected characteristics' and those without them

This Equality Impact Analysis provides evidence for meeting the Council's commitment to equality and the responsibilities outlined above. For more information about the Council's commitment to equality, please visit the Council's [website](#).

## **Section 2: General information about the proposal**

**Describe the proposal including the relevance of proposal to the general equality duties and protected characteristics under the Equality Act 2010**

The council has a statutory duty under the Homelessness Act (2002) to conduct a review of the nature and extent of homelessness in its District (borough) every 5 years and to develop a strategy setting out:

- how services will be delivered in the future to tackle homelessness; and
- the available resources to prevent and relieve homelessness,

Our most recent Homelessness and Rough Sleeping strategy ended in December 2023 and our new strategy fulfils not only a statutory and mandatory imperative as required of the council as a Local Housing Authority but will fundamentally support the council's priority to tackle

## Appendix 3 – Equality Impact Assessment

homelessness as set out within its Strategic Plan 2022 – 2026. The council has consulted with residents and stakeholders on the emerging priorities arising from review of homelessness and rough sleeping in the borough, which was completed in March 2023. These priorities are:

- 1. Working with people earlier to prevent them from becoming homeless and to reduce the use of Temporary Accommodation.**
- 2. Provide good quality accommodation for people who are at risk of, or where they become, homeless.**
- 3. Improve customer service and the individual's experience.**
- 4. Making sure that people have access to the right support services.**
- 5. To prevent rough sleeping but where it does occur, it's rare, brief and doesn't happen again.**
- 6. Boost staff resilience and well-being.**

These priorities will enable the council's Housing Options Service and its partners to tackle homelessness and rough sleeping in the borough and have been translated from the strategy into the supporting Delivery Plan. The priorities provide the framework for the Delivery Plan, which outlines the aims and projects that the council will undertake as part of its homelessness prevention and reduction activities over the next 5 years.

Under the Equality Act 2010, the council must have due regard to the need to:

- a) Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act.
- b) Advance equality of opportunity between those with a protected characteristic and those without.
- c) Promote good relations between those with a protected characteristic and those without.

The 'protected characteristics' referred to under the Equality Act are age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation. It also covers marriage and civil partnership with regard to eliminating discrimination. In addition, the council also considers the socio-economic impact on the community.

This EIA has been completed to ensure that all residents will benefit from the priorities which the council will be adopting in its new Homelessness and Rough Sleeping Strategy. As part of the consultation exercise, we wanted to ensure, in particular, that those with lived experience of homelessness and rough sleeping have been able to express their views but recognised that there will be some people who identify with multiple protected characteristics who are more likely to be part of the 'hidden' homeless group and this has presented challenges in ensuring their engagement and participation in the consultation process.

Every effort was made to provide access to the consultation and we have utilised the data intelligence and networks of the council's peers in other local authorities, other services within the council who support those who are or at risk of homelessness and rough sleeping, as well as the community groups, services and third sector partners who have regular contact with these individuals and experience of providing support and care.

## Section 3: Evidence (consideration of data and information)

**What evidence do we have which may help us think about the impacts or likely impacts on residents, service users and wider community?**

The following data has been compiled from a variety of sources including Tower Hamlets Housing Services, the Department of Levelling Up Housing and Communities (DLUHC), the Census 2021 and the responses of residents and stakeholders who completed the consultation survey to gauge opinion on the council’s new priorities, which are embedded in the new strategy to tackle homelessness and rough sleeping in the borough.

### Age

Prior to finalising the council’s new priorities to tackle Homelessness and Rough Sleeping, the council consulted with residents to determine if they agreed with the proposed priorities.

177 respondents (49%) who completed the survey provided details of their age.

Table 1 below shows how much agreement there was within each age range for each of the council’s proposed priorities.

**Table 1: Percentage of respondents who Definitely/Tend to agree with the priorities by age group**

Percentage of respondents who Definitely/Tended to agree with priorities by age group						
	18-24	25-34	35-44	45-54	55-64	65-74
<b>Working with people earlier to prevent them from becoming homeless and to reduce the use of Temporary Accommodation.</b>	100%	72%	87%	80%	91%	100%
<b>Provide good quality accommodation for people who are at risk of, or where they become, homeless.</b>	100%	77%	96%	87%	88%	100%
<b>Improve customer service and the individual’s experience.</b>	100%	80%	95%	87%	86%	100%
<b>Making sure that people have access to the right support services.</b>	100%	79%	98%	87%	86%	100%
<b>To prevent rough sleeping but where it does occur, it’s rare, brief and doesn’t happen again.</b>	100%	70%	95%	87%	81%	100%
<b>Boost staff resilience and well-being</b>	100%	74%	87%	90%	77%	100%

- The highest and most consistent agreement is in the youngest (18-24) and oldest (65-74) age groups, both showing 100% across all categories.
- Those aged between 25-34 and 55-64 show more variability and lower agreement percentages compared to the youngest and oldest groups.

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- The 35-44 age group shows high agreement, particularly strong support for ensuring access to support services (98%).

Among those aged between 18-24 (7 respondents, 2% of those who provided their age), they agreed fully (100%) with all six proposed priorities. All also agreed (100%) that the council's proposed priorities are clear and easy to understand.

Similarly of those who identified as being between the ages of 65-74, (3 respondents, 1%), they agreed 100% with all six of the council's proposed priorities. However, only 33% of this age group agree that the proposes priorities would help to tackle homelessness and rough sleeping in the borough.

Within the other age ranges the headlines are:

- **25-34** - 65% agreed that the priorities were clear and easy to understand while just over half agree (51%) that these priorities will help the council to tackle homelessness and rough sleeping in Tower Hamlets.
- **35-44** - There was 84% agreement that the council's proposed priorities were clear and easy to understand, with 62% of respondents in this cohort who thought that these priorities would assist the council to tackle homelessness and rough sleeping in the borough.
- **45-54** -. A total of 73% agreed that the priorities were clear and easy to understand. While only 40% agreed that these priorities would aid the council to tackle homelessness and rough sleeping.
- **55-64** -. Among this cohort, 74% of respondents said that they agreed that the priorities were clear and easy to understand, however, only 45% of respondents agreed that the council would be able to tackle homelessness and rough sleeping with these priorities.

The table below illustrates the ages of those owed a homelessness duty by the council which DLUHC collects. The data is not separated by relief and prevention duties.

**Table 2 – Ages of those owed a duty.**

Age range	2018/19	2019/20	2020/21	2021/22 Q1 Q2 and Q4	2022/23
16-17	2	6	4	6	5
18-24	458	339	359	276	364
25-34	820	705	657	509	804
35-44	555	498	503	372	528
45-54	320	294	278	213	346
55-64	167	142	112	88	154
65-74	27	30	18	36	62
75+	10	21	9	9	15

Table 2 shows that the majority of those owed a duty are aged between 18 and 44. By far, the lowest age groups owed a homelessness duty are those over the age of 75 and those between the ages of 16–17-year-olds. Those aged over the age of 65 are under-represented in the

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data that the council holds on those who are owed a duty and this illustrates that they are less likely to be directly affected by homelessness and rough sleeping.

Tower Hamlets is the youngest Local Authority district in England by median age. The median age within Tower Hamlets is 30 while in comparison to the rest of England, the media age of the population is 40 years of age (Census 2021).

The most affected age range in terms of those owed a duty are among those aged between 18-44 years of age. Combined with the most common reason for leaving settled accommodation being that family or friends are no longer willing or able to accommodate or the end of private tenancy, this indicates that factors including relationship breakdowns between young people and their family, or their primary caregivers has consistently emerged as a leading cause of youth homelessness. Pressures including financial hardship, housing, and the job market can contribute to family tensions and can lead to conflict with the breakdown of family relationships.

The high incidence of the end of a private rent sector tenancy as a reason for approaching the council for homelessness advice and assistance correlates strongly with most single private renters under 35 only get the shared accommodation rate of Local Housing Allowance.

### **Disability**

As part of the consultation on the priorities underpinning the new Homelessness and Rough Sleeping Strategy, feedback was sought from residents who identified as having a disability. From those who chose to disclose this information, 69 respondents (19%) indicated that they had physical or mental health conditions or illnesses lasting or expected to last 12 months or more.

74% felt that the proposed priorities were clear and easy to understand, however only 49% of this group thought that these priorities would assist the council to tackle homelessness and rough sleeping in Tower Hamlets.

- 85% of this protected group definitely or tended to agree with **Priority 1: Working with people earlier to prevent them from becoming homeless and to reduce the use of Temporary Accommodation**
- 85% definitely or tended to agree with **Priority 2: Provide good quality Accommodation for people who are at risk of, or where they become, homeless.**
- 81% definitely or tended to agree to **Priority 3: Improve customer service and the individual's experience.**
- While 87% definitely or tended to agree with **Priority 4: Making sure that people have access to the right support services.**
- 85% definitely or tended to agree with **Priority 5: To prevent rough sleeping but where it does occur, it's rare, brief and doesn't happen again** and 83% agreed with **Priority 6. Boost staff resilience and well-being.**

Data from DLUHC, shows the percentage of applicants owed a duty by the council who suffer from physically ill health and disability and also those who suffer from a learning disability. The consultation provided an indicative sample of those who identified with this protected characteristic who were owed a duty in 2022/23 (Table 3).

**Table 3 – Disability and health amongst those owed a duty.**

Support Needs:	2018/19	2019/20	2020/21	2021/22 Q1 Q2 and Q4	2022/23
Physical ill health and disability	15.1%	19.0%	20.4%	13.66%	17.2%
Learning disability	2.5%	4.2%	4.6%	3.75%	4%
History of mental health problems	21.2%	23.1%	25.4%	19.27%	21.1%

Table 3 indicates that there is a sizable proportion of applicants owed a duty who have indicated some form of disability. Mental health problems are the most prevalent of support needs among those who seek housing advice and assistance from the council.

### **Sex**

Information taken from the consultation on the council’s new priorities to tackle homelessness and rough sleeping (Table 4) showed that female respondents accounted for 171 responses received (48% of all responses). Male respondents represented 88 of all responses (25%).

**Table 4: Percentage of respondents who Definitely/Tended to agree with priorities by sex**

Percentage of respondents who Definitely/Tended to agree with priorities by sex		
	Female	Male
Working with people earlier to prevent them from becoming homeless and to reduce the use of Temporary Accommodation.	88%	79%
Provide good quality accommodation for people who are at risk of, or where they become, homeless.	94%	89%
Improve customer service and the individual’s experience.	89%	86%
Making sure that people have access to the right support services.	91%	89%
To prevent rough sleeping but where it does occur, it’s rare, brief and doesn’t happen again.	88%	81%
Boost staff resilience and well-being	89%	85%

- Females consistently show a slightly higher level of agreement across all the priorities compared to males.
- The highest agreement for both genders is seen in the priority of providing good quality accommodation (94% for females, 89% for males).
- The lowest agreement is seen in the priority of working with people earlier to prevent homelessness (88% for females, 79% for males).
- The data suggests that while both genders largely agree on the priorities, females tend to show stronger support for each of the priorities listed.
- 71% of all female respondents compared to 80% of male respondents indicated that our priorities are clear and easy to understand.

Both sexes had the same approval percentage on whether or not they thought that the council’s proposed priorities might help the council to tackle homelessness and rough sleeping – 53% said Yes for both sexes.

The feedback received from the consultation is representative of the household types owed a prevention duty. Data from DLUHC shows that, in 2022/23 there were far more female led single parent families with dependent children than male led (12.9% female, compared to 0.9% male). However, there are marginally more single females without dependent children than single male households presenting at the prevention stage (31.3% female, compared to

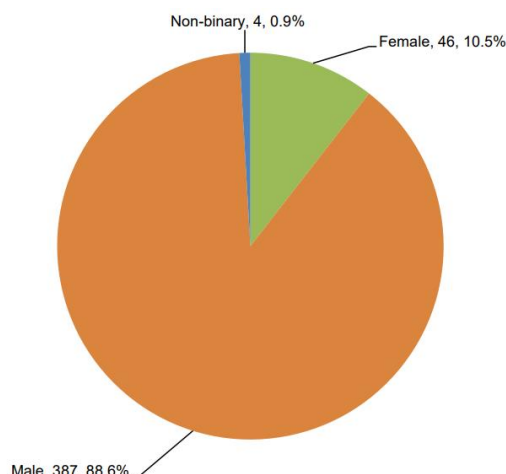
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30.6% male). Certainly at the prevention stage, data shows that there are more women than men presenting as homeless who are owed a prevention duty.

In comparison, data from 2022/23 on household types owed a relief duty indicates that 12.9% of single parent households are female, whereas 1% are male led. There is however a vast difference between single persons owed the relief duty according to gender, with 48.3% of single men owed a relief duty compared to 28.3% of women.

While the official CHAIN report shows that the vast majority of rough sleepers are men, the true extent of female rough sleeping may be misrepresented as women are more likely to be part of the 'hidden' homeless group. Official data from the CHAIN Annual Report – Tower Hamlets April 2022 - March 2023 found only 10.5% of rough sleepers were female. While this gives the impression that women were by far in the minority of rough sleepers, there is increasing evidence that women are far more likely to be hidden homeless. This is due in part to women facing higher levels of violence when rough sleeping leading them to try and stay hidden finding different ways to seek shelter rather than bedding down on the street. Female rough sleeping is often transient, intermittent and hidden which means that they are often missed from official statistics and that can have a knock-on effect of excluding them from accessing housing and support.

**Graph 1: Gender of Rough Sleepers in Tower Hamlets (2022/23).**



### **Gender reassignment**

Official data suggests that transgender people make up a small proportion of people experiencing rough sleeping and homelessness. However, due to multiple factors trans people experiencing homelessness are more likely to be part of the 'hidden' homeless group. Family rejection and abuse is a common cause of young trans people's homelessness.

The council will work with community groups and charities to ensure that this group feel safe and able to access the council's homelessness services and support provisions.

The consultation exercise on the council's proposed new priorities failed to provide sufficient data on respondents who identified with this protected characteristic. The decision to provide this data is an elective process on the part of the respondent and they can choose to provide this information to the council.

### **Marriage and civil partnership**

Data on marriage and civil partnerships of homelessness applicants is lacking as it is not collected by DLUHC or internally by the Housing Options Service. The marital or civil

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partnership status of those who responded to the council’s consultation on the strategy’s new priorities is thought to not have had a material impact or detrimental effect on whether a respondent agreed or disagreed with the council’s new priorities.

### **Religion or philosophical belief**

In response to the consultation on the council’s proposed priorities within the new Homelessness and Rough Sleeping Strategy, the most represented religion or belief system which respondents identified with was Muslim (126 responses or 35% of all responses received). Those who identified as Christian represented 58 respondents or 16% of all responses received. A total of 49 (14%) of respondents said that they held no religion or belief, while all other faiths (Any other religion, Buddhist, Hindu or Jewish) represented 2% of all respondents (8 responses combined).

Table 5 sets out the percentage of consultation respondents who affirmed that **they Definitely or Tended to agree** with the council’s new priorities.

**Table 5: Percentages of consultation respondents who Definitely/Tended to Agree with the council’s proposed priorities by Religion/Belief.**

	Muslim	Christian	No religion or belief	All other
<b>Working with people earlier to prevent them from becoming homeless and to reduce the use of Temporary Accommodation.</b>	86%	86%	90%	100%
<b>Provide good quality accommodation for people who are at risk of, or where they become, homeless.</b>	87%	90%	94%	100%
<b>Improve customer service and the individual’s experience.</b>	87%	86%	92%	100%
<b>Making sure that people have access to the right support services.</b>	86%	93%	94%	100%
<b>To prevent rough sleeping but where it does occur, it’s rare, brief and doesn’t happen again.</b>	86%	84%	85%	100%
<b>Boost staff resilience and well-being</b>	88%	86%	82%	100%

Residents who identified as belonging to ‘Another religion, Buddhist, Hindu or Jewish’ showed unanimous agreement (100%) across all the priorities.

Those who held ‘No religion or belief’ consistently shows higher agreement percentages compared to Muslim and Christian groups, except for **Priority 6: Boost staff resilience and well-being** where it is lower (82%).

The percentages for Muslims and Christians are relatively close across all categories, with slight variations.

The highest agreement from all groups for **Priority 2: Provide good quality accommodation for people who are at risk of, or where they become, homeless** and **Priority 4: Making sure that people have access to the right support services.**

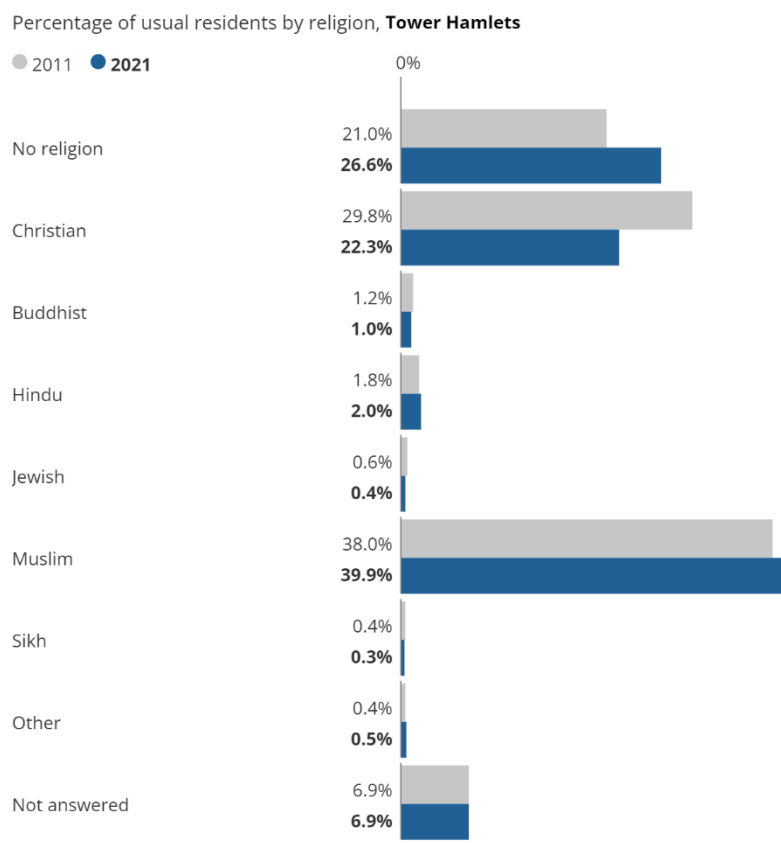
The lowest percentage of agreement is for **Priority 6: Boost staff resilience and well-being** among those with "No religion or belief" (82%).



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The religion of homelessness applicants and rough sleepers is not recorded. However, the Census data from 2021 provides extensive data on the religion of the general population of Tower Hamlets. 40% of residents in Tower Hamlets identify as Muslim making it the most recognised and identified religion within the borough. Graph 2 goes through religion of Tower Hamlets in more detail and shows how it has changed since the previous 2011 Census.

**Graph 2 – Religion in Tower Hamlets**



Source: Office for National Statistics – 2011 Census and Census 2021

The consultation feedback reflects the demographics of the borough in terms of religion, providing a clear indicative sample showing that irrespective of religion, residents definitely or tend to agree with the council's priorities to tackle homelessness and rough sleeping.

### Race

From data provided by the consultation respondents, the most represented race/ethnic groups identified as Bangladeshi (26%), followed by those who identified as White English, White Scottish, White Welsh, White North Irish, and White British (23%), Black British, Caribbean, African (8%), White other (5%) and Asian/Asian British (4%).

All other indicated races/ethnicities that respondents identified with have been collated together - (*Any other/Asian background/Black/ Black British or Caribbean background/any other ethnic group/Any mix or multiple background/Arab/Black, British Black/Caribbean/Indian/Other African/Other ethnic group/Pakistani/White Asian/White and Black Asian/White and Black African/White and Black Caribbean/White Irish* – 74 respondents, 21% of all responses).

The percentage rates of those who Definitely/Tended to agree for the largest represented groups and the combined total of all other ethnic groups which residents identified with, has

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been set into Table 6 below and highlights that there are variations in priority agreement across different ethnic groups, with some groups showing consistently higher or lower levels of agreement with the stated priorities.

**Table 6: Percentage of respondents who Definitely/Tended to agree with the priorities by race/ethnicity**

Percentage of respondents who Definitely/Tended to agree with priorities by race/ethnicity.						
	Bangladeshi	White: English, Scottish, Welsh, Northern Irish, British	Black British, Carib- bean or African	White Other	Asian/ Asian British	All other
<b>Working with people earlier to prevent them from becoming homeless and to reduce the use of Temporary Accommodation.</b>	72%	85%	89%	100%	93%	90%
<b>Provide good quality accommodation for people who are at risk of, or where they become, homeless.</b>	82%	94%	86%	94%	93%	90%
<b>Improve customer service and the individual's experience.</b>	85%	88%	86%	89%	100%	90%
<b>Making sure that people have access to the right support services.</b>	86%	95%	86%	100%	87%	90%
<b>To prevent rough sleeping but where it does occur, it's rare, brief and doesn't happen again.</b>	83%	80%	89%	89%	93%	88%
<b>Boost staff resilience and well-being</b>	86%	80%	96%	88%	93%	88%

Respondents who identified as White Other consistently showed very high agreement across all priorities, particularly for **Priority 1: Working with people earlier to prevent them from becoming homeless and to reduce the use of Temporary Accommodation (100%)** and **Priority 4: Making sure that people have access to the right support services (100%)**.

Those who identify as Bangladeshi tend to show lower agreement percentages compared to other groups, particularly for **Priority 1: Working with people earlier to prevent them from becoming homeless and to reduce the use of Temporary Accommodation (72%)** and **Priority 2: Providing good quality accommodation for people who are at risk of or where they become homeless (82%)**.

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Respondents who identified as Asian/Asian British show the highest agreement for **Priority 3: improve customer service and the individual's experience** (100%).

The Black British, Caribbean or African group shows the highest agreement for **Priority 6: Boosting staff resilience and well-being** (96%).

White: English, Scottish, Welsh, Northern Irish, British tend to show lower agreement with **Priority 5: To prevent rough sleeping but where it does occur, it's rare, brief and doesn't happen again**, and **Priority 6: Boost staff resilience and well-being (80%)**

Of those who identified as Bangladeshi, 68% of these respondents thought that the council's proposed priorities are clear and easy to understand with 15% disagreeing and 16% uncertain. When asked if they thought that the draft priorities would help the council to tackle homelessness and rough sleeping in Tower Hamlets, 48% agreed while 37% did not know and 15% disagreed.

Respondents who identified as White – English, Scottish, Welsh, Northern Irish, British agreed (73%) that the council's proposed priorities were clear and easy to understand. Some 41% of this group agreed that these priorities would help the council to tackle homelessness and rough sleeping, while 41% said that they did not know and 15% did not think that the priorities would help.

Among respondents who identified as Black - British, Caribbean or African, 62% agreed that the council's priorities are clear and easy to understand, while 28% disagreed and 10% did not know. Across this cohort, 66% thought that the priorities would help the council to tackle homelessness and rough sleeping.

The consultation has delivered a response rate across each ethnic group which mirrors the make up of the communities within the borough and how these are represented in DLUHC audited data on those owed a prevention or relief duty in Tower Hamlets.

Data confirms that the largest ethnic group in Tower Hamlets is Asian British at 45%, more specifically it is the Bengali population who are owed the highest percentage of duties. This is in line with the demographics of the borough (according to the Census 2021) and when compared to the general population of Tower Hamlets applicants from the Asian/Asian British community are neither significantly over nor under-represented.

The second most represented community owed either a prevention or relief duty are those who identify as White with the most common sub-group of this being White: English/Scottish/Welsh/Northern Irish/British. Again, the percentages are like that of their representation amongst the general population of Tower Hamlets (according to the 2021 census figures). The next represented ethnic group of homeless applicants is White at 22% of those owed a duty. There is also a significant number of Black/African/Caribbean/Black British owed a duty making up 14% of those owed a duty in 2022/23.

**Table 7 – Ethnicity of those owed a prevention or relief duty in Tower Hamlets 2022/23**

<b>Ethnicity of main applicants owed a prevention or relief duty<sup>7</sup>:</b>		
White	509	22.3%
Black / African / Caribbean / Black British	318	14.0%
Asian / Asian British	1,020	44.8%
Mixed / Multiple ethnic groups	160	7.0%
Other ethnic groups	114	5.0%
Not known	157	6.9%

**Sexual orientation**

Many young people will have been thrown out of their family home, or otherwise excluded from housing because of their sexuality.

Taking the limited data provided from respondents to the consultation who identified as LGBTQI+, Table 8 below shows the agreement percentages among those who chose to provide this information (17 respondents/5% of all respondents).

**Table 8: Percentage of respondents who identified as LGBTQI+ who Definitely and Tended to agree with the priorities**

<b>Percentage of respondents who identified as LGBTQI+ who Definitely and Tended to agree with the priorities</b>	
	<b>%</b>
<b>Working with people earlier to prevent them from becoming homeless and to reduce the use of Temporary Accommodation.</b>	88%
<b>Provide good quality accommodation for people who are at risk of, or where they become, homeless.</b>	100%
<b>Improve customer service and the individual’s experience.</b>	88%
<b>Making sure that people have access to the right support services.</b>	100%
<b>To prevent rough sleeping but where it does occur, it’s rare, brief and doesn’t happen again.</b>	88%
<b>Boost staff resilience and well-being</b>	87%

76% of respondents who identified with this protected characteristic agreed that the proposed priorities are clear and easy to understand, 18% disagreed while 6% said that they didn’t know. 65% agreed that the council’s priorities will help to tackle homelessness and rough sleeping over the next five years (25% said that they didn’t know) and 6% said they didn’t think that the priorities would help.

DLUHC records the sexual identity of homeless applicants at local authority district level. The majority of homeless applicants identified as heterosexual (88%) of those owed a duty in 2022/23. The percentage identifying as homosexual was only 2% however a significant proportion preferred not to say, or their sexuality was not known so this may be an underestimation of the true figure (9%). LGBTQI+ people may be more likely to be part of the hidden homeless group, it follows that therefore estimations of the proportion of rough sleepers and homeless people who are part of this cohort are likely to be inaccurate.

### Pregnancy and maternity

Data is collected on those owed a duty who have dependent children or are pregnant however data is not collected separately meaning it is hard to infer how many people owed a duty are pregnant.

There was limited data from consultation respondents to concluded how those who identify with this specific characteristic felt about the proposed priorities underpinning this new strategy.

### Other

#### Socio economic status

Homelessness impacts the poorest in society, those with higher incomes are very unlikely to ever be threatened with homelessness. 60% of the borough falls within 30% of the most deprived areas of England and 29,000 residents earn less than the London Living Wage. DLUHC collects data on the employment status of those owed a duty by the council, the vast majority are registered unemployed with sizable minorities in full time work or unable to work due to long term health issues. Table 4 shows this in more detail.

**Table 9 – Employment status of main applicants owed a duty 2022/23.**

<b>Employment status of main applicants owed a duty 2022/23:</b>		
Registered unemployed	966	42.4%
Not working due to long-term illness / disability	210	9.2%
Full-time work	338	14.8%
Part-time work	313	13.7%
Not seeking work / at home	108	4.7%
Not registered unemployed but seeking work	110	4.8%
Retired	37	1.6%
Student / training	42	1.8%
Other	118	5.2%
Not known <sup>8</sup>	36	1.6%

### Parents/carers

Data is collected on the household composition of those owed a duty. This allows us to identify the number with dependent children and hence are parents/carers.

**Table 10– Homelessness approaches by household composition**

Household Type	2018 /19	2019/20	2020/21	2021/22	2022/23
Single Person households (prevention)	1000	640	477	577	643
Single Person households (relief)	821	695	982	715	949
Single persons with dependent children or pregnant (prevention)	140	194	117	169	143
Single persons with dependent children or pregnant (relief)	83	141	101	117	164
Couples with dependent children (prevention)	139	180	101	144	183
Couples with dependent children (relief)	55	51	63	75	91

<b>Couples/households with non-dependent adult children/other (prevention)</b>	70	75	53	77	70
<b>Couples/households with non-dependent adult children/other (relief)</b>	26	26	32	33	35

Table 10 shows that single person households without children make the most approaches to the council both at the prevention and relief stage (in 2022/23, this represented 69.8% of all approaches). Single persons with dependent children both at the prevention and relief stage however represented 13.4% of approaches made to the council during 2022/23. Couples with dependent children at both the prevention and relief stage accounted for 12% of all approaches, while couples/households with non-dependent adult children represented 4.6% of approaches.

If combining both single people and couples with children who present at the prevention and relief duties, this represents 25.4% of all approached to the council's housing options service during 2022/23.

**People with different Gender Identities e.g., Gender fluid, Non-Binary etc**

There is insufficient data to determine if there is a link between homelessness and those who identify with this protected characteristic, although it is widely understood that family rejection is a common cause of young trans people's homelessness. Trans young people may find themselves experiencing homelessness for a multitude of reasons, however their homelessness often intersects with their gender identity. The most visible form of this is where young people are rejected and/or harmed by their families and communities due to their gender identity.

The CHAIN report on rough sleeping in Tower Hamlets provides some indication of the number of non-binary people sleeping rough (see Graph 1) this was 0.9% of rough sleepers in Tower Hamlets. Those who may have different gender identities may be more likely to be a part of the hidden homeless group. Again this highlights the need to work with community groups in order to engage with these marginalised groups.

## Section 4: Assessing the impacts on different groups and service delivery

Groups	Positive	Negative	Neutral	Considering the above information and evidence, describe the impact this proposal will have on the following groups?
<b>Protected</b>				
<b>Age</b> (All age groups)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>The delivery plan which sits underneath the council's new strategy includes activities which support all age groups, and with specific actions to support young people who may have particular needs or who may be vulnerable. This includes implementing a joint protocol with Adults and Children's Social Care Services to support young people aged 16-17 years who are homeless or at risk of becoming homeless. The delivery plan intends to continue building on the council's existing mediation work with families given the high incidence of young people approaching the council for housing advice and support as a result of family relationship breakdown (the biggest reason for presenting to the council/last settled accommodation). This will ensure that support is provided and that better outcomes are available for this group. The piloting of two new grant schemes – Cost of Living and Find Your Own PRS accommodation are also measures which will increase access to private rented accommodation which should contribute to the council's efforts to reduce and negate the need for temporary accommodation to relieve homelessness among this group.</p> <p>We recognise that around 25% of approaches who are owed a duty are made by households</p>

				<p>with dependent children. Actions within the Delivery Plan to meet the priorities of the new strategy intend to provide more upstream prevention service in children’s centres, with a specialist housing adviser embedded within Children’s Social Care services. The Housing Options Service will work in partnership with Children’s Social Care services in the council to increase early intervention on cases where homelessness risks exist.</p>
<p><b>Disability</b> (Physical, learning difficulties, mental health and medical conditions)</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Housing and homeless prevention advice and support to relieve homelessness and rough sleeping is available to all.</p> <p>The delivery plan includes specific work to explore early homelessness prevention and support options for those with poor health outcomes by reviewing the hospital discharge policy and identifying trends, particularly in relation to cases of repeat homelessness, to understanding who may require more support than others to sustain a tenancy in the future.</p> <p>In addition, the council will be seeking to improve access to health and social care services and the associated outcomes for people rough sleeping through the Homelessness and Rough Sleeping Health Strategic Group and putting into place activities from within the action plan arising from the council’s Rough Sleeping Health Needs Assessment (2024).</p> <p>We will work in collaboration with Mental Health, Substance Misuse and Social Care services within the council to put in place coordinated referral pathways, ensuring that service users receive holistic support.</p> <p>To aid partnership working, we will implement co-location of</p>



				<p>housing advice surgeries and host regular multi-disciplinary meetings with key stakeholders</p> <p>Disabled households will particularly benefit from the actions in the delivery plan which support the priority (2) which seeks to ensure that the council provides good quality accommodation for people who are at risk of, or where they become, homeless as the Service works to improve the health and wellbeing of all residents who need this support.</p>
<b>Sex</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>The Homelessness and Rough Sleeping Strategy identifies a series of priorities to respond to homelessness and rough sleeping in the borough. These priorities do not differentiate on the grounds of gender. The delivery of the strategy will have a positive impact on both homeless men and women alike and identifies that female-specific supported accommodation needs to be addressed. The Strategy will have a positive effect on women who are over-represented among homeless households through tackling and preventing homelessness and meeting housing need. Providing comprehensive advice services across all tenures will also benefit women at risk of domestic violence, and those at most risk through the impact of the cost of living crisis.</p> <p>Activities within the delivery plan intend to improve the customer journey of all applicants irrespective of their gender. Under Priority 5, the council intends to build on the existing provision for women rough sleepers to ensure more routes into services and off the streets for women, including learning</p>

				from the Women's Rough Sleeping Census.
<b>Gender reassignment</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Transgender people may be less visible and are more likely to be a part of the hidden homeless cohort. Transgender people often experience abuse by family members, meaning the focus on customer wellbeing will benefit this group. Our delivery plan which supports the strategy will include actions to ensure that our Housing Options Service supports and responds to the needs of LGBTQI+ people, including those from marginalised groups, such as ethnic minorities, trans and disabled LGBTQI+ people through the activities we will deliver under Priority 3 – Improving customer service and the individual's experience.</p> <p>We will work with partner services in the council to provide effective support for young LGBTQI+ people who are or at risk of homelessness. We will ensure that LGBTQI+ young people are given assistance to access support from tailored services. We will review the data available to the council and work with partners to understand the scale and challenges of youth LGBTQI+ homelessness and take interventions to improve our provision wherever possible as part of our ongoing delivery plan.</p>
<b>Marriage and civil partnership</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No adverse or disproportionate impacts are anticipated for this characteristic, unless they identify with one or more other protected characteristics which are affected.
<b>Religion or philosophical belief</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The priorities contained within the Homelessness and Rough Sleeping Strategy are not anticipated to disproportionately impact on an individual's religion or beliefs.

Appendix 3 – Equality Impact Assessment

<b>Race</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>The priorities of the new strategy and the Delivery Plan which supports it will be applied equally among all protected characteristics. Working in partnership with other organisations and particularly through more outreach work, could lead to more approaches and engagement from minority groups, that may currently be hidden homeless or staying in otherwise unsatisfactory living arrangements.</p> <p>Activities under Priority 3 intend to deliver a higher quality of advice across a variety of channels – including working to ensure that translation services are available and easy to use. Applicants whose first language is not English will benefit from this additional support which will enhance their understanding of what is often a lengthy and complicated journey.</p>
<b>Sexual orientation</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>LGBTQI+ people may be more likely to be a part of the hidden homeless group. The council supports any person who approaches the service and will work with and support them to prevent or relieve their homelessness. The delivery plan includes a review of the challenges and the support available to households with protected characteristics.</p>
<b>Pregnancy and maternity</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Homelessness legislation provides protection to residents who are pregnant or have dependent children, recognising these applicants as having a priority need.</p> <p>The activities in the delivery plan which fall under Priority 1 that intend to provide an upstream prevention service located in children's centres to deliver early advice among other more generic improvements to the customer journey which apply to</p>

Appendix 3 – Equality Impact Assessment




				all residents seeking advice and assistance from the Housing Options Service.
<b>Other</b>				
<b>Socio-economic</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The impact of social and economic deprivation is recognised as a factor in causing homelessness. Homeless people are amongst the most vulnerable in terms of socio-economic status with very few people being in employment. The delivery plan will identify actions to try to address worklessness and to assist homeless people into training, education or employment where possible. Locally focussed actions within the delivery plan have been identified to better tackle homelessness for households in this specific group. Losing your home or being threatened with homelessness causes stress, anxiety and poor health. This proposal will bring a positive impact to people who face homelessness/ rough sleeping as priority one focuses on prevention in the worst affected areas therefore reducing the number of people losing their home. Many people experiencing rough sleeping / homeless people suffer with poor physical and mental health.
<b>Parents/Carers</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parents and carers may have limited time to approach the council for housing advice. The Housing Options Service intends to extend its opening hours which aims to ensure that housing advice and support is available at times which are more suitable for residents with these responsibilities.
<b>People with different Gender Identities</b> e.g., Gender fluid, Non-Binary etc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	People with different gender identities are more likely to be a part of the hidden homeless cohort.



<b>What monitoring processes have been put in place to check the delivery of the above action plan and impact on equality groups?</b>
N/A

## Appendix A

### EIA decision rating

Decision	Action	Risk
As a result of performing the EIA, it is evident that a disproportionately negative impact (direct, indirect, unintentional or otherwise) exists to one or more of the nine groups of people who share a Protected Characteristic under the Equality Act and appropriate mitigations cannot be put in place to mitigate against negative impact. It is recommended that this proposal be suspended until further work is undertaken.	<b>Suspend – Further Work Required</b>	Red 
As a result of performing the EIA, it is evident that there is a risk that a disproportionately negative impact (direct, indirect, unintentional or otherwise) exists to one or more of the nine groups of people who share a protected characteristic under the Equality Act 2010. However, there is a genuine determining reason that could legitimise or justify the use of this policy.	<b>Further (specialist) advice should be taken</b>	Red Amber 
As a result of performing the EIA, it is evident that there is a risk that a disproportionately negatively impact (as described above) exists to one or more of the nine groups of people who share a protected characteristic under the Equality Act 2010. However, this risk may be removed or reduced by implementing the actions detailed within the <i>Impact analysis and action plan</i> section of this document.	<b>Proceed pending agreement of mitigating action</b>	Amber 

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**Tower Hamlets**  
**Homelessness & Rough Sleeping**  
**Strategy**  
**2024 -2029**



**Foreword from Mayor - to be provided.**

## Homelessness & Rough Sleeping Strategy 2024 -2029

### Why have we carried out a review and produced this strategy?

The council has a statutory duty under the Homelessness Act (2002) to conduct a review of the nature and extent of homelessness in its District (borough) every five years and to develop a strategy setting out:

- how services will be delivered in the future to tackle homelessness; and
- the available resources to prevent and relieve homelessness.

Our most recent Homelessness and Rough Sleeping Strategy ended in December 2023 and this new strategy fulfils this statutory and mandatory requirement on the council in its role as a Local Housing Authority.

Both the review and the development of this strategy were undertaken in consultation with key partners and stakeholders operating within the borough. Collaborative work across the council and its partners will be essential to the delivery of this strategy. We are committed to maintaining and building on existing partnerships - working to support people to stay in their properties, or to find lasting and affordable housing options.

### Links to the council's Strategic Plan and Annual Delivery Plan

In addition to meeting its statutory obligation, this strategy reflects the council's commitment to focusing on improving outcomes for our residents. The council's Strategic Plan defines the council's vision for the future and identifies its goals and objectives. It sets out the most important priorities for the council between 2022 and 2026. These priorities are translated from the Mayor's vision and the administration's manifesto pledges. At the same time, all local authorities must deliver certain homelessness services and make decisions, as set out in law. The Strategic Plan also includes important actions that the council will take to make sure that these services and the decisions made provide the best outcomes for our residents.

Under **Priority 2: Homes for the future** – our ambition is that *'Everyone in Tower Hamlets lives in a good quality home that they can afford'*. The council's Strategic Plan sets out the following priorities which the council's new Homelessness and Rough Sleeping Strategy will assist in delivering:

- Create a homelessness fund to prevent evictions and combat homelessness.**

By reviewing the current services and resources available to deliver the council's statutory duties to prevent and relieve homelessness, this will enable both officers and members to identify any gaps in service provision. Similarly, it will also allow for the redirection of resources and funding to target areas for improvement.

- Protect tenants against revenge evictions.**

The Housing Options Service provides mediation where the relationship between a tenant and their landlord breaks down, attempting to mend or remedy the relationship to prevent a household becoming homeless. With the forthcoming publication of the Renters Reform Bill, it is anticipated that 'no fault' section 21 evictions will be abolished. The government are now proposing new and additional mandatory and discretionary grounds for eviction. The new mechanisms and protections contained within the draft Renters Reform Bill will need to be considered and incorporated into Housing Options prevention and relief activities.

iii. **Develop strategies to:**

- Tackle overcrowding, and
- House people experiencing homelessness (including, as a priority, to house rough sleepers)

The review has considered the support and services available for those at risk of/or who are experiencing homelessness or rough sleeping which in turn, has preceded and assisted in the development of this new Homelessness and Rough Sleeping Strategy. It has enabled the council to determine its priorities to tackle homelessness and rough sleeping, and these priorities will inform the direction of travel which the Housing Options Service and its partners will take over the course of the next five years to tackle homelessness and rough sleeping. The new strategy is designed to:

- Identify the priorities to enable the council to address the causes of homelessness in the borough.
- consider new initiatives to prevent homelessness, wherever possible, which are designed to meet locally identified need.
- ensure that the council provides sufficient and suitable temporary accommodation for those households that are or may become homeless; and
- ensure that appropriate support is available for people who have previously experienced homelessness in order to prevent it happening again.

This strategy reflects the council's commitment to focusing on improving outcomes for residents at risk of or experiencing homelessness or rough sleeping in our borough. On the back of the review, these priorities have been developed in consultation with residents and stakeholders and intend to provide direction to the council's Housing Options Service; to enable it to respond to increased demand on its services while adhering to the statutory framework and guidance set out by the government. The priorities within this strategy to tackle homelessness and rough sleeping in the borough are addressed in the accompanying Delivery Plan which the council and its partners will be implementing and following to ensure the council's activities meets these priorities to ensure better outcomes for our residents.

#### **What is the Statutory framework for Homelessness?**

**The Homelessness Act (2002)** sets out the definition of homelessness, and the duties that local authorities owe to applicants who are accepted as being homeless or threatened with homelessness, while **Part 7 of the Housing Act (1996)** provides the primary homelessness legislation setting out the statutory duties on local housing authorities to prevent homelessness and provide assistance to those who are at risk of being homeless or actually homeless. **The Localism Act (2011)** also amended the **1996 Housing Act** by allowing local authorities to discharge their homelessness duty by arranging a suitable offer of accommodation in the private rented sector.

The most recent and significant change in legislation came from the introduction of the Homelessness Reduction Act (2017). The Act implemented on 3 April 2018, placed new duties on local housing authorities to intervene earlier to prevent homelessness and to take reasonable steps to relieve homelessness for all eligible applicants, not just those that have priority need under the Act. This legislation sought to provide increased protection to people facing homelessness. It extended the length of time an individual or household could be seen as at risk of homelessness, from 28 to 56 days, which in turn increased the length of a local housing authority's prevention duty.

The changes the HRA (2017) effected from 3 April 2018 included:

- A new ‘**prevention duty,**’ requiring local authorities to take reasonable steps to assist those likely to become homeless earlier, so within 56, rather than 28 days.
- A new ‘**relief duty,**’ which applies to those already homeless when they ask the local authority for help. It requires local authorities to provide support for 56 days.
- A requirement to carry out a holistic assessment of the applicant’s housing and support needs, (free advice to anyone in a local authority, whether they are owed a duty or not), and to set out how these will be addressed in a ‘personal housing plan’ which sets out the steps that will be taken by the applicant (and the local authority) to stay in or find suitable accommodation.

More recently, the enactment of the Domestic Abuse Act (2021) has placed a duty on local authorities in England to provide support to survivors of domestic abuse and their children. All eligible homeless survivors of domestic abuse automatically receive ‘priority need’ status for homelessness assistance - providing re-assurance and certainty for individuals and their families presenting as homeless due to domestic abuse and simplifying the decision-making process for officers.

The Act also introduced a new definition of domestic abuse and requires that local housing authorities, should provide a secure lifetime tenancy to applicants who held a similar security of tenure in the past. The new priority need category means councils should no longer assess whether someone at risk of domestic abuse is also vulnerable to access assistance.

### **The government’s framework to end Rough Sleeping**

In September 2022, the government published their updated rough sleeping strategy: ‘Ending rough sleeping for good’. The strategy cuts across government departments and provides for the first time a clear definition of what the government means by ending rough sleeping - *‘that it is prevented wherever possible, and where it does occur it is rare, brief, and non-recurrent.’*

The government’s strategy is organised through four key themes – **Prevention, Intervention, Recovery and a Transparent and Joined up System.**

The government has been seeking to embed a “prevention first” approach to rough sleeping before people reach the streets. This means ensuring the landmark changes in the Homelessness Reduction Act 2017 are deep rooted, to prevent more people from reaching a homelessness crisis, as well as bringing forward investment so that nobody leaves a public institution, such as prison or care, to live on the streets.

The government intended through their strategy to drive reductions in rough sleeping and committed to putting tackling homelessness and rough sleeping “firmly at the heart” of its agenda - to end rough sleeping by the end of Parliament in 2024, three years earlier than the commitment made by the previous government.

However, the government’s most recent [annual rough sleeping snapshot](#)<sup>i</sup> conducted in November 2023, shows 3,898 people were sleeping rough across England, an increase of 27% on the previous year. This is the second year in a row that the government has reported an increase in rough sleeping and the sharpest rise over a 12-month period since 2015. This highlights that the government will fail to meet its commitment to end rough sleeping by 2024.

The government’s Rough Sleeping Initiative has therefore been extended to 2025, with up to £500 million of funding allocated to enable local areas to provide the tailored support needed to end rough sleeping over the next three years. Tower Hamlets will receive £5,536,694 over this three-year period. The government also extended, up to March 2024, Housing First pilots in Greater Manchester,

Liverpool city region and the west Midlands, providing a further £13.9 million over two years on top of the £28 million already invested, and expand Housing First more widely through £32 million within the rough sleeping initiative.

£200 million of new funding will be made available for the single homelessness accommodation programme, which will deliver up to 2,400 homes for vulnerable people at risk of homelessness or rough sleeping, including young people and those with the most complex needs, alongside expanding existing accommodation programmes that we know work.

In September 2023, the government launched a new homelessness employer covenant with Crisis to help employers recruit and support employees who have been homeless or rough sleeping. The covenant – developed by Crisis in partnership with the Department for Work and Pensions (DWP) and the Department for Levelling Up, Housing and Communities (DLUHC) - is a set of pledges employers can take to support people experiencing homelessness in the workplace.

### Regional Policy

The Mayor of London's London Housing Strategy (2018)<sup>ii</sup> sets out the GLA's/Mayoral approach to preventing homelessness and tackling rough sleeping in policies 7.1 and 7.2. Although the GLA and Mayor's powers are limited in tackling homelessness, the London Housing Strategy sets out a commitment to focus on funding, boosting collaboration, and supporting boroughs and third-sector organisations. Within this commitment, the Mayor and GLA promised to:

- Support Local Authorities with the implementation of the Homelessness Reduction Act (2017). This included lobbying the government for sufficient funding to enable local authorities to carry out their new duties under the Act.
- Lead and facilitate the No Nights Sleeping Rough taskforce to bring together key partners involved in supporting rough sleepers off the street.
- Improve the provision of data collection on why and how people end up sleeping rough.
- Provide an allocation of funding of circa £8.5 million per year to fund a range of pan-London services for London borough services to identify rough sleepers and intervene rapidly to support them off the street.
- Take a collaborative approach to securing private rented accommodation for homeless households by working with London boroughs.
- Work in collaboration with boroughs and refuge providers to explore the scope for London-wide refuge provision for victims of domestic abuse, and of other violence against women and girls.

More recently, following the London Mayoral/GLA elections in May 2024, the Mayor of London has further pledged **to end rough sleeping by 2030**, putting a **new rough sleeping action plan in place**, which will include: **increasing investment from City Hall; coordinating with partners across London who share the same goal; and investing in new hubs across London** with the ambition of **helping an extra 1,700 rough sleepers off the streets a year**.

### What is Homelessness?

Under the Homelessness Reduction Act (2017), a household (individual, couple, or family), is defined as homeless ***'if they do not have a legal right to occupy accommodation which should be accessible and reasonable for them to be able to live in'***.

In previous legislation, there was a distinction between statutory and non-statutory homelessness, however since the introduction of the Act, this has changed. Now, English local authorities have a duty

to help all people who have legal right to reside in the UK that are homeless, or threatened with homelessness, regardless of priority need, intentionality, or local connection.

Other forms of homelessness considered in the development of this strategy include:

### **Rough sleepers**

Rough sleeping is the most visible form of homelessness and describes people who sleep outside; in dis-used buildings or in places that are unfit for human habitation such as, car parks, walkways, cars, public transport, stations, and doorways. It can be a dangerous and isolating experience, which leads to a significantly reduced life expectancy for rough sleepers in comparison to the general population. Rough sleepers are far more likely to become a victim of violence or assault.

Many long-term rough sleepers develop issues with drugs and alcohol, which can lead to anti-social behaviour and a corresponding rise in the fear of crime for residents.

Street beggars are often assumed to be homeless rough sleepers. However, people involved in street begging are not always rough sleepers and people who rough sleep are not always street beggars.

### **‘Hidden’ homelessness.**

Many single homeless people are not visibly homeless, they are often hidden from statistics and services as they try to deal with their situation informally. The majority of the hidden homeless will have slept rough at some time<sup>iii</sup>. They may live in overcrowded accommodation, squats, ‘beds in sheds,’ garages, or sleep on someone’s floor. They may ‘sofa-surf’ with friends or sleep rough in concealed locations. If they have not approached a local housing authority for help to find accommodation, they are unrecorded and, effectively, ‘hidden’ without the chance to receive housing support.

We know that hidden homelessness exists. Given that the extent of their presence is difficult to be measured, it would be reasonable to assume that the extent of homelessness is likely to be greater than official statistics show.

Women are often missed and under-represented within rough sleeping statistics, a coalition of homelessness and women’s organisations, (commissioned and funded by the Single Homelessness Project), carried out the first census of women sleeping rough in London in October 2022. The second census<sup>iv</sup>, conducted between Monday 25 September and Sunday 1 October 2023, saw double the number of responses than the previous year: 154 in 2022 compared to 391 in 2023. Most boroughs in London saw more women in 2023 than they saw in the 2022 pilot census. This is likely due to increased familiarity with the census in completing it for the second time, a longer lead in time, and a higher level of engagement overall.

From those women who took part in the census, they reported sleeping rough/sheltering overnight in a variety of ‘hidden’ locations including A&E waiting rooms, on buses or trains, in squats, and in many other locations where they are unlikely to be identified by outreach workers tasked with verifying and supporting people sleeping rough.

The census of women sleeping rough suggests its true extent is underestimated. Counting women sleeping rough is particularly complex as many of this cohort are not in touch with support services and are more hidden than their male counterparts. This data has, similarly to the 2022 census, revealed that women’s experiences of rough sleeping tend to be hidden, transient and intermittent, and the locations/ways in which women sleep rough frequently fall outside of the government definition of rough sleeping. This means women are highly likely to be missed in the current snapshot

counts used to enumerate rough sleeping. It also suggests that many women in London may not be identified as rough sleeping during normal outreach work, meaning that they may be unable to access support and accommodation pathways for people who sleep rough.

Rough sleeping has been shown to have huge detrimental effects on women’s health and life expectancy with the average age of death for women who rough sleep reported to be lower than that of men (life expectancy for women who rough sleep is 41 years, compared to 44 years for men who rough sleep. In comparison to the average for the general population which is 81 years for women and 76 years for men)<sup>v</sup>.

### Overcrowding

Overcrowding is a recurrent issue faced by some of our residents in the borough, across London and across England. Although homelessness and rough sleeping are more visible symptoms of the housing crisis, the extent of overcrowding is a more hidden aspect.

Data from the council’s Common Housing Register (1 March 2024) indicates that from the total of 24,493 applicants on the Register, 10,920 applications were from overcrowded households (around 45% of all applications on the Common Housing Register). The overall rate of overcrowding in England in 2020-21 was 3%, with approximately 738,000 households living in overcrowded conditions.

The table below shows the breakdown of bedroom needs of those 10,920 overcrowded households on the Common Housing Register, requiring between one and six bedrooms and the average length of time these households would need to bid in order to receive an offer (as of 1 March 2024).

Beds Required	Total Households	% of Total	Average of Years
1	2,837	25.98%	4.2
2	2,008	18.39%	4.1
3	4,770	43.68%	6.3
4	1,197	10.96%	7.7
5	98	0.90%	8.3
6	10	0.09%	7.5
<b>Total</b>	<b>10,920</b>	<b>100.00%</b>	<b>5.5</b>

Data from the most recent Census (2021) indicates that across the borough in all housing tenures, (based on the measure of having too few bedrooms), 15.8% of households were overcrowded (19,130 households). This has lowered slightly since the previous Census was conducted in 2011 when 16.4% of all housing tenures in Tower Hamlets were classed as overcrowded, but it was the 4th highest rate of any area in England and Wales after Newham, Barking & Dagenham, and Brent

Most overcrowded households are afforded priority on the Common Housing Register within Band 2A and 2B (unless placed in the higher Band 1 e.g., medical or decant status). The table below outlines high demand within these two bands and that while lets to this cohort make up a high percentage of our available social housing stock, this will not resolve their housing needs because our main levers which are (a) to build more and (b) utilise ways of managing existing stock – e.g. facilitating moves by under occupiers, creating large properties by knock throughs, giving greater priority to overcrowded applicants over other cohorts, will not meet their housing need.

***Demand by bedroom need and banding 31 March 2024***

Bedroom(s) needed	Band 1A	Band 1B	Band 2A	Band 2B	Band 3	Total
1 bed	650	347	2,760	55	6,717	10,529
2 bed	512	159	2,506	55	2,143	5,375
3 bed	369	347	5,090	34	1,114	6,954
4 bed	212	109	1,111	5	77	1,514
5+ bed	21	14	108	0	4	147
<b>Total Current Demand</b>	<b>1,764</b>	<b>976</b>	<b>11,575</b>	<b>149</b>	<b>10,055</b>	<b>24,519</b>
Total Lets 01 April 2023 to 31 March 2024	220	426	521	2	53	1,222

The negative impacts of overcrowding on communities, families and individual's health and well-being are widely known and linked to poorer health and educational outcomes impacting on mental health and the greater incidence of depression and anxiety. For young people, living in overcrowded conditions affects their ability to learn at school - overcrowding can lead to children sharing a bedroom with parents or sleeping in living or dining rooms, with sleep being regularly disturbed – and access to space to study at home being limited. Children living in overcrowded conditions are more likely to miss school due to illness and infection, impacting their educational attainment. It can also lead to delays in cognitive development.

Overcrowding can be a contributory factor to young people's homelessness. Severe overcrowding is often a symptom of homelessness with families or friends over-occupying a property to keep housing costs low. This is one of the least well-understood causes of homelessness. Young children are particularly affected by an overcrowded living situation – affecting their studies and development, young adult children often have little choice but to move out of their family home prematurely.

**What causes Homelessness?**

There are any number of reasons why a person can become homeless. These include social and economic factors such as a lack of affordable housing which serves to fuel demand and housing costs in the private rented sector, (placing financial pressures on those on lower incomes who often lack financial resilience, especially when people's incomes are too low, and property prices are too high), rising levels of poverty, unemployment, fragmentation of families and life events often can push people into homelessness. The reasons that people cannot find another home are usually economic – they cannot find an affordable property because their income is low in comparison to high housing costs. London has a chronic shortage of social housing, which is in high demand because it is cheaper and more secure than housing in the private rented sector. Households often wait many years for a social home to become available. As a result, many people have little choice but to rent privately.

Other causes may include personal crisis, traumatic events, mental health or addiction challenges. Relationship problems can also contribute to homelessness and can include domestic abuse and violence, addiction and mental health problems. Some may become homeless after leaving prison, care, hospital or the army.

Many people become homeless because they can no longer afford to pay their rent. Over the course of the last 12 years, welfare reform and changes to Housing Benefit/Local Housing Allowance entitlement have also been contributing factors to homelessness.



Reductions in the amount of Local Housing Allowance (LHA) payable since April 2011, (and further Housing Benefit changes implemented in January 2012, April 2013 and April 2016), have had an adverse impact on levels of homelessness and the ability of local authorities to use private rented accommodation to discharge their duties to homeless households<sup>vi</sup>.

In particular, the welfare reforms brought in by the government since 2016 have impacted on affordability in the Private Rent Sector. In November 2016, the Benefit Cap was reduced from £26,000 to £23,000 in London (a measure included in the Welfare Reform and Work Act (2016)). From April 2017, young people aged 18 to 21 who claimed Universal Credit were not entitled to the housing costs element, with certain exemptions. This entitlement to housing costs was however reinstated with effect from 31 December 2018.

The reforms saw Local Housing Allowance (LHA) rates frozen for four years from 2016 to 2020, although there was some provision for rents in the most expensive areas. This meant that those in receipt of LHA were unable to cover the full contractual rent due as real rents increased over time. By April 2020, 946 of the 1,000 LHA rates in the UK were poised to be lower than the corresponding 30th percentile – with an average shortfall of 9.6%. This shortfall existed despite the end of the freeze and an uprating of 1.7% in line with the Consumer Price Index from April 2020.

While the Chancellor announced in the Autumn statement in November 2023, that LHA rates will increase to the 30<sup>th</sup> percentile of local market rents in April 2024, this increase is also time-limited, and Local Housing Allowance rates will be frozen again from 2025/26, unless the government rethink this.

What is clear is that different types of individuals may experience homelessness for varied reasons.

## **Tower Hamlets – the local context**

### **Population and demographics**

Data from the Census 2021 identifies that Tower Hamlets has an extremely young and diverse population, with the youngest median age, (the middle point where half of the population are younger and half are older), being 30. This may partly be accounted for by a large university student population residing in the borough.

In addition, the Census 2021 found that Tower Hamlets was the local authority with the largest population increase in London at 22.1%, from around 254,100 in 2011 to 310,300 in 2021. This is higher than the overall increase for England at 6.6%, where the population grew by nearly 3.5 million to 56,489,800. In 2021, Tower Hamlets ranked 40<sup>th</sup> for total population out of 309 local authority areas in England, moving up 20 places in a decade. The growing population points to the continuation of accommodation pressures in the borough when combined with an increasingly limited supply of land to develop new homes.

The Census 2021 found that Tower Hamlets is the most densely populated borough in England with 15,695 residents per km<sup>2</sup> – compared to the national average of 424 per km<sup>2</sup>.

In the latest census, around 160,000 Tower Hamlets residents said they were born in England. This represented 51.5% of the local population. The figure has risen from just over 138,700 in 2011, which at the time represented 54.6% of Tower Hamlets' population.

Around 43,600 Tower Hamlets residents reported that their country of birth was Bangladesh (14.0%). This figure increased from circa 38,900 in 2011, which at the time represented 15.3% of the population of Tower Hamlets.

The number of households per hectare has increased by 12.5% since 2011 in Tower Hamlets. This advances the point that in Tower Hamlets we are seeing ever increasing demand for homes which is outstripping supply.

### **Local Economy, employment and poverty**

Economically, with Canary Wharf as a financial hub within the borough, Tower Hamlets is seen as having a thriving job market however, the majority of these jobs are not held by residents. This is exemplified by the disparity between the average income of Tower Hamlets residents compared to average workplace earnings in the borough. At £1,054 per week<sup>vii</sup> earnings for workers in Tower Hamlets are the second highest in the UK (after the City of London). Yet residents in the borough earn around £202 less per week on average than those working in Tower Hamlets – the largest gap between workers and residents in Great Britain.

Earnings for males who work in Tower Hamlets are much higher than for females (£1,148 per week compared with £939 per week) but male residents in full-time work earn less than female residents in full-time work (£836 compared with £862).

The median annual gross pay for Tower Hamlets residents working full time in 2022 was £39,868. Nearly 10% of households have an income of under £15,000, a similar proportion to the 9% with incomes above £85,000. 55,381 (40%) households have an income of less than £30,000 per year, 7,443 (5%) are paid £100,000 or more.

Around 9,700 people aged 16 and over in Tower Hamlets were unemployed in the year ending June 2023, the rate of unemployment in the borough is 5.2%, this is the same rate as the previous year ending June 2022 when the unemployment rate was also 5.2%.

Across London, from the year ending June 2022 to the year ending June 2023, there was a slight decrease in the unemployment rate from 4.7% to 4.6%, so unemployment in the borough is 0.6% higher than the overall London rate. Year on year, the number of people unemployed in London fell from around 238,000 to around 230,000 over the same period.

Unemployment across Great Britain stayed at a similar rate between the year ending June 2022 and the year ending June 2023, going from around 1,260,000 people (3.8%) to around 1,240,000 (3.8%).

Borough profiling undertaken by Trust for London found that in 2019/20, 39% of people in the borough lived in households with an income of less than 60% of the national average after housing costs have been subtracted. This was worse than the average London Borough.

The same profiling found that in comparison to London, for Tower Hamlets the average neighbourhood in the borough was 2.03 times as income-deprived than the average in neighbourhood in London in 2019.

Details from the Census 2021 revealed that Tower Hamlets has the highest level of child poverty, 25 percentage points above the national rate. 56% of children live in poverty, more than double the rate seen in Kensington and Chelsea.

In terms of the type of dwellings people reside in, the Census 2021 reveals that there has been a slight fall in the number of owner occupiers in the borough from 24.2% (of households) in 2011 to 23.1% in

2021. In 2021, Tower Hamlets had the lowest proportion of owner occupiers of any area in England and Wales. Unsurprisingly, Tower Hamlets was one of ten boroughs in London with the smallest proportions of owner occupiers.

There has been a fall in the percentage of households who rent social housing homes - from 39.6% in 2011 to 35.9% in 2021. Of these, 16,697 (13.9%) of households reported that they rent from the local authority. **Note:** *there is a known issue with this census question where many social renters are unaware (or do not distinguish between) whether their landlord is the local authority or a Registered Provider of social housing (Housing Association), and therefore the question is often answered incorrectly. The latest dwelling stock data suggests that there are only around 11,500 local authority owned dwellings in the borough.*

### **Housing Tenure, supply and demand, affordability**

Since the previous Census, there has been an increase in the percentage of residents in the borough who live in privately rented accommodation from 32.6% in 2011 to 38.2% in 2021. The Census 2021 revealed that Tower Hamlets had the 5th highest proportion of households renting privately in England and Wales.

The Census 2021 also revealed that the second largest tenure in the borough was the social housing sector, but this had decreased from 39.6% in 2011 to 35.9% in 2021. While Tower Hamlets saw England's third-largest percentage-point fall in the proportion of households in the social rented sector, Tower Hamlets was in the highest 2% of English local authority areas for the share of households in the social rented sector in 2021.

The third largest tenure in the borough are owner occupiers – owning outright or with a mortgage. This has also declined since the previous census, from 24.2% in 2011 to 23.1% in 2021. The lowest of all tenures in the borough was among shared owners who represented 2.6% of all residents in 2021.

Right to Buy sales, (where eligible Local Authority Tenants and some Non-Charitable Housing Association Tenants use their right to purchase the property they live in), have declined since 2018/19 from 97, to 44 in 2019/20 and 40 in 2020/21. The decrease in Right to Buy sales may be attributable to the COVID-19 pandemic restrictions which saw a freeze placed on the housing market to stop the spread of the virus which prevented most purchases, sales and valuations. More recent data from DLUHC, published in October 2023 showed that the number of Right to Buy sales increased again in 2021/22 to 54<sup>viii</sup>, showing that local authority Right to Buy sales have recovered to 2019-20 levels.

At the time of the last iteration of the council's Homelessness and Rough Sleeping Strategy, house prices in England rose during 2018 and 2019 with an average growth rate of 2% each year. However, in 2020 house prices increased by 7.4% as pent-up buyer demand from Covid-induced lockdowns was released into the market. This accelerated during 2021, when house prices increased by a further 10.8%.

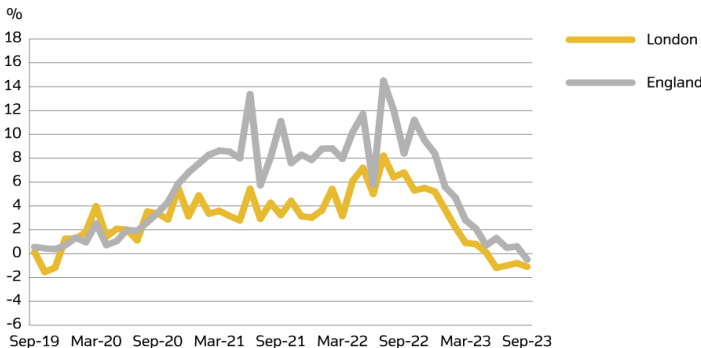
The housing market continued to see steady growth in the first half of 2022, until the impact of rising inflation, interest rates and affordability began to have an impact on house price growth.

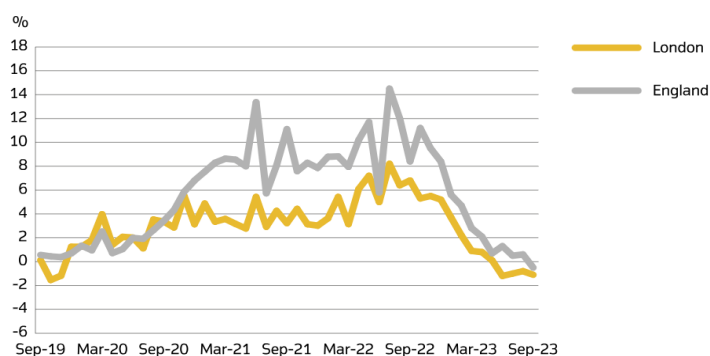
In the first half of 2023, house prices dropped 4% from the peak of August 2022, with expectations of a downturn in 2024. The most recently available data from the ONS<sup>ix</sup> (February 2024) reports that the average house price in Tower Hamlets was £454,000 (provisional), down 5.3% from February 2023. This was steeper than the fall in London (4.8%) over the same period.

Private rents rose to an average of £2,185 per month in March 2024, an annual increase of 13.2% from £1,929 in March 2023. This was higher than the rise in London (11.2%) over the year. Mortgage interest rates combined with impact of the proposals within the Renters Reform Bill (2023), which has since fallen away following the announcement of the General Election in May 2023, including the abolition of section 21 (no fault evictions) has contributed to landlords removing themselves from the market which in turn, is contracting the supply of accommodation within the Private Rent Sector.

The average price paid by first-time buyers was £441,000 in February 2024 (provisional). This was 5.4% lower than the average of £466,000 in February 2023 (revised).

For homes bought with a mortgage, the average house price was £450,000 in February 2024 (provisional). This was 5.9% lower than the average of £478,000 in February 2023 (revised).

The graph below shows how house price change of the housing market over the last five years in both London and England. 



Continued demand for private rented sector accommodation in Tower Hamlets outstrips supply, and it remains increasingly difficult for residents to source accommodation in this sector which is affordable. Aside from the wider national economic conditions driving the PRS (Private Rented Sector), at a local level, this has been driven by economic growth in Canary Wharf and the City of London and a continued boom in overseas investment, which has served to distort the local housing market for residents. Only a small fraction of the population, those who earn incomes way above the national or London averages, can afford to own or privately rent a property. The continued downward pressure on real incomes as the price of food and fuel has risen, combined with welfare system reforms, the benefit cap in particular, has also placed further pressure on existing social tenants – larger families or those on very low incomes may not be able to afford to live in Tower Hamlets anymore. These twin factors could change the demographics of the borough.

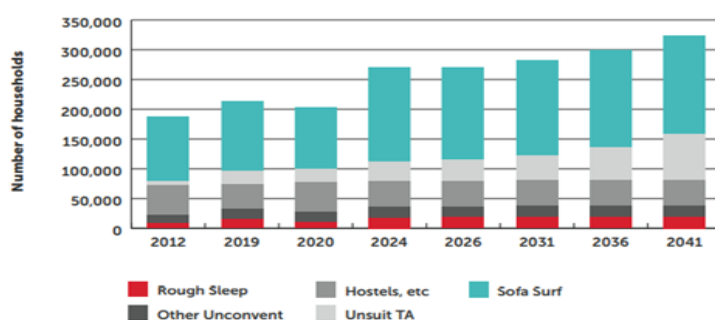
Increasing house prices, rising private sector rents and the reduced income that many households have experienced because of the pandemic and now the cost-of-living crisis have all contributed to the rise in homelessness.

The current cost-of-living crisis has seen a decline in households living standards with lower wages, higher inflation, rising energy, fuel and housing costs all contributing to and increasing the pressures on households and in turn driving demand for support and assistance on local authorities and the third sector. Rising rent costs in the Private Rent Sector as well as mortgage interest rate rises are already increasing the pressures on local authorities' homelessness services who, (prior to the pandemic), had already been beset by austerity and reductions in public finance.

These pressures undoubtedly add strain to people’s finances and will in many cases lead to homelessness as stagnating wages struggle to keep up with rising rents, food and energy costs.

Since the council’s last iteration of a Homelessness and Rough Sleeping Strategy was written in 2018, data shows that the council has seen an exponential increase in the number of households accessing our Housing Options Service, as well as an increase in the number of residents who have been placed in temporary accommodation. Implementation of the of the Homelessness Reduction Act (2017) has brought additional assistance for those at risk of homelessness but has increased the number of applicants qualifying for assistance, further stretching the resources of the council’s Housing Options Service. While new burdens funding was provided by the government to assist local authorities with their new responsibilities, the rising costs for local authorities has increased due to the increased costs of providing assistance.

These stresses are anticipated to contribute to an increase in homelessness and the prevalence of rough sleeping, with Crisis’ Homelessness Monitor 2022 predicting that homelessness will increase by substantially in England over the course of the next two decades<sup>x</sup>.



### Demand and supply of social housing in Tower Hamlets

The number of applicants on the council and its partner’s Common Housing Register has continued to increase over the last five years. In 2018, there were 18,808 applicants and this has risen to 24,493 by 1 March 2024. While we continue to build new council homes and work with registered providers and developers to increase the supply of social and affordable homes, the Right to Buy Scheme remains in place which reduces the supply of these homes in the borough. However, the number of homes brought through the Right to Buy Scheme in Tower Hamlets has significantly reduced since 2017/18 when 141 homes were sold through the scheme to the most recent set of data available from 2021/22 where 54 homes were sold through the scheme.

While Tower Hamlets has undergone a dramatic transformation in its housing stock over the last few decades and there is an unprecedented rate of development of new housing, demand for affordable homes still far exceeds supply. There is a severe overcrowding problem and a need for new family (3 bedroom and larger) homes. These needs are clearly identifiable from the statistics, both in terms of the council’s recently commissioned Local Housing Needs Assessment and as evidenced by recent lettings activity. Housing policy locally and at London level seeks to respond to these needs. Across the borough demand for new housing of all types is unrelenting.

Between 2018 and 2021 only 3,250 new home builds were started whereas between 2014 and 2018, 8,000 new home builds were started. This slow-down in new home starts is due to the impact of

COVID-19, rising costs of materials and labour shortages since Brexit, nevertheless it leaves a big gap in housing supply within the borough.

While Tower Hamlets has had more home completions since 2018 than house build starts, this demonstrates that we are unable to build at the same rate. These issues are not unique to Tower Hamlets and are experienced by most local authorities in the country but particularly those in inner London. However, with our extremely densely populated borough, we are in the difficult position of having extremely limited space to build new homes.

In 2018/19, the average weekly rent for general needs social housing in LBTH was £109.96 (£88.27 in England) whereas in 2023<sup>xi</sup> was £128.95 (£98.20 in England, £121.09 in London). This increase in rent is significantly lower than the rise in private rents over the same years.

In Tower Hamlets as of 2021/22, there were 108 vacant dwellings (DLUHC data) in the borough owned by the council with 90 of those vacant for more than 6 months and 94 not available for letting. This is down from 163 the year prior showing some success for the council in getting vacant housing back into the housing supply.

It is estimated that there are more than 3,000 empty homes (an empty home is defined as a substantially 'unfurnished' home) in Tower Hamlets with over half of these classed as second homes (a second home is defined as a 'furnished' home). This may include a holiday home or a property which the owner does regularly occupy, but another property is defined as their 'sole or main residence' which are only in use from time to time by the owner). Given the lack of space for new homes in the borough it is vital that as many of these homes as possible are bought back into the housing supply.

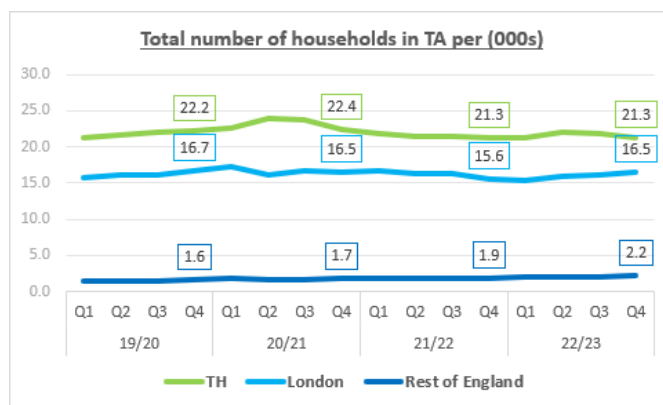
#### **Temporary Accommodation Provision in Tower Hamlets**

The reduction in supply and the hike in rental prices in the borough has made finding rental properties for use as temporary accommodation exceptionally difficult and expensive for the council. For some households, the council has had no other option but to pay a portion of the rent through a Discretionary Housing Payment (DHP) or from our Homelessness Prevention Grant. The government has however cut the budget for DHPs (Discretionary Housing Payments) – from £140m in 2021-22 to £1,161,275 in 2024-25 and using the Homelessness Prevention Grant to meet the costs of temporary accommodation means it cannot be used to help prevent homelessness in the first place.

Although a Pan-London agreement between boroughs exists which prevents boroughs from competing against each other, local authorities must now compete with Clearsprings, a Home Office contractor, who source properties to house asylum seekers. The Home Office has the ability not only to pay higher rents but also higher incentive payments to encourage landlords to cooperate.

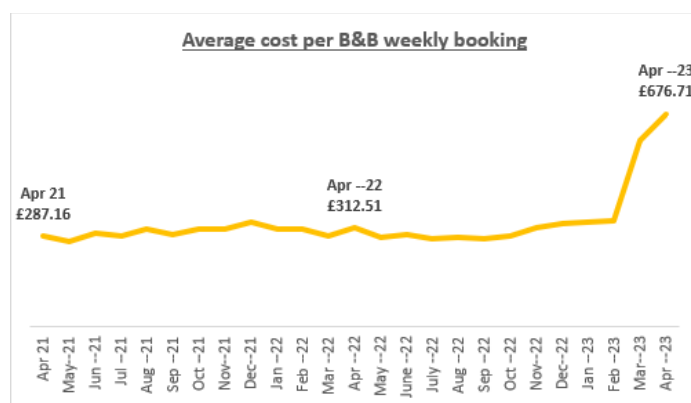
The council tries as much as possible to place people in Temporary Accommodation within the borough or within the neighbouring boroughs, but this is dependent on availability and cost which fluctuates on a daily basis.

The graph below illustrates the high demand for Temporary Accommodation in Tower Hamlets over the last four full financial years 2019/20 – 2022/23.



**(Total number of Households placed in TA (Temporary Accommodation) 2019/20 – 2022/23. Source: DLUHC Homelessness Statistics and Tower Hamlets Internal Reporting Data)**

The costs of using Temporary Accommodation have risen sharply for Tower Hamlets since February 2023, having more than doubled since February 2023 as Graph 2 below illustrates.



**(Average cost per B&B weekly booking April 2021 – April 2023. Source: Tower Hamlets Internal Reporting Data)**

### Reasons for the decline in suitable Temporary Accommodation

Demand for Temporary Accommodation has increased as a wider range of people are owed interim housing duties through the introduction of the Homelessness Reduction Act (2017). The Act brought additional assistance and support for those at risk of homelessness - extending the duration of the prevention and relief duty periods - also increasing the pressures on the council and its partner services as the Act expanded the number of people who the council has a duty to support. Since the implementation of the Homelessness Reduction Act, the use of Temporary Accommodation in Tower Hamlets has increased, as a wider range of people are owed interim housing duties. Since the implementation of the Act, more single people have been allocated Temporary Accommodation.

The borough has also seen a considerable growth in short-term lets through companies such as Airbnb. This has resulted in less properties available for longer term renting. Tower Hamlets Council Tax records from October 2022 showed that 6,135 properties were classed as a second homes in the borough. This represents 4% of the overall dwellings in the borough. Compared to other London councils, only Camden (7,125) and Kensington and Chelsea (7,492) had more. In LBTH, the presence of second homes does have more of an impact on housing availability than long-term empty properties.

Smaller buy to let landlords have been and continue to exit the PRS market due to factors including tax and regulation changes, higher maintenance and borrowing costs, resulting in the contraction in the supply of PRS accommodation and buy-to-let markets. In some cases, properties are being acquired by portfolio holders who then offer them to local authorities for use as Temporary Accommodation or Private Rented Sector (PRS), but they require guaranteed rents.

The shortage of affordable and suitable temporary accommodation across London and in the borough has led to significant challenges to the council as we work and remain committed to supporting our residents placed in temporary accommodation.

The level of homelessness continues to rise, leading to an ever-increasing volume of case work where homelessness cannot be prevented. Moving people into settled sustainable accommodation is becoming increasingly difficult, in part this is due to the gap between Local Housing Allowance rates and widening rents. This is presenting a significant challenge to the council as it is an increasingly difficult cost implication to sustain.

The chronic shortage of affordable properties in the borough is unfortunately leading to more households being placed in unsuitable B&B accommodation (mainly outside of the borough but within our neighboring boroughs in East London). The borough is seeing a significant volume of statutory breaches and judicial review threats because families are being placed in unsuitable accommodation and/or beyond the statutory 6-week time limit.

The council continues to pay a higher rate to secure whatever accommodation is available than the Pan-London rate set for properties in other boroughs. This has been necessary to ensure that the council remains legally compliant to provide suitable accommodation and to reduce and negate the challenges brought by judicial reviews.

We recognise that this presents challenges to residents who we place in Temporary Accommodation, and these challenges can include:

- Isolation from family and friends when moved to Temporary Accommodation outside of the borough.
- Longer stays in bed and breakfast accommodation.
- Mental health and other health issues
- Effects on children's education – families moved into Temporary Accommodation are often forced to change their children's schools, which will be particularly difficult if they are moved often.
- Families who chose to leave their children in their current schools, face long travel journeys getting their children to schools and face financial implications due to travel expenses.
- People living in Temporary Accommodation face increasing financial hardship.

Over the course of the next five years, the council intends to reduce its reliance on commercial hotels for use as temporary accommodation. However, difficulties in the supply of affordable accommodation in the borough means that the council will increasingly have to look for accommodation beyond its own borough boundaries. The council are having to compete with other local authorities to procure accommodation in the borough which unfortunately because of the contracting supply of suitable temporary accommodation in the borough leads to the council having no choice but to place households into unsuitable bed and breakfast (B&B) accommodation, for longer than is legally permitted. Consequently, this reliance on B&B accommodation means that we are currently not meeting our legal obligations and are at continued risk of judicial reviews. As of 1 December 2023, there were 211 families in B&B of which, 155 have been in B&B for more than 6 weeks.



### Gypsy and Traveller Provision in Tower Hamlets

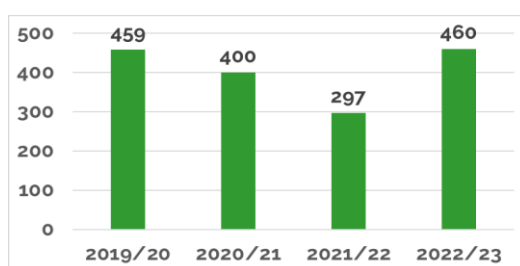
Tower Hamlets does not currently have a large population of Gypsy and Travellers. We have one site occupied by Gypsy and Travellers which is managed by the council, and this has 19 pitches which are all occupied. In the last 5 years there have been no vacancies of the site.

### The prevalence of Rough Sleeping

Figures from the **Annual Snapshot of Rough Sleeping** published by DLUHC shows on a national basis that rough sleeping had been decreasing since its peak in 2017 when it was estimated that 4,751 were seen rough sleeping on a single night, by 2021 this estimate had decreased to 2,443. However, the most recently published data from DLUHC<sup>xii</sup> estimates that 3,069 were sleeping rough on a single night - a 26% increase in rough sleeping from the previous year. This presents the biggest increase in London in a single year since 2015.

It is likely that much of the fall in rough sleeping between 2020-2022 was due to the government’s Covid-19 response, as well as subsequent efforts to retain low levels of rough sleeping. There was a short-term spike in the number of people seen sleeping rough immediately after the first lockdown, followed by a fall to below pre-pandemic levels. However, there is concerning new data from CHAIN (Combined Homelessness and Information Network)- (the *Combined Homelessness and Information Network (CHAIN) collates a multi-agency database recording information about rough sleepers and the wider street population in London. CHAIN, which is commissioned and funded by the Greater London Authority (GLA) and managed by Homeless Link, represents the UK’s most detailed and comprehensive source of information about rough sleeping*) -which shows that there has been an increase in rough sleeping within London which is likely to worsen during the cost-of-living crisis.

In Tower Hamlets during 2022/23, 460 individuals were sleeping rough. This represents a 55% increase between 2021 and 2022 due to Covid protections/the ‘Everyone Initiative’ ending and increases in the cost of living. Since the last strategy was published in 2018, rough sleeping in Tower Hamlets has mirrored the trends seen in London in the last five years.



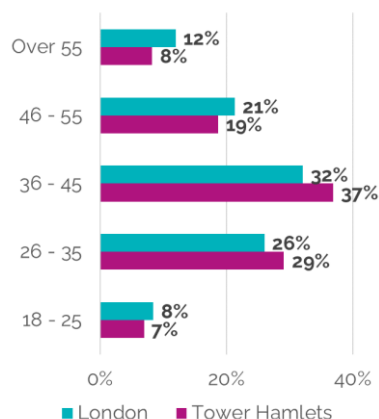
Source: CHAIN

Tower Hamlets has the 7th Largest Rough Sleeping Figure in London.

In 2022/23, 59% were new rough sleepers (Flow), 25% were individuals seen rough sleeping in the previous year (Stock), 16% were individuals who has a gap in rough sleeping (Returner).

The vast majority of rough sleepers (84%) are male. The majority of rough sleepers were between the ages 26 and 45 in 2022/23. The most common age group was 36-45 (37%). The age distribution amongst rough sleepers remains broadly consistent with other years, however the rough sleeping population in Tower Hamlets is slightly younger relative to London.

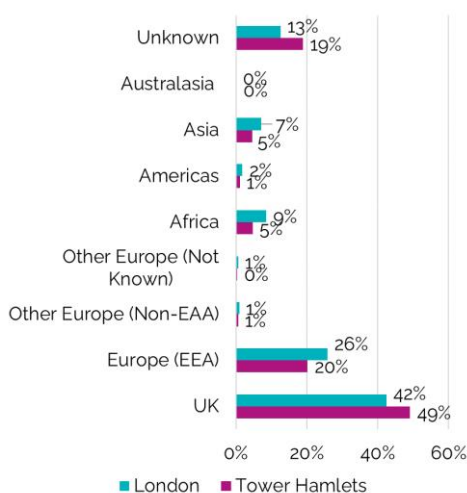
The most common age group among those identified as rough sleepers between the ages of 35-45.



Source: CHAIN

The top 5 ethnicities among the rough sleeping population are:

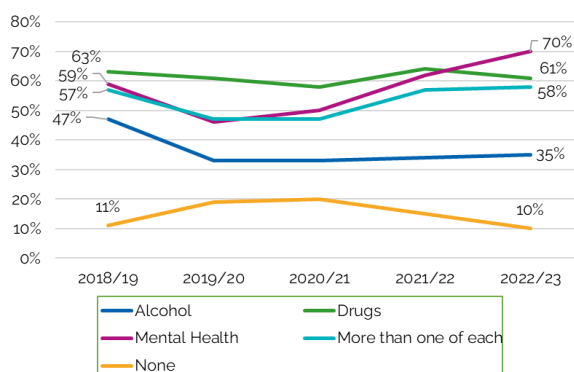
- White British (28%)
- White Other (21%)
- Black African (10%)
- Bangladeshi (7%)
- Black Other (4%)



Just under half of the rough sleeping population in Tower Hamlets identified as UK nationals (49%). This is slightly higher relative to the London Rough sleeping population. There was no one who identified as Chinese, White and Asian, White and Black African and Gypsy, Roma Travellers recorded as rough sleeping in 2022/23.

The chart compares the rough sleeping population with the general population in Tower Hamlets. **Black ethnic groups and White Other groups** see the **biggest overrepresentation** in the rough sleeping population.

The chart below demonstrates the support needs recorded for rough sleeping clients. Overall, support needs remain consistently high over time (between 35% and 70%). Only Alcohol needs have seen the largest decrease over time. Mental health needs have risen the most from 59% to 70%.



Source: CHAIN

Between 2020 and 2023, TH SORT team recorded physical health data on the CHAIN data base. Thematic analysis shows that the following conditions consistently came up (sample size ranges from 70 – 138):

- Respiratory conditions such as Asthma and COPD
- Mobility difficulties
- Problems with bones joints and muscles.

In 2023, HIV was recorded much more frequently compared to the previous 2 years.

### The challenges for Tower Hamlets since 2018

- **Implementing the Homelessness Reduction Act (HRA)**

The key challenges in implementing the Homelessness Reduction Act (2017) have been:

- Insufficient access to affordable housing, particularly in London.
- An increased administrative burden, leading to additional cost pressures to meet the duties arising from the Homelessness Reduction Act.
- Meeting the H-CLIC (Homeless Case Level Information Collection) data requirements. (Homelessness Case Level Information Classification - the new statutory homelessness case level data collection which replaced the P1E to monitor the Homeless Reduction Act (2017)).

The Act has increased the focus on prevention but does not address the challenges that all London and southeast of England local authorities contend with - high levels of poverty and a lack of affordable housing. Local authorities have a statutory duty to house homeless households but lack the resources to do so.

The Homelessness Reduction Act (2017) has increased the overall number of applicants seeking help, altered the profile of those qualifying for assistance, (in particular more single applicants and more households with complex needs are coming forward under the new duties), and increased the time that applicants placed in temporary accommodation spend there, (short-term housing that local authorities provide or arrange for people who have become homeless, intended as a short-term solution while the person or household finds more permanent accommodation).

While extending the duration of the prevention and relief duty periods, the Act has enhanced the support available to people facing homelessness. At the same time, it has increased the pressures on the council and its partner services as the Homelessness Reduction Act has expanded the number of people who the council has a duty to support. Since the implementation of the Homelessness Reduction Act, the use of temporary accommodation in the borough has increased, as a wider range of people are owed interim housing duties. The use of temporary accommodation is critical to ensuring that no-one is left roofless and since the implementation of the Act, more single people have been allocated temporary accommodation – this may be attributable to the significant reduction in recent years of the borough’s supply of hostel accommodation. The overall numbers of households living in temporary accommodation, the amount of time spent in and the costs of temporary accommodation for local authorities has increased.

The National Audit Office (NAO) has identified a 39% increase in real terms expenditure on temporary accommodation since 2010-11. The NAO and others have referred to wider costs to public services stemming the use of temporary accommodation, such as health care and have identified that the amount being spent by local councils on temporary accommodation for homeless households in England was £1.7 billion between April 2022 and March 2023.

This represented a 9% increase in spending in just one year. Over the course of the last five years, spending has increased by 62% in England over the last five years. One third of the total was spent on emergency B&Bs and hostel accommodation at a cost of £565 million.

Analysis of expenditure<sup>xiii</sup> by local authorities over 2020/21 showed that councils spent at least £1.4 billion on temporary accommodation. Notably, the beneficiaries of this expenditure are often private providers. Shelter (2020)<sup>xiv</sup> noted that a lucrative private market has developed in temporary accommodation for providers which has exacerbated the difficulties local authorities face in sourcing temporary accommodation within their own area.

The implementation of the HRA has brought significant new burdens to English local housing authorities. Local housing authorities have seen increased footfall, and an increased administrative burden associated with each case.

From April 2018, the way in which local authorities collated homelessness statistics changed. Before then, homelessness data was collated by each local housing authority and submitted to the government on a quarterly basis via the P1E system. P1E data collection involved aggregated data from each local housing authority on the number of people who had sought advice and assistance from the council for their homelessness, recording the household make-up, age and nationality profile of applicants as well as recording the outcome of the homelessness decision-making process. Local Authorities were not required to provide information on the longer-term accommodation outcomes for those homeless applicants and it was not possible to identify the personal data of the individual clients. The limited range of the data collection made it difficult for both local authorities and the government to report on the homelessness picture across the country and to analyse the activities that brought effective solutions.

In order to address these reporting inadequacies, the government overhauled its homelessness statistics collection. The new ‘H-CLIC’ data collection became obligatory from April 2018 and now reports household-level data rather than aggregated local authority-level data. It covers a broader range of households, including all those who receive homelessness assistance from their local authority rather than focusing primarily on the homeless households to whom authorities had been obliged to assist under the statutory homeless definition.

In November 2018, the LGA (Local Government Association) conducted a survey of councils to gather information on their experience of the Homelessness Reduction Act (HRA) since its implementation. Many reported that H-CLIC data collection system, (Homelessness case level collection), continues to impose a significant administrative burden after the Act's implementation, to the extent that council officers are being diverted from core work. One third of respondents to the LGA's survey on the Act did not think they had been sufficiently resourced to deliver their new duties.

The transition to the new case-level data reporting requirements has been a difficult process, especially when initially introduced. The accuracy, and to an extent the ease, of providing H-CLIC data has improved. With the potential value of HCLIC (Homeless Case Level Information Collection) data in informing the design and delivery of their provision, although there was little evidence so far of it being actively using it for this purpose.

- **COVID-19**

The government's nationwide 'Everyone In' strategy during the pandemic brought together local authorities and an army of volunteers from various homeless charities. They helped 37,430 people into temporary accommodation in budget hotels, delivering them hot meals and support from a secure and settled base. In January 2021, the government reported that the scheme had helped 26,167 people move into permanent accommodation.

'Everyone In' was effectively the UK's most comprehensive trial of Housing First to date. Housing First prioritises providing homeless people with a home in the first instance and then wraparound support tailored specifically to their needs.

As a result of the pandemic, Tower Hamlets along with all other local authorities in the country, pursued this policy which brought every single person rough sleeping off the streets and into accommodation. The policy was highly successful and reduced the dangers faced to rough sleepers at the height of the pandemic. Not only did it move people away from rough sleeping, but it allowed them to gain access to support services.

Consequently, rough sleeping levels improved during 2020-21, and a number of people were supported into alternative accommodation. The pandemic served to widen the support available for people rough sleeping for a limited period.

Prior to the pandemic, in 2018-19, Tower Hamlets had the 7th highest estimated number of rough sleepers in London. At the start of the pandemic, emergency accommodation was provided through the 'Everyone In' scheme, including to those with No Recourse to Public Funds. During the second lockdown, further beds were provided through the Winter Emergency Scheme.

Through the 'Everyone In' scheme, Tower Hamlets provided 260 persons with emergency accommodation, 150 of which had been rough sleepers accommodated directly from the street, 180 persons from this group were further enabled and supported to make a positive move-on from emergency accommodation. During this period, officers ensured that protocols were put in place for managing any potential Covid-19 outbreaks in hostels and emergency hotel accommodation. In addition, wraparound care with health partners to support the health and wellbeing of hostel residents was put in place and clients as part of that care were able access the Covid-19 vaccine.

The introduction of a ban on evictions at the onset of the pandemic led to a sharp fall in the proportion of households who became homeless due to the end of an assured shorthold tenancy in London, but the lifting of the ban and the rise in rents post pandemic has seen this figure rise again. At the same

time, the proportion of households becoming homeless due to family and friends being no longer willing to accommodate them has fallen after increasing during the pandemic.

The Covid-19 pandemic had considerable impact on the homelessness work carried out by local authorities in London. In April-June 2020, the number of households owed a prevention duty fell by almost a third compared with the previous year. This fall is attributable to the government measures which banned evictions during the pandemic. The number of relief duties rose by 18% over the same period, in part because of instructions to local authorities to provide housing for rough sleepers.

The Homelessness Monitor: England 2021 covered the period of the Covid-19 pandemic. The government's action to suspend evictions from social and private rented tenancies, alongside raising LHA rates, was identified by 87% of councils as particularly important in preventing and minimising homelessness. The number of households owed a prevention duty due to the end of an Assured Shorthold Tenancy in January-March 2022 was almost double the number in the same quarter in 2021 and 19% higher than the same quarter in 2022 because of the ending of the ban on evictions.

- **Post pandemic cost of living crisis.**

The social and economic impacts after the COVID-19 pandemic, soaring inflation, wages not keeping pace with the cost of living, increased fuel and energy costs, affect everyone particularly those struggling on low incomes. The removal of public health measures saw the end of the furlough scheme, the removal of the £20 pw Universal Credit uplift and the lifting of the ban on evictions. The council continues to see an increase in demand for social housing and homelessness prevention and advice. Although the service has planned for these events and are trying to stem any potential demand surges, the council is seeing a continued increase in rough sleeping, homelessness, sofa-surfing, and applications to join the council and its registered provider partners Common Housing Register.

### **Our journey since the last strategy in 2018**

The council's last Homelessness and Rough Sleeping Strategy was written in 2018 - during a period of ongoing welfare reforms which stemmed from the government's Welfare Reform and Welfare Act (2016). These reforms froze most working-age benefits and brought in the lowering of the household benefit cap threshold (from £26,000 for a family and £18,200 for a single person, to £23,000 in London (£15,410 for a single person)), a reduction in social housing rent levels by 1% in each year for four years from 2016/17, the limiting of support through Child Tax Credits/Universal Credit and the replacement of support for mortgage interest with loans for mortgage interest.

Since the last strategy, there remains a lack of affordable accommodation in the private rented sector with an increasing affordability gap between LHA and average rents in the private sector, meaning that private rent sector accommodation is inaccessible to households on low incomes or in receipt of welfare benefits. Despite an increase in the supply of affordable and social homes in the borough, the challenges remain the same if not greater since the pandemic and the cost-of-living crisis began. Tower Hamlets remains a borough where there is a lack of space to build more homes against a backdrop of an increasing population, it remains unlikely that we will ever be able to meet the continuous demand for social and affordable homes.

### **Our work since Tower Hamlet’s last Homelessness and Rough Sleeping Strategy (2018-2023)**

Since our last strategy was written, the council and its partners have achieved the following against its themes and priorities:

#### **Theme 1 - Prevention of Homelessness**

##### **Priority 1 - Homeless prevention, tackling the causes of homelessness and implementing the Homelessness Reduction Act (2017)**

Communicating the support available to residents in a way that is accessible and easy to understand is a simple but keyway to effectively combat homelessness. Recognising this, the Housing Options content on the council’s website has been updated to reflect changes in legislation ensuring the provision of tailored bespoke advice to specific groups, for example those fleeing domestic abuse. As part of this update, information has been included to those at risk of homelessness in the private rented sector who were part of a range of vulnerable groups. There was a broader refresh in 2021/22 which included updates in pages relating to homelessness prevention and the housing options available to people.

To create greater ease of access for residents, the Housing Options Service began to offer telephone and virtual appointments during the lockdowns and have continued with this approach. An extension of this approach included the introduction of a new self-booking system so households can book appointments at their own convenience rather than queue up for drop-in sessions which would entail long wait times. A new phone system was also introduced in 2021 enabling us to handle more phone calls than was previously possible.

Where possible, the council endeavours to support residents facing homelessness to remain in their current accommodation so that homelessness never becomes their reality. Where a resident has spent considerable time in hospital and may have lost their last settled accommodation, the council employs a dedicated hospital discharge worker to liaise with social services. This ensures that those leaving hospital have the support that they need to remain in their existing accommodation to prevent them becoming homeless once discharged from hospital.

Mediation is also employed by the Housing Options Service when family relationships and friendships breakdown. Officers negotiate with hosts and mediate between families in situations where they are looking to exclude someone from the family home. The council has made use of the sanctuary scheme to support victims of domestic abuse and allow them to stay in their home.

It is important when tackling homelessness to consider its root causes and, where possible, address these. The council commissioned BEAM Homelessness Social Enterprise service<sup>xv</sup>, which provides services to homeless households to support residents into work. The council employs a Housing Options Officer to work with homeless people in Jobcentres on an outreach basis to help them back into work so that they can effectively support themselves financially.

##### **Priority 2 - Preventing homelessness by providing access to affordable and sustainable housing options.**

The council set an objective to increase the supply of housing across social tenures. As part of this we have our own housing development programme, everything developed through this programme goes

to the common housing register and a certain number of nominations go to existing residents. We also partner with private registered providers to provide a certain amount of affordable housing within schemes that go into the lets available through the common housing register.

It is important that, in order to best respond to the challenges posed by homelessness to the borough, we maximise the use of our current social housing stock. There are various methods that we as a local authority can use for this. The council has a current target of ensuring that 35% of social housing goes to homeless bidders. Some council homes are ring fenced for homeless bidders only. Housing stock is used to support those placed in temporary accommodation when a B&B has been occupied by a resident beyond the legal date.

## **Theme 2- Response of services to homeless households and vulnerable people**

### **Priority 1- Preventing and responding to rough sleeping.**

Rough sleeping is a multi-faceted issue and tackling it requires a response from multiple services. We have developed specialist roles within the Housing Options Service which intend to provide a targeted response to rough sleeping in the borough. The council has an Ending Rough Sleeping Team who commission an array of specialist services, works strategically with internal partners on shared areas of work, and develops and maintains a variety of partnerships with external organisations and stakeholders.

The Ending Rough Sleeping Team has utilised additional funding from the Rough Sleeping Initiative and the council's General Fund to provide an array of specialist services to meet the needs of people rough sleeping and to support them move off the streets into accommodation. These services include:

#### **Tower Hamlets Street Outreach Team (TH SORT)**

This team responds to Street Link referrals 7-days a week and its primary remit is to find the quickest, most appropriate route for people to move away from the street. Specialist roles include a Women's Lead Worker, a Health Coordinator and a Complex Needs Worker, who support individuals placed into dedicated Emergency Bed Spaces to find longer term solutions to their rough sleeping. An 'In Reach' worker also provides continuity of support for people transitioning from rough sleeping to accommodation within the LBTH Supported Hostel pathway. This includes supporting people who are at risk of eviction or abandonment to maintain their placements. As part of our ongoing Homelessness Transformation programme, the council has commissioned a new complex needs service for street homeless providing 31 new accommodation units.

#### **Rough Sleeping Navigator Team**

Jointly commissioned with the City of London, this team provides targeted support to individuals who face additional barriers to moving away from the street and have longer histories of sleeping rough. This includes working with our T1000 clients, a specific cohort of people who have spent considerable time rough sleeping and who often have multiple disadvantages, requiring intensive lead worker support to link in and maintain engagement with multiple support services.

#### **Housing First Team**

Housing First is the most evidence-based model for successfully supporting people with the longest histories of rough sleeping and who experience significant multiple disadvantages to access and maintain housing. The council commissions a Housing First Team and work with Housing Association partners to provide housing.



### **Outreach Psychotherapy Service**

An innovative model commissioned across the tri-borough region of Tower Hamlets, Hackney, and the City of London. This is a pioneering and innovative service which seeks to address the underlying causes of rough sleeping, which are often related to experiences of trauma.

### **Day Centre**

Crucial to the aims of the council is a day centre which anyone experiencing homelessness can access for support. Essential needs are met through the provision of showers, breakfast, and lunch. Further holistic support focuses on accessing accommodation, welfare advice, and employment support, as well as the RESET Outreach and Referral Team and Needle Exchange, providing essential support around substance use. Health drop ins are also available. Multiple services and interventions can therefore be accessed at once by people sleeping rough.

### **Temporary Accommodation for Rough Sleepers**

The Ending Rough Sleeping Team works with the council's Housing Management Team to provide bedspaces in hotels for temporary accommodation. This includes specific bookings to support people with no recourse to public funds, who otherwise have highly limited accommodation options. These bedspaces are a vital resource to support people move away from the street quickly into low-threshold provision to allow time for assessment and stabilisation before moving on to longer term accommodation. 24-7 support is in place within the hotel which is essential to meet the needs of the people who are reside there.

### **Health**

People who sleep on the streets for lengthy periods of time have significantly lower life expectancy than the general population (44 years for men compared to 76 years for the general population and 42 years for women compared to 81 years). They experience severe health inequalities and far poorer health than the general population. The Ending Rough Sleeping Team has developed a range of partners and interventions around health. This includes a number of health related drop-ins within our accommodation based services and day centre (including sexual health testing, liver scanning, TB screening, support to access GPs and health checks), facilitating response around access to Covid and flu vaccinations, and a quarterly Health and Wellbeing Fair hosted by the Borough's commissioned day centre and developed in partnership with multiple providers.

The council works closely with a range of key partners to access health support for individuals on the street, including the RAMPH Team (Rough Sleepers Mental Health Project), RESET Navigator Team (substance use support for people sleeping rough), Health E1, the Royal London Pathways Team and Groundswell. The Health Coordinator role within TH SORT is vital to coordinating interventions for clients, expanding partnerships and facilitating training with partner services. The Ending Rough Sleeping Team is keen to develop further responses to rough sleepers' health needs, including expanding health interventions directly on the street and a targeted response to Acquired Pain Injury and Neurodiversity.

### **SWEP**

The Ending Rough Sleeping Team also plans and coordinates the borough's Severe Weather Emergency Provision (SWEP) response in both cold and hot weather periods, services which ensure people rough sleeping are offered potentially life-saving accommodation and services.

SWEP is a protocol agreed between London boroughs and the GLA (with input from public health) to safeguard rough sleepers during severe weather. It is activated by the GLA whenever temperatures fall below zero.

SWEP requires boroughs to work with partners – outreach teams, day centres, hostels, police, health – to rapidly identify anyone sleeping rough during severe weather and provide an offer of emergency accommodation. The accommodation should be safe, warm, and be available to all, regardless of whether they have recourse to public funds.

Prior to the pandemic, the accommodation used for SWEP was often basic (camp beds in a shared space). During COVID, self-contained hotel/B&B rooms or rooms in Temporary Accommodation were more typical. The winter of 2022/23 saw a return to the use of shared spaces.

In the winter of 2022/23 SWEP was activated 6 times – with boroughs in London accommodating circa 2,000 rough sleepers in a mix of settings (including rest centres) – in addition to the placements by London boroughs, the GLA accommodated 348 people.

### **Support and Enforcement**

Rough sleepers regularly engage with police officers and law enforcement officials. This highlights the need for Local Authorities to work closely with police and law enforcement to collaboratively implement support and enforcement plans - to ensure that action is coordinated. It is for these reasons that the council employs a rough sleeping coordinator who works in close partnership with teams across the council, Metropolitan Police, British Transport Police, Housing Associations, stakeholders, and local communities.

Monthly care planning meetings take place which bring together support and enforcement teams to ensure a multi-agency coordinated approach to reduce rough sleeping and anti-social behaviour. The Ending Rough Sleeping Team attend the Neighbour Crime and ASB (Anti-Social Behaviour) Partnership Board, ensuring this coordination takes place at a strategic level with Community Safety and the police. From the government's Rough Sleeping Initiative Fund, the council receives funding for additional police support. There is also a partnership task force which provides more police capacity in addition to that which is already allocated by the London Metropolitan Police.

Due in part to the nature of rough sleeping, many rough sleepers have a number of complex support needs. The council looks to combat this issue by employing a complex needs worker and a health worker in our outreach team. This provides additional capacity within our rough sleeping team to coordinate new interventions. Many rough sleepers are non-UK nationals who have an uncertain immigration status to support these individuals we have accommodation with dedicated immigration support.

The COVID-19 pandemic posed a unique threat to rough sleepers leading to the Everyone In campaign. To provide a comprehensive response to this Tower Hamlets, like many other local authorities, block booked beds in hotels specifically for the use of rough sleepers. A direct legacy of this response is the block booking of TA units that are ring fenced for the use of rough sleepers (described in more detail above).

### **Priority 2- Supporting children, families and young people and vulnerable adults.**

The council takes an integrated approach, with Housing Options working with youth and family services, to prevent homelessness amongst families and young people. As part of this approach, we conduct 12-week assessments on 16–17-year-olds facing homelessness and use this to decide on the best support that can be offered to young people. We utilise assessment centres to provide a place for these young people to stay before suitable accommodation can be found. Young people under 18 are referred to the council’s “crash pads”.

We work to ensure that young people under the age of 18 are not placed in the hostel system and the council’s Childrens Social Services are a part of all homelessness assessments. We have commissioned a service which helps young people develop budgeting skills to help them live independently. One of our key aims is to intervene in preventing homelessness in young people and families as early as possible and deliver a bespoke individual response for each case. We also look to conduct individual needs assessments to judge the required support on an individual basis. This bespoke approach is something we want to continue and build upon with time.

This links with our objective to support families and young people to be healthier, safer and more emotionally resilient. During the pandemic enforced lockdowns, the accommodation provided as part of the ‘Everyone In’ scheme had adequate cooking facilities to increase residents’ self-reliance.

The council recognises the support required for victims of domestic abuse and that this works hand in hand with combating homelessness. The Housing Options Service is represented on the council’s VAWG (Violence against Women and Girls) steering group demonstrating our commitment to combatting domestic abuse. We are on our way to achieving DAHA (Domestic Abuse Housing Alliance) accreditation and fulfilling the required high standard of activity to support survivors of domestic abuse. Officers are trained by IDVA (Independent Domestic Violence Advocate) (Independent Domestic Abuse Advisors) who ensure that our staff are well equipped to support those fleeing domestic abuse. In addition, we fund a floating support worker who provides specialist housing support and advice for those fleeing domestic abuse. The council also works closely with charities such as Solace Women’s aid and Refuge to support survivors of domestic abuse.

The Housing Options Service and its partners have adopted a multi-agency personalised approach to accurately identify the support and additional needs of vulnerable people who may be at risk of homelessness. We support young people known to the criminal justice system in accessing appropriate accommodation, and will, (where necessary) negotiate a placement within one of our commissioned services. As part of the support offered to ex-offenders, we work with HMP Service to ensure that no-one is released from prison without accommodation. We conduct a video call with the individual before they are released from prison and work closely with their probation officer. Multi-agency public protection arrangements (MAPPA) are used for high-risk offenders to identify and offer housing solutions suitable for their support needs.

Housing advisors work closely with hospitals to create personalised pathways for those being discharged who at risk of homelessness or rough sleeping. We also work with hospitals to assist those with health-related support needs.

When considering long term solutions to a person’s homelessness it is important to address the underlying support needs, which may have been a cause of their homelessness to begin with. This approach is key to ensuring they can live independently within the community. We work with the resident to develop a personalised housing plan for the resident and ensure that the resident is clear on what they need to do and what we can do to help them. The case worker will look at reasons for homelessness and develop a plan to reduce their support needs. As a part of this, the Housing Options

Service works closely with the council's drugs and alcohol team and mental health service. It is important that we identify the appropriate accommodation for the resident based on their support needs and circumstances. We also have a commissioned service which helps young people develop budgeting skills to help them live independently.

Since 2017, the Housing Options Service has embedded a Homelessness Intervention Prevention project team who provide housing advice and support to social housing tenants at risk of homelessness, their remit is to support not only council tenants, but those who are tenants of other social housing landlords in the borough (Registered Providers). The team provide debt and money management advice, welfare benefit maximisation and tenancy sustainment advice. Both the council and its Register Provider partners want to ensure that those residents who have a social housing tenancy can remain in their accommodation and to minimise the incidence of eviction from social housing accommodation.

### **Customer Access Project**

The Housing Options Service despite the pandemic successfully embarked on its Customer Access Project which has delivered significant improvements to the customer journey. These include:

- An improved and new telephone system (introduced in July 2021) – one telephone number with options.
- The launch of the Housing Options finder tool on the council's website.
- An improved and revised internet presence which allows residents to 'self-help' (September 2021).
- Better webpages, online forms.
- An appointment system prioritising people at risk of becoming homeless to be seen quickly.
- The move from Albert Jacob House to the Town Hall in Mulberry Place in spring of 2021.
- The trialling of a Residents Hub at Mulberry Place to better plan for move to the New Town Hall in Whitechapel which has brought improved triaging, first time resolution.

### **Homelessness Transformation Programme**

The Housing Options Service began its Homelessness Transformation journey in 2021. The objectives of this project included:

- Upstream work with households before they reach crisis point.
- Increasing successful prevention outcomes.
- Delivery of speedier outcomes for those who are homeless.
- Successful Prevention with cohorts otherwise destined to need Temporary Accommodation.
- Increasing the number of PRS placements.
- The commissioning of a new specialist employment service for the homeless (BEAM) which helps benefit capped households in temporary accommodation into sustainable employment.
- The recruitment of more staff in the Housing Options Service

As part of the council's day to day work, our frontline Housing Options Service has secured the provision of funding for 2 years (since the summer of 2022) to employ two Early Intervention Officers. The Housing Options are presently exploring the potential of a further Housing Options Advisor to be based in the council's MASH (Multi-Agency Safeguarding Hub).

In addition, funding has been in place since October 2022 to trial the co-location of one Housing Options Advisor within one of the borough's Jobcentre Plus Offices, this is currently for a period of 12

months and its continuation is dependent not only on successful outcomes achieved but, on the services ability, to retain this funding.

In 2023/24, the service has been allocated (from the council's General Fund) an additional £2.19M to plug gaps in service delivery which will be invested across the different teams within the Housing Options Service, with £1.8M from the council's Homelessness Reserve (a ring-fenced account made up of government grant for sole purpose of reducing homelessness). In addition, the Service has secured £1.3M to deliver ICT improvements to consolidate systems and increase automation and will be exploring ways to measure satisfaction with the service that our residents receive.

### **Additional Service Improvements**

In May 2024, the Mayor in Cabinet approved the immediate release of an additional £1.93M for improvements to the Housing Options Service. These improvements will include creating thirty-four new roles with a sustainable funding source to meet the increasing demand and footfall and to address backlogs, as well as extending the hours that residents can access a face-to-face service.

This most recent investment will help to strengthen and support the invaluable work being undertaken by our skilled and professional staff teams in our current operations and will expand the Transformation Programme further. The Transformation Programme will include a complete full service review and redesign which will be underpinned by a robust delivery plan (which will separately developed outside of this strategy's delivery Plan).

Importantly, this additional £1.93M investment will enable the Service to:

- Develop capacity on the frontline to provide an empathetic and dignified response to every service user seeking support by identifying gaps, shortages and whether there are capacity and skills issues.
- Undertake a full and complete service review and redesign, with immediate reorganisation to be initiated.
- Deliver cultural and structural changes, to enhance staff wellbeing and ensure that the newly recruited frontline staff are retained within the organisation.
- Review of the structural composition of the service to identify key issues that may be affecting service delivery.
- Review senior management arrangements in the Service and carry out a separate review of performance across the Service to understand the relationship with frontline staff, both outward-facing and in the back office.
- Establish a service review, with a view to creating a revised and refreshed service delivery plan to address key areas of cultural concerns and staffing shortages in the service

At the time that this strategy was written, a special taskforce was being assembled with the aim of providing and prioritising attention to oversee the recruitment and restructuring of the Housing Options Service. Membership of this taskforce is expected to comprise of the Corporate Directors for Resources and Housing and Regeneration (or representatives), a representative from the Mayor's Office, representatives from the council's recognised Trade Unions and delegates from the service.

The service improvement outcomes from the Transformation programme intend to:

- Develop capacity on the frontline to provide an empathetic and dignified response to every service user seeking support.

- Identify the gaps and issues with the current structure and delivery model of the service to facilitate and implement a long-term service plan and redesign to address ongoing pressures.
- Address the pressures within the service caused by increasing demands including high caseloads and backlogs.
- Alleviate pressures on a dissatisfied workforce and build capacity for staff to access additional support and development.
- Develop and implement expanded face to face service hours to provide those in need with wider access to the service operating longer opening hours on weekdays and on a Saturday morning.

### **Successful funding from the government’s Single Homelessness Accommodation Programme**

The council is taking forward a housing first project in collaboration with Notting Hill Genesis Housing Association (NHG) which has been funded via the government’s Single Homelessness Accommodation Programme which will provide 24 homes and intensive support for people rough sleeping. The primary target group are those within the T1000 cohort (i.e. the people with the longest histories of rough sleeping) and 50% of this provision will be targeted for women.

Working alongside GLA and DLUHC advisers, NHG is receiving capital funding separately to deliver 20 homes. The council will receive revenue funding to commission and monitor the service who will deliver wrap around support to the recipients and also provide an additional 4 units.

The project will deliver and prioritise access to permanent housing for those rough sleeping with tailored, open-ended, wraparound support - aiming to improve housing and health outcomes for those accommodated as well as alleviating some of the pressure on existing rough sleeping, homelessness and hostel services. A range of council and partner services will provide wrap around support including clinical psychology, primary care services, substance misuse, adult social care and rough sleeping.

NHG will begin procuring homes and completing works on these homes with a view to the first units becoming available from November 2024.

### **Revised Homelessness Accommodation Placement Policy & new Homeless Accommodation Procurement Strategy**

Again, at the time that this strategy was in development, officers took forward to the Mayor in Cabinet (July 2024) a revised Homelessness Accommodation Placement Policy and a new Homelessness Accommodation Procurement Strategy.

The need for a revised Homelessness Accommodation Placement Policy has been critical because the previous iteration of the policy left the council particularly open to legal challenge and judicial review, because it restricted officers by requiring them to place residents a maximum of 90 minutes travel time back to the borough from where the placement was made, whether placed in temporary accommodation or private rented sector accommodation.

The review of Homelessness and Rough Sleeping in the borough has shown that the availability of suitable accommodation for those requiring temporary accommodation is becoming increasingly challenging. By remaining unable to procure suitable temporary accommodation across a wider geographical area, the council remained reliant on the use of expensive bed and breakfast and commercial hotels in the borough and surrounding areas. This is detrimental to the health and well-being of residents and costly to the council.

Being able to procure outside of Greater London, for the purposes of temporary and private rented sector accommodation, will make accommodation affordable for the resident and the council.

Under the Homelessness Code of Guidance, families should be in bed and breakfast or hotel accommodation for up to a maximum of 6 weeks. This is significantly hard to achieve given availability of accommodation in the placement areas that the current policy focuses on.

The council will now use ‘zones’ when procuring and allocating temporary and private rented sector accommodation. This policy will also serve to reduce the number of judicial reviews brought against the council when being challenged on suitability. Having zones, will give the council greater control on allocating accommodation, while being able to audit placements made for transparency. Areas in zone C are subject to change considering supply in a specific area or county.

- Zone A – located in the borough of Tower Hamlets
- Zone B – located in Greater London
- Zone C – located outside Zones A and B but in the neighbouring counties and districts of Essex, Hertfordshire, Kent, Surrey, Berkshire, and Buckinghamshire
- Zone D – located outside of Zones A, B and C

The policy has significant safeguards in relation to priority for in borough placements.

The new Homelessness Accommodation Procurement Strategy sits side by side with the Homelessness Accommodation Placement Policy. The strategy clearly sets out the council’s approach on how officers will procure available housing stock to discharge the council’s statutory homelessness duties and responsibilities. The strategy will ensure that the council follows current legislation and provides clear guidance for staff to ensure affordability and suitability of accommodation which is procured for this purpose.

#### **Piloting of two new grant schemes – Cost-of-Living and Find Your Own PRS Scheme**

The Mayor in Cabinet also agreed in July 2024 to approve two pilot schemes, (1) Cost of Living Grant Scheme and (2) Find Your Own PRS Accommodation Scheme, and to register both on the council’s grants register. Both schemes intend to empower residents who are homeless or at risk of, to source their own accommodation (Find Your Own PRS Scheme) or to help families with expenses incurred where they host a family member who would be reliant on the council homeless services for finding them somewhere to live (Cost-of-Living Grant scheme).

Before the approval of the Cost-of-Living Grant scheme, householders providing accommodation for friends or relatives were unable to receive financial help to meet the costs associated with having long-term guests. Prior to the approval of this Grant, there wasn’t any cost-of-living support available to residents hosting a family in their home for long periods of time. Financial assistance to meet these costs at a time when household budgets are already overstretched could help to sustain hosting arrangements and prevent and reduce the incidence of family and friends no longer willing or able to allow a homeless applicant or household to remain in the property.

The Find Your Own PRS Accommodation Grant Scheme will empower residents to take ownership and control over their housing options with more flexibility and choice in terms of location and type of property they source in the PRS. Those residents who receive a “Find Your Own” Grant payment should see that the payments may help to reduce any financial barriers which might have prevented a resident from securing and settling into a new PRS tenancy. This in turn should minimise the risk of the tenancy breaking down. The Grant supports long-term tenancy sustainment and fundamentally aims to reduce

the risk of repeated homelessness which is costly to the council and disruptive to the resident and their household which will ultimately benefit all residents.

The use and payment of both grants will be considered and managed in line with Tower Hamlets Adult Safeguarding procedures to ensure minimal risk of harm or exploitation to vulnerable individuals and families. Any concerns raised or noted regarding a particular individual or family will be considered on a specific case-by-case basis.

### Trends in Homelessness and Rough Sleeping in Tower Hamlets 2018 - 2023

Our review of homelessness and rough sleeping in Tower Hamlets has enabled us to identify trends within our borough since our last strategy was published in 2018. Our review was undertaken as a desktop exercise and was carried out in the winter of 2022/23. The review has been used to shape our actions and activities to tackle homelessness and rough sleeping over the course of the next five years and will be embedded in future business plan activities for the Housing Options Service.

In 2022/23, there were **more people presenting at the prevention stage (1879) than at the relief stage (1237).**

**28%** of people sleeping rough in the borough identified as **White British (2022/23)**

**Single Person households without children** make the greatest number of approaches for assistance both at the **prevention stage (643)** and at the **relief stage (949)**

In 2022/23, 41% of those owed either a prevention or relief housing duty were **under the age of 35.**

In 2022/23 the council received **382** approaches (at the Prevention stage) and **489** at the relief stage **as a result of Family and Friends no long willing to or able to accommodate being the** reason for the loss of settled accommodation.

By the end of 2022/23 **2567** households were **living in temporary accommodation.**

**81%** of these households include children.

The second biggest reason for a homelessness approach in 2021/22 is the **end of Private Rent Sector Tenancy (15% of all approaches)**

Of the households placed in Temporary Accommodation **41.5% of placements in 2021/22 were out of the borough.**

**Mental Health** is the most prevalent of support needs for **19%** of all applicants, closely followed by **physical ill health and disability (15.5%)** and a **history of offending (95.%)**

In January 2023, **904** households had been **living in their temporary accommodation placements for 1-2 years.** A further **755** households had been in their temporary accommodation for **between 3 and 5 years.**

Applicants who identify as **Asian/British** are the largest ethnic group (**45%**) who are owed a housing duty. More specifically it is the Bengali population which is owed the highest percentage of duties (**37%**)

**58%** of rough sleepers in the borough have a **combination of support needs** such as **mental health, drug and alcohol abuse.**(2022/23)

Our review highlights the trends/key challenges in Tower Hamlets which include:

- the volume of people, being asked to leave by family and friends.



- the number of households that are threatened with homelessness when their private sector tenancy ends.
- the need to encourage those at risk of homelessness to seek housing advice and support to resolve this at an earlier stage rather than at crisis point and being able to access support through a range of effective customer channels.
- managing and meeting demand for good quality temporary accommodation within the borough against increasing costs and ensuring move-on from temporary accommodation is made at the earliest opportunity to affordable, sustainable, and suitable accommodation.
- ensuring support is available for vulnerable individuals and households.

As a result of these findings our priorities are:

- 1. Working with people earlier to prevent them from becoming homeless and to reduce the use of Temporary Accommodation.**
- 2. Provide good quality accommodation for people who are at risk of, or where they become, homeless.**
- 3. Improve customer service and the individual's experience.**
- 4. Making sure that people have access to the right support services.**
- 5. To prevent rough sleeping but where it does occur, it's rare, brief and doesn't happen again.**
- 6. Boost staff resilience and well-being.**

Our rationale for each of the six priorities from 2024-2029 to tackle Homelessness and Rough Sleeping and the high-level activities which we will undertake is set out below:

**Priority 1: Working with people earlier to prevent them becoming homeless and to reduce the use of Temporary Accommodation.**

The Housing Options Service is the first point of contact for many of our residents when they are threatened with or find themselves homeless. We work to enable applicants to remain in their home where it is safe and possible to do so, although in some instances, it will not be possible because an applicant is fleeing domestic abuse, or their landlord may want to sell the property or to evict an applicant.

Increasingly, applicants are approaching the Housing Options Service at the 'relief stage.' In both 2021/22 and 2022/23, there were more people presenting at the relief stage than at the prevention stage.

The most common reason for approaches recorded locally is where an applicant's 'Family and friends are no longer willing, or able to accommodate them,' at both the prevention and relief duty stages. This has remained the most prevalent of reasons for an approach at the prevention stage since our last strategy was written.

In 2020/21, there was a marked increase in these approaches at the prevention stage from 34.2% in 2019/20 to 46.7% in 2020/21. The increase in 2020/21 may be attributable to the Covid19 pandemic and the social distancing measures and public health concerns that may have increased applicants at risk of losing accommodation with their family and friends. Nevertheless, this figure has now reduced to 39.7% in 2021/22 and to 37.7% in 2022/23 but illustrates that more people are presenting before they reach crisis point, which is a positive trend.

Within the reason of 'Family and Friends being no longer willing or able to accommodate an applicant,' there may be multiple causes underpinning this reason such as family/relationship breakdown or

estrangement, addiction or substance misuse, mental or physical health problems and overcrowding – and some applicants may require enhanced support because they have multiple complex needs.

The Housing Options Service can provide or refer people to services who can help people remain in their homes, through financial and debt advice, working with landlords and agents to resolve tenancy issues, mediating between the applicant and their family or friends where relationships break down. In partnership with other services within the council we work to tackle incidents and escalations of anti-social behaviour, hate crime and domestic abuse. Where it is not possible to prevent homelessness or unsuitable for an individual to remain in their home, officers work with applicants to try to find suitable and affordable accommodation.

By acting earlier to identify problems and providing high quality advice, assistance, and advocacy, we will ensure people have the best chance of staying in their home.

To achieve this aim, we will:

- 1. Introduce measures to increase the rates of homelessness prevention for Private Rented Sector tenants.**
  - a. Recruit new resource within Housing Advice team
  - b. Review the effectiveness of the recent increase in the landlord AST tenancy renewal rates and monitor rates over time.
  - c. Raise awareness of the rights and responsibilities of tenants and landlords in the private sector.
- 2. Increase the provision of upstream homelessness prevention advice.**
  - a. Recruit a dedicated visiting officer.
  - b. Implement an upstream prevention service for refugees who are becoming homeless.
  - c. Introduce prevention service in children's centres.
  - d. Implement joint protocol (Housing/Children's Social Care) for homeless 16- & 17-year-olds.
  - e. Deliver increased prevention guidance for those leaving care.
- 3. Explore opportunities to utilise financial measures to help prevent homelessness and increase access to private rented homes.**
  - a. Introduce a new 'cost of living grant scheme' to be paid to hosts of families or single people in priority need.
  - b. To assist households in 'self-sourcing' homes in the Private Rented Sector, we will introduce a new 'PRS Find Your Own grant scheme' for priority need households.
  - c. Continue to review our incentives for landlords in line with market conditions, with the aim of increasing access to private rented homes to for households at risk of homelessness.
- 4. Work with social housing tenants and landlords to increase prevention of homelessness due to eviction from social tenancies.**
  - a. Engage with landlords to increase awareness of the Homelessness Intervention and Prevention Project.
  - b. Launch and monitor the Protocol for Social Housing Tenants at risk of homelessness.

**5. Support the prevention of homelessness through our Allocations Scheme.**

- a. Review our Common Housing Register Partnership Allocations Scheme to ensure that it supports the prevention of homelessness and encourages homeless households to utilise their priority on the Common Housing Register.

**6. Enable survivors of domestic abuse to stay in their own homes.**

- a. Promote the use of the Tower Hamlets Sanctuary Scheme.
- b. Implement a joint working Protocol for those fleeing domestic abuse between Housing Options and Housing Management.

**Priority 2: Provide good quality accommodation for people who are at risk of, or where they become, homeless.**

The Housing Options Service aims to provide households with more settled and permanent accommodation wherever it is possible. It is evident that households which remain in temporary accommodation for a number of years can experience impacts upon their health and wellbeing. The council is committed to providing financially sustainable accommodation to families to whom it owes a housing duty while seeking to reduce the number of households in temporary accommodation.

There is a widely held expectation among many service users in Tower Hamlets that their homelessness will be resolved through the offer of social housing. This expectation results in the extremely low take-up of alternative solutions to prevent and relieve homelessness, particularly through the Private Rented Sector, with applicants preferring an offer of statutory temporary accommodation as an interim home until an offer of a social tenancy is made.

This results in applicants facing lengthy periods in temporary accommodation which not only fails to provide any form of long-term secure housing but adds to the budgetary pressures arising from the use of temporary accommodation.

A range of accommodation options are needed across the social, affordable private and supported sector to cater for a wide range of housing needs. As a council, we are already committed to working with developers and housing associations to deliver a minimum of 1000 social homes for rent per annum (Tower Hamlets Strategic Plan 2022-26, Priority 2: Homes for the Future).

To procure good quality sustainable accommodation options for people who are at risk of homelessness or who are homeless, we will:

**1. Work with landlords and accommodation suppliers to increase the supply of good quality homes.**

- a. Hold more landlord forums and open days to build new partnerships.
- b. Explore opportunities for Energy incentives for landlords
- c. Carry out cross-regional work with other Local Authorities who have procured in the borough.

**2. Increase 'Move on' of residents living in temporary accommodation into settled accommodation.**

- a. Promote new 'Find your own' incentives and Homefinder

- b. Continue to invest in our specialist move-on team to work with households in temporary accommodation (TA)
  - c. Implement and monitor a new target of 90 households per month entering TA with clear move-on pathway and worked with during Relief Duty period
  - d. Implement and monitor a new target of 40 move-ons per month from TA. Our specialist move-on officers will work closely with households in temporary accommodation and support them in accessing longer-term accommodation.
- 3. Reduce the use of unsuitable and expensive temporary accommodation.**
- a. We will utilise grant funding routes to acquire new suitable properties for use as temporary accommodation.
  - b. Review lease agreements between the council and accommodation suppliers to ensure repairs are undertaken when required.
- 4. Repurpose or build new homes to increase the supply of temporary and long-term accommodation**
- a. Identify opportunities for existing council or community assets to be repurposed for temporary accommodation.
- 5. Increase the number of accessible and adapted homes**
- a. Partner with the council's Private Housing Improvement Team to secure funding to carry out adaptations on properties acquired through the council's acquisition scheme
- 6. Ensure our Homelessness Accommodation Placement Policy remains fit for purpose**
- a. Undertake a review and implement a new Homelessness Accommodation Placement Policy.
- 7. Expand accommodation provision for people sleeping rough or at risk of rough sleeping**
- a. Provide 24 homes for people who are multiply excluded from other forms of support; this will be gender-informed housing first provision.

**Priority 3: Improve customer service and the individual's experience.**

We know that residents who seek our help because they are homeless or threatened with homelessness are going through a potentially stressful and difficult time in their life. We want to ensure that those needing help and support receive it in a manner which is suitable for them and from confident and knowledgeable staff, who themselves are supported through continued professional development. This priority is not just about the staff delivering homelessness services, it also encompasses the systems and processes which support the staff to deliver those services. This includes looking at how we collect and use data in a more innovative way to target support services and implement new ways of working.

Further improvements to the customer journey over the course of the next two financial years (24/25 and 25/26 include a revenue and capital investment of £1.3m) will enable the Housing Options Service to deliver much more, such as streamlining workflows, reducing errors, enhancing data quality, and

supporting strategic decision making. For customers this will mean - only asking for documents once and automating customer notifications to ensure statutory compliance as well as timely customer communication.

For staff this will lead to a reduction in their administrative burden by reducing systems and prepopulating data, providing clear and concise workflow assignment and performance information.

We recognise that the customer journey is not just a digital one, and face to face contact will remain an option particularly for those in an emergency. To deliver on this priority we will aim to:

- 1. Deliver high-quality homelessness advice across a variety of channels and formats.**
  - a. Review all homelessness web content to ensure all advice is accurate, up-to-date, and easy to locate for users.
  - b. Provide an affective telephone service for residents seeking homelessness guidance
  - c. Implement a new webchat function to assist with homelessness queries
  - d. We will introduce online digital forms to assist residents with key
- 2. Deliver a service which is accessible for all residents.**
  - a. Review communications sent to our service users, ensuring that they are all written in plain English, and we will aim to provide communications in the format of the client's choice wherever possible.
  - b. Put in place increased support for service users who are deaf to ensure they can access services easily
  - c. Review the opening hours of our face-to-face homelessness service.
- 3. Improve the client experience of the homelessness process, delivering clear, empathetic, and timely communication throughout.**
  - a. Recruit and mobilise a specialist triage team to improve first contact resolution
  - b. Introduce 'self-service' capabilities for residents through improvements to our customer portal
  - c. Embed a customer service training plan
  - d. Develop new materials and guidance on the homelessness process
  - e. Agree approach for mystery shopping to aid service improvements.
- 4. Improve communication with residents living in temporary accommodation**
  - a. Undertake an annual temporary accommodation survey and issue a clear action plan to deliver improvements to our service for households living in temporary accommodation.
- 5. Increase the work we do with service users and people with lived experience to help improve our service.**
  - a. Introduce an annual customer survey
  - b. Identify resident representatives with lived experience to help monitor the strategy

**Priority 4: Making sure that people have access to the right support services.**

A considerable proportion of households and individuals seeking housing advice and facing homelessness have a need for some form of additional support. Our Homelessness Review identified that in 2022/23, 19% of all applicants approaching the Housing Options Service had mental health needs, but many may have multiple additional needs. Support needs are even more prevalent when it comes to rough sleepers with only 8% having no support needs.

We are committed to addressing and preventing youth homelessness, we recognise the critical importance of engaging with young people under the age of 17. This age group represents a vulnerable population requiring specialised attention and support to ensure their safety, stability, and future well-being.

Safeguarding vulnerable adults is a fundamental priority to our service and we work consistently with our partners to ensure their safety, well-being, and protection from harm. We are committed to developing a comprehensive approach that addresses the unique needs and challenges faced by vulnerable adults experiencing homelessness. We know that homelessness often exacerbates mental health challenges and social isolation, significantly increasing the risk of suicidal ideation and behaviour. Our approach therefore integrates specific measures to identify, support, and intervene for individuals at risk of suicide within the homeless population.

To improve access to and the effectiveness of support services our activities will include:

- 1. Deliver improved support and effective pathways for those fleeing domestic abuse.**
  - a. Put in place clear referral processes and pathways with internal and external partners
  - b. Deliver domestic abuse training programme
- 2. Implement a multi-agency approach to safeguarding vulnerable adults.**
  - a. Identify and implement enhancements in the vulnerable adult homeless hostel/supported accommodation pathway.
  - b. Put in place clear pathways and working processes are in place with internal and external partners
- 3. Provide enhanced support to children and young people.**
  - a. Recommission the Young People’s supported accommodation pathway
  - b. Implement the joint Protocol aimed at supporting children aged 16 and 17 who are homeless or at risk
  - c. Work with partner services in the council to provide effective support for young people of the LGBTQI+ who are homeless or at risk.
- 4. Work with our partners to improve access to mental health and addiction support.**
  - a. Put in place coordinated referral pathways with our key partners.
  - b. Implement co-located housing advice surgeries.
- 5. Review and improve our hospital discharge pathway.**
  - a. Identify and implement improvements to our hospital discharge pathways from the Royal London Hospital and Mile End Hospital.
- 6. Increase support for ex-offenders to aid their transition from custody to stable living situations.**
  - a. Launch and monitor the Accommodation for ex-offenders (AFEO) programme in Tower Hamlets, to provide ex-offenders with accommodation.

**7. Assist our service users to access paid jobs**

- a. Work with the Supported Employment team to increase referrals to the Individual Placement and Support in Primary Care (IPSPC) Scheme

**Priority 5: To prevent rough sleeping but where it does occur, it's rare, brief and doesn't happen again.**

While not the only form of homelessness, rough sleeping is the most visible and dangerous. Many people who sleep rough have experienced trauma and may need support with substance use, mental and physical ill-health, and immigration matters. People may be survivors of exploitation and domestic abuse. They may have spent time in prison or care. Rough sleeping exposes people to severe risks and it is therefore crucial that people are supported off the streets rapidly.

The council recognises the significant costs of rough sleeping and commissions specialist supports services to find local solutions. The council will continue to do this and will raise resident's awareness of the support available to them. We will:

**1. Raise awareness of the causes and solutions to rough sleeping.**

- a. Increase awareness of Street Link to local residents (this application enables members of the public to connect people sleeping rough with the local services that can support them).
- b. Provide training to relevant agencies, including Police Officers, Park Guard and Adult Social Care so that they can provide the highest level of support for rough sleepers and signpost them to the correct services.

**2. Develop innovative accommodation and support solutions for the most marginalised groups.**

- a. Expand our Housing First provision to support more people for whom other service models do not work to access housing and live healthy and fulfilled lives.
- b. Access specialist government funding to develop accommodation options as identified through ongoing strategic commissioning analyses.
- c. Build on existing provision for women rough sleepers to ensure more routes into services and off the streets for women, including learning from the Women's Rough Sleeping Census.
- d. Deliver a pilot study of embedding a social work senior practitioner in the Ending Rough Sleeping Team who will support people rough sleeping to access support from Adult Social Care, upskill partner agencies, and build links with Adult Social Care Teams.
- e. Develop new off the streets accommodation options to allow safe assessment and links into wider pathways.
- f. Review our Severe Weather Emergency Accommodation Protocol (SWEP), in light of the significant increase in rough sleeping since 2022, to ensure system capacity is sufficient to demand.

**3. Build new and strengthen existing partnerships with local partners, the NEL subregion and the national Rough Sleeping Initiative.**

- a. Develop collaborative partnerships with sub-regional boroughs, co-commissioning services where there is sufficient need and opportunity, including staging post accommodation to support with reconnection work to other areas / countries.
  - b. Build relationships with health services including Integrated Care Boards, Neighbourhood Mental Health Teams, Public Health, GP practices and Substance Use services.
  - c. We will strengthen links with prison and probation services, including CAS 3 Accommodation Programme and Strategic Housing Specialists, with the aim of ensuring that no one rough sleeps on release from prison.
  - d. Establish a Rough Sleeping Forum to improve links and best practice sharing with delivery partners and a Rough Sleeping Strategic Group to facilitate strategic coordination of borough wide response to rough sleeping.
- 4. Ensure commissioning is evidence led and co-produced with people who have used rough sleeping services.**
- a. Undertake data analysis to understand where increased flow to the streets is coming from and target interventions and preventative work accordingly.
  - b. Learn from other boroughs approached to involving lived experience within g commissioning and develop an appropriate action plan.
- 5. Develop a targeted prevention Plan to target early interventions and reduce risk of rough sleeping.**
- a. Develop approaches in collaboration with council's partners in the Hostels, Housing Options and Adult Social Care.
  - b. Identify trends, particularly in relation to cases of repeat homelessness, to understand who may require more support than others to sustain a tenancy in the future.
- 6. Improve access to and outcomes from health and social care services for people rough sleeping.**
- a. Coordinate a Homelessness and Rough Sleeping Health Strategic Group.
  - b. We will ensure that all existing safeguarding forums are being utilised by commissioned services to a partnership approach.
  - c. Following the Rough Sleeping Health Needs Assessment 2024, we will embed learning to help improve our service.
  - d. We will ensure effective joint working across our substance use pathway in the council.
  - e. To help us to work in partnership with mental health services, we will explore all options for co-location of professionals.

**Priority 6: Boost staff resilience and well-being**

Staff in the Housing Options Service work in a highly intense and emotionally consuming environment. They can also be exposed to traumatic information and scenarios. Stress and anxiety can also be exacerbated by the challenges of delivering this service. This is not unique to Tower Hamlets and is endemic across England and particularly prevalent in London.



The lack of social or affordable homes, spiralling rents in the private rented sector and rising house prices has pushed the supply of housing to its limits in Tower Hamlets, combined with the post-pandemic demand, supply shortages and the cost-of-living crisis. Demand for social housing vastly outstrips supply and it can be challenging managing the expectations of residents who may not have understood the full extent of the housing crisis.

These pressures have led to an increased footfall in customers approaching the Housing Options service for homelessness and housing advice. The council needs to ensure that it develops capacity on the frontline to provide an empathetic and dignified response to every service user seeking support. We will:

- 1. Improve our learning and development offer for staff.**
  - a. Put in place a tailored learning and development programme
  - b. Establish a system for collecting staff feedback on all training.
  - c. Put in place a comprehensive induction programme for all new staff, including new starter pack and new starter checklist
  - d. Implement training for all line managers on effective management and staff well-being.
  - e. Recruit a dedicated training coordinator to work with staff
  - f. Investigate potential training opportunities utilising the Apprenticeship Levy.
  - g. Roll out reflective practice sessions for staff.
  - h. Equip our managers through training to provide effective wellbeing support for staff.
- 2. Enforce the council's customer code of conduct policy and protect staff from abuse.**
  - a. Raise awareness of our code of conduct policy among residents and work with council partners to address any breaches of the policy.
- 3. Improve the working environment.**
  - a. Review the current Residents' Hub and identify any improvements required.
- 4. Work with staff when designing service improvements to improve wellbeing**
  - a. Recruit a dedicated service improvement practitioner
  - b. Establish a wellbeing working group
  - c. Implement regular staff engagement sessions focussed on providing opportunities for open communication.
  - d. Put in place a clear schedule for team meetings
  - e. Develop team-building activities and away days to promote morale
  - f. Undertake reviews of staff wellbeing and stress
  - g. Deliver a system for gathering anonymous feedback from staff on their experiences in the service, particularly with regards to management
  - h. Recruit 30 new positions within Housing Options.
- 5. Invest in our workforce to ensure that the service grows in response to the rising homelessness demand and implement measures to manage staff caseloads**

- a. Develop a caseload weighting system to help manage caseloads for those in high pressurised frontline roles.
- 6. Put in place improved systems, tools and processes to help reduce burdens upon staff and better equip them for their roles.**
- a. We will deliver an IT Transformation programme in the service to streamline systems and remove duplication of activities
  - b. Put in place a comprehensive training programme to accompany IT changes, including easy-to-use manuals and video tutorials for different functions.
  - c. Ensure a suite of up-to-date and easy to access policies and procedures are in place for staff

### **Governance and monitoring of the Delivery Plan**

As part of the delivery of the strategy, we have developed a delivery plan which will be in line with each of the six priorities, as outlined in this strategy. This will clearly show how we will tackle and address homelessness and rough sleeping and will be reviewed and updated on an annual basis over the course of the next five years. It is extremely difficult to predict the changes that will occur over this time period so our approach to the delivery of this strategy must be flexible to allow the Housing Options Service to adapt and change depending on the circumstances.

The delivery plan covers a range of more detailed actions and will include timescales. Our activities within this delivery plan will be developed in line with our existing partnerships. Oversight of the Homelessness and Rough Sleeping Strategy and its associated delivery plan will be provided by a Strategic Board which will be a multi-agency group comprising representatives from services internal and external to the council who work with homeless people.

The Strategic Board will ensure that the delivery of this strategy is monitored and scrutinised, and that work is progressing as it should. A regular update will be provided to the Board alongside an update on the key homeless data to demonstrate the impact of our activity. The Strategy actions will also be reviewed annually to ensure they are still relevant and appropriate with input from the Strategic Board.

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<sup>i</sup> DLUHC Official Statistics: Rough sleeping snapshot in England: autumn 2023 (February 2024): [Rough sleeping snapshot in England: autumn 2023 - GOV.UK \(www.gov.uk\)](#)

<sup>ii</sup> Mayor of London's London Housing Strategy (May 2018): [London Housing Strategy](#)

<sup>iii</sup> Crisis 'The hidden truth about homelessness - Experiences of single homelessness in England (May 2011): [the hidden truth about homelessness.pdf \(crisis.org.uk\)](#)

<sup>iv</sup> [London-2023-Womens-Rough-Sleeping-Census-Report.pdf \(solacewomensaid.org\)](#)

<sup>v</sup> Public Health: Guidance – Health Matters: Rough Sleeping (February 2020) [Health matters: rough sleeping - GOV.UK \(www.gov.uk\)](#)

<sup>vi</sup> Commons Library Briefing (CBP 5638), 17 August 2021: [The rent safety net: changes since 2010 - House of Commons Library \(parliament.uk\)](#)

<sup>vii</sup> Source: ONS Annual Survey of Hours and Earnings, Resident Analysis and Workplace Analysis, 2023

<sup>viii</sup> DLUHC: Live tables on Social Housing Sales (update 19 October 2023) [LT691.ods \(live.com\)](#)

<sup>ix</sup> National Statistics: Housing Prices in Tower Hamlets (February 2024): [Housing prices in Tower Hamlets \(ons.gov.uk\)](#)

<sup>x</sup> Crisis: The Homelessness Monitor (2022) [Homelessness Monitor | Crisis UK | Together we will end homelessness](#)

<sup>xi</sup> National Statistics: [Registered provider social housing stock and rents in England 2022 to 2023 - GOV.UK \(www.gov.uk\)](#)

<sup>xii</sup> DLUCH Rough Sleeping snapshot in England: Autumn 2022 [Rough sleeping infographic 2022 \(publishing.service.gov.uk\)](#)

<sup>xiii</sup> DLUHC [Local authority revenue expenditure and financing England: 2020 to 2021 individual local authority data - outturn - GOV.UK \(www.gov.uk\)](#)

<sup>xiv</sup> Shelter Report (February 2022) Cashing in How a shortage of social housing is fuelling a multi-million-pound temporary accommodation sector: [Cashing in - How a shortage of social housing is fuelling a multi-million-pound temporary accommodation sector.pdf \(ctfassets.net\)](#)

<sup>xv</sup> [About Beam](#)

## **Homelessness and Rough Sleeping Strategy**

**2024-2029**

[Publish Date]

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## Foreword

To be added - from the Mayor and/or the Lead Member

## Why do we need a Homelessness and Rough Sleeping Strategy?

The council has a statutory duty, under the Homelessness Act (2002), to conduct a review of the nature and extent of homelessness in its District (borough) every five years and to develop a strategy setting out:

- how services will be delivered in the future to tackle homelessness; and
- the available resources to prevent and relieve homelessness.

This new strategy fulfils this statutory and mandatory requirement on the council in its role as a Local Housing Authority.

This strategy reflects the council's Strategic Plan 2022-26, the council's vision for the future and identifies its goals and objectives. Under **Priority 2: Homes for the future** – our ambition is that '**Everyone in Tower Hamlets lives in a good quality home that they can afford**'. The new Homelessness and Rough Sleeping Strategy will assist in delivering this ambition.

### How this strategy was developed

A review of homelessness and rough sleeping in the borough over the last five years has been carried out to inform the development of this Strategy. The review considered the support and services available for those at risk of/or who are experiencing homelessness or rough sleeping.

Both the review and the development of this strategy were undertaken in consultation with the borough's key partners, residents and stakeholders. A six-week consultation exercise took place (4 March - 26 April 2024), to gauge their opinions on the six priorities for the council which emerged from the findings of our review.

A total of 359 responses were received, which is significantly higher than number of responses other London boroughs' obtained when consulting on their recently developed homelessness and rough sleeping strategies. All six of the priorities in this strategy received strong support from respondents.

### What do we know about Homelessness in the borough - findings from the Homelessness Review

The council has a legal duty to house homeless households under the Homelessness Reduction Act (2017). Since the introduction of the Act, the number of applicants seeking help has significantly increased. At the same time, we are facing the following challenges:

#### External challenges

- **Rising rents and housing costs** along with the recent **cost-of-living crisis** and **inflation**
- Post-pandemic **resurgence in demand for Private Rent Sector (PRS) accommodation**
- **Eviction ban lifted** on private rented accommodation.

- **Contraction in the supply of PRS accommodation**, partly due to small buy-to-let landlords' withdrawing from the market

### Operational challenges

- **A lack of affordable accommodation in PRS** and difficulty in moving people on to settled sustainable accommodation. The gap between Local Housing Allowance (LHA) rates and rent has widened, over the last 10 years.
- **The council competes against a Home Office contractor**, who find properties to house asylum seekers. The Home Office can pay higher rents and incentive payments to landlords, which diminishes the supply available to the council.
- More households seeking our assistance are being housed **in Bed and Breakfast and Commercial Hotels**, increasingly outside of the borough, and **for longer** due to the shortage of affordable temporary and private rent sector properties.
- There are **fewer prevention options**. More applicants are presenting at crisis point, leading to **more reliance on temporary accommodation**
- **Future government funding** for homelessness and rough sleeping remains **uncertain**.
- A considerable proportion of people approach the service **at crisis point**, rather than at an earlier stage, when the council may be able to prevent homelessness.

The review also provides insight into the applicants who seek advice and support from the council's Housing Options service:

### Approaches and applicants

From the data review that informs this strategy (2022/23: last year of the previous strategy), **1,879** people (**60%** of the total applicants) approached the council for homelessness assistance **at the prevention stage** and **1,237** people (**40%** of the total applicants) approached the council **at the relief stage**.

Compared to the previous year approaches to the council **at the prevention stage had increased by 100%**; with approaches **at the relief stage increasing by 38%** on the previous year.

The most common reason for approaches was when **family and friends no longer being willing to or able to** accommodate applicants (**28%** of all approaches).

The second most common reason was **the end of Private Rented Sector tenancy (15%)**.

**19%** of all applicants had support needs for **mental health**, followed by **physical ill health and disability** or an offending history.

**Single person households** made the greatest number of approaches for assistance.

**45%** of all applicants were **Asian/British** who owed a housing duty. **37%** were from **the Bangladeshi community**.



**41%** of those owed either a prevention or relief housing duty were **under 35 years of age**.

### **Temporary accommodation**

- **81% of households in temporary accommodation** included **children**.
- **41.5%** of temporary accommodation placements were **out of the borough**.
- **904** households had been living in temporary accommodation **for 1-2 years**; **755** households for **between 3 and 5 years**.

### **Rough sleepers**

- **28%** of people sleeping rough identified as **White British**.
- **58%** of rough sleepers have a **combination of support needs** such as **mental health, drug and alcohol abuse**.

### **What this strategy does**

As a result of the review, the following six priorities have been identified to tackle homelessness and rough sleeping in the borough.

- 1. Working with people earlier to prevent them from becoming homeless and to reduce the use of Temporary Accommodation.**
- 2. Provide good quality accommodation for people who are at risk of, or where they become, homeless.**
- 3. Improve customer service and the individual's experience.**
- 4. Making sure that people have access to the right support services.**
- 5. To prevent rough sleeping but where it does occur, it's rare, brief and doesn't happen again.**
- 6. Boost staff resilience and well-being.**

These priorities will inform the direction of travel which the council and its partners will take over the course of the next five years.

A Delivery Plan accompanies this strategy setting out activities which the council will undertake to meet these priorities.

The progress will be monitored by a newly formed Strategic Board comprising representatives from the council services and external partners.

## Our six priorities

### Priority 1: Working with people earlier to prevent them becoming homeless and to reduce the use of Temporary Accommodation

The most common reason for approaches recorded locally is where an applicant's 'family and friends are no longer willing, or able to accommodate them,' at both the prevention and relief duty stages. Followed by eviction from private rented accommodation.

The council provides or refer people to services that can help them remain in their homes. Support includes financial and debt advice, working with landlords and agents to resolve tenancy issues, mediating between the applicant and their family or friends where relationships break down and tackling anti-social behaviour or domestic abuse. we will ensure people have the best chance of staying in their home by acting earlier.

To achieve this aim, we will:

1. Introduce measures to increase the rates of homelessness prevention for Private Rented Sector tenants.
2. Increase the provision of upstream homelessness prevention advice.
3. Explore opportunities to utilise financial measures to help prevent homelessness and increase access to private rented homes.
4. Work with social housing tenants and landlords to increase prevention of homelessness due to eviction from social tenancies.
5. Undertake a review of the Common Housing Register Allocations Scheme.
6. Enable survivors of domestic abuse to stay in their own homes.

## **Priority 2: Provide good quality accommodation for people who are at risk of, or where they become, homeless**

The council is committed to providing affordable stable accommodation for households to whom it owes a housing duty while seeking to reduce the number of households in temporary accommodation.

A new Procurement Strategy sets out key activities related to priority.

To procure good quality sustainable accommodation options for people who are at risk of homelessness or who are homeless, we will:

1. Work with landlords and accommodation suppliers to increase the supply of good quality homes
2. Increase 'Move on' of residents living in temporary accommodation into settled accommodation.
3. Reduce the use of unsuitable and expensive temporary accommodation.
4. Repurpose or build new homes to increase the supply of temporary and long-term accommodation.
5. Increase the number of accessible and adapted homes available.
6. Ensure our Homelessness Accommodation Placement Policy remains fit for purpose.
7. Expand accommodation provision for people sleeping rough or at risk of sleeping rough.

### **Priority 3: Improve customer service and the individual's experience**

Residents who seek our help are going through a stressful and difficult time in their lives. We want to ensure that those needing our support receive it in a suitable manner.

The staff who provide the support need to be equipped with appropriate knowledge and capacity.

The council plan to further improve our customer journey with an investment of £1.3M for ICT improvements and 34 new frontline posts. That will enable us to streamline the workflow to enable faster quality decision making on casework.

We recognise that the customer journey is not just a digital one. Face to face contact will remain as an option particularly for those in an emergency. To deliver on this priority we will aim to:

1. Deliver high-quality homelessness advice across a variety of channels and formats.
2. Deliver a service which is accessible for all residents.
3. Improve the resident experience of the homelessness process, delivering clear, empathetic, and timely communication throughout.
4. Improve communication with residents living in temporary accommodation.
5. Increase the work we do with service users and people with lived experience.

## Priority 4: Making sure that people have access to the right support services

Many households and individuals facing homelessness need some form of additional support. Our Homelessness Review identified, 19% of all applicants approaching the council had mental health needs, and many may have multiple additional needs. Support needs are even more prevalent when it comes to rough sleepers with only 8% of them having no support needs.

We are committed to addressing and preventing youth homelessness. We recognise the critical importance of engaging with young people under the age of 17.

We are committed to developing a comprehensive approach that addresses the unique needs and challenges that vulnerable adults experiencing homelessness are facing.

We know that homelessness often worsens mental health challenges and social isolation, significantly increasing suicidal thoughts. Our approach, therefore, integrates specific measures to identify, support, and intervene for individuals at risk of suicide within the homeless population.

To improve access to and the effectiveness of support services our activities will include:

1. Deliver improved support and effective pathways for victims of domestic abuse
2. Implement a multi-agency approach to safeguarding vulnerable adults
3. Provide enhanced support to children and young people
4. Work with our partners to improve access to mental health and addiction support
5. Review and improve our hospital discharge pathway
6. Increase support for ex-offenders to aid their transition from custody to stable living situations
7. Assist our service users to access paid jobs

## **Priority 5: To prevent rough sleeping but where it does occur, it's rare, brief and doesn't happen again**

While not the only form of homelessness, rough sleeping is the most visible and dangerous form of homelessness. Many people who sleep rough have experienced trauma and may experience substance use, mental and physical ill-health, or be subject to immigration restrictions. People may be survivors of exploitation and domestic abuse or have spent time in prison or care. It is crucial that people are supported off the streets rapidly.

The council commissions specialist supports services to find local solutions. The council will continue to do this and will raise resident's awareness of the support available to them. We will:

1. Raise awareness of the causes and solutions to rough sleeping
2. Develop innovative accommodation and support solutions for the most marginalised groups
3. Build new and strengthen existing partnerships with local partners, the North East London subregion and the National Rough Sleeping Initiative.
4. Ensure commissioning is data and evidence led as well as co-produced with people who have used rough sleeping services
5. Develop a targeted prevention approach to target early interventions and reduce risk of rough sleeping
6. Improve access to and outcomes from health and social care services for people rough sleeping.

## Priority 6: Boost staff resilience and well-being

Staff in the council's Housing Options Service work in a highly intense environment. The number of customers approaching the service have increased significantly in recent years. Staff can be exposed to traumatic information and scenarios when delivering the service, which may increase their stress and anxiety. This is endemic across England and particularly prevalent in London.

Demand for social housing vastly outstrips supply in the borough. It can be challenging for our staff to manage the expectations of residents who hope to have access to social housing. Some residents may not be fully aware of the full extent of the housing crisis we are in.

The council will ensure it develops capacity on the frontline to provide an empathetic and dignified response to every service user seeking support. We will:

1. Improve our learning and development offer for staff
2. Enforce the council's customer code of conduct policy and protect staff from abuse
3. Improve the working environment
4. Work with staff when designing service improvements to improve wellbeing
5. Invest in our workforce to ensure that the service grows in response to the rising homelessness demand and implement measures to manage staff caseloads
6. Put in place improved systems, tools and processes to help staff in their roles

## **Governance and monitoring our progress**

The Delivery Plan accompanying the strategy will ensure the six priorities are achieved through our activities.

The Homelessness and Rough Sleeping Strategic Board, comprising representatives from the council and external partners, will be established to oversee the delivery of the strategy. The Board will agree measures to be monitored and the monitoring period and monitor them regularly. The progress of the strategy delivery will be reviewed annually.



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# Homelessness and Rough Sleeping Strategy 2024-29

Karen Swift, Director of Housing, Strategy & Regulatory Assurance



# Why do we need a Homelessness and Rough Sleeping Strategy?



- **Legal duty** to carry out a **review of homelessness** and rough sleeping in the borough and **publish a Homelessness and Rough Sleeping Strategy** at least every 5 years (Homelessness Act 2002).
- A Homelessness and Rough Sleeping Strategy is **the council's only statutory housing strategy**.
- The council's most recent strategy **expired** in December 2023.
- The council's **Strategic Plan** identifies our ambition 'Everyone in Tower Hamlets lives in a good quality home that they can afford' under Priority 2: Homes for the future
- The strategy is aligned with the **transformation** of the Housing Option service and relevant policies (e.g. placement policy).



# Findings of the review of the last 5 years



- **Rising demand** for homelessness support and social housing.
- A significant number of people being **asked to leave by family and friends**.
- Many households being threatened with homelessness when their **private sector tenancy ends**.
- A considerable proportion of people approach the service **at crisis point**, rather than at an earlier stage. At an earlier stage, they can access support through a range of effective customer channels.
- Managing and **meeting demand for good quality temporary accommodation** within the borough despite the increasing costs.
- **Ensuring move-on from temporary accommodation** is made at the earliest opportunity to affordable, sustainable, and suitable accommodation.
- Ensuring support is available **for vulnerable individuals and households**.



# Statutory consultation responses



- Successful consultation exercise (4 March-26 April 2024) – **359 responses** in total
  - 226 completed the response through ‘Let’s talk’, the council’s consultation platform
  - 133 responded by completing a paper copy

## Consultation responses to other London boroughs’ Homelessness and Rough Sleeping Strategies

Borough	Number of responses	Consultation period
Barnet	16	16 April – 16 June 2023
City of London	34	12 Dec 2022 – 12 March 2023
Croydon	188	6 Oct – 15 Dec 2023



# Homelessness Data from 2022-23



## Approaches and applicants

- 1,879 (60%) people approached the council for homelessness assistance **at the prevention stage** and 1,237 (40%) **at the relief stage**.
- In 2022-23, approaches **at the prevention stage increased by 100%** compared to the previous year; those **at the relief stage increased by 38%**.
- The most common reason for approaches was **family and friends no longer being willing to or able to accommodate them** (28% of all approaches).
- The second common reason was **the end of PRS tenancy** (15%).
- 19% of all applicants had support needs for **mental health**, followed by **physical ill health and disability** and an offending history.
- **Single person households** make the greatest number of approaches for assistance.

- 45% of all applicants were **Asian/British** who owed a housing duty. 37% were from **the Bangladeshi community**.
- 41% of those owed either a prevention or relief housing duty were **under 35 years old**.

## Temporary accommodation

- By the end of 2022/23, 2,567 households were living in **temporary accommodation**, 81% of which included **children**.
- 41.5% of temporary accommodation placements in 2021/22 were **out of the borough**.
- In January 2023, 904 households had been living in temporary accommodation **for 1-2 years**; 755 households for **between 3 and 5 years**.

## Rough sleepers

- 28% of people sleeping rough identified as **White British**.
- 58% of rough sleepers have **a combination of support needs** such as **mental health, drug and alcohol abuse**.

From the 2022-23 data, unless specified.



# External and operational factors

## Legal requirements

- **Legal duty to house homeless households** (Homelessness Reduction Act 2017). As a result, the number of applicants has increased.

## External context

- **Rising rents and housing costs** along with the recent **cost-of-living crisis** and **inflation**
- Post-pandemic **resurgence in demand for PRS accommodation**
- **Contraction in the PRS accommodation supply** partly because of small buy-to-let land landlords' withdrawal from the market
- **Increasing demand for temporary accommodation**

## Operational challenges

- **A lack of affordable accommodation in PRS** and difficulty in moving people onto settled sustainable accommodation. The gap between LHA rates and rent has widened.
- **The council compete against a Home Office contractor**, who find properties to house asylum seekers. The Home Office can pay higher rents and incentive payments.
- More households being housed in **B&B**, mainly outside of the borough, **for longer** due to the shortage of affordable properties
- There are **fewer prevention options**. More applicants presenting at crisis, leading to **more reliance on temporary accommodation**
- **Future government funding** for rough sleeping remains **uncertain**.





# Our six priorities

1. Working with people earlier to prevent them from becoming homeless and to reduce the use of Temporary Accommodation
2. Provide good quality accommodation for people who are at risk of, or where they become, homeless
3. Improve customer service and the individual's experience
4. Making sure that people have access to the right support services
5. To prevent rough sleeping but where it does occur, it's rare, brief and doesn't happen again
6. Boost staff resilience and well-being





# How we will deliver the priorities



## Priority 1: Working with people to prevent them becoming homeless and to reduce the use of Temporary Accommodation.

We will:

1. Introduce new measures to increase the rates of homelessness prevention for PRS tenants
2. Increase the provision of upstream homelessness prevention advice
3. Work with social housing tenants and landlords to increase prevention of homelessness due to eviction from social tenancies
4. Support the prevention of Homelessness through our Allocations Scheme
5. Enable survivors of domestic abuse to stay in their own homes

## Priority 2: Provide good quality accommodation for people who are at risk of, or where they become, homeless

We will:

1. Work with landlords and accommodation suppliers to increase the supply of good quality homes
2. Increase 'Move on' of residents living in temporary accommodation into settled accommodation.
3. Repurpose or build new homes to increase the supply of temporary and long-term accommodation.
4. Increase the number of accessible and adapted homes.
5. Ensure our Homelessness Accommodation Placement Policy remains fit for purpose.
6. Expand accommodation provision for people sleeping rough or at risk of sleeping rough



# How we will deliver the priorities



## Priority 3: Improve customer service and the individual's experience

We will:

1. Deliver high-quality homelessness advice across a variety of channels and formats.
2. Deliver a service which is accessible for all residents.
3. Improve the client experience of the homelessness process, delivering clear, empathetic and timely communication throughout.
4. Improve communication with residents living in temporary accommodation.
5. Increase the work we do with service users and people with lived experience.

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## Priority 4: Making sure that people have access to the right support services

We will:

1. Deliver improved support and effective pathways for those fleeing domestic abuse.
2. Implement a multi-agency approach to safeguarding vulnerable adults.
3. Provide enhanced support to children and young people.
4. Work with partners to improve access to mental health and addiction support.
5. Review and improve our hospital discharge pathway.
6. Increase support for ex-offenders to aid their transition from custody to stable living conditions.
7. Assist our service users to access paid jobs.



# How we will deliver the priorities



**Priority 5: To prevent rough sleeping but where it does occur it's rare, brief and doesn't happen again**

We will:

1. Raise awareness of the causes and solutions to rough sleeping.
2. Develop innovative accommodation and support solutions for the most marginalised groups
3. Build new and strengthen existing partnerships with local partners the NFI subregion and the national Rough Sleeping Initiative
4. Ensure commissioning is data and evidence led as well as co-produced with those who have used rough sleeping services.
5. Develop a targeted prevention approach to target early interventions and reduce risk of rough sleeping
6. Improve access to and outcomes from health and social care services for people rough sleeping.

**Priority 6: Boost staff resilience and well-being**

We will:

1. Improve our learning and development offer for staff.
2. Enforce the council's customer code of conduct policy and protect staff from abuse.
3. Improve the working environment
4. Work with staff to design service improvements to improve wellbeing
5. Invest in our workforce to ensure that the service grows in response to the rising homelessness demand and implement measures to manage staff caseloads.
6. Put in place improved systems, tools and processes to help staff in their roles.



# Governance and monitoring our progress



- A delivery plan to deliver the priorities of the strategy has been drafted and attached to the draft strategy.
- The Homelessness and Rough Sleeping Strategic Board, comprising of representatives from the council and external partners, will be established to oversee the delivery of the strategy by the Interim Director of Housing Options and Homelessness and the Head of Homelessness once the strategy has been approved by the Mayor in Cabinet
- The strategy has an inbuilt annual review period.
- A full EIA has been undertaken



# What does the EIA say?



- Sets out how homelessness and rough sleeping impacts on the protected characteristics.
- Overall, the priorities, and the actions to meet these which the Housing Options Service have set out, **will have a positive impact with no negative or adverse implications on any of the protected characteristics.**
- Both the strategy and delivery plan pick up on a key equality and diversity issue, i.e. the full nature and extent of female rough sleeping is often missed and under-represented within rough sleeping statistics.
- The Delivery Plan seeks to address this and under Priority 2, **the council working in partnership with Notting Hill Housing Group, via HAP funding, will deliver gender-informed 'housing first' provision of 24 homes for people excluded from other forms of support.**



## Homelessness and Rough Sleeping Strategy – Delivery Plan

**Priority One: Working with people earlier to prevent them becoming homeless and to reduce the use of Temporary Accommodation.**

**Measures of Success:**

1. **Percentage of homelessness cases prevented** (ADP (KPI 003) “*Percentage of homelessness cases prevented or relieved*”)
  - o Within this, the service will monitor prevention rates across specific client groups as targeted in this delivery plan, such as survivors of Domestic Abuse, young people and Refugees.
2. **Number of households accessing Private Rented Sector accommodation to prevent their homelessness**
3. **Number of successful preventions through the Homeless Intervention and Prevention Project**

Objective	Activity	SMART	Target date
Introduce new measures to increase the rates of homelessness prevention for Private Rented Sector tenants	Recruit two new Housing Advice Officers to the team of six existing officers who deal with homelessness prevention from the PRS	Reduce the number of private rented homeless applicants requiring TA by 10% (using the August 2024 number as baseline) by July 2025	July 2025
	Housing Advisors negotiate with landlord of PRS tenants when they are facing eviction. We will increase the number of successful negotiations, which result in an extended stay of at least another 6 month extension.	Increase tenancy extensions by 10% by March 2025	March 2025 (Ongoing thereafter)
	Raise awareness of the rights and responsibilities of tenants and landlords in the private sector by:  1) Attend a minimum of 4 landlord forums per year 2) Attend at least 2 landlord regional events per year	1) Attend a minimum of 4 landlord forums per year 2) Attend at least 2 landlord regional events per year 3) We will update the information for landlords and tenants on the website by Oct 2024	Ongoing



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	3) We will update the information for landlords and tenants on the website by Oct 2024		
Increase the provision of upstream homelessness prevention advice.	Recruit a dedicated visiting officer by October 2024 who will help to reduce homelessness from family and friends by home visits, mediation, use of the new Cost of Living grant and DIY PRS grant	Reduction in the number of family and friend evictions resulting in a TA placement by 10% (using October 2024 figure as the baseline) by March 2025	March 2025 – target and activities to be reviewed in March 2025 to understand data and effectiveness.
	Promoting the upstream prevention service for refugees who are becoming homeless. This is a recently new service provided by the Resettlement Officer, who provides a link between former asylum seekers leaving NASS/Clearsprings accommodation who now have or are soon to get a decision on their status	Reduction of 5% in the number of former asylum seekers being placed in TA (based on the August 2024 baseline number) by April 2025	April 2025.
	Introduce prevention service in children’s centres - Collaborate with Children Social Services to provide upstream prevention support by embedding Housing Options services within Children’s Centres, targeting families that are either homeless or at risk of homelessness. This will ensure early intervention and comprehensive support, preventing families from reaching crisis points and securing stable housing solutions.	Housing Advisors embedded and operational by August 2025.	August 2025.

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	Implement a refreshed joint protocol (Housing/Children’s Social Care) for homeless 16- & 17-year-olds by December 2024 which is designed to reduce the number of young people who have to move into TA	Reduction of 10% in the number of young people being placed in TA (based on the August 2024 baseline number) by April 2025	Not a performance challenge - Refreshed joint protocol will be in place by August 2025.
	Deliver increased prevention guidance for those leaving care. Provide targeted homelessness prevention guidance and support for Care Leavers. Funded post by CSC for a Leaving Care Housing Advisor that will be based both at the Kit Kat Terrace and TH to work with Personal Advisors to ensure clear housing pathways. Providing dedicated workshops and 1:1 session to make sure that care leavers are ready for independent living.	Leaving Care Housing Advisor to be in place by 24 <sup>th</sup> October 2024.	October 2024.
Explore opportunities to utilise financial measures to help prevent homelessness and increase access to private rented homes.	Introduce new ‘cost of living’ grant scheme which will be established and operational by Sept 2024	Reduce family and friend evictions by 10% by April 2025	April 2025
	Introduce new ‘PRS Find Your Own’ grant scheme for priority need households, which will be established and operational by Sept 2024	Reduce PRS evictions leading to TA placements by 5% by August 2025	August 2025 – after feedback from Teams, target amended to 5% and from April to August 25 – allow for change of process on this – as long as demand remains stable.
	Continue periodic reviews of new PRS and renewal incentives to landlords in line with market conditions	Increase and retain supply of PRS to 50 per month by August 2025	Quarterly Reviews and achieve target acquisition by August 2025



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Work with social housing tenants and landlords to increase prevention of homelessness due to eviction from social tenancies.	Engage with social landlords to increase awareness and use of of the Homelessness Intervention and Prevention Project to reduce the number of households made homeless from a social tenancy	Maintain current performance levels for this	Ongoing
	Launch and monitor the Protocol for Social Housing Tenants at risk of homelessness.	Maintain current performance levels for this	Ongoing
Support the prevention of homelessness through our Allocations scheme	Review our Common Housing Register Partnership Allocations Scheme by the reprioritisation of homeless applicants comparted to other reasonable preference groups	Ensure the proportion of homeless applicants allocated social lettings is consistent with the Mayor's objectives	August 2026
Enable survivors of domestic abuse to stay in their own homes.	Promote the use of the Tower Hamlets Sanctuary Scheme by increasing awareness and take-up by affected residents. Also successfully apply for DAHA registration.	Reduce proportion of residents made homeless due to DV being placed in TA by 10% by April 2026.  Achieve DAHA registration by December 2024	April 2026  DAHA Registration by December 2024
	Implement a joint working Protocol for those fleeing domestic abuse between Housing Options and Housing Management.	See above	December 2024

**Priority Two: Provide good quality accommodation for people who are at risk of, or where they become, homeless.**

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**Measures of Success:**

1. **Number of homeless households supported into sustainable accommodation, via Private Rented Sector and permanent Lets** (ADP KPI 003 “*Number of Homeless supported into sustainable accommodation*”)
2. **Number of households living in Temporary accommodation**
3. **Number of households living in Bed & Breakfast accommodation**
4. **Number of properties procured by the council (for Temporary accommodation and PRS accommodation)**
5. **Number of supported homes provided for people sleeping rough or at risk of sleeping rough**

<b>Objective</b>	<b>Activity</b>	<b>SMART</b>	<b>Target date</b>
Work with landlords and accommodation suppliers to increase the supply of good quality homes.	Hold bi-annual landlord open days with landlords and developers to build new partnerships. Also attend the annual landlord forum which is run by XXX	Increase supply of PRS property to 50 per month by August 2025	August 2025
	Carry out cross-regional work with other Local Authorities who have procured in the borough	Attend appropriate pan-London forums to discuss opportunities	April 2026
Increase ‘Move on’ of residents living in temporary accommodation into settled accommodation.	Promote new ‘Find your own’ incentives and Homefinder	Increase find your own PRS to minimum 20 per month by August 2025	August 2025
	Continue to invest in our specialist move-on team to work with households in temporary accommodation (TA)	Increase discharge into the PRS as prevention or relief to a minimum of 20 per month by August 2025	August 2025
	To reduce by 10% the number of new households admissions into EA per month by March 2025 based on the August 2024 baseline	Director of Housing Operations will be directly involved in reviewing the EA supply and placements	Ongoing
	Implement and monitor a target of 15 PRS move-ons per month from TA	15 PRS move-ons per month from April 25	April 2025
Reduce the use of unsuitable and expensive temporary accommodation.	Utilise grant funding routes to acquire suitable properties for temporary accommodation	LAHF funding for 32 TA units and 5 Afghan resettlement properties  CHAPS programme using GLA grant	32 new, low-cost TA properties by April 2026

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		to purchase 200 social homes. On letting one of every two will be complemented by an existing void being designated as TA	100 low-cost TA properties by April 2026
	Review lease agreements between the council and accommodation suppliers to ensure repairs are undertaken when required	Monitor repairs performance through routine engagement and contract management	October 2024
Repurpose or build new homes to increase the supply of temporary and long-term accommodation	Identify opportunities for existing council or community assets to be repurposed for temporary accommodation	Undertake a survey of our existing assets to identify VFM opportunities	April 2025
Increase the number of accessible and adapted homes.	Partner with the council's Private Housing Improvement Team to secure funding to carry out adaptations on properties acquired through the council's acquisition scheme	Develop an embedded process which ensures all properties newly acquired or repurposed for TA are considered for adaptation if suitable	December 2024
Ensure our Homelessness Accommodation Placement Policy remains fit for purpose.	Undertake a review and implement a new Placement Policy	TA and PRS Placement Policy due to be considered at Scrutiny in September 24	September 2024
Expand accommodation provision for people sleeping rough or at risk of sleeping rough	Provide 20 homes for people who are multiply excluded from other forms of support; this will be gender-informed housing first provision.	Use SHAP grant to acquire or repurpose up to 20 units by March 2026	March 2026

**Priority Three: Improve customer service and the individual's experience.**

**Measures of success:**

- 1) **Number of complaints made against the Housing Options Service**
- 2) **Percentage of complaints made against the service which are upheld**

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- 3) **Customer satisfaction (as reported by Annual Resident Survey)**
- 4) **Satisfaction of residents living in Temporary accommodation (as per annual TA survey)**
- 5) **Average waiting times for telephone customers**
- 6) **Percentage of cases resolved at first point of contact via Triage team**

<b>Objective</b>	<b>Activity</b>	<b>SMART</b>	<b>Target date</b>
Deliver high-quality homelessness advice across a variety of channels and formats.	Review all homelessness web content to ensure all advice is accurate, up-to-date and easy to locate for users	Website to be reviewed and refreshed by April 2025	April 2025
	Provide an effective telephone service for residents seeking homelessness guidance	Improve call answering times by 10% by March 2025	Ongoing
	Establish a project to implement a new webchat function to assist with homelessness queries	Project brief to be produced by April 2025	April 2025
	We will establish a project to introduce online digital forms to assist residents with key activities	Project brief to be produced by April 2025	April 2025
Deliver a service which is accessible for all residents.	Review communications sent to service users to ensure plain English and offer different formats wherever possible	Refreshed resources, including other languages, Braille etc to be in place by August 2025	August 2025
	Put in place increased support for service users who are deaf to ensure they can access services easily	Undertake a specialist review of our provision and implement recommendations by April 2025	April 2025
	Review the opening hours of our face-to-face homelessness service	Opening hours review paper to be prepared by Sept 2024	September 2024
Improve the client experience of the homelessness process, delivering clear, empathetic and timely communication throughout.	Recruit and mobilise a specialist triage team to improve first contact resolution		December 2024
	Establish a project to introduce 'self-service' capabilities for residents through improvements to our customer portal	Project brief prepared by April 2025	April 2025
	Develop training and induction plans for all roles in the service		July 2025
	Organise specialist homelessness training for all officers. Training provider will also provide fit-for-purpose letter templates.	All officers undertake specialist homelessness training by December 2024	December 2024

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	Appoint specialist consultants to undertake a review of our processes and structure and act on the agreed recommendations	Appoint consultants by December 2024	December 2024
	Agree approach for mystery shopping to aid service improvements	Establish an internal approach or appoint specialist providers with mystery shops started by April 2025	April 2025
Improve communication with residents living in temporary accommodation	Undertake a temporary accommodation survey to obtain feedback from those living in TA	Survey to be ready and distributed August 2025 and then annually	Annually
Increase the work we do with service users and people with lived experience	Introduce an annual customer survey	See above	August 2025
	Engage with homelessness charities to understand how best to consult people with lived experience and implement agreed recommendations	Engagement strategy in place and operational by March 2026	March 2026

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**Priority Four: Making sure that people have access to the right support services.**

**Measures of success:**

- 1) **Number of residents fleeing domestic abuse supported by our specialist commissioned service**
- 2) **Number of emergency approaches from residents discharged from hospital**
- 3) **Number of ex-offenders supported into sustainable accommodation**

Objective	Activity	SMART	Target date
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Deliver improved support and effective pathways for those fleeing domestic abuse.	Put in place clear referral processes and pathways with internal and external partners	Pathway processes reviewed by June 2025	June 2025 and then bi-annually
	Deliver domestic abuse training programme	Training programme to be part of individual training plans by July 2025	Reviewed bi-annually
Implement a multi-agency approach to safeguarding vulnerable adults.	Identify and implement enhancements in the vulnerable adult homeless hostel/supported accommodation pathway.	Agreed enhancements to be implemented by July 2025	July 2025
	Put in place clear pathways and working processes are in place with internal and external partners	See above	Ongoing – bi-annual review
Provide enhanced support to children and young people.	Recommission the Young People’s supported accommodation pathway		2025
	Implement the joint Protocol aimed at supporting children aged 16 and 17 who are homeless or at risk	Implement joint protocol by April 2025	April 2025
	Work with partner services in the council to provide effective support for young people of the LGBTQI+ who are homeless or at risk.		Ongoing
Work with partners to improve access to mental health and addiction support.	Put in place coordinated referral pathways with our key partners.	Pathways established by April 2025	April 2025 – bi-annual review
	Implement co-located housing advice surgeries	Undertake a review of options for co-location by April 2025	April 2025
Review and improve our hospital discharge pathway.	Identify and implement improvements to our hospital discharge pathways from the Royal London Hospital and Mile End Hospital	Implement agreed improvements by July 2025	July 2025

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Increase support for ex-offenders to aid their transition from custody to stable living situations.	Launch and monitor the AFEO programme in Tower Hamlets to provide ex-offenders with accommodation.		Programme launched. Ongoing review.
Assist our service users to access paid jobs.	Work with the Supported Employment team to increase referrals to the Individual Placement and Support in Primary Care (IPSPC) scheme.	Increase IPSPC placements by 10% by June 2025	June 2025

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**Priority Five: To prevent rough sleeping but where it does occur, it's rare, brief and doesn't happen again.**

**Measures of Success:**

- 1) **Number of people counted rough sleeping through the annual snapshot**
- 2) **Number of people moved on to sustainable accommodation from off the streets accommodation**
- 3) **Number of people who have formerly slept rough returning to the streets**
- 4) **Length of time spent on the streets by those sleeping rough**
- 5) **Number of sessions delivered to or partners to provide additional support to those rough sleeping**

<b>Objective</b>	<b>Activity</b>	<b>SMART</b>	<b>Target date</b>
	Increase awareness of Street Link to local residents (this application enables	Increase promotional campaign including local	June 2025 and ongoing

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Raise awareness of the causes and solutions to rough sleeping	members of the public to connect people sleeping rough with the local services that can support them)	advertising at council assets by June 2025	
	Provide training to relevant agencies including Police Officers, Park Guard and Adult Social Care so that they can provide the highest level of support for rough sleepers and signpost them to the correct services	Deliver a training session to each identified service area by March 31 <sup>st</sup> 2026	March 31 <sup>st</sup> and ongoing
Develop innovative accommodation and support solutions for the most marginalised groups	Expand existing Housing First provision to support more people for whom other service models do not work to access housing and live healthy and fulfilled lives	Increase Housing First provision up to 18 properties by September 2024	September 2024 & Annual Review
	Access specialist government funding to develop accommodation options for as identified through ongoing strategic commissioning analyses	Commission new Housing First service via secured Single Homelessness Accommodation Programme (SHAP) funding by March 31 <sup>st</sup> 2025 – 24 new units.	March 31 <sup>st</sup> 2025 and Ongoing
		Successfully apply for new Rough Sleeping Initiative funding for FY 2025-26	February 2025
	Build on existing provision for women rough sleepers to ensure more routes into services and off the streets for women, including learning from the Women's Rough Sleeping Census	Ensure promotional campaign has a focus on women's rough sleeping Deliver briefing on census reports to Housing SMT in November 2024	Ongoing  November 2024
	Deliver a pilot study of embedding a social work senior practitioner in the Ending Rough Sleeping Team who will support people rough sleeping to access support from Adult Social Care, upskill	Pilot study completed with recommendations by March 2025	March 2025



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	partner agencies, and build links with Adult Social Care Teams		
	Develop new off the streets accommodation options to allow safe assessment and links into wider pathways	Commission a Staging Post model to provide an immediate off the streets option by March 31 <sup>st</sup> 2026 (subject to funding availability)	Annual Review
	Review Severe Weather Emergency Accommodation Protocol (SWEP) in light of significant increase in rough sleeping since 2022 to ensure system capacity is sufficient to demand	Review completed with recommendations by November 2024 Develop new model through procurement of core contracts by March 2026	November 2024
Build new and strengthen existing partnerships with local partners, the NEL subregion and the national Rough Sleeping Initiative	Develop collaborative partnerships with sub-regional boroughs, co-commissioning services where there is sufficient need and opportunity, including staging post accommodation to support with reconnection work to other areas / countries	Commission a subregional reconnection service (subject to funding)	Ongoing
	Build relationships with health services to ensure better outcomes for rough sleepers, including Integrated Care Boards, Neighbourhood Mental Health Teams, Public Health, GP practices and Substance Use services	Deliver integrated health and street outreach / day centre pilot with Health E1 specialist GP	October 2024 to March 2025
	Strengthen links with prison and probation services, including CAS 3 Accommodation Programme and Strategic Housing Specialists, with aim to ensure no one rough sleeps on release from prison	Consider commissioning Critical Time Intervention service, possibly with subregional partners (subject to available funding)	Ongoing
	Establish a Rough Sleeping Forum for to improve links and best practice sharing	Plan forum autumn 2024	December 2024

**Tower Hamlets Homelessness & Rough Sleeping Strategy 2024-2029  
Delivery Plan**

	with delivery partners and a Rough Sleeping Strategic Group to facilitate strategic coordination of borough wide response to rough sleeping	Aim to have first forum December 2024	
Ensure commissioning is data and evidence led as well as co-produced with those who have used rough sleeping services	Undertake data analysis to understand where increased flow to the streets is coming from and target interventions and preventative work accordingly		Annual Review
	Learn from other borough's approaches to involving lived experience within commissioning and develop an appropriate action plan	Apply to join Make Every Adult Matter Network for support project planning co-production approaches	October 2024
Develop a targeted prevention approach to target early interventions and reduce risk of rough sleeping	Develop prevention approaches in collaboration with Hostels, Housing Options and Adult Social Care	Develop joint recommendations for approval by March 2025	Annual Review
	Identify trends, particularly in relation to cases of repeat homelessness, to understand who may require more support than others to sustain a tenancy in the future	Undertake analysis as part of core contract recommissioning in 2025-26.	2025-26
Improve access to and outcomes from health and social care services for people rough sleeping.	Coordinate a Homelessness and Rough Sleeping Health Strategic Group.		July 2024 (and every 8 weeks thereafter)
	We will ensure that all existing safeguarding forums are being utilised by commissioned services to a partnership approach.	Rough Sleeping Social Worker to attend team meetings and explain existing forums /circulate panel guidance	March 2025
	Following the Rough Sleeping Health Needs Assessment 2024, we will embed learning to help improve our service.	Recommendations to be finalised with TH Public Health Team and ratified by Health Strategic Group	Action Plan by September 2024, ongoing thereafter
	We will ensure effective joint working across our substance use pathway in the council.	Rough Sleeping Commissioner to attend Substance Use Pathway redesign working groups	Annual Review

**Tower Hamlets Homelessness & Rough Sleeping Strategy 2024-2029  
Delivery Plan**

		Rough Sleeping Manager to attend Hostels and Substance Use Partnership Meetings	
	To help us to work in partnership with mental health services, we will explore all options for co-location of professionals.	Provide briefing paper with options by September 2025	September 2025

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**Priority Six: Boost staff resilience and wellbeing.**

**Measures of success:**

- 1) **Staff satisfaction (as measured by corporate survey and service surveys)**
- 2) **Average number of cases held by officers**
- 3) **Number of training sessions attended by housing options staff**
- 4) **New starter satisfaction with the induction process**
- 5) **Amount of time saved for staff members through the delivery of IT enhancements**
- 6) **Staff turnover rate**

<b>Objective</b>	<b>Activity</b>	<b>SMART</b>	<b>Target date</b>
Improve our learning and development offer for staff.	Put in place a tailored learning and development programme	Training and induction plans to be in place by July 2025	Ongoing
	Establish a system for collecting staff feedback on all training.		November 2024

**Tower Hamlets Homelessness & Rough Sleeping Strategy 2024-2029  
Delivery Plan**

	Put in place a comprehensive induction programme for all new staff, including new starter pack and new starter checklist	Training and induction plans to be in place by July 2025	July 2025
	Implement training for all line managers on effective management and staff wellbeing	Training plan in place by October 2024	October 2024, ongoing review
	Recruit a dedicated training coordinator to work with staff		September 2024
	Investigate potential training opportunities utilising the Apprenticeship Levy	Produce briefing note with recommendations by December 2024	December 2024, ongoing review
	Roll out reflective practice sessions for staff		December 2024
	Equip our managers through training to provide effective wellbeing support for staff		December 2024, ongoing review
Enforce the council's customer code of conduct policy and protect staff from abuse.	Raise awareness of our code of conduct policy among residents and work with council partners to address breaches of policy		Ongoing
Improve the working environment.	Review the current Residents' Hub and identify any improvements required	Consult staff and clients with lived experience to develop recommendations for consideration by April 2025	April 2025
Work with staff to design service improvements to improve wellbeing	Recruit a dedicated service improvement practitioner		October 2024
	Establish a wellbeing working group		February 2025
	Implement regular staff engagement sessions focused on providing opportunities for open communication	Full staff meetings to be held every four months	Ongoing

**Tower Hamlets Homelessness & Rough Sleeping Strategy 2024-2029  
Delivery Plan**

	Put in place a clear schedule for team meetings	Managers to ensure team meetings happen as scheduled and appropriate records maintained	September 2024
	Develop team-building activities and away days to promote morale		Ongoing
	Undertake reviews of staff wellbeing and stress	Review to be completed by January 2025	Ongoing
	Develop a system for gathering anonymous feedback from staff on their experiences in the service, particularly with regards to management		December 2024
Invest in our workforce to ensure that the service grows in response to the rising homelessness demand and implement measures to manage staff caseloads.	Recruit 30 new positions within Housing Options	Complete recruitment by December 2024	December 2024
	Develop a caseload weighting system to help manage caseloads for those in high pressurised frontline roles		December 2024
Put in place improved systems, tools and processes to help staff in their roles.	We will deliver an IT Transformation programme in the service to streamline systems and remove duplication of activities	Produce a brief for the IT transformation programme by March 2025	Early 2026
	Put in place a comprehensive training programme to accompany IT changes, including easy-to-use manuals and video tutorials for different functions.	See above, this will be part of the transformation programme	Ongoing
	Ensure a suite of up-to-date and easy to access policies and procedures are in place for staff	Appoint specialist consultants to undertake a review of our processes and structure and act on the agreed recommendations by December 2024	December 2024

<p><b>Cabinet</b></p> <p>27 November 2024</p>	 <p><b>TOWER HAMLETS</b></p>
<p><b>Report of:</b> Somen Bannerjee, Director of Public Health</p>	<p><b>Classification:</b> Unrestricted</p>
<p><b>Combating Drugs Partnership Substance Misuse Strategy</b></p>	

<b>Lead Member</b>	Councillor Abu Talha Chowdhury, Cabinet Member for Safer Communities
<b>Originating Officer(s)</b>	Adam Price, Strategy and Policy Lead
<b>Wards affected</b>	All wards
<b>Key Decision?</b>	No
<b>Reason for Key Decision</b>	This report has been reviewed as not meeting the Key Decision criteria.
<b>Forward Plan Notice Published</b>	25/10/2024
<b>Exempt information</b>	N/A
<b>Strategic Plan Priority / Outcome</b>	Priority 5: Investing in public services Priority 6: Empowering communities and fighting crime

## Executive Summary

The new Substance Misuse Combating Drugs Partnership Strategy sets out the agreed local priorities for the partnership for 2024 to 2027 under the 3 national pillars set out as a result of the government’s 10 year drug strategy, From Harm to Hope. The Mayor in Cabinet is asked to note the report and formally approve the strategy for Tower Hamlets Council as a member of the Combating Drugs Partnership.

## Recommendations:

The Mayor in Cabinet is recommended to:

1. Note the local strategic priorities set out for the Tower Hamlets’ Combating Drugs Partnership (CDP) in the CDP Substance Misuse strategy and confirm Tower Hamlets Council’s adoption of the strategy and delivery plan.

## **1 REASONS FOR THE DECISIONS**

- 1.1 As the council is a core member of the CDP and has been a key partner in developing and delivering the strategy, the Mayor's confirmation of the adoption of the strategy indicates and reaffirms our commitment to working collaboratively with partners through the Community Safety Partnership and CDP Board.

## **2 ALTERNATIVE OPTIONS**

- 2.1 The Council could choose not to endorse the Combating Drugs Partnership Substance Misuse strategy, but this would mean a delay in meeting our statutory duty as a core duty holder to develop and implement a partnership strategy and delivery plan for the CDP while changes were made. This would mean that the council would be non-compliant with respect to this duty and could face a degree of reputational risk, particularly with respect to CDP members.

## **3 DETAILS OF THE REPORT**

- 3.1 Tower Hamlets Combating Drugs Partnership consists of core duty holders and local partners including the local authority, health services, police, ambulance service, probation, providers, job centre plus and voluntary and community groups. They are tasked with delivering the three key pillars of the government's 10 years drug strategy – to break drug supply chains, deliver a world-class treatment and recovery system, and achieve a generational shift in the demand for drugs. The Partnership has dual reporting lines to the Community Safety Partnership (chaired by the Lead Member for Safer Communities and the Health and Wellbeing Board. It is chaired by the Director for Public Health.
- 3.2 The Tower Hamlets Substance Misuse Strategy 2020-2025 was due to expire next year. However, the Covid-19 pandemic had disrupted the delivery and oversight of this strategy and the context of a change of administration and a Mayor with a number of important pledges relating to this area of work meant that the opportunity to refresh our local approach through the CDP was a timely one. The national priorities align well with the Council's Strategic Plan, where Priority 5, Invest in Public Services, and Priority 6, Empowering communities and fighting crime, have a direct bearing on the achievement of national outcomes.
- 3.3 The new strategy draws on engagement with local community groups, service users, and a range of professionals and partners to identify where and how we can have the greatest impact as a partnership.
- 3.4 Engagement and outreach work conducted as part of the strategy development process so far has included:
- July 2023 workshop with key partners and professionals
  - Sep 2023 Safer Neighbourhoods Board engagement on priorities
  - Oct 2023 Community Pharmacies engagement on priorities

- Oct 2023 RESET Service User focus group on priorities
  - Nov 2023 workshop with key partners and professional working with children
  - Nov 2023 Housing SMT feedback session
  - Nov 2023 Mayor's Congress to seek views on the strategy to date and get buy-in from community representatives
  - Dec 2023 Oversight & Scrutiny Committee
  - Winter-Spring 2024 Gap analysis and action planning with System Improvement Group, ADDER Delivery group and Adolescent Partnership Working Group
- 3.5 We engaged a broad range of community groups through the engagement activity above, including representatives of our Bangladeshi and Somali communities as well as groups representing disabled people's interests and LGBTQ+ residents.
- 3.6 Central to the direction of this strategy is a public health informed approach to addiction that seeks to reduce morbidity, mortality, and harms from stigma and criminalisation, and ensure that our interventions are humane and evidence based.
- 3.7 The strategy consists of three to four local priorities under each of the pillars. Each of the three pillars has an associated sub-group of the board overseeing creation and delivery of the delivery plan for that part of the strategy, utilising existing groups and capacity where possible. The names of the sub-groups (as they currently stand) are the Substance Misuse System Improvement Group, the ADDER delivery group and the Adolescent Partnership Working Group.
- 3.8 Our local priorities are as follows:



## 1. Break drug supply chains



## 2. Deliver a world-class treatment and recovery system



## 3. Achieve a generational shift in the demand for drugs



- 3.9 Under 'breaking drug supply chains' our local priorities are to:
- break the cycle of exploitation by intervening to support exploited residents
  - help people encountering the criminal justice system to leave drugs behind
  - reduce the visibility of drug dealing and drug use, and
  - support the wider Metropolitan Police substance misuse strategy in reducing the supply of drugs.

- 3.10 Within 'delivering a world-class treatment and recovery system' our local priorities are to:
- streamline access and routes through services
  - improve the effectiveness of treatment
  - provide settings that sustain recovery, and
  - enhance harm reduction provision.

The work in this area also includes consideration of the use of culturally-sensitive or culturally appropriate treatment and recovery services.

- 3.11 Finally, within 'achieve a shift in the demand for drugs' our local priorities are to:
- promote awareness and where to find help
  - target specific substance misuse harms, and
  - stop problematic substance misuse before it begins.

- 3.12 Implementation is ongoing from April 2024, though each of the three areas is required to complete delivery planning and finalise the action plan for their priorities. The strategy itself does not have earmarked costs: the council and partner organisations will contribute through their own programmes and planning cycles.
- 3.13 A launch event for the strategy is being planned for 27 September in conjunction with the Lead Member and Mayor's Office.

#### **4 EQUALITIES IMPLICATIONS**

- 4.1 A completed Equalities Impact Screening Tool is found at the end of this document. In addressing support for addiction the partnership recognises the importance of understanding the factors affecting each individual's journey and considering how questions of intersectionality can compound difficulties through discrimination, disability or disadvantage.
- 4.2 A full equalities impact analysis has not been undertaken to accompany this report. This is because approving and noting the CDP's Substance Misuse strategy via the council's governance procedures will not have, in and of itself, the potential for negative outcomes for residents that would disproportionately affect them on the basis of possessing particular equalities characteristics.
- 4.3 Where work that falls under the strategy has the potential to do so, for example in relation to new projects, capital spend or specific changes to our ways of working - such as the re-commissioning of elements of the treatment and recovery system, or the Mayor's capital project to provide culturally-appropriate recovery options - this will be informed by detailed equalities analysis accompanying those changes and the relevant reports.

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

- 5.1 An overview of the engagement and consultation conducted as part of this work is given in paragraph 3.4 above.
- 5.2 Effective partnership working and community engagement is an important way for councils to deliver their best value duty. Guidance on best value standards is clear that "Authorities should have a clear understanding of and focus on the benefits that can be gained by effective collaborative working with local partners and community engagement in order to achieve its strategic objectives and key outcomes for local people". This strategy supports the delivery of the Best Value duty via partnership work to tackle substance misuse and the associated harms. For example, we know that each £1 spent on treatment will save £4 from reduced demands on health, prison, law enforcement and emergency services<sup>1</sup>.

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<sup>1</sup> [Review of drugs part two: prevention, treatment, and recovery - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/reviews/evaluation-of-drug-treatment-and-recovery)

- 5.3 There are too many examples to list them individually in this report, but the strategy and delivery plan also support a number of our actions and priorities in relation to the environments and public spaces accessed by residents, while work that will result in crime reduction and safeguarding of vulnerable residents runs through our local priorities and the work that sits beneath them.

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

- 6.1 This report sets out the local strategic priorities for the Tower Hamlets' Combating Drugs Partnership (CDP) in the CDP Substance Misuse strategy.
- 6.2 There are no direct financial implication emanating from this report. Should any proposal within the report results in cost implication, necessary approval will need to be sought as part of the Medium Term Financial Plan.

## **7 COMMENTS OF LEGAL SERVICES**

- 7.1 Section 2B of the National Health Service Act 2006 requires each local authority to take such steps as it considers appropriate for improving the 1 Review of drugs part two: prevention, treatment, and recovery - GOV.UK (www.gov.uk) health of the people in its area. These steps may include the provision of services or facilities designed to promote healthier living.
- 7.2 Section 3 of the Local Government Act 1999 sets out the Best Value Duty, which requires local authorities to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness.
- 7.3 The proposals set out in this report comply with the above legislation.

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

### **Linked Report**

- NONE.

### **Appendices**

- Appendix 1 – Combating Drugs Partnership Strategy 2024-2027
- Appendix 2 – CDP Annual Delivery Plan 2024-2025
- Appendix 3 – Substance Misuse Needs Assessment Executive Summary 2022-23
- Appendix 4 – Substance Misuse Needs Assessment March 2023

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

- None

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

Adam Price – [Adam.Price@TowerHamlets.gov.uk](mailto:Adam.Price@TowerHamlets.gov.uk)

## Equalities screening tool

<p><b>Is there a potential that the policy, proposal or activity covered by this form disproportionately adversely impacts (directly or indirectly) on any of the groups of people listed below?</b></p> <p>Please consider the impact on overall communities, residents, service users and council employees. If you have answered Yes to one or more of the groups of people listed above, a full Equality Impact Analysis is required.</p> <p>This should include people of different:</p>	Yes	No
<ul style="list-style-type: none"> <li>▪ Sex</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> <li>▪ Age</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> <li>▪ Race</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> <li>▪ Religion or Philosophical belief</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> <li>▪ Sexual Orientation</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> <li>▪ Gender re-assignment status</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> <li>▪ People who have a Disability (physical, learning difficulties, mental health and medical conditions)</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> <li>▪ Marriage and Civil Partnerships status</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> <li>▪ People who are Pregnant and on Maternity</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>You should also consider:</p> <ul style="list-style-type: none"> <li>▪ Parents and Carers</li> <li>▪ Socio-economic status</li> <li>▪ People with different Gender Identities e.g. Gender fluid, Non-binary etc.</li> <li>▪ Other</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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# Tower Hamlets Combating Drugs Partnership Substance Misuse Strategy 2024-2027



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# Foreword



**Cllr Abu Chowdhury**

Lead Member for Safer Communities & Co-Chair of the Community Safety Partnership Board



**Lutfur Rahman**

Executive Mayor of Tower Hamlets

As lifelong residents of this borough, we have both observed firsthand the devastating impact that drugs have had on our community. It cripples lives, destroys families, and plagues our community in so many ways. We have also seen the incredible dedication and perseverance demonstrated by residents combatting drugs locally. To effectively tackle the scourge of addiction in Tower Hamlets, we need to bring together partners from across the borough around a shared approach and commitment to change.

As the Co-Chair the Tower Hamlets Community Safety Partnership (CSP) and the Mayor of this magnificent and diverse borough, we are proud to be working with our community partners to ensure that tackling neighbourhood crime and anti-social behaviour (ASB) is a top priority. The Combatting Drugs Partnership Board, a sub-board of the CSP, is taking the lead in this vital area. Together we are combining the strengths and ambitions of our local authority, police, health services, and community partners to tackle drug-related crime, reduce demand through early intervention and education, and ensure we have effective treatment, rehabilitation and recovery programmes across the borough.

The following strategy will lay out our top priorities around substance misuse and how we plan to address them over the next three years. Even with so many dedicated staff across high-performing organisations we cannot do everything at once, so we have used the evidence in our Substance Misuse Needs Assessment and engagement with residents and partners to focus on local priority areas where we believe we can have the greatest impact. There are three local priorities against each of the three national pillars that we have committed to as a partnership. We will of course still work hard through our individual organisations to deliver support across the full range of services, but the priorities set out in this strategy are where we will focus our attention as a partnership.

For the two years that we've had the privilege of serving this community, a holistic and community focused approach to tackling substance misuse has been a top priority - and one that is shared by so many of our closest partners. This strategy is a major step towards ending the hold that drugs have on this borough and making Tower Hamlets safer for all.



# Introduction

This Substance Misuse Strategy aims to build on the work being done by a range of organisations in the borough to reduce substance misuse and the harms that result, tackle drug-related crime, and reduce the supply of drugs. The strategy ultimately aims to achieve a generational shift in demand for drugs that will improve the lives of all residents affected by substance misuse within the borough.

The Combating Drugs Partnership (CDP) model was established following a review by Dame Carol Black and the Government subsequently setting out its 10-year From Harm to Hope drugs strategy<sup>1</sup>.

The aim of the partnership is to bring key partners together to ensure clear strategic direction and delivery of the aims and objectives set out in the national combating drugs plan through a needs assessment,<sup>2</sup> producing a local outcomes framework and delivery of a local strategy and action plan.

It will also serve as the means of coordinating activity in the borough related to drugs; tackling substance misuse and drug-related crime in the borough is a priority for all of our partners, but we recognise that we will not be able to deliver meaningful change in this area without working in partnership with local organisations and communities.

As well as the entrenched issues residents may face, new issues and challenges are constantly emerging. These include novel drugs like synthetic cannabinoids being found in vapes, the change in classification of Nitrous Oxide and new synthetic opioids such as Nitazenes – which have higher risks for users – increasingly being seen on London's streets.

This strategy incorporates the ambitions of key partners, such as expanding the focus on Neighbourhood Policing as part of the Metropolitan Police's Plan for London, and the Mayor of Tower Hamlet's ambition for Tower Hamlets to ensure that its services are culturally-sensitive and provide appropriate support for a diverse range of needs. To ensure that it reflects the voice of the communities affected, we have conducted engagement and co-production activity throughout the needs assessment and strategy, which has included input from resident representatives, service users and service providers, health professionals and other stakeholders.

In order to meet the priorities set out below, it will be important to deliver on ambitions such as creating a culturally sensitive recovery service for problematic drug users - providing harm reduction, testing facilities, a crisis cafe and using a referral pathway model; establishing a Tower Hamlets Drugs Unit to disrupt drug supply and substance misuse in the community; introducing new tools and materials to better support young people, including promoting wider understanding of the risks of using Nitrous Oxide with school partners; managing the transition from our local ADDER initiative and funding through the London-wide expansion of Project ADDER; and partnering with local religious groups to run quarterly awareness events for particularly affected communities.

It is worth noting that, while the language of the CDP and 10-year drugs strategy focuses largely on the use and supply of (or demand for) illegal drugs, the strategy will also include our plans to address alcohol dependence, alcohol-related harms and substance misuse more widely.

<sup>1</sup> From Harm to Hope – A 10 year drugs plan to cut crime and save lives [https://assets.publishing.service.gov.uk/media/629078bad3bf7f036fc492d1/From\\_harm\\_to\\_hope\\_PDF.pdf](https://assets.publishing.service.gov.uk/media/629078bad3bf7f036fc492d1/From_harm_to_hope_PDF.pdf)

<sup>2</sup> You can find a summary and links to the Tower Hamlets Substance Misuse Needs Assessment here [www.link.co.uk](http://www.link.co.uk)

# What do we know?

## Highest number of people in treatment

in London 2020-21 (**1,945**) and one of the highest rates of treatment demand when weighted for resident population (**10.1 per 1,000** population)



## Nearly 65% of the treatment population are opiate users

We have the highest absolute number of OCU (opiate and crack cocaine users) in London



## An estimated 85% who may need support for alcohol dependency

are not accessing this support



## The north of the borough has the highest levels of drug possession and trafficking offences

The highest rate of drug possession is in the Spitalfields and Banglatown ward, at **42.2 per 1,000** population



## A growing proportion of the drug treatment population is aged 50+

(**23%** in 2020-21), with this cohort facing more complex health issues and worse outcomes



## The second highest drug in terms of number of people in treatment was Cannabis

with **46%** of users using Cannabis



# What has been done so far?

Despite challenges arising from the Covid 19 pandemic, between 2020-2023 there was a great deal of partnership activity in this areas.



We worked to improve numbers getting into treatment following release from prison. This resulted in:

- Increased numbers engaging in treatment from 15.3% (2021) to 53% (2023) utilising powers from Antisocial behaviour crime and policing Act 2014
- Developed pioneering work bringing together enforcement and support agencies to engage individuals involved in ASB and crime in mandatory treatment



The Council and MPS worked closely in partnership to deliver ADDER, Operation Continuum and tackle drug dealing in the borough. Between Apr 2021 and Dec 2023:

- 280 warrants were executed, 273 people arrested and 212 charged with drugs trafficking
- £835,000 cash was seized
- 628 weapons were recovered
- 169 drugs related arrests – of which 48 for PWITS
- 540 referrals to drug support services (Criminal Justice Substance Misuse Services)
- 43 drugs related arrests facilitated via use of CCTV



Use of Nitrous Oxide emerged as a significant issue, tackled via enforcement and prevention. Between Jan22 and Sep23:

- THEOs issued 244 Fixed Penalty Notices for NOX
- Delivered the 'N2O Know the Risks' programme highlighting the dangers of using N2O



Developed an enhanced process to tackle cannabis café, resulting in:

- 8 Cannabis cafes closed in 2023 alone



Launched the partnership project "Second Chance" with the Osmani Trust to support young people at risk of and caught up drug dealing.

# What do we want to achieve?

There are three national pillars that all Combating Drugs Partnerships are tasked with delivering. These are set out below along with the high-level outcomes that they are designed to achieve.



# What is needed?

In order to work out the approach to take and include community views, a needs assessment was undertaken to look at the levels of need in the borough in relation to substance misuse.

From this evidence base we worked with a wide range of professionals and community members to understand:

- What are we getting right?
- What are we not getting right?
- What do we need to do where we're not getting it right?

We used their responses to refine them into the local priorities set out below.

# What are we going to do?

## 1. Break drug supply chains

Break the cycle of exploitation



Help people leave drugs behind



Reduce visible drug dealing and drug use



Support MPS Drugs Action Plan to tackle drug supply



## 2. Deliver a world-class treatment and recovery system

Streamline access and routes through services



Improve effectiveness of treatment



Settings that sustain recovery



Enhance Harm Reduction provision



## 3. Achieve a generational shift in the demand for drugs

Promote awareness and where to find help



Target specific substance-misuse harms



Stop problematic substance misuse before it begins



# 1. Break drug supply chains



## Vision

We will make it harder for organised crime networks to operate in our borough, disrupting all parts of the supply chain and reducing the associated violence and exploitation.

### Break the cycle of exploitation



We will safeguard Tower Hamlets residents by intervening where adults and young people have been targeted by organised crime networks, providing them with the support they need to escape exploitation.

We will strengthen our intervention offer for victims of exploitation, including appropriate diversion away from the criminal justice system using out of court disposals and drug testing on arrest, and ensuring that holistic, culturally appropriate support is available. This includes supporting marginalised groups through provision of dedicated support workers, providing tailored support to women and men involved in prostitution, as well as expanding our training offer on recognising the signs that professionals encountering children at risk of harm should be aware of.

### Help people leave drugs behind



Where people have encountered enforcement or the criminal justice system, we will ensure that the necessary support is in place to reduce reoffending, working with those concerned in prisons, preparing them for release, providing follow-up support once they've re-entered society, and helping them to access accommodation suitable to their needs.

Our partners will work with employers to expand the support available for recovery via training, lunch and learn sessions, provision of supported placements and City and Guilds digital assurance badge scheme. We will offer mentoring schemes in custody, improve engagement in follow-up support via our Through the Gate scheme and evaluate and improve our buvidal and naloxone treatment option schemes in custody and on release.

### Reduce visible drug dealing and drug use



The visibility of drug use and dealing within Tower Hamlets is a serious concern for our residents and undermines trust. We recognise that this will require a holistic approach bringing together enforcement as well as the work we are doing separately to improve treatment pathways.

We will continue to roll out our new joint tasking model between council enforcement officers and police to tackle hotspots as they develop and launch a dedicated Drugs Unit to respond to local concerns. We will build closer links with community groups to improve collection and use of community intelligence, including through our women's safety walks, building closer links with hostels and making better use of all available partner forums.

### Support MPS Drugs Action Plan to tackle drug supply



The police have primacy with respect to pursuing the organised crime networks involved in drug supply. As a partnership our role is to support this through information sharing, focussed deterrence approaches. Project ADDER (Addiction, Diversion, Disruption, Enforcement and Recovery) rollout and the Prevent, Prepare and Protect strands of the Metropolitan Police Drugs Action Plan.

We will provide this support via partner engagement in Operation Continuum, retasking our ADDER project group to address drug supply more widely and designing and implementing a cutting-edge pilot in Whitechapel to reclaim our streets from organised crime networks.



## 2. Deliver a world-class treatment and recovery system



### Vision

We will treat addiction as a health matter, recognising the role played by adverse personal circumstances such as trauma, poverty and mental health conditions, breaking down stigma and saving lives.

### Streamline access and routes through services



We know that we need to do better in making routes through our treatment and recovery services clearer and improve access for residents, redesigning them to work more smoothly and reducing handoffs and duplication.

We have started a comprehensive redesign to ensure our treatment system will be peer-led, offering more integrated, specialised services for high-risk cohorts, upskilling staff and taking a wrap-around approach to treatment that is both trauma- and culturally- informed. This redesign will involve local partners as well as coproduction with those affected and be used to determine future commissioning arrangements. At an operational level we will seek to develop a common assessment tool, establish a service user involvement forum, set up roving services within hostel and mental health accommodation, and improve partnership working with primary care, including surgery visits and alcohol intervention training for GPs.

### Improve effectiveness of treatment



We are committed to providing services that are community-based, culturally competent and offer new and innovative evidence-based treatment approaches.

We will seek to increase core treatment capacity and treatment options. We are in the process of addressing gaps in staffing capacity through our new recruitment and retention plan and additional short term resource. We aim to increase numbers of young people in treatment by refreshing our communications offer for young people and the services they are in contact with, with the aim of increasing visibility and engagement. We are also reviewing our treatment services to identify opportunities for innovation.

### Settings that sustain recovery



Those who have been through treatment should receive the right support and environment to sustain their recovery and enable them to rebuild their lives.

This strategy will adopt a person-centred approach, including developing a culturally-specific recovery service, a suite of recovery groups targeted at Criminal Justice clients, and improve the range of information and resources available in other languages such as Somali and Bengali. We will deliver training to all staff on cultural competency and how to reach under-served groups. Our System Improvement Group will promote expanded aftercare opportunities to get people into stable accommodation that suits their needs, and implement additional weekend and evening groups as well as faith-based mutual aid groups to enhance our recovery offer.

### Enhance harm reduction provision



We will reduce the physical and mental health harms faced by people who use illicit substances.

We will address the significant risks associated with dangerous substances through the introduction of a peer-to-peer naloxone programme, training for Tower Hamlets Enforcement Officers to carry and use intranasal naloxone, and testing strips for novel synthetic drugs. We will continue to improve existing services such as needle exchange, specialist midwife services, our Drink Coach offer and encouraging substance-using patients to take up physical health checks from their GP. We will strengthen system learning from drug related deaths and strengthen our partnership approach through initiatives such as the Release Harm Reduction Hub.

## 3. Achieve a generational shift in demands



### Vision

We will focus work upstream to prevent demand before it begins, give residents the best possible start in life, and work with young people in the borough to change attitudes to drug-taking for the next generation.

### Promote awareness and where to find help



It is vital to ensure that all concerned recognise the full extent of the harms caused to our communities by drug use and the violence and exploitation that are fuelled by illegal drug markets – while ensuring that routes into support are always clear.

Led by our Adolescents Partnership Working Group, we will provide a whole setting health promotion offer for children and young people aged 5-19, with support for 19-25 year olds provided through SEND, deliver awareness events and advice through youth centres and detached work via our Young Tower Hamlets service and co-produce our latest service offer for schools and community settings with children and young people in the borough. The CDP will oversee local campaigns through our central action plan to ensure they have the highest possible profile across Tower Hamlets, linking in with key partners such as RSLs and housing providers, as well as promote the use of consistent tools and approaches to improve professional referrals and knowledge of services across the system.

### Target specific substance-misuse harms



Our needs assessment has identified several areas where there is unmet need or barriers for specific groups. We will focus preventative efforts and target areas such as dangerous drinking, 'new drugs' like spice, fentanyl or Nitrous Oxide use to help reduce the demand for these substances and address the harms that they cause.

This will include providing welfare and vulnerability training to venues serving alcohol in the borough and develop a new approach to alcohol interventions. We will keep the momentum up with our innovative Nitrous Oxide Prevention campaign and build our evidence base for its harms through our partnership with Queen Mary's University of London and their N2O ambulatory care pathway.

### Stop problematic substance misuse before it begins

We want to prevent people from misusing substances in the first instance by ensuring our interventions in early years, throughout childhood and when people first encounter drugs or alcohol, are robust and effective.



Our services will work with high-risk cohorts to support the early identification of at-risk young people. We will embed a substance misuse worker within Family Hubs, provide specialist nurse roles within Youth Justice settings, and expand on our success implementing the THRIVE model (Theat, Harm, Risk, Investigation, Vulnerability and Engagement) within our Health Spot GP service for young people, seeking to apply this learning to our mental health settings as well as bringing in additional links to pathways for CAMHS, Nitrous Oxide and the Safe East drugs service.



# How do we make this happen?






## Who's responsible?

For each of the three national pillars above, there is a sub-group of the CDP that has responsibility for oversight and capturing the delivery of work in this area.

These groups maintain an action plan for their area, which report to the CDP quarterly. These action plans together form the CDP delivery plan, which will be published as an appendix of the CDP strategy available on our website. The action plans are live, dynamic documents that will be managed by the subgroups throughout the life of the strategy.

## How we know what's been achieved?

The CDP has responsibility for overseeing the whole delivery plan in its entirety and looks at the impact that the work is having by tracking local outcomes indicators. The local outcomes framework is considered regularly at CDP meetings and will help guide discussion and provide positive challenge in terms of whether we're doing the right things to address our priorities.

PILLAR	NATIONAL OUTCOME	LOCAL MEASURES
<b>Break Drug Supply Chains</b> 	Reduce drug supply	<ul style="list-style-type: none"> <li>No. major, moderate and minor disruptions against Organised Crime Networks</li> <li>No. of drug trafficking offences</li> </ul>
	Reduce drug-related crime	<ul style="list-style-type: none"> <li>No. of drug possession offences</li> <li>No. drug related deaths</li> <li>Total drug- and alcohol-related ASB calls to police and the council</li> </ul>
<b>World-class Treatment and Recovery System</b> 	Increase engagement in drug treatment	<ul style="list-style-type: none"> <li>No. of new presentations</li> <li>Percentage of early unplanned exits</li> <li>Percentage of referrals who started structured treatment</li> <li>No. in treatment</li> <li>Numbers of young people in treatment</li> <li>Percentage who engage with services following prison release</li> </ul>
	Improve drug recovery outcomes	<ul style="list-style-type: none"> <li>Percentage of individuals who have made substantial progress</li> <li>Percentage in effective treatment</li> <li>Residential Rehab uptake</li> <li>Inpatient Detox uptake</li> </ul>
<b>Achieve a Generational Shift in Demand</b> 	Reduce drug use	<ul style="list-style-type: none"> <li>No. of people leaving services successfully (substance-free/occasional user)</li> <li>Novel substance and specific campaign measures e.g. no. of workshops on Nitrous Oxide (NOx) use, young people's views on safety of taking NOx, how likely they are to take it</li> </ul>
	Reduce drug-related deaths and harm	<ul style="list-style-type: none"> <li>Average waiting times to first intervention</li> <li>Hospital admissions, drugs and alcohol-related</li> <li>Deaths while in structured treatment (both drugs and alcohol)</li> <li>Deaths related to drug misuse</li> </ul>

## What happens when the strategy ends?

Every CDP is required to update their needs assessment, strategy and delivery plan every 3 years. This means that when one strategy and delivery plan is due to end, the process of producing a new strategy begins. There should therefore always be a live Combating Drugs Partnership strategy.


# Who's involved?





# More information

If you know someone who is over 18 and in need of support in relation to substance misuse, please contact Tower Hamlets drug and alcohol support services using the information below:


 **020 3889 9510**

 **[reset.towerhamlets@cgl.org.uk](mailto:reset.towerhamlets@cgl.org.uk)**

Any adult living in Tower Hamlets can make a referral online at:


 **[www.changegrowlive.org/reset-treatment-recovery-support-service/referrals](http://www.changegrowlive.org/reset-treatment-recovery-support-service/referrals)**

A specialist confidential service exists for young people aged 10-19 years who are misusing drugs and/or alcohol. All referrals must have the young person's consent. For more information please use the following contact details:


 **020 3954 0091**

 **[compass.towerhamletsyphws@nhs.net](mailto:compass.towerhamletsyphws@nhs.net)**

For more information you can visit:

 **[www.compass-uk.org/services/tower-hamlets-compass-safe-east](http://www.compass-uk.org/services/tower-hamlets-compass-safe-east)**

If you are concerned about someone sleeping rough in Tower Hamlets, you can call:

 **020 7422 6752**

or contact:

 **[www.streetlink.org.uk](http://www.streetlink.org.uk)**

to connect you with Outreach services in your area.



# Combating Drugs Partnership Annual Delivery Plan 2024-2025

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# What is the CDP delivery plan?

A requirement for all Combating Drugs Partnerships (CDPs) across the country is to produce an accompanying delivery plan.

This document sets out Tower Hamlets CDP's delivery plan for 2024-25, covering work supporting the three national pillars and local priorities set out opposite.

What is reproduced here is a summary of the activity for the year held by the CDP subgroups responsible for delivery against each national pillar and identified in their local action plans, together with the partners responsible for delivery of the workstream.

The detailed action plans are dynamic documents held by these subgroups and reviewed as part of their governance. As you will gather from the activity listed on the following pages, this is a challenging, complex area supported by many different partners. Tower Hamlets CDP will use these plans to monitor progress against the CDP strategy, consider where workstreams or emerging issues may require further action members and provide the necessary coordination for the many interconnected elements of the challenges surrounding substance misuse.

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## CDP Priorities

### 1. Break drug supply chains

Break the cycle of exploitation



Help people leave drugs behind



Reduce visible drug dealing and drug use



Support MPS Drugs Action Plan to tackle drug supply



### 2. Deliver a world-class treatment and recovery system

Streamline access and routes through services



Improve effectiveness of treatment



Settings that sustain recovery



Enhance Harm Reduction provision



### 3. Achieve a generational shift in the demand for drugs

Promote awareness and where to find help



Target specific substance-misuse harms




Stop problematic substance misuse before it begins







# 1. Breaking drug supply chains


PRIORITY	OBJECTIVES	ACTION/ELEMENTS	RESPONSIBLE AGENCIES
<p><b>Break the Cycle of Exploitation</b></p>  <p>Page 475</p>	<p>Identify and intervene with victims of exploitation</p>	<ul style="list-style-type: none"> <li>● Establish Cuckooing pathway to support vulnerable residents</li> <li>● Deliver targeted support for the most vulnerable women in the borough</li> <li>● Reprocure prostitution support (MOPAC funding dependent)</li> <li>● Deliver 'Chemsex' pathway with provision for men involved in survival sex in alliance with London Friend (Antidote) and MOJ 12-month sponsored project</li> <li>● Deliver targeted support and intervention for children at risk or who have been harmed through Exploitation and Harm outside the Home</li> <li>● Deliver training to partners and schools including teachers and pupils to increase awareness of exploitation and Harm outside the Home, including sharing best practice</li> </ul>	<ul style="list-style-type: none"> <li>● Metropolitan Police Service (MPS)</li> <li>● LBTH Criminal Justice (CJ)</li> <li>● Substance Misuse</li> <li>● VAWG</li> <li>● RESET</li> <li>● Adult Social Care (ASC) services</li> <li>● Turning Point</li> <li>● LBTH Children's Exploitation Service</li> </ul>
	<p>Take a whole-person approach to criminal justice and enforcement responses with appropriate options for individuals from marginalised communities</p>	<ul style="list-style-type: none"> <li>● Retain Somali-speaking recovery worker to deliver targeted support</li> <li>● DWP peer mentoring programme</li> <li>● Increase visible recovery through the Build on Belief (BoB) service</li> </ul>	<ul style="list-style-type: none"> <li>● Turning Point</li> <li>● RESET</li> <li>● London Borough of Tower Hamlets (LBTH) Substance Misuse services</li> </ul>



PRIORITY	OBJECTIVES	ACTION/ELEMENTS	RESPONSIBLE AGENCIES
Page 476	<p><b>Strengthen diversion across the system</b></p>	<ul style="list-style-type: none"> <li>● Greater use of drug-testing on arrest</li> <li>● Greater use of out of court disposals</li> <li>● Identify funding to reinstate court diversion scheme for buyers of sex</li> <li>● Awareness-raising sessions within MPS induction</li> <li>● Provide custody intervention coaches in Police Custody Suites (including Bethnal Green) to divert 18-24 year olds away from drug-related crime</li> <li>● Use of NOx pathway via Queen Mary to support diversion</li> <li>● Training needs analysis for Adult Social Care (ASC) staff</li> <li>● Provide training for all ASC staff on substance misuse awareness</li> <li>● Joint training with Children's Services on Child Impact Assessment and Substance Misuse open to all professionals working with children</li> <li>● Co-location of RESET treatment and ASC workers</li> <li>● Alternative treatment methods and engagement of drug dependent alcohol dependent men in prison</li> <li>● Provide greater levels of engagement for prison leavers</li> <li>● Monitoring and evaluation of life coaching and female diversion service</li> <li>● Review Project ADDER (Addiction, Diversion, Disruption, Enforcement and Recovery) workstreams and SSMTRG funded projects following decision on funding</li> </ul>	<ul style="list-style-type: none"> <li>● MPS</li> <li>● Probation Service</li> <li>● Bounce Back</li> <li>● LBTH ASC</li> <li>● CJ Substance Misuse Team</li> <li>● Crime Reduction Team</li> <li>● RESET</li> <li>● Turning Point</li> </ul>


PRIORITY	OBJECTIVES	ACTION/ELEMENTS	RESPONSIBLE AGENCIES
<p><b>Help People Leave Drugs Behind</b></p>  <p>Page 477</p>	<p><b>Giving people a second chance and reduce reoffending</b></p>	<ul style="list-style-type: none"> <li>● Increase employment training and education offers to support for recovery</li> <li>● Provide regular open wellbeing events for target cohorts</li> <li>● Attend resident meetings to drive up referrals from approved premises and supported housing</li> <li>● Delivery of City &amp; Guilds digital assurance badges</li> <li>● Provide online bitesize courses through partnership with Learning Curve</li> <li>● Employer lunch and learn sessions to challenge perceptions and provide more opportunities</li> <li>● Mentor scheme for those in custody by screened residents</li> <li>● Recovery elements managed through System Improvement Group workplan</li> </ul>	<ul style="list-style-type: none"> <li>● LBTH ASC</li> <li>● Reset Recovery Service</li> <li>● Bounce Back</li> <li>● Turning Point</li> </ul>
	<p><b>Strengthen post-release follow-up and support</b></p>	<ul style="list-style-type: none"> <li>● Work with referrals to provide one-to-one social work interventions, supported placements and paid employment</li> <li>● Work with Pentonville, Thameside and Wandsworth prisons to offer more engagement opportunities prior to release</li> <li>● Through the Gate programme to increase take-up of engagement offer</li> <li>● To achieve the OHID regional target for Continuity of Care</li> <li>● Evaluate and monitor naloxone on release scheme</li> <li>● Provide Buvidal continuity of care treatment option while in custody</li> </ul>	<ul style="list-style-type: none"> <li>● LBTH ASC,</li> <li>● Bounce Back</li> <li>● Turning Point</li> <li>● LBTH Criminal Justice</li> <li>● Substance Misuse</li> <li>● RESET</li> </ul>
	<p><b>Provide accommodation options to support recovery and avoid reoffending</b></p>	<ul style="list-style-type: none"> <li>● CAS3 scheme with HMPPS / St Giles to provide guaranteed housing placement 84 days post-release</li> <li>● Continue to use LBTH Housing First scheme to support those with the most complex needs</li> <li>● Targeted work with homeless clients in prison to ensure accommodation options post-release</li> <li>● Community housing clinics to offer bespoke pathway for LBTH remand clients</li> </ul>	<ul style="list-style-type: none"> <li>● Turning Point</li> <li>● LBTH Homelessness services</li> </ul>


PRIORITY	OBJECTIVES	ACTION/ELEMENTS	RESPONSIBLE AGENCIES
<p><b>Reduce visible drug dealing and drug use</b></p>  <p>Page 478</p>	<p><b>Tackle hotspots for open space street market dealing</b></p>	<ul style="list-style-type: none"> <li>● Social care interventions to reduce street presence, substance consumption and anti-social behaviour</li> <li>● Implement our new tasking model aligned with MPS tasking to address hotspots as they occur</li> <li>● Increase uniformed presence in the borough through the expansion of the THEOs service to deter drug related crime and ASB</li> <li>● Expansion of CCTV to address drug related crime and ASB in council estates (capital bid dependent)</li> <li>● Establish dedicated drugs unit to respond to community-identified hotspots</li> <li>● Launch of Mayor's anti-crime and disorder taskforce to coordinate front facing community safety resources with a focus on tackling drug related crime and ASB</li> <li>● Hostel Relationship Manager work with Hostel management and service users to address drug related crime and ASB near hostels</li> </ul>	<ul style="list-style-type: none"> <li>● LBTH Community Safety</li> <li>● Criminal Justice</li> <li>● Substance Misuse</li> <li>● MPS</li> </ul>
	<p><b>Shutting down illegal premises (Cannabis Cafes, Khat dens, etc.) as soon as they appear</b></p>	<ul style="list-style-type: none"> <li>● Engaging, providing advice and harm reduction support during closure activity</li> <li>● Build closer ties between partners and communities to identify premises earlier and shut illegal premises as soon as possible</li> </ul>	<ul style="list-style-type: none"> <li>● MPS</li> <li>● LBTH Criminal Justice</li> <li>● Substance Misuse</li> <li>● LBTH Drug Unit</li> <li>● Safer Neighbourhood Board</li> </ul>
	<p><b>Improving our use of community intelligence</b></p>	<ul style="list-style-type: none"> <li>● Utilise partners such as IOM, DIP Team and partnership forums to improve gathering and response to community intelligence</li> <li>● Deliver community engagement plan including women's safety walks for all wards in the borough</li> <li>● Detached team to engage and identify children in the community who may be at risk of exploitation</li> </ul>	<ul style="list-style-type: none"> <li>● Prison services</li> <li>● LBTH DIP</li> <li>● Community Safety</li> <li>● LBTH Drugs Unit</li> <li>● MPS</li> <li>● LBTH Young Tower Hamlets</li> </ul>


PRIORITY	OBJECTIVES	ACTION/ELEMENTS	RESPONSIBLE AGENCIES
<p><b>Support the MPS Drugs Action Plan</b></p>  <p>Page 479</p>	<p><b>Strengthen co-working between the council and police to tackle engrained drug-related issues</b></p>	<ul style="list-style-type: none"> <li>● Continue to support delivery of Operation Continuum, our police-led, collective partnership response to the crime, ASB and violence associated with street-based drugs</li> <li>● Management of LDIS (London Drug Information System) – the system through which partners share and assess up-to-date drug information or intelligence.</li> <li>● Ensuring maximised opportunity with Clear Hold Build sites where ADDER can link the various stages through collaboration with the CPD, encouraging a 3P approach to drug demand in addition to focussing of the pursuit of offenders concerned in supply, trafficking and possession.</li> <li>● Novel work is starting within ADDER to identify, and index, the most vulnerable offenders in respect of drug dependency. This will allow a diversionary approach in addition to use of CJ powers.</li> <li>● Roll out of the new Met Voluntary Referral app. This gives officers the ability to offer treatment referrals directly outside of any CJ powers, improving options where those seeking assistance come to police attention</li> </ul>	<ul style="list-style-type: none"> <li>● MPS</li> <li>● LBTH Community Safety</li> </ul>




## 2. Deliver a World-class Treatment and Recovery System

PRIORITY	OBJECTIVES	ACTION/ELEMENTS	RESPONSIBLE AGENCIES
<b>Increase overall treatment capacity to increase numbers accessing treatment</b>  Page 480	<b>Increase core treatment capacity and treatment options</b>	<ul style="list-style-type: none"> <li>● Develop Workforce Recruitment &amp; Retention Plan for treatment system</li> <li>● Complete capacity and demand review of assessment, prescribing and case management resource</li> <li>● Review current treatment pathways</li> <li>● Monitor and ensure compliance with CGL recovery plan to meet contract requirements</li> <li>● Develop a SSMTRG 24-25 plan to address gaps</li> </ul>	<ul style="list-style-type: none"> <li>● LBTH Substance Misuse commissioning</li> <li>● RESET</li> </ul>
	<b>Meet continuity of care targets by increasing number of prison release clients accessing treatment</b>	<ul style="list-style-type: none"> <li>● Review caseloads and KPIs across commissioned and non-commissioned services</li> </ul>	<ul style="list-style-type: none"> <li>● LBTH Substance Misuse</li> <li>● CJS</li> <li>● Adults</li> <li>● CYP</li> <li>● RESET</li> <li>● Safe East</li> </ul>
	<b>Take action to increase numbers of young people (under 18) in treatment</b>	<ul style="list-style-type: none"> <li>● Implement weekly structured treatment checks</li> <li>● Review data recording process to ensure all service users and contacts are being captured</li> <li>● Refresh communication offer through a review of council and provider websites</li> <li>● Review and refresh referral pathways to increase service visibility and engagement</li> <li>● Introduce Drug Use Screening Tool (DUST) and training</li> </ul>	<ul style="list-style-type: none"> <li>● LBTH PH</li> <li>● Children and Families</li> <li>● Safe East</li> <li>● Managed through Safe East Turnaround Plan</li> </ul>
	<b>Ensure our data is capturing the right activity</b>	<ul style="list-style-type: none"> <li>● Data leads to review recovery service data</li> <li>● CGL audit of treatment system data</li> <li>● Actions from reviews taken forward to address gaps</li> </ul>	<ul style="list-style-type: none"> <li>● LBTH Performance</li> <li>● Safe East</li> <li>● RESET</li> </ul>

PRIORITY	OBJECTIVES	ACTION/ELEMENTS	RESPONSIBLE AGENCIES
<p><b>Improve Quality and Effectiveness of Treatment System</b></p>  <p>Page 481</p>	<p>Develop and oversee longer-term system redesign</p>	<ul style="list-style-type: none"> <li>● Jointly review and design a new treatment system through co-production</li> <li>● Build capacity and imbed governance structures to manage performance and develop services.</li> <li>● Increase partnership working and joint commissioning activities across the local authority.</li> <li>● Commission equitable and culturally competent services</li> </ul>	<ul style="list-style-type: none"> <li>● LBTH Substance Misuse commissioning</li> <li>● LBTH CJS</li> <li>● LBTH Homelessness commissioning</li> <li>● LBTH ASC</li> <li>● LBTH Children &amp; Families</li> </ul>
	<p>Improve partnership working and integration</p>	<ul style="list-style-type: none"> <li>● Develop and monitor a local performance dashboard</li> <li>● Evaluation of 2023-24 Supplementary Substance Misuse Treatment Grant (SSMTRG) projects</li> <li>● Provide additional resource to CGL which supports the delivery of the system improvement plan through a Partnership Lead for 12-months</li> <li>● Develop peripatetic treatment and recovery services within hostel and MH accommodation</li> <li>● Action plan improving partnership working with primary care, including surgery visits, alcohol interventions, and training</li> <li>● Imbed integration and co-location between Criminal Justice and Treatment services to deliver services in partnership.</li> </ul>	<ul style="list-style-type: none"> <li>● LBTH Public Health (PH) Performance</li> <li>● Criminal Justice Service</li> <li>● RESET</li> <li>● GP Care Group</li> </ul>
	<p>Improve pathways into services and user experience</p>	<ul style="list-style-type: none"> <li>● Conduct mapping and produce improvement recommendations for pathways into treatment for marginalised groups</li> <li>● Produce marketing materials targeting alcohol and non-opiate use</li> <li>● Review and refresh external communications plan</li> <li>● Develop and launch a local Common Assessment Tool</li> </ul>	<ul style="list-style-type: none"> <li>● System Improvement Group members</li> <li>● LBTH PH commissioning</li> <li>● RESET</li> </ul>
	<p>Increase service user involvement and peer led provision</p>	<ul style="list-style-type: none"> <li>● Recruit System Wide Co-production and Service Involvement Lead</li> <li>● Establish System wide Service User Involvement Forum</li> <li>● Expand RESET peer mentoring scheme</li> </ul>	<ul style="list-style-type: none"> <li>● LBTH Substance Misuse commissioning</li> <li>● RESET</li> </ul>


PRIORITY	OBJECTIVES	ACTION/ELEMENTS	RESPONSIBLE AGENCIES
<p><b>Enhance Harm Reduction Provision</b></p>  <p>Page 482</p>	<p>Embed learning from deaths</p>	<ul style="list-style-type: none"> <li>● Review and refresh LDIS processes</li> <li>● Review and refresh DAARD processes</li> </ul>	<ul style="list-style-type: none"> <li>● LBTH Substance Misuse commissioning</li> </ul>
	<p>Enhance targeted outreach and engagement activities including peer lead initiatives'</p>	<ul style="list-style-type: none"> <li>● Conduct mapping and produce improvement recommendations for children, families, and significant others affected by substance misuse</li> <li>● Explore co-location and integration of workers on Think Family, Hidden Harm and offer training</li> <li>● Strengthen Service Level Agreements, e.g. around transition to adulthood</li> <li>● Introduce a Peer-to-Peer Naloxone Programme</li> <li>● Build partnerships with the Release Harm Reduction Hub to increase needle exchange provision and introduce novel synthetic drugs testing strips</li> <li>● THEOs trained to carry and use Intranasal Naloxone</li> </ul>	<ul style="list-style-type: none"> <li>● LBTH Substance Misuse commissioning</li> <li>● RESET</li> <li>● East London Foundation Trust (ELFT)</li> <li>● Safe East</li> <li>● Release</li> <li>● LBTH Community Safety</li> </ul>
	<p>Increase take up and success of residential rehabilitation opportunities</p>	<ul style="list-style-type: none"> <li>● Deliver information and training for accessing T4 treatment</li> <li>● Review panel membership to including Young People and MH Providers.</li> <li>● Increase number of placements on offer to 50</li> <li>● Develop emergency placement pathways</li> <li>● Develop aftercare opportunities including pathways into stable accommodation.</li> </ul>	<ul style="list-style-type: none"> <li>● LBTH Substance Misuse commissioning</li> <li>● RESET</li> <li>● LBTH Housing &amp; Homelessness</li> </ul>
	<p>Greater focus on Physical Health provision</p>	<ul style="list-style-type: none"> <li>● Encourage take-up of GP physical health checks for substance-using patients</li> </ul>	<ul style="list-style-type: none"> <li>● GP Care Group</li> </ul>
	<p>Reprocure services expiring in the next 12 months</p>	<ul style="list-style-type: none"> <li>● Needle exchange supplies (Orion) - 14/11/24</li> <li>● Clinical waste collections (PHS group) - 21/05/24</li> <li>● Pharmacy Needle Exchange - 31/03/24</li> <li>● Drink Coach - 31/03/24</li> <li>● Specialist midwife - 31/03/24</li> </ul>	<ul style="list-style-type: none"> <li>● LBTH Substance Misuse commissioning</li> </ul>


PRIORITY	OBJECTIVES	ACTION/ELEMENTS	RESPONSIBLE AGENCIES
<p><b>Improve Quality and Effectiveness of Recovery Services</b></p>  <p>Page 483</p>	<p>Develop and launch a culturally specific recovery service</p>	<ul style="list-style-type: none"> <li>● Conduct a review of current pathways</li> <li>● Engagement and co-production with residents</li> <li>● Secure a premise for the service</li> <li>● Develop service specification, commission and mobilise service</li> <li>● Develop referral pathways and partnerships</li> </ul>	<ul style="list-style-type: none"> <li>● LBTH PH</li> <li>● Substance Misuse commissioning</li> <li>● LBTH Capital Delivery Team</li> </ul>
	<p>Improve cultural competency of Treatment and recovery system</p>	<ul style="list-style-type: none"> <li>● Roll out action plan on partnerships and co-location with voluntary sector community organisations</li> <li>● Develop faith based mutual aid groups</li> <li>● Refresh information and marketing resources ensuring accessible in key languages including Somali &amp; Bengali</li> <li>● Deliver training around cultural competency and reaching under-served groups to all treatment and recovery staff</li> <li>● Produce workforce plan including recruitment of staff which reflect local demographics</li> </ul>	<ul style="list-style-type: none"> <li>● LBTH PH</li> <li>● Substance Misuse commissioning</li> <li>● RESET</li> </ul>
	<p>Improve Recovery services and pathways from treatment</p>	<ul style="list-style-type: none"> <li>● Expand and embed visible recovery in treatment and recovery services</li> <li>● Develop Enhanced choices in the Recovery Service</li> <li>● Deliver additional weekend and evening recovery groups</li> <li>● Develop a suite of recovery groups targeted at Criminal Justice clients</li> </ul>	<ul style="list-style-type: none"> <li>● LBTH Substance Misuse commissioning</li> <li>● RESET</li> </ul>






### 3. Achieve a Generational Shift in Demand

PRIORITY	OBJECTIVES	ACTION/ELEMENTS	RESPONSIBLE AGENCIES
<p><b>Promote awareness of harms and where to find help</b></p>  <p>Page 484</p>	<p>Provide a whole setting health promotion offer for 5-19 year olds that increases awareness of the risks and consequences of substance misuse, including:</p> <ul style="list-style-type: none"> <li>● Primary Education</li> <li>● Secondary Education</li> <li>● Community settings</li> </ul> <p>Sharing information with Tower Hamlets residents more effectively and consistently</p>	<ul style="list-style-type: none"> <li>● Agencies providing a range of health promotion in primary and secondary schools (including alternative education settings, special schools and Home Educated)</li> <li>● Deliver a single holistic service for children aged 5-19 (25 with SEND) through the new Children and Young People Health and Wellbeing Service (CYPHWS)</li> <li>● Align schools' PHSE offer and CDP partners messaging</li> <li>● Deliver Young Tower Hamlets awareness events</li> <li>● Utilise intelligence and insight from ECHO (part of the new CYPHWS) to co-produce and deliver a service offer that meets the identified needs of children and young people in schools and community settings</li> </ul> <ul style="list-style-type: none"> <li>● Continue to use messaging channels to raise awareness of changes to pathways following service review</li> <li>● Review co-production projects following completion to ensure they are closing the loop and providing final updates</li> <li>● Young Tower Hamlets to create awareness of the choices and consequences of substance use through Safe space youth centres, participation and detached work providing information, advice and guidance (IAG) including workshops to young people and signposting to relevant agencies within the partnership for those who require additional support.</li> </ul>	<ul style="list-style-type: none"> <li>● LBTH CYP commissioning</li> <li>● Public Health</li> <li>● Childrens Services</li> <li>● Safe East</li> <li>● Young Tower Hamlets</li> </ul> <ul style="list-style-type: none"> <li>● Safe East,</li> <li>● Young Tower Hamlets</li> </ul>

PRIORITY	OBJECTIVES	ACTION/ELEMENTS	RESPONSIBLE AGENCIES
<p><b>Targeting specific substance misuse harms</b></p>  <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 485</p>	<p>Address gaps in our awareness offer</p>	<ul style="list-style-type: none"> <li>● Use the Adolescent Partnership Group to coordinate analysis of specific gaps in our awareness activity</li> <li>● Launch Drug Use Screening Tool to support directing young people to a single place for information</li> <li>● Consider under-11 offer and whether need should be addressed via commissioning</li> <li>● CDP comms plan to bring together wider substance misuse awareness communications activity</li> </ul>	<ul style="list-style-type: none"> <li>● Adolescent Health Working Group</li> <li>● Child Health Working Group</li> <li>● Safe East</li> <li>● CDP comms lead/s</li> </ul>
	<p>Take action on alcohol</p>	<ul style="list-style-type: none"> <li>● Using the Late Night Levy to provide welfare and vulnerability Training</li> <li>● Intelligence-led police patrols and Street Pastor patrols tasked by Licensing Enforcement Forum to address Late Night Licence trade in Tower Hamlets.</li> <li>● Use recommendations from CLear analysis to agree actions on intervention</li> <li>● Deliver Public Health Campaigns including on Alcohol awareness and Stoptober</li> </ul>	<ul style="list-style-type: none"> <li>● LBTH Trading Standards &amp; Licensing</li> <li>● Public Health (PH) Healthy Adults</li> <li>● Safe East</li> </ul>
	<p>Tackling NOx use in the borough</p>	<ul style="list-style-type: none"> <li>● NOx Prevention Awareness Campaign and workshops with young people in the borough</li> <li>● Continue to develop response, evidence base and build links to vitamin B12 deficiency hospital pathway via Queen Mary's</li> <li>● Improve the clinical care pathway and clinical coding for patients with nitrous oxide related harm in local hospitals</li> </ul>	<ul style="list-style-type: none"> <li>● LBTH Criminal Justice</li> </ul>
	<p>Targeted engagement with young people</p>	<ul style="list-style-type: none"> <li>● Work with high risk-cohorts via Alternative Education and other settings to support early identification of at-risk young people</li> <li>● Young Tower Hamlets programmes to equip young people to respond to emergencies e.g. someone shot or stabbed as a result of drug-related violence</li> </ul>	<ul style="list-style-type: none"> <li>● Young Tower Hamlets</li> <li>● Safe East</li> </ul>
	<p>Develop awareness and support pathways for Chemsex users</p>	<ul style="list-style-type: none"> <li>● Work through newly established Chem Sex working group to coordinate a system-wide response</li> </ul>	<ul style="list-style-type: none"> <li>● LBTH Substance misuse</li> </ul>

PRIORITY	OBJECTIVES	ACTION/ELEMENTS	RESPONSIBLE AGENCIES
<p><b>Stop problematic substance misuse before it begins</b></p>  <p>Page 486</p>	<p><b>Giving young people access to high quality, evidence driven care</b></p>	<ul style="list-style-type: none"> <li>● Expand Health Spot holistic support offer with CAMHS, Safe East and NOx pathway links</li> <li>● Mental Health commissioners to recommend ways to embed THRIVE model within services</li> <li>● Co-locating substance misuse worker at Family Hubs</li> <li>● Offer health assessments via Youth Justice Nurse</li> </ul>	<ul style="list-style-type: none"> <li>● LBTH MH clinical and commissioning leads</li> <li>● PH</li> <li>● Youth Justice</li> <li>● Community engagement services</li> </ul>
	<p><b>Consider partnership response to early years approach and correlated factors</b></p>	<ul style="list-style-type: none"> <li>● Map children and family mental health initiatives</li> <li>● Review work with substance misusing parents across the system with recommendations</li> </ul>	<ul style="list-style-type: none"> <li>● LBTH Public Health</li> <li>● Children and Families</li> <li>● GP Care Group</li> </ul>
	<p><b>Provide pathways for young people transitioning between young people's services and adult substance misuse services</b></p>	<ul style="list-style-type: none"> <li>● Address gap with respect to needs of 18-24 year olds via service redesign in Treatment and Recovery plan</li> <li>● Develop services and pathways for 19- to 25-year-olds who use substances.</li> </ul>	<ul style="list-style-type: none"> <li>● System Improvement Group</li> </ul>
	<p><b>Sustain high quality of treatment options for children in the youth justice system</b></p>	<ul style="list-style-type: none"> <li>● Specialist Nurse roles in Youth Justice Service will support children via health assessments, referrals into Safe East (for both health promotion and Tier 2 and Tier 3 support) with follow-ups.</li> </ul>	<ul style="list-style-type: none"> <li>● Safe East,</li> <li>● LBTH Youth Justice Service</li> </ul>
	<p><b>Improve the range and nature of preventative interventions in relation to alcohol</b></p>	<ul style="list-style-type: none"> <li>● Conduct a CLear analysis with recommendations</li> </ul>	<ul style="list-style-type: none"> <li>● LBTH PH</li> <li>● Substance Misuse services</li> </ul>
	<p><b>Policing for Prevention</b></p>	<ul style="list-style-type: none"> <li>● Adolescent Partnership Group (APG) to support diversionary work and development of alternatives held in Breaking Supply Chains plan</li> </ul>	<ul style="list-style-type: none"> <li>● MPS</li> <li>● All APG members</li> </ul>
	<p><b>Align preventative approaches between CDP members and acute services</b></p>	<ul style="list-style-type: none"> <li>● Promote greater links between safeguarding colleagues and hospital reps to increase alignment of our approaches</li> </ul>	<ul style="list-style-type: none"> <li>● Safe East,</li> <li>● Acute sector partners</li> </ul>

# More information

If you know someone who is over 18 and in need of support in relation to substance misuse, please contact Tower Hamlets drug and alcohol support services using the information below:

020 3889 9510

[reset.towerhamlets@cgl.org.uk](mailto:reset.towerhamlets@cgl.org.uk)

Any adult living in Tower Hamlets can make a referral online at:

[www.changegrowlive.org/reset-treatment-recovery-support-service/referrals](http://www.changegrowlive.org/reset-treatment-recovery-support-service/referrals)

A specialist confidential service exists for young people aged 10-19 years who are misusing drugs and/or alcohol. All referrals must have the young person's consent. For more information please use the following contact details:



020 3954 0091



[compass.towerhamletsyphws@nhs.net](mailto:compass.towerhamletsyphws@nhs.net)

For more information you can visit:



[www.compass-uk.org/services/tower-hamlets-compass-safe-east](http://www.compass-uk.org/services/tower-hamlets-compass-safe-east)

If you are concerned about someone sleeping rough in Tower Hamlets, you can call:



020 7422 6752

or contact:



[www.streetlink.org.uk](http://www.streetlink.org.uk)

to connect you with Outreach services in your area.

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# Tower Hamlets Substance Misuse Needs Assessment 2022-23

## **EXECUTIVE SUMMARY**

# FOREWORD

## MAYOR LUTFUR RAHMAN

I am pleased to introduce the new Tower Hamlets Substance Misuse Needs Assessment, which sets out the current need around drug and alcohol use in the borough, the range of services we have in place, and any gaps that the council and our partners can fill.

Our priority is to reduce the harm caused by drugs and alcohol to residents and communities, and to make sure our borough is safe for everyone who lives, works, or visits Tower Hamlets. We know that our residents are concerned about drug-related activity, and that drug and alcohol misuse can have a far-reaching and devastating impact on our communities.

Through the substance misuse needs assessment, our aim is to make sure that anyone affected by addiction, substance misuse, or the associated harms is offered the support they need.

This needs assessment presents the views of both residents and community organisations following engagement with groups that regularly see the negative effects of drug and alcohol use. We have included information from a range of services and needs, covering both the health and community impacts of drug and alcohol use.

This needs assessment shows that we have a high level of need around drugs and alcohol, and that people with drug and alcohol problems in Tower Hamlets have a relatively complex set of additional problems. It also shows that we have an ageing group of people that have used addictive drugs for many years and need intensive support.

We have comprehensive outreach, treatment, rehabilitation and recovery programmes to meet this need. However, there is more we can be doing to meet the needs of our community, and to improve long-term outcomes.

We will be working closely with our new Combatting Drugs Partnership to take the recommendations forward and incorporate them into the refresh of our drugs strategy, with a focus on improving treatment and recovery outcomes.

Tackling the causes and effects of substance misuse continues to be challenging, but this needs assessment will help us combat drug-related crime and provide world-class recovery services for those who need it. In turn, we hope to increase the health, wellbeing, safety and security for everyone who calls Tower Hamlets home.



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# INTRODUCTION

**This document sets out a summary of the key Findings (p4-22) and Conclusions and Recommendations (p24-30) emerging from the Tower Hamlets Substance Misuse Needs Assessment 2022-23. More detail is available within the full document which is published alongside this summary. The charts in this document illustrate some of the main points; additional charts are also within the full Needs Assessment.**

This needs assessment sets out the need around drug and alcohol misuse in Tower Hamlets; to inform the work of the Tower Hamlets Combating Drugs Partnership, local substance misuse strategy, planning of services and commissioning decisions. The needs assessment provides evidence on the impact of substance misuse on the population of Tower Hamlets, the level of need for a range of substance misuse services, and the range of interventions in place to address this need. The needs assessment looks at both adult and children and young people's substance misuse related needs (both illicit drugs and alcohol).

The report is not an evaluation; it has not been designed or resourced to assess the quality or impact of existing services.

The needs assessment has been produced by CPI who were commissioned by LBTH and worked alongside Tower Hamlets public health, substance misuse team, drug and alcohol commissioners, and the wider Combatting Drugs Partnership to produce the needs assessment. Assessing need around substance misuse should be an ongoing process.

The needs assessment takes a broad, comprehensive view across the wide range of needs relating to substance misuse, and the complex arrange of interventions in place. This document is based on the latest available public and publishable data as of January 2023. Additional work will subsequently look in more detail at some of the issues highlighted. In particular, the impacts of the pandemic are still felt by services that support those with substance misuse needs; and further insight is required to fully capture this.

# FINDINGS

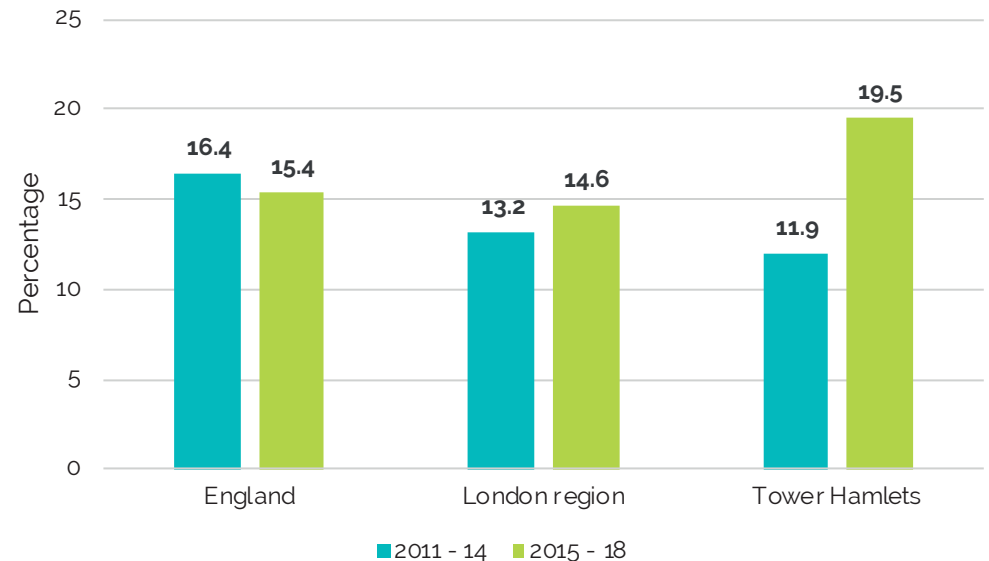
## The impact of substance misuse and levels of need

### Alcohol misuse

Despite high rates of alcohol abstinence, Tower Hamlets has high levels of need around alcohol-related harms. These appear to be concentrated among men and among White and Other ethnic groups. There is high unmet need for alcohol treatment (comparable to elsewhere in London).

- There has been a notable increase in the percentage of Tower Hamlets adults who binge drink on their heaviest drinking day, to 19.5% in 2015-18. This is higher than the rate for London and nationally (Refer to Figure 1). Similarly, the proportion of Tower Hamlets residents who reported drinking 14 or more units per week increased to 22% in 2015-18 (contrasting with a downward trend nationally).
- Hospital admission rates for residents for alcohol-specific conditions have declined since 2018-19 but have historically been higher than rates for England and London.
- Data on emergency hospital admissions show that alcohol-related harms are higher among men, those aged over 50, and those from White, Other and Black ethnic groups.
- It is estimated that 85% of those who may require support for alcohol dependency are not accessing this support. This is similar to the national rate of 82%.

Figure 1: Percentage of adults binge drinking on heaviest drinking day, 2011-14 to 2015-18



## Drug misuse

Tower Hamlets sees substantial need around drug dependency, which is more common among men and those of White ethnicity (as shown by hospital admissions). Homeless households see particularly high levels of need around drug use. While numbers in treatment have fallen, there is no indication that this is due to reduction in need related to illicit drug use. Opioid prescriptions are higher in Tower Hamlets than elsewhere in North-East London.

- Residents and professional stakeholders consider drug use, and associated drug dealing, to be widely prevalent in the borough; many raise particular concerns around the use of nitrous oxide.
- Deaths from drugs have fluctuated over time but have recently (from 2017 onwards) seen a slight increase and now correspond with the rate for London. (Very small numbers in these data indicates some caution in the interpretation of the data: these changes could be due to chance or to changes to recording). Refer to Figure 2.
- Hospital emergency admissions data suggest that drug related harms are concentrated among males (who account for 63% of admissions) and among people of White ethnicity (who account for around half of the admissions, while admissions from the Bangladeshi community represent around a fifth of admissions). Refer to Figure 3.
- Tower Hamlets has consistently had the highest rates of opioid prescriptions (per patient) in North East London. These are likely not 'illicit' drugs, nonetheless this suggests a need to review the reasons for these high prescription levels.
- Among newly homeless households in Tower Hamlets with identified support needs, a higher proportion have need relating to drugs or alcohol than is the case across London; suggesting particularly high substance misuse need among homeless people locally. 11.4% of newly homeless have a need around drugs (vs 3.1% across London). 4.3% have an alcohol-related need compared to 2.4% across London.

Figure 2: Deaths from drug misuse (Persons), 3-year intervals

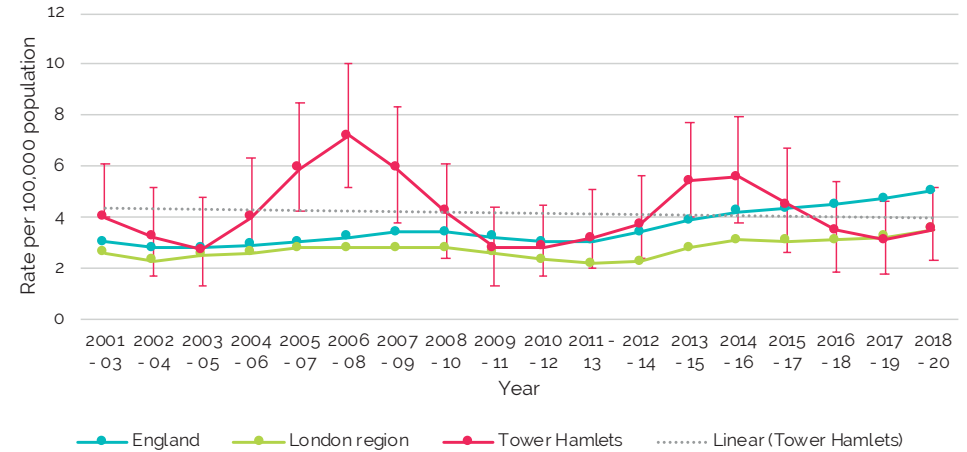
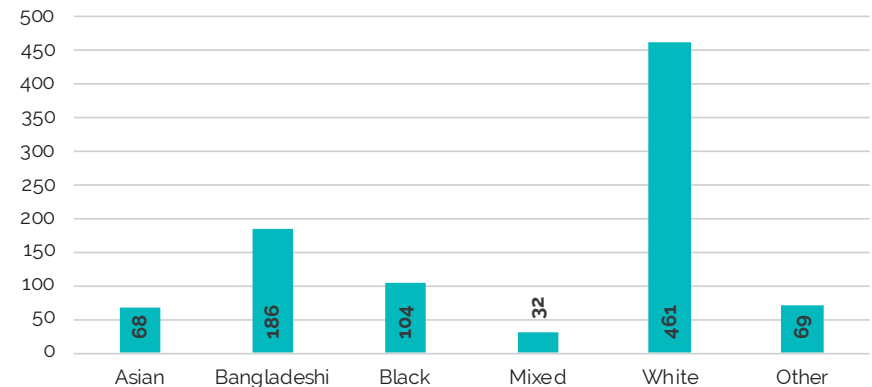


Figure 3: Hospital emergency admissions where drugs are primary diagnosis; by ethnicity; Tower Hamlets 2019-2021

Emg Adms where drugs are in the first 3 diagnosis fields (2019-22)



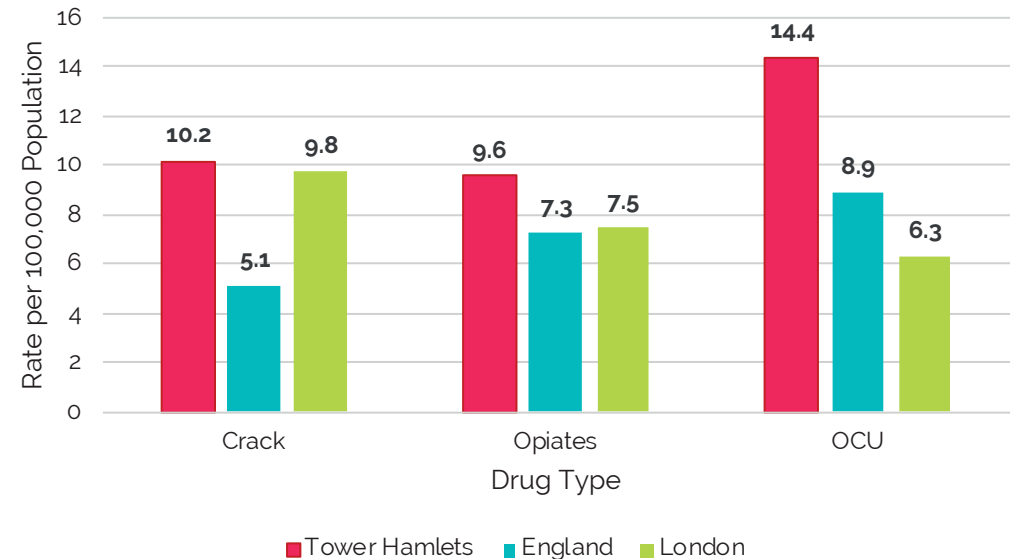
## Characteristics of the adult population requiring specialist drug and alcohol treatment

Tower Hamlets has high levels of need for drug and alcohol treatment, with estimates of the prevalence of opiates and crack use among the highest in London. This population is ageing and has a complex set of intersecting needs. A greater proportion of people with drug and alcohol problems in Tower Hamlets also have serious housing or mental health need, than is the case elsewhere.

### Prevalence and numbers in treatment:

- The estimated prevalence rate of opiate and crack users in Tower Hamlets is higher than the rates for England and London. Rates of opiate only and crack only use are also higher in Tower Hamlets than for London. Refer to Figure 4.
- Tower Hamlets has the highest total number of people in treatment in London for 2020-21 (1,945) and one of the highest rates of treatment demand when weighted for resident population (10.1 per 1,000 of population).
- Nearly two thirds (65%) of the treatment population are opiate users while 16% are alcohol users (2020-21)

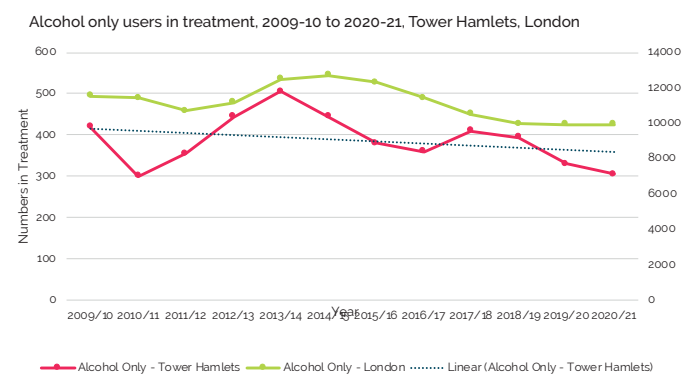
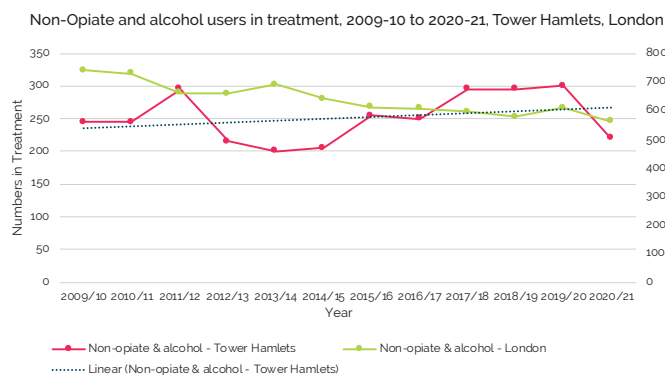
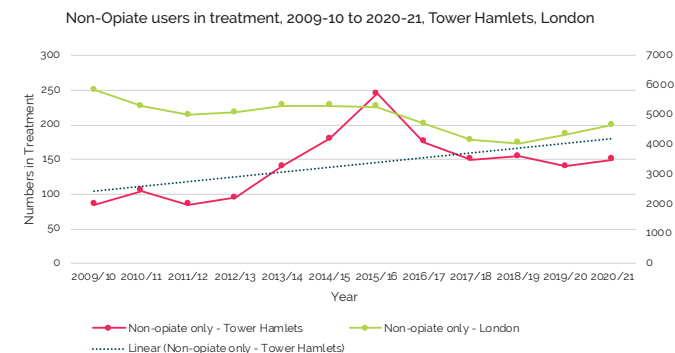
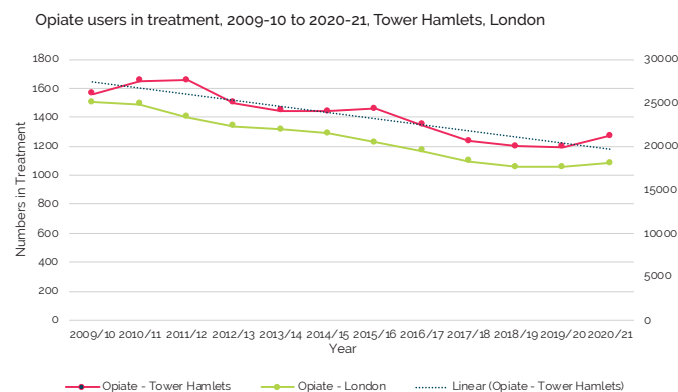
Figure 4: Estimated prevalence for OCUs, opiates, crack-cocaine, 2016-17, per 100,000 population



## Substances used by those in treatment:

- The number of opiate users in treatment has declined since 2011-12. This mirrors trends seen nationally. Estimates of the percentage of opiate and crack users not in treatment in Tower Hamlets show an upward trajectory indicating a greater proportion of drug users not accessing treatment.
- The number of people in Tower Hamlets accessing treatment for alcohol peaked in 2013-14 and decreased thereafter.
- There has been a recent increase (from 2019 onwards) in non-opiate users in treatment.

Figure 5: Numbers of service users in structured treatment: Tower Hamlets and London, by main substance group



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The second-highest drug in terms of numbers of people in treatment was for Cannabis, with 46% of users in Tower Hamlets using Cannabis. This may suggest that there is a growing need to support users of non-opiate drugs.

### Wider needs of those with drug and alcohol problems:

- A growing proportion of the treatment population is aged 50 years and above (23% in 2020-21). This ageing cohort reflects trends nationally and indicates higher need around physical and mental health. Refer to Figure 7.
- The gender and ethnic make-up of the treatment population appears consistent with levels of need in the borough, as indicated by metrics such as hospital admissions. The majority of those in treatment are male (76% male versus 24% female). White service users form 58% of the treatment population, 30% are of Asian/Asian British heritage and 7% Black/African/Caribbean/Black British.

### Substance misuse and children and young people

- There has been a significantly declining trend in the hospital admissions rate for alcohol-specific conditions for young people under 18 in Tower Hamlets; as is the case elsewhere across London. Hospital admission rates for those aged between 15 and 24 years due to substance misuse are lower in Tower Hamlets than the rate for England.
- A local survey of school pupils indicates that 15% of boys and 21% of girls at secondary school had ever had a drink. The survey indicates that 11% of boys and under 10% of girls have reported ever having taken drugs.

## Characteristics of the children and young people's treatment population

- The number of young people in specialist treatment has decreased from 200 in 2014-15 to 70 in 2019/20. 3,048 young people received some form of intervention from Safe East of whom 97% (2,952) required only a brief intervention.
- Nearly two thirds (63%) of young people in treatment were in mainstream education however a quarter (25%) were recorded as Not in Education, Training or Employment.
- No young people were in treatment for opiates or crack cocaine. Most were in treatment for less health harmful drugs such as cannabis (93%) or alcohol (57%). Solvent use has increased and is now reported by over a fifth (21%) of young people in treatment.

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Figure 6: Numbers of young people in treatment, Tower Hamlets and London, 2009-10 to 2019/20



# Early intervention

An appropriate set of services are in place to provide information and advice to young people regarding risks around drug and alcohol misuse. On-line and in person screening and brief intervention services are in place to engage and assess local adults about alcohol consumption, to provide support for those drinking at non-dependent level.

## Early intervention services for adults

- Alcohol screening is available in Tower Hamlets for local adults. This is consistent with guidance regarding effective early intervention. In 2021-22 over 49,000 adults received an alcohol screening in primary care.
- Additional screening is available online via the Drinkcoach website.

## Early intervention services for children and young people

- Safe East provide intervention and outreach to local young people with over 6,000 young people attending sessions that they delivered (sessions also were in relation to sex and relationships and tobacco as well as substance misuse).



## Evidence based treatment and recovery services

**A comprehensive drug and alcohol treatment service provided in Tower Hamlets, balancing pharmacological and psychosocial interventions is present in line with best practice guidance. The offer splits treatment workers across substance categories and includes focused on the needs of specific communities. There are currently issues with the capacity of the system, with treatment workers carrying very large caseloads.**

**A low proportion of those in treatment are 'treatment naïve', while a growing proportion of clients, particularly opiate users, remain in treatment for over six years. Routes into treatment are primarily from friends and family; the proportion of referrals from CJS routes has declined recently. Outcomes from treatment vary by substance, and for opiates in particular they have declined over the last decade.**

**Surrounding the core treatment service, a range of recovery services are offered to enable clients to embed their recovery and again the range of recovery groups aligns well with national standards. Opinion among service users and wider stakeholders varies on the quality of routes into treatment currently. Innovative services are in place to address wider needs – such as health issues related to NOx use. P-RESET provide an innovative primary care annual health check for adults in treatment.**

## Adult treatment and recovery services

**There is an appropriate set of interventions in place to meet need; which are in line with relevant guidelines:**

- The RESET treatment service provides outreach and referral, treatment and recovery services to the local population and began operation in 2016. The service was re-commissioned in 2019 with a change in provider for RESET treatment.
- RESET Outreach provision aims to engage drug and alcohol users into structured treatment while also providing information about harm reduction and brief advice thereby supporting individuals prior to accessing treatment.
- RESET Treatment provide a comprehensive range of interventions including pharmacological and psychosocial interventions. The range of provision is consistent with guidance for substance misuse provision.
- RESET Recovery provides a range of support interventions to aid service users through treatment and post-treatment.
- P-RESET is a primary health based service that provides Shared Care and health checks for service users in treatment.

## Complex needs

- There is comparative complexity among the cohort of people in treatment in Tower Hamlets, compared with elsewhere. A greater proportion of Tower Hamlets' treatment population is designated as "very high risk" compared to a comparator group of authorities (at 38% and 30% respectively). Levels of housing need, co-occurring Crack Cocaine use both indicate this increased complexity. Refer to Figure 8.
- The cohort in treatment show greater complexity and risk behaviours than in comparator areas. Opiate users in Tower Hamlets who are still using at six months are more likely to be exhibiting a range of higher-risk behaviours than their peers in comparator areas, including: more likely to have used crack (74% compared to 64%); cannabis (22% v 17%); alcohol (29% v 27%), and much more likely to have a housing issue (41% in Tower Hamlets compared to 27% nationally). Refer to Figure 9.

Figure 7: All in treatment at the start of a treatment episode, 2009-10 to 2020-21, by age in Tower Hamlets

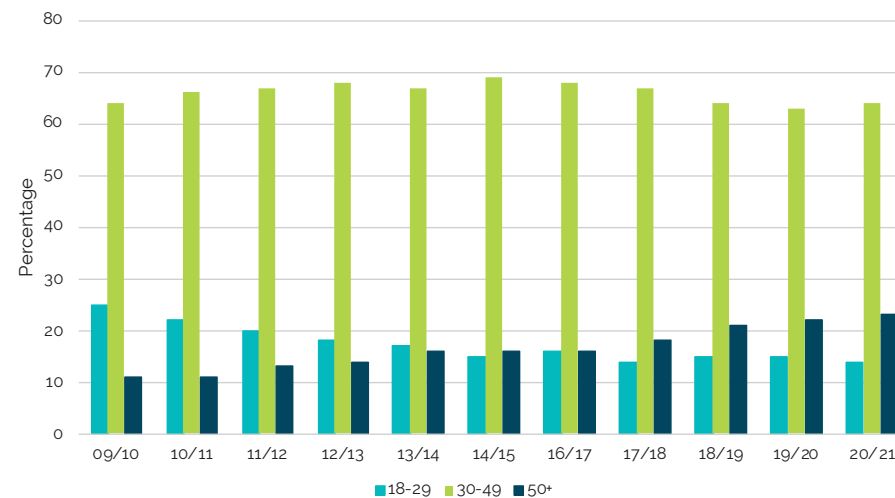


Figure 8: Completion, Re-representation rates and Treatment Naïve rates, Tower Hamlets and comparator areas, 2020-21

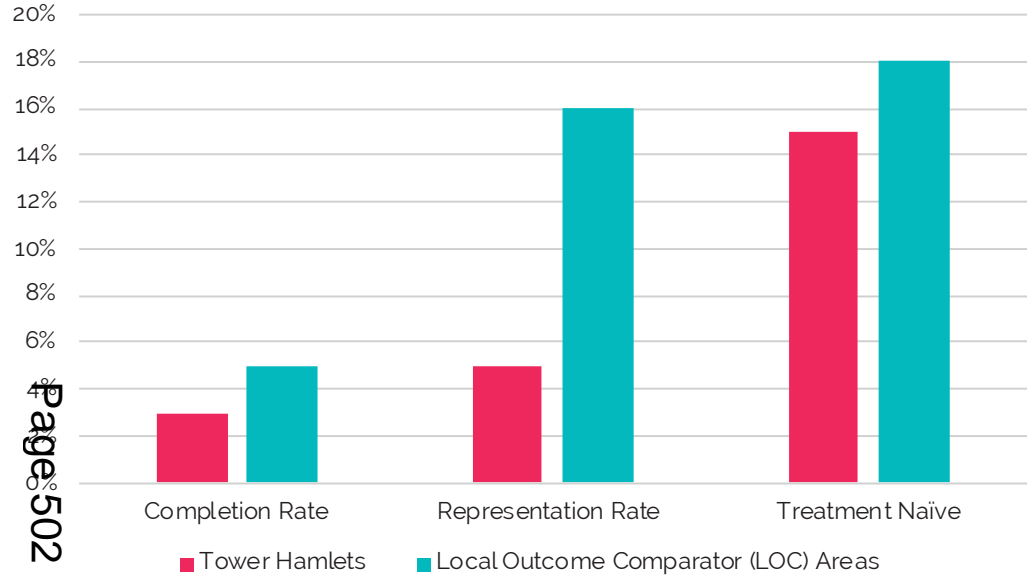
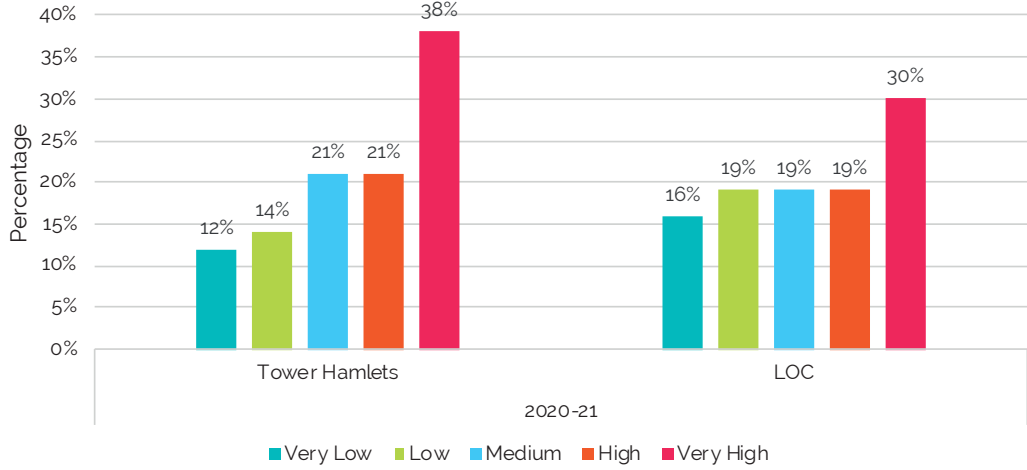


Figure 9: Treatment Complexity, Tower Hamlets and Local Outcome Comparator (LOC) areas for 2020-21



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## Service outcomes

- Rates of successful completion from treatment among opiate users have been in decline for a number of years and now stand at 3%. Statistical analysis shows this decline mirrors trends regionally and nationally, suggesting the decline is driven by national and London-wide factors rather than being locally specific.
- However, the opiate completion rate of 3% locally is slightly lower than the rate of 5% seen among statistically similar comparator areas. Meanwhile, there are fewer re-presentations in Tower Hamlets than in comparator areas
- Alcohol successful completions dropped significantly from 2020 and now stand at 21%. This compares to 37% for Tower Hamlets' comparator group of areas. Data is not available to explain the drop in completions.
- While the majority of the treatment population are in treatment for under one year (53%), 15% have been in treatment for over 6 years. Those in treatment for over six years are all opiate users. The proportion in treatment for over 6 years is similar to that among comparator areas.
- 5% of treatment exits were due to the death of a client. Rates of death were highest for opiate users (8%).
- Tower Hamlets service users are more likely to leave treatment with a continued acute housing need, particularly for opiate users. 8.8% of Tower Hamlets opiate users have a housing need at end of treatment, versus 4.4% nationally across England.
- Within the first 12 weeks, a higher proportions of service users had an "unplanned exits" compared to England, for both opiate (18.0% v 16.4%) and alcohol users (13.6% v 12.9%). This may suggest that improving experience at the 'front door', particularly for opiate and alcohol clients, could result in greater proportions of presenters remaining in treatment for at least 12 weeks.

Figure 10: Drug use and social functioning of opiate clients who still use opiates at six months, 2018-19 to 2020-21

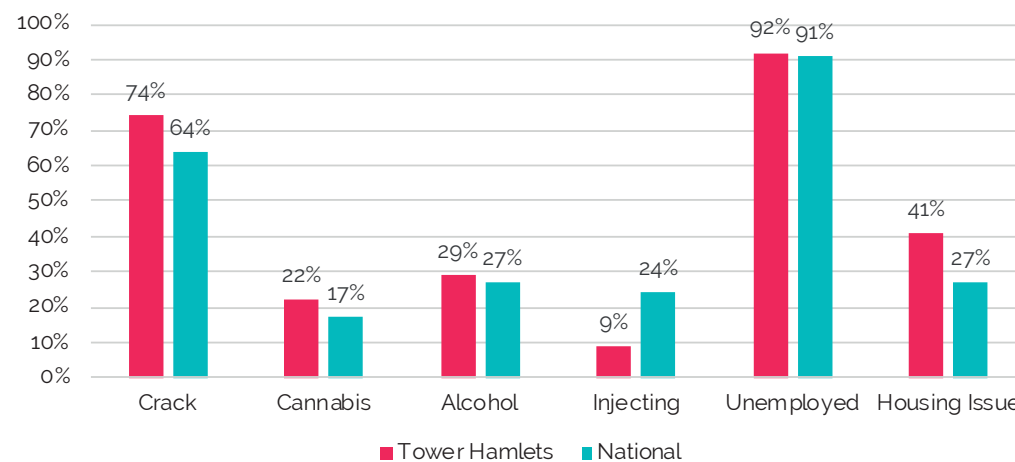
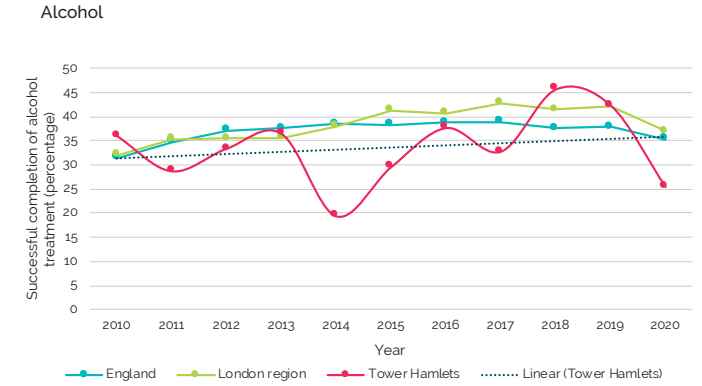
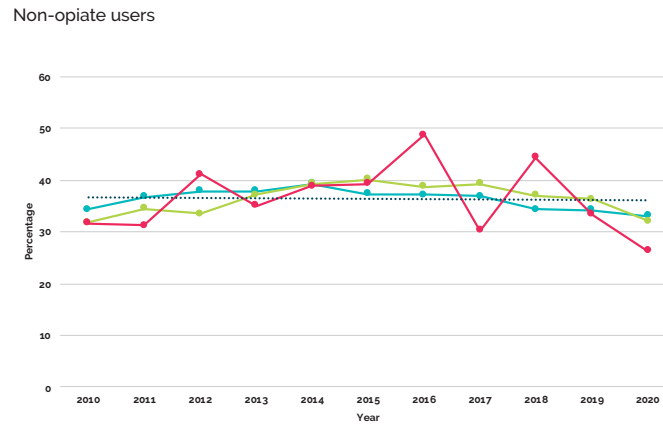
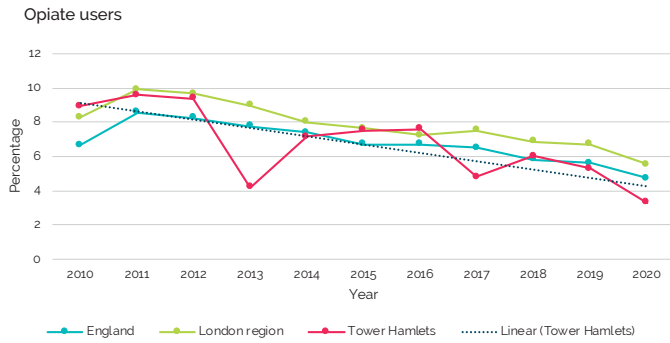


Figure 11: Service users successfully completing structured treatment: Tower Hamlets and London, by main substance group percentages



## Children and young people's drug and alcohol treatment

- Local treatment for young people is provided by Safe East which offers an integrated substance misuse and sexual health service. This is line with good practice that advocates integrating young people's specialist treatment into wider services for young people.
- The emphasis of the work is on motivational interviewing and harm reduction which is also consistent with recognised treatment provision for young people.
- 90% of young people successfully completed treatment in 2019-20. Successful treatment rates have increased steadily (for instance were 67% in 2018-19).
- The majority of young people (60%) remain in treatment for up to 26 weeks. A small minority (13%) are in treatment for over one year.

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## Views of service users, residents and stakeholders about local treatment and recovery offer

- A total of thirty-five professional stakeholders within the drug and alcohol system, twelve VCS organisations who work with residents in wider ways, and nine service users were interviewed to gather their views on treatment provision. Additionally a residents survey captured the viewpoints of over 150 residents.
- The residents' survey found that residents considered GPs, self-referral to RESET treatment services, or online information were the best ways to get help with drug and alcohol issues. It also showed support for a range of interventions – from public information campaigns and education in schools, to improved pathways into treatment, stricter licensing and harm reduction initiatives.
- Service users reported multiple effective pathways into treatment including from health and criminal justice agencies. Most were positive about the treatment service and that it was meeting their needs, albeit that some were not clear about what was available to them. Service users felt that the service could be better promoted.
- Professional stakeholders were aware of the high number of vacancies in RESET and recognised the pressures that this put on staff.
- Some professional stakeholders and some representatives from local community organisations reported perceived barriers for some communities in terms of accessing support for drug and alcohol use. These barriers were reported as both stigma within the community, lack of community awareness of specialist services, and lack of cultural awareness of services.
- Nox use was widely cited as an issue by professional stakeholders who felt that this was a growing problem among local communities. Stakeholders also reported widespread use of cannabis and that the needs of this client group needed to be addressed.

Figure 12: Priority actions for the Council and partners: proportion of survey respondents who agreed

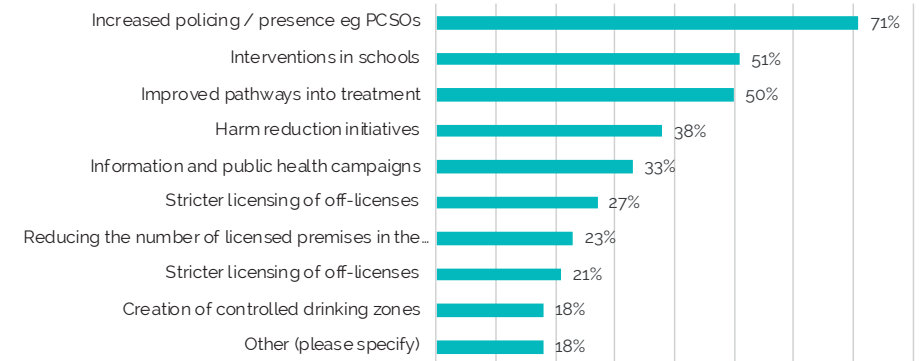
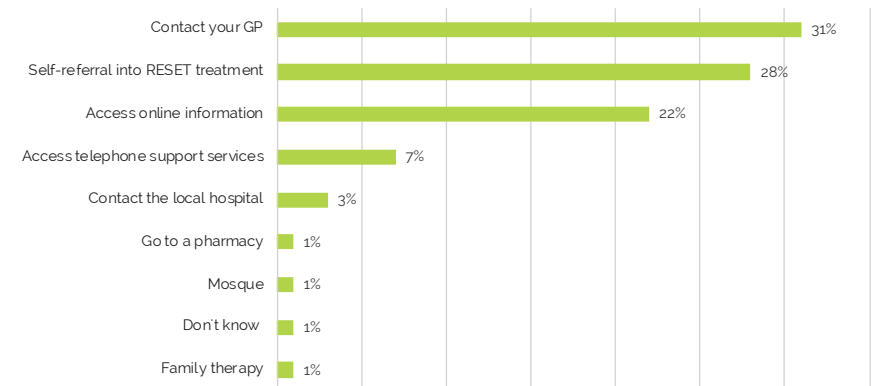


Figure 13: Easiest way for residents to get help if they have a concern about drug and alcohol misuse: Proportion of survey respondents who mentioned each



# Drug and alcohol related crime and ASB

Crime data shows that a high level of recorded crimes around dealing and possession of drugs in Tower Hamlets. Cannabis was the highest volume drug seizure, followed by Cocaine and Heroin. Crimes related to supply of Heroin and Crack are more likely to be concentrated in the West of the borough, while Cannabis and Cocaine supply is more distributed. There is widespread recognition of and concern with the scale of the substance misuse issue in the borough, among residents and professionals.

A range of criminal justice interventions are in place to tackle crime, and many of these support drug and alcohol users within the criminal justice system into treatment. The proportion of those in prison who are transferred to the community has fallen over the past decade, which recent ADDER initiatives have sought to address.

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Figure 14: Drug Possession Offences recorded by the Metropolitan Police last 24 months, Rate per 1,000 population

Drug Possession Offences recorded by the Metropolitan Police last 24 months, Rate per 1,000 population

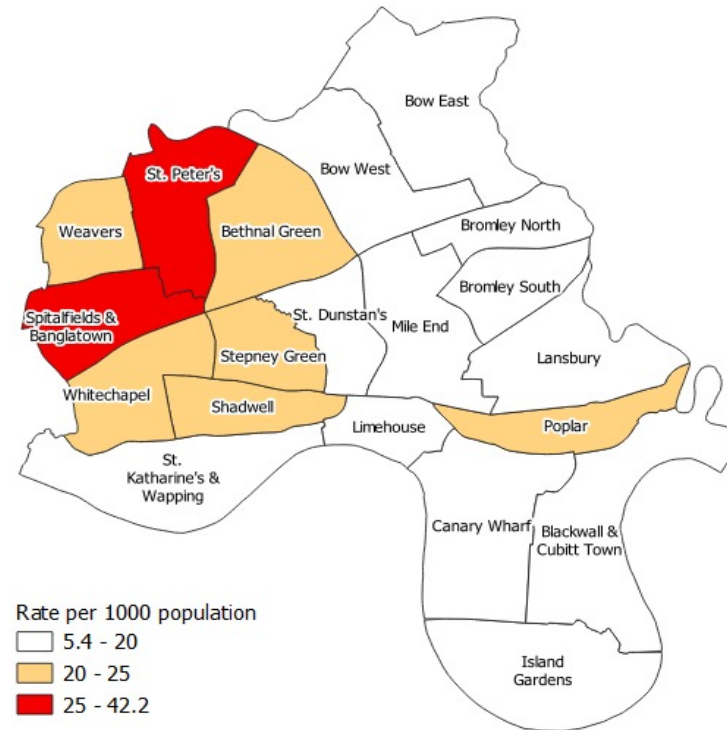
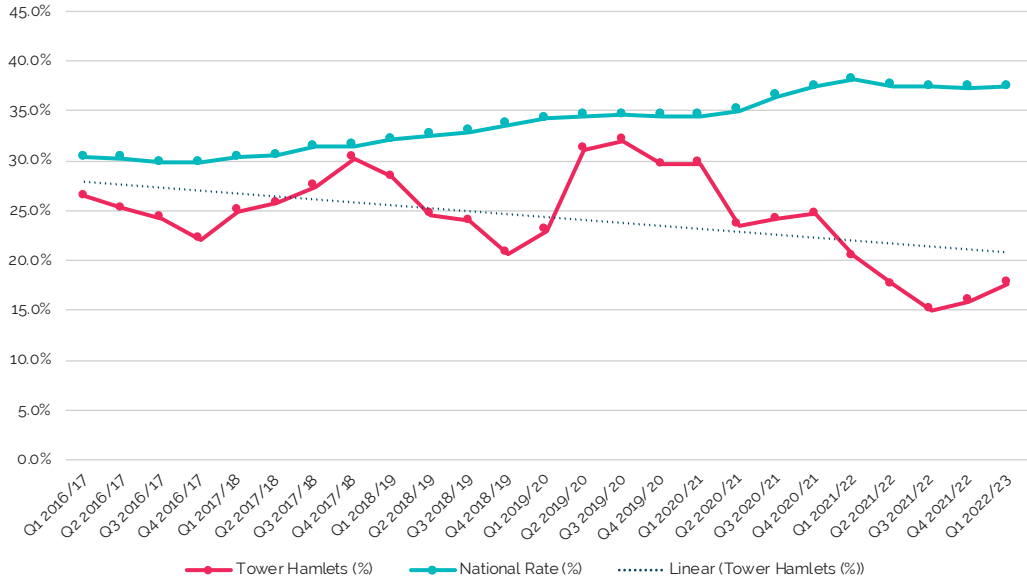




Figure 15: Drug Possession Offences recorded in last 24 months in Tower Hamlets wards, Rate per 1,000 population



Figure 16: Treatment engagement following Prison Transfer to Community, 2016-17 to 2022-23



## Levels of drug related crime and ASB

- Data from the local Drugs Profile shows that Cannabis was the highest volume substance seized, followed by Cocaine and Heroin. Over 90% of opioids within the crime data were Heroin.
- Drug possession offences are highest in Spitalfields & Banglatown and St. Peter's wards. Drug trafficking offences were highest in Spitalfields & Banglatown and Whitechapel wards. Refer to Figure 14.
- Drug-related crime is concentrated among certain areas of the Borough. The distribution of offences for the supply of Crack Cocaine and of Heroin are particularly focused in the West of the borough (near to Aldgate and Shoreditch), while Offences related to supply of Cannabis and of Cocaine tend to be more evenly distributed across the Borough.
- Tower Hamlets had four wards in which over 100 drug-related ASB warnings had been issued.
- Analysis of data regarding drug related offences over time suggests a link between drug possession and theft indicating that drugs are driving crime more widely in the borough.

## Responding to drug and alcohol-related crime and ASB

The prevalence of drug-related crime and therefore drug using offenders has led to the delivery of a complex landscape of services including Operation Continuum and other police operations, Throughcare, custody provision and IOM case officers (local authority provided for offenders) and a range of initiatives seeking to address substance misuse related ASB (such as the SMIT, Community MARAC and Safer Community Officers).

## The effectiveness of provision for offenders

- The extent to which Tower Hamlets residents assessed by DIP are then taken onto the caseload has fluctuated over time, and overall the rate can be shown to be lower than rates across London.
- The proportion of people who leave prison who then successfully engage in treatment services ("continuity of care") has fallen substantially since 2017, and is now lower than the national rate. However, this metric has increased in the last two years, at the time when the ADDER programme has been in place. Refer to Figure 16.
- Class A users consistently made up around a quarter of Integrated Offender Management clients.

## Views of residents and professional stakeholders on crime and ASB

- A survey of residents of Tower Hamlets in 2019 indicated that nearly half (46%) believed drunken behaviour was a problem while nearly two thirds (67%) were concerned about the sale or use of illicit drugs.
- A (non-representative) survey of 167 residents developed as part of this needs assessment indicated that:
  - 72% of respondents were concerned about Nox and 70% were concerned about cannabis. 66% were concerned about alcohol.
  - When asked to cite the substance that is the biggest issue locally, the most common response given was Nox.
- Local professional stakeholders were clear about the link between crime and the supply of Class A drugs locally.
- Professional stakeholders felt that the need for drug and alcohol services was 'huge' and that the treatment population was a complex one to manage.
- There was some confusion among local stakeholders about the range of services that are available locally and the pathways between these services.

# CONCLUSIONS AND RECOMMENDATIONS

## System-Level Conclusions

A number of conclusions have been reached that relate to the functioning of the system as a whole and how the various aspects of the treatment system and wider service landscape relate to one another.

### **Tower Hamlets sees relatively high need around drugs and alcohol, and meets this with a complex set of services and interventions.**

1. Tower Hamlets has a higher estimated prevalence of opiate and crack use, and the largest cohort in treatment across all of London. The cohort of opiate users is ageing and displays comparatively high levels of complexity and additional needs (relative to England as a whole).
2. There is some indicative data that needs around alcohol are increasing.
3. As a result, a complex system has been put in place with a number of interventions seeking to identify, support different groups with a diverse set of needs. Despite simplifications, the system remains complex.

### **Overall, some system outcomes have declined gradually over time, as has been the case across London and other areas.**

4. While there has been a long-term downward trend with regard to successful completions among opiate users, and to the number of people in treatment, these trends closely parallel London-wide and national trends. The trend is therefore most likely to be due to the substantial reduction in funding made available nationally for drug and alcohol services. Other indicators of performance have improved or remained relatively static – particularly for non-Opiates.
5. The data included in this needs assessment do not show specific time points when need, or in the extent to which needs are met, have markedly changed during the past decade.

### **Need for improved lines of communication between, and reduced duplication within, parts of the system**

6. The service landscape has grown increasingly complex, particularly with the recent addition of ADDER funded roles. These additional services and posts serve a valuable role; however the complexity of the landscape has created a degree of confusion amongst stakeholders – including those working with drug and alcohol users.
7. There is a need to strengthen lines of communication between parts of the system – in particular between staff in local authority teams (such as Through Care) and RESET. For instance, staff at RESET were not clear about the roles of the prison workers and there was some lack of clarity between Through Care workers and the RESET about lines of accountability and client management.

8. The complex service landscape has created a situation whereby there are a growing number of handovers between teams (for example: custody team -> Through Care -> RESET). Multiple handovers of client has the potential to create more points for clients to drop-out/ disengage.
9. The handovers are not consistently supported by joint care management of clients (for instance while Through Care team members support clients while they are in receipt of treatment at RESET, the former do not appear to consistently attend meetings with the latter to discuss these clients).

## System incentives and priorities need to be aligned to long-term outcomes

10. Different parts of the system operate to different incentives and priorities, due to the complexity of the system. This has the potential to be sub-optimal for client outcomes – for instance some teams are measured by referring clients into RESET, rather than by what treatment outcomes clients go on to achieve. This creates an incentive to direct clients into RESET with less emphasis on the treatment outcomes.
11. Aligning system priorities of different services, to ensure a joined-up approach to outcomes and support, could lead to benefits for service users.

## Need for increased capacity in RESET/treatment

12. Much of the drop in system outcomes (particularly successful treatment rates) appears to be associated with operational issues - including significant issues in staff capacity at RESET. This is an issue currently experienced by most treatment providers nationally.
13. The team is not fully staffed and is experiencing ongoing problems with recruitment. This has resulted in caseloads of over 80, which are often more than double the level that is recommended.<sup>1</sup>
14. There is not equity in case load of staff across the system – caseloads of over 80 in RESET are not mirrored by other teams such as Through Care. This suggests that there may be a benefit from distributing capacity more evenly across the system as a whole.

## Need to interrogate the cultural competency of the wider drug and alcohol system.

15. The ethnic make-up of the population in structured treatment has remained stable over time and mirrors the ethnic break-down of emergency hospital admissions; this may suggest the system is equitably engaging different ethnic groups in treatment.
16. However, a number of stakeholders (both professional and from the community) raised the issue of the cultural competency throughout the system of services for people with drug and alcohol need.

1. As set out in the Dame Black's Review of Drugs report, Part 2.

# System-level recommendations

<p><b>Recommendation 1:</b></p>	<p>The CDP should undertake a systems-mapping exercise to identify all linkages and pathways into treatment:</p> <ul style="list-style-type: none"> <li>● The mapping should assess the volume of clients in each part of the systems map to identify key pressure points,</li> <li>● The systems map should identify numbers of handovers clients are receiving,</li> <li>● The systems map should set out roles, responsibilities and remits for each element of the service system,</li> <li>● Systems map should identify which service elements overlap and lead to co-working of clients.</li> </ul>
<p><b>Recommendation 2:</b></p>	<p>The CDP should reconfigure pathways and system as needed in light of the mapping exercise.</p>
<p><b>Recommendation 3:</b></p>	<p>Following the systems-mapping, the CDP should co-develop a system-wide plan for ensuring appropriate capacity in treatment and for improving recruitment and retention of the specialist treatment workforce.</p>
<p><b>Recommendation 4:</b></p>	<p>Recognising ongoing problems with recruiting treatment workers the CDP should work with providers to develop and implement a drug and alcohol recruitment and retention strategy for the borough.</p>
<p><b>Recommendation 5:</b></p>	<p>The CDP should carry out a review of the cultural competency of all elements of the treatment system (outreach, treatment and recovery), identifying best practice and setting out recommendations for change where necessary.</p>

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# Service-Level Conclusions and Recommendations

In addition to the conclusions that relate to the working of the system as a whole, a number of conclusions have also been drawn with regard to specific service delivery elements. These are set out below.

Conclusion		Recommendation
1.	Data on alcohol consumption above recommended levels indicates that, contrary to the national trend, local rates are increasing. This suggests the need for more information to local residents on safe levels of drinking.	<p><b>Recommendation 6:</b> CDP partners should:</p> <p>(a) develop a strategic approach to alcohol prevention in the borough and                      (b) consider undertake an information campaign aimed at local communities that sets out safe levels of alcohol consumption and highlights local services.</p>
2.	Referring stakeholders report that people who they refer in to treatment often struggle to access an appropriate treatment offer. A higher proportions of service users had "unplanned exits" locally within the first 12 weeks compared to England, for both opiates and alcohol. Together these suggest that capacity issues are affecting the treatment service's ability build appropriate relationship with new clients.	<p><b>Recommendation 7:</b> Referring teams should work with RESET to review protocols for new entrants into treatment, and identify ways to improve jointly managed handovers (between referring and treatment services) and ensure that clients are supported through referral, assessment and prescription.</p>

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Conclusion		Recommendation
3.	There has been a long-term decline in the successful treatment rate among opiate users. This, along with the ageing nature of the opiate using cohort (and therefore a likely increase in their complexity) is a matter that should be explored to understand whether any changes can be made in the support offered to this group to improve treatment outcomes. Specifically this should address ongoing prescribing practice to understand whether current approaches align with national guidance and best practice.	<p><b>Recommendation 8:</b> A review should be undertaken of RESET treatment OST practice to determine whether current practice aligns with national guidance and best practice.<sup>2</sup> The review should seek to determine whether current practice is in line with all aspects of national guidance and whether there are any areas that could be enhanced/improved.</p> <p><b>Recommendation 9:</b> The CDP should explore what interventions are needed to address the needs of ageing opiate users and whether a specific offer is required for older, entrenched, long-term users.</p>
4.	17. The increase in deaths among opiate users, while possibly a product of chance, nonetheless warrants further scrutiny to ensure that the CDP and all parties fully understand whether there are any underlying factors that can be addressed to better protect service users.	<p><b>Recommendation 10:</b> A multi-agency forum meets to review drug related deaths. Additional capacity should be allocated to the forum to enable a "deep-dive" to be conducted of deaths over the last year to enable full scrutiny of all circumstances relating to the deaths. Lessons learned from the deep dive should be shared with commissioners, RESET, other partners (as appropriate) and the CDP.</p>

2. See: [www.gov.uk/government/news/phe-launches-opioid-treatment-quality-improvement-programme](https://www.gov.uk/government/news/phe-launches-opioid-treatment-quality-improvement-programme)



Conclusion		Recommendation
5.	Of homeless people with support needs, the proportion with drug or alcohol need is higher in Tower Hamlets than elsewhere. This indicates a clear need to ensure that links and pathways are available for the homeless population to ensure that they can access treatment	<b>Recommendation 11:</b> The CDP should look into housing provision for those who use drugs and alcohol, and seek to ensure appropriate provision is in place.
6.	Professional interviewees suggested there appears to be a growing problem with Nox misuse among young people; which treatment services have not yet responded to. It is likely that Nox users would benefit from a brief intervention approach akin to the cannabis group that is about to be set up.	<p><b>Recommendation 12:</b> The CDP should undertake a review to understand what intervention can be offered to NOx users, reviewing the evidence-base for what works with this client group.</p> <p><b>Recommendation 13:</b> Following on from the review (above), and dependent on the evidence that emerges, CDP members should consider developing a pilot service for Nox users in the financial year 2023-24. This will require developing referral pathways from a range of other partners including (but not limited to) RESET outreach, DIP, Safe East and the hospital and community navigators.</p>
7.	A B12 Pathway has been developed at the Royal London hospital for Nox users but that this has not been integrated into the wider delivery landscape. Work should be undertaken to ensure that this pathway is fully integrated into the wider substance misuse treatment system.	<b>Recommendation 14:</b> The CDP should engage with stakeholders at the Royal London Hospital to understand the operation of the B12 Pathway and how its operation can be linked into the wider treatment system.
8.	The P-RESET service provides a valuable and important function but appears to be under-utilized reaching only 42% of those who would potentially benefit from the service. Work should be undertaken to understand how levels of engagement can be improved.	<b>Recommendation 15:</b> P-RESET should audit data on health checks to understand whether there are certain clients/characteristics of service users who are failing to utilize the health checks. As a result of the audit, where necessary, the offer should be amended to better engage service users.

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Conclusion	Recommendation
<p>9. There is a working protocol between ELFT and RESET which provides clarity on how clients with co-morbid substance misuse and mental health issues should be managed. However specific groups of clients do not appear to be well served and some stakeholders suggested that there is at times an expectation (contrary to national guidance) that alcohol users are abstinent before they can be supported for mental health needs.</p>	<p><b>Recommendation 16:</b> ELFT and RESET should revise the current protocol regarding working with clients with a dual diagnosis to better reflect national guidance. We understand that a refresh is due in March 2023 so this should be used as an opportunity to align practice with national guidance.</p>
<p>10. Prescriptions data suggest that Tower Hamlets has among the highest rates of opioid prescriptions across North East London. While this is a different issue to the use of illicit drugs, it warrants further investigation.</p>	<p><b>Recommendation 17:</b> CDP should work with NEL ICS Medicines Management team to understand the reasons for high opioid prescription and explore initiatives manage this.</p>

# Ongoing insight and analysis about substance misuse

Finally, it is important to note that the process of gathering insight around substance misuse is an ongoing process. This Needs Assessment has gathered our knowledge of the picture across the system at the current moment in time. It has identified areas which would warrant further investigation, to inform future action.

**Recommendation 18:** An ongoing programme of insight work should look into particular areas as highlighted in this report. Immediate priorities include:

18a) Analysis to support the 'system mapping' (Recommendation 1 above). This should include whole-system mapping of demand, capacity and flows – referrals into, and exits from, the range of services across treatment, outreach, CJS etc. If possible this analysis should look at handovers and where people “drop out”.

18b) Additional analysis focusing on those who exit treatment within 12 weeks. This should look at the demographic, substance use, and contextual characteristics of the cohort; it should also investigate which pathways they have come through, to identify areas for improvement.

18c) A deep-dive to understand those who remain in treatment for a long time over 5 years: to understand the characteristics of this cohort, and what personal, service and wider factors determine the likelihood of remaining in treatment.

18d) Analytical support to recommendation 10 above – to conduct a “deep-dive” to be conducted of deaths over the last year; to identify lessons learned and enable full scrutiny of all circumstances relating to the deaths.



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# Substance Misuse Needs Assessment

## Tower Hamlets

**March 2023**

Produced by The Centre for Public Innovation in collaboration with LB Tower Hamlets and the Tower Hamlets Combatting Drugs Partnership, March 2023

The Tower Hamlets Combatting Drugs Partnership (CDP) is a multi-agency forum formed to implement the Government's national From Harm to Hope strategy locally. The CDP's purpose is to work together with partners to combat illegal drugs and the harm they cause in the community.

The Centre for Public Innovation is a Community Interest Company that provides research, training, support and advice in the fields of health, social care, criminal justice and community development. CPI's mission is to improve the outcomes of services for their users, with a particular emphasis on the most disadvantaged.

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# Foreword

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## Mayor Lutfur Rahman

I am pleased to introduce the new Tower Hamlets Substance Misuse Needs Assessment, which sets out the current need around drug and alcohol use in the borough, the range of services we have in place, and any gaps that the council and our partners can fill.

Our priority is to reduce the harm caused by drugs and alcohol to residents and communities, and to make sure our borough is safe for everyone who lives, works, or visits Tower Hamlets. We know that our residents are concerned about drug-related activity, and that drug and alcohol misuse can have a far-reaching and devastating impact on our communities.

Through the substance misuse needs assessment, our aim is to make sure that anyone affected by addiction, substance misuse, or the associated harms is offered the support they need.

This needs assessment presents the views of both residents and community organisations following engagement with groups that regularly see the negative effects of drug and alcohol use. We have included information from a range of services and needs, covering both the health and community impacts of drug and alcohol use.

This needs assessment shows that we have a high level of need around drugs and alcohol, and that people with drug and alcohol problems in Tower Hamlets have a relatively complex set of additional problems. It also shows that we have an ageing group of people that have used addictive drugs for many years and need intensive support.

We have comprehensive outreach, treatment, rehabilitation and recovery programmes to meet this need. However, there is more we can be doing to meet the needs of our community, and to improve long-term outcomes.

We will be working closely with our new Combatting Drugs Partnership to take the recommendations forward and incorporate them into the refresh of our drugs strategy, with a focus on improving treatment and recovery outcomes.

Tackling the causes and effects of substance misuse continues to be challenging, but this needs assessment will help us combat drug-related crime and provide world-class recovery services for those who need it. In turn, we hope to increase the health, wellbeing, safety and security for everyone who calls Tower Hamlets home.

**Mayor Lutfur Rahman, April 2023**



# Glossary

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ASB	Anti-social behaviour
BBV	Blood borne viruses
CGL	Change, Grow, Live
CAMHS	Child and Adolescent Mental Health Services
CDP	Combatting Drugs Partnership
DfE	Department for Education
DHSC	Department of Health and Social Care
DIP	Drugs in Partnership / Drug Interventions Programme
DRR/ATR	Drug rehabilitation requirement/alcohol treatment requirement
ELOP	Expanded Learning Opportunity Programme
HMPPS	His Majesty's Prison and Probation Service
ICS	Integrated Care Service
IOM	Integrated Offender Management
LAC	Looked After Children
LOC	Local Outcome Comparator
MoJ	Ministry of Justice
MPS	Metropolitan Police Service
NDTMS	National Drug Treatment Monitoring System
NEET	Not in Education Employment or Training
OHID	Office of Health Inequalities and Disparities
PSHE	Personal Social and Health Education
RA	Required assessment
SMIT	Substance Misuse Investigation Team
THEO	Tower Hamlets Enforcement Officer
TOP	Treatment Outcome Profile
YOS	Youth Offending Service

# 1. Executive Summary

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This needs assessment sets out the need around drug and alcohol misuse in Tower Hamlets; to inform the work of the Tower Hamlets Combating Drugs Partnership, local substance misuse strategy, planning of services and commissioning decisions. The needs assessment provides evidence on the impact of substance misuse on the population of Tower Hamlets, the level of need for a range of substance misuse services, and the range of interventions in place to address this need. The needs assessment looks at both adult and children and young people's substance misuse related needs (both illicit drugs and alcohol).

The report is not an evaluation; it has not been designed or resourced to assess the quality or impact of existing services.

The needs assessment has been produced by CPI who were commissioned by LBTH and worked alongside Tower Hamlets public health, substance misuse team, drug and alcohol commissioners, and the wider Combating Drugs Partnership to produce the needs assessment. Assessing need around substance misuse should be an ongoing process.

The needs assessment takes a broad, comprehensive view across the wide range of needs relating to substance misuse, and the complex arrange of interventions in place. This document is based on the latest available public and publishable data as of January 2023. Additional work will subsequently look in more detail at some of the issues highlighted. In particular, the impacts of the pandemic are still felt by services that support those with substance misuse needs; and further insight is required to fully capture this.

## 1.1 Findings

### 1.1.1 The impact of substance misuse and levels of need

#### *Alcohol misuse*

Despite high rates of alcohol abstinence, Tower Hamlets has high levels of need around alcohol-related harms. These appear to be concentrated among men and among White and Other ethnic groups. There is high unmet need for alcohol treatment (comparable to elsewhere in London).

- There has been a notable increase in the percentage of Tower Hamlets adults who binge drink on their heaviest drinking day, to 19.5% in 2015-18. This is higher than the rate for London and nationally. Similarly, the proportion of Tower Hamlets residents who reported drinking 14 or more units per week increased to 22% in 2015-18 (contrasting with a downward trend nationally).

- Hospital admission rates for residents for alcohol-specific conditions have declined since 2018-19 but have historically been higher than rates for England and London.
- Data on emergency hospital admissions show that alcohol-related harms are higher among men, those aged over 50, and those from White, Other and Black ethnic groups.
- It is estimated that 85% of those who may require support for alcohol dependency are not accessing this support. This is similar to the national rate of 82%.

### *Drug misuse*

Tower Hamlets sees substantial need around drug dependency, which is more common among men and those of White ethnicity (as shown by hospital admissions). Homeless households see particularly high levels of need around drug use. While numbers in treatment have fallen, there is no indication that this is due to reduction in need related to illicit drug use. Opioid prescriptions are higher in Tower Hamlets than elsewhere in North-East London.

- Residents and professional stakeholders consider drug use, and associated drug dealing, to be widely prevalent in the borough; many raise particular concerns around the use of nitrous oxide.
- Deaths from drugs have fluctuated over time but have recently (from 2017 onwards) seen a slight increase and now correspond with the rate for London. (Very small numbers in these data indicates some caution in the interpretation of the data: these changes could be due to chance or to changes to recording).
- Hospital admissions for drug poisoning (a wider measure of drug-related health impact) in Tower Hamlets are just over half that of the national rate.
- Hospital emergency admissions data suggest that drug related harms are concentrated among males (who account for 63% of admissions) and among people of White ethnicity (who account for around half of the admissions, while admissions from the Bangladeshi community represent around a fifth of admissions).
- Tower Hamlets has consistently had the highest rates of opioid prescriptions (per patient) in North East London. These are likely not 'illicit' drugs, nonetheless this suggests a need to review the reasons for these high prescription levels.
- Among newly homeless households in Tower Hamlets with identified support needs, a higher proportion have need relating to drugs or alcohol than is the case across London; suggesting particularly high substance misuse need among homeless people locally. 11.4% of newly homeless have a need around drugs (vs 3.1% across London). 4.3% have an alcohol-related need compared to 2.4% across London.

### ***Characteristics of the adult population requiring specialist drug and alcohol treatment***

Tower Hamlets has high levels of need for drug and alcohol treatment, with estimates of the prevalence of opiates and crack use among the highest in London. This population is ageing and has a complex set of intersecting needs. A greater proportion of people with drug and alcohol problems in Tower Hamlets also have serious housing or mental health need, than is the case elsewhere.

#### **Prevalence and numbers in treatment:**

- The estimated prevalence rate of opiate and crack users in Tower Hamlets is higher than the rates for England and London. Rates of opiate only and crack only use are also higher in Tower Hamlets than for London.
- Tower Hamlets has the highest total number of people in treatment in London for 2020-21 (1,945) and one of the highest rates of treatment demand when weighted for resident population (10.1 per 1,000 of population).  
Nearly two thirds (65%) of the treatment population are opiate users while 16% are alcohol users (2020-21)

#### **Substances used by those in treatment:**

- The number of opiate users in treatment has declined since 2011-12. This mirrors trends seen nationally. Estimates of the percentage of opiate and crack users *not* in treatment in Tower Hamlets show an upward trajectory indicating a greater proportion of drug users not accessing treatment.
- The number of people in Tower Hamlets accessing treatment for alcohol peaked in 2013-14 and decreased thereafter.
- There has been a recent increase (from 2019 onwards) in non-opiate users in treatment. The second-highest drug in terms of numbers of people in treatment was for Cannabis, with 46% of users in Tower Hamlets using Cannabis. This may suggest that there is a growing need to support users of non-opiate drugs.

#### **Wider needs of those with drug and alcohol problems:**

- A growing proportion of the treatment population is aged 50 years and above (23% in 2020-21). This ageing cohort reflects trends nationally and indicates higher need around physical and mental health.

The gender and ethnic make-up of the treatment population appears consistent with levels of need in the borough, as indicated by metrics such as hospital admissions. The majority of those in treatment are male (76% male versus 24% female). White service users form 58% of the treatment population, 30% are of Asian/Asian British heritage and 7% Black/African/Caribbean/Black British.

### *Substance misuse and children and young people*

- There has been a significantly declining trend in the hospital admissions rate for alcohol-specific conditions for young people under 18 in Tower Hamlets; as is the case elsewhere across London. Hospital admission rates for those aged between 15 and 24 years due to substance misuse are lower in Tower Hamlets than the rate for England.
- A local survey of school pupils indicates that 15% of boys and 21% of girls at secondary school had ever had a drink. The survey indicates that 11% of boys and under 10% of girls have reported ever having taken drugs.

### *Characteristics of the children and young people's treatment population*

- The number of young people in specialist treatment has decreased from 200 in 2014-15 to 70 in 2019/20. 3,048 young people received some form of intervention from Safe East of whom 97% (2,952) required only a brief intervention.
- Nearly two thirds (63%) of young people in treatment were in mainstream education however a quarter (25%) were recorded as Not in Education, Training or Employment.
- No young people were in treatment for opiates or crack cocaine. Most were in treatment for less health harmful drugs such as cannabis (93%) or alcohol (57%). Solvent use has increased and is now reported by over a fifth (21%) of young people in treatment.

#### **1.1.2 Early intervention**

An appropriate set of services are in place to provide information and advice to young people regarding risks around drug and alcohol misuse. On-line and in person screening and brief intervention services are in place to engage and assess local adults about alcohol consumption, to provide support for those drinking at non-dependent level.

#### *Early intervention services for adults*

- Alcohol screening is available in Tower Hamlets for local adults. This is consistent with guidance regarding effective early intervention. In 2021-22 over 49,000 adults received an alcohol screening in primary care.
- Additional screening is available online via the Drinkcoach website.

### *Early intervention services for children and young people*

- Safe East provide intervention and outreach to local young people with over 6,000 young people attending sessions that they delivered (sessions also were in relation to sex and relationships and tobacco as well as substance misuse).

#### **1.1.3 Evidence based treatment and recovery services**

A comprehensive drug and alcohol treatment service provided in Tower Hamlets, balancing pharmacological and psychosocial interventions is present in line with best practice guidance. The offer splits treatment workers across substance categories and includes focused on the needs of specific communities. There are currently issues with the capacity of the system, with treatment workers carrying very large caseloads.

A low proportion of those in treatment are 'treatment naïve', while a growing proportion of clients, particularly opiate users, remain in treatment for over six years. Routes into treatment are primarily from friends and family; the proportion of referrals from CJS routes has declined recently. Outcomes from treatment vary by substance, and for opiates in particular they have declined over the last decade.

Surrounding the core treatment service, a range of recovery services are offered to enable clients to embed their recovery and again the range of recovery groups aligns well with national standards. Opinion among service users and wider stakeholders varies on the quality of routes into treatment currently. Innovative services are in place to address wider needs – such as health issues related to NOx use. P-RESET provide an innovative primary care annual health check for adults in treatment.

#### *Adult treatment and recovery services*

- There is an appropriate set of interventions in place to meet need; which are in line with relevant guidelines:
  - The RESET treatment service provides outreach and referral, treatment and recovery services to the local population and began operation in 2016. The service was re-commissioned in 2019 with a change in provider for RESET treatment.
  - RESET Outreach provision aims to engage drug and alcohol users into structured treatment while also providing information about harm reduction and brief advice thereby supporting individuals prior to accessing treatment.
  - RESET Treatment provide a comprehensive range of interventions including pharmacological and psychosocial interventions. The range of provision is consistent with guidance for substance misuse provision.



- RESET Recovery provides a range of support interventions to aid service users through treatment and post-treatment.
- P-RESET is a primary health based service that provides Shared Care and health checks for service users in treatment.

### **Complex needs**

- There is comparative complexity among the cohort of people in treatment in Tower Hamlets, compared with elsewhere. A greater proportion of Tower Hamlets' treatment population is designated as "very high risk" compared to a comparator group of authorities (at 38% and 30% respectively). Levels of housing need, co-occurring Crack Cocaine use both indicate this increased complexity.
- The cohort in treatment show greater complexity and risk behaviours than in comparator areas. Opiate users in Tower Hamlets who are still using at six months are more likely to be exhibiting a range of higher-risk behaviours than their peers in comparator areas, including: more likely to have used crack (74% compared to 64%); cannabis (22% v 17%); alcohol (29% v 27%), and much more likely to have a housing issue (41% in Tower Hamlets compared to 27% nationally).

### **Service outcomes**

- Rates of successful completion from treatment among opiate users have been in decline for a number of years and now stand at 3%. The decline is statistically significant. Statistical analysis shows this decline mirrors trends regionally and nationally, suggesting the decline is driven by national and London-wide factors rather than being locally specific.
- However, the opiate completion rate of 3% locally is slightly lower than the rate of 5% seen among statistically similar comparator areas. Meanwhile, there are fewer re-presentations in Tower Hamlets than in comparator areas
- Alcohol successful completions dropped significantly from 2020 and now stand at 21%. This compares to 37% for Tower Hamlets' comparator group of areas. Data is not available to explain the drop in completions.
- While the majority of the treatment population are in treatment for under one year (53%), 15% have been in treatment for over 6 years. Those in treatment for over six years are all opiate users. The proportion in treatment for over 6 years is similar to that among comparator areas.
- 5% of treatment exits were due to the death of a client. Rates of death were highest for opiate users (8%).

- Tower Hamlets service users are more likely to leave treatment with a continued acute housing need, particularly for opiate users. 8.8% of Tower Hamlets opiate users have a housing need at end of treatment, versus 4.4% nationally across England.
- Within the first 12 weeks, a higher proportions of service users had an “unplanned exits” compared to England, for both opiate (18.0% v 16.4%) and alcohol users (13.6% v 12.9%). This may suggest that improving experience at the ‘front door’, particularly for opiate and alcohol clients, could result in greater proportions of presenters remaining in treatment for at least 12 weeks.

### *Children and young people’s drug and alcohol treatment*

- Local treatment for young people is provided by Safe East which offers an integrated substance misuse and sexual health service. This is in line with good practice that advocates integrating young people’s specialist treatment into wider services for young people.
- The emphasis of the work is on motivational interviewing and harm reduction which is also consistent with recognised treatment provision for young people.
- 90% of young people successfully completed treatment in 2019-20. Successful treatment rates have increased steadily (for instance were 67% in 2018-19).
- The majority of young people (60%) remain in treatment for up to 26 weeks. A small minority (13%) are in treatment for over one year.

### *Views of service users and stakeholders*

- A total of thirty-five professional stakeholders within the drug and alcohol system, twelve VCS organisations who work with residents in wider ways, and nine service users were interviewed to gather their views on treatment provision. Additionally a residents survey captured the viewpoints of over 150 residents.
- The residents survey found that residents considered GPs, self-referral to RESET treatment services, or online information were the best ways to get help with drug and alcohol issues. It also showed support for a range of interventions – from public information campaigns and education in schools, to improved pathways into treatment and
- Service users reported multiple effective pathways into treatment including from health and criminal justice agencies. Most were positive about the treatment service and that it was meeting their needs, albeit that some were not clear about what was available to them. Service users felt that the service could be better promoted.
- Professional stakeholders were aware of the high number of vacancies in RESET and recognised the pressures that this put on staff.

- Some professional stakeholders and some representatives from local community organisations reported perceived barriers for some communities in terms of accessing support for drug and alcohol use. These barriers were reported as both stigma within the community, lack of community awareness of specialist services, and lack of cultural awareness of services.
- Nox use was widely cited as an issue by professional stakeholders who felt that this was a growing problem among local communities. Stakeholders also reported widespread use of cannabis and that the needs of this client group needed to be addressed.

#### **1.1.4 Drug and alcohol related crime and ASB**

There is widespread recognition of and concern with the scale of the substance misuse issue in the borough, among residents and professionals. Crime data shows that a high level of recorded crimes around dealing and possession of drugs in Tower Hamlets. Cannabis was the highest volume drug seizure, followed by Cocaine and Heroin. Crimes related to supply of Heroin and Crack are more likely to be concentrated in the West of the borough, while Cannabis and Cocaine supply is more distributed.

A range of criminal justice interventions are in place to tackle crime, and many of these support drug and alcohol users within the criminal justice system into treatment. The proportion of those in prison who are transferred to the community has fallen over the past decade, which recent ADDER initiatives have sought to address.

##### ***Levels of drug related crime and ASB***

- Data from the local Drugs Profile shows that Cannabis was the highest volume substance seized, followed by Cocaine and Heroin. Over 90% of opioids within the crime data were Heroin.
- Drug possession offences are highest in Spitalfields & Banglatown and St. Peter's wards. Drug trafficking offences were highest in Spitalfields & Banglatown and Whitechapel wards.
- Drug-related crime is concentrated among certain areas of the Borough. The distribution of offences for the supply of Crack Cocaine and of Heroin are particularly focused in the West of the borough (near to Aldgate and Shoreditch), while Offences

related to supply of Cannabis and of Cocaine tend to be more evenly distributed across the Borough.

- Tower Hamlets had four wards in which over 100 drug-related ASB warnings had been issued.
- Analysis of data regarding drug related offences over time suggests a link between drug possession and theft indicating that drugs are driving crime more widely in the borough.

### ***Responding to drug and alcohol-related crime and ASB***

The prevalence of drug-related crime and therefore drug using offenders has led to the delivery of a complex landscape of services including Operation Continuum and other police operations, Throughcare, custody provision and IOM case officers (local authority provided for offenders) and a range of initiatives seeking to address substance misuse related ASB (such as the SMIT, Community MARAC and Safer Community Officers).

### ***The effectiveness of provision for offenders***

- The extent to which Tower Hamlets residents assessed by DIP are then taken onto the caseload has fluctuated over time, and overall the rate can be shown to be lower than rates across London.
- The proportion of people who leave prison who then successfully engage in treatment services (“continuity of care”) has fallen substantially since 2017, and is now lower than the national rate. However, this metric has increased in the last two years, at the time when the ADDER programme has been in place.
- Class A users consistently made up around a quarter of Integrated Offender Management clients.

### ***Views of residents and professional stakeholders on substance misuse, crime and ASB***

- A survey of residents of Tower Hamlets in 2019 indicated that nearly half (46%) believed drunken behaviour was a problem while nearly two thirds (67%) were concerned about the sale or use of illicit drugs.
- A (non-representative) survey of 167 residents developed as part of this needs assessment indicated that:
  - 72% of respondents were concerned about Nox and 70% were concerned about cannabis. 66% were concerned about alcohol.
  - When asked to cite the substance that is the biggest issue locally, the most common response given was Nox.

- That survey also showed that
- Local professional stakeholders were clear about the link between crime and the supply of Class A drugs locally.
- Professional stakeholders felt that the need for drug and alcohol services was 'huge' and that the treatment population was a complex one to manage.
- There was some confusion among local stakeholders about the range of services that are available locally and the pathways between these services.

## 1.2 Conclusions and recommendations

### 1.2.1 System-Level Conclusions

A number of conclusions have been reached that relate to the functioning of the system as a whole and how the various aspects of the treatment system and wider service landscape relate to one another.

*Tower Hamlets sees relatively high need around drugs and alcohol, and meets this with a complex set of services and interventions.*

1. Tower Hamlets has a higher estimated prevalence of opiate and crack use, and the largest cohort in treatment across all of London. The cohort of opiate users is ageing and displays comparatively high levels of complexity and additional needs (relative to England as a whole).
2. There is some indicative data that needs around alcohol are increasing.
3. As a result, a complex system has been put in place with a number of interventions seeking to identify, support different groups with a diverse set of needs. Despite simplifications, the system remains complex.

*Overall, some system outcomes have declined gradually over time, as has been the case across London and other areas.*

4. While there has been a long-term downward trend with regard to successful completions among opiate users, and to the number of people in treatment, these trends closely parallel London-wide and national trends. The trend is therefore most likely to be due to the substantial reduction in funding made available nationally for drug and alcohol services. Other indicators of performance have improved or remained relatively static – particularly for non-Opiates.
5. The data included in this needs assessment do not show specific time points when need, or in the extent to which needs are met, have markedly changed during the past decade.

### ***Need for improved lines of communication between, and reduced duplication within, parts of the system***

6. The service landscape has grown increasingly complex, particularly with the recent addition of ADDER funded roles. These additional services and posts serve a valuable role; however the complexity of the landscape has created a degree of confusion amongst stakeholders – including those working with drug and alcohol users.
7. There is a need to strengthen lines of communication between parts of the system – in particular between staff in local authority teams (such as Through Care) and RESET. For instance, staff at RESET were not clear about the roles of the prison workers and there was some lack of clarity between Through Care workers and the RESET about lines of accountability and client management.
8. The complex service landscape has created a situation whereby there are a growing number of handovers between teams (for example: custody team -> Through Care -> RESET). Multiple handovers of client has the potential to create more points for clients to drop-out/disengage.
9. The handovers are not consistently supported by joint care management of clients (for instance while Through Care team members support clients while they are in receipt of treatment at RESET, the former do not appear to consistently attend meetings with the latter to discuss these clients).

### ***System incentives and priorities need to be aligned to long-term outcomes***

10. Different parts of the system operate to different incentives and priorities, due to the complexity of the system. This has the potential to be sub-optimal for client outcomes – for instance some teams are measured by referring clients into RESET, rather than by what treatment outcomes clients go on to achieve. This creates an incentive to direct clients into RESET with less emphasis on the treatment outcomes.
11. Aligning system priorities of different services, to ensure a joined-up approach to outcomes and support, could lead to benefits for service users.

### ***Need for increased capacity in RESET/treatment***

12. Much of the drop in system outcomes (particularly successful treatment rates) appears to be associated with operational issues - including significant issues in staff capacity at RESET. This is an issue currently experienced by most treatment providers nationally.

13. The team is not fully staffed and is experiencing ongoing problems with recruitment. This has resulted in caseloads of over 80, which are often more than double the level that is recommended.<sup>1</sup>
14. There is not equity in case load of staff across the system – caseloads of over 80 in RESET are not mirrored by other teams such as Through Care. This suggests that there may be a benefit from distributing capacity more evenly across the system as a whole.

***Need to interrogate the cultural competency of the wider drug and alcohol system.***

15. The ethnic make-up of the population in structured treatment has remained stable over time and mirrors the ethnic break-down of emergency hospital admissions; this may suggest the system is equitably engaging different ethnic groups in treatment.
16. However, a number of stakeholders (both professional and from the community) raised the issue of the cultural competency throughout the system of services for people with drug and alcohol need.

### **1.1.2 System-level recommendations**

**Recommendation 1** *The CDP should undertake a systems-mapping exercise to identify all linkages and pathways into treatment:*

- *The mapping should assess the volume of clients in each part of the systems map to identify key pressure points,*
- *The systems map should identify numbers of handovers clients are receiving,*
- *The systems map should set out roles, responsibilities and remits for each element of the service system,*
- *Systems map should identify which service elements overlap and lead to co-working of clients.*

**Recommendation 2:** *The CDP should reconfigure pathways and system as needed in light of the mapping exercise.*

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<sup>1</sup> As set out in the Dame Black's Review of Drugs report, Part 2.

**Recommendation 3:** *Following the systems-mapping, the CDP should co-develop a system-wide plan for ensuring appropriate capacity in treatment and for improving recruitment and retention of the specialist treatment workforce.*

**Recommendation 4:** *Recognising ongoing problems with recruiting treatment workers the CDP should work with providers to develop and implement a drug and alcohol recruitment and retention strategy for the borough.*

**Recommendation 5:** *The CDP should carry out a review of the cultural competency of all elements of the treatment system (outreach, treatment and recovery), identifying best practice and setting out recommendations for change where necessary.*

### 1.2.3 Service-Level Conclusions

In addition to the conclusions that relate to the working of the system as a whole, a number of conclusions have also been drawn with regard to specific service delivery elements. These are set out below.

1. Data on alcohol consumption above recommended levels indicates that, contrary to the national trend, local rates are increasing. This suggests the need for more information to local residents on safe levels of drinking.

**Recommendation 6:** *CDP partners should:*

- (a) *develop a strategic approach to alcohol prevention in the borough and*
- (b) *consider undertake an information campaign aimed at local communities that sets out safe levels of alcohol consumption and highlights local services.*

2. Referring stakeholders report that people who they refer in to treatment often struggle to access an appropriate treatment offer. A higher proportions of service users had “unplanned exits” locally within the first 12 weeks compared to England, for both opiates and alcohol. Together these suggest that capacity issues are affecting the treatment service’s ability build appropriate relationship with new clients.

- a. **Recommendation 7:** *Referring teams should work with RESET to review protocols for new entrants into treatment, and identify ways to improve jointly managed handovers (between referring and treatment services) and ensure that clients are supported through referral, assessment and prescription.*



3. There has been a long-term decline in the successful treatment rate among opiate users. This, along with the ageing nature of the opiate using cohort (and therefore a likely increase in their complexity) is a matter that should be explored to understand whether any changes can be made in the support offered to this group to improve treatment outcomes. Specifically this should address ongoing prescribing practice to understand whether current approaches align with national guidance and best practice.

**Recommendation 8:** *A review should be undertaken of RESET treatment OST practice to determine whether current practice aligns with national guidance and best practice.<sup>2</sup> The review should seek to determine whether current practice is in line with all aspects of national guidance and whether there are any areas that could be enhanced/improved.*

**Recommendation 9:** *The CDP should explore what interventions are needed to address the needs of ageing opiate users and whether a specific offer is required for older, entrenched, long-term users.*

4. The increase in deaths among opiate users, while possibly a product of chance, nonetheless warrants further scrutiny to ensure that the CDP and all parties fully understand whether there are any underlying factors that can be addressed to better protect service users.

**Recommendation 10:** *A multi-agency forum meets to review drug related deaths. Additional capacity should be allocated to the forum to enable a "deep-dive" to be conducted of deaths over the last year to enable full scrutiny of all circumstances relating to the deaths. Lessons learned from the deep dive should be shared with commissioners, RESET, other partners (as appropriate) and the CDP.*

5. Of homeless people with support needs, the proportion with *drug or alcohol need* is higher in Tower Hamlets than elsewhere. This indicates a clear need to ensure that links and pathways are available for the homeless population to ensure that they can access treatment

**Recommendation 11:** *The CDP should look into housing provision for those who use drugs and alcohol, and seek to ensure appropriate provision is in place.*

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<sup>2</sup> See: <https://www.gov.uk/government/news/phe-launches-opioid-treatment-quality-improvement-programme>

6. Professional interviewees suggested there appears to be a growing problem with Nox misuse among young people; which treatment services have not yet responded to. It is likely that Nox users would benefit from a brief intervention approach akin to the cannabis group that is about to be set up.

**Recommendation 12:** *The CDP should undertake a review to understand what intervention can be offered to NOx users, reviewing the evidence-base for what works with this client group.*

**Recommendation 13:** *Following on from the review (above), and dependent on the evidence that emerges, CDP members should consider developing a pilot service for Nox users in the financial year 2023-24. This will require developing referral pathways from a range of other partners including (but not limited to) RESET outreach, DIP, Safe East and the hospital and community navigators.*

7. A B12 Pathway has been developed at the Royal London hospital for Nox users but that this has not been integrated into the wider delivery landscape. Work should be undertaken to ensure that this pathway is fully integrated into the wider substance misuse treatment system.

**Recommendation 14:** *The CDP should engage with stakeholders at the Royal London Hospital to understand the operation of the B12 Pathway and how its operation can be linked into the wider treatment system.*

8. The P-RESET service provides a valuable and important function but appears to be under-utilized reaching only 42% of those who would potentially benefit from the service. Work should be undertaken to understand how levels of engagement can be improved.

a. **Recommendation 15:** *P-RESET should audit data on health checks to understand whether there are certain clients/characteristics of service users who are failing to utilize the health checks. As a result of the audit, where necessary, the offer should be amended to better engage service users.*

9. There is a working protocol between ELFT and RESET which provides clarity on how clients with co-morbid substance misuse and mental health issues should be managed. However specific groups of clients do not appear to be well served and some stakeholders suggested that there is at times an expectation (contrary to national guidance) that alcohol users are abstinent before they can be supported for mental health needs.

**Recommendation 16:** *ELFT and RESET should revise the current protocol regarding working with clients with a dual diagnosis to better reflect national*

*guidance. We understand that a refresh is due in March 2023 so this should be used as an opportunity to align practice with national guidance.*

10. Prescriptions data suggest that Tower Hamlets has among the highest rates of opioid prescriptions across North East London. While this is a different issue to the use of illicit drugs, it warrants further investigation.

**Recommendation 17:** *CDP should work with NEL ICS Medicines Management team to understand the reasons for high opioid prescription and explore initiatives manage this.*

#### **1.2.4. Ongoing insight and analysis about substance misuse**

Finally, it is important to note that the process of gathering insight around substance misuse is an ongoing process. This Needs Assessment has gathered our knowledge of the picture across the system at the current moment in time. It has identified areas which would warrant further investigation, to inform future action.

**Recommendation 18:** *An ongoing programme of insight work should look into particular areas as highlighted in this report. Immediate priorities include:*

**18a)** *Analysis to support the 'system mapping' (Recommendation 1 above). This should include whole-system mapping of demand, capacity and flows – referrals into, and exits from, the range of services across treatment, outreach, CJS etc. If possible this analysis should look at handovers and where people "drop out".*

**18b)** *Additional analysis focusing on those who exit treatment within 12 weeks. This should look at the demographic, substance use, and contextual characteristics of the cohort; it should also investigate which pathways they have come through, to identify areas for improvement.*

**18c)** *A deep-dive to understand those who remain in treatment for a long time over 5 years: to understand the characteristics of this cohort, and what personal, service and wider factors determine the likelihood of remaining in treatment.*

**18d)** *Analytical support to recommendation 10 above – to conduct a "deep-dive" to be conducted of deaths over the last year; to identify lessons learned and enable full scrutiny of all circumstances relating to the deaths.*

***18e)** A deep-dive to look at healthcare impacts of drug use; particularly to look into where in the health system people 'present' with drug issues (primary care, acute, mental health), whether this differs according to in-treatment vs treatment naïve, and whether this health data indicates and trends in drug use locally.*

## 2. Background and Context

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### 2.1 About the needs assessment

This needs assessment is intended to inform the work of the newly formed Combating Drugs Partnership in terms of the future substance misuse strategy, planning of services and commissioning decisions. It seeks to support the delivery of the Tower Hamlets Partnership Substance Misuse Strategy (2020-2025) (see 2.2.2 below).

The needs assessment has been produced by CPI who were commissioned by LBTH, with contributions from Tower Hamlets public health, substance misuse team, drug and alcohol commissioners, and wider Combatting Drugs Partnership. The needs assessment looks at both adult and children and young people's substance misuse related needs (both illicit drugs and alcohol).

This report is a needs assessment. This means the report seeks to investigate and understand what the impact of substance misuse is on the population of Tower Hamlets, the level of need for a range of substance misuse services, and the range of interventions in place to address this need. The report is not an evaluation; it has not been designed or resourced to assess the quality or impact of existing services.

Assessing need around substance misuse should be an ongoing process. This document is based on the latest available public and publishable data as at January 2023. Additional work will be required to look in more detail at some of the issues highlighted, and recommendations are made for ongoing needs assessment priorities. In particular, the impacts of the pandemic are still felt by services that support those with substance misuse needs; and further insight is required to fully capture this.

This report begins with background and strategic context. Chapter 3 sets out the methodology followed. Chapter 4 then characterises the impact of drugs and alcohol in Tower Hamlets, and seeks to understand the need for drug and alcohol services. Following this are sections that assess the interventions put in place to meet this need, aligned to each of the Tower Hamlets Substance Misuse Strategy's strategic priorities, namely:

1. Early intervention and prevention,
2. Effective evidence-based treatment and recovery support,

3. Reducing drug and alcohol related crime and anti-social behaviour through enforcement and regulation.

## 2.2 Strategic landscape

This section briefly sets out the strategic landscape for drug and alcohol treatment, both in Tower Hamlets and England as a whole.

### 2.2.1 National strategy

In 2021, the UK Government published its 10-year drugs strategy, '[From Harm to Hope: a 10-year drugs plan to cut crime and save lives](#)' following Dame Carol Black's Independent Review of Drugs ([Parts 1 & 2](#)). The Dame Carol Black review has been influential in pushing the drug treatment agenda forward, articulating unmet need and gaining Government backing including a considerable increase in funding for drug and alcohol treatment.

The 10-year drug strategy has three strategic priorities:

1. **'Break drug supply chains'**: reduce drug availability by targeting supply chains.
2. **'Deliver a world-class treatment and recovery system'**: rebuild treatment services following significant disinvestment; promote integration of drug treatment, health and criminal justice services.
3. **'Achieve a generational shift in demand for drugs'**: reduce demand for drugs by applying 'tougher and more meaningful consequences' to deter use, delivering education programmes in schools and supporting at risk families.

From the spending review funds announced by the Government, DHSC will invest an extra £533m via OHID grants to local authorities, to be spent on community-based *drug and alcohol* treatment services over a three-year period. NHS England are investing £21m in prison-based mental health and substance misuse treatment. The commitments made include a treatment place for every offender with an addiction.

MoJ/HMPPS have committed to invest £120m over three years to support the strategy objectives and those in the [Prison Strategy White Paper](#) which proposes prisoners will be assessed on arrival in prison for drug and alcohol addictions, allowing prison staff to make comprehensive plans for their recovery from day one. Upskilled staff will provide a full range of drug and mental health treatment both inside and outside of prison – including the use of abstinence-based treatment. The increased community drug treatment capacity aims to be able to respond to criminal justice priorities set out in the [Sentencing White Paper](#), including increased use of community sentences with a requirement for drug treatment and alcohol treatment.

Drug or alcohol dependence often co-exists with other health inequalities. The strategy promotes better integration of services to make sure that people's physical and mental health needs are addressed to reduce harm and support recovery.

Prevention of substance use is a key element of the government's ambition to reduce the demand for drugs. The factors placing young people at risk of substance use are complex and often inter-related. The most effective and sustainable approach to reducing demand i.e. primary prevention of alcohol and other drug misuse, in young people is building the resilience of young people through giving them a good start in life, the best education possible and keeping them safe, well and happy.

The Government commits to delivering school-based prevention and early intervention, delivering and evaluating mandatory relationships, sex and health education to improve quality and consistency, including a clear expectation that all pupils will learn about the dangers of drugs and alcohol during their time at school.

The Government's White Paper, [Swift, Certain, Tough](#) (consultation responses currently in analysis stage), proposed escalating consequences for drug possession including: mandatory drugs awareness courses, random drug testing (and expansion of drugs tested for on arrest), passport and driving licence confiscation, wearable drug monitors and exclusion orders prohibiting attendance of particular venues.

Local partnerships and accountability are key to the delivery of the ambitions set out in the national drug strategy. Success relies on local partners working together on these long-term ambitions. To ensure a common set of standards and quality the Government are:

1. Requiring each local area to have a strong partnership<sup>3</sup> that brings together all the relevant organisations and key individuals.
2. Introducing a new framework of national and local outcomes to inform progress and drive clear accountability.
3. Developing and implementing a set of [commissioning quality standards](#) to support transparency and accountability between all partners and layers of government, and improvement support.

### 2.2.2 Tower Hamlets

Tower Hamlets has a Partnership Substance Misuse Strategy for the period 2020-2025.

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<sup>3</sup> [Guidance](#) is available to outline the structures and processes through which local partners in England should work together to reduce drug-related harm.

The strategy sets out three priority areas:

1. Early intervention and prevention,
2. Effective evidence-based treatment and recovery support,
3. Reducing drug and alcohol related crime and anti-social behaviour through enforcement and regulation.

The strategy states that the primary focus is “on drug and alcohol use that causes the most harm to individuals and communities”. The strategy addresses the needs of both adults and young people.

The strategy sets out the high-level priorities for action and is supported by annual detailed delivery plans.

### **2.2.3 Project ADDER**

While not a national strategy, the national Project ADDER programme has had significant bearing on responses to drug misuse in Tower Hamlets. Project ADDER is targeted at a small number of areas; since July 2021 it covers two areas in London: Tower Hamlets and Hackney. Project ADDER is a programme that seeks to co-ordinate law enforcement activity as well as utilising diversionary schemes to get drug using offenders into treatment.

The programme seeks to ensure that more people get effective treatment, with enhanced treatment and recovery provision, including housing and employment support, and improved communication between treatment providers and courts, prisons, and hospitals.

The programme has the following aims:

- to reduce drug-related death
- to reduce drug-related offending
- to reduce the prevalence of drug use
- sustained and major disruption of high-harm criminals and networks involved in middle market drug/firearms supply and importation

While originally scheduled to run to March 2023, Project ADDER is now intended to run until 2025.



## 3. Methodology

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A range of methodological components were used for this needs assessment. Details of these are set out below.

### 3.1 Qualitative Data

#### 3.1.1 Professional stakeholders

For the 'wider professional stakeholder' interviews, in total, 35 professional stakeholders were interviewed. Interviews took up to 45 minutes.

A local contact list was compiled in October by the project team, comprising staff from a wide range of organisations within Tower Hamlets, including community safety, criminal justice agencies, primary health, mental health, housing, social care, and voluntary sector organisations.

Interviews covered perceptions on a range of themes relating to substance misuse, including: effectiveness of treatment services; whether provision meets demand; effectiveness of integrated responses and care pathways; unmet need; gaps in provision.

Between early November and the start of December 2022, stakeholders from across Tower Hamlets were interviewed in one-to-one video or telephone calls. The interviews were shaped around a semi-structured pro forma of questions, designed to probe:

- The **effectiveness of integrated responses and care pathways**– including the extent to which specialist treatment links in with other services.
- Whether current provision meets **demands**, and any areas of **unmet need** – including whether there are groups of people not accessing services.
- **Potential gaps in future provision**, and views on what future services should look like.

Those who agreed to be interviewed included:

- Council staff, housing and strategic managers working with people more vulnerable to developing substance misuse problems and those most at risk – including representatives from the Housing Options service (working with hostel users), rough sleeping support service, a specialist in hidden harm, and a safeguarding team leader.

- Criminal justice partners: primarily police and probation perspectives – including those managing Project ADDER, working in the local custody suite and gangs unit, and probation officers in the Tower Hamlets Probation Delivery Unit (PDU).
- Wider healthcare stakeholders: covering primary care, clinical leads (P-RESET/RESET), and mental health service commissioners.

In addition to professional stakeholders from a range of community organisations were interviewed. These were:

1. ELOP (LGBT Mental Health & Wellbeing)
2. Barnardo's
3. Coffee Afrik
4. Outside Edge Theatre Company
5. Elatt College
6. Canaan Project
7. Providence Row
8. We Are Spotlight
9. East London Mosque
10. Osmani Trust
11. Streets of Growth
12. 2 x Substance Misuse community activists

### **Limitations**

The qualitative data reflects the subjective views of a limited number of people consulted. As such views may be partial and should not be assumed to be conclusive statements of fact, but are rather the perceptions of those consulted.

### **3.1.2 Service users**

A total of nine people (eight men and one woman) took part in semi-structured interviews about their experiences of, and views about, RESET recovery services in Tower Hamlets. These service users were made up of a: group who attend a regular service user forum; a number who were approached by the Reset BRIC Team Leader and asked to participate in an interview. As such they cannot be said to be a cross-section of clients and form a self-selected sample of views.

Three one-to-one interviews were conducted by phone.

A group consultation with six people attending a service user forum took place at the Alma Centre in Spitalfields.

Participants in one-to-one interviews all had past experience of using RESET services. One also attended the service user forum. Another had become a recovery support worker after receiving support himself. Between them, these people had experience of heroin use, alcohol use, and gambling addiction. They were all in their 40s.

At the group consultation all the participants were men aged between 30 and 70 years old. They were equally divided between British South Asian, White British and North African heritages. They included drug and alcohol users. Two had very recently been referred to the service while the others had a long-term connection, in some cases over years.

### *Limitations*

The service users who were consulted constitute a self-selected sample (i.e. consists of those who came forward and who were willing to participate in the consultation process). The sample does not therefore represent a cross-section of the views of service users across the population of those engaged in specialist treatment. The sample also only represents those who are currently or who had recently left treatment. The sample does not therefore include the views of the treatment naïve (those who have never engaged in treatment) or those who are not currently in treatment.

Interviews were conducted over just two weeks. The fact that one man attended two interviews indicates that some voices may dominate.

## **3.2 Quantitative Data**

### *Note on quantitative data*

A variety of data sources were used in the preparation of this needs assessment (these are described below). The most contemporaneous data available at the time of the fieldwork were used in the preparation of this report. In some cases the most recently available data are somewhat historic – for instance some data on health conditions and levels of drinking are only available up to 2018. More historic data should be treated with caution as they will not capture more recent trends and developments and so may not therefore provide the “true” picture with regard to a given issue. On the whole, the older the data, the more cautions should be used in the reading of results from the data.

Note also that much of the data either coincides with the period of the Covid-19 pandemic or was published soon after the pandemic. As such some of the data is unlikely to have captured the full extent of the impact of the pandemic on issues relating to drug and alcohol misuse. Future data is likely to provide a better guide to the medium to long-term impact of Covid and substance misuse.

### 3.2.1 Data analysis

#### *National Drug Treatment Monitoring System*

The data used for analysis in this report came from several complementary sources focusing on drug treatment statistics reported to the National Drug Treatment Monitoring System (NDTMS) and accessed through open-source resources provided by OHID<sup>4</sup>. NDTMS is a national public health surveillance system that collates activity data on individuals from specialist drug and alcohol services in prison and the community. NDTMS<sup>5</sup> collects information on individual needs, a description of the treatment received, and summary information on the outcomes of their treatment.

One outcome measure used in substance misuse treatment is the Treatment Outcome Profile (TOP) which is completed on adults at treatment start and six-month intervals, and finally at discharge.<sup>6,7</sup> Therefore, the information can be based on data captured up to a year before, although publication times have been reduced.

NDTMS data forms the basis of this Health Needs Assessment, although it is also used in conjunction with other datasets to derive, for instance, estimates of prevalence and unmet needs. Using multiple data sources including NDTMS and criminal justice data (prison and probation) it is possible to deploy capture-recapture methodologies provided by OHID and as developed by the University of Glasgow<sup>8</sup> to derive an estimate of the total drug misusing population and this method has been used for some indicators in this report<sup>9</sup>. NDTMS data for this report is largely focused on open sources held as part of the ViewIT<sup>10</sup>. Information held on ViewIT was the preferred data source as it included more recent information up to 2020/2021, in comparison the 'Adults - drugs commissioning support pack 2022-23: key data' only includes snapshot data up to 2018/19.

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<sup>4</sup> OHID Adults - alcohol commissioning support pack 2021-22: key data. Planning for alcohol harm prevention, treatment, and recovery in adults and <https://www.ndtms.net/ViewIt/Adult>.

<sup>5</sup> NDTMS is a national standard applicable to all ages and is accredited by NHS Digital and the Information Standard (Section 250 of the Health and Social Care Act 2012). The dataset comprises extracts from each service provider based on an individual entering specialist drug and alcohol treatment. Where multiple episodes exist (for example, if an individual leaves and reappears at the same treatment provider, or if a person accessed more than one service) the additional episode is also captured and is defined as a 'treatment journey'.

<sup>6</sup> TOP is a separate dataset that reviews substance use and other needs based on the last 28 days. Information collected by NDTMS requires a validation process and is considered 'Official Statistics'

<sup>7</sup> Marsden J, Farrell M, Bradbury C, Dale-Perera A, Eastwood B, Roxburgh M, Taylor S. Development of the Treatment Outcomes Profile. *Addiction*. 2008 Sep;103(9):1450-60. doi: 10.1111/j.1360-0443.2008.02284.x. PMID: 18783500.

<sup>8</sup> Chao, A. (1987). Estimating the population size for capture-recapture data with unequal catchability. *Biometrics*, 783-791.

<sup>9</sup> Hay, G. (2000). Capture-recapture estimates of drug misuse in urban and non-urban settings in the north east of Scotland. *Addiction*, 95(12), 1795-1803.

<sup>10</sup> <https://www.ndtms.net/ViewIt/Adult>

As data are collated from a variety of sources, there are differences in comparison areas. Therefore, this report will include comparisons with statistical neighbours, the London region, and national (England) figures. Comparator data for some treatment service metrics utilises Local Outcome Comparator (LOC) which have been prepared by OHID. The LOC compares each area to 32 areas that are similar in terms of the complexity of their clients, with different LOCs for opiate, non-opiate and alcohol populations.

### *Crime Figures*

This Needs Assessment incorporates summary information on crime that has been drawn from the MPS's local Drugs Profile 2021, which was created for the inception of Project ADDER. While the detailed data are sensitive and cannot be included, summary of the issues has been incorporated.

Additionally, this NA assesses the extent of drug-related crime over 24 months and use of historical data by examining Metropolitan Police figures of recorded crime in Tower Hamlets.

Further detailed analysis was undertaken using open-source datasets accessed at ward level from monthly police recorded crime counts by offence category for five years from 2013 to 2017 (before COVID and to counting rule changes).

Separate analysis was undertaken using a Generalized Linear Mixed Model (GLMM), creating a monthly series using an integer from 1 to 60 representing consecutive months in a temporal sequence of five years and was used to estimate the time trend of the crime rates. A borough-by-month sequence was also created as an interaction term [also known as 'effect modifier'] that allowed for a different time trend between boroughs. This term yields an individual estimate of the time trend for each borough.

### *Terminology*

Throughout this report the term "significant" is used in its statistical sense (statistically significant) and refers to where a relationship between variables are not due to chance. As such, where data is "increasing" this means that the upward change is related to the variables in question and is not occurring at random.

### **3.2.2 Resident survey**

A short survey was prepared to gather the views of local residents. A copy of the survey is set out at the Appendix.

A short survey was designed to examine public perceptions of drug and alcohol use within Tower Hamlets. The survey was distributed via a number of sources including: the Policy and Improvement Team, the Strategies and Communities Team within Tower Hamlets; Tower

Hamlets Health Watch; the Safer Wards Forum and a number of local community groups and organisations.

In total 167 responses were received to the survey.

### ***Limitations***

Given the level of responses this does not constitute a statistically significant sample of the local population. The results should therefore not be assumed to be a full cross-sectional view of local residents but is rather an ad hoc snapshot view of a self-selected group of local residents.

### **3.2.3 Comparison data**

Tower Hamlets has been compared to 32 areas (called Local Outcome Comparators) that are most similar to them in terms of the complexity. There will be different groups of local outcome comparators for opiate, non-opiate and alcohol population. This approach is similar to the 'nearest neighbour' method but is predicate on the treatment population's complexity as opposed to the broader similarity between the resident populations across local authorities.

## 4. The impact of substance misuse and levels of need

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This section seeks both a) to understand the impact of drug and alcohol misuse in Tower Hamlets and b) to understand levels of need for interventions to tackle substance misuse and related issues. Separate sections look at the impact of alcohol on the local population and the impact of drugs. Further data then explores the profile of those people who require specialist drug and alcohol treatment. Data is looked at separately for children and young people.

### 4.1 Alcohol misuse

#### *Key findings:*

- There has been a notable increase in the percentage of Tower Hamlets adults binge drinking on their heaviest drinking day to 19.5% in 2015-18. This is higher than the rate for London and nationally. Similarly, the proportion of Tower Hamlets residents who reported drinking 14 or more units per week increased to 22% in 2015-18. This contrasts with a downward trend nationally.
- Hospital admission rates for residents for alcohol-specific conditions have declined since 2018-19 but have historically been higher than rates for England and London.
- Data on emergency hospital admissions show that alcohol-related harms are higher among men, those aged over 50, and those from White, Other and Black ethnic groups.
- The most common alcohol-related primary diagnosis leading to an emergency admission is *Mental and behavioural disorders due to the use of alcohol*.
- It is estimated that 85% of those who may require support for alcohol dependency are not accessing this support. This is higher than the national rate of 82%.

#### 4.1.1 The effects of alcohol misuse

This section explores a range of datasets that cover various facets of harm caused by alcohol.

Alcohol-related harm is largely determined by the volume of alcohol consumed and the frequency of drinking occasions. The risk of harm is directly related to levels and patterns of consumption<sup>11</sup>. There can be a considerable lag between alcohol consumption and alcohol-related harms, particularly for chronic conditions where the lag can be many years. In January

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<sup>11</sup> Room, R. (1996). Alcohol consumption and social harm—conceptual issues and historical perspectives. *Contemporary Drug Problems*, 23(3), 373-388; Rehm, J. (2011). The risks associated with alcohol use and alcoholism. *Alcohol Research & Health*, 34(2), 135.

2016, the Chief Medical Officer issued revised guidance on alcohol consumption, which advises that, to keep to a low level of risk of alcohol-related harm, adults should drink no more than 14 units of alcohol a week. Harm can be short-term and instantaneous, due to intoxication, or long-term from continued exposure to the toxic effect of alcohol or from developing dependence. Alcohol is a causal or contributory factor in more than 200 medical conditions including circulatory and digestive diseases, liver disease, a number of cancers and depression<sup>12</sup>.

### 4.1.2 Levels of alcohol consumption

The data below explores alcohol consumption in Tower Hamlets to understand the size of the population who may be drinking at rates that impact on their health.

**Figure 1 Percentage of adults binge drinking on heaviest drinking day, 2011-14 to 2015-18, Tower Hamlets, London, England Percentage**



(Source: OHID, Fingertips)

There has been a notable increase in the percentage of Tower Hamlets adults binge drinking on their heaviest drinking day from 2011-14 (11.9%) to 2015-18 (19.5%). The most recent figures show a level of binge drinking higher than in London and nationally. The difference in binge drinking in Tower Hamlets between 2015-2018 can be shown to be statistically significant compared to London and England.

Figure 2 sets out the percentage of adults in the borough who are drinking at levels higher than recommended (14 units per week).

<sup>12</sup> WHO 2018 – alcohol fact sheet. <https://www.who.int/news-room/fact-sheets/detail/alcohol>



**Figure 2 Percentage of adults drinking over 14 units of alcohol a week, 2011-14 to 2015-18, Tower Hamlets, London, England Percentage**



(Source: OHID, Fingertips)

There has been an increase in Tower Hamlets residents who reported drinking 14 or more units per week, from 20.5% in 2011-14 to 22.0% in 2015-18. This rise is in contrast to decreases in drinking patterns across London and nationally. By far the majority of those drinking above 14 units per week will *not* require structured treatment but may benefit from a lower-level intervention (discussed below). The difference between Tower Hamlets, London and England of such risky drinking levels are however, not statistically significant.

Data about those who may require support for alcohol dependency is set out at Table 1. (This data is derived from modelling which *estimates* level of need based on a range of available data. As such the data should be read as indicative rather than an actual measure).<sup>13</sup>

**Table 1 Prevalence estimates and rates of unmet need for alcohol treatment in Tower Hamlets and England**

Area	Local rate per 1,000 of the population	Unmet need (%)
Tower Hamlets	14.2	85%
England	13.7	82%

(Source: Office for Health Improvement and Disparities, Adult Drug Commissioning Support Pack: 2022-23: Key Data. Planning for drug prevention, treatment and recovery in adults)

<sup>13</sup> For more information on the modelling see:

[https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fassets.publishing.service.gov.uk%2Fgovernment%2Fuploads%2Fsystem%2Fuploads%2Fattachment\\_data%2Ffile%2F969030%2FEstimates\\_of\\_alcohol\\_dependent\\_adults\\_2018-19.ods&wdOrigin=BROWSELINK](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fassets.publishing.service.gov.uk%2Fgovernment%2Fuploads%2Fsystem%2Fuploads%2Fattachment_data%2Ffile%2F969030%2FEstimates_of_alcohol_dependent_adults_2018-19.ods&wdOrigin=BROWSELINK)

There is a slightly higher rate per 1,000 in the prevalence in Tower Hamlets (14.2) compared with nationally (13.7), and a somewhat higher level of unmet need (85%) compared to 82% in England. The differences are not statistically significant.

### *What this tells us*

The data set out above indicates clearly that there is a cohort of alcohol users in Tower Hamlets who would benefit from some form of intervention. The data suggest this cohort may be growing in the borough.

Data on binge drinking shows that this issue is more pronounced in Tower Hamlets than in England or London. By far the majority of binge drinkers will not need structured treatment, but may benefit from some form of lower level intervention (such as a Brief Intervention). There is clearly therefore a need in Tower Hamlets for information on safe levels of drinking. This is substantiated by the data on adults drinking over 14 units which similarly indicates a clear need for clear health messages among the fifth of the population who are drinking above recommended levels.

While data on unmet need for dependent drinkers is an estimate (and therefore open to interpretation) the message is very clear – that there is a sizeable population who would benefit from alcohol treatment and by far the majority of people who would benefit from this service are not doing so.

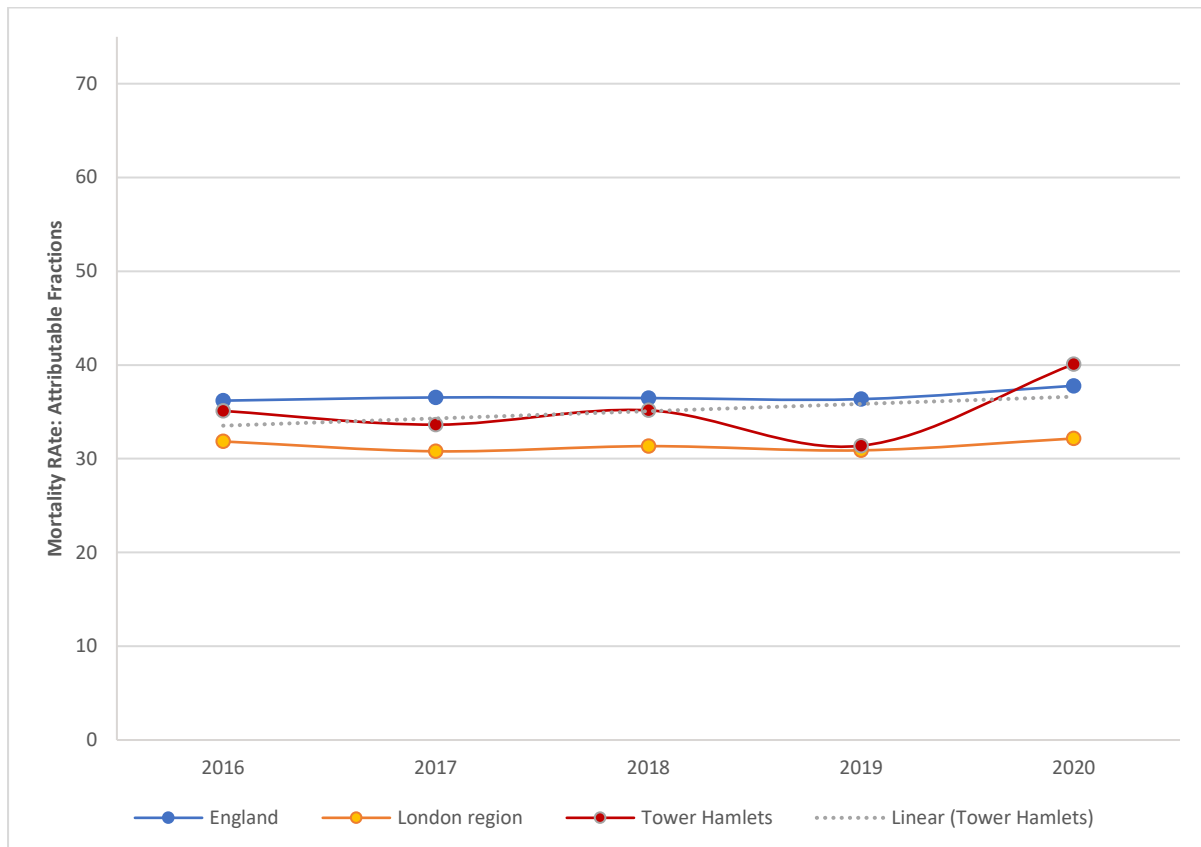
### **4.1.3 Alcohol harm**

Data about a range of alcohol-related health harms are set out below.

#### *Alcohol-related Mortality*

Data on alcohol-related mortality are set out at Figure 3.1. The data measures the upper end of adverse health effects – that is, measuring the relatively small number of people who die as a result of alcohol consumption.

Figure 3.1 Alcohol-related mortality (Persons), 2016 to 2020, Tower Hamlets, London, England Hospital Mortality Rate



(Source: OHID, Fingertips)

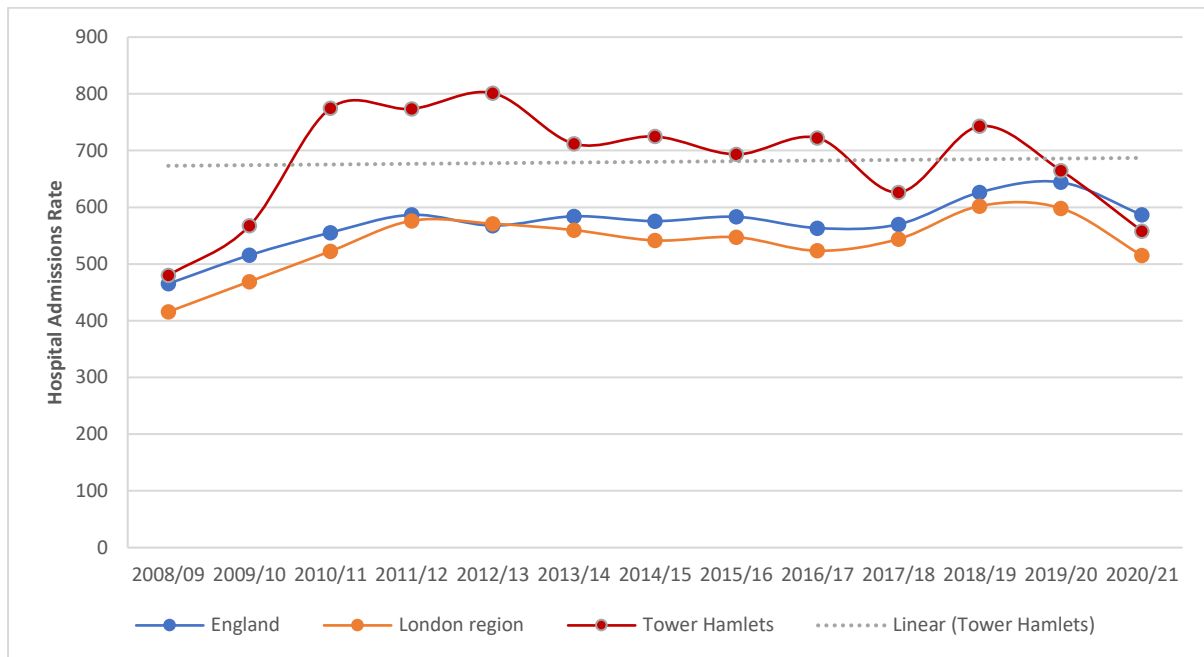
There has been a slight uptick in the alcohol-related mortality rate (which may possibly be a function of the impact of the Covid pandemic) among Tower Hamlets residents from 2019 to 2020, although the overall trend is suggested to be flat and small numbers mean that there is no statistically significant change over time noted. Rates are consistent with national and London-wide rates with no significant difference between rates reported in Tower Hamlets and in London or nationally.

### Hospital Admissions

Data for alcohol admissions is set out at Figure 3.2. This data covers a larger population than the data for mortality rates (above) and therefore gives a wider picture of impact. Data is conditional on hospital coding which may explain the variance and that rates are likely to have been impacted by the Covid pandemic.

Figure 3.2 sets out data in relation to alcohol-specific admissions: that is, conditions that are wholly caused by alcohol. The data therefore indicates the most problematic levels of drinking and the impact of alcohol dependency.

**Figure 3.2 Admission episodes for alcohol-specific conditions (Persons), 2008-09 to 2020-21, Tower Hamlets, London, England Hospital Admissions Rate**

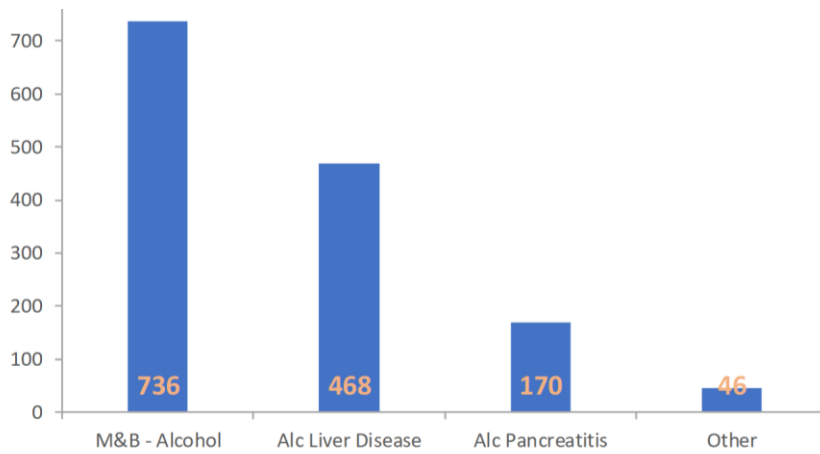


(Source: OHID, Fingertips)

The hospital admissions rate for alcohol-specific conditions in Tower Hamlets has fluctuated over time but can be shown to be broadly higher than in London and nationally until 2018-19, when the admission rate dipped notably (which may be a function of the Covid pandemic or of hospital coding). The overall linear trend in admissions, however, is broadly flat although there is a significant reduction in the admission rate for Tower Hamlets from 2018/19 (when there was also a significantly higher rate of hospital admissions in Tower Hamlets compared to London and nationally).

Figure 3.2a, below, sets out the level of emergency admissions that are directly related to alcohol misuse. The most common primary diagnosis for an emergency admission for alcohol is due to Mental and behavioural disorders due to the use of alcohol. This accounts for over half of all admissions at 52%.

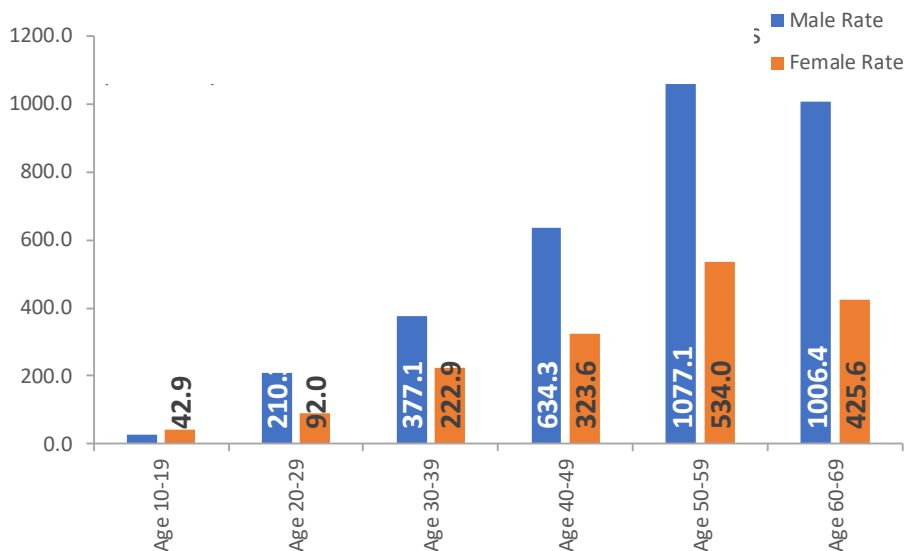
**Figure 3.2a Emergency Admissions where Alcohol-related cause is the primary diagnosis; 2019-2022**



(Source: Hospital Episode Statistics)

The breakdown of admissions due to alcohol is shown below, first by gender and age (fig 3.2b), then by ethnicity (fig 3.2c). Males account for the majority (68%) of emergency admissions due to alcohol, with an overall rate of 441 per 100,000 for males and 218 per 100,000 for females. The age bands of 50-59 and 60-69 show the highest rate of admissions in both males and females.

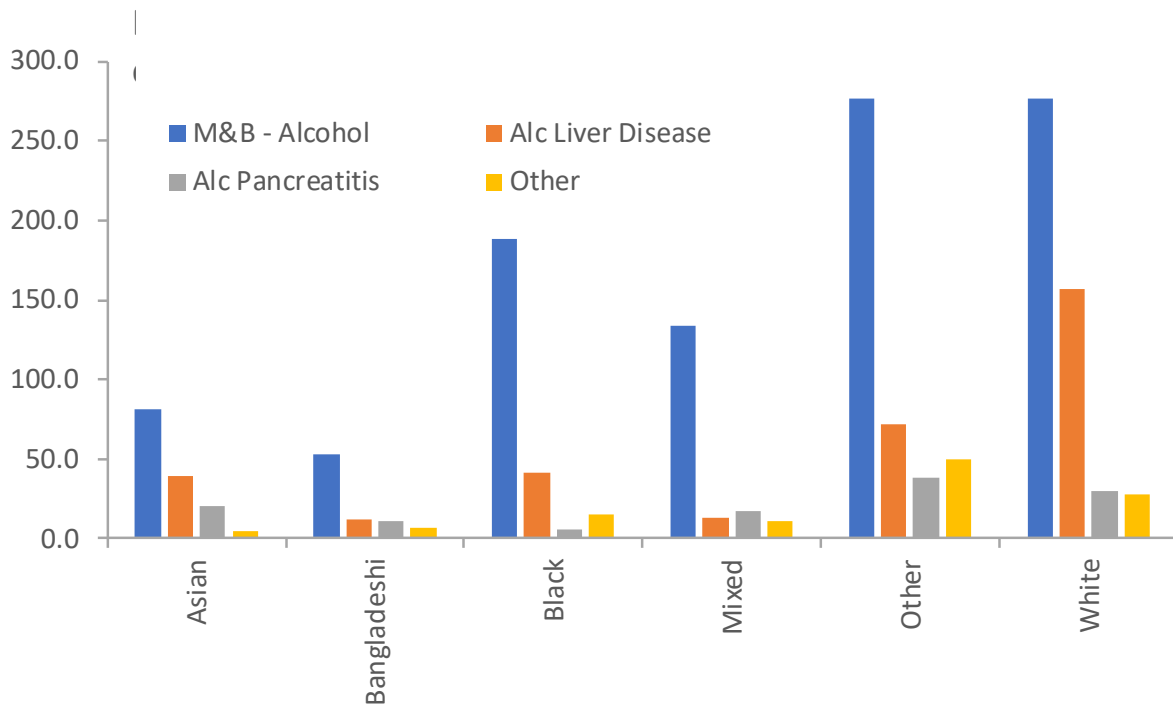
**Figure 3.2b Emergency Admissions where Alcohol-related cause is the primary diagnosis; rate per 100,000 residents by age and gender, 2019-2022**



(Source: Hospital Episode Statistics)

The rate of admissions for alcohol-related conditions are highest among White and Other ethnic groups, and are lowest among Bangladeshi and Other Asian groups. This suggests that harmful drinking may be more concentrated among these groups; though issues with accurate coding of ethnicity must be considered.

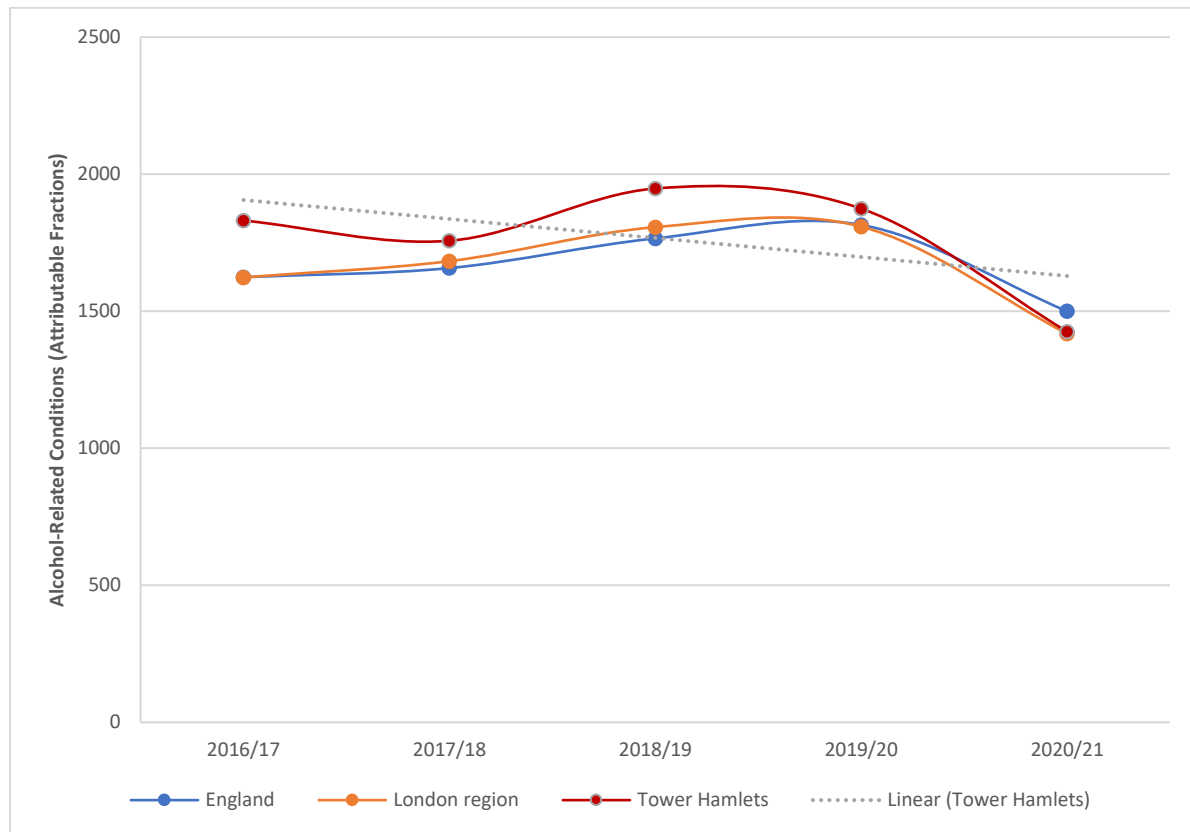
**Figure 3.2c Emergency Admissions where Alcohol-related cause is the primary diagnosis: rate per 100,000; by cause and ethnicity, 2019-2022**



Source: Hospital Episode Statistics. Note "Asian" includes all non-Bangladeshi Asian ethnic groups.

Data for the broader measure of alcohol-related conditions are set out below. The alcohol-related conditions refer to a wider range of health conditions where a proportion of the health impact (often relatively small) can be attributed to alcohol consumption. The indicator is constructed using "attributable fractions", which estimate what proportion of admissions could be said to be due to alcohol, based on the conditions for which patients are admitted, and the known contribution that alcohol makes to each condition. As such the rates are modelled estimates of the overall burden of alcohol at population, largely related to lower- or moderate-level drinking.

Figure 3.3 Admission episodes for alcohol-related conditions (Broad) (Persons), 2016-17 to 2020-21, Tower Hamlets, London, England Hospital Admissions Rate using attributable fractions



(Source: OHID, Fingertips)

The hospital admissions rate for alcohol-related conditions in Tower Hamlets (using a broad definition) had been higher in Tower Hamlets than nationally and in London, but declining since 2018-19 to near parity with the overall linear trend in admissions slowly declining (a non-significant change). The decline in 2020-21 is likely due to overall decline in admission rates due to the pandemic – rather than changes to the burden of alcohol locally.

**What this tells us**

While it is likely that some of the data set out above has been affected by the Covid pandemic (potentially limiting access to hospital for treatment for instance) the data indicates that there is a cohort within the population whose health is being adversely affected by heavy alcohol consumption – for instance alcohol-specific hospital admissions have (until recently) consistently been above national and London rates. More generally, alcohol continues to cause a substantial burden to overall health of a large part of the population, as the admissions for alcohol-related conditions show. The overall picture is one of a population in which alcohol continues to have a negative impact on health and health outcomes.

## 4.2 Drug misuse

### *Key findings:*

- Deaths from drugs have fluctuated over time but have recently (from 2017 onwards) seen a slight increase and now correspond with the rate for London. Very small numbers in these data indicates some caution in the interpretation of the data: these changes could be due to chance.
- Hospital admissions for drug poisoning (a wider measure of drug-related health impact) in Tower Hamlets are just over half that of the national rate.
- Hospital emergency admissions data suggest that drug related harms are concentrated among males (who account for 63% of admissions) and among people of White ethnicity (who account for around half of the admissions, while admissions from the Bangladeshi community represent around a fifth of admissions)
- Tower Hamlets has consistently had the highest rates of opioid prescriptions (per patient) in North East London. These are likely not 'illicit' drugs, nonetheless this suggests a need to review the reasons for these high prescription levels.

### 4.2.1 The effects of drug misuse

Drug misuse can cause a range of health-related problems, including:

- mental health problems such as anxiety, depression, psychosis, personality disorder and suicide,
- lung damage,
- cardiovascular disease,
- blood-borne viruses,
- liver damage from undiagnosed and untreated hepatitis C virus (HCV) (which is particularly high among people who inject drugs),
- arthritis and immobility among injectors,
- poor vein health in injectors,
- sexual risk taking and associated sexually transmitted infections (STIs),
- overdose and drug poisoning.

This section explores data in relation to health harms caused by drugs.



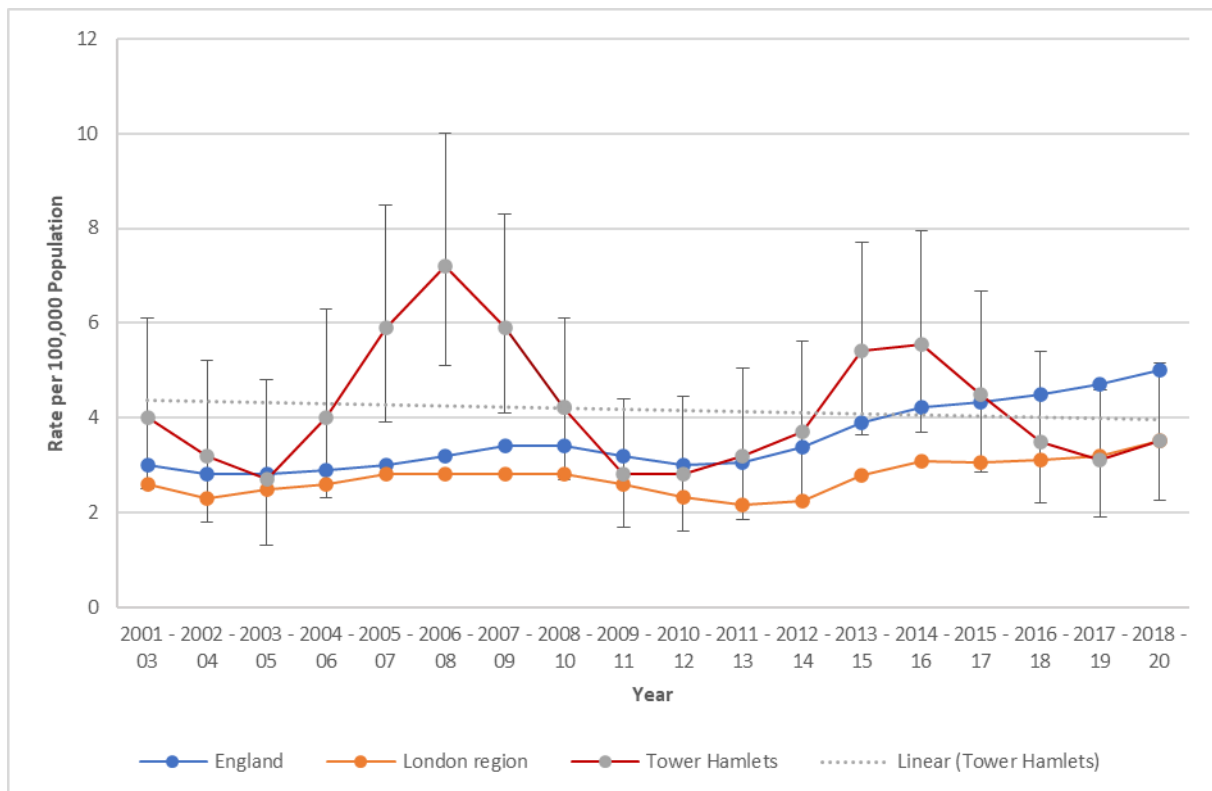
## 4.2.2 Drug-related harm

### *Drug-Related Deaths*

A key metric for understanding the impact of drugs is in relation to deaths caused by drug misuse.<sup>14</sup>

Data for Tower Hamlets, compared to London and national rates, are set out at Figure 4.

**Figure 4 Deaths from drug misuse (Persons), 3-year intervals, Tower Hamlets, London and England, 2001-3 to 2018-20 (with confidence intervals)**



(Source: NDTMS, OHID Fingertips)

Adjusting for the size of the resident population, the trend in drug-related deaths in Tower Hamlets has fluctuated since 2001-3, with two peaks in 2006-8 (where Tower Hamlets mortality rate was higher than London and nationally) and between 2013-17, noting however that there are wide confidence intervals suggesting that changes in the numbers of death are likely due to random variation (i.e. not due to change in the underlying risk of mortality).

The most recent deaths from drug misuse (2017 onwards) can be shown to track trends across London closely. There is a weak relationship between rates of deaths from drug misuse in Tower Hamlets compared to London ( $r=0.27$ ) and no relationship with trends

<sup>14</sup> Drug misuse deaths are defined as a death where the underlying cause is drug abuse or drug dependence or any of the substances involved are controlled under the Misuse of Drugs Act 1971.

across England ( $r=0.02$ ), suggesting mortality rates are affected by factors that are potentially locally specific and which are not driving drug deaths elsewhere in the country.

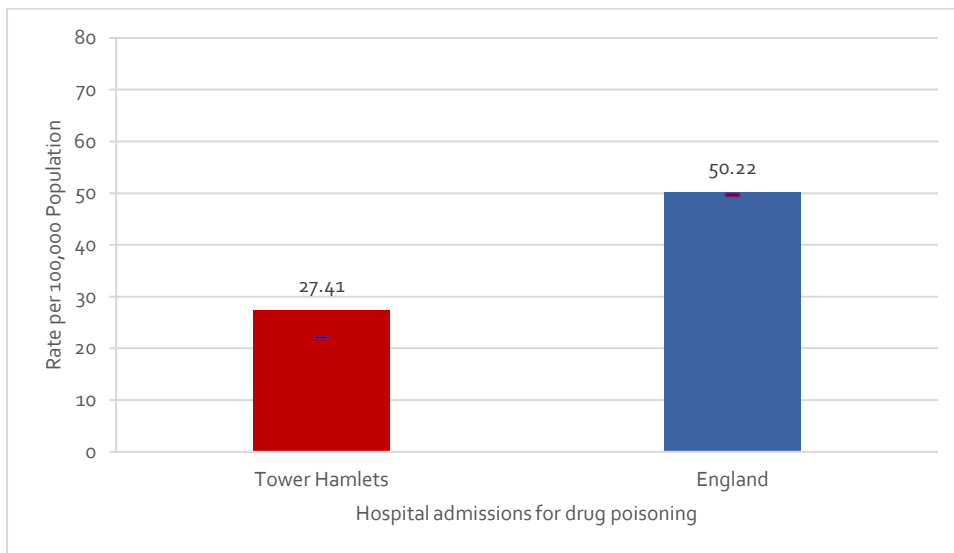
### Ambulance call-outs

Between 2019 and 2021 there were over 1,400 Ambulance call-outs where the “illness” was cited as drug overdose. The wards with the highest levels of call-outs were Bethnal Green, Spitalfields and Banglatown, and St Peter’s.

### Hospital Admissions

Data with regard to hospital admissions for drug poisoning are explored below.<sup>15</sup>

**Figure 5 Hospital admissions for drug poisoning, Tower Hamlets and England, 2020-21 weighted by the resident population (100,000)**



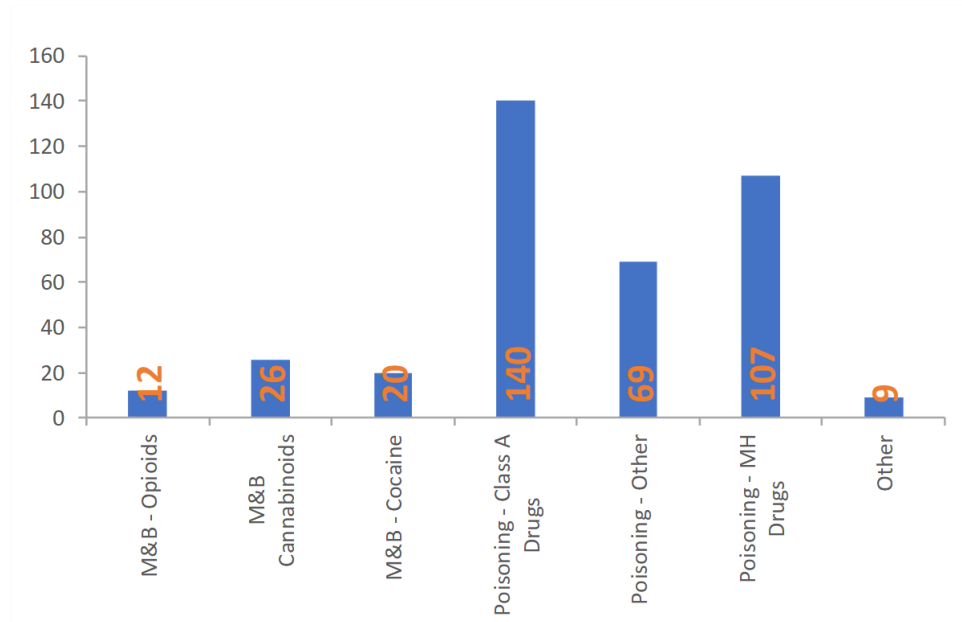
(Source: Office for Health Improvement and Disparities, Adult Drug Commissioning Support Pack: 2022-23: Key Data. Planning for drug prevention, treatment and recovery in adults)

The hospital admissions for drug poisoning in Tower Hamlets (27.41 per 100,000) can be shown to be just over half that of the national estimate (50.22 per 100,000).

The most common primary diagnosis for an emergency admission relating drugs is poisoning with Class A drugs. This accounts for nearly a third of all admissions at 36.5%. Hospitalisation related to other drugs, or to Mental and Behavioural reasons (related to Cannabinoids, Cocaine or Opioids) makes up a smaller proportion of admissions, mirroring national trends.

<sup>15</sup> This is a wider measure of drug misuse and includes drug poisoning that is not related to drug misuse (albeit that drug misuse makes up around two-thirds of drug poisonings). For details see: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2020#drug-misuse-in-england-and-wales>

**Figure 6a Hospital emergency admissions where drugs are primary diagnosis; rate per 100,000; Tower Hamlets 2019-2021.**



(Source: Hospital Episode Statistics).

As the charts below show, emergency admissions due to drugs vary by age and gender. Males account for 63% of overall admissions. Among females, rates of admission are highest among younger age bands 20-29. Among males, higher rates of admissions in age bands, 20-29 and 50-59 years (figure 7a). White ethnicities account for around half of the admissions, while admissions from the Bangladeshi community represent around a fifth of admissions (figure 7b).

**Figure 7a Hospital emergency admissions where drugs are primary diagnosis; by age and gender; rate per 100,000; Tower Hamlets 2019-2021.**

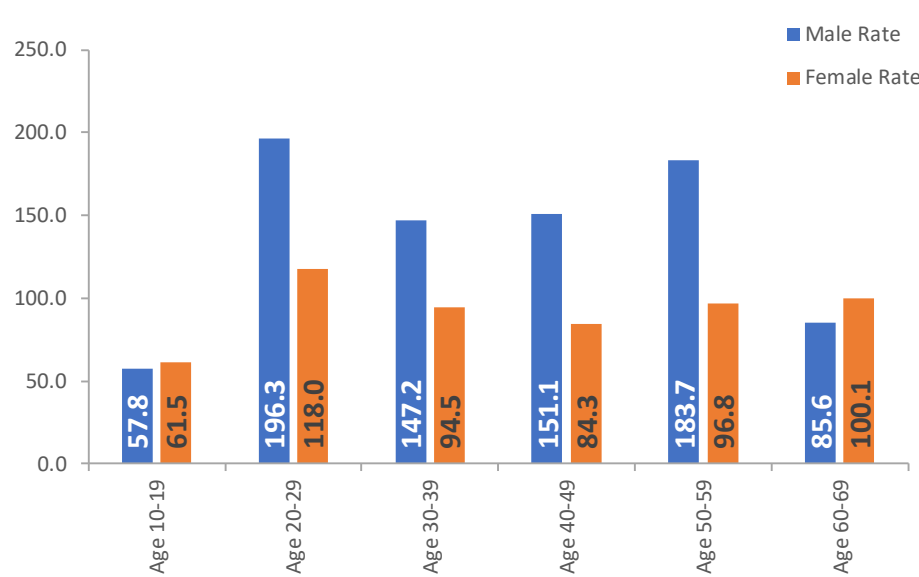
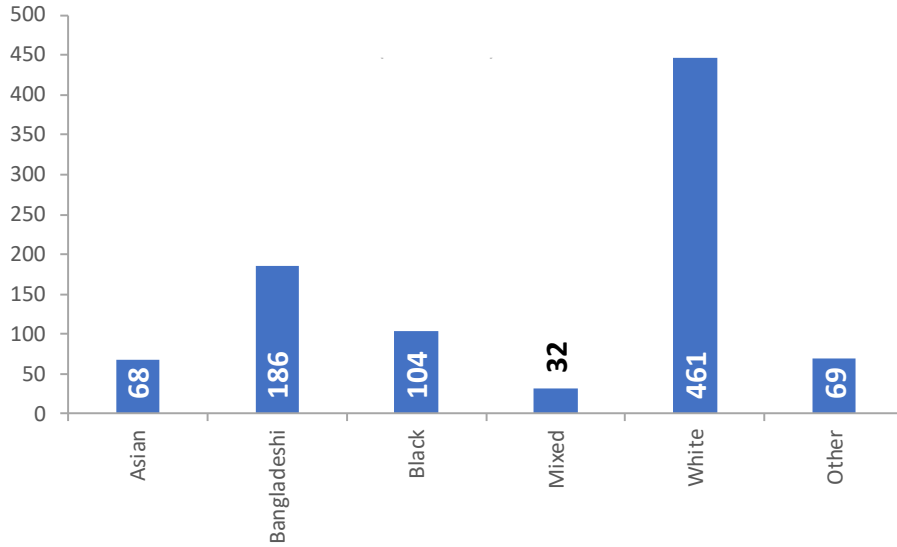


Figure 7b: Hospital emergency admissions where drugs are primary diagnosis; by ethnicity; Tower Hamlets 2019-2021.

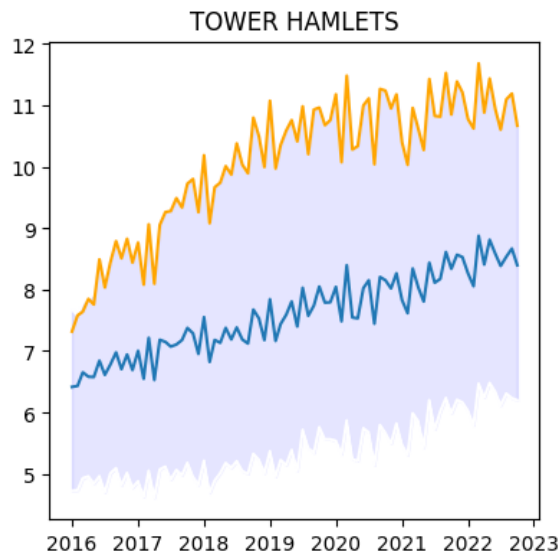


(Source: Hospital Episode Statistics)

**Prescription opioid use**

Data at Figure 8 sets out levels of non-illicit prescription opioid use in Tower Hamlets.

Figure 6 Number of unique persons ordering opioids per month (Rate per 1,000)



= Rate for North East London
  = Rate for Tower Hamlets
  = Range (max to min rate) for North East London

The data at Figure 8 demonstrates that the rate of patients ordering opioids each month increased for all places from Jan 2016 to Oct 2022. The data also indicates that Tower Hamlets has the highest rate of prescription opioid use in North East London.

The data at Figure 8 will include patients who clinically need to be on opioids and therefore the data does not therefore necessarily indicate problematic prescription opioid use. In the absence of data looking into individual patient condition's, it is not possible to say to what extent the opioid use described is clinically appropriate for the patient and to what extent it points to an issue of dependence.

#### **What this tells us**

While data on drug related deaths necessarily relates to a small number of individuals (and is therefore liable to significant shifts) it remains the case that in Tower Hamlets there are consistently a number of drug-related deaths in Tower Hamlets. This suggests that, like elsewhere, Tower Hamlets has a cohort in the population with very high levels of need and vulnerability some of whom are either not accessing treatment or who are dying in treatment despite the support provided.

Data on drug poisonings suggests that levels are lower than in England, which may suggest good practice to control drug misuse. However, there is a cohort in the population who are misusing drugs to the extent that it requires hospital admission.

### **4.3 Adults requiring specialist drug and alcohol treatment**

#### **Key findings**

- The estimated prevalence rate of opiate and crack users in Tower Hamlets is higher than the rates for England and London. Rates of opiate only and crack only use are also higher in Tower Hamlets than for London.
- Tower Hamlets has the highest total number of people in treatment in London for 2020-21 (1,945) and one of the highest rates of treatment demand when weighted for resident population (10.1 per 1,000 of population).  
Nearly two thirds (65%) of the treatment population are opiate users while 16% are alcohol users (2020-21).
- The number of opiate users in treatment has declined since 2011-12. This mirrors trends seen nationally. Estimates of the percentage of opiate and crack users *not* in

treatment in Tower Hamlets show an upward trajectory indicating a greater proportion of drug users not accessing treatment.

- The number of people in Tower Hamlets accessing treatment for alcohol peaked in 2013-14 and decreased thereafter.
- There has been a recent increase (from 2019 onwards) in non-opiate users in treatment. The second-highest drug in terms of numbers of people in treatment was for Cannabis, with 46% of users in Tower Hamlets using Cannabis. This may suggest that there is a growing need to support users of non-opiate drugs.
- A growing proportion of the treatment population is aged 50 years and above (23% in 2020-21). This ageing cohort reflects trends nationally and indicates higher need around physical and mental health.
- The gender and ethnic make-up of the treatment population appears consistent with levels of need in the borough, as indicated by metrics such as hospital admissions. The majority of those in treatment are male (76% male versus 24% female). White service users form 58% of the treatment population, 30% are of Asian/Asian British heritage and 7% Black/African/Caribbean/Black British.

The data in sections 4.1 and 4.2 (above) shows general levels of impact of drugs and alcohol on the population of Tower Hamlets as a whole. This section looks specifically at the size and profile of the local population in need of specialist drug and alcohol treatment.<sup>16</sup>

#### 4.3.1 Prevalence of opiate and crack misuse

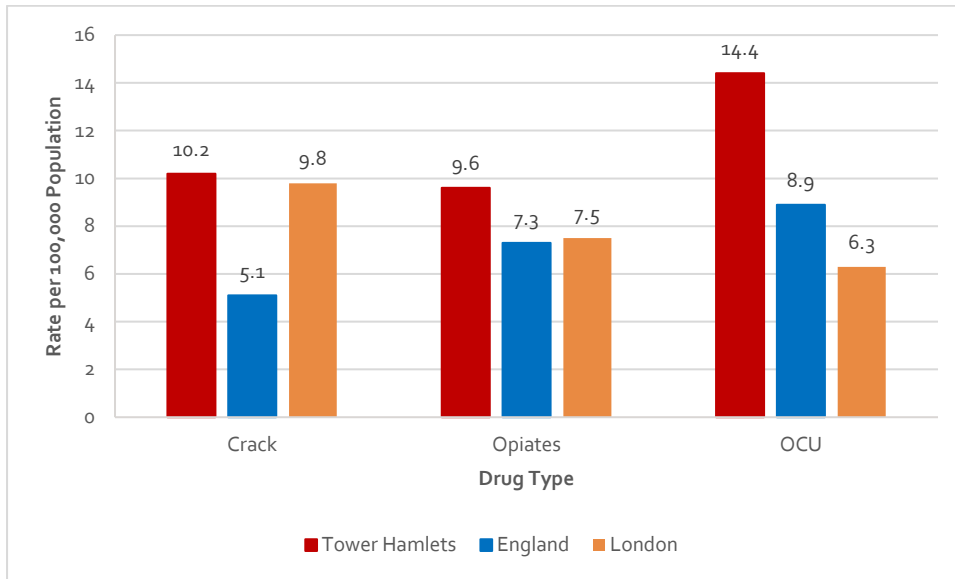
Data at Figure 9 sets out the estimated population of opiate and crack users (OCUs) in Tower Hamlets, London and England (expressed as a rate per 100,000 of the population). OCUs are those who use both opiates *and* crack. This data is set against those who use just opiates or just crack.

This is an estimated prevalence level derived from the modelling of data and is not a direct measure of need. As such the data should be treated as indicative rather than as a precise measure.

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<sup>16</sup> Note that prevalence estimates are largely based on 2016-17 data and are currently being updated. This means that there is a "lag" in the data and that the estimates throughout should be treated with a degree of caution due to this lag.

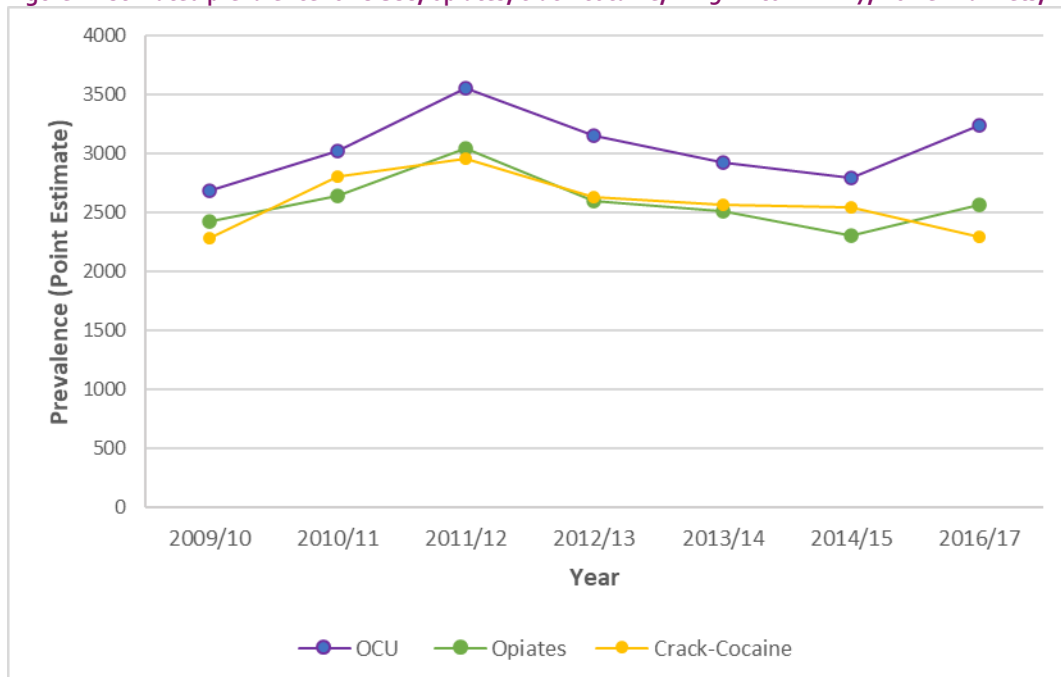
Figure 7 Estimated prevalence for OCU, opiates, crack-cocaine, 2016-17, Tower Hamlets, London and England, weighted by the resident population (100,000)



(Source: Office for Health Improvement and Disparities, Adult Drug Commissioning Support Pack: 2022-23: Key Data. Planning for drug prevention, treatment and recovery in adults)

Across all drug types, it can be shown that, after adjusting for the resident population, the rate of drug use for OCUs, crack, and opiates are all higher than London and England estimates. Although there is close similarity between the crack-cocaine rate (10.2 in Tower Hamlets, 9.8 for London), there is disparity between the OCU rate (14.4 in Tower Hamlets and 6.3 in London). (The historic nature of the data – from 2016/17 – means that the data should be used with some caution). The point above regarding the estimated nature of the data should also be recollected when looking at these figures.

Figure 8 Estimated prevalence for OCUs, opiates, crack-cocaine, 2009-10 to 2016-17, Tower Hamlets, London



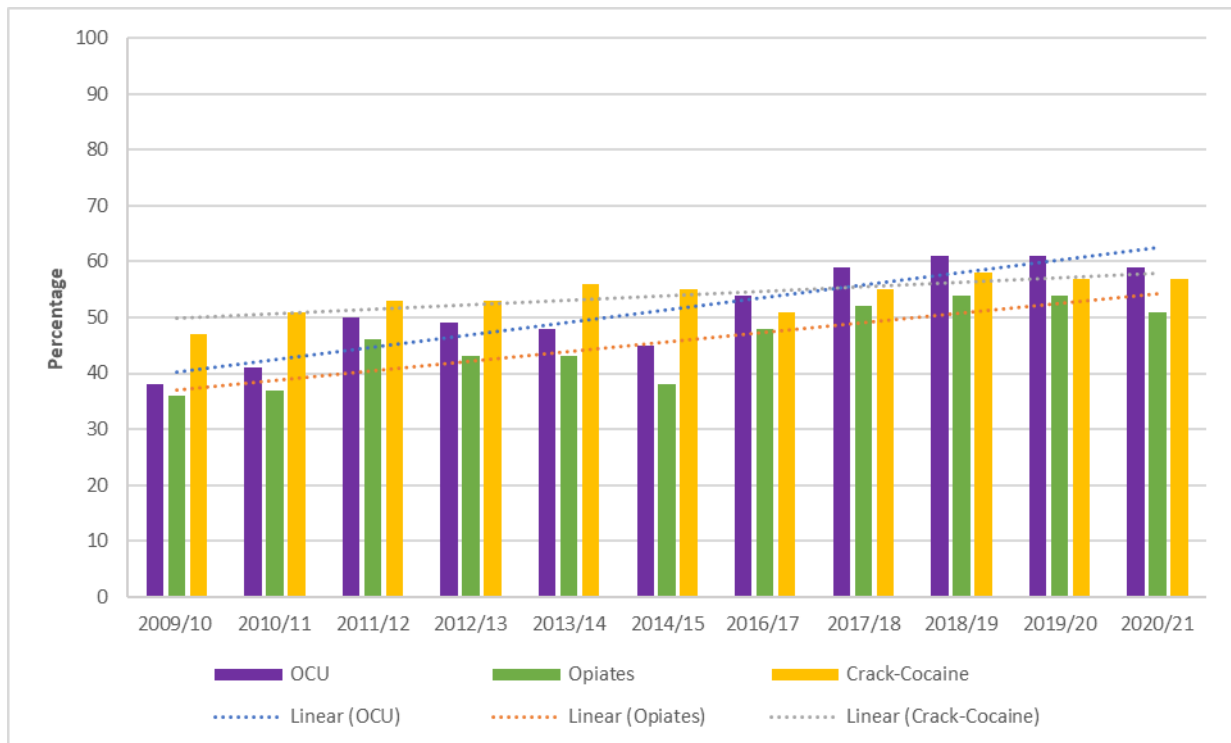
(Source: NDTMS, ViewIT)

There was a peak in the estimated prevalence for OCU's (n=3,561), opiates (n=3,047) and crack-cocaine (n=2,955) in 2011-12. There was an uptick in the estimated prevalence of OCU and opiates from 2014/15, compared to a commensurate drop in the estimate for crack-cocaine misuse. Note that these prevalence estimates are modelled; and are only available up until 2016-17.

What the data tells us therefore is that there is consistently a cohort of individuals who are using both opiates and crack and that the numbers were rising in the last period when the estimate was carried out. While there is a population of crack only users, the numbers in this group appear to be declining in the most recent years for which estimates are available.

Based on these modelled estimates of prevalence, and on numbers receiving treatment, it is possible to estimate the level of "unmet need" i.e. numbers of people who require treatment, who are not in treatment. Data at Figure 11 gives an indication of the level of unmet need for OCU's in Tower Hamlets, presented as a percentage (total estimate/people reported in treatment) in Tower Hamlets. Note that since 2016-17, modelled estimates of prevalence are not available and have been extrapolated forward, meaning particular caveats are required on estimates of unmet need since 2016-17.

Figure 9 Estimated levels of unmet need for OCU's, opiates, crack-cocaine, 2009-10 to 2020-21, Tower Hamlets



(Source: NDTMS, ViewIT)



The data shows the percentage of OCUs who are not in treatment versus the estimated total number of OCUs in Tower Hamlets which is based on extrapolated data last provided as a point estimate based on 2016-17 data. The broad trend for all OCU drug types (albeit with a shallower trend for crack-cocaine use) is for an increase in the unmet need for OCUs, opiates and crack cocaine. In 2020/21 the majority of OCUs, opiate and crack users were determined as not being in treatment. The declining numbers in treatment over this decade (see 4.3.2 below) suggest the reason for this trend.

#### ***What this tells us***

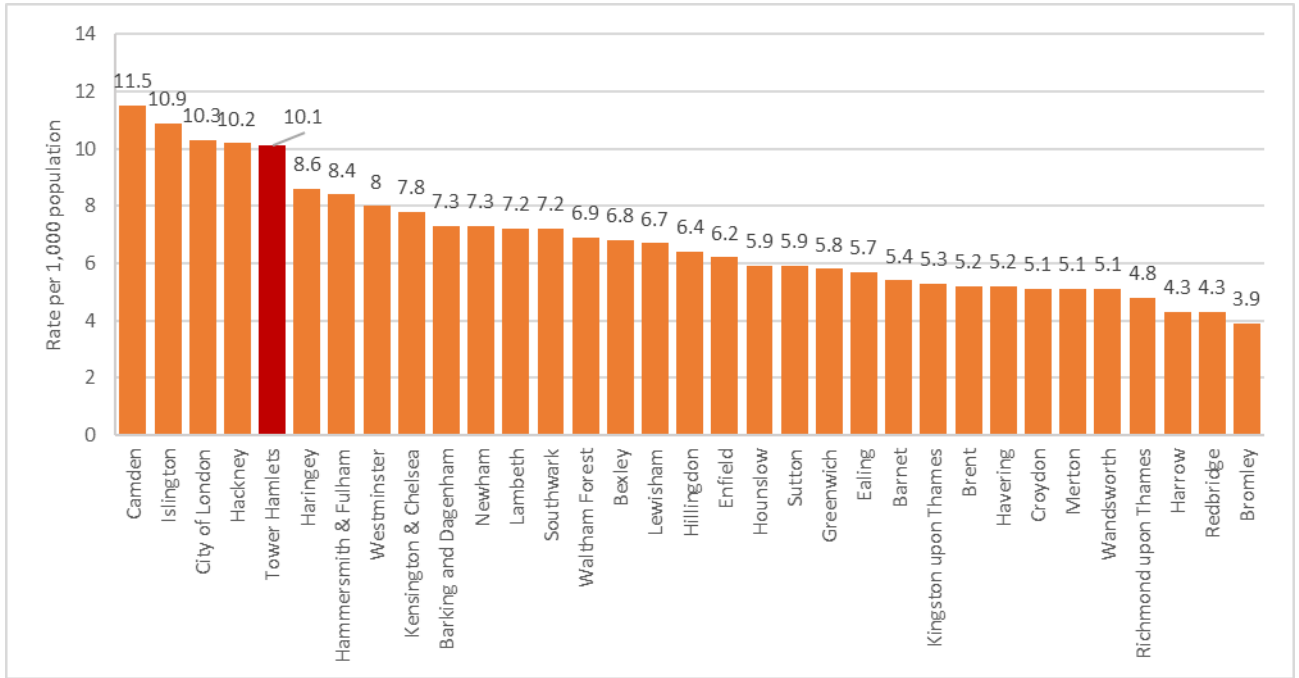
While data on OCU prevalence rates are estimates (and not therefore wholly accurate measures) there is a consistent picture of a sizeable local OCU population. Furthermore, there are larger numbers of crack only and opiate only users. This clearly indicates a pronounced need for specialist treatment for Class A drug users in the borough. Other data indicates that there is an ongoing need to engage with Class A drug users with prevalence rates for OCUs and opiate users increasing (and a modest downward trend in the rate of crack users). There is therefore no evidence of a dwindling need among Class A users. With higher levels of unmet need the data indicates rather that more people could benefit from treatment than do at the current time.

### **4.3.2 Adult treatment population**

This section explores the size of the adult treatment population in Tower Hamlets.

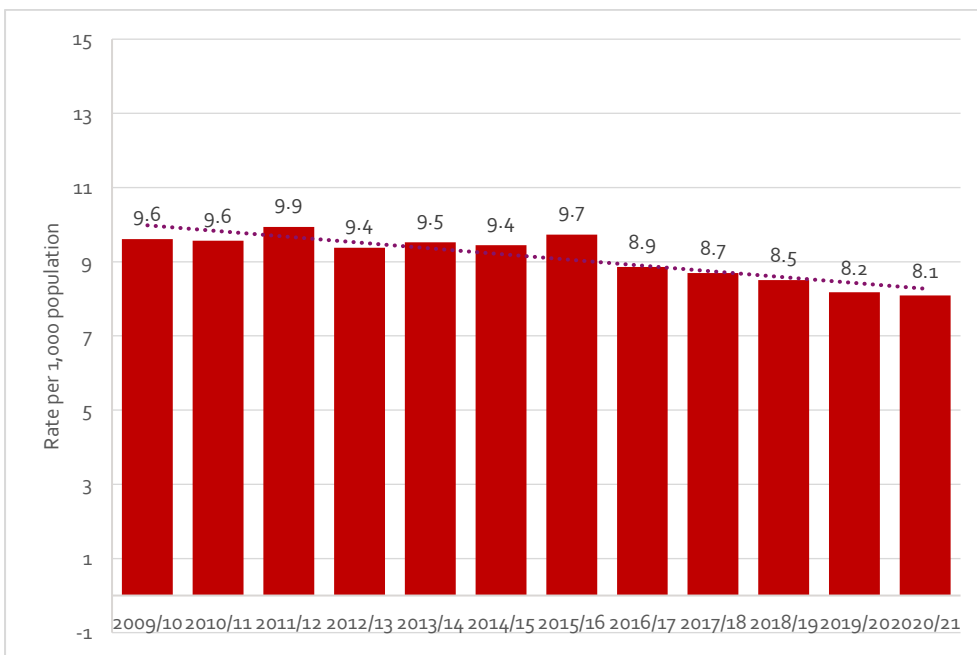
Figure 12 looks at the Tower Hamlets treatment population in comparison to other local authorities in London (expressed as both an absolute number and as a rate per 1,000 of population).

**Figure 10 Treatment population of London boroughs rate per 1,000 population (2020/21)**



The data at figure 12 shows that Tower Hamlets has the fifth largest number of people in treatment in London for 2020-21 (1,945) and one of the highest rates of treatment demand when weighted for resident population (at 10.1 per 1,000 population). The rate per 1,000 population for Tower Hamlets can be shown to be higher than the comparable estimates for London as a whole (6.2) and for England (7.6).

Figure 11 Trends in the rate per 1,000 population of people in treatment, Tower Hamlets, 2009-10 to 2020-21

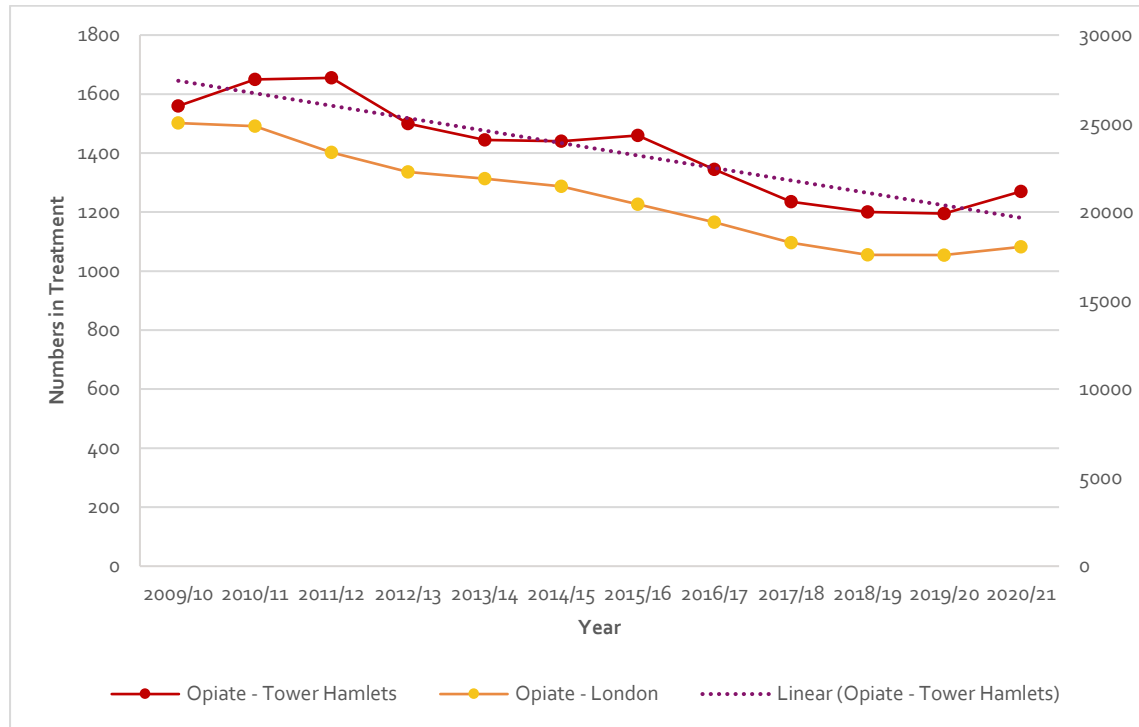


There is a shallow and non-statistically significant decline over time in the rate per 1,000 population of people in Tower Hamlets who are in treatment from a peak of 9.9 per 1,000 on 2011-12 to 8.2 per 1,000 in 2019-10.

**Treatment population by substance**

Figure 14 shows the numbers in treatment for opiate use in Tower Hamlets and in London.

**Figure 12 Opiate users in treatment, 2009-10 to 2020-21, Tower Hamlets, London**

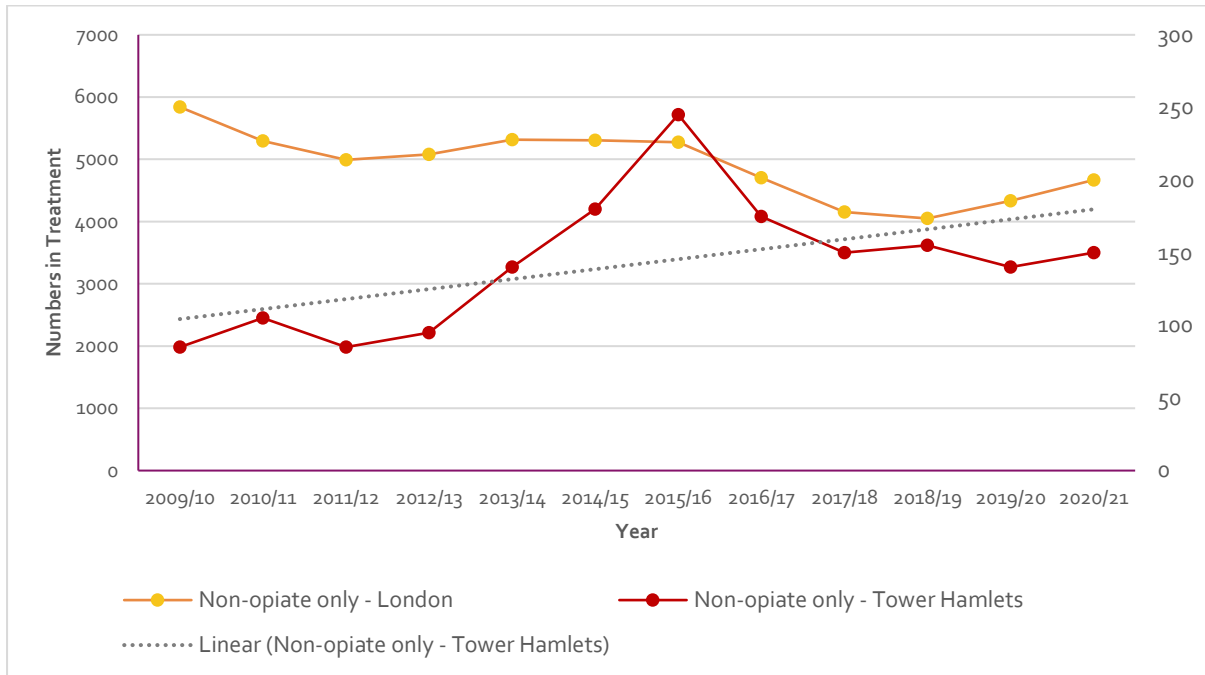


(Source: NDTMS, ViewIT)

The number of opiate users in treatment as measured by NDTMS has significantly declined from a peak in 2011-12 (1,655 users) to 1,270 in 2020-21, which can be shown as a broadly declining trend. There is a very strong correlation in numbers of opiate users in treatment in Tower Hamlets and across London ( $r=0.95$ ), suggesting that the factors which are determining this trend are not specific to Tower Hamlets. The period of decline in numbers runs parallel to the period in which there were cuts to funding in treatment services across London. The data may therefore depict the shrinking capacity of treatment services in Tower Hamlets and elsewhere rather than a drop in actual demand (albeit that this can only be inferred). An alternative explanation might be that opiate users are becoming more difficult to engage in treatment services hence the corresponding decline in numbers.

Data for non-opiate users in treatment is set out below.

Figure 13 Non-Opiate users in treatment, 2009-10 to 2020-21, Tower Hamlets, London



(Source: NDTMS, ViewIT)

The second-highest drug in terms of numbers of people in treatment was for Cannabis, with 46% of users in Tower Hamlets using Cannabis (this is higher than the proportion in Hackney). In Tower Hamlets, there was a peak in service users accessing treatment for non-Opiates in 2015-16 (n=180), with an overall trend of increasing the demand for services. In comparison, there was a weak negative correlation between the number of non-opiate users accessing services in Tower Hamlets with the rest of London ( $r=-0.19$ ), suggesting other local factors may have greater salience in determining the level of access to treatment services.

(There is no clear explanation from the data for the spike in presentations in 2015/16 and the corresponding fall thereafter, nor the more recent increase).

Data for the non-opiate and alcohol treatment population is set out at Figure 16.

Figure 14 Non-Opiate and alcohol users in treatment, 2009-10 to 2020-21, Tower Hamlets, London



(Source: NDTMS, ViewIT)

There has been some fluctuation in the number of presentations to treatment for Tower Hamlets, with an overall trend of a slight, non-significant increase in presentations from 2009-10 to 2020-21. There is a moderately weak negative relation between reports of non-opiate and alcohol treatment demand in Tower Hamlets with London ( $r=-0.31$ ). This suggests that the numbers accessing treatment among non-opiate and alcohol users is likely independent of London-wide trends.

Figure 17 below sets out data for the alcohol only treatment population.

Figure 15 Alcohol-only users in treatment, 20 09-10 to 2020-21, Tower Hamlets, London



(Source: NDTMS, ViewIT)

There has been some fluctuation in the number of reports of people in Tower Hamlets accessing treatment for alcohol-only problems, peaking in 2013-14 (n=505). Overall, from 2009-10 to 2020-21, there was a slight and non-significant decrease in the level of reporting of alcohol-only problems across the borough during this time. In contrast with other substances, numbers of people with an alcohol-only issue is moderately correlated with London-wide trends (r=0.57).

**What this tells us**

While the data indicates a reduction in numbers of opiate users in treatment, this does not suggest a drop in need for opiate treatment. As mentioned above, this is more likely to be related to changes in the capacity of treatment services. Moreover, the OCU estimate data would also imply that there is no downward trend in need for opiate treatment.

The recent increase (from 2019 onwards) in non-opiate users in treatment may suggest that, over and above the need for OCU and opiate treatment, there is a growing need to support users of other drugs.

Data on alcohol only clients, while on a downward trajectory, does not necessarily indicate a drop in need. Data at Table 1 indicated the majority of those who are alcohol dependent are

not in treatment. Therefore, despite the downward trend, the actual picture is likely to be of an ongoing pronounced need for alcohol treatment.

### *Socio-Demographic Indicators*

This section explores the profile of adults in drug and alcohol treatment in Tower Hamlets. The socio-demographic characteristics of people in treatment can be determined by examining NDTMS reports with the data set out below.

#### **Age and Sex**

The age of the adult treatment population is set out at Table 2.

**Table 2 Adult profiles: Age - All in treatment at the start of a treatment episode, 2009-10 to 2020-21, by age and substance type, Tower Hamlets, Percentage (%)**

	09/10	10/11	11/12	12/13	13/14	14/15	16/17	17/18	18/19	19/20	20/21
<b>ALL</b>											
18-29	25	22	20	18	17	15	16	14	15	15	14
30-49	64	66	67	68	67	69	68	67	64	63	64
50+	11	11	13	14	16	16	16	18	21	22	23
<b>OPIATE</b>											
18-29	26	22	19	16	14	10	10	7	6	6	6
30-49	67	70	72	74	75	77	77	77	74	72	70
50+	7	8	9	10	11	13	14	16	20	23	24
<b>NON-OPIATE</b>											
18-29	41	48	38	42	39	44	47	43	33	39	29
30-49	47	43	56	47	54	50	49	49	53	52	61
50+	12	10	6	11	7	6	4	9	13	10	11
<b>ALCOHOL</b>											
18-29	15	10	13	12	13	13	12	16	22	19	17
30-49	60	57	55	58	53	54	54	49	46	48	50
50+	25	33	32	30	34	32	34	34	33	33	33
<b>NON-OPIATE &amp; ALCOHOL</b>											
18-29	29	27	31	30	35	29	33	31	36	35	33
30-49	61	63	56	57	53	59	55	57	54	53	55
50+	10	10	14	14	13	12	12	12	10	12	12

(Source: NDTMS, ViewIT)

The proportion of people in treatment who are aged 18-29 has declined from a peak in 2009-10 of 25% to 14% in 2020-21. The balance of people aged 30-49 years has stayed broadly stable at around 63-69%. In contrast, the percentage of people aged 50 or over has more than doubled from 11% in 2009-10 to 23 in 2020-21. This reflects an ageing population of

opiate users which has increased from 7% in 2009-10 to 23% in 2020-21 which is a trend seen nationally. In comparison, the percentage of non-opiate users aged 30-49 has increased from 47% in 2009-10 to 61% in 2020-21 (including a notable spike in reports from 52% in 2019-20). Alcohol-only, and non-opiate and alcohol users are consistently represented at the same or similar levels (noting some annual fluctuations).

The gender of the treatment population is set out below.

**Table 3 Adult profiles: Sex - All in treatment at the start of a treatment episode, 2019-20, Tower Hamlets, Percentage**

	19/20 (%)
Male	76
Female	24

(Source: NDTMS, ViewIT)

The proportion of female service users are at around one-quarter (24%) having risen from around a fifth in 2016-17.

## Ethnicity

Data regarding the ethnicity of the adult treatment population is set out at Table 4.

**Table 4 Adult profiles: Ethnicity - All in treatment at the start of a treatment episode, 2009-10 to 2020-21, Tower Hamlets, Percentage**

	09/10 (%)	10/11 (%)	11/12 (%)	12/13 (%)	13/14 (%)	14/15 (%)	15/16 (%)	16/17 (%)	17/18 (%)	18/19 (%)	19/20 (%)	20/21 (%)
White	61	61	60	60	60	59	57	58	58	59	58	58
Mixed/Multiple ethnic groups	4	4	4	5	5	6	6	6	6	6	5	5
Asian/Asian British	28	28	27	28	27	28	29	28	27	26	29	30
Black/African/Caribbean/Black British	6	6	7	6	7	7	8	7	8	8	7	7
Other ethnic groups	2	2	2	1	1	1	1	0	2	1	1	1

(Source: NDTMS, ViewIT and Office for National Statistics, Population Estimates by ethnic group and religion Research Report)

There is a broadly stable picture of presenting treatment demand by ethnicity. White service users form around 58% of the treatment population with Asian/Asian British at 30%.

Without ethnicity-specific estimates of 'need', we cannot say that the differences in the ethnic profile of the treatment population and the wider population represent inequities in access to services between different ethnic groups). National data from APMS shows that certain ethnic groups, particularly Asian groups, are less likely to use illicit drugs. So it is likely that there is differential need between population groups, which may be one reason for the differences between the treatment cohort and the overall borough population.



## Religion

**Table 5 Adult profiles: Religion - All in treatment at the start of a treatment episode, 2020-21, Tower Hamlets, Percentage**

	2020/21 (%)
None	30
Christian	29
Muslim	20
Unknown	17
Other	4
Decline	1

(Source: NDTMS, ViewIT)

The most frequently reported religion reported by service users was Christian (27-29%), followed by Muslim (20-29%). No religion was stated by 30 and 42% of service users.

## Sexual Orientation

Data regarding sexual orientation of the treatment population are set out below.

**Table 6 Adult profiles: Sexual Orientation - All in treatment at the start of a treatment episode, 2020-21, Tower Hamlets, Percentage**

	2020/21 (%)
Heterosexual	88
Not stated	5
Gay/Lesbian	4
Bisexual	2
Client asked and did not know or is not sure	1
Other	0

(Source: NDTMS, ViewIT)

Most service users in treatment were reported to be heterosexual (88-93%).

## Parental Status

Data on the parenting status of those in treatment is set out at Table 7.

**Table 7 Adult profiles: Parental Status - All in treatment at the start of a treatment episode, 2009-10 to 2020-21, Tower Hamlets, Percentage**

	09/10 (%)	10/11 (%)	11/12 (%)	12/13 (%)	13/14 (%)	14/15 (%)	15/16 (%)	16/17 (%)	17/18 (%)	18/19 (%)	19/20 (%)	20/21 (%)
Parent living with children	15	15	15	14	14	15	14	14	15	14	13	17

Not a parent and living with children	20	20	20	20	21	21	19	15	9	7	6	6
Parent not living with children	11	15	15	14	16	14	12	17	25	26	26	21
Not a parent and not living with children	53	51	50	51	50	50	55	54	52	53	54	56

(Source: NDTMS, ViewIT)

There has been a notable drop in the proportion of service users reported as 'not a parent and living with children' from around one-fifth of all reports from 2009-10 to 2015-16, which may be a function of the changing age patterns of people in treatment (away from a younger cohort). Commensurately, there has been an increase in reports stating that a person is a parent but not living with children (from 12% in 2015-16 to 21% in 2020-21). The most frequent response for service users was not a parent and not living with children, reaching 56% of all reports in 2020-21.

## Housing

The housing status of the treatment population is set out at Table 8.

**Table 8 Adult profiles: Housing - All in treatment at the start of a treatment episode, 2020-21, Tower Hamlets, Percentage**

	09/10 (%)	10/11 (%)	11/12 (%)	12/13 (%)	13/14 (%)	14/15 (%)	15/16 (%)	16/17 (%)	17/18 (%)	18/19 (%)	19/20 (%)	20/21 (%)
No problem	69	72	73	71	68	68	73	69	64	73	69	68
Housing Problem	17	14	13	16	19	20	18	23	24	16	20	21
Urgent Housing Problem	13	13	13	11	11	10	7	6	11	11	12	11
Other	1	1	0	1	3	2	2	2	1	1	0	0

(Source: NDTMS, ViewIT)

There is a consistent picture of the nature of housing needs among service users in treatment. The majority of service users have been reported to have no housing problem (from 64% in 2017-18 to 73% in 2011-12 and 2018-19). Similarly, around one-fifth of people in treatment report some housing issue, with around one in ten reporting an urgent need for housing.

**Table 9 Adult profiles: Housing - All in treatment at the start of a treatment episode, 2020-21, Tower Hamlets, London and England Percentage**

	09/10 (%)	10/11 (%)	11/12 (%)	12/13 (%)	13/14 (%)	14/15 (%)	15/16 (%)	16/17 (%)	17/18 (%)	18/19 (%)	19/20 (%)	20/21 (%)
<b>No Problem</b>												
England	79	80	80	80	80	81	80	80	80	80	81	83
London	73	74	75	75	76	76	75	75	74	76	78	77

Tower Hamlets	69	72	73	71	68	68	73	69	64	73	69	68
<b>Housing Problem</b>												
England	13	13	13	12	12	12	11	11	11	11	11	12
London	16	15	14	14	13	14	14	14	15	14	14	15
Tower Hamlets	17	14	13	16	19	20	18	23	24	16	20	21
<b>Urgent Housing problem</b>												
England	6	6	7	7	7	7	7	7	8	8	7	6
London	9	9	9	9	9	9	9	9	9	9	8	7
Tower Hamlets	13	13	13	11	11	10	7	6	11	11	12	11
<b>Other</b>												
England	2	1	1	1	1	1	1	2	2	2	0	0
London	1	2	1	2	2	2	2	2	2	2	0	0
Tower Hamlets	1	1	0	1	3	2	2	2	1	1	0	0

Relative to London and England, Tower Hamlets residents are more likely to report having a housing problem including an urgent housing need.

**What this tells us**

The data on age suggest that the specialist treatment population is slowly evolving, becoming older (with nearly a quarter now aged 50 years or over). This indicates that services need to evolve to respond to the needs of a population who are likely to have a range of co-morbid health needs and complications.

The data on ethnicity shows that the ethnic make-up of the cohort of people in treatment is similar to the ethnic make-up of emergency admissions for drugs. As in other inner London boroughs, people of white ethnicity make up a larger majority of those in treatment, compared to the overall borough populations. There are a number of potential explanations for this. As the emergency admissions suggest, It cannot be assumed that all ethnic groups have the same level of need for treatment, and data from the APMS nationally suggest that people of Asian ethnicity are less likely than those of White or Black ethnicity to use illicit drugs.<sup>17</sup>

The data on housing status indicates a link between substance misuse and housing with a tenth of service users reporting an urgent housing problem and one in five a housing problem. Tower Hamlets also includes a higher rate relative to London and England of housing needs (including acute levels of need). This evidences the need to link substance

<sup>17</sup> [Illicit drug use - GOV.UK Ethnicity facts and figures \(ethnicity-facts-figures.service.gov.uk\)](https://www.ethnicity-facts-figures.service.gov.uk)

misuse services to housing and accommodation services, recognising that recovery will be affected by lack of stable accommodation.

### 4.3.3 Substance use of treatment population

This section explores the substances used by those in treatment. Table 10 provides an overview, dividing the treatment population into opiate, non-opiate (only) and alcohol groups.

**Table 10 Adult profiles: Substance Misuse Need- All in treatment at the start of a treatment episode, 2009-10 to 2020-21, Tower Hamlets, Percentage**

	09/10 (%)	10/11 (%)	11/12 (%)	12/13 (%)	13/14 (%)	14/15 (%)	15/16 (%)	16/17 (%)	17/18 (%)	18/19 (%)	19/20 (%)	20/21 (%)
Opiate	68	72	69	67	63	63	62	63	59	59	61	65
Non-opiate only	4	5	4	4	6	8	10	8	7	8	7	8
Alcohol only	18	13	15	20	22	20	16	17	20	19	17	16
Non-opiate & alcohol	11	11	12	10	9	9	11	12	14	14	15	11

(Source: NDTMS, ViewIT)

Around two-thirds of the treatment population (59-72%) were reported to be users of opiates, with around one-fifth (13-22%) reported as users of alcohol only.

In 2020-21 a low proportion of people in treatment reported as users of club drugs and new psychoactive substances (no more than 1% of any substance reported using Ecstasy, GHB, Ketamine, Mephedrone, Methamphetamine and New Psychoactive). Over the last 10 years no more than 1% of the treatment population have reported use of club drugs.

**Table 11 Adult profiles: Substance Misuse Need Selected Substances- All in treatment at the start of a treatment episode, 2009-10 to 2020-21, England, London and Tower Hamlets, Percentage**

		09/10 (%)	10/11 (%)	11/12 (%)	12/13 (%)	13/14 (%)	14/15 (%)	15/16 (%)	16/17 (%)	17/18 (%)	18/19 (%)	19/20 (%)	20/21 (%)
Opiate and crack cocaine	E	15	15	13	13	13	13	14	17	18	18	19	16
Opiate and crack cocaine	L	23	23	22	20	19	18	18	20	21	21	21	21
Opiate and crack cocaine	TH	40	45	43	36	32	33	32	37	31	30	36	35
Opiate (not crack cocaine)	E	23	21	20	19	18	18	17	16	15	13	13	12
Opiate (not crack cocaine)	L	16	15	14	13	12	12	11	10	9	8	8	9
Opiate (not crack cocaine)	TH	18	14	15	14	15	15	13	12	10	9	9	11

crack cocaine)													
Crack cocaine (not opiate)	E	3	3	3	2	2	2	2	3	3	3	4	3
Crack cocaine (not opiate)	L	35	35	31	27	22	21	21	23	24	23	21	22
Crack cocaine (not opiate)	TH	6	7	9	6	5	7	9	10	6	6	7	5
Cannabis	E	20	20	21	21	21	20	20	20	20	19	20	21
Cannabis	L	25	26	27	27	26	26	25	25	25	24	25	26
Cannabis	TH	21	24	27	21	24	25	27	27	27	25	26	25
Cocaine	E	10	10	10	10	10	11	12	13	14	15	16	15
Cocaine	L	14	14	13	14	14	14	14	15	16	16	17	14
Cocaine	TH	9	8	7	6	9	12	10	7	9	13	14	11
Alcohol	E	59	61	63	63	64	63	62	60	60	60	59	60
Alcohol	L	56	58	59	61	62	61	61	61	62	62	61	59
Alcohol	TH	51	47	52	57	57	52	50	50	61	61	56	50

E = England, L = London, TH = Tower Hamlets

Although there is a shallow decline in OCU need, the rate of treatment demand in Tower Hamlets is higher than across London and nationally. For opiate only use, the level of treatment demand is consistently lower in Tower Hamlets than England, but is higher than across London (from 2011-12). Crack cocaine use whilst higher than England, is notably lower than London-wide figures. Rates of treatment demand increased from 2012-13 and is largely in line with London figures. Cocaine needs in Tower Hamlets has risen since 2016-17 but is lower than London and national figures (apart from 2014-15 in comparison to England). As expected given the profile of the borough, the level of demand for alcohol interventions is lower in Tower Hamlets (with the exception of a period between 2017 and 2019).

## Injecting

The injecting status of clients is explored at Table 12.

**Table 12 Adult profiles: Injecting Behaviour - All in treatment at the start of a treatment episode, 2020-21, Tower Hamlets, Percentage**

	Tower Hamlets 20/21 (%)	London 20/21 (%)	Engalnd20/21 (%)
Never previously injected	82	86	81
Previously injected	11	9	11
Currently injecting	7	5	7

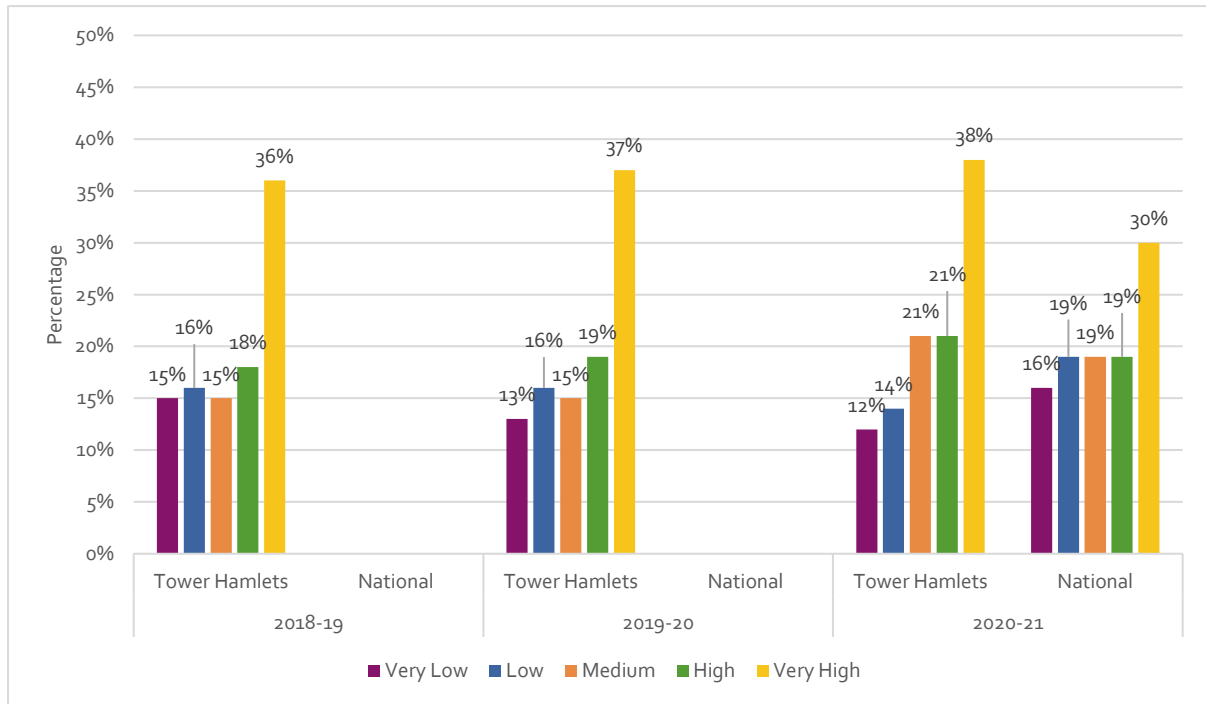
(Source: NDTMS, ViewIT)

Most service users report no previous history of injecting (at 82%) at levels broadly consistent with London and national figures.

### Client Complexity

The following section looks at the treatment profile in terms of client complexity (as defined by OHID) and includes all opiate, non-opiate and alcohol clients.

**Figure 16 Treatment Complexity, Tower Hamlets and Local Outcome Comparator areas, 2018-19 to 2020-21 (data for LOC for 2020-21 only)**



(Source: OHID, Recovery Diagnostic Toolkit)

Tower Hamlets' entire treatment population can be shown to be less likely to be 'lower-risk' than in comparator areas ('very low' risk 12-15% compared to 15% in comparator areas; 'low' risk 14-16% compared to 19% nationally); broadly in line for 'medium' risk (15-21% in Tower Hamlets, relative to 19% nationally); but more likely to be a 'very high' risk (36-38%) relative to nationally (30%).

#### **What this tells us**

The data substantiates conclusions drawn earlier about the ongoing need to support and engage opiate users in the borough who continue to make up the majority of the treatment population. The alcohol treatment population has declined somewhat (as a proportion of the total treatment population) but the evidence indicates a need for greater numbers to access treatment for alcohol misuse (i.e. the drop is not due to a drop in need).

The data on opiate users indicates a high level of complexity with 38% designated as “Very high risk” (a proportion that is higher than for the comparator areas). (See Figure 18).

#### 4.3.4 Alcohol-only treatment population

This section sets out data with specific reference to the alcohol treatment population to better understand this sub-group of the treatment population.

##### *Demographic profile*

The demographic profile of the adult treatment population is set out at Table 13.

**Table 13 Socio-Demographic Characteristics of Tower Hamlets residents in alcohol-only treatment at treatment start, 2009-10 to 2020-21, Percentages**

	09/10 (%)	10/11 (%)	11/12 (%)	12/13 (%)	13/14 (%)	14/15 (%)	15/16 (%)	16/17 (%)	17/18 (%)	18/19 (%)	19/20 (%)	20/21 (%)
Male	71	70	79	78	73	72	71	74	65	63	67	69
Female	29	30	21	22	27	28	29	26	35	38	33	31
18-29	15	10	13	12	13	13	12	16	22	19	17	15
30-49	60	57	55	58	53	54	54	49	46	48	50	49
50+	25	33	32	30	34	32	34	34	33	33	33	36
White	79	80	74	73	77	75	71	71	68	71	68	65
Mixed/Multiple ethnic groups	2	3	6	6	4	5	5	6	6	5	3	4
Asian/Asian British	10	8	10	10	9	11	12	10	12	14	17	18
Black/African/Caribbean/Black British	6	5	7	9	8	9	12	13	12	9	10	12
Other ethnic groups	2	3	3	1	1	0	0	0	3	0	2	2

(Source: NDTMS, ViewIT)

The ratio of male-to-females accessing services has remained essentially constant at around 70 (male):30 (female).

Age profiles show mild fluctuations in the percentages of people accessing treatment, with a slight decline in people aged between 30-49.

There has been a decrease in the proportion of people accessing services from a White ethnic group (from 79-80% in 2009-10 and 2010-11 to 65% in 2020-21). In contrast, there has been an increase in the proportion of people with an Asian/Asian British heritage from 8-12% between 2009-10 to 2017-18 to 18% in 2020-21. As stated earlier, in the absence of data in relation to specific ethnic groups it is not possible to say whether the data indicates whether there are ethnic differentials in access or in needs being met.

### *What this tells us*

The data on alcohol-only clients indicates a slightly different population profile to drug users – for instance the slightly younger predominant age range. This suggests that the alcohol treatment cohort are somewhat distinct from drug (particularly opiate) users. While minority ethnic groups are represented in the alcohol treatment population, it is not possible to determine whether there are ethnic differentials in access or in needs being met.

## 4.4 Vulnerable adults

### *Key findings:*

- Research indicates that half of homeless people will experience substance misuse issues. Data for Tower Hamlets indicates 99 new rough sleepers in July to September 2022. A further 30 people were living on the streets.
- Among newly homeless households in Tower Hamlets with identified support needs, a higher proportion have need relating to drugs or alcohol than is the case across London; suggesting particularly high substance misuse need among homeless people locally. 11.4% of newly homeless have a need around drugs (vs 3.1% across London). 4.3% have an alcohol-related need compared to 2.4% across London.
- Research suggests very high prevalence of drug and alcohol use among women involved in prostitution. Around 50 clients are currently being supported by specialist services for women involved in prostitution in Tower Hamlets.

This section seeks to explore the needs of specific groups of adults who are known to have heightened vulnerability in relation to substance misuse issues.

### 4.4.1 Statutory homeless

Under the Homelessness Reduction Act (2017) local authorities have a number of duties in relation to homelessness, these are:

- Prevention duty: Local authorities owe prevention duties to help stop households at risk of homelessness losing their accommodation.
- Relief duty: If a household is homeless, the local authority owes them a relief duty to provide some sort of accommodation.
- Main duty: The main homelessness duty to provide accommodation (which until 2018 was the only statutory duty owed to homeless households) comes into effect when the relief duty has failed and accommodation has not been secured.



Data for Tower Hamlets for the period January to March 2022 indicates that of the 124 households with support need owed a homelessness duty 48 (38.7%) had a drug dependency need and 18 (14.5%) an alcohol dependency need. Drug dependency accounted for 11.4% of all support needs (compared to a London rate of 3.1%) and alcohol dependency 4.3% of all needs (compared to a London rate of 2.4%).

#### 4.4.2 Rough sleepers

Research in 2015 by Bramley *et al*<sup>18</sup> indicated that half of homeless people in England experience substance misuse. Research by Gill *et al*<sup>19</sup> indicates that half of rough sleepers, a specific sub-cohort of the homeless, could be defined as alcohol dependent, of whom 36% were severely dependent. 16% of hostel residents were alcohol dependent with 10% severely dependent.

Guidance issued by the charity [Homeless Link](#)<sup>20</sup> in 2019 sets out a number of key considerations when working with the homeless in relation to drug and alcohol treatment:

- Effective care planning – understanding the needs of service users holistically therefore understanding their physical and mental health and any substance misuse issues.
- Providing advocacy – advocating for the homeless population to ensure that they can access and receive the care and support that they need.
- Promoting harm reduction – providing health messages that can minimize harms from drug and alcohol consumption until such a time as when homeless people are prepared to engage with treatment.
- Store and administer naloxone – naloxone temporarily reverses the effects of opioid overdose; the guidance is that homeless services should be trained in identifying the signs of overdose and how to administer naloxone.
- Refer to drug treatment – identifying the appropriate pathway into local treatment services and making onward referral.
- Embrace partnership working – proactively engaging with and collaborating with organisations that can offer specialist services to homeless people (therefore including working collaboratively with substance misuse treatment services).

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<sup>18</sup> Bramley, G., Fitzpatrick, S., Edwards, J., Ford, D., Johnsen, S., Sosenko, F. & Watkins, D. (2015) *Hard Edges: Mapping Severe and Multiple Disadvantage*. (London: Lankelly Chase Foundation).

<sup>19</sup> Gill, B., Meltzer, H., & Hinds, K. (2003), The prevalence of psychiatric morbidity among homeless adults, *International Review of Psychiatry*, Vol. 15, No. 1-2, pp. 134-40.

<sup>20</sup><https://www.homeless.org.uk/sites/default/files/site-attachments/Supporting%20people%20who%20use%20drugs%20in%20homelessness%20services%20v2.pdf>

## Rough sleeping in Tower Hamlets

Tower Hamlets has seven hostels for homeless people, housing 450 people.

The government’s rough sleeping snapshot in autumn 2021 identified 28 people sleeping rough in the borough on a single night in the autumn.<sup>21</sup>

Data on levels of rough sleeping are set out at Table 14.

**Table 14 Tower Hamlets rough sleepers, July – September 2022**

Volumes	Rough sleepers	Change from last period	Change on same period last year
<b>New rough sleepers (RS) (all)<sup>22</sup></b>	<b>99</b>	<b>+59</b>	<b>+75</b>
New RS with no second night out	68	+52	+55
New RS with a second night out but not living on the streets	29	+6	+19
New RS joining living on the streets population*	2	+1	+1
<b>Living on the streets (LOS) (all)<sup>23</sup></b>	<b>30</b>	<b>+4</b>	<b>+15</b>
LOS – transferred from new RS*	2	+1	+1
LOS – known	27	+3	+13
LOS – RS205+	1	0	+1
<b>Intermittent rough sleepers<sup>24</sup></b>	<b>65</b>	<b>+26</b>	<b>+16</b>
<b>Total</b>	<b>192</b>	<b>+88</b>	<b>+105</b>

Chain Quarterly Report, July – September 2022

The data at Table 14 indicates that 21% of those in drug and alcohol treatment in Tower Hamlets have a “Housing problem” and 11% an “Urgent Housing Need” indicating a high level of homelessness and unstable accommodation among the local treatment population. Moreover, these rates have been fairly stable for the last 10 years.

<sup>21</sup> <https://www.gov.uk/government/statistics/rough-sleeping-snapshot-in-england-autumn-2021/rough-sleeping-snapshot-in-england-autumn-2021#regional-maps>

<sup>22</sup> A new rough sleeper is defined as someone who has not been contacted by outreach teams rough sleeping before the period.

<sup>23</sup> Living on the streets is defined as those who have had a high number of contacts over three weeks or more which suggests they are living on the streets.

<sup>24</sup> Intermittent rough sleepers are defined as people who were seen rough sleeping before the period began at some point and contacted in the period, but not regularly enough to be “living on the streets”.

A report on hard to manage hostel clients produced for Tower Hamlets Council<sup>25</sup> identified 97 hostel residents with “No Current Recovery Potential” (designated as older residents with substance misuse and mental health issues who are difficult to manage in the borough’s mainstream hostel provision). 81.5% of this client group had a pattern of drug misuse and 52% had problems with alcohol misuse. 81% had been through multiple local hostels with an average of just over 3 hostel placements per person.

The scale of substance misuse amongst the homeless population was described by one professional stakeholder: *“We have a huge problem with substances in hostels – drugs are a main support need, together with alcohol. And there are people at different levels of substance misuse within one provision, and that doesn’t work in my opinion”*.

### **Services provided**

The rough sleeping and homeless population are one of the key groups that the Providence Row outreach element of RESET target.

More recently Tower Hamlets received a Rough Sleeper Drug and Alcohol grant to help engage rough sleepers into treatment. The funding has been used to employ Assertive Engagement Workers to engage rough sleepers engaged in substance misuse related ASB and support them into treatment.

This work is delivered separately to the work delivered by Providence Row (as part of RESET) as described above.

In addition, three Hostel Relationship Managers are employed by the council. The focus of these posts is to work with the hostel staff and residents as well as supporting local residents. Their work includes helping to manage the most problematic clients who often have additional vulnerabilities due to substance misuse-related issues.

For those working with rough sleepers in Tower Hamlets, there was praise for the *“new model of outreach and navigation – the navigator team appeared last year, and those services are so valuable. That emphasis on engaging people, spending time to get people to reach a point to enter structured treatment or harm reduction, is great”*. But stakeholders also referenced the lack of staffing capacity at RESET: *“In RESET Outreach there are two workers to cover the whole borough, and that’s for everyone, not just rough sleepers. The Navigator service,*

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<sup>25</sup> “Report on a Housing Related Support Review for Tower Hamlets Council: Better meeting the needs of hard to manage hostel clients”, M. Ward, March 2019.

*specifically for rough sleepers, do a fantastic job, but they'd be busy if there were 10 more navigators! If you want an effective navigation through care service, you need more staff".*

### **Additional services for rough sleepers**

Asked what substance misuse provision should look like in an ideal world, one interviewee identified the need for a more personalised approach to the large hostels: *"They really should have a RESET worker allocated to each hostel provision. It was a route we were going down until they started to lose staff. Makes sense that hostels have at least one allocated named person, who go in for in-reach – particularly for large hostels".*

Some stakeholders felt that abstinence-based provision needed to be made available again locally. *"The Project ADDER worker is working hard with complex people to get them into rehab. An issue raised on numerous occasions is the fact that those working on the ground might get people into rehab, but where do they go after that? If they go back to hostels or unstable housing they'll relapse".*

### **4.4.3 Women involved in prostitution**

Research by Jeal *et al* notes that, "Sex work is frequently linked with problematic drug use and drug-dependent sex workers typically work on the street, experiencing the greatest risks to health compared with the general population<sup>26</sup>". The use of drugs impacts on the wider health outcomes of women involved in prostitution, "underpins their excess morbidity" and is also related to their risk-taking behaviour. Use of drugs can have the effect of trapping women as they are caught in a cycle of prostitution to feed their drug use.

In a separate study, Jeal *et al* identifies that, of a group of 71 women involved in prostitution who were interviewed, all reported drug or alcohol dependency problems, 22% had shared needles in the last week and 59% had shared injecting equipment<sup>27</sup>.

Jeal *et al* state that mental health conditions often act as a barrier to women involved in prostitution accessing substance misuse treatment. Experience of violence and abuse (common among women involved in prostitution) can lead to post traumatic stress disorder (PTSD) which, if un-resolved, acts as a barrier to accessing treatment services.

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<sup>26</sup> Jeal *et al*, Drug use in street sex workers (DUSSK) study protocol: a feasibility and acceptability study of a complex intervention to reduce illicit drug use in drug-dependent female street sex workers, *BMJ Open*, 2018.

<sup>27</sup> Jeal N., Salisbury C., A health needs assessment of street-based prostitutes: cross-sectional survey, *J Public Health (Oxf)* 2004 Jun;26(2):147-5

### *Services for women involved in prostitution*

Tower Hamlets has a Prostitution Partnership which adopts a MARAC-like (i.e. multi-agency) approach to supporting sex workers.

A local project has also been commissioned – Beyond the Streets - to support local women involved in prostitution.

The service offers one-to-one support to women.<sup>28</sup> The support is described as “holistic” and encompasses both practical support as well as emotional support. It adopts an assertive outreach approach in which support workers and volunteers identify and engage women on the streets where they are working.

The manager of the project reported that they are working with around 50 women of whom “around 90%” were described as having a substance misuse issue. (This prevalence would align with the findings from Jeal *et al* set out above). The women use drugs to deal with trauma, mental health and as response to the ongoing trauma of the work that they do.

All women are given an assessment which includes addressing substance misuse needs. The assessment process is “women-led” and so is done at a time and pace that suits them and supports their engagement.

It was reported that Beyond the Streets work well with RESET and the DIP team to support women into treatment as required (moreover, supporting women into substance misuse services is a KPI for the organisation). There is also an ADDER Women’s Pathway co-ordinator who works with this cohort.

#### *What this tells us*

Data on vulnerable adults indicates that there are a population of homeless and rough sleepers and people living on the streets, many of whom are likely to have drug and/or alcohol issues (as indicated in the research cited earlier). The proportion of those who are homeless and have a drug or alcohol need is higher in Tower Hamlets than elsewhere. The data therefore indicates a clear need to ensure that links and pathways are available for the homeless population to ensure that they can access treatment, while taking into account the additional vulnerability they have from a lack of stable accommodation.

Data on women involved in prostitution indicates a small but not insignificant group of people who are also likely to have drug and alcohol needs, again pointing to the need to

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<sup>28</sup> Note that the service does not support women who work on premises but this is to be explored in 2023.

ensure that services are available to this group and which takes into account their vulnerability.

## 4.5 Views of stakeholders

### *Key findings:*

- Drug use was considered to be very widely prevalent in the borough along with associated drug dealing. Particular concerns were raised around the widespread use of nitrous oxide.
- Representatives from local community organisations reported perceived barriers for some communities in terms of accessing support for drug and alcohol use. These barriers were reported as both stigma within the community, lack of community awareness of specialist services, and lack of cultural awareness of services.
- Stakeholders suggested that members of some local communities seek support through community means (such as mosques) rather than approaching specialist services.

### 4.5.1 Community stakeholders

Local community groups were consulted to understand the perspective of communities in Tower Hamlets. The views of these community groups are set out below. The views cannot be taken as being representative of the entire communities that they represent, or of the Tower Hamlets population as a whole. They are the viewpoint of a small number of community leaders from within those groups, however they give some useful points for consideration.

The views are set out in relation to key themes identified.

#### *Perceptions of stigma*

Although substance misuse was acknowledged as a taboo for the Islamic community it was also reported that the community has become more receptive to managing such issues in recent years. It was reported that there is a stigma attached to the issue and there is a need to make it easier for the community to access support. An interviewee from the Somali community felt that people from the Somali community were reticent to engage with statutory services as they felt that they were being judged when they did attend.

#### *Perceived cultural barriers*

It was reported that cultural barriers were believed to exist in relation to some communities accessing services. These barriers included language and cultural sensitivity.

Community stakeholders emphasised the need for services to be culturally sensitive and use culturally appropriate methods to address substance misuse issues. A stakeholder from one organisation used to refer to NAFAS, which was a culturally sensitive service (Bengali-led organisation) offering 12 weekday care programmes for drug users and their families. The stakeholder did not feel that there is an equivalent service currently and that consequently problems and misuse are often hidden and not being addressed.

### *The role of local community organisations*

A number of community representatives stated that members of the community they work with on occasion seek advice from them for help with substance related issues.

It was reported that Imams are often contacted to get advice on family substance misuse from a religious perspective and will signpost to specialist services. Contact is normally made by a family member rather than the user themselves. Often the person contacting refers to drugs generally rather than a specific drug type. Alcohol, crack cocaine and cannabis were reported as often being misused.

### *Drug dealing*

Representatives from a community organisation described the borough as a “haven” for Class A drug use and dealing, particularly crack cocaine and heroin whilst also recognising issues in relation to cannabis and nitrous oxide.

### *Drug use*

As highlighted elsewhere in this report, nitrous oxide use was described as “rampant” within the local community.

Some stakeholders perceived that there was increasing demand for “party drugs” caused by affluent people either living in the borough or visiting for work (e.g. Shoreditch, Canary Wharf and Liverpool Street) as being an issue, with local people supplying. It was felt that local people are often dealing to raise funds to pay for their own habit. (There is a lack of quantitative data to substantiate these views).

‘Lean’ was also described as being prevalent - this is a recreational drug prepared by mixing prescription strength cough or cold syrup containing codeine and promethazine with a soft drink. Lean was considered to be well embedded among young people (18 – 25 years old) in the community, with a feeling that it is culturally acceptable and the impact of its use are not seen as serious. Recently among young people the use of nitrous oxide has increased a lot with little understanding of its health effects. Education is required to address these uses.

Finally, it was noted that substance misuse is often linked to strong cultural traditions and cultural acceptances – for instance the use of Khat which is an established cultural tradition for many social situations.

### *Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ+) community*

A stakeholder from a local LGBTQ+ organisation stated that substance misuse is a major issue for their community, particularly in relation to clubbing drugs such as cocaine.<sup>29</sup> They also referred to the issue of chemsex<sup>30</sup> in the community. They also felt that there was a lot of hidden alcohol drinking - particularly at home. Some of this use was attributed to the inability of members of the community to cope with such issues associated with family, culture and faith. Substance misuse also comes up increasingly early for young people and is often seen by them as a way of managing their circumstances.

They stated that young LGBTQ+ people they were working with had a different drug mix usage. The use of nitrous oxide was particularly high amongst 15 – 18 year olds.

It was reported that members of the community do not feel that specialist services are “friendly” or reflective/understanding of the needs of the community. It was stated that members of this community should be offered the ability to see a worker from their community. Instead, members of the community do not routinely access substance misuse services and, when people do access specialist services, it was often late when they were in crisis.

#### *What this tells us*

There is a consensus among community stakeholders that there appear to be some perceived cultural barriers that may be influencing the extent to which some communities are accessing services. All representatives indicated there was some need for substance misuse treatment within their community and therefore that this may not be catered for due to the perceived barriers that exist. The data indicates the role of community groups as key interlocutors, providing means by which people from communities are seeking help rather than through statutory and commissioned services.

<sup>29</sup> Some independent research is available which substantiates this view. London Friend, an LGBTQ+ charity point to data from the Crime Survey for England and Wales that indicates that drug use in the past year amongst gay and bisexual men is three times higher (33%) than use amongst heterosexual men (11.1%). For lesbian and bisexual women use is more than four times as high (22.9%) than for heterosexual women (5.1%). See: <https://londonfriend.org.uk/official-data-confirms-lgb-drug-use-much-higher-than-heterosexuals/>

<sup>30</sup> “Chemsex” is an umbrella term that captures use of methamphetamines, GBL/GHB, mephedrone – plus a range of other novel substances which are not captured in data elsewhere.



The other key message from community sources is the sheer availability and levels of use of a range of drugs.

## 4.6 Substance misuse and children and young people

### *Key findings:*

- There has been a significantly declining trend in the hospital admissions rate for alcohol-specific conditions for young people under 18 in Tower Hamlets. This is consistent with trends both nationally and across London.
- Hospital admission rates for those aged between 15 and 24 years due to substance misuse are lower in Tower Hamlets than the rate for England.
- A local survey of school pupils indicates that 15% of boys and 21% of girls at secondary school had ever had a drink.
- The survey indicates that 11% of boys and under 10% of girls have reported ever having taken drugs.

This section addresses the needs of children and young people as well as the health impact of drug and alcohol use.

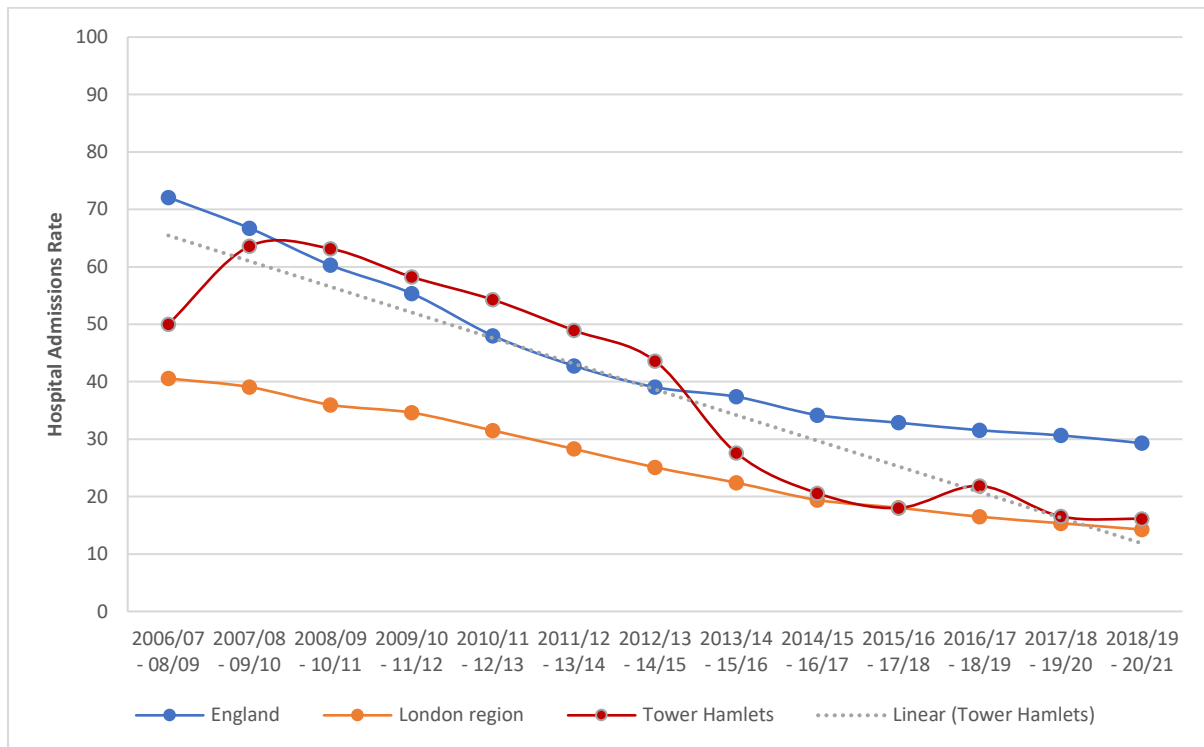
### 4.6.1 The health impact of drugs and alcohol on young people

As is the case for adults, there are a range of metrics that describe the degree of health harms caused to young people by drugs and alcohol. These are explored below.

#### *Hospital admissions*

Data for alcohol-related hospital admissions provide another means by which to understand the health impact that alcohol is having locally. (As per other hospital data set out in this report coding issues may affect the quality of the data).

Figure 17 Admission episodes for alcohol-specific conditions - Under 18s (Persons), 2006-07 to 2020-21, Tower Hamlets, London, England Hospital Admissions Rate

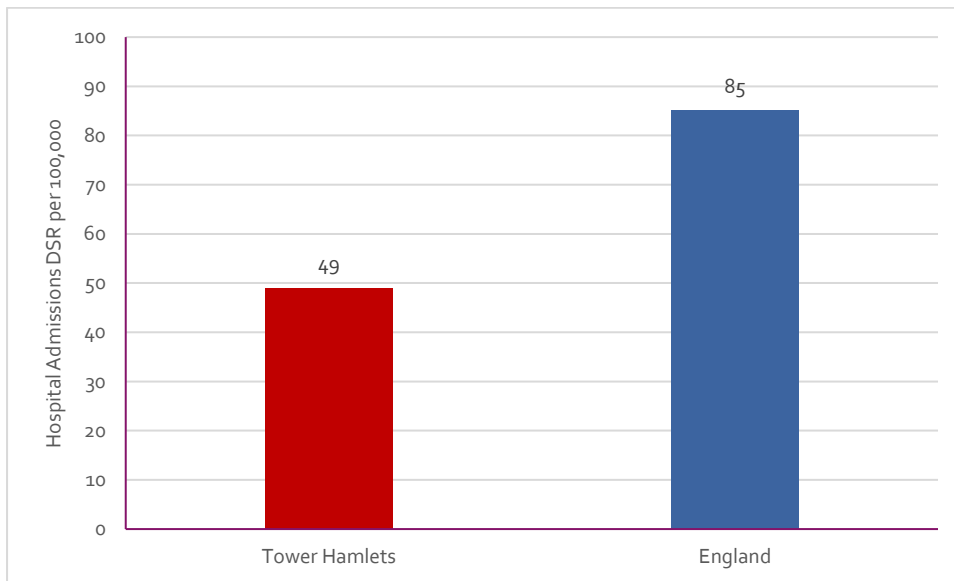


(Source: OHID, Fingertips)

There has been a significantly declining trend in the hospital admissions rate for alcohol-specific conditions for young people under 18 in Tower Hamlets, with a drop in reported admissions from 2012-13 (and despite a small spike in admissions during 2016-17 to 2018-19). This trend is consistent across London and nationally, suggesting that reductions in the borough are aligned with national trends (that is, the causes that are driving down rates nationally are also operating locally). The data does not indicate what these factors might be.

Data at Figure 20 explores hospital admission rates for those aged between 15 and 24 years due to substance misuse, again taking into account coding of hospital data and also the very low numbers of young people for whom data is recorded (the data is given as a rate per 100,000).

**Figure 18 Hospital admissions due to substance misuse (15-24 years) for Tower Hamlets and England, 2017-18 to 2019-20, Directly Standardised Rate (DSR) per 100,000 15-24-year-olds**



(Source: Young people substance misuse commissioning support pack 2022-23: Key data)

The DSR of hospital admissions from 2017-18 to 2019-20 due to substance misuse for young people aged 15-24 years is significantly lower in Tower Hamlets (49) compared to national rates (85).

***What this tells us***

The data for alcohol admissions for young people shows a very clear, ongoing and downward trend over a number of years. This would seem to suggest lower levels of alcohol consumption among young people – or at the least, drinking occurring at levels that do not necessitate a hospital admission. The lower rate of substance misuse admissions which, very tentatively, may indicate a lower need among young people (given that adult rates of admission in contrast were higher than the national rate). While the overall trend is downward, there are different communities of young people in the borough (for instance those living at home and students living away from home) and a range of different ethnic and cultural groups with different attitudes towards drugs and alcohol. The overall trend data does not identify need within specific sub-groups of young people and it is possible that, among some groups, need is increasing and that there are groups of young people in the community with high levels of need.

## 4.6.2 Young people’s perceptions of drugs and alcohol

This section seeks to ascertain the views of young people in Tower Hamlets with regards to the use of drugs and alcohol.

A survey of schools, (Pupil Attitude Survey) carried out in 2022, explored the views of young people. The survey is delivered through schools in the borough and there are separate versions for both Primary and Secondary schools.<sup>31</sup> The survey focuses on pupils’ views and experiences about learning, health and well-being, staying safe and plans for the future. Specific questions address attitudes towards and use of alcohol and drugs.

This section provides an overview of the findings from the secondary school survey.

### Alcohol

Pupils were asked about their use of alcohol. All respondents to the survey were aged under 18 years and so this data represents a snapshot of under-age drinking in the borough.

**Table 15** Have you ever had an alcoholic drink - a whole drink or a sip? (% by gender and ethnicity) (n=256)

	Yes (%)	No (%)
Boys	15%	72%
Girls	21%	73%
Other	43%	14%
White	63%	23%
Mixed	47%	40%
Asian/Asian British	7%	84%
Black/Black British	15%	62%
Other	31%	56%

Higher rates of lifetime prevalence were found for girls (21%) compared to boys (15%). White school pupils report the highest rate of lifetime alcohol use (63%), with Asian/Asian British the lowest at 7%. Many pupils of Asian/Asian British heritage will be from the local Bangladeshi community where alcohol consumption is haram, thus the differential drinking rates are not unexpected.

<sup>31</sup> The Pupil Attitude Survey captured the views of 1,516 pupils from 21 primary schools and 271 secondary school pupils from four secondary schools. Note that all schools in the borough were invited to participate meaning that the schools that engaged are a self-selected minority and may not therefore be a representative sample.

The data from the survey indicated that, while one in three children have tried alcohol, few (under 10%) have had alcohol in the preceding month.

### Drugs

Young people were asked about their use of drugs.

**Table 16 Have you ever taken drugs? (% by tender and ethnicity) (n=255)**

	YES (%)	NO (%)
Boys	11%	83%
Girls	<10%	85%
Other	14%	43%
White	<10%	86%
Mixed	19%	69%
Asian/Asian British	10%	84%
Black/Black British	0%	85%
Other	13%	88%

Similar rates of lifetime prevalence in the use of drugs were found by sex across boys (11%) and girls (10%). Mixed (19%) and Other ethnic groups (13%) reported the highest lifetime prevalence rates relative to other groups.

Young people were asked specifically about use of cannabis. The results are set out at Table 17.

**Table 17 If you have taken drugs, how often have you taken any of the following drugs in the last 4 weeks? Cannabis (e.g. Skunk, Hash, Weed etc.) (% by gender and ethnicity) (n=224)**

	Never	Not in the past 4 weeks	Once or twice	Three or more times	I have never taken drugs
Boys	57%	<10%	0%	<10%	35%
Girls	72%	0%	0%	<10%	26%
Other	40%	0%	0%	20%	40%
White	67%	0%	0%	<10%	27%
Mixed	69%	0%	0%	<10%	23%
Asian/Asian British	64%	<10%	0%	<10%	31%
Black/Black British	67%	0%	0%	0%	33%
Other	63%	<10%	0%	<10%	25%

Low levels of recent cannabis use were identified among pupils. (The results are obscured somewhat by the style of question which includes 'never' and 'I have never taken drugs').

Young people were asked to indicate whether they had taken any other drugs.

**Table 18** If you have taken drugs, how often have taken any of the following drugs in the last 4 weeks? Solvents, glue or gas (to inhale or sniff, like Laughing Gas/Nitrous Oxide etc.) (% by gender and ethnicity) (n=202)

	Never	Not in the past 4 weeks	Once or twice	Three or more times	I have never taken drugs
Boys	57%	<10	0%	0%	38%
Girls	64%	<10	0%	<10	28%
Other	67%	0%	0%	0%	33%
White	66%	<10	0%	0%	28%
Mixed	62%	0%	0%	<10	31%
Asian/Asian British	62%	<10	0%	<10	33%
Black/Black British	60%	0%	0%	0%	40%
Other	50%	<10	0%	<10	33%

There is a low level of recent solvent use among students with some indication of use amongst girls (<10%), mixed, Asian/Asian British and Other groups.

There was a low level of recent use for “other” drug types<sup>32</sup> and legal highs.

**What this tells us**

Data from the Pupil Survey indicates that a small cohort of young people of school age are already experimenting with alcohol and drugs. It is not the case that these young people will require substance misuse treatment, but it is nevertheless the case that early experimentation is an issue of concern and warrants some form of intervention to prevent further experimentation or more ongoing use. (A little under 10% of young people report using alcohol three or more times). As such there is evidence for the need for ongoing health and harm reduction messages to young people in the borough.

As may be expected young people are more likely to report use of alcohol than drugs. Where young people had taken a drug, this was most likely to be cannabis. This aligns with data

<sup>32</sup> Cocaine, LSD, heroin, crack, speed, magic mushrooms, Ecstasy, GHB

(presented later) that indicates that cannabis use is the most drug likely to be used by those in treatment.

### 4.6.3 Young people's access to drugs and alcohol

Data from Trading Standards provides further insight into experimental drug and alcohol misuse in Tower Hamlets. While the data by no means gives reliable figures for levels of experimentation with alcohol and other substances it does however give an indicative picture of the extent to which young people are seeking out these substances.

#### *Test purchasing*

Tower Hamlets council undertakes test purchasing on the basis of intelligence received, where information has been provided that a retailer has been selling to under-age young people. Intelligence is often provided by members of the public. Operations are carried out every couple of months with one product checked per retailer where intelligence has been provided (i.e. the test purchasing is carried out just for alcohol or tobacco for instance).

Data on test purchasing is set out below.<sup>33</sup> A failure means that the young person has been sold the item in question.

**Table 19 Alcohol test purchases 2018 - 2022**

Year	Alcohol					
	Total No. of Test Purchases <sup>34</sup>	No. of Test Purchases for alcohol	No. of Failures (sales)	% Failure Rate	No. of Prosecutions	Total Fines
2018/19	277	42	1	2.3%	0	0
2019/20	154	32	0	0	0	0
2020/21	8	8	4	50%	11	£2,222
2021/22	83	14	6	42.8%	16	£11,557

The data above indicates that there is a test purchase failure rate of 43% indicating that a number of local retailers have been selling alcohol to young people locally, a steep increase since 2018/19 (no test purchase operations were carried out during the Covid pandemic).

<sup>33</sup> Note that test purchasing figures dropped significantly in 2020/21 because of the pandemic. The data for this year should therefore be read with caution.

<sup>34</sup> Note that test purchases are also carried out for tobacco, vapes, knives and fireworks. The data set out is just for alcohol test purchases.

### Nitrous oxide

Trading Standards also carry out seizures for nitrous oxide (colloquially known as “Nox”). While Nox is not illegal, it can only be sold with reference to certain specific purposes – for instance for sale to the catering trade (to use in aerosols) and in healthcare. Therefore, retailers who do not have obvious links to those sectors where Nox is permitted can have their stock seized by Trading Standards officials (on the assumption that the Nox is being sold for its psychoactive effects, which is prohibited in law).

Data for Nox seizures in Tower Hamlets is set out below.<sup>35</sup>

**Table 20 Seizure of Nox canisters by Tower Hamlets trading standards**

	2018	2019	2020	2021	2022
Nox canisters	-	576	5,088	6,984*	5,749 <sup>§</sup>

\*29 1.4kg nitrous oxide cylinders

§ 39 650grams nitrous oxide cylinders and 44 1.4kg nitrous oxide cylinders

The data indicates a rise in Nox seizures since 2019 (with no seizures in 2018). While the data may be indicative of the focus put on this issue in the council, it nonetheless describes a situation in which substantial amounts of Nox are being sold by local retailers. This data will not capture on-street dealing of Nox, such as balloons outside of night club, and is therefore by no means fully indicative of Nox use locally.

#### **What this tells us**

The data on Nox seizures, while it should be treated very tentatively, is indicative of a demand for nitrous oxide in Tower Hamlets. The increase in seizures appears to show a strong demand for Nox among local residents (albeit that this may be due an enforcement focus in recent years rather than accelerating demand).

## 4.6.4 The children and young people’s treatment population

### **Key findings:**

- The number of young people in specialist treatment has decreased from 200 in 2014-15 to 70 in 2019/20.
- 3,048 young people received some form of intervention from Safe East of whom 97% (2,952) required only a brief intervention.

<sup>35</sup> Necessarily seizure data cannot be wholly attributed to use by young people, however stakeholders consulted for this needs assessment repeatedly associated Nox use with local young people. As such the assumption is made here that most Nox is being purchased by young people.

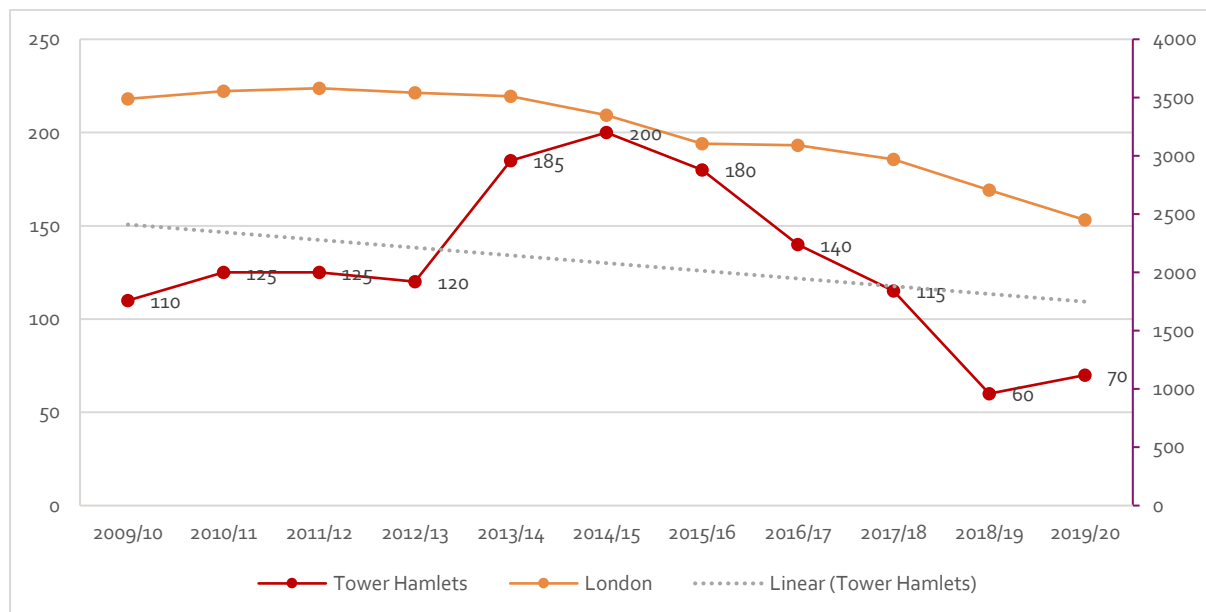


- Nearly half (47%) of young people in treatment were aged 14 or 15 and the same proportion were aged 16 or 17.
- Nearly two thirds (63%) of young people in treatment were in mainstream education however a quarter (25%) were recorded as Not in Education, Training or Employment.
- No young people were in treatment for opiates or crack cocaine. Most were in treatment for less health harmful drugs such as cannabis (93%) or alcohol (57%). Solvent use has increased and is now reported by over a fifth (21%) of young people in treatment.

This section sets out data regarding the children and young people’s treatment service.

### Numbers in Treatment

Figure 19 Numbers of young people in treatment, Tower Hamlets and London, 2009-10 to 2019/20



(Source: ViewIT. Note data for 2020/21 are not available at the time of reporting)

There was an increase in the number of young people accessing treatment, reaching a peak in 2014/15 (n=200). After that, the numbers decreased significantly to 70 in 2019/20. Overall, the linear trend is a shallow decline, and the trend is moderately correlated ( $r=0.54$ ) with presentation numbers across London. As per the size of the adult treatment population, the data does not indicate that the drop in numbers is associated with a drop in need – that is, the data does not indicate that fewer young people require treatment. The drop may be associated with cuts in treatment budgets and the corresponding drop in the capacity of treatment services. Other possible explanations are that young people are not willing to

access treatment services or that they do not perceive their use of drugs to be problematic and therefore do not wish to access specialist treatment services.

A breakdown of young people accessing the service in 2020-21 is set out at Table 21.

**Table 21 Young people engaging with Safe East (substance misuse only) (2020-21)**

	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual	Actual YTD
Total number of young people receiving interventions	563	495	1236	754	3048
Total number of young people receiving brief interventions	333	389	1115	1115	2952
Total number of young people receiving pharmacological interventions and/or structured interventions	157	93	121	121	492
No of Tier 3 individuals in treatment	55	28	22	21	82

The data shows that, in 2020-21 a total of 3,048 young people received some form of intervention from Safe East of whom 97% (2,952) required only a brief intervention while 2.6% (82) required an episode of structured treatment. The data therefore indicates that only a very small number required specialist treatment intervention and that, by far the majority had any substance misuse needs addressed through a limited and short-term response (i.e. a brief intervention).

### **Socio-Demographic Indicators**

The profile of the young people's treatment population is explored below.

**Table 22 Selected socio-demographic profiles at treatment start, Tower Hamlets 2019/20, percentages**

	19/20 (%)
<b>Age</b>	
Under 14	7
14-15	47
16-17	47
<b>Sex</b>	
Male	36
Female	64

(Source: ViewIT. Note data for 2020/21 are not available at the time of reporting)

Just under half (47%) of young people in treatment in 2019-20 were aged 14-15 and 16-17 years. There are clear differences by gender with twice as many females accessing treatment as males, a pattern that has been consistent over the last 10 years.

The gender ratio has changed from a high of 86% male, and 14% female in 2013-14 to 64% male, and 36% female in 2019-20.

**Table 23 Selected socio-demographic profiles at treatment start, Tower Hamlets 2019/20, percentages**

Ethnicity	Local (n)	Proportion of all in treatment (Tower Hamlets)	Proportion of all in treatment (England)
White British	7	11%	73%
Other White	2	3%	4%
Not Stated	0	0%	3%
Caribbean	1	2%	3%
White and Black Caribbean	5	8%	3%
Other Mixed	1	2%	2%
African	3	5%	2%
Other Asian	0	0%	1%
Other Black	2	3%	1%
Pakistani	1	2%	1%
Missing/Incomplete	0	0%	1%
Other	2	3%	1%
White and Asian	1	2%	1%
Bangladeshi	38	59%	1%
White and Black African	0	0%	1%
Indian	0	0%	1%
White Irish	1	2%	0%
Chinese	0	0%	0%

(Source: Young people substance misuse commissioning support pack 2022-23: Key data)

The largest group in treatment for young people under 18 years is Bangladeshi (59%). Caution is advised in interpreting these findings due to the comparatively low numbers reported in treatment.

Data on their employment status is set out at Table 24.

**Table 24 Employment Status, Tower Hamlets 2019/20, percentages**

	19/20 (%)
Mainstream education	63
Alternative education	13
Not in employment or education or training (NEET)	25

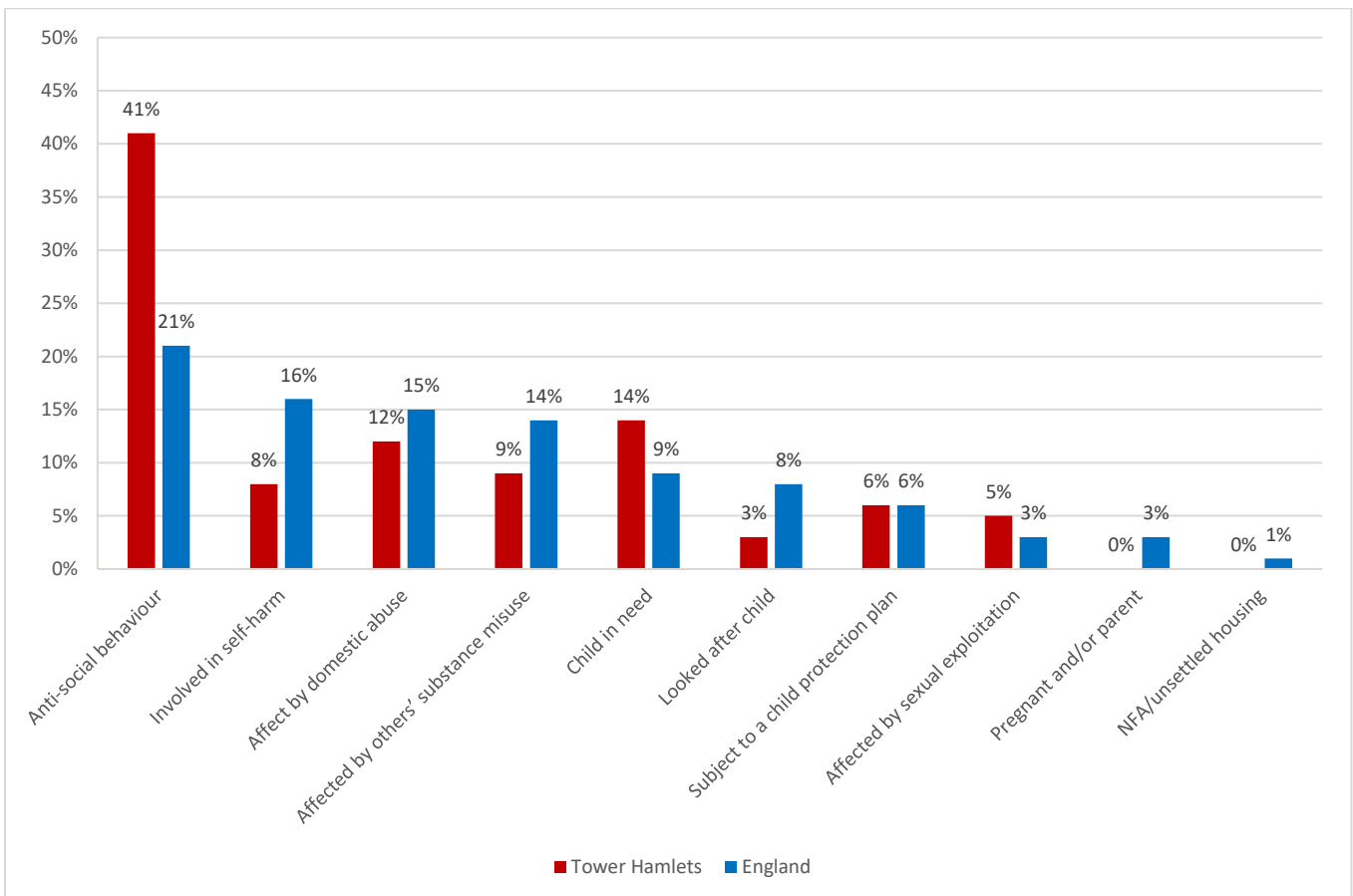
Apprenticeship or training	0
Employed	0
Persistent absentee or excluded	0
Economically inactive - health issue or caring role	0
Voluntary work	0

(Source: ViewIT. Note data for 2020/21 are not available at the time of reporting)

The majority of young people in treatment were reported to be in mainstream education (63%). A quarter of young people were not in employment, education or training (NEET) indicating a potential vulnerability among this cohort. The NEET cohort has grown from 11% in 2016-17.

Data on the wider vulnerabilities of the young people is set out at Figure 22.

**Figure 20 Young people (under 18) in treatment with wider vulnerabilities for Tower Hamlets, 2020-21**



(Source: Young people substance misuse commissioning support pack 2022-23: Key data)

For young people in treatment with wider vulnerabilities, Tower Hamlets residents were more likely to report being subject to anti-social behaviour (41%) compared to nationally (21%); being a child in need (14% in Tower Hamlets, 9% in England) and being affected by sexual exploitation (5% in Tower Hamlets, 3% in England). Conversely, Tower Hamlets

residents were less likely to report vulnerabilities in self-harm (8% in Tower Hamlets, 16% in England); affected by domestic abuse (12% in Tower Hamlets, 15% in England); affected by others' substance misuse (9% in Tower Hamlets, 14% in England) and being a looked after child (3% in Tower Hamlets, 8% in England).

**What this tells us**

While there has been a pronounced decrease in the young people’s treatment population, it cannot be said with any certainty that this is evidence of a reduction in need. Given data (set out above) on experimentation with drugs and alcohol, it is legitimate to conclude that other factors are responsible for the drop in the treatment population, and that this may be more due to capacity issues than demand. (That is the drop simply a measure of reduced availability of treatment places).

The data on age shows that early engagement with young people is important – nearly a half of young people in treatment were aged 14 or 15 years and a small minority were aged under 14. This demonstrates that need for engagement starts very early.

While the majority of young people in treatment were in mainstream education, a quarter were classified as NEET. This suggests a degree of vulnerability associated with this cohort and that there is a clear need to engage NEETs, not only in relation to employment and education, but also with regard to other vulnerabilities.

**4.6.5 Substance Use**

Data in this section explores the substance used by young people in specialist treatment. (Young people can cite more than one substance). See Table 25.

**Table 25 Young people’s substance use**

	09/10 (%)	10/11 (%)	11/12 (%)	12/13 (%)	13/14 (%)	14/15 (%)	15/16 (%)	16/17 (%)	17/18 (%)	18/19 (%)	19/20 (%)
Cannabis	86	76	76	92	97	90	89	82	87	92	93
Alcohol	73	76	80	71	57	60	56	46	39	58	57
Ecstasy	0	0	0	0	3	3	0	0	0	0	0
Cocaine	5	8	4	0	3	3	3	0	0	0	0
Other	5	0	0	0	0	8	6	0	0	0	0
Benzodiazepines	0	0	0	0	0	0	0	0	0	0	0
Solvents	0	4	0	0	0	3	6	7	17	17	21
Other opiates	0	0	0	0	0	0	0	0	0	0	0
New psychoactive substances	-	-	-	-	0	0	3	4	0	0	0
Crack	0	0	0	0	0	0	0	0	0	0	0
Codeine	0	0	0	0	0	0	0	0	0	0	0
Ketamine	0	0	0	0	0	0	0	0	0	0	0

Heroin	0	0	0	0	0	0	0	0	0	0	0
Nicotine (adjunctive use only)	23	16	16	29	65	50	42	57	61	50	57

(Source: ViewIT. Note data for 2020/21 are not available at the time of reporting)

A large majority of young people accessing treatment report using cannabis (reaching 92-93% from 2018-19 to 2019-20), with over half (57-58%) from 2018-19 also reported the use of alcohol. As an adjunctive substance, nicotine use was also used in over half of all reports from 2016-17 (reaching 61% in 2017-18). There has been a notable increase in the percentage of young people reporting using solvents from 2017-18 (17-21%).

### **What this tells us**

The data indicates the almost universal use of cannabis among young people in treatment. The data highlights multiple drug use – with over half of young people also reporting alcohol use.

There has also been a pronounced increase in solvent usage (0% in 2013-14 to 21% in 2019-20). This suggests a very strong increase in the use of other drugs – most likely Nox<sup>36</sup> (given that this was highlighted as an issue by stakeholders).

An important finding is the complete absence of the use of crack and heroin for the period for which data was available. This is strongly indicative of a generational shift in the use of Class A drugs and is in contrast to the large proportion of opiate and crack users in the adult treatment population. While some young people may go on to use these drugs the data indicates that they have not started consumption prior to the age of 18. This mirrors a trend recognised nationally with fewer young people using Class A drugs compared to older generations.

## **4.6.6 Treatment Processes**

This section explores data in relation to treatment processes for young people.

**Table 26 Referral pathways, Tower Hamlets percentage known to drug treatment services 2009/10 to 2019/20**

	09/10 (%)	10/11 (%)	11/12 (%)	12/13 (%)	13/14 (%)	14/15 (%)	15/16 (%)	16/17 (%)	17/18 (%)	18/19 (%)	19/20 (%)
Education	38	33	16	17	42	39	39	32	14	22	25
Youth/Criminal justice	25	33	47	28	13	45	48	53	64	44	50
Social care	6	11	11	6	3	3	4	5	7	22	13
Self, family and friends	6	6	0	0	3	3	4	0	7	11	13
Health services	6	11	11	6	3	3	4	0	0	0	0

<sup>36</sup> Nitrous oxide is captured as its own code in NDTMS but this is then subsumed within the “solvent” category of drugs.

Substance misuse	19	6	16	44	35	3	0	11	7	0	0
Other	0	0	0	0	0	3	0	0	0	0	0

(Source: ViewIT. Note data for 2020/21 are not available at the time of reporting)

A large proportion of referrals for specialist drug and alcohol treatment comes from the criminal justice system (50% in 2019-20, reaching 64% in 2017-18). Between one-fifth and one-quarter (22-25%) since 2018-19 referrals come from education. No referrals were made from health services from 2016-17 onwards (with no referrals were made in the last five years for which data were available).

### *What this tells us*

The data indicates a strong link between the criminal justice system and treatment. Conversely while the majority of young people reported being in mainstream education, this was not the primary route into treatment.

## 4.6.7 Vulnerable young people

### *Key findings:*

- Young offenders are known to have increased risk of substance misuse. The rate of new entrants to the youth justice system in Tower Hamlets is double the national rate.
- 8% of Looked After Children were identified as having a substance misuse issue. This is over double the national rate of 3%.
- 5% of suspensions from school in Tower Hamlets were reported to be associated with drugs and alcohol, higher than the national rate of 3%.

This section explores data in relation to a number of key groups of young people who are known to be at greatest risk of developing problematic use of alcohol and drug use.

NICE identify key risk factors for young people as<sup>37</sup>:

- mental health problems
- being sexually exploited
- engaged in commercial sex work
- being lesbian, gay, bisexual or transgender
- Not in Employment Education or Training (NEET)
- excluded from school or who truant regularly

<sup>37</sup> Drug misuse prevention: targeted prevention. NICE Guideline NG64 (2014).

- families or carers use drugs
- looked after or who are care leavers
- in contact with youth offending services

The literature states, “The more risk factors young people have, the more likely they are to misuse substances”<sup>38</sup>. NICE states that the vulnerable include:

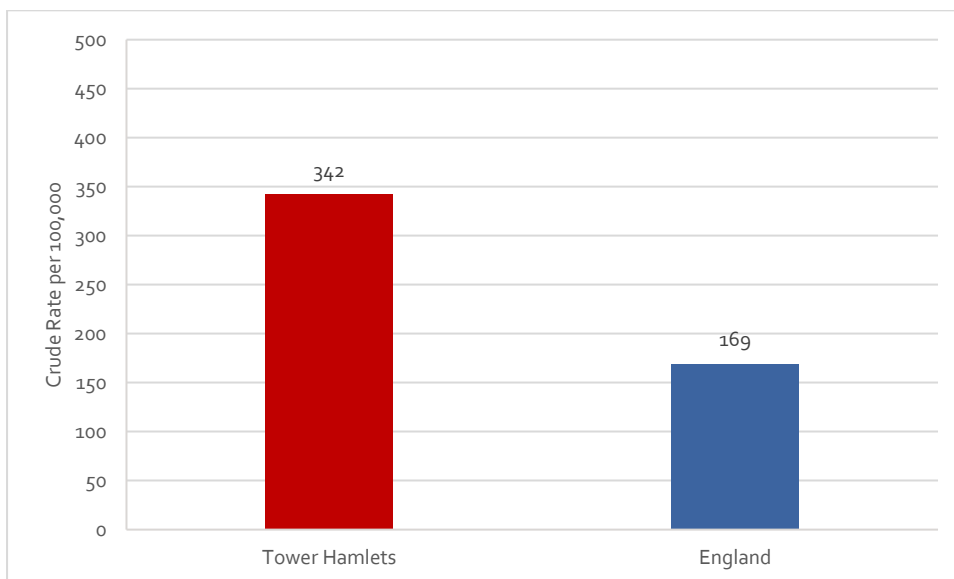
- in multiple groups of need (i.e. more than one of the factors set out above)
- whose personal circumstances put them at risk
- who use drugs on an occasional basis
- are already excessively using another substance such as alcohol<sup>39</sup>

### Young offenders

Young people known to youth offending services are known to be a cohort who are vulnerable to substance misuse.

Data at Figure 23 shows the rate of first-time entrants to the youth justice system for Tower Hamlets and England.

Figure 21 First-time entrants to the youth justice system - Under 18s for Tower Hamlets and England, 2020



(Source: Young people substance misuse commissioning support pack 2022-23: Key data)

<sup>38</sup> Young People – substance misuse JSNA support pack. p.5.

<sup>39</sup> NICE Guideline, p.12.



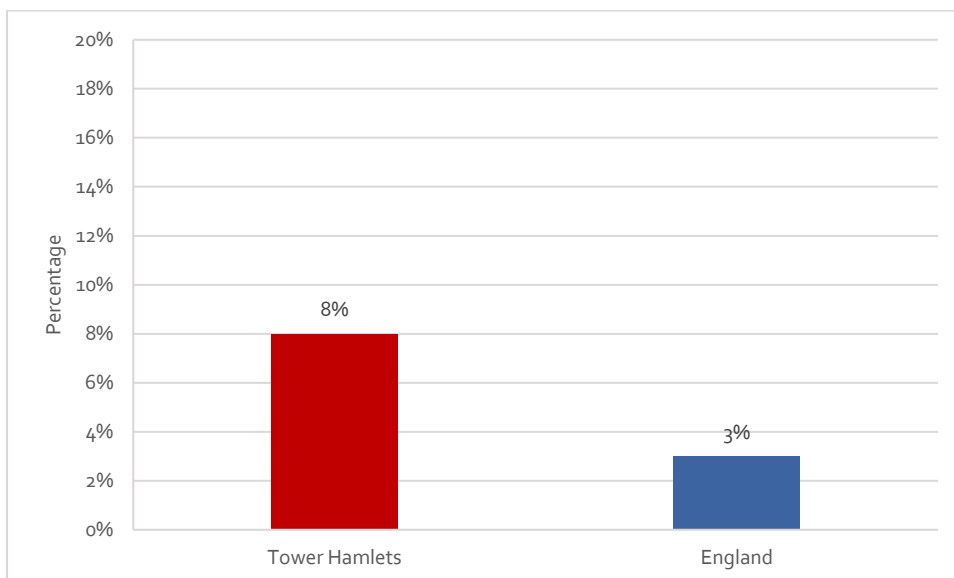
The crude rate per 100,000 population of first-time entrants to the youth justice system for those under 18s for 2020 was double that of the national rate (342 per 100,000 in Tower Hamlets compared to 169 per 100,000 in England). The difference can be shown to be statistically significant.

### **Looked After Children (LACs)**

Children and young people who are looked after are known to be a group with a higher risk profile in relation to substance misuse<sup>40</sup>.

Data at Figure 24 shows the proportion of LACs who were identified as having a substance misuse issue.

**Figure 22 Children looked after for at least 12 months identified as having a substance misuse problem Tower Hamlets and England, 2020-21, Percentage**



(Source: Young people substance misuse commissioning support pack 2022-23: Key data)

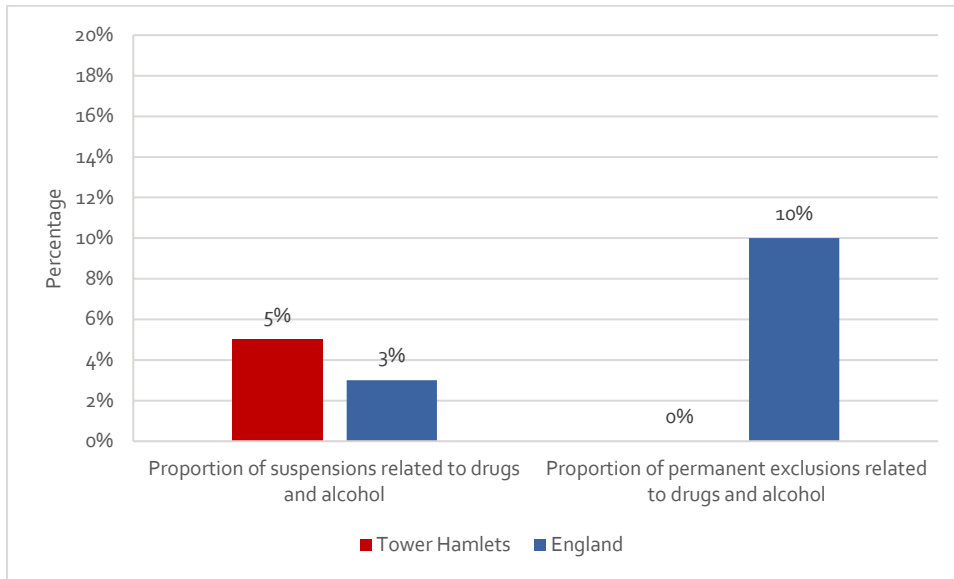
The percentage of children looked after for at least 12 months identified as having a substance misuse problem in 2020-21 was more than double the national rate (8% in Tower Hamlets compared to 3% in England). Of those in Tower Hamlets, 41% received a substance misuse intervention compared to 44% nationally.

### **School exclusions**

Data was explored in relation to suspensions and exclusions from schools in Tower Hamlets in relation to substance misuse.

<sup>40</sup> See NICE guideline [NG64] - <https://www.nice.org.uk/guidance/NG64/chapter/Recommendations#assessment>

**Figure 23 Suspensions and permanent exclusions from school related to drugs and alcohol for Tower Hamlets and England, 2019-20**



(Source: Young people substance misuse commissioning support pack 2022-23: Key data)

Suspensions from school for drug and/or alcohol-related issues in 2019-20 were higher in Tower Hamlets (5%) relative to England (3%). In comparison, there were 0% permanent exclusions for drugs and/or alcohol in Tower Hamlets compared to one in ten nationally (10%). The local approach to exclusions is supported managed moves which is the most likely explanation for the difference from the rate in England.

**What this tells us**

The data on referrals into treatment from criminal justice agencies indicates the crucial link between these services. Given that Tower Hamlets has a higher rate of first-time entrants to the youth justice system than national rates, this highlights the importance of this engagement mechanism as it will be a key conduit by which to direct vulnerable young people into treatment. The data may also indicate that a cohort of young people are using drugs to cope with adverse factors in their life and are subsequently then being picked up by criminal justice agencies. The data may therefore highlight earlier vulnerability in their lives (albeit that this conclusion is somewhat conjectural).

The data also highlights the vulnerability of LACs, nearly one in ten of whom report a substance misuse problem. This again highlights the importance of engaging local groups of vulnerable young people.

## 4.6.8 Views of stakeholders

### *Key issues:*

- Local stakeholders reported widespread drug use among young people with early onset experimentation with alcohol (aged 14 and above) and use of nitrous oxide.
- Stakeholders reported young people becoming involved in drug dealing and drug-related crime.
- Emphasis was placed on the need for appropriate education for young people to share key messages about drug and alcohol use.
- Local professionals working with children felt that Covid and the associated lockdowns had exacerbated substance misuse issues among young people.

Local stakeholders were consulted to understand their views regarding young people's use of alcohol and drugs. The views cannot be taken as representative of entire communities or groups and so should be considered as being useful points for consideration. The views are set out below.

### *Drug and alcohol use among young people*

Stakeholders stated that alcohol use is an issue, particularly from 14 years onwards (that is, school years 7,8 and 9). The age group have community exposure to cannabis (i.e. it is readily available and used in the wider community) but appear not to participate themselves.

It was suggested that the behaviour of young people is heavily shaped by adult behaviour; especially parental drinking, which some professional stakeholders reported seeing an increased use during Covid.

There was a perception that drug use among young people had recently seen a large increase recently in relation to Nox and spice use. Young people were also reported to vape, but do not always know what substance they are actually vaping. (There is little corroborating quantitative evidence to substantiate this view).

Stakeholders from a number of community organisations emphasised that drug use is often the symptom of something happening in the young person's life which needs to be addressed.

### *Drug-related crime*

A number of community representatives expressed the opinion that young people were involved in dealing cannabis. It was the view of a number of interviewees that involvement in substance misuse was therefore exposing some young people to the criminal justice system through involvement with gangs and knife crime.

Other stakeholders noted that despite wealth within the borough (e.g. Canary Wharf) there were high levels of poverty and, in some cases, the wealth was fuelling the substance misuse trade. They felt therefore that there was a need to connect with the young people who are often the most vulnerable undertaking both drug dealing and consumption.

### ***The role of education***

Stakeholders placed great emphasis on the need for education, highlighting the risks associated with substance misuse, that it's not "normalised" as well the implications of being caught with illegal substances. They emphasised that education should begin in primary schools and be a standard part of the school curriculum. In contrast staff felt that many young people saw substance misuse as normal behaviour.

### ***Availability of services for young people***

Some stakeholders expressed the view that, where services were in place, these did not necessarily cater for young people. For instance statutory services' operating times did not adequately take account of when services were really needed: substance misusers sleeping patterns often meant that their average day did not start until about 3/4pm when statutory services were winding down. This was thought to put a lot of pressure on the police who have to pick up substance misuse and other issues as they were the only statutory service constantly available. Some stakeholders therefore stated that the focus should be on outreach, going to the communities rather than operating from centralised locations. (There is not corroborating quantitative evidence to support this view).

### ***Impact of Covid***

It was a belief among some stakeholders that domestic abuse and substance misuse had increased during lockdowns – with more drug and alcohol use affecting families. *"The pandemic escalated family issues. But services responded appropriately, and we all knew we couldn't keep doing things the same way – so for example we adjusted substance misuse training, which used to do face to face. We made it more interactive online. We all had to learn very quickly - how to identify safeguarding online was tricky, but we had to learn that".*

### ***Role of safeguarding and early intervention activities***

Funding streams like Project ADDER, which has included the funding of a social worker, is helping to solve some of the entrenched problems for those working in safeguarding. *"In the past if a case involved just alcohol and no abuse, we would tend to redirect to GPs – asking them to put a person in touch with addiction support. And we were pretty sure nothing ever happened in the majority of cases as GPs are stacked up. But when we got Project ADDER funding for a social worker it meant that we have someone who tries to make contact with each case directly and robustly, and get them into treatment services. Also that person takes on safeguarding*

*where addiction is a key aggravating factor, be it perpetrator or victim. A perpetrator with addiction will, for example, go to their mum's house and rob them - so if we can get them to address addiction, wider risk is greatly reduced."*

Some stakeholders highlighted the loss of particular interventions: specifically the M-PACT (Moving parents and children together) programme, which did not run between 2020 to 2022. The licence provider was unable to develop an online version of the programme. This was a major challenge: *"we used to deliver this accredited programme around keeping parents and children together - so substance misuse using parent accessing RESET would be able to get this support, and we would encourage the whole family to join the 9 week evening programme. It worked well, but we couldn't develop it online. Prior to that we had been getting a lot of referrals but that died down. Recently we began delivering the programme again. But it was so hard to get referrals, as we had to re-establish links with children's social services and re-establish our team. It really did affect family work, with not a lot of referrals coming in".*

A pilot project around the repeat removal of children from mothers is just about to start, looking at a trauma informed approach around those mothers who have children taken off them due to substance misuse. A person is coming in-post soon *"for a year or so. Just going through checks. They'll look at partnership work around that, to prevent and focus on the trauma. RESET will be involved. Looking at counselling, and contraception etc. We used to have similar project eight or nine years ago called Nightingale, but that cost a lot."* Another project mentioned for praise is the Women's Criminal Justice worker, funded by Project ADDER, looking at alternatives to prison for women who are offending. *"That has huge implication on families and children".*

## **4.7 Analysis and summary: Need and Impact**

### **4.7.1 Alcohol**

Despite high rates of alcohol abstinence, Tower Hamlets has high levels of need around alcohol-related harms. Data at Figure 1 and 2, for instance, indicates that Tower Hamlets has a higher level of binge drinking, and of drinking over 14 units per week, than the rate for London and England. Furthermore, while the rate of people drinking at increased levels has decreased in London, it has increased in Tower Hamlets. While there may be a section of the community who are abstinent, many other adults in the borough are drinking at levels that may harm their health.

The data for various health harms caused by alcohol substantiates this picture. Alcohol-related mortality (Figure 3) indicates an increase from 2019 onward. However, hospital admission rates (for both alcohol-specific and wider measures) show an overall downward trajectory – see Figures 4 and 5. Several issues with hospital data – such as coding practices or impact of the pandemic on hospitalisations – may explain this discrepancy. (Albeit that these downward trends may be due to how data are coded or the impact of the Covid pandemic on hospital admissions).

As with the rest of England, Tower Hamlets has high numbers of adults who may be alcohol dependent but whose needs for treatment are not met. Only 14% of the adult population who would benefit from treatment are in receipt of such support (Table 1, and which compares to the rate in England of 13.7%). Though this is an estimate, it does clearly indicate that the majority of those who would benefit from treatment are not in treatment.

In summary, the data for alcohol clearly indicates a high level of need, high unmet need, and therefore the ongoing need for interventions for those drinking above recommended levels as well as those who are dependent.

#### 4.7.2 Drugs

Data at Figure 9 (based on historic data from 2016-17) shows that Tower Hamlets has a high rate of OCU, crack and opiate use with an OCU rate of 14.4 per 100,000 population (compared to a rate of 6.3 in London and 8.9 for England as a whole). This aligns with the views of local professional stakeholders who described the borough as having a significant issue with levels of Class A drug use. While relying on the projection of historic estimates (which are somewhat prone to error) the OCU prevalence rate in Tower Hamlets were (in 2016) increasing as was the rate of opiate use (albeit that crack rates were declining). (See Figure 10). Similarly there was an (estimated) upward trajectory in the estimated level of unmet need for OCUs, opiate and crack (with a small recent decline in 2020-21) (Figure 11).

In summary, there is substantial unmet need for drug treatment for Class A drug users in the borough, despite the fact that the borough has the largest treatment population in London (see Figure 12). While a comprehensive treatment system has been put in place (described later in this report), this is not meeting the needs of all Class A drug users in the borough: like elsewhere, many of these users are not previously engaged in treatment nor are they currently in treatment.<sup>41</sup>

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<sup>41</sup> Unmet need will include a mix of the treatment “naïve” (those who have never been in treatment) and those who are not currently in treatment but who have had previous treatment episodes.

### 4.7.3 Drug and alcohol treatment population

Tower Hamlets has the largest total treatment population in London with 1,945 adults in treatment in 2020-21 (Figure 12). It also has the fourth largest treatment population in London as a rate per 1,000 of population (at 10.1).<sup>42</sup> Crudely expressed, Tower Hamlets has a bigger issue to address than most other authorities in London.

The size of the treatment population (Figure 13) is on a downward trajectory in terms of the numbers of opiate users in treatment (from a high of over 1,600 in 2011-12). While this mirrors a similar downward trajectory across London as a whole, there is nothing that implies that this decline is due to a drop in need for treatment. Rather, and as discussed above, the data appears to indicate that conversely there are growing levels of Class A treatment need.

The alcohol treatment population has also declined over the past decade (albeit at a shallower rate) (Figure 17).

It is likely therefore that the drop in the treatment population across all group of substances is not due to a decline in the number of people needing specialist treatment, but is more likely linked to budget cuts to local treatment services, which have led to reduction in capacity and corresponding shrinking of the treatment population. The treatment budget has roughly halved since 2012. This data would tend to substantiate this conclusion.

The profile of the treatment population shows clearly how the proportion of those aged 50 and above in treatment are increasing. Table 2 shows that in 2010/11 this age group made up 11% of the treatment population, while now make up nearly a quarter (23%). This suggests the presence of an ageing cohort of opiate users, which may partly explain the growing cohort of service users who have been in treatment for six years or more (now making up 15% of the treatment population).

The issue of the ageing OCU population is not limited to Tower Hamlets but is a well-recognised phenomenon across England. The ageing population will exert an additional pressure on local services as they are likely to have a range of complex co-morbid health (physical and mental health conditions) and social care needs that will need to be addressed in addition to their drug use.

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<sup>42</sup> While the City of London also has a higher rate per 1,000 this is something of an anomaly given a very small resident population.

## 5. Early intervention

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### *Key findings:*

- Alcohol screening is available in Tower Hamlets for local adults. This is consistent with guidance with regard to effective early intervention. In 2021-22 over 49,000 adults received an alcohol screening in primary care.
- Additional screening is available online via the Drinkcoach website.

This section seeks to explore issues in relation to drugs and alcohol that are the precursor stages to dependency, where an individual may require specialist support or help: it looks at impacts and at the range of services that are in place to address problems at this stage.

### 5.1 Early intervention services for adults

#### 5.1.1 What works

There is a clear and well-developed evidence-base for the range of provision that should be in place to intervene to support adults with drug and alcohol misuse prior to the issue becoming such whereby it will require specialist treatment.

#### *Pathways*

Commissioning Quality Standards set out that, "People working in other services are offered training to provide services to people affected by problem drug or alcohol use, including:

- basic screening to identify problem alcohol or drug use
- advice and harm reduction interventions
- referral to appropriate services."<sup>43</sup>

Partners who have a role to play include: schools and youth services, community services, healthcare, housing services, criminal justice agencies, employment services and adult and children's social care.

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<sup>43</sup> <https://www.gov.uk/government/publications/commissioning-quality-standard-alcohol-and-drug-services/commissioning-quality-standard-alcohol-and-drug-treatment-and-recovery-guidance> See 3. Whole and integrated system approaches



### *Identification and Brief Advice (IBA)*

Many drinkers are motivated to try to reduce their alcohol consumption. A desire to be healthier, concern expressed by others and reducing the costs are some of the motivations towards change<sup>44</sup>.

IBA for alcohol use as recommended by NICE<sup>45</sup> should be delivered in all adult health, social care, and criminal justice settings. PHE guidance<sup>46</sup> also recommends that IBA is provided in all appropriate primary and secondary healthcare settings. There should be clear pathways<sup>47</sup> for those who may be dependent on alcohol and require structured treatment.

#### **5.1.2 Early intervention services for adults**

A range of services are available for adult residents who may be drinking at elevated levels that may impact on their health. These services are not for those who are drinking at dependent levels and are not intended to serve this group of drinkers.

#### ***P-RESET***

P-RESET is a primary care drug and alcohol service provided by the Tower Hamlets GP Care Group. It is the brand name of the primary care drug and alcohol service commissioned by the local authority and also delivers Shared Care and annual health checks on alcohol dependent, opiate and crack users.

The early intervention component of P-RESET offers all adults in Tower Hamlets an AUDIT-C<sup>48</sup> alcohol screening assessment. Where necessary a full AUDIT screen can be carried out where the score from AUDIT-C indicates potentially hazardous levels of drinking.

Patients can receive either brief advice or an onward referral into RESET for treatment as required.

Table 27 sets out AUDIT-C screening undertaking in primary care.

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<sup>44</sup> Beard E, Brown J, Kaner E, West R, Michie S. Predictors of and reasons for attempts to reduce alcohol intake: A population survey of adults in England. PLoS One. 2017 Mar 9;12(3)

<sup>45</sup> <https://www.nice.org.uk/guidance/ph24>

<sup>46</sup> <https://www.gov.uk/government/publications/local-health-and-care-planning-menu-of-preventative-interventions>

<sup>47</sup> <https://www.gov.uk/government/publications/developing-pathways-for-alcohol-treatment/developing-pathways-for-referring-service-users-from-secondary-care-to-specialist-alcohol-treatment>

<sup>48</sup> AUDIT-C asks three questions in order to identify people who are drinking at harmful or hazardous levels.

**Table 27 AUDIT-C screening activity**

	Q1	Q2	Q3	Q4	Total
19-20	13,870	14,950	13,739	13,726	56,285
20-21	-	8,919	10,216	10,096	29,231
21-22	12,847	13,250	11,847	11,129	49,073
22-23	14,105	16,048	13,047	NA	43,200

The data at Table 27 indicates that P-RESET is delivering alcohol screening at volume to the local population with over 49,000 screenings carried out in the period 2021-22 and over 43,000 delivered by January 2023 (meaning that last year’s total is likely to be surpassed).

***Drinkcoach***

In addition to the primary care offer Humankind are commissioned to deliver their Drinkcoach service. Drinkcoach is an online alcohol test (using the AUDIT alcohol screening tool). Local residents can anonymously go online to carry out a quick assessment of their alcohol consumption and whether it is within safe parameters.

The Drinkcoach service will direct anyone who scores above 20 (and therefore which may indicate possible dependency) to the RESET treatment service.

Drinkcoach also carry out three campaigns a year to promote safer drinking. These campaigns occur during Freshers’ week (aimed at students), in the lead up to Christmas and in the New Year.

***What this tells us***

Services are in place to address issues with alcohol consumption that fall beneath the threshold of dependency and therefore the need to access specialist treatment. Most people who are drinking at above recommended levels will require this support and not specialist treatment. Data on screening carried out in primary care indicates widespread roll out of this service to the adult population. This offer has been strengthened by an online offer which means that numbers screened in Tower Hamlets are larger than the population screened in primary care.

## 5.2 Early intervention services for children and young people

### *Key findings:*

- Safe East provide intervention and outreach to local young people with over 6,000 young people attending sessions delivered (Sessions also were in relation to sex and relationships and tobacco as well as substance misuse).

This section sets out early intervention services for young people in Tower Hamlets.

### 5.2.1 What works

Schools equip children and young people with the knowledge, skills and attributes that they need to keep themselves healthy and safe and prepared for life and work, through the effective delivery of personal, social and health education. In September 2020, Relationships Education (in primary schools), Relationships and Sex Education (RSE) (in secondary schools), and Health Education (in both) became statutory<sup>49</sup> and included specific reference to drug, alcohol and tobacco education.

In 2021 the PSHE Association published its evidence review, guidance and lesson plans<sup>50</sup> which provides a comprehensive guide on effective teaching of drug and alcohol education within a broader PSHE (personal, social, health, economic) curriculum, and fully covers the drug and alcohol content specified in the statutory requirements for Health Education.

Key recommendations emerging from the evidence are:

- Take a whole school approach – drug and alcohol education and prevention is just one aspect of a wider whole-school approach which promotes healthy and positive friendships between children and young people, a positive relationship with the school, and that create links between the school and the local community.
- Teach age-appropriate knowledge regarding substance use, alongside development of personal and social skills and attitudes relating to substance use.
- Ensure provision of selective pastoral interventions for pupils at higher risk of or already involved in substance use.
- Have a clear and fair policy towards substance use outlining the response to substance-related incidents and take a balanced approach to substance-related

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<sup>49</sup> Department for Education, 2019. Relationships education, relationships and sex education (RSE) and health education

<sup>50</sup> Available at: <https://pshe-association.org.uk/drugeducation>

incidents which aims to keep the pupil in school, whilst ensuring health promotion and involvement of appropriate support services, such as young people's drug services, health and social services and/or counselling.

Schools should situate drug and alcohol education alongside related topics that can contribute to development of resilience and build on protective factors, such as:

- Healthy lifestyles and health-related decisions.
- Managing risks and personal safety.
- Mental health and emotional wellbeing.
- Forming and maintaining positive relationships.

The PHSE Association evidence review also describes how teachers should talk to children and young people about drugs and alcohol, teaching strategies and appropriate teaching at different stages (years).

## 5.2.2 Early intervention services for young people

### *Safe East*

Safe East is the integrated young people's substance misuse and sexual health service. While providing structured treatment (see Section 5) it also provides a range of early intervention activities.

Safe East attend school assemblies and go into youth centres to provide information about drugs and alcohol. Where needed they also provide workshops in schools for groups of young people where there are greater concerns.

In the year 20/21 Safe East provided the following early intervention and outreach services:

- 290 outreach sessions targeted at vulnerable young people.
- 1,767 young people attended outreach sessions.
- 2,010 referrals into service as a result of outreach<sup>51</sup>.
- 398 sessions delivered in relation to sex and relationship education, substance misuse and tobacco<sup>52</sup>.
- 6,642 young people attending sessions delivered in relation to sex and relationship education, substance misuse and tobacco.

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<sup>51</sup> The data does not indicate why there appears to be more young people referred into the service than attended an outreach session.

<sup>52</sup> Note therefore that this will include workshops where substance misuse was not covered.

### *What this tells us*

There is a clear commitment in Tower Hamlets to providing information about drugs and alcohol to young people. Moreover, this information is provided by expert parties – i.e. the local young people’s treatment service. The approach adopted in Tower Hamlets is consistent with national guidance in that it situates substance misuse among wider health behaviours. The data indicates that substantial numbers of young people are receiving some information about drugs and alcohol and in a manner that fits with best practice.

## **5.3 Analysis and Summary: Early Intervention**

Services are in place to engage and assess local adults in relation to alcohol consumption in order to provide support for those drinking at non-dependent levels. The alcohol screening provided by local GPs and the innovative use of an online platform (Drinkcoach) enable borough residents a means to assess their alcohol consumption at a time and through a mechanism which suits them. Both services provide routes into RESET who are able to provide Brief Interventions (i.e. short time-limited support for non-dependent drinkers) as well as a route into structured treatment. Data from P-RESET indicates that the AUDIT screening service is well used with 49,000 screenings carried out in the year 2021-22. (See Table 27). The data set out in Section 4.1 clearly indicates an ongoing issue of a large proportion of the population drinking at higher than recommended levels. It is therefore crucial that these early intervention services are retained to engage with this population and to improve the adverse health impacts as shown in the hospital data (as also seen in Section 4.1).

## 6. Evidence based treatment and recovery services

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### *Key findings:*

- There is an appropriate set of interventions in place to meet need; which are in line with relevant guidelines:
  - The RESET treatment service provides outreach and referral, treatment and recovery services to the local population and began operation in 2016. The service was re-commissioned in 2019 with a change in provider for RESET treatment.
  - RESET Outreach provision aims to engage drug and alcohol users into structured treatment while also providing information about harm reduction and brief advice thereby supporting individuals prior to accessing treatment.
  - RESET Treatment provide a comprehensive range of interventions including pharmacological and psychosocial interventions. The range of provision is consistent with guidance for substance misuse provision.
  - RESET Recovery provides a range of support interventions to aid service users through treatment and post-treatment.
  - P-RESET is a primary health based service that provides Shared Care and health checks for service users in treatment.
- There is comparative complexity among the cohort of people in treatment in Tower Hamlets, compared with elsewhere. A greater proportion of Tower Hamlets' treatment population is designated as "very high risk" compared to a comparator group of authorities (at 38% and 30% respectively). Levels of housing need, co-occurring Crack Cocaine use both indicate this increased complexity.
- The cohort in treatment show greater complexity and risk behaviours than in comparator areas. Opiate users in Tower Hamlets who are still using at six months are more likely to be exhibiting a range of higher-risk behaviours than their peers in comparator areas, including: more likely to have used crack (74% compared to 64%); cannabis (22% v 17%); alcohol (29% v 27%), and much more likely to have a housing issue (41% in Tower Hamlets compared to 27% nationally).
- Rates of successful completion from treatment among opiate users have been in decline for a number of years and now stand at 3%. The decline is statistically significant. Statistical analysis shows this decline mirrors trends regionally and

nationally, suggesting the decline is driven by national and London-wide factors rather than being locally specific.

- However, the opiate completion rate of 3% locally is slightly lower than the rate of 5% seen among statistically similar comparator areas. Meanwhile, there are fewer representations in Tower Hamlets than in comparator areas
- Alcohol successful completions dropped significantly from 2020 and now stand at 21%. This compares to 37% for Tower Hamlets' comparator group of areas. Data is not available to explain the drop in completions.
- While the majority of the treatment population are in treatment for under one year (53%), 15% have been in treatment for over 6 years. Those in treatment for over six years are all opiate users. The proportion in treatment for over 6 years is similar to that among comparator areas.
- 5% of treatment exits were due to the death of a client. Rates of death were highest for opiate users (8%).
- Tower Hamlets service users are more likely to leave treatment with a continued acute housing need, particularly for opiate users. 8.8% of Tower Hamlets opiate users have a housing need at end of treatment, versus 4.4% nationally across England.
- Within the first 12 weeks, a higher proportions of service users had an "unplanned exits" compared to England, for both opiate (18.0% v 16.4%) and alcohol users (13.6% v 12.9%). This may suggest that improving experience at the 'front door', particularly for opiate and alcohol clients, could result in greater proportions of presenters remaining in treatment for at least 12 weeks.

This section explores the specialist drug and alcohol treatment services that are provided in Tower Hamlets for adults.

## 6.1 Adult drug and alcohol treatment - what works

The delivery of adult specialist treatment services are set out in the Commissioning Quality Standards (referred to in Section 5.1) and in Drug misuse and dependence: UK guidelines on clinical management<sup>53</sup> ("Orange Book Guidelines"). The Orange Book sets out information on "Essential elements of treatment" as well as the delivery of pharmacological and psychosocial elements of treatment. It gives further guidance on relationship to the criminal

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<sup>53</sup> <https://www.gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management>

justice system and the wider health needs of those in specialist treatment (for instance the management of blood borne viruses).

Commissioners and providers should strive to locate drug and alcohol treatment services within an integrated health system which is coordinated to improve service users' access to healthcare services including for example wound care, sexual health, dental health, pain management, mental health, and cardiovascular health.

NICE Guidelines set out best practice in relation to harm reduction for people who inject drugs.<sup>54</sup> Commissioners and providers of drug and alcohol treatment services should ensure people who inject drugs have access to a suitable range and quantity of injecting equipment, to advice and information on blood-borne viruses and other infections, and advice on safer ways of taking drugs.

Services to support recovery on an ongoing basis help to prevent relapse by supporting the service user practically and/or emotionally and help build 'recovery capital' such as internal resources or supportive social networks. The evidence base for recovery support is growing<sup>55</sup>.

Services that support recovery include, but should not be restricted to:

- Peer support and mutual aid: People in treatment having access to a range of peer-based recovery support options, including 12-step (e.g., Alcoholics Anonymous, Narcotics Anonymous), SMART Recovery and other community recovery organisations. Substance misuse treatment providers should improve sustained recovery outcomes (including abstinence) by actively encouraging service users to engage with mutual aid.<sup>56</sup>
- Peer mentoring and support<sup>57</sup> should be integral to local service delivery. Support for education, training, and employment: Good connections between local training and employment agencies and treatment providers are crucial. As is engagement with local employers to make the case and address negative preconceptions and stigma about employing people with a history of alcohol or drug dependence.

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<sup>54</sup> <https://www.nice.org.uk/guidance/ph52>

<sup>55</sup> Advisory Council on the Misuse of Drugs. Recovery from drug and alcohol dependence: an overview of the evidence, London: ACMD; 2012

<sup>56</sup> PHE (2013) A briefing on the evidence-based drug and alcohol treatment guidance recommendations on mutual aid. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/669047/Mutual-aid-briefing.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/669047/Mutual-aid-briefing.pdf)

<sup>57</sup> <https://www.gov.uk/government/publications/service-user-involvement-in-alcohol-and-drug-misuse-treatment>



- Recovery 'cafes', centres or groups that provide safe, drug free, meeting space, socializing and activities.

## 6.2 Adult treatment services

This section sets out the treatment and related services in place in Tower Hamlets

Adult treatment in Tower Hamlets is provided by RESET. The RESET service is made up of three distinct elements:

- *Outreach and Referral*: to identify and engage adults who might benefit from structured drug and/or alcohol treatment.
- *Treatment Service*: providing specialist treatment services.
- *Recovery*: service to provide ongoing support to embed the changes made through treatment and to prevent relapse.

More detail on each element is set out below.

The stated aim of the RESET treatment system (i.e. the totality of the offer across all three elements) is to support and enable service users to become free from substance dependency and to sustain long-term recovery, while reducing the harm associated with drug and alcohol misuse.

The RESET service began operation in 2016. Prior to this there had been a less unified local service system with over 18 providers of various substance misuse and treatment activities. The structure of the local treatment system was changed to the current model, due to a combination of funding reductions and a need to address confusion and duplication arising from a number of different providers (both users and stakeholders reporting confusion on where to refer/access treatment).<sup>58,59</sup> The approach adopted by RESET therefore aims to simplify by providing a single front-door to treatment.

Specifically, the RESET service aims to:

- Reduce risky behaviours associated with drug and alcohol misuse (for instance addressing injecting),

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<sup>58</sup>

<https://democracy.towerhamlets.gov.uk/documents/s86212/5.2a%20Substance%20Misuse%20Commissioning%20Part%201.pdf>

<sup>59</sup>

<https://democracy.towerhamlets.gov.uk/documents/s67606/9.1a%20DAAT%20Commissioning%20Intentions%20Update.pdf>

- Reduce any exploitation that is associated with drug and alcohol misuse (such as sexual exploitation),
- Reduce child and adult safeguarding risks,
- Reduce drug and alcohol-related crime and anti-social behaviour,
- Improve the health and wellbeing of those in treatment (both physical and mental health),
- Improve the number of individuals recovering from their drug and alcohol misuse.

### **6.2.1 Outreach and referral**

The outreach and referral service is provided by Providence Row (a local homelessness charity).

The outreach service seeks to:

- Encourage drug and alcohol users to access and engage structured treatment provided by the other elements of the RESET service (see below).
- Provide outreach to identify and engage those who would benefit from structured treatment,
- Provide harm reduction support and advice to both service users and professionals.

The service is based at Providence Row's building in Wentworth Street, E1 and so clients are able to access the wider services provided by Provide Row. The focus of much of its work is outreach into the community (rather than expecting clients to engage via Providence Row premises).

The service comprises:

- 0.5 FTE manager,
- 2 FTE outreach workers,
- Needle exchange co-ordinator.

Staff stated that recruitment has been an issue, for instance they have been unable to recruit a co-ordinator post whose role would be to co-ordinate the activities of the different workers.

The service operates its outreach function widely and seeks to engage diverse groups ranging from students at local universities (at Freshers events), a range of local community groups, through to local rough sleepers. The process of engagement can vary – providing one-off information to some people, whereas with others it can take months of engagement and conversations to get them to access treatment. Outreach can be complicated as a proportion of the homeless population in Tower Hamlets (who are a key target group) have

no links to the borough. The service can therefore work with them, and they end up in treatment in other boroughs.

Needle exchange is provided onsite at Providence Row and combines provision of equipment (needles and syringes), naloxone distribution with harm reduction advice.

The service also employs four RESET Navigators (funded through Project ADDER funds) whose role is to focus on rough sleepers. The intention of these workers is to focus (in the first instance) on 120 named rough sleepers and then to work with other rough sleepers as the initial cohort engage in treatment.

The rough sleepers are provided with intensive support to help them engage in the local treatment service and access inpatient detoxification and residential rehabilitation if desired.

### **6.2.2 Treatment service**

The RESET treatment service is currently (since late 2019) delivered by Change Grow Live (CGL). The scope of the service is defined as:

“RESET Treatment Service is a service for residents of Tower Hamlets who are aged 18 years and over who are concerned about their own or someone else’s drug taking and drinking behaviour. This includes legal and illegal drugs, novel psychoactive substances (known as “legal highs”) and misuse of over the counter and prescribed medicine.”

The treatment service provides the following interventions:

- Pharmacological interventions,
- Medical and non-medical prescribing,
- Opioid maintenance,
- Opioid detoxifications,
- Medications: relapse prevention, opioid overdose, for the reduction of alcohol consumption,
- Psychosocial interventions,
- Support and preparation for residential rehabilitation,
- Dual Diagnosis support (support for service users with co-morbid mental health needs),
- Harm reduction support: including advice as well as a needle and syringe programme,
- Blood Borne Virus and Sexual health screening, and
- Family, significant other and carer support.

As with all drug and alcohol treatment services, RESET operate a consent-based model meaning that service users must consent to engage in their treatment (including those who are subject to Community Orders).

The service operates from a number of locations with the main service located on the Whitechapel Road. Treatment staff are broadly assigned a specific cohort of service users:

- Alcohol care,
- Non-opiate care,
- Opiate care.

A number of specific posts have been employed using Project ADDER funding, specifically:

- 2 x recovery workers for criminal justice clients
- 1 x non-medical prescriber for criminal justice clients

The offer varies by client group, for instance with opiate clients supported by non-medical prescribers (who are in turn supported by specialist doctors working under a consultant psychiatrist).

At present vacancies are a significant issue in the treatment service and a number of posts remain unfilled. At the time when the needs assessment was prepared there were 20 vacancies across the core service and Adder funded roles. The vacancies have been driven by staff turnover, as well as the development of new posts that it has not been possible to fill. The vacancies cover a cross-section of roles including:

- Team leaders,
- Recovery worker,
- Homeless workers (including Team leader)
- Harm reduction worker,
- Alcohol worker,
- Opiate worker,
- Dual diagnosis worker,
- Hospital liaison worker,
- Specialty doctor,
- Clinical psychologist.

There is therefore a wide spread of skills and competencies among the vacancies including specialised roles (such as doctor and clinical psychologist).

While national data are not available, there are widespread reports among drug and alcohol treatment providers across England on problems with recruiting staff. The issue with vacancies is therefore not a purely local one but is a factor in many treatment services. While additional monies have been put into drug and alcohol treatment across England this has had the effect of treatment services “competing” with one another to recruit staff. This issue is likely to be particularly pronounced in London given the close clustering of so many treatment services and providers.

There has been ongoing activity to recruit to these posts. Recruitment issues have been further exacerbated by delays in Disclosure and Barring Service checks which means, even when recruited, it can take several months to get a new recruit in post.

The net effect of the vacancies means that treatment workers are carrying a caseload of up to 90 clients each (for opiate and alcohol workers). Dame Carol Black states that, “Good practice suggests a caseload of 40 or less, depending on complexity of need” and that, “high caseloads reduce the quality of care provided and the effectiveness of treatment”<sup>60</sup>. Parts of the current system are therefore running with caseloads double those that are considered to be acceptable.

The service accommodates requests for interpreters where needed. Some staff members are Bengali speakers and clients can request to receive care by those who speak Sylheti. Cultural flexibility is adopted in the offer of treatment -for instance users can be given scripting flexibility to travel for religious festivals.

Other aspects of the treatment system include:

- Blood borne viruses (BBV): all staff members are trained about BBVs and clients are screened for BBVs at assessment and then again at every 12 months (where they remain in treatment. Vaccinations for Hepatitis B are offered and links are in place with the Hepatitis C Trust who provide links into Hep C treatment provision in the NHS.
- Naloxone: all staff have received training in relation to naloxone (a medicine that reverses the effects of opioids and can therefore be used to counteract an opioid overdose). Service users are also given information regarding naloxone and its use (not just opioid clients). Training is also provided by RESET to wider professionals based in the community.

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<sup>60</sup> Review of drugs part two: prevention, treatment, and recovery, Dame Carol Black, 2021, See section 3.1.

- Needle exchange: all staff are trained in needle exchange issues and a needle exchange is offered by the service both at its main hub and via a satellite service. The RESET needle provision therefore supplements pharmacy-based provision.
- Rough sleeper provision: four workers and a team leader have been funded to provide additional support to rough sleepers. At the time of the fieldwork for the needs assessment only one post had been recruited.
- Think Family worker: a worker has been assigned to work with pregnant women and who liaises with local specialist midwives.
- Criminal Justice workers: RESET employs two workers to specifically work alongside criminal justice clients, working with the DIP team to support this client group. (At the time this report was prepared, both posts were vacant).
- Chemsex worker:<sup>61</sup> a dedicated (non-opiate) worker supports chemsex clients, liaising with local sexual health services.
- Hospital liaison worker: a worker is based at the Royal London hospital to engage and work with alcohol clients. A second post is being recruited.
- Inpatient detoxification and residential rehabilitation: most clients who require detoxification will be supported to do so in the community. Those requiring inpatient detoxification are reviewed at a panel chaired by the Senior Commissioning Manager for Substance Misuse in Tower Hamlets council following an assessment by RESET. The panel holds the budget for Tier 4 provision.

### *Cannabis Group*

There are plans to begin a cannabis group in early 2023. The cannabis group has been developed in recognition of several factors. Firstly, while cannabis users are welcome in most groups (which are not substance specific) cannabis users see their needs as very different from the OCUs who will tend to predominate. Secondly, the current groups tend to provide support over a period of around 16 weeks whereas cannabis users can benefit from a brief intervention over just a few weeks. Thirdly cannabis users are either often young people (who may not wish to access existing groups) or are in employment. The new group will therefore seek to support these groups who have not traditionally accessed RESET. Finally, feedback from mental health services indicated a cohort of people using cannabis which was impacting on their m&b.

The group will offer a brief intervention style delivery over five to six weeks. It will not be abstinence based and will provide health messages and harm reduction advice.

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<sup>61</sup> A BMJ article defines chemsex as "intentional sex under the influence of psychoactive drugs, mostly among men who have sex with men". "What is chemsex and why does it matter?" BMJ 2015;351:h5790. ,

## 6.2.3 Treatment Processes

This section explores various elements of the treatment process to understand the operation of drug and alcohol treatment in the borough.

### Referral Source

Table 28 sets out the source of referrals for clients in treatment.

**Table 28 Adult profiles: Referral Source – All in treatment at the start of a treatment episode, 2009-10 to 2020-21, Tower Hamlets, Percentage**

	09/10 (%)	10/11 (%)	11/12 (%)	12/13 (%)	13/14 (%)	14/15 (%)	15/16 (%)	16/17 (%)	17/18 (%)	18/19 (%)	19/20 (%)	20/21 (%)
Self, family & friends	42	36	40	44	43	45	49	48	43	49	59	49
Health services and social care	20	26	23	21	21	22	20	24	31	24	18	31
Criminal justice	17	23	21	21	20	18	18	12	12	14	17	9
Substance misuse service	12	10	11	7	8	7	6	12	7	3	2	2
Other	9	4	6	8	8	8	6	4	7	10	5	9

(Source: NDTMS, ViewIT)

**Table 29 Adult profiles: Referral Source – All in treatment at the start of a treatment episode, 2009-10 to 2020-21, Tower Hamlets, London and England Percentage**

	09/10 (%)	10/11 (%)	11/12 (%)	12/13 (%)	13/14 (%)	14/15 (%)	15/16 (%)	16/17 (%)	17/18 (%)	18/19 (%)	19/20 (%)	20/21 (%)	21/22 (%)
<b>Self, family &amp; friends</b>													
E	40	39	41	42	45	47	51	55	58	62	65	61	59
L	40	40	43	43	43	43	45	46	49	53	56	51	50
TH	42	36	40	44	43	45	49	48	43	49	59	49	47
<b>Health services and social care</b>													
E	21	21	21	22	22	22	20	18	18	16	15	15	18
L	20	20	20	20	21	22	23	24	25	25	25	22	28
TH	20	26	23	21	21	22	20	24	31	24	18	31	34
<b>Criminal justice</b>													
E	20	20	20	19	18	17	16	15	14	13	13	12	13
L	18	18	16	18	17	16	15	16	14	12	11	9	10
TH	17	23	21	21	20	18	18	12	12	14	17	9	10
<b>Substance misuse service</b>													
E	13	14	13	11	10	9	8	7	6	4	4	1	4
L	15	15	14	11	11	10	8	7	6	4	4	1	5
TH	12	10	11	7	8	7	6	12	7	3	2	2	3
<b>Other</b>													
E	6	6	6	5	5	5	5	5	4	4	4	10	6
L	7	7	7	8	8	8	8	7	6	5	5	16	8
TH	9	4	6	8	8	8	6	4	7	10	5	9	5

E = England, L = London, TH = Tower Hamlets

Around half (49%) of all referrals were reported from self, family and friends.

There were wide fluctuations in reports from other referral routes, including health and social care services (reaching 31% in 2020-21). Criminal justice reports have also fluctuated, reaching the lowest reported level in 2020-21 at 9% (which may be due to the pandemic

which would necessarily have impacted on this source of referrals but might also be indicative of changes in how local criminal justice services operate or local priorities). It is likely that recent investments – via ADDER funding – will likely increase levels of criminal justice referrals.

Relative to England and London, the proportion of Health and Social Care referrals in Tower Hamlets has notably increased in 2019-20. Referrals from the CJS exceeded England and London-wide figures in 2017-18 but has remain broadly similar before and after that date.

### Treatment Length

Data on the length of time adults spent in treatment is set out at Table 30. Substance misuse is generally accepted as being a chronic condition consisting of episodes of treatment (often multiple episodes) and relapse. Treatment is therefore often considered to sit in a framework that situates substance misuse alongside other chronic conditions (such as hypertension). Research suggests that *“patients receiving 3 months or more of treatment in long-term residential and outpatient treatment demonstrated significantly better outcomes with respect to lower rates of illicit drug use and improvements in several additional areas of behavioral functioning (e.g., employment, criminality) at the 12-month follow-up relative to patients with treatment durations of less than 3 months”*. Moreover, *“Regarding outpatient methadone maintenance services, however, it was not until patients had remained in treatment for 12 months or longer that they demonstrated significantly greater reductions in illicit drug use behaviors at follow-up than patients who dropped out of treatment prior to 12 months.”*<sup>62</sup>

**Table 30 Adult profiles: Length of time in Treatment – All in treatment at the start of a treatment episode, 2009-10 to 2020-21, Tower Hamlets, Percentage**

	09/10 (%)	10/11 (%)	11/12 (%)	12/13 (%)	13/14 (%)	14/15 (%)	15/16 (%)	16/17 (%)	17/18 (%)	18/19 (%)	19/20 (%)	20/21 (%)
Under 1 Year	62	58	60	59	59	60	60	60	62	58	57	53
1 to 2 Years	17	15	15	13	13	12	12	11	11	14	12	14
2 to 4 Years	12	16	14	12	12	12	11	10	8	9	11	12
4 to 6 Years	5	5	6	9	9	6	6	7	6	5	5	5
Over 6 Years	5	6	6	6	6	10	10	12	13	14	14	15

(Source: NDTMS, ViewIT)

Most people in treatment reported accessing services for less than one year (53-62%). There has been a broadly stable picture across all periods, although there has been a steady decline in people reporting being in treatment for under one year from 62% in 2017-18 to 53% in 2020-21.

<sup>62</sup> The Continuing Care Model of Substance Use Treatment: What Works, and When Is “Enough,” “Enough?”, Proctor and Herschman, Psychiatry J. 2014; 2014: 692423.



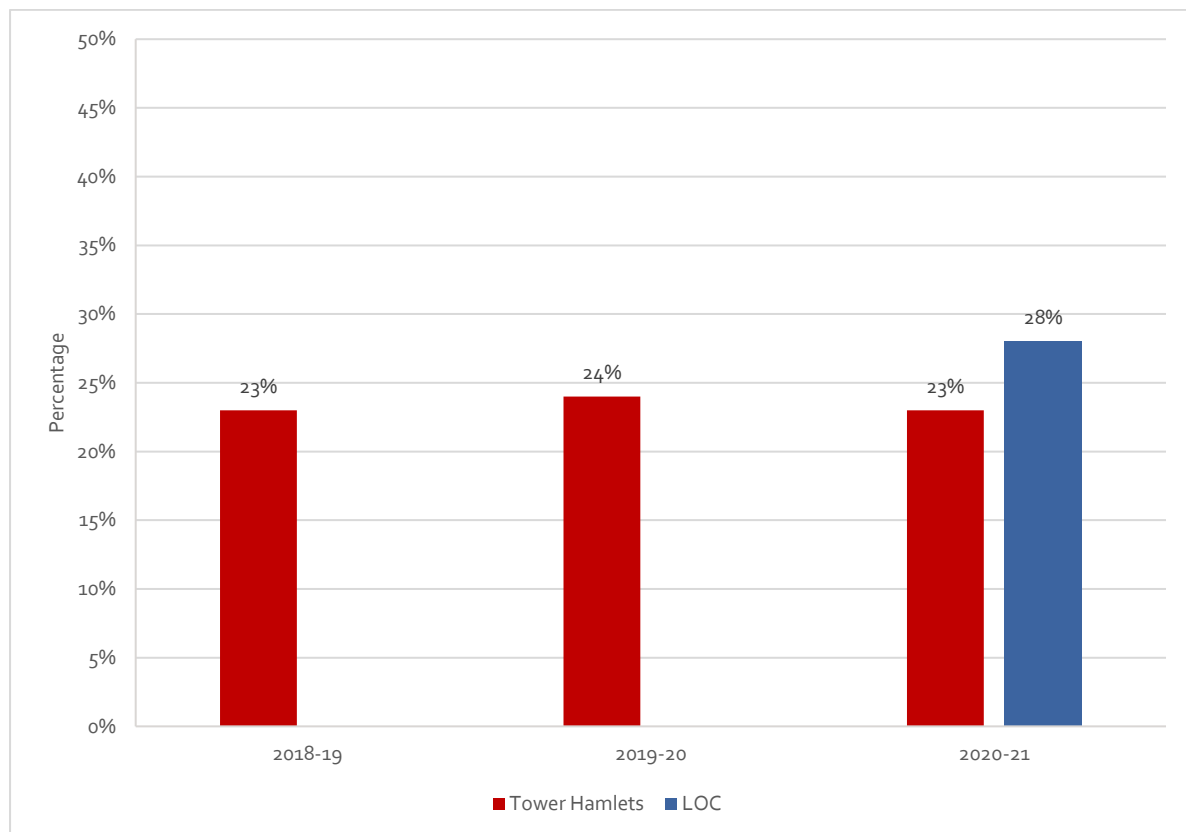
Data at Table 30 on the proportion of those in treatment for over six years should be read mindful of the fact that the treatment service was recommissioned in 2019. When the contract was changed there was a significant cohort of clients who transferred over who had been in treatment for longer than five years. As such the current proportion of clients in treatment for over six years is a function of the legacy of previous treatment provision.

Further analysis (data set out in the Appendix) indicates that less than half of all opiate users stayed in treatment for less than one year. For opiate users, there also has been an increase in the proportion of accessing services for six years or more, from 9% in 2013-14 to 23% in 2020-21.

Figure 26 below compares Tower Hamlets against the Local Comparator Group (LOC) areas which OHID have benchmarked the borough against.

As noted in section 3.2.3, Tower Hamlets has been compared to 32 areas (called Local Outcome Comparators) that are most similar to them in terms of the complexity.

**Figure 24 Treatment Population by Length of time in treatment (>=6 years), Tower Hamlets and LOC, 2018-19 to 2020-21 (data for LOC for 2020-21 only)**



(Source: OHID, Recovery Diagnostic Toolkit)

23% of Tower Hamlets' opiate-using population was reported to be in treatment for six or more years, compared to 28% of the LOC treatment population. This suggests that Tower Hamlets performs slightly better than its peers.

### *What this tells us*

The information above indicates that there is a comprehensive drug and alcohol treatment service provided in Tower Hamlets. Consideration has been given to all key aspects of the treatment pathway according to best practice guidance – engagement and referrals, treatment and recovery – with a range of appropriate interventions offered across each element of the system.

Within the treatment service there is a balance between pharmacological and psychosocial interventions, enabling the treatment episode to be structured to best meet the need of the client. There is a split of treatment workers across alcohol, opiate and non-opiate clients, meaning that workers can develop expertise and knowledge with regard to their particular discipline. The core offer has been added to with a number of additional posts that seek to address the needs of specific communities and groups – such as those in the criminal justice system and those who engage in chemsex. This indicates an appreciation of the diverse range of needs. The service also evidently seeks to address wider health issues, as per national guidance, for instance through the screening for BBVs.

However, there are issues with the capacity of the system, with treatment workers carrying very large caseloads, a number of posts vacant and issues with recruiting new staff.

Referral data indicates that nearly half of referrals are from clients and their friends and family. Criminal justice referrals are dropping (as a proportion). It may be the case that recent ADDER investment in a series of criminal justice pathways improves the rate of engagement from criminal justice agencies; the ADDER pathways are too recent to have an impact on the data here. There may also be some 'legacy' effect of the pandemic on referrals from these sources.

A growing proportion of clients remain in treatment for over six years (Table 30). Further analysis set out at the Appendix shows that the rise is driven by opiate users, nearly a quarter (23%) of whom have been in treatment for this length of time. Most users of other substances are supported for less than one year (for instance 82% of alcohol only clients). Tower Hamlets does better with regard to this metric than comparator areas (Figure 26).

Given that the issue is predominantly among opiate users, it is likely that this represents a cohort who are in receipt of opioid substitution treatment and so maintain contact with treatment in order to obtain methadone or other medications. The ongoing prescribing of

medication is recognised as a valid means to support some clients who may not wish to become entirely abstinent and so can be maintained and monitored. It does not necessarily however create some pressure on treatment services by retaining them on caseload.

## 6.2.4 Recovery

The RESET recovery service is also provided by CGL.

The recovery service offers a range of support initiatives to aid service users through their treatment and post-treatment. The recovery offer includes:

- Brief intervention for relapse prevention,
- Accommodation support,
- Education, training and employment support,
- Family support and couples support,
- Mutual Aid,
- Peer-led recovery support,
- Complementary therapy.

Counselling is offered by a number of volunteer student counsellors.

A comprehensive range of group sessions are run throughout the week aimed at different groups of service users:

- Abstinent Peer Support,
- Acupuncture,
- Alcohol pre-detox,
- Alcohol Extended Brief Intervention,
- Alcohol Treatment Requirement group (combined with Drug Rehabilitation Requirement),
- Arts and crafts,
- Creative Writing,
- Mutual Aid,
- Preparing for rehab,
- SMART recovery,
- Wellbeing, and
- Women's group.

Peer mentors were previously in place to provide additional support but these have largely been lost during Covid and have not been replaced.

The recovery service is primarily based at the Alma, a building in Spelman Street, E1 that was adapted specifically to become a base for recovery. No group work currently takes place outside the Alma (i.e. other satellite locations are not used).

### 6.2.5 P-RESET

P-RESET is name of the primary care drug and alcohol service commissioned to deliver shared care and annual health checks on alcohol dependent, opiate and crack users.

P-RESET provides:

- Shared Care: GPs provide Opioid Substitution Therapy (OST) in partnership with RESET.
- Health checks: the service provides primary care annual health checks for RESET opiate and crack users alongside alcohol dependent clients. Clients can also be referred into smoking cessation services as required. The health check is a holistic assessment that explores a number of areas including: smoking, lung health (via the MRC Breathlessness Scale), alcohol screening (using AUDIT), blood pressure checks, cervical screening, assessing Body Mass Index as well as the provision of flu vaccines and Covid vaccines/boosters. (Data regarding health checks is set out later in this section).

Data for the health checks are set out below.<sup>63</sup>

**Table 31 P-RESET health checks for drug and alcohol clients**

Year	Eligible clients	Activity
19-20	755	319
20-21	819	96
21-22	856	187

Eligible clients for health checks are opiate, crack and alcohol dependent clients. The data at Table 31 shows the number of health checks carried out. (There are various components of the health check which are not all carried out in a single session and so the data does not reflect the entirety of activity undertaken.)

<sup>63</sup> Note that activity was partly suspended during Covid and so data reflects this drop.

The data at Table 32 indicates that a low proportion of the eligible population are accessing health checks – for instance in 2021-22 only around a fifth (21.8%) of clients had a health check. In 2019/20 a rate of 42% was achieved.

Prior to 2019 P-Reset was achieving its targets for health checks. The service was adversely affected by the pandemic but as shown at Table 31, the service is once again improving and reaching a greater proportion of clients.

P-Reset has employed new health check and alcohol support workers who are working closely with surgeries in three out of the four localities in Tower Hamlets. Recruitment is currently underway for a further worker. Plans are also under discussion to reach those patients who have not yet engaged with general practice.

Data regarding the number of clients being supported by P-RESET Shared Care service is set out below.

**Table 32 P-RESET Shared Care**

	Number of clients in Shared Care			
	Q1	Q2	Q3	Q4
19-20	228	228	234	239
20-21	218	202	196	190
21-22	191	203	203	207

The data indicates a steady rate of clients supported in primary care by P-RESET with an average of 201 for the last full year an average of 201 clients were being supported in the community.

***What this tells us***

A range of recovery services are offered to enable clients to embed their recovery and again the range of recovery groups aligns well with national standards.

The addition of primary care support is an innovative feature of the local system. While GP Shared Care is operated in many parts of the country (and again is considered to be good practice) Tower Hamlets additionally provides health checks. This extends the local offer and ensure that the holistic health needs of clients can be met. While this is a very positive offer, numbers accessing this service appear to be lower than they could be and so the service would benefit from greater levels of engagement. The pandemic and staffing levels in Primary Care have been significant factors on the completion of all sections of the health check.

## 6.2.6 Other services

### *Pathways from the Royal London Hospital*

An alcohol worker is based at the Royal London Hospital who provides linkages to the specialist treatment service. A gap has been identified by local stakeholders with regard to a substance misuse liaison worker at the Royal London. Local professionals feel that a substance misuse liaison role to provide expertise on the management of drug misuse for patients in the hospital and to create links into treatment services. Work is underway to address this gap.

### *B12 Pathway*

The Royal London Hospital has recently developed a B12 Pathway. This intervention is specifically designed to address the needs of Nox users.

Frequent and heavy Nox use inhibits the absorption of vitamin B12 in the human body (which cannot be naturally produced in the body and must be taken in via diet). Nox use can lead to neurological deterioration and nerve damage by depriving the body of vitamin B12<sup>64</sup>. The effects of this (if not too pronounced) can be managed by providing injections of vitamin B12.

The Royal London B12 Pathway receives referrals from the Hospital Navigator and Community Navigator teams and A&E department. Those who are assessed as vitamin B12 deficient will receive injections three times a week. Some young people supported by the Hospital Navigator service will also receive wider holistic support.

The B12 Pathway is not well known among local services. Safe East and RESET appeared to be unaware of the existence of the pathway.

### *Mental health*

For individuals with co-occurring mental health and substance misuse needs additional barriers exist to accessing and engaging in substance misuse services.

The Dame Carol Black review (referenced at Section 2.2.1) notes that, "Many people with drug dependence also have a mental health problem. Such individuals are often passed from one service to the other, excluded from mental health services until they resolve their drug problem, and excluded from drug services until their mental health problems have been

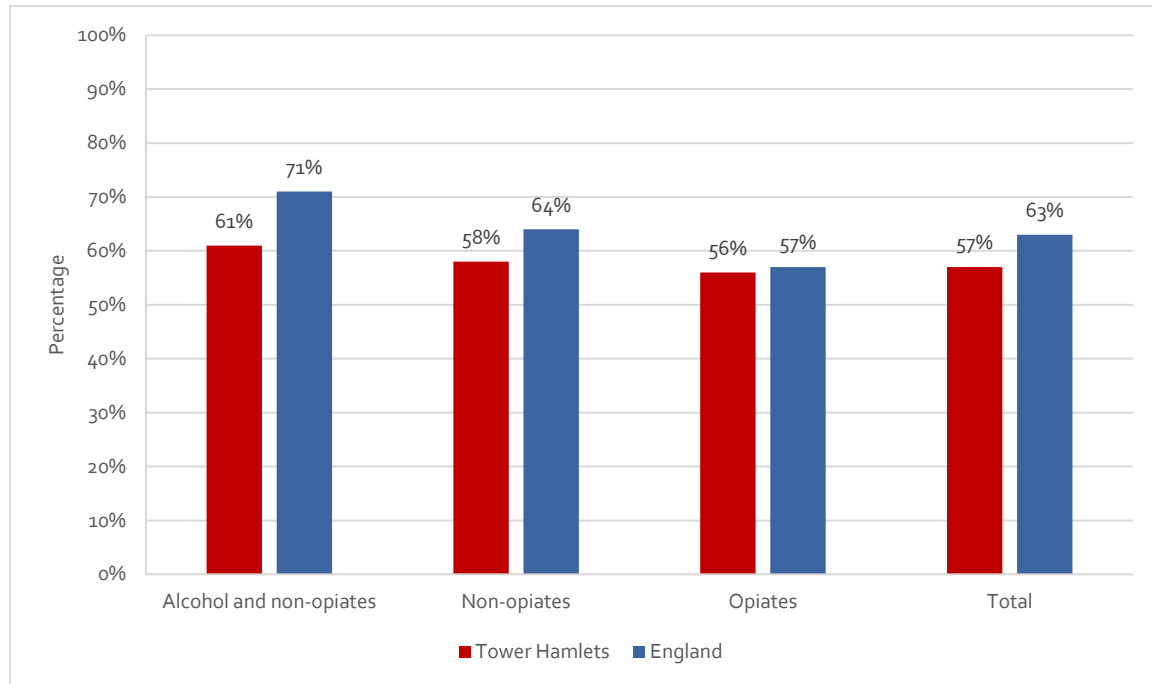
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<sup>64</sup> Note that this damage does not occur when Nitrous Oxide is used in a clinical environment as it is used in conjunction with oxygen which mitigates the effects of the N<sub>2</sub>O consumption.

addressed.”<sup>65</sup> She further notes that, for many people, mental health and trauma lie at the heart of their drug and alcohol misuse. There is therefore great stress placed in her report on effective links between substance misuse treatment and mental health services.

Data regarding the mental health needs of the treatment population is set out at Figure 27.

**Figure 25 Adults in drug treatment with a mental health treatment need, Tower Hamlets and England, 2020-21**



(Source: Adult Drug Commissioning Support Pack: 2022-23: Key Data)

For alcohol and non-opiates, the rate at which clients in treatment in Tower Hamlets have a comorbid mental health need is slightly lower than England’s figures. The rate of co-occurring mental health need for opiates can be shown to be broadly similar for Tower Hamlets (56%) and England (57%).

Issues in relation to the support offered to those with co-morbid drug and alcohol and mental health needs (commonly referred to as Dual Diagnosis) were highlighted during the stakeholder consultation.

Practitioners reported ongoing problems working with clients with a dual diagnosis. As a stakeholder from rough sleeping services stated: *"It's very frustrating when have someone in the hostel who's dual diagnosis. Have a 'chicken and egg' thing with mental health... get people*

<sup>65</sup> Independent Review of drugs part two: prevention, treatment, and recovery, Dame Carol Black, Section 3.11 - <https://www.gov.uk/government/publications/review-of-drugs-phase-two-report/review-of-drugs-part-two-prevention-treatment-and-recovery#rebuilding-services>

*saying 'if they're self-medicating they can't come through our pathways' as using substances is a no-no".*

A clinical lead remarked, those actively abusing substances or alcohol continue to have difficulty accessing mental health services: *"they're declined access until they're stable. But we're working hard with everyone to think how to bridge the gap. So if someone has a chaotic lifestyle, meaning they can't have psychological work, a lot can still be done around harm reduction and crisis management. We'd like to see more services commissioned with co-existence of SM and mental health taken into account. Need to see more willingness to provide solutions. GPs are hitting a wall. And while many can be managed in Primary care, when a GP needs more expertise sometimes there is a gap".*

### **Working with clients with a Dual Diagnosis**

In recognition of high levels of co-morbid needs, RESET employ a dual diagnosis nurse (the post was vacant at the time when the field work for the needs assessment was taking place) to support this client group.

To support the work with clients with a dual diagnosis a protocol (dated March 2021) is in place between RESET and ELFT.

The protocol sets out four broad categories of dual diagnosis:

- Severe mental illness and substance dependence,
- Severe mental illness and non-dependent yet harmful misuse of substances,
- Non-severe mental health problems and substance dependence,
- Non-severe mental health problems and non-dependent yet harmful misuse of substances.

The protocol states: *"the service user's mental health and drug misuse can be very changeable"* and therefore that ongoing assessment and a person-centred approach to patient management is required.

For each of the four "typologies" of dual diagnosis a concomitant approach to management is set out (indicating who should be the lead organisation, how care should be managed and how the organisations should work alongside one another).

While the protocol sets out a very clear and structured framework for co-working between ELFT and RESET, in relation to alcohol dependent clients, the protocol states that:



“Once the service user has completed an alcohol detoxification and is abstinent then RESET can make the referral to ELFT Mental Health Services” (our emphasis added).

This expectation (that the client is abstinent from alcohol) runs contrary to current guidance on working with clients with a dual diagnosis. NICE guidelines currently state that services should: “not exclude adults and young people with psychosis and coexisting substance misuse from age-appropriate mental health care because of their substance misuse”<sup>66</sup>.

### **What this tells us**

The information above indicates that wider issues around substance misuse are being explored locally.

The B12 Pathway is a very innovative response to what appears to be a much localised issue (Nox use) and its introduction is to be welcomed. Data was not available on numbers of clients accessing this service but this should be monitored to give an idea of the impact of Nox use locally.

The mental health protocol indicates that key parties (i.e. the specialist treatment and mental health services) are aware of both the high levels of co-morbidity among the clients that they work with and therefore the need to collaborate effectively to better support clients. While it is welcome to see the protocol in place it does not fully reflect national guidance with regard to requiring alcohol clients to be abstinent.

## **6.3 Adult treatment service outcomes**

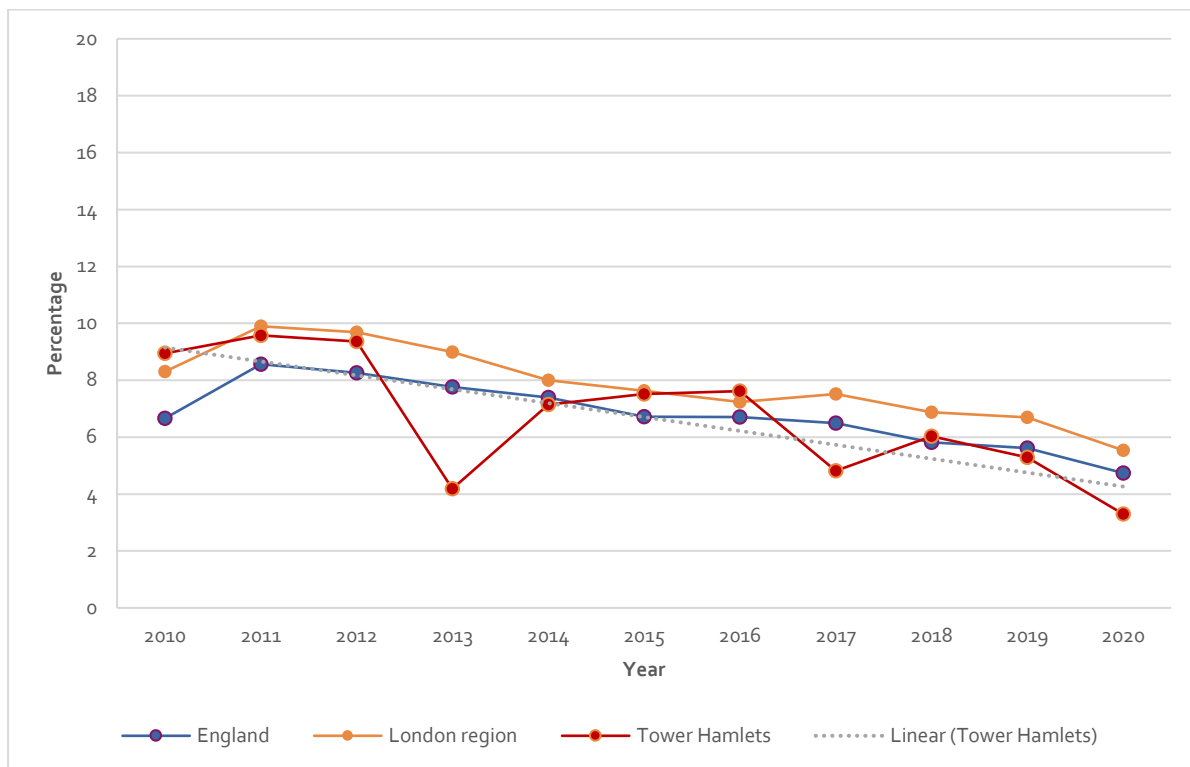
### **6.3.1 Successful completions**

Treatment outcomes for opiate users are set against the London and national rates at Figure 28<sup>67</sup>.

<sup>66</sup> Coexisting severe mental illness and substance misuse, Quality standard [QS188], 20 August 2019

<sup>67</sup> Note that there is a technical definition of “successful completion”, specifically: The number of adults that successfully complete treatment for opiates in a year and who do not re-present to treatment within 6 months.” For further details see: <https://fingertips.phe.org.uk/search/opiate%20drug%20users#page/6/gid/1938132924/pat/159/par/Ko2000001/ati/15/are/E92000001/iid/90244/age/168/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1>

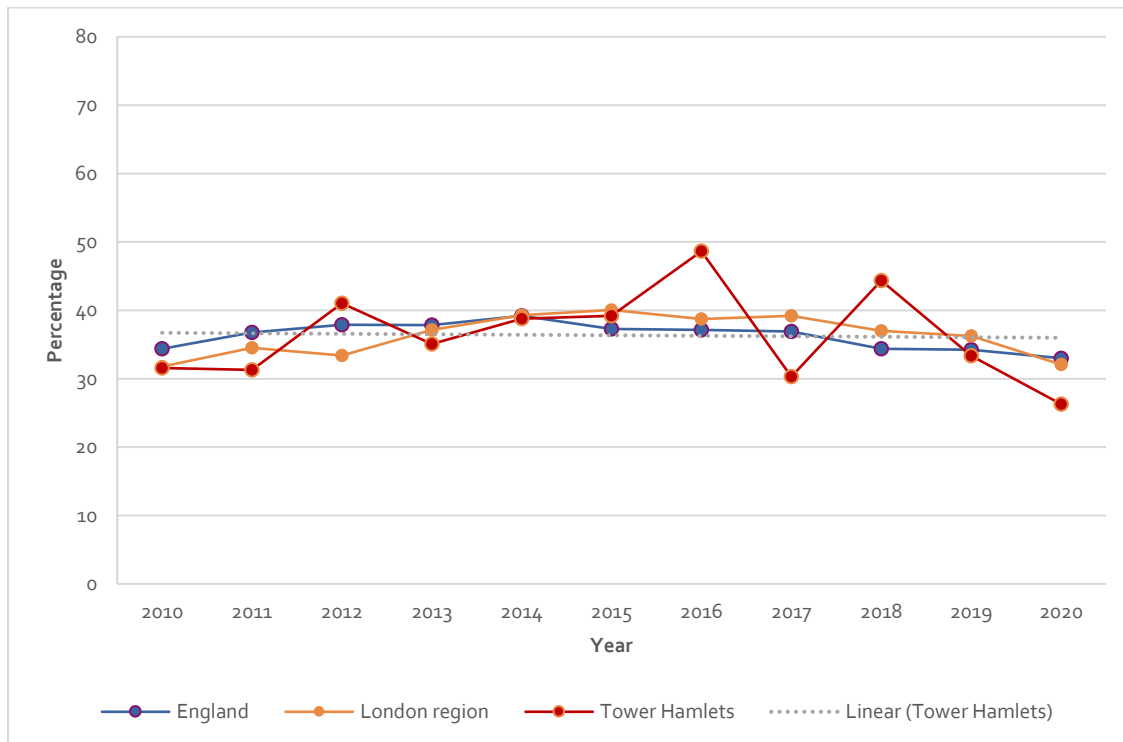
Figure 26 Successful completions from treatment (opiate users), Tower Hamlets, London and England



(Source: NDTMS, Fingertips)

Despite the variation in reported successful completions from treatment for users of opiates, the general trend for Tower Hamlets residents is one of a statistically significant decline (the dotted line). The trend can be shown to be similar across London and in England. A moderately strong relationship exists between successful completion rates in Tower Hamlets with London ( $r=0.68$ ) and England ( $r=0.66$ ). This suggests that the factors affecting successful completion rates for opiate users may be non-specific to Tower Hamlets, i.e. this trend may be influenced by wider factors.

Figure 27 Successful completions from treatment (non-opiate users), Tower Hamlets, London and England<sup>68</sup>

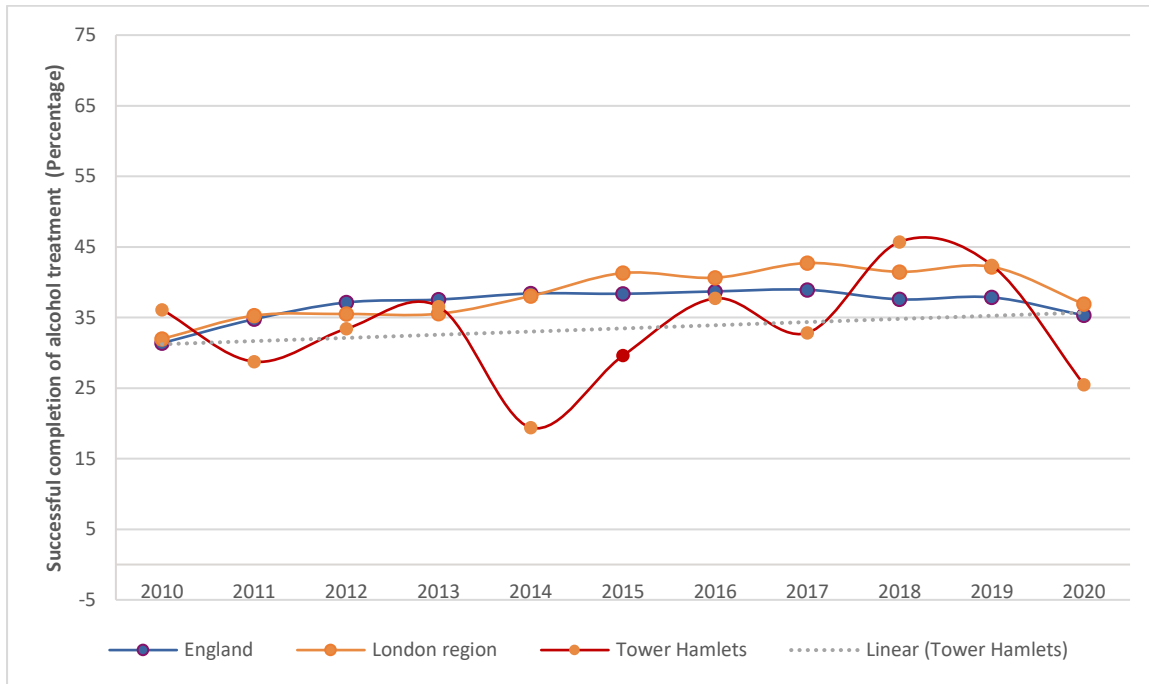


(Source: NDTMS, Fingertips)

The variation in successful completions for non-opiate users from treatment in Tower Hamlets can be shown above (orange line), although the broad trend is flat, although there has been a sharp, significant fall in completions from 2018. There exists a similar, albeit weaker, relationship in the trends with the relationship between Tower Hamlets successful completions and London ( $r=0.48$ ), and England ( $r=0.40$ ) shown to be moderately strong.

<sup>68</sup> Note that this uses the same definition with successful treatment defined as no re-presentation within 6 months.

Figure 28 Successful completion of alcohol treatment (percentage), 2010 to 2020, Tower Hamlets, London, England Percentages<sup>69</sup>



(Source: OHID NDTMS, Fingertips)

There have been notable fluctuations in the successful completion rate for Tower Hamlets residents in alcohol treatment. The successful completion rate surpassed or equalled London and national figures between 2018 and 2019 but dropped significantly in 2020 (although the overall trend is not significant). The data does not indicate why this might be the case. This is potentially related to how service provision was amended during Covid with possible knock-on effects for treatment outcomes. Other explanations are also possible including change (the change in pattern is a random one), that local data collection/coding is at issue, or that changes have been made to service provision which are responsible.

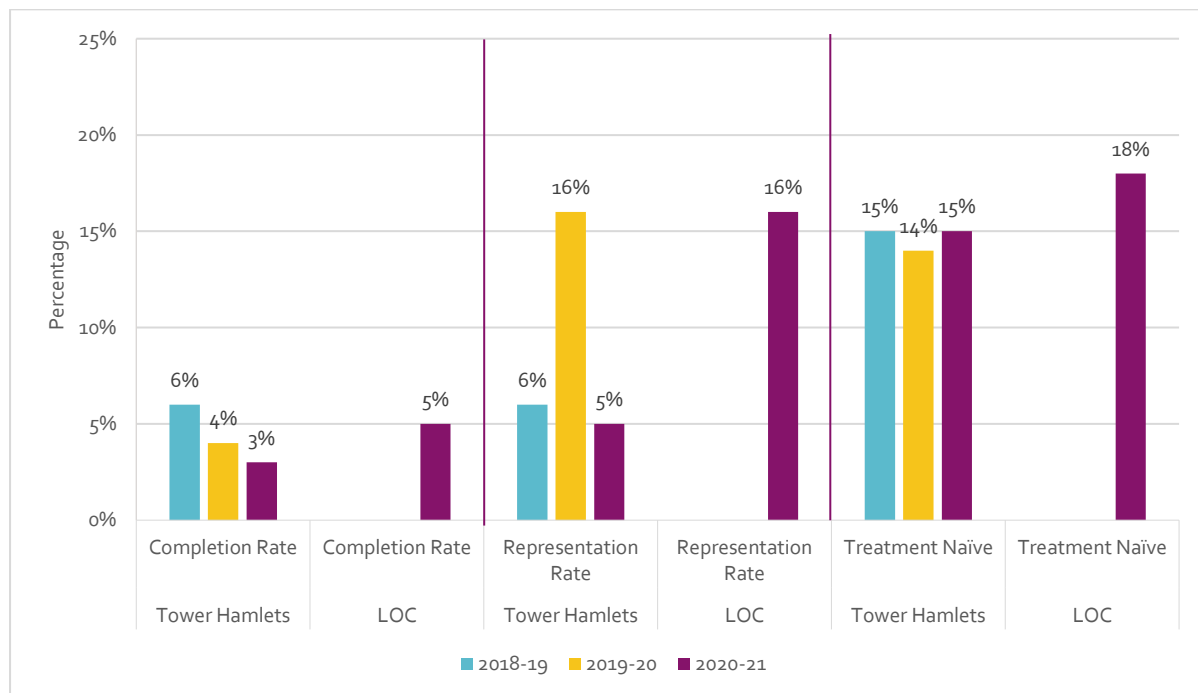
<sup>69</sup> Note again the use of no re-presentations within 6 months as the basis of success.

## Comparative Treatment Completion rates

This section compares treatment outcomes across the LOC group (see Section 3.2.3).

### Opiate Users

Figure 29 Completion, Re-presentation rates and Treatment Naïve rates, Tower Hamlets and LOC, 2018-19 to 2020-21 (data for LOC for 2020-21 only)



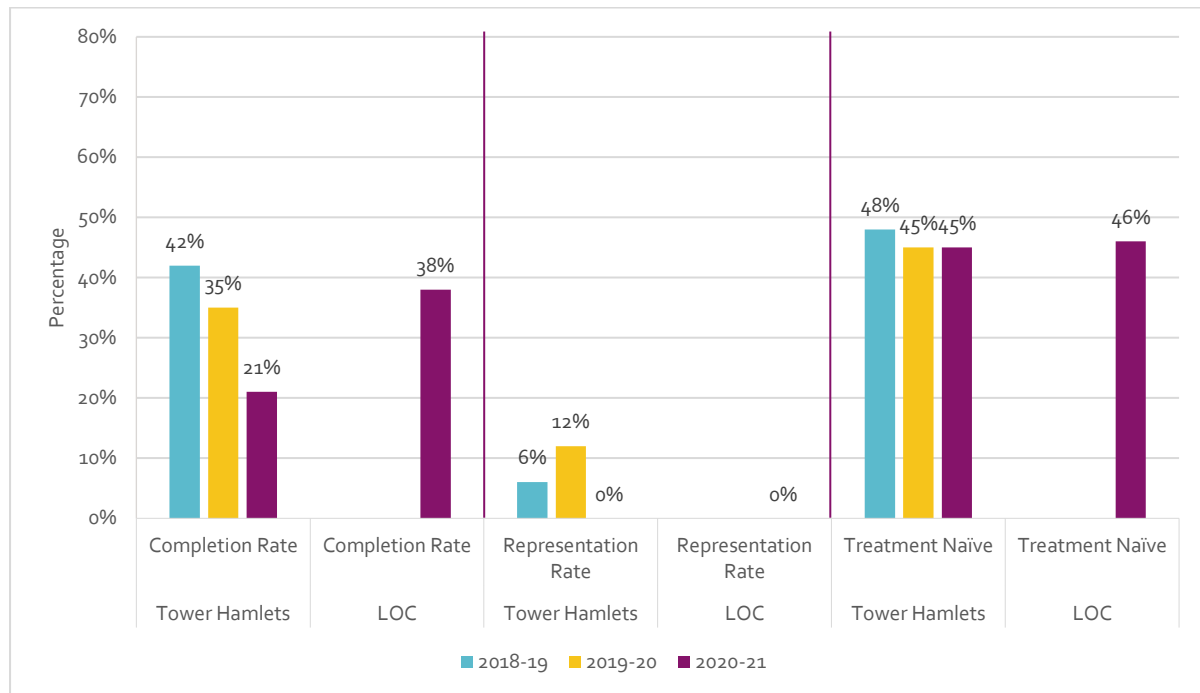
(Source: OHID, Recovery Diagnostic Toolkit)

The completion rate in Tower Hamlets has declined annually from 6% in 2018-19 to 3% in 2020-21 (which compares to a completion rate of 5% for the LOC). There has been some fluctuation in the re-presentation rate in Tower Hamlets, fluctuating from 5-6% to 16% in 2019-20. The estimated rate for those who are treatment naïve (those who have never accessed drug or alcohol treatment) is slightly lower in Tower Hamlets (14-15%) relative to the LOC (18% in 2020-21). This means that there is a (slightly) lower proportion of people who would benefit from specialist treatment but who have not accessed treatment in Tower Hamlets than in the comparator group. This is generally indicative of effective and proactive engagement work that means that the treatment naïve are being identified and engaged.

## Non-Opiate Users

Comparisons are made against the LOC for non-opiate users at Figure 32.

**Figure 30 Completion, Re-representation rates and Treatment Naïve rates, Tower Hamlets and LOC, 2018-19 to 2020-21 (data for LOC for 2020-21 only)**



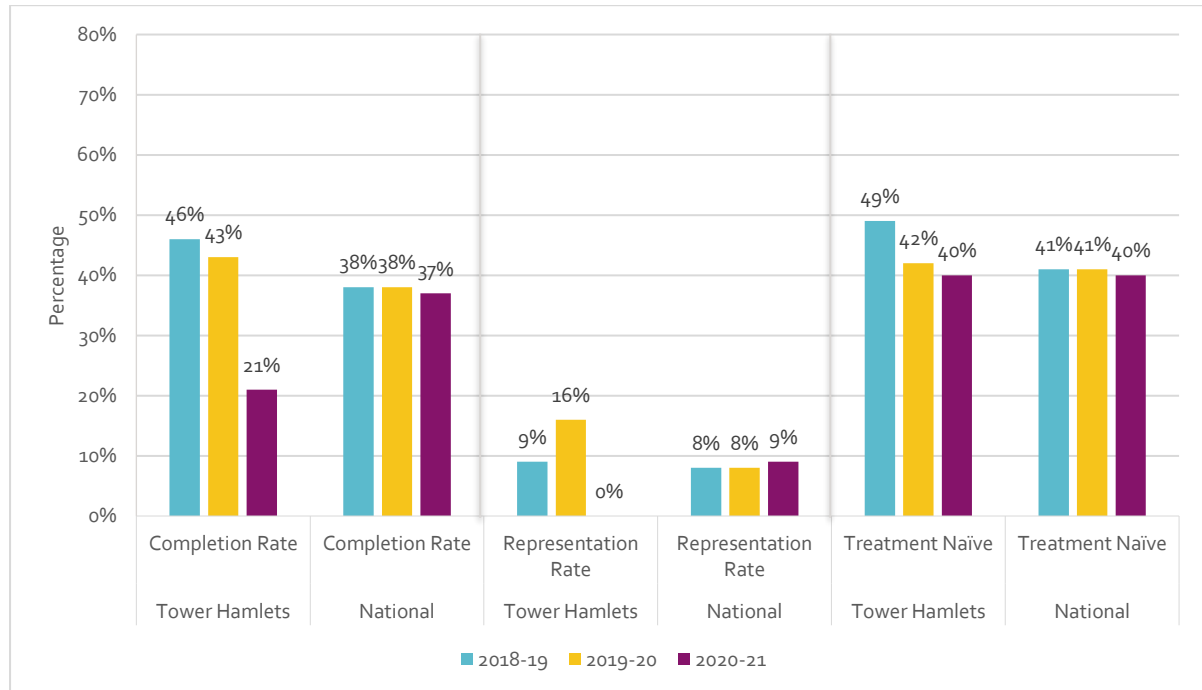
(Source: OHID, Recovery Diagnostic Toolkit)

The completion rate for non-opiate users has been steadily declining from 42% in 2018-19 to 21% in 2020-21, compared to 38% in the LOC. The re-representation rate is 0% in Tower Hamlets, which aligns with the national figures. Similarly, the treatment population for non-opiate users is around 45-48%, broadly concordant with national estimates (46%).

## Alcohol

Comparisons against the LOC for alcohol users are set out at Figure 33.

**Figure 31 Completion, Representation rates and Treatment Naïve rates, Tower Hamlets and LOC, 2018-19 to 2020-21**



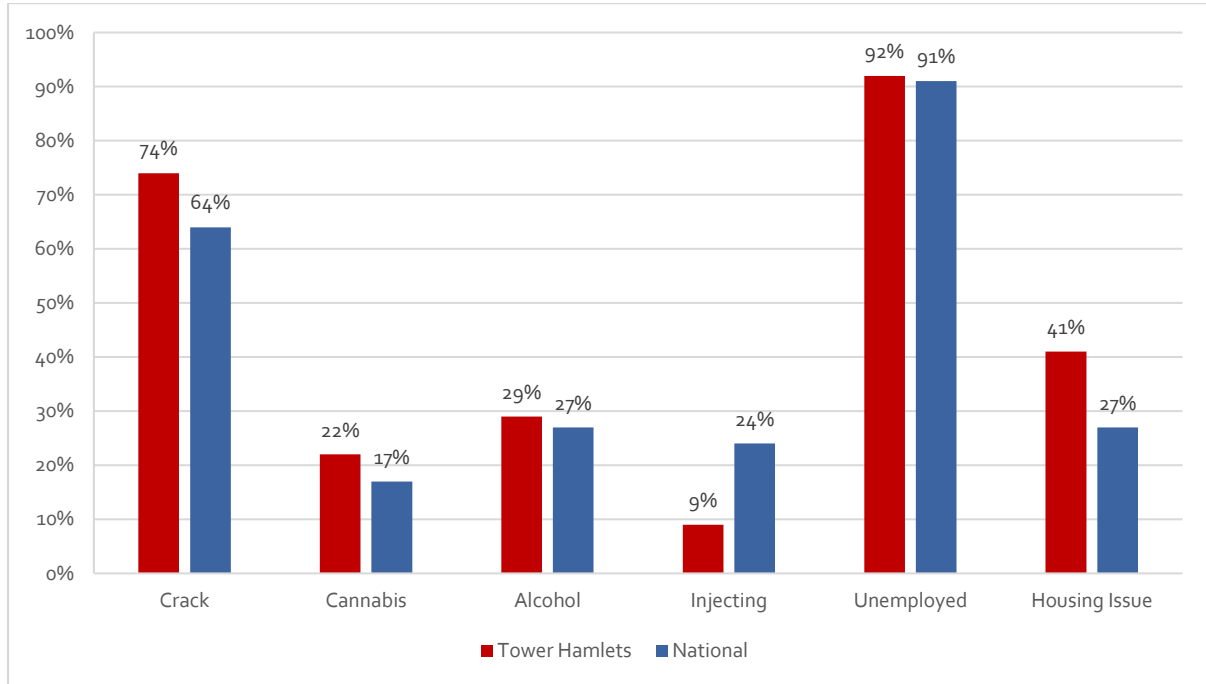
(Source: OHID, Recovery Diagnostic Toolkit)

There has been a broadly declining completion rate for alcohol-only clients in Tower Hamlets, from 46% in 2018-19 to 21% in 2020-21 (compared to a stable picture nationally at around 37-38%). Representations have fluctuated from 16% in 2019-20 to 0% in 2020-21. The treatment naïve population for alcohol-only clients in Tower Hamlets declined from 49% in 2018-19 to 40% in 2020-21, which is in line with national figures (40%).

### Factors that affect Treatment Completion

The following section examines the factors that are associated with treatment completion at six-month review based on TOP measures for opiate and non-opiate users (data for alcohol clients were not available).

**Figure 32 Drug use and social functioning of opiate clients who still use opiates at six months, Tower Hamlets and national (England), 2018-19 to 2020-21**

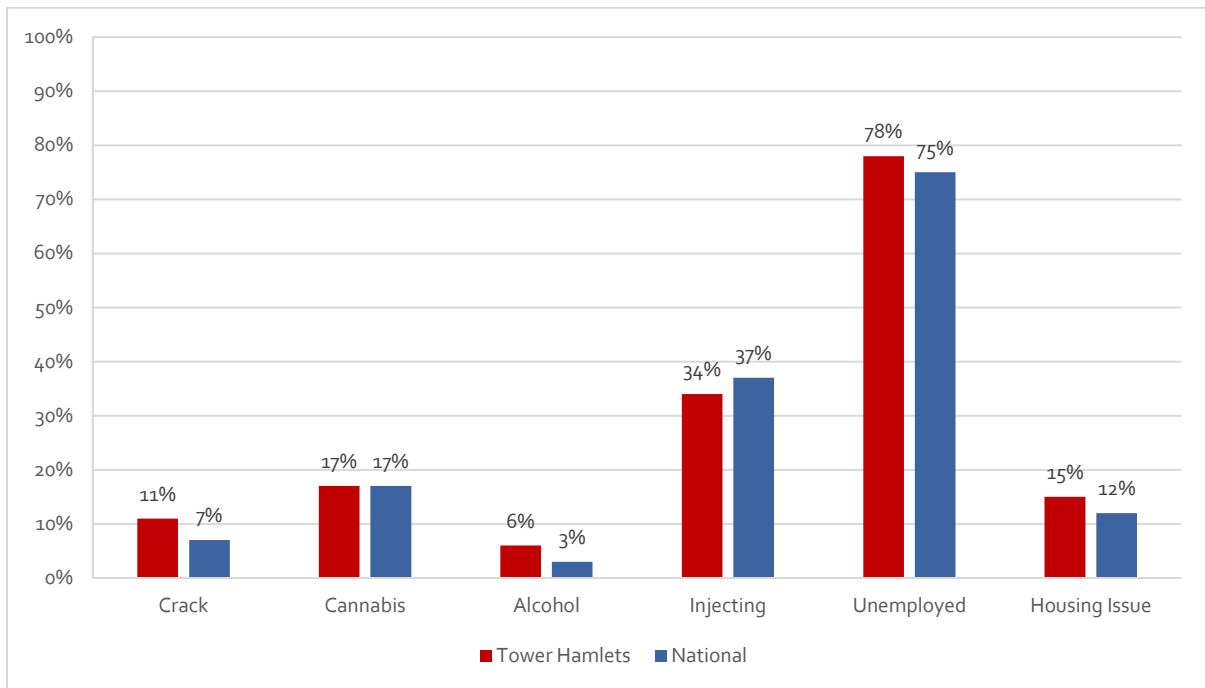


(Source: OHID, Recovery Diagnostic Toolkit)

For opiate users who are still using opiates at six months, Tower Hamlet’s clients were less likely to report injecting drugs (9% compared to 24% nationally) but were shown to include higher-risk behaviours, including: more likely to have used crack (74% compared to 64% nationally); cannabis (22% v 17%); alcohol (29% v 27%). Other social functioning measures such as having a housing issue (41% in Tower Hamlets compared to 27% nationally).



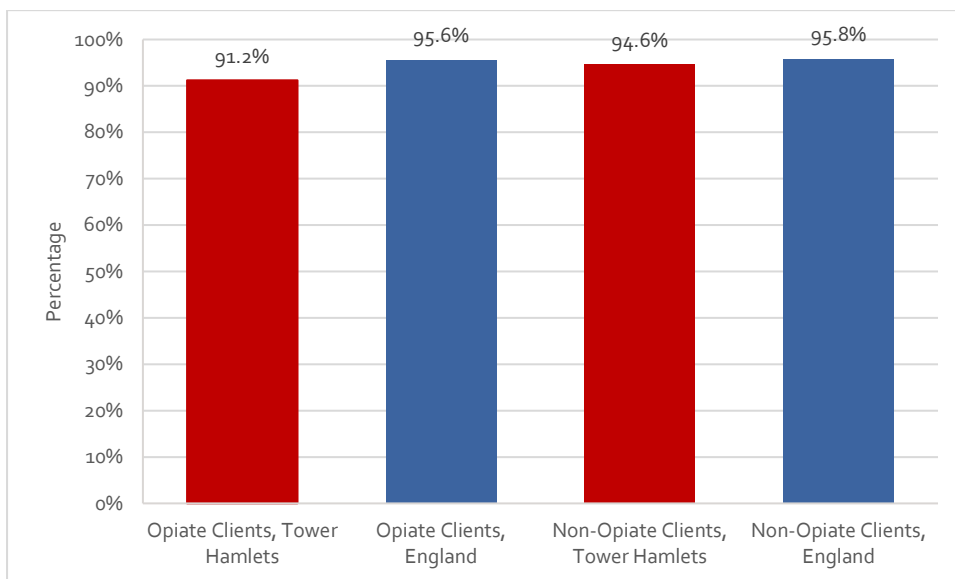
**Figure 33 Drug use and social functioning of non-opiate clients who still use non-opiates at six months, Tower Hamlets and national (England), 2018-19 to 2020-21**



(Source: OHID, Recovery Diagnostic Toolkit)

There are broad similarities between substance use and social functioning needs for non-opiate users at the six-month review, with slightly higher crack (11% v 7%) and alcohol use (6% v 3%). For social functioning needs, non-opiate users in Tower have only a slightly increased unemployment (78% v 75%) and housing needs (15% v 12%).

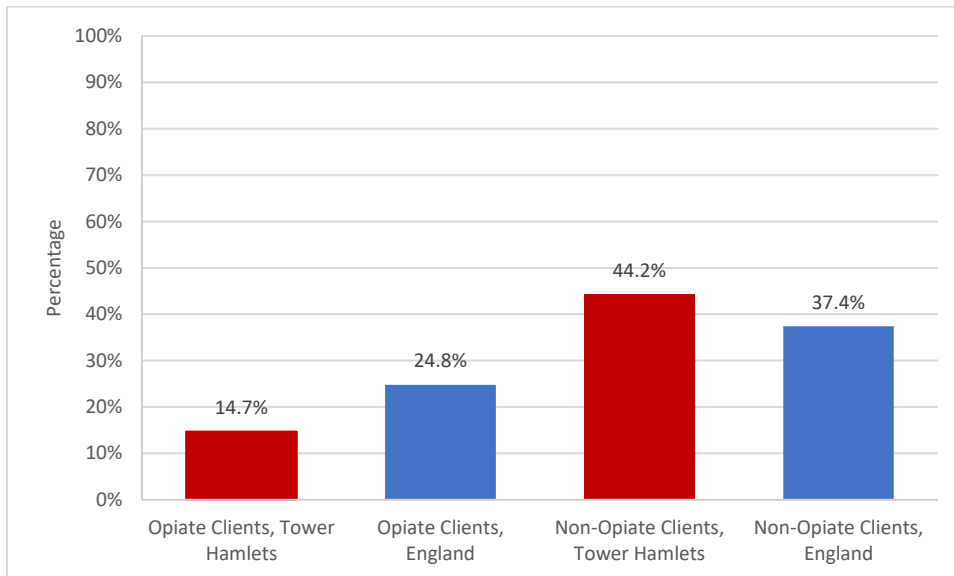
**Figure 34 Housing outcomes at successful completion of treatment, Percentage**



(Source: DOMES Diagnostic Report Quarter 2 2022-23)

Tower Hamlets residents are more likely to leave treatment with a housing need, compared to national average, particularly for opiate users. Figure 36 shows the proportion of people leaving treatment with successful housing outcomes, from which we can deduce how many still have housing need upon leaving treatment. 8.8% of Tower Hamlets opiate users have a housing need at end of treatment, versus 4.4% nationally across England; for non-opiates the comparative figures are 5.4% and 4.2%.

**Figure 35 Employment outcomes\* at successful completion of treatment, Percentage**



(Source: DOMES Diagnostic Report Quarter 2 2022-23: \* defined as working for at least 10 or more days in last 28 at exit)

There are notable disparities by drug type concerning employment outcomes. For Tower Hamlets residents, a higher proportion of non-opiates were employed (44.2%) compared to England (37.4%). In comparison, opiate users in Tower Hamlets were reported to be working at around half the level (14.7%) of their England counterparts (24.8%)

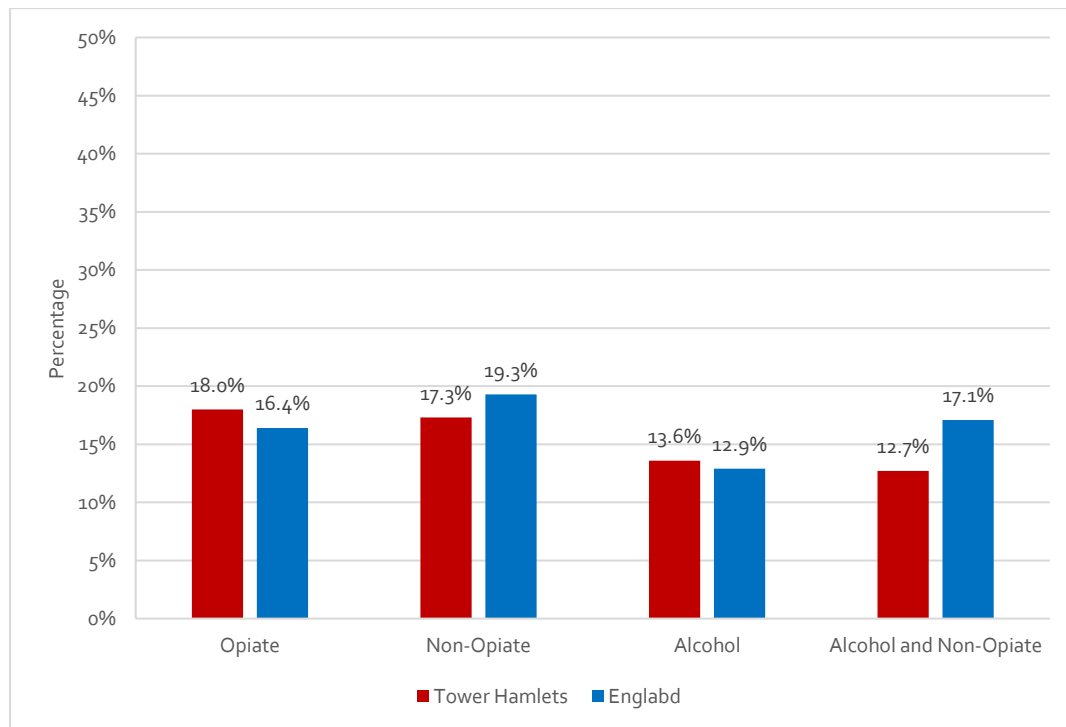
**Table 33 Treatment Outcome at Six Month Review, Tower Hamlets 2015-16 to 2020-21, for opiate users**

Treatment outcome	2015/16 (%)	2016/17 (%)	2017/18 (%)	2018/19 (%)	2019/20 (%)	2020/21 (%)
<b>Opiate Users</b>						
Abstinent	35	28	33	33	30	45
Improved	30	23	27	25	23	24
Unchanged	33	44	37	39	45	31
Deteriorated	2	5	2	2	3	2
<b>Opiate users who also use Crack Cocaine</b>						
Abstinent	34	24	31	27	26	34
Improved	24	18	31	24	23	22
Unchanged	39	53	33	44	45	41
Deteriorated	3	3	6	5	6	3

(Source: NDTMS, ViewIT)

For opiate users (using opiates only), over two-thirds (69%) were reported to be either abstinent or have improved. For opiate users who also use crack cocaine, this figure is slightly lower at 59%. Other substances are not included in this analysis due to the relatively small numbers reported.

**Figure 36** Proportion of new presentations who had an unplanned exit or transferred and not continuing a journey before being retained for 12 weeks, Tower Hamlets and England, 01/07/2021 to 30/06/2022



(Source: DOMES Diagnostic Report Quarter 2 2022-23)

Slightly higher proportions of unplanned exits were noted for Tower Hamlets residents who were opiate (18.0% v 16.4%) and alcohol users (13.6% v 12.9%) compared to England. In contrast, non-opiate users and alcohol (17.3% early exit for Tower Hamlets residents compared to 19.3% in England) and non-opiate users (12.7% in Tower Hamlets compared to 17.1% in England). This may suggest that improving experience at the ‘front door’, particularly for opiate and alcohol clients, could result in greater proportions of presenters remaining in treatment for at least 12 weeks.

### Treatment exits

This section sets out the status of clients at the point when they leave (exit) the treatment service.<sup>70</sup> See Table 34.

**Table 34 Adult profiles: Treatment Exits – All in treatment at the start of a treatment episode, 2020-21, Tower Hamlets, Percentage**

	Tower Hamlets 20/21 (%)	London 20/21 (%)	England 20/21 (%)
Successful completion	38	52	50
Dropped out/left	33	30	33
Transferred – not in custody	13	9	6
Transferred – in custody	10	3	4
Treatment declined	1	2	2
Died	5	3	3
Prison	0	0	1
Treatment withdrawn	0	00	

(Source: NDTMS, ViewIT)

Successful completion rates for Tower Hamlets (38%) can be shown to be lower than London (52%) and national figures (50%). In the latest year, 5% of those exiting treatment did so on the basis of dying while in treatment. This is an increase in mortality on previous years. The data does not indicate why this increase occurred. (The rate of death for opiate users is 8% while that of alcohol users was 4%).

There are several potential explanations for the change in death rate, including: random variation in the numbers of deaths; better follow up and recording may have identified more 'deaths (which may in other years have been misclassified as 'dropped out'); changes to mortality risks faced during the pandemic; or changes to services during the pandemic. At present the data cannot indicate which of these factors is most likely to explain the increase in deaths: a full audit is recommended.

#### What this tells us

The data indicates very variable levels of successful treatment completions with clear divisions between types of substances used. Successful completion rates for opiate treatment are lower than the comparator group, albeit by only two percentage points.

Data shows that opiate users are more likely than their peers in other areas to be exhibiting a range of factors that is likely to negatively affect their treatment (Figure 34). As such it can

<sup>70</sup> Note that this data uses a different definition than that used above at Section 6.3.1 – a successful completion here is at the point of exit (and does not include re-presentations at 6 months). As such it should be considered to be a separate measure of treatment outcomes.

be concluded that opiate users in Tower Hamlets appear to be more complex and vulnerable than opiate users in other (comparable) areas.

The data at Figure 31 shows that only 15% of those in treatment are “treatment naïve” (i.e. have not had previous episodes of drug treatment). This is fitting with earlier data showing an ageing opiate population that is largely made up of those who have had previous treatment episode and who have relapsed. This may explain the higher death rates for opiate clients (albeit that the change may be due to change or to other factors also). Moreover, the opiate population relative to nationally, can be shown as higher-risk clients which would affect the type and nature of the interventions offered (e.g. require greater intensity of support).

## 6.4 Views of service users and professional stakeholders

### *Key findings*

- A total of nine service users were consulted to gather their views on treatment provision.
- Service users reported multiple effective pathways into treatment including from health and criminal justice agencies.
- Service users were broadly positive about the service and that it was meeting their needs, albeit that some were not clear about what was available to them.
- Service users felt that the service could be better promoted.
- Professional stakeholders were aware of the high number of vacancies in RESET and recognised the pressures that this put on staff.
- Some professional stakeholders felt that barriers existed in relation to certain communities accessing the service and that more needed to be put in place to engage the diverse communities in the borough.
- Nox use was widely cited as an issue by professional stakeholders who felt that this was a growing problem among local communities.
- Stakeholders also reported widespread use of cannabis and that the needs of this client group needed to be addressed.

Nine individuals with lived experience of treatment were interviewed to understand their perspective on the effectiveness of treatment. The limited numbers of interviewees means that the views set out do not constitute a cross-section of views and must therefore be read as a self-selecting minority. The sample also represents a group of service users who had effectively participated in treatment. As such their views may not be representative of the wider treatment community.

### 6.4.1 Referrals

Three participants had been given information about RESET by A&E staff following hospital admission. One of these contacted RESET himself after his admission, with strong encouragement from their partner, and received a call back and an assessment for support within two hours. Another of the three received information about RESET twice, firstly in A&E and then after being sectioned (under the Mental Health Act). An older service user had very recently been referred by the A&E specialist nurse at the Royal London. The nurse gave him the information about RESET, he was referred very quickly and received a fast response.

All those who had been referred by the hospital spoke very highly of the support and signposting they had received there in connection with their referral.

A recent service user had been referred by the police after arrest for possession of drugs. In his case the referral was mandatory. The response from RESET was very quick and he had had an initial assessment within weeks.

### 6.4.2 Meeting needs

Service users were at different stages of their recovery and this influenced their understanding of how their needs had been met.

- Two past service users felt their needs had definitely been met in respect of their substance misuse. They found the service friendly, approachable, and non-judgemental and the meetings were sociable. Both had felt welcomed and understood in meetings. Online meetings had suited them.
- Two service users in the group were unclear about what their needs were exactly or how they would be met. The practitioner facilitating the service user forum was able to explain to them some of the psychosocial support that they could expect, as well as options such as free gym membership and a walking group.
- One service user with 25 years of treatment expressed a contrasting view. He felt that the type of service provided by RESET was 15-20 years behind best practice and that it lacks a human touch through being a manualised programme.

### 6.4.3 Accessing prescription and waiting times

There was some discussion between two long-standing former heroin users about difficulties and delays in getting a prescription for Subutex, Suboxone, or methadone, especially since the closure of the Mile End Hospital Drugs and Alcohol service. They suggested that, if people feel desperate, they may be tempted to seek out a dealer rather than wait for the prescription. However, as one participant observed "*if you are prioritising your recovery, it is*

*better to wait for, or chase, the script [prescription] which lasts for longer than a bag [of heroin bought from a dealer] anyway". There was a feeling that the process of getting a prescription should be quicker to make the most of the window of motivation when people most needed support. "Once you are in you will get scripted; it's just the waiting time".*

#### 6.4.4 Barriers

There were some perceived barriers to receiving a service, although the service itself and its delivery was appreciated by nearly all participants.

- Participants felt that the service was not advertised enough, or at all, so there may be people in need who are not aware of the help that is available to them.
- The timings of meetings and sessions was thought by some to be an issue. Meetings were said to be within usual daytime working hours.<sup>71</sup> One man said he could simply tell his employer he had a private appointment, and that he worked from home anyway so could adjust his working hours to fit appointments in. Online sessions meant that a working mother could more easily attend during the working day or fit around childcare responsibilities.

#### 6.4.5 Covid

Covid-19 restrictions meant that services went online, and several remain online. There are also face-to-face and hybrid services and for some participants the online element has been beneficial.

Three service users stated that Covid restrictions had increased their alcohol or cocaine use to a level where it had become highly problematic and led either to a hospital admission or an arrest. In the group, all participants were keen to regard that period as something they had put behind them and which they did not wish to speak about in detail.

There were reports that dealers had gone online during the lockdowns, making home deliveries rather than being street based.

#### 6.4.6 Progression

One participant in the focus group had progressed to AA meetings and was attending two a day. None of the other participants had arrived at a point where they felt able to attend AA

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<sup>71</sup> Note this is a misconception; there are in fact sessions available outside of working hours within RESET treatment.

or similar groups. One man had negative perceptions of AA meetings and preferred the sociable atmosphere of meetings at RESET.

### **What this tells us**

The views of service users must be read mindful of the fact that this was not a representative sample of users. With this caveat in mind, the data indicates that effective referral pathways are in place into the service and that users felt that the service understood and was responding to their needs. There appears to be some sense that the service could be better advertised and that this would in turn help increase referrals further. Consideration also needs to be given to delivering groups outside of traditional working hours.

## **6.5 Views of stakeholders**

A range of stakeholders were consulted to gather their views on local treatment services and the need for treatment services. Details of those interviewed are set out at Section 2.1.1. The views of professional stakeholders represent the opinion of those consulted and therefore represent personal views which give useful points for consideration.

### **6.5.1 Capacity of RESET**

A recurrent perception among stakeholders was how stretched RESET is in terms of staff vacancies. *"They're completely understaffed – they struggle to retain and recruit, which impacts on waiting times. .... That impacts on service delivery in hostels, wait times to be assessed, to be scripted, social prescribing, for example."*

Stakeholders acknowledge that efforts are ongoing to fill the gaps in staffing: *"it's not through lack of will on their part – managers are desperate to recruit... they're always recruiting, but they struggle to get people to stay"*.

It was the view of some stakeholders that the impact of staff shortage on the delivery model was being felt across the system. Some felt that elements of the wider system are not designed in a way that takes into account challenges in the treatment service. One interviewee said: *"People wait weeks for assessments. Project ADDER funding has been spent to get people into treatment services, so we have staff going out seeing adults who are saying they want to engage, and we link them to the service... but then RESET are just not ready to meet them. And it makes whole cycle of change go backwards – people feel rejected"*.



### 6.5.2 Supporting local communities

Some professional stakeholders commented on need and stigma among local communities. One observed, *"I get so many police reports about young Bengali men using crack, heroin or drinking, but they don't want to know about drug and alcohol services due to the stigma"*.

Another stakeholder reported that the needs of South Asian/Bangladeshi community have *"traditionally always been a challenge for services – even 20 years ago there was specific chaotic mental health issues, and chaotic drug use, it's a really complex picture around culture"*. Another said, *"culturally it can be quite difficult for people to engage with specific services, as they come up against shame and disapproval"*.

A healthcare practitioner felt that, when asked about unmet need, the main priority is how the service can better deal with *"access, diversity and all the populations in the borough. A lot of work is needed around how to find out and target patients who don't engage. Certain ethnicities are more reluctant due to stigma. We have large Somali and Bangladeshi populations, some very poor as well, and a young population. It's amazing how diverse the area is. We need culturally sensitive services - with workers familiar with needs and substances certain groups use"*.

Cultural competency was raised by two interviewees, one of whom said: *"we need to talk to Somali community about Khat and understand what specific needs people have, rather than assume it's the usual substance misuse issues"*.

Other stakeholders felt the service makes appropriate efforts in relation to inclusion of different groups. Client feedback collected by the service does not highlight cultural competency as a key issue of concern among users (though this feedback only pertains to those who manage to access the service). Some RESET staff speak community languages and services can be offered in such a way as to take into account their cultural and religious need.

### 6.5.3 Nox (Nitrous Oxide)

Nox was cited as a serious and growing problem by multiple stakeholders who were interviewed. It was the view of interviewees that while use is starting among those aged 14 and 15 years, it extends into early adulthood and was said to be common among those in their twenties. (There is no quantitative data that corroborates levels of Nox use by age). While sometimes used in isolation it is also used in conjunction with cannabis or alcohol.

Nox is readily available via local retailers (as outlined earlier) as well as online. Nox can be purchased via social media such as SnapChat where dealers can be contacted. There are also

commercial operations with sophisticated marketing and branding operations who target young people – for instance Fast Gas<sup>72</sup> and Smartwhip<sup>73</sup>.

Multiple stakeholders who were consulted reported seeing or knowing about widespread use of Nox among young people and described that it was being widely used by local residents. Whilst there are no data (currently) available that can quantify levels of use several stakeholders reported that, such are levels of use, that Nox-associated litter has become an issue in itself (for instance the canisters that are used to dispense Nox). Professionals working with young people were particularly aware of the issue and felt that its use was largely normalised among younger generations.

Stakeholders regularly commented that there appears to be a prevailing belief among young people that Nox is “harmless”. (We were unable to consult with young people as part of this needs assessment and ascertain their views on the impact of Nox). Stakeholders reported that they were seeing young people in their twenties who were suffering adverse consequences of Nox use – these range from pins and needles through to loss of sensation in limbs.

Staff in RESET were aware of the growing issue of Nox use and had begun discussions with some partners in order to formulate a response.

Tower Hamlets has already responded to the growing issue of Nox by introducing a borough-wide Public Safety Protection Order.

#### **6.5.4 Cannabis**

Some stakeholders felt that there was insufficient support for adult cannabis users. As one stakeholder said: *“RESET are committed to developing something, but it (cannabis use) is so widespread... and sometimes it’s not about treatment: it’s about lifestyle, peers. And that sort of pathway isn’t as clear cut as saying come in to talk to us about your cannabis use for an hour once a week, and we’ll help you stop”*.

#### **6.5.5 Young people**

While Safe East provide a service to those aged up to 19 years, a number of stakeholders were of the opinion that young people in their twenties did not want to access RESET for substance misuse support. They reported that RESET is perceived to be a service for older people and opiate users. Moreover, young people (who are using cannabis and Nox) are

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<sup>72</sup> <https://fast-gas.com/>

<sup>73</sup> <https://smartwhip.com/>

unlikely to believe that the drugs they are using are harming them – particularly when compared to heroin use. As such, a number of interviewees reported that young people were refusing to enter treatment if RESET was the only option being presented to them. As one stated, *“There is no way young people will attend a RESET group session.”* (In the absence of consultation with young people it is not possible to corroborate this view).

### 6.5.6 Need for treatment

Interviewees indicated that the need for drug and alcohol services is *“huge”*: police interviewees flagged the scale of the Tower Hamlets drug using population, high complexity and pressures on waiting times as key issues to tackle: *“the numbers of drug users is so vast, especially in the west, where we have most hostels. We have transient populations, and Class A users, meaning that it’s a really big beast to tackle. But within what RESET can deliver, they do it very well – best I’ve seen”*.

Another stated, *“We’ve had recent issues – in that we can arrest drug dealers ‘til the cows come home, and put them away, but unless we deal with who they’re selling to and the markets... well there are so many vulnerable people, and it’s a seller’s market, so that attracts people to our area. And that heightens the pressures locally”*

#### **What this tells us**

A very strong theme from professional stakeholders who were consulted was the capacity issues of RESET. Section 6.2 set out the number of vacancies in the organisation and the absence of these staff has evidently been noted by wider professionals working in Tower Hamlets.

Another issue that emerged was engagement with local communities in the borough and a sense that certain communities face increased barriers, including stigma, to accessing treatment.

Echoing data elsewhere in this report, there was a very clear sense that Nox use is a growing issue locally and one that is not being adequately addressed. There was a very strong sense that Nox use is having an impact on the health of local people but that services had not yet responded to this need.

## 6.6 Children and Young People's Drug and Alcohol Treatment

### *Key findings:*

- Local treatment for young people is provided by Safe East which offers an integrated substance misuse and sexual health service. This is in line with good practice that advocates integrating young people's specialist treatment into wider services for young people.
- The emphasis of the work is on motivational interviewing and harm reduction which is also consistent with recognised treatment provision for young people.
- 90% of young people successfully completed treatment in 2019-20. Successful treatment rates have increased steadily (for instance were 67% in 2018-19).
- The majority of young people (60%) remain in treatment for up to 26 weeks. A small minority (13%) are in treatment for over one year.

This section looks at treatment provision and the effectiveness of treatment for children and young people.

### 6.6.1 What works

The key message in addressing the needs of children and young people is that they are a distinct group of clients in themselves, that their needs are distinct and that they must be supported in ways that differ from the adult treatment population.

The literature stresses the importance of building provision around young people, stressing the importance of understanding young people as a distinct cohort: "Children are not small adults and the adult definitions of substance misuse are inadequate in capturing the developmental aspects of substance misuse in young people."<sup>74</sup>

Given this, PHE state need for services to adopt an approach that recognize the strengths and assets of young people, which treat them with respect and as agents of change and which help to build:

- Resilience,
- Life skills,
- Ability to make better choices and to deal with difficulties.<sup>75</sup>

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<sup>74</sup> Practice Standards for Young People with Substance Misuse Problems, Royal College of Psychiatrists (2012). p.5

<sup>75</sup> Specialist substance misuse services for young people: A rapid mixed methods evidence review of current provision and main principles for commissioning, Public Health England (2017), p.11.

Young people's specialist drug and alcohol interventions should include evidence-based psychological, psychotherapeutic or counselling-based techniques to help young people change their behaviour and lifestyles, and to improve their coping skills.

Standard pharmacological approaches, which are normative practice in the treatment of adults, were not identified in the literature as of significant relevance to young people. This is due in part to the fact that by far the majority of young people will not have a need that requires a pharmacological approach. Ahuja *et al* state that, "Pharmacotherapy should only be initiated with extreme caution after thorough assessment."<sup>76</sup>

Recognising that substance misuse is often related to multiple vulnerabilities PHE recommend that, ideally, services for young people understand and tackle multiple vulnerabilities as part of their approach.

Given this, PHE guidance indicates that treatment approaches offer "integrated services that deliver targeted interventions to young people at risk of developing problems with substance misuse alongside specialist services, particularly with identified vulnerable groups with specific risk factors"<sup>77</sup>. As such, PHE stress the need for multi-agency responses with robust joint working arrangements. In particular it states the need to engage with and provide seamless transition to services including:

- CAMHS,
- Child Sexual Exploitation and abuse support services,
- Youth offending teams,
- Sexual health services.

### 6.6.2 Treatment services

The local young people's treatment service is Safe East and is provided by the charity Compass-UK.

The service is described as integrated health and wellbeing service and offers support in relation to substance misuse and sexual health. The service works with those aged 10 to 19 years (with the offer extending to those aged up to 25 years for specific groups including those who are in the care system, have a special educational need or who have a disability).

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<sup>76</sup> Engaging young people who misuse substances in treatment, Ahuja A., Crome I., Williams R., *Current Opinions in Psychiatry* 26, p.339.

<sup>77</sup> Specialist substance misuse services for young people: A rapid mixed methods evidence review of current provision and main principles for commissioning, Public Health England (2017), p.18.

In relation to its substance misuse offer the service provides:

- One-to-one support,
- Educational sessions,
- Targeted group work,
- Workshops,
- Advice and guidance,
- Harm reduction advice and information, and
- Tailored support.

The service is based in the Spotlight Youth Centre.

The team consists of:

- 3 x FTE practitioners,
- A team leader,
- An outreach worker, and
- 2 x sexual health nurses.

Substance misuse treatment is largely offered on a one-to-one basis as it was recognised that many young people do not feel comfortable disclosing in a group environment. The service is intentionally based at a youth centre in order that the young people do not feel any stigma in engaging with their service.

Much of their work is made up of delivering motivational interviewing and harm reduction work. Should a young person require prescribing (for instance for opiate user) then links exist with the adult treatment service (RESET) who can offer prescribing and medicines management. (While the pathway is available on paper, in practice, numbers requiring prescribing have in reality been nil since the start of the contract).

The service undertakes other work including work with schools, delivering PSHE sessions for local schools and delivering interventions with young people in schools as required. They also provide workshops in schools as required. In addition to work with schools they engage young people via local youth centres.

The service links in with other relevant services as required:

- Young people can be referred to CAMHS for any mental health needs (albeit many young people in the service are already known to CAMHS).

- Staff from Safe East work with the Youth Offending Service and attend their service twice a week. The Youth Offending Service screen their client for substance misuse issues and refer into Safe East as required. The process has been made as seamless as possible as Youth Offending staff can book appointments with the substance misuse worker on the days that they attend the Youth Offending service.

In addition to working with young people the service also engages with parents of the young people in treatment, offering workshops for parents (albeit that these workshops are not offered regularly).

### *What this tells us*

The current configuration of young people’s specialist treatment aligns with guidance on delivering specialist treatment via integrated services (in the case of Tower Hamlets, alongside sexual health). Moreover the service appears to have clear and links with other key who work with vulnerable young people – particularly youth offending and mental health services.

Also consistent with guidance is the focus on motivational interviewing and harm reductions, approaches that recognise that working with substance misuse in young people requires a different approach to that of adults.

## 6.6.3 Treatment effectiveness

Data on the outcomes of the treatment are set out below.

**Table 35 Treatment outcomes, Tower Hamlets percentage known to drug treatment services 2014/15 to 2019/20**

	09/10 (%)	10/11 (%)	11/12 (%)	12/13 (%)	13/14 (%)	14/15 (%)	15/16 (%)	16/17 (%)	17/18 (%)	18/19 (%)	19/20 (%)
Successful completion	69	65	65	76	74	84	78	71	63	67	90
Dropped out/left	8	18	12	12	11	8	13	18	26	17	10
Referred on	8	6	12	6	4	8	4	6	5	0	0
Treatment declined	8	6	6	0	11	0	0	0	0	17	0
Prison	0	0	0	0	0	0	0	0	0	0	0
Other	8	6	6	6	0	0	4	6	5	0	0

(Source: ViewIT. Note data for 2020/21 are not available at the time of reporting)

There has been a steady increase in the proportion of successful completions from 63% in 2017-18 to 90% in 2019-20, with a concomitant decrease in the proportion of young people

reported as dropping out of treatment during this time (from 26% in 2017-18 to 10 in 2019-20).

Data on length of time spent in treatment is set out at Table 36.

**Table 36 Length of time in treatment, Tower Hamlets percentage known to drug treatment services 2014/15 to 2019/20**

	09/10 (%)	10/11 (%)	11/12 (%)	12/13 (%)	13/14 (%)	14/15 (%)	15/16 (%)	16/17 (%)	17/18 (%)	18/19 (%)	19/20 (%)
Under 12 Weeks	36	36	46	48	45	46	37	29	36	33	20
13 to 26 Weeks	45	48	46	35	29	32	29	39	32	33	40
27 to 52 Weeks	14	12	8	17	18	15	26	21	23	25	27
Over 53 Weeks	5	4	-	-	8	7	9	11	9	8	13

(Source: ViewIT. Note data for 2020/21 are not available at the time of reporting)

There has been a steady decline in the proportion of young people reported in treatment for under 12 weeks from 46% in 2014-15 to one-fifth of all cases (20%) in 2019-20. The modal length of treatment in 2019-20 was 13-26 weeks (40%). There has been a slight uptick in the proportion of young people in treatment for over one year (53 weeks), from 9% in 2017-18 to 13% in 2019-20. Section 4.6 indicates that the large majority of young people in treatment are users of cannabis (93% in 2019/20). It is not therefore clear why there is a cohort of young people in treatment for over a year as cannabis use is usually managed through motivational interviewing and harm reduction messages. The data may therefore be indicative of a small cohort of young people with very pronounced needs. It is not clear however why this cohort is increasing in size and further investigation is required.

**What this tells us**

The data clearly indicates a very high level of successful completions, and that successful completion rates have been improving over time. This would tend to indicate that treatment is being effectively and successfully delivered.

The proportion of young people in treatment over a year raises some questions about whether the complexity of some clients is increasing as it is unusual for young people to be retained in treatment for this length of time (another feature which distinguishes young people’s treatment from that of adults).



## **6.7 Analysis and Summary: treatment and recovery services**

### **6.7.1 Treatment services**

A comprehensive treatment system has been put in place that covers engagement, treatment and recovery treatment. In particular, an outreach service that has been put in place to engage different groups in the population to support their engagement in treatment. This recognizes the high levels of unmet drug and alcohol need (see Section 4) and seeks to directly address this problem.

Within the structured treatment service there is a comprehensive offer with tailored responses to different client groups (for instance recognising the different needs of opiate and alcohol users). The service has sought to address wider needs and vulnerabilities –for instance links with mental health, BBV provision, and the needle exchange provision. The service is continually evolving in ways to try and meet the needs of local drug and alcohol users – see for instance the development of the cannabis group which will begin in early 2023.

Structured treatment is complemented by a suite of recovery initiatives that both aid treatment and embed recovery.

As is the case elsewhere, treatment outcomes have been declining in recent years mirroring reductions in funding. Current high vacancy rates within treatment service are causing problems, primarily that caseloads for workers are far in excess of what is recommended. This necessarily impacts on the ability of the service to deliver effective treatment to clients. These recruitment issues and high caseloads are not unique to Tower Hamlets; in the light of additional funding for drug and alcohol services, demand for staff is high around the capital and beyond. RESET have made ongoing efforts to recruit to vacant posts but the effectiveness of this has been limited by the demand for skilled treatment workers. Commissioners should consider whether any further local action, investments or initiatives can be taken to address the caseload or recruitment challenges.

### **6.7.2 Treatment outcomes**

While a comprehensive service is in place, the data on successful completions shows a very clear downward trend in relation to successful completion rates for opiate users and which is similar to rates for London and England. Figure 28 shows a long-term decline in the proportion completing successfully, down from around 10% in 2012 to 3% for the most recent period for which data was available. The decline closely parallels rates in England and London and the local comparator group which tends to indicate that the decline is associated

with factors outside of the local area (i.e. issues that are operating at national and regional levels such as the ageing nature of OCUs). However, given the ongoing decline there is value in reviewing how opiate services are delivered, in particular OST provision, to see whether any improvements can be made to this aspect of the service.

Successful completion rates for non-opiate users have also dropped recently but are much better (at around 28%). Alcohol completion rates dropped in 2019 (see Figure 29) but this is possibly associated with the pandemic and is not part of a long-term trend. Ongoing monitoring is warranted to determine whether rates improve back to historic levels.

### **6.7.3 Deaths**

Table 41 (see Appendix 2) indicates that 8% of opiate users died while in treatment. This may be linked to the ageing OCU population described earlier in this report – as opiate users age, they will have increasingly complex health needs and, very commonly, a range of co-morbid health conditions. It is possible that the deaths are associated with other health issues. In order to better understand what the key driving factors are, in addition to the regular review of drug-related deaths that is already carried out, a further deep dive should be undertaken to develop a robust picture of factors associated with local opiate deaths.

### **6.7.4 Health checks**

P-RESET provide an innovative primary care annual health check for adults in treatment to enable a more holistic assessment of their health to take place. This approach enables service users to engage with local primary care services as well as ensuring their wider health needs can be properly assessed. Take-up rates of the service are low (working with around a fifth (21.8%) of eligible clients in 2021-22) meaning that the service is not enjoying the kind of impact that it could have. (See Table 31 for data). Service provision is likely to have been impacted by recruitment and resourcing challenges in primary care. Consideration should be given to how the service is promoted among clients and what engagement strategies could be used to improve take-up rates.

### **6.7.5 Nitrous oxide**

The data gathered from stakeholder interviews points to a growing issue with the consumption of Nox among young people – both those who are served by the Safe East service (up to 19) and those in their twenties (and who would therefore fall under the remit of RESET).

A number of frontline workers who were interviewed reported regularly coming into contact with young people reporting adverse effects from Nox, while stakeholders more widely

reported high levels of visibility of Nox use and its associated litter. Services do not appear to have responded to the Nox (other than as an ASB and trading standards issue). The development of the B12 Pathway at the Royal London that has been specifically put in place to manage the effects of Nox consumption, but it is not linked into wider treatment and other services (other than Hospital and Community Navigators). Most stakeholders were unaware of the operation of this service.

Given the perceived size of the problem there would be value in local services developing Nox pathways to identify and direct users into support (particularly the B12 clinic). This should be complemented by the development of a Nox group in the treatment service to offer brief advice and harm reduction messages (akin to the proposed approach for the cannabis group) to provide a treatment offer to this cohort.

## 7. Drug and alcohol related crime and ASB

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### *Key findings:*

- Data from the local Drugs Profile shows that Cannabis was the highest volume substance seized, followed by Cocaine and Heroin. Over 90% of opioids within the crime data were Heroin.
- Drug possession offences are highest in Spitalfields & Banglatown and St. Peter's wards. Drug trafficking offences were highest in Spitalfields & Banglatown and Whitechapel wards.
- Drug-related crime is concentrated among certain areas of the Borough. The distribution of offences for the supply of Crack Cocaine and of Heroin are particularly focused in the West of the borough (near to Aldgate and Shoreditch), while Offences related to supply of Cannabis and of Cocaine tend to be more evenly distributed across the Borough.
- Tower Hamlets had four wards in which over 100 drug-related ASB warnings had been issued.
- Analysis of data regarding drug related offences over time suggests a link between drug possession and theft indicating that drugs are driving crime more widely in the borough.

Drug and alcohol misuse are significantly associated with both crime and anti-social behavior. This section seeks to explore the relationship between and impact of substance misuse on crime and ASB in Tower Hamlets.

### 7.1 Levels of drug related crime and ASB

#### 7.1.1. Type of drugs and alcohol-related crime

Data from the Metropolitan Police Service (MPS)'s drug profile for the Central East BCU (Tower Hamlets and Hackney) shows that during April 2019-March 2021:

- Cannabis was the highest volume drug seizure, followed by Cocaine and Heroin.
- The vast majority of class-B drugs on crime reports were cannabinoid; and cannabis is mentioned on about 1 in 8 police intelligence reports (at a similar level across Tower Hamlets and Hackney)
- The most common stimulants within the crime records were cocaine and crack cocaine.
- Over 90% of opioids within the crime data were Heroin.

- A smaller proportion of crime reports related to Empathogens (ecstasy/MDMA), sedatives, or psychedelics.

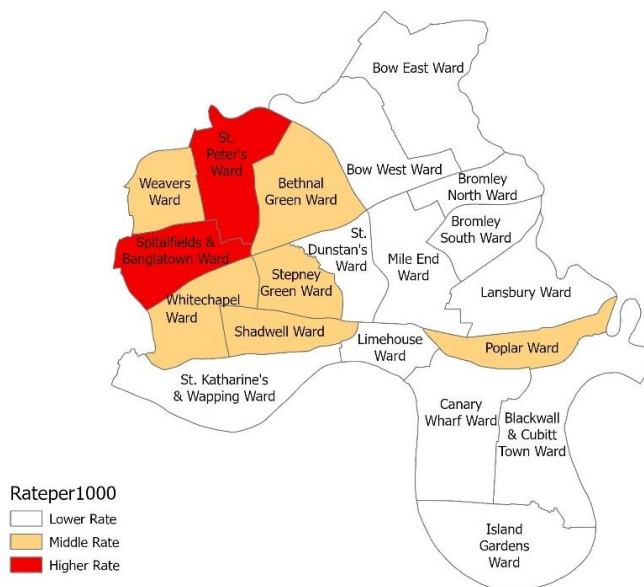
### 7.1.2 Distribution of drug-related offending

Data from the Metropolitan Police Service (MPS)'s drug profile for the borough shows that high levels of drug-related ASB call-outs in Tower Hamlets.

It was possible to explore the extent of drug-related crime over 24 months and use of historical data by examining Metropolitan Police figures of recorded crime in Tower Hamlets. These reports were provided at ward level and adjusted for the size of the resident population (per 1,000).

Data for drug possession offences are set out Map 1.

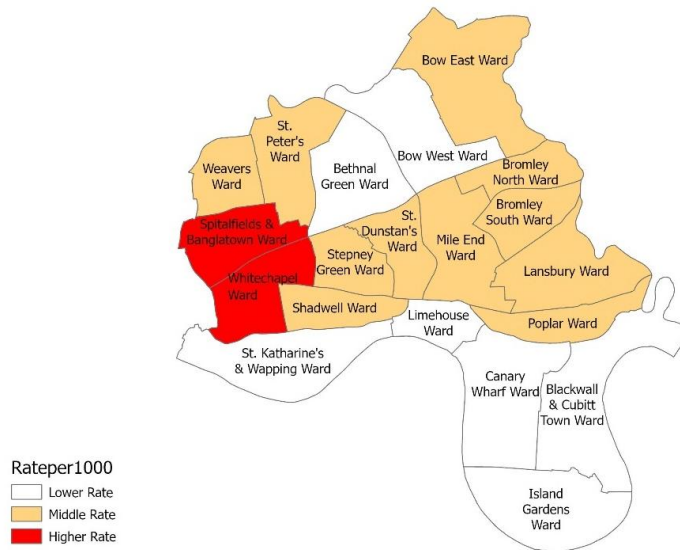
**Map 1 Drug Possession Offences recorded by the Metropolitan Police last 24 months, Rate per 1,000 population**



(Source: London Datastore)

For drug possession, the crime rate per 100,000 based on a two-year average shows the highest quintile reports are in Spitalfields & Banglatown (42.1 per 1,000) and St. Peter's (37.0 per 1,000) wards (Map 1).

**Map 2 Drug Trafficking Offences recorded by the Metropolitan Police last 24 months, Rate per 1,000 population**



(Source: London Datastore)

For drug trafficking, there is a similar picture with Spitalfields & Banglatown (8.1 per 1,000) and Whitechapel (6.6 per 100,000) wards represented in the highest quintile (Map 2). Data from the MPS's Drug Profile (not shown) shows that distribution of offences for the supply of Crack Cocaine and of Heroin are particularly focused in the West of the borough (near to Aldgate and Shoreditch), while Offences related to supply of Cannabis and of Cocaine tend to be more evenly distributed across the Borough.

### 7.1.3 Associations with drug possession and drug trafficking

Additional analyses examined the association of other crime types with drug possession and drug trafficking. The aim of this approach is to assess whether drug-related offending moves in similar ways to other offence types over two time periods. The first being the immediate 24 month period, and a longer time period since April 2010. This allows us to suggest possible associations between offending types and drug-related offences. The results of the analysis are set out at Appendix 3.

Positive associations with drug possession and some crime types such that, as drug possession offences increase, other crime types also increase. The data suggests a negative association between drug possession and violent offences, although the relationship between trafficking and Violence Against The Person is notably weaker than possession. Note these analyses are correlations (using time-series regression analyses); they cannot be taken to indicate causation.

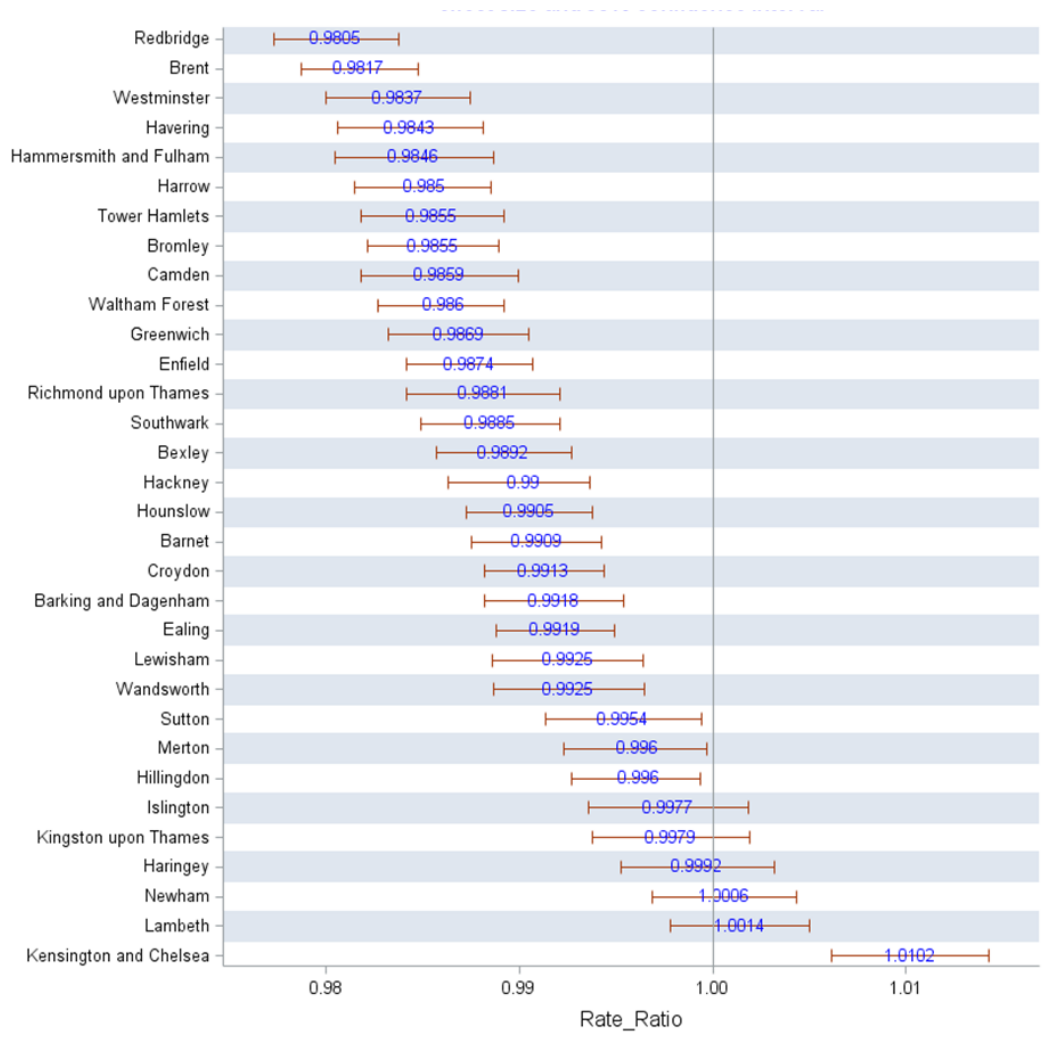
For both drug-related crime types (drug possession and trafficking), these measures were modelled using linear regression against all other recorded crime types to determine which, if any, crime types are significantly associated with it. Over the longer time frame statistically

significant results for possession, with robbery and shoplifting were shown to be negatively associated with drug possession, whilst shoplifting and other theft were shown to be significantly associated with increases in possession (in other words, as drug possession increases so does incidents of theft from the person and other theft). For drug trafficking, the only statistically significant factor identified was a negative association with robbery (such that as drug trafficking increases, robbery decreases).

**Time-trend analysis**

Academic research has investigated the change in levels of crime; this analysis has been re-run for this report as set out in Figure 39. The analysis used data from the original study, which was available for change between 2013-2017. This time-trend analysis suggests that Tower Hamlets had the seventh-largest decrease in drug-related crime across London during the period 2013-17.

**Figure 37 Drug-Related Offending Rate 2013-2017, time trend by borough: effect size and 95% confidence interval**



### *What this tells us*

The analysis of data regarding drug related offences over time indicates that there appears to be a correlation between drug possession and certain offences – such as that, as the number of people arrested for possession rises, so do levels of some crimes, but that there was a negative association between drug possession and violence. The link between drug possession and theft indicates that drugs are driving crime more widely in the borough.

Time trend analysis indicates that drug-related crime appears to be reducing in Tower Hamlets which suggests that the range of interventions in place (and described below) is having some effect on levels of drug-related crime.

## **7.2 Responding to drug and alcohol related crime and ASB**

### *Key findings:*

- The prevalence of drug-related crime and therefore drug using offenders has led to the delivery of a complex landscape of services including Operation Continuum and other police operations, Throughcare, custody provision and IOM case officers (local authority provided for offenders) and a range of initiatives seeking to address substance misuse related ASB (such as the SMIT, Community MARAC and Safer Community Officers).

Given both the prevalence of drug and alcohol-related crime and ASB and the concern it raises among local residents, a complex landscape of initiatives has evolved to respond to the issues raised. The key interventions are described below.

### **7.2.1 Project ADDER**

While not an intervention in itself Project ADDER, a funding stream from the government, has proven to be crucial to local responses to issue in relation to drug misuse in the borough.

Project ADDER is a partnership between the police and the local authority with the aim of reducing the impact of substance misuse in the area through a mix of enforcement activities and treatment and support for drug users. Funding of £1 million per annum has been allocated to Tower Hamlets. Project Funding was initially allocated up until March 2023 but supplementary funding will now be in place up until 2025. (Albeit that police ADDER funding tapers from 2023 onwards).

### **7.2.2 Operation Continuum**

Operation Continuum is an operation led by the MPS police that was established in Tower Hamlets to tackle drug dealing and to make neighbourhoods safer by undertaking



investigation and enforcement activities. It is led by the MPS (specifically the Central East BCU which covers both Tower Hamlets and Hackney) in conjunction with the local authority and housing associations.

Operation Continuum undertakes intelligence-led operations that respond to reports of drug dealing, drug use and associated criminality in the Central East BCU.

In the year 2021-22 112 arrests were made under Operation Continuum, £598,000 in cash seized and 132 weapons recovered.

### **7.2.3 Local authority initiatives**

A range of local authority initiatives have been put in place to deal with crime, ASB and the effects of crime related to substance misuse. This section seeks to set out the range of interventions that exist.

#### ***Policing***

Tower Hamlets council has funded a number of police officers to be based in the borough to ensure a visible police presence locally.

While funded by the council, the police operate within the wider BCU and can be extracted as required by policing demands (i.e. these additional posts do not necessarily solely serve Tower Hamlets).

#### ***Drug and alcohol users***

The following initiatives are in place to work with drug and alcohol users who are in contact with aspects of the criminal justice system.

#### **Throughcare (DIP)**

The Throughcare team (commonly referred to locally as the DIP) is a team of six practitioners, including two funded through ADDER, who aim to increase engagement of criminal justice clients with treatment services. The team assess clients referred to them and refer on to RESET as required. They also provide a range of additional interventions including brief interventions and harm minimisation advice, providing reports to courts and aiding the monitoring of breaches (that is, determining whether those clients who have been court mandated to access drug or alcohol treatment do so). Interventions are also delivered to address offender's criminogenic behaviour.

The service does not provide any clinical interventions (such as prescribing) which is held by RESET. Clients are therefore "shared" with RESET with Throughcare workers providing input alongside RESET recovery workers.

## **Custody Team**

Tower Hamlets has had a longstanding service that covers local police custody and courts.

In Bethnal Green custody suite a team will engage with anyone arrested and who has tested positive for drug use. (The team engage offenders from outside of Tower Hamlets). The service is provided seven days a week, 7am to 10pm, 364 days a year.

Those in custody will be provided with harm minimisation advice and, if a Tower Hamlets resident, will be passed on to the Throughcare team. The Throughcare team will pick up the client for further assessment and will “hold” them until they can be engaged in treatment (provided by RESET).

In addition to the coverage at Bethnal Green custody suite the team also provide coverage at court six days a week, carrying out assessments, setting Restrictions on Bail and fast-tracking Alcohol Treatment Requirements and Drug Rehabilitation Requirements.

## **Integrated Offender Management (IOM) Case Officers**

Two IOM Case Officers are employed to co-ordinate multi-agency work with local offenders who are on the IOM caseload which is made up of statutory probation cases aged 18 years and over. They therefore liaise with police, probation, housing and education, employment and training providers.

The IOM case officers are non-criminal justice workers (that is, they are not employed by the police or probation) and who can offer case management and support, providing agile support to help prevent the offender slipping into crisis which may then trigger their offending behaviour. They can therefore provide advocacy and mediation as well as linking offenders to a range of services and charities.

It was indicated that the majority of the IOM caseload are drug users, with high levels of cannabis and Nox usage. Some Class A drug use was reported but this was largely focused on those offenders aged 40 years and above. Many have engaged in drug dealing and, in some cases, violent offending also (often linked to drug dealing). In recognition of the substance misuse needs of this cohort, two substance misuse workers were added to the team funded through ADDER.

In Quarter 1 of 2022-23 there was an average IOM caseload of 108 clients per month of whom 23 were Class A drug users. Of the 23 Class A users 14 were in treatment.

### **Prison workers**

Over 50% of prison releases into Tower Hamlets were from HMP Thameside. As such two ADDER prison link workers have been employed to meet all Tower Hamlets residents in Thameside to support them with the return back to the community following their release. The workers create links to the RESET treatment service. An additional 2.5 workers cover releases from other prisons into the borough.

Once released from prison the clients are picked up by the Throughcare team (described above) who will work with the client alongside RESET.

### **Women's criminal justice pathway worker**

A women's criminal justice worker has been funded through Project ADDER monies to provide a seamless link into treatment for female offenders, linking women from criminal justice agencies into the community. The role provides case management and an element of additional support for the women.

### **ADDER Social Worker**

A dedicated social worker has been funded through ADDER to assess police Merlins<sup>78</sup> to identify clients who would benefit from support in relation to substance misuse issues. Clients can be referred directly into RESET.

### **ADDER Probation link worker**

A role has been employed to liaise between treatment services and probation, co-locating and working from probation offices in order to improve communication and co-ordination between substance misuse and probation services. Probation clients with a substance misuse need are identified and it can be made a condition of their license that they engage with the Throughcare team. In addition, the worker is informed as to whether a client fails to engage in treatment and therefore needs to be breached.

### ***Substance misuse related ASB***

The following initiatives seek to address substance misuse related ASB.

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<sup>78</sup> "Merlin" is the MPS IT application where officers are able to record details on vulnerable children and young people and adults that they encounter.

## **Community MARAC**

A Community MARAC<sup>79</sup> is in place to identify and respond to high risk ASB. Those on the MARAC can be either victims or perpetrators of ASB. Referrals are made into the service by a range of agencies including the police, housing providers, ASB officers and others.

The panel is made up of a range of agencies including: housing, adult social care, RESET, police, victim support services and ASB workers. The panel scrutinises whether any agencies are already working with the individual and what package of support can be put in place to address the ASB. Support is offered to try and help the individual to sustain their tenancy. In the case of perpetrators ASB tools and powers can be used to enforce engagement.

## **Specialist Substance Misuse Investigation Team (SMIT)**

The SMIT team provide outreach to engage with those who use drugs, particularly those who are treatment naïve. The service seeks to engage with those who are known to be causing ASB and where this is associated with drug or alcohol misuse. The individuals flagged up can be identified by other ASB services or the police. The SMIT team engage with the individual. A voluntary appointment can be made with treatment services but the team can also stipulate/mandate that they engage with local treatment services (utilising Community Protection Warnings or Community Protection Notices). They also provide harm reduction information and advice.

Once engaged, clients are referred on to the Throughcare team and subsequently on to treatment in RESET.

## **Safer Community Officers**

The Safer Community Officers work as a rapid response team to quickly engage with ASB as alerted to them by local residents and rapidly address the issue. Much of the work of the team is in relation to drug dealing. Members of the team are allocated specific geographic patches to ensure that they retain detailed local knowledge.

## **Tower Hamlets Enforcement Officers (THEO)**

A team of enforcement officers, geographically based, are employed by the council who carry out a range of enforcement and engagement activities. The aim of the team is to provide a visible presence in the borough in order to reassure communities that ASB-related issues are being addressed. The team have delegated powers from the police and can make referrals into treatment as required.

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<sup>79</sup> Note that Community MARAC is distinct from the domestic abuse MARAC which also adopts a similar multi-agency approach.

### **Anti-Social Behaviour Team**

This is a dedicated team who focus on complex and serious ASB cases and carry out investigations in order to support victims. The team use specialist legal powers to resolve ASB cases and focuses its efforts on few known hotspots.

### ***Services for young people***

In addition to the services described above, a number of specific local interventions are in place for young people. While these seek to address wider vulnerabilities they are known to engage with young people using drugs.

### **ADDER Community Navigators**

The community navigators are a team dedicated to working with young people (18 plus) who are known to be involved in the criminal justice system. Clients for instance are often either on a court order or are on a post-prison license order.

Many clients are referred from Probation and the community navigators are able to provide a more youth-work style package of support than more traditional criminal justice services (such as probation). The cohort of young people receiving support were described as largely male, with significant numbers of Bangladeshi young men. Many have come into contact with the criminal justice system due to drug dealing offences.

The community navigators are largely made up of youth workers who are able to adopt a family-centred, trauma informed approach to working with young people (that is, recognising that they may be victims of trauma in their childhood).

All young people engaged by the community navigators are screened using ASSIST-Lite.<sup>80</sup> This is then followed by motivational advice and harm reduction advice as required determined by the outcome of the assessment. While young people can be offered an onward referral to RESET (for structured treatment) most young people were reported as not wishing to engage with this service.

In the first six months of 2022-23 the Community Navigators had worked with 61 new clients and there was an average total of 45 clients per month. In this period one client supported was a Class A drug user whilst an average of 17 per month were cannabis users. One referral was made in this period to specialist treatment.

### **ADDER Hospital navigators**

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<sup>80</sup> ASSIST-Lite is a short substance misuse screening tool for those aged 18 plus and covers: alcohol, tobacco, cannabis, stimulants, sedatives, opioids and other (non-prescribed) psychoactive substances.

The hospital navigators work with victims of violence aged 18 to 24 years who are being treated in the Royal London hospital. Not all the clients that are supported are Tower Hamlets residents.

The service aims to work with young people at a “teachable moment” – that is, at a point they are prepared to consider some of the life choices that they have made which may have resulted in their being the victim of violent. To help contextualise this, a member of staff stated that around 80% of the young people that they work with have either been injured as a result of a “drug deal gone wrong” or are involved in “postcode wars” in relation to drug dealing.

As with the community navigators, all of the young people that they support are screened using ASSIST-Lite to determine substance misuse. It was reported that the young people they work with commonly use cannabis, Nox, vapes and edibles.

Young people are supported with the aim of preventing their readmission to hospital, reducing the risk of retaliation attacks and, if from Tower Hamlets, are linked to a community worker who can provide a range of support. The service will also liaise with other services on behalf of the young person as appropriate (such as police, adult social care, colleges, GPs and local charities).

In the period April to October 2022 the Hospital Navigator team had engaged with 95 young people (under 17) from in Tower Hamlets; 15 were identified as having a substance misuse need

### **Nitrous Oxide Possession Public Safety Protection Order**

As noted at Section 6.5.3, in response to growing concern around levels of Nox use locally, the council has put in place a Public Safety Protection Order to address the issue. This requires that anyone found in possession of Nox can be ordered to surrender possession of this to an authorised person and issued with a formal warning or a Fixed Penalty Notice.<sup>81</sup>

The Protection Order is accompanied by a local awareness campaign – No Laughing Matter – which aims to discourage children and young people from using Nox and giving parents information to enable them to talk to their children.<sup>82</sup>

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<sup>81</sup> Note that stronger enforcement measures cannot be used as, under the Psychoactive Substances Act of 2016, it is not an offence to possess or use Nox. Therefore its use is not illegal as is the use of various other novel psychoactives.

<sup>82</sup>

[https://www.towerhamlets.gov.uk/ignl/community\\_and\\_living/community\\_safety\\_\\_crime\\_preve/Nitrous\\_Oxide\\_No\\_laughing\\_matter.aspx](https://www.towerhamlets.gov.uk/ignl/community_and_living/community_safety__crime_preve/Nitrous_Oxide_No_laughing_matter.aspx)

## 7.3 The effectiveness of provision for offenders

### Key findings:

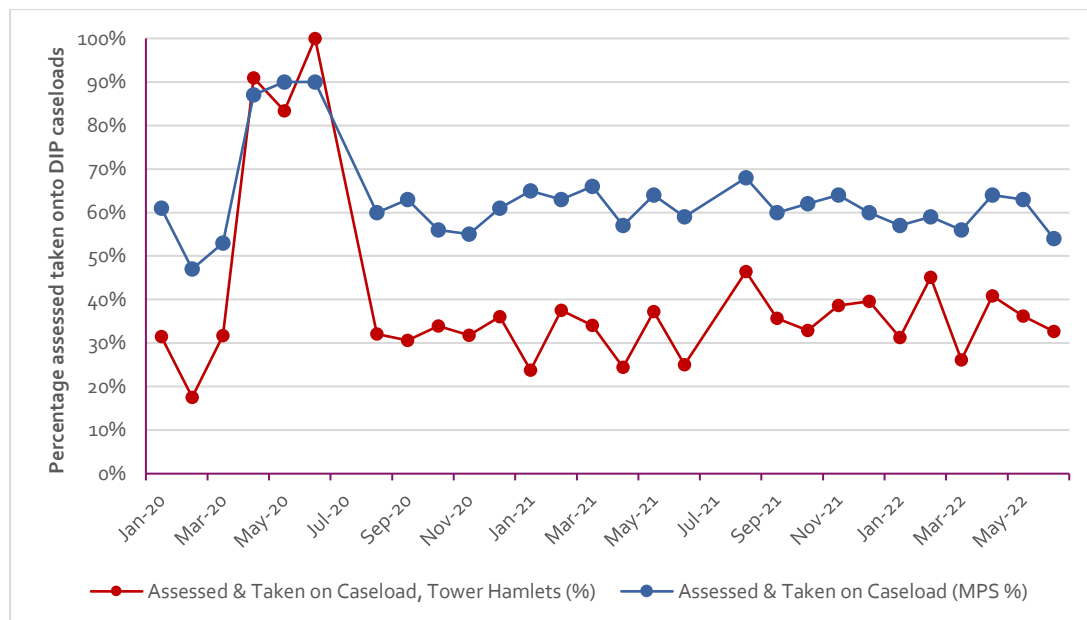
- The extent to which Tower Hamlets residents assessed by DIP are then taken onto the caseload has fluctuated over time, and overall the rate can be shown to be lower than rates across London.
- The proportion of people who leave prison who then successfully engage in treatment services (“continuity of care”) has fallen substantially since 2017, and is now lower than the national rate. However, this metric has increased in the last two years, at the time when the ADDER programme has been in place.
- Class A users consistently made up around a quarter of Integrated Offender Management clients.

This section sets out data with regards to the operation of some of the various schemes set out above.

### 7.3.1 Drug Intervention Programme (DIP)

The extent to which offenders who are assessed are taken on to the DIP caseload is set out below.

Figure 38 Percentage of people assessed taken onto DIP caseload, Tower Hamlets and London (Metropolitan Police), Jan 2020 to Jun 2022



(Source: Tower Hamlets CSP)

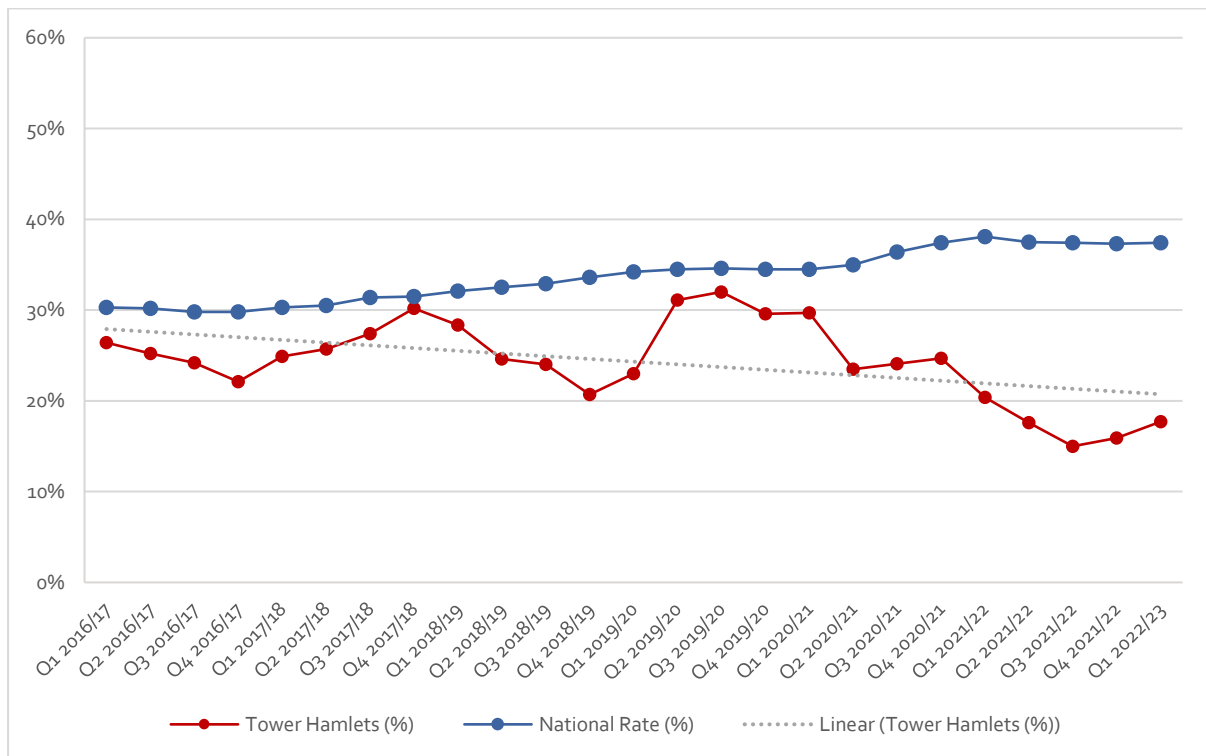
The extent to which Tower Hamlets residents assessed by DIP who then are taken onto the caseload has fluctuated over time, and overall the rate can be shown to be lower than rates

across London. It is not clear from the data whether this is due to clients being moved on to RESET (and therefore captured by data from that service) or whether local DIP provision tends to take on a lower proportion of clients than elsewhere.

### 7.3.2 Prison release

Data is set out below for the proportion of prisoners leaving prison who engage with community-based treatment. This is not a measure of the work of the current team but is given to indicate the historic picture of how well prisoners have engaged in treatment following release.

Figure 39 Treatment engagement following Prison Transfer to Community, 2016-17 to 2022-23 (Quarter 1)



(Source: Tower Hamlets CSP)

Measuring the extent to which offenders engage with community treatment services shows that from 2016-17 to 2022-23 (Quarter 1), Tower Hamlets residents engaged with services at a lower rate than England. The broad trend for Tower Hamlets can also be shown to be slightly decreasing over time. Locally this trend was reported as due to data recording rather than being a true reflection of engagement rates. Moreover the data issue has recently been rectified meaning that it is likely that, in the future, the trend will see a pronounced change.

### 7.3.3 Integrated Offender Management (IOM)

Data at Table 37 sets out information on the clients held by the IOM team.



**Table 37 Caseload of Integrated Offender Management (IOM) Team, April to October 2022**

IOM Team	Apr	May	Jun	Jul	Aug	Sep	Oct
Caseload in Community	63	67	73	66	71	79	51
Caseload In Prison	39	40	43	50	45	39	20
<b>Total</b>	<b>102</b>	<b>107</b>	<b>116</b>	<b>116</b>	<b>116</b>	<b>118</b>	<b>71</b>
Community Class A users on caseload	21	22	26	23	27	30	23
Community Class A users in treatment	15 (71%)	12 (55%)	15 (58%)	15 (65%)	15 (56%)	22 (73%)	17 (74%)

(Source: Tower Hamlets CSP)

The average IOM caseload between April and October 2022 was 107, with between one-fifth and one-quarter (average n=23) being Class A drug users. The number and proportion of Class A users on the caseload who were in treatment ranged from 12 (55%) to 22 (73%).

### 7.3.4 Community Navigators

Data regarding substance misuse needs for the Community Navigator clients are set out below.

**Table 38 Community Navigator Caseload, February to October 2022**

Community Navigator Caseload (Feb - Oct)	Cannabis	Heroin	Alcohol	Nitrous Oxide	Unknown
Case Closed	30	1			
Live Cases	48	2	1	1	8
Referrals					
Referral to ETE	27				
Referral to Housing	7				
Referral to GP/Medical/Mental health	2				
Referral Benefits	2				
Referral Drug/alcohol	1				
Referral to other	6				

(Source: Tower Hamlets CSP)

The majority of cases held by the community navigator between February and October 2022 were for cannabis (48 live cases and 30 cases closed).

The Community Navigator service directed a large proportion of young people on to other services of which the largest number had been referred to ETE services (n=27). Only one referral was made into drug/alcohol treatment.

### 7.3.5 Probation

Data from Probation indicates the extent of drug misuse among those supported by this service.

Of 1,396 Probation clients in Tower Hamlets 693 (49.6%) were assessed as having a need in relation to drug misuse. Of the Probation clients on a community order 46.3% were assessed as having a drug need, while among custodial clients the rate was 57.8%.

#### *What this tells us*

The data on those receiving treatment in prison being transferred to community treatment shows a clear downward trajectory which is diverging from the overall national rate. This issue has been identified as due to issues around data recording. Changes have subsequently been made which should mean that a more positive picture than that set out at Figure 41 emerges. In addition there has been additional investment in prison workers which should improve engagement rates further.

Data from the IOM service indicates that a high proportion of their clients on the community caseload are Class A drug users thereby demonstrating the link between repeat offenders and drug use. The data therefore indicates the importance of clear links between IOM and local treatment services.

Data from the Community Navigator service highlights the extent of cannabis use in particular among young people. While not all of these young people will benefit from treatment, it underlines the strong links between vulnerability and drug use.

## 7.4 Views of stakeholders on crime and ASB

### *Key findings:*

- A survey of residents of Tower Hamlets in 2019 indicated that nearly half (46%) believed drunken behaviour was a problem while nearly two thirds (67%) were concerned about the sale or use of illicit drugs.
- A (non-representative) survey of 167 residents developed as part of this needs assessment indicated that
- 72% of respondents were concerned about Nox and 70% were concerned about cannabis. 66% were concerned about alcohol.
- When asked to cite the substance that is the biggest issue locally, the most common response given was Nox.

This section sets out the perceptions of the impact of drugs and alcohol across a range of stakeholder groups in Tower Hamlets with particular reference to crime and ASB.

## 7.4.1 Resident's perceptions

### *Tower Hamlets Annual Resident's Survey*

Tower Hamlets Council regularly surveys its residents in relation to a range of subject matters. The survey in 2019 asked residents specifically about drug and alcohol issues; this is the latest date at which these topics were included (the 2021 survey did not include questions on this topic). Data was available from the 2019 survey in relation to attitudes towards perceptions of drug and alcohol related issues. The results are set out at Table 39.

**Table 39 Residents Survey (2019)<sup>83</sup>**

		2019 %
People being drunk or rowdy in public places	A very big problem	13%
	A fairly big problem	33%
	Not a very big problem	43%
	Not a problem at all	8%
	Don't know	1%
People using or dealing drugs	A very big problem	29%
	A fairly big problem	38%
	Not a very big problem	25%
	Not a problem at all	6%
	Don't know	2%

When asked about drunken behaviour nearly half of residents (46%) considered this to be a problem.

When asked about the use of sale of illicit drugs, nearly two thirds (67%) of respondents indicated that it was a problem.

### *Survey of residents*

A short survey was designed to examine public perceptions of drug and alcohol use within Tower Hamlets. The survey was distributed via a number of sources including: the Policy and Improvement Team, the Strategies and Communities Team within Tower Hamlets; Tower Hamlets Health Watch; and a number of local community groups and organisations.

<sup>83</sup> Note that this was the period for which the most recent data were available. The survey was suspended during the pandemic.

In total, 167 residents responded to the survey. The survey sample is non-representative and self-selected. It is not therefore a statistically valued cross-section of views of the local population and should be taken as an ad hoc sample of residents.

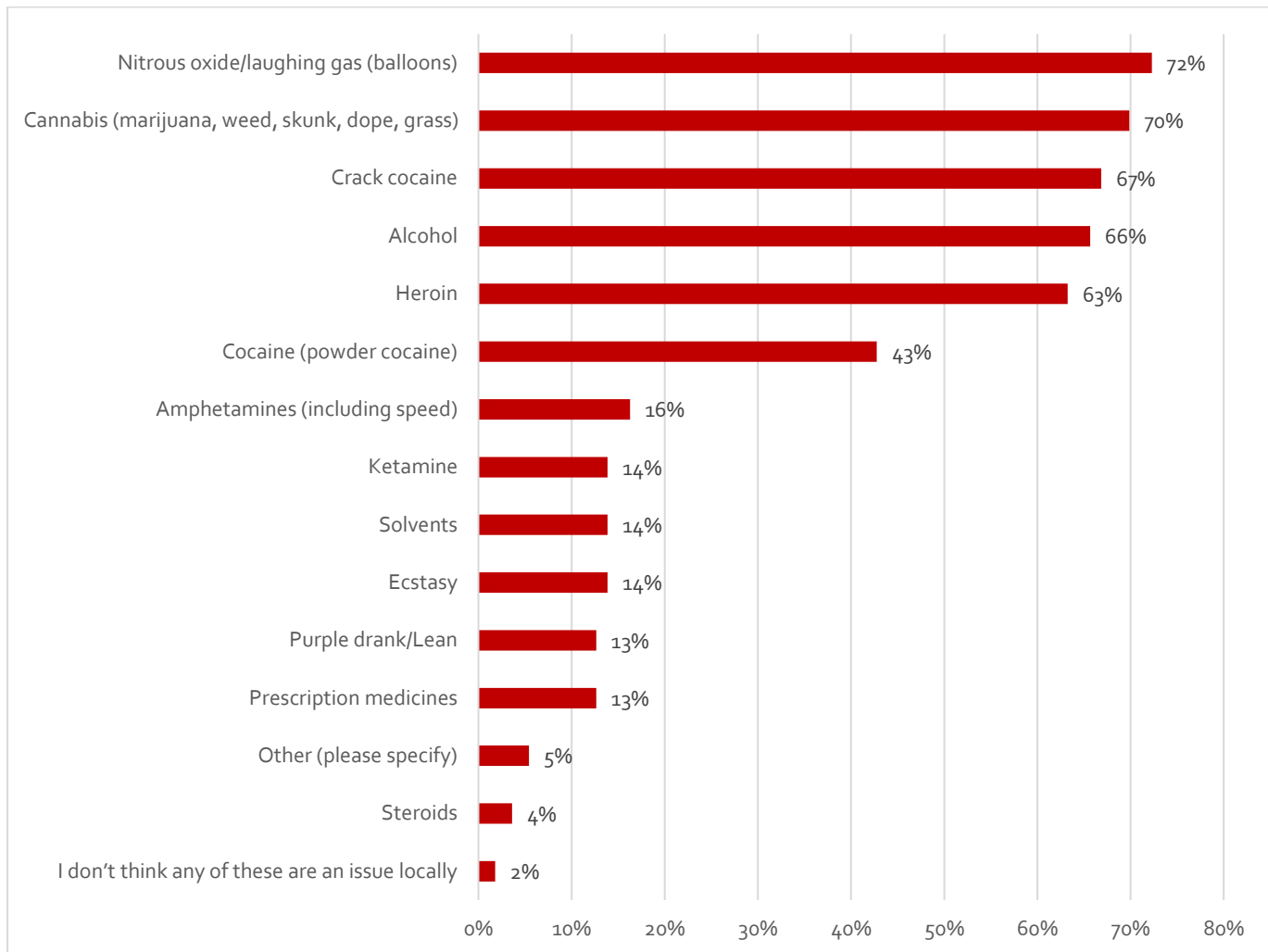
Of the respondents, 48% were Male and 46% were Female with 6% preferring not to say. Almost two thirds, 68% stated they were White (including Irish and any other white background), 9% Bangladeshi, 6% Somali and 6% stated they preferred not to say. A further 6% stated they were of Black or Black British background whilst 5% stated they were of Other Asian background.

There were no notable differences between gender or ethnicity in the findings of the survey.

### **Drug and alcohol misuse in Tower Hamlets**

Residents were asked what substances they have any particular concerns about. Nitrous oxide (72%), cannabis (70%), crack cocaine (76%), alcohol (66%) and heroin (63%) are the top five substances that residents were most concerned about. The full results are shown in Figure 42.

**Figure 40 Substances that are considered a problem locally (CPI survey)**

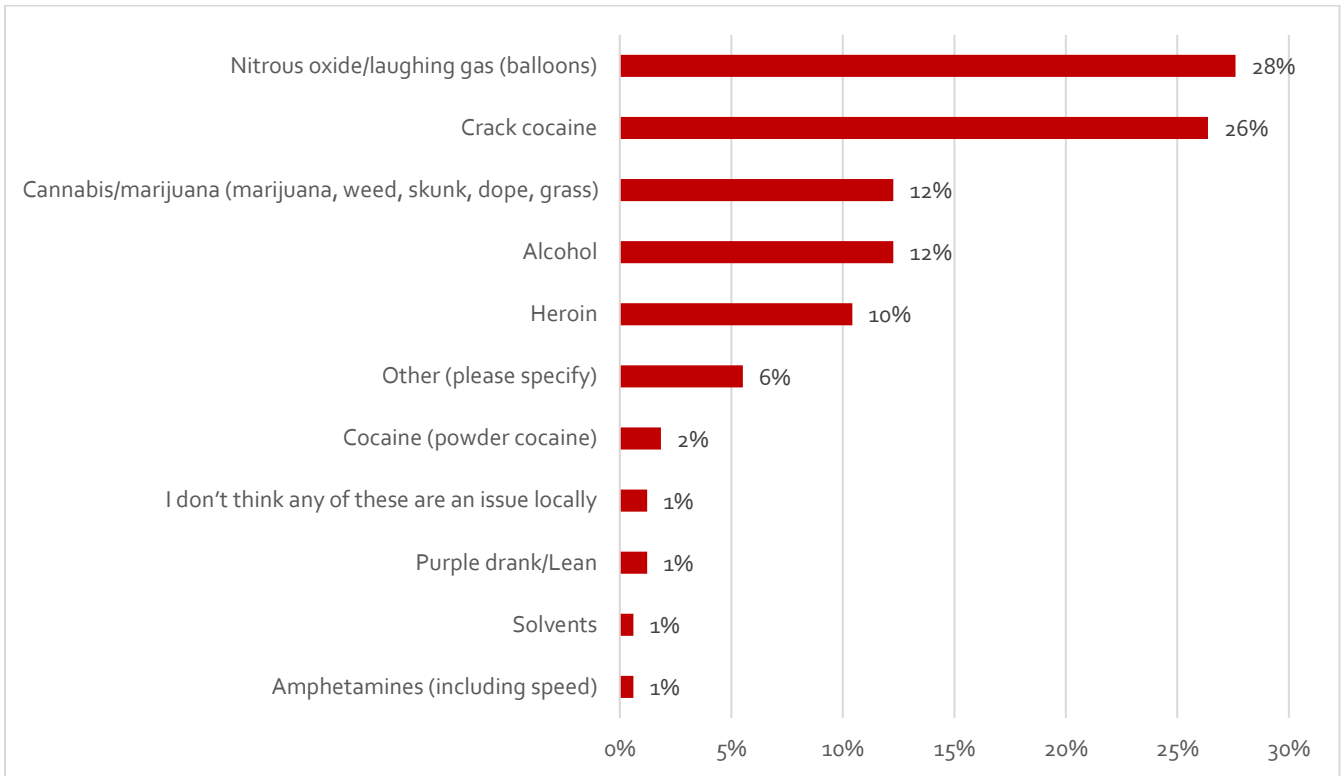


Base=166 (totals equal more than 100% as resident could select more than one option).

It is worth noting that those substances that cause greatest concern (alcohol, cannabis and nitrous oxide) tend to be the most noticeable to the wider community: alcohol and nitrous oxide are readily identified through rubbish/detritus (such as nitrous canisters) and cannabis is easily noticed from its smell. As such it is possible that the community are reporting back on what they notice the most rather than what impacts them the most.

Residents were then asked to single out which substance is the biggest issue locally. Nitrous oxide (28%, n=45) and crack cocaine (26%, n=43) are cited as the two biggest issues locally.

**Figure 41 Which substance is the biggest issue locally? (CPI survey)**



Base=163.

**What this tells us**

While the survey does not represent a statistically significant cross-section of views of residents in Tower Hamlets, the data does give an indication that, among respondents, there were widespread concerns about drug and alcohol misuse. Concerns about drug misuse were however more pronounced. Respondents were particularly concerned about Nox which is not featured in local treatment services.

**7.4.2 Views of professional stakeholders**

**Key findings**

- Local professional stakeholders were clear about the link between crime and the supply of Class A drugs locally.
- Professional stakeholders felt that the need for drug and alcohol services was significant and that the treatment population was a complex one to manage.
- There was some confusion among local stakeholders about the range of services that are available locally and the pathways between these services.

A range of professional stakeholders were asked to explore various aspects of the relationship between substance misuse and crime and ASB and how well local services were addressing these issues.

The criminal justice system, as it pertains to substance misuse treatment and support, is a complex network of roles and responsibilities across multiple agencies, both statutory and non-statutory. A range of perspectives from policing, local authority, probation and youth justice were gathered.

As with other sections setting out interview data, the information given should be seen as providing useful insight and points for consideration.

### **Links between substance misuse and crime**

Police interviewees explained how they believed that, locally, there is a strong link between violent crime and the supply of Class A and Class B drugs, together with other risks such as exploitation of young people and vulnerable adults. Operation Continuum was developed as a partnership approach to tackle crime, disorder and violence linked to the street based drug markets. Gangs Taskforce South and the partnerships formed via Project ADDER have brought together various police teams, council enforcement teams, drug treatment services and harm reduction outreach workers - with joint operations being organised in targeted drug hot spots, to use a mixture of enforcement and engagement approaches which would be initiated following enforcement action.

### **Impact of lockdown**

The impact of Covid on drug markets and drug use was explored in the interviews. Stakeholders reported that there appeared to be little change in how markets operated from a policing perspective: *"Just before COVID started a test purchase operation began, where undercover officers bought from drug dealers. We ran that operation all through COVID, and also as the pandemic restrictions were ending, so we saw the impact of the pandemic over the long term. And the key takeaway was not a lot changed. Tower Hamlets footfall remained quite high during lockdown. Homeless users didn't go away, they were still there, but with extra provision around temporary housing. Substance misusers still needed to find money to fund it, so we still had begging, thefts, ASB".*

### **Links into treatment**

Police interviewees stressed that their role is far from just enforcement and has been for some time – they look at demand and supply, but crucially ways to link people into treatment and interventions to impact on people's substance misuse drivers: *"Drugs crime can't be solved with enforcement alone. So we're looking at referrals into treatment: whether that's a*

*vulnerable person on the street referred by an officer; or testing of people coming into custody". Another added that, "We're pushing that agenda, referring into drugs workers".*

Police interviewees stressed there were good working relationships locally, but staffing in substance misuse services was a critical issue for joint working and delivery. *"Capacity is an issue... ADDER plans when formulated didn't put a lot of resource into drugs treatment, and we need more resilience – as we're getting more people into treatment via enforcement, but haven't the level of capacity to take people in".* This may suggest a need to invest further in capacity in the treatment system.

Lack of capacity in RESET impacted on partnership working, particularly when the police tried to increase referrals into the service. One example given was where a police operation involved contacting known drug users or people whose phone numbers appeared in police investigations, texting them with information on drug treatment. This was said to have not been as successful as it could have been partly down to RESET not having capacity: *"Some drug workers have 90-plus case files, so they lack capacity for innovation and trying something new".*

### **Lack of clarity regarding pathways**

A theme that emerged from a number of interviews was the confusion around the various pathways of support that exist locally for offenders with a substance misuse need. As one interviewee remarked: *"ADDER will take a while to settle down, but this authority got on top of it quickly – and worked out quick pathways, and there are some really good pathways - IOM, TTG, navigators. But when you add in Probation national commissioned providers ... and commissioned pathways to meet needs... So you go from a couple of really defined pathways to an embarrassment of riches, and then end up splitting the pot, and no-one can quite understand who they should be referring to."*

A stakeholder reported that *"Probation colleagues say it's actually quite confusing which pathways are on the go, and which are DIP and which are RESET"*.

One healthcare practitioner stated that the continually changing commissioning landscape means that partners have to *"keep meeting people to learn of new initiatives and teams. For example, the public health team updated me on mental health, and we told them about our service offer and training we could provide."*

A lack of clarity about pathways was shared by professionals working in the treatment system who were interviewed. Both stakeholders from RESET and from the various local authority initiatives reported that staff do not understand (or know about) all the interventions that are being delivered across the borough and how these integrate with one



another. This situation was felt to have become more pronounced following the employment of a range of posts using Project ADDER funding. It was not clear from the interviewees that stakeholders working in the system had been informed about the introduction of new posts, what the purpose of these posts were and how they were intended to dovetail into existing structures, teams and pathways.

A number of professionals working in the treatment system reported a sense of duplication of provision and also a lack of clarity about the boundaries between services: for instance not all staff working in treatment could explain the exact demarcation between the work of the Through Care team (employed by the local authority) and RESET. Another commonly reported area of duplication was between the work of the RESET outreach team and the more recently employed Assertive Engagement Workers (who it was felt were seeking to engage with the same target group as the outreach team). It was felt that this lack of clarity was affecting how services were delivered as wider professionals were not clear who they were meant to be linking in with.

The range of services has led to some confusion about who ultimately “owned” a client and held accountability for the individual. An example given on several occasions was ambiguity about who “held” a criminal justice client when they are being supported by both the Through Care and RESET teams. In such a case, it was not clear which service was responsible for both treatment engagement and outcomes.

The development of multiple roles created numerous handover points for clients as they pass through the system— for instance from prison workers, to Through Care to RESET. The concern was raised that this led to groups of clients being engaged by multiple workers, being handed over from one to another (and so having to tell their story again) and with a lack of clarity about who “owned” the client. At a simple operational level, multiple handovers creates more opportunities for service users to disengage.

Finally it was felt that the incentives between services were not always well aligned. Some local authority services were reported to have KPIs that encouraged high levels of referrals into the treatment system. However this was done regardless of the capacity of RESET to manage the numbers of clients coming in (as explored at Section 6.2).

Some interviewees stated that the system as a whole was not working fluidly, but had a tendency to push clients through to the most stretched part of the service (i.e. treatment services). Other stakeholders conversely reported that they were being held to account for client treatment outcomes when their role was not treatment but about engagement and outreach.

### *Client handover*

Given the range of services that are delivered in the borough it was noted by professional stakeholders that this leads to multiple handovers – that is, clients having to be transferred from one service into another. One person said we are “Assessing clients to death. Separate assessments across the system”. Concerns were raised that the handover points were problematic as this can create confusion with lack of clarity about who is managing a client, as well as potentially creating opportunities for clients to disengage.

### *What this tells us*

The data set out above indicates that there is widespread recognition of the scale of the substance misuse issue in the borough and that professional stakeholders were aware of the impact that drug use is having. There was also clear acknowledgement that a broad range of responses are in place to respond to the issue of drugs, drug-related crime and ASB. However there was a sense that the response was not wholly co-ordinated and that the system, having evolved rapidly, could be reconfigured to clarify pathways and lines of accountability in order to maximise the efforts of all partners.

## **7.5 Analysis and summary: drug and alcohol related crime and ASB**

### **7.5.1 Drug-related crime**

Data from the Metropolitan Police indicates that drug related offending is not evenly distributed across the borough. As shown at Map 1, drug possession offences are clustered in the west of the borough (St Peter’s Ward and Spitalfields and Banglatown), as are drug trafficking offences (Map 2) (Spitalfields and Banglatown and Whitechapel). Further analysis of the data indicates that drug possession is correlated with a wider set of crimes, such as that, as drug offences increase, so do some other incidents of crime. A correlation exists between drug possession and theft.

### **7.5.2 Resident's perceptions**

Data from local residents however underlines that drugs (and alcohol) are widely perceived to be a significant issue locally across the borough. In the Tower Hamlets Resident Survey nearly a third (29%) of respondents thought that drug use and dealing was "A very big problem" and over two thirds (67%) of local people considered it to be a problem. (See Table 39). Local people consider drugs to be a bigger issue than alcohol with 46% of people saying that alcohol use was a problem locally (also Table 39).

Data from the survey that was developed for this needs assessments reflects the emerging evidence about Nox: 72% said that they were concerned about Nox (followed by cannabis at 70%). (See Figure 42). The majority of respondents were also worried about Class A drug misuse – for instance 63% were concerned about heroin use. (See also Figure 42).

Interviews with representatives from various community groups highlighted the widescale availability of drugs in the area and the impact that it was having on their communities.

### **7.5.3 Responding to drug-related crime and ASB**

A complex array of services have been developed to respond to drug and alcohol related crime and ASB. Such is the focus that local ASB teams largely have a focus on addressing the impact of alcohol and drugs (rather than more "traditional" manifestations of ASB such as noise and inconsiderate neighbours). A sophisticated system of services seeks to address the multiple manifestations of the problems created, with pathways between the various services and into the treatment service (where required). This is in addition to and supplements ongoing police work through Operation Continuum.

Tower Hamlets received substantial funding through Project ADDER which has enabled the funding of a range of posts to address drug related crime and offending. While a number of ADDER areas used funding to reintroduce links between police custody and treatment, Tower Hamlets had retained this functionality, meaning that the ADDER funds were used to invest in other, additional means by which to engage and support those in the criminal justice system with substance misuse needs. This has led to a further proliferation of activity in the borough aimed at addressing drug and alcohol use. It appears however that the rapid roll-out of such a comprehensive range of activities has meant that some stakeholders lack clarity about how the system operates, what pathways are in place, and which service should lead on supporting certain clients.

## 8. Conclusions and Recommendations

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### 8.1 Conclusions and recommendations

Based on the data and analysis set out in this report a number of conclusions have been drawn. The conclusions relate to:

- Systems-level (i.e. the operation of the totality of services working with drug and alcohol users in Tower Hamlets), and
- Service-level (i.e. the operation of individual services).

The conclusions are set out by level along with associated recommendations.

#### 8.1.1 System-Level Conclusions

A number of conclusions have been reached that relate to the functioning of the system as a whole and how the various aspects of the treatment system and wider service landscape relate to one another.

*Tower Hamlets sees relatively high need around drugs and alcohol, and meets this with a complex set of services and interventions.*

17. Tower Hamlets has a higher estimated prevalence of opiate and crack use, and the largest cohort in treatment across all of London. The cohort of opiate users is ageing and displays comparatively high levels of complexity and additional needs (relative to England as a whole).
18. There is some indicative data that needs around alcohol are increasing.
19. As a result, a complex system has been put in place with a number of interventions seeking to identify, support different groups with a diverse set of needs. Despite simplifications, the system remains complex.

*Overall, some system outcomes have declined gradually over time, as has been the case across London and other areas.*

20. While there has been a long-term downward trend with regard to successful completions among opiate users, and to the number of people in treatment, these trends closely parallel London-wide and national trend. The trend is therefore most likely to be due to the substantial reduction in funding made available nationally for drug and alcohol services. Other indicators of performance have improved or remained relatively static – particularly for non-Opiates.

21. The data included in this needs assessment do not show specific time points when need, or in the extent to which needs are met, have markedly changed during the past decade.

### ***Need for improved lines of communication between, and reduced duplication within, parts of the system***

22. The service landscape has grown increasingly complex, particularly with the recent addition of ADDER funded roles. These additional services and posts serve a valuable role; however the complexity of the landscape has created a degree of confusion amongst stakeholders – including those working with drug and alcohol users.
23. There is a need to strengthen lines of communication between parts of the system – in particular between staff in local authority teams (such as Through Care) and RESET. For instance, staff at RESET were not clear about the roles of the prison workers and there was some lack of clarity between Through Care workers and the RESET about lines of accountability and client management.
24. The complex service landscape has created a situation whereby there are a growing number of handovers between teams (for example: custody team -> Through Care -> RESET). Multiple handovers of clients has the potential to create more points for clients to drop-out/disengage.
25. The handovers are not consistently supported by joint care management of clients (for instance while Through Care team members support clients while they are in receipt of treatment at RESET, the former do not appear to consistently attend meetings with the latter to discuss these clients).

### ***System incentives and priorities need to be aligned to long-term outcomes***

26. Different parts of the system operate to different incentives and priorities, due to the complexity of the system. This has the potential to be sub-optimal for client outcomes – for instance some teams are measured by referring clients into RESET, rather than by what treatment outcomes clients go on to achieve. This creates an incentive to direct clients into RESET with less emphasis on the treatment outcomes.
27. Aligning system priorities of different services, to ensure a joined-up approach to outcomes and support, could lead to benefits for service users.

### ***Need for increased capacity in RESET/treatment***

28. Much of the drop in system outcomes (particularly successful treatment rates) appears to be associated with operational issues - including significant issues in staff capacity at RESET. This is an issue currently experienced by most treatment providers nationally.

29. The team is not fully staffed and is experiencing ongoing problems with recruitment. This has resulted in caseloads of over 80, which are often more than double the level that is recommended.<sup>84</sup>
30. There is not equity in case load of staff across the system – caseloads of over 80 in RESET are not mirrored by other teams such as Through Care. This suggests that there may be a benefit from distributing capacity more evenly across the system as a whole.

***Need to interrogate the cultural competency of the wider drug and alcohol system.***

31. The ethnic make-up of the population in structured treatment has remained stable over time and mirrors the ethnic break-down of emergency hospital admissions; this may suggest the system is equitably engaging different ethnic groups in treatment.
32. However, a number of stakeholders (both professional and from the community) raised the issue of the cultural competency throughout the system of services for people with drug and alcohol need.

### **8.1.2 System-level recommendations**

**Recommendation 1** *The CDP should undertake a systems-mapping exercise to identify all linkages and pathways into treatment:*

- *The mapping should assess the volume of clients in each part of the systems map to identify key pressure points,*
- *The systems map should identify numbers of handovers clients are receiving,*
- *The systems map should set out roles, responsibilities and remits for each element of the service system,*
- *Systems map should identify which service elements overlap and lead to co-working of clients.*

**Recommendation 2:** *The CDP should reconfigure pathways and system as needed in light of the mapping exercise.*

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<sup>84</sup> As set out in the Dame Black's Review of Drugs report, Part 2.

**Recommendation 3:** *Following the systems-mapping, the CDP should co-develop a system-wide plan for ensuring appropriate capacity in treatment and for improving recruitment and retention of the specialist treatment workforce.*

**Recommendation 4:** *Recognising ongoing problems with recruiting treatment workers the CDP should work with providers to develop and implement a drug and alcohol recruitment and retention strategy for the borough.*

**Recommendation 5:** *The CDP should carry out a review of the cultural competency of all elements of the treatment system (outreach, treatment and recovery), identifying best practice and setting out recommendations for change where necessary.*

### 8.1.3 Service-Level Conclusions

In addition to the conclusions that relate to the working of the system as a whole, a number of conclusions have also been drawn with regard to specific service delivery elements. These are set out below.

11. Data on alcohol consumption above recommended levels indicates that, contrary to the national trend, local rates are increasing. This suggests the need for more information to local residents on safe levels of drinking.

**Recommendation 6:** *CDP partners should:*

- (c) *develop a strategic approach to alcohol prevention in the borough and*
- (d) *consider undertake an information campaign aimed at local communities that sets out safe levels of alcohol consumption and highlights local services.*

12. Referring stakeholders report that people who they refer in to treatment often struggle to access an appropriate treatment offer. A higher proportions of service users had “unplanned exits” locally within the first 12 weeks compared to England, for both opiates and alcohol. Together these suggest that capacity issues are affecting the treatment service’s ability build appropriate relationship with new clients.

- a. **Recommendation 7:** *Referring teams should work with RESET to review protocols for new entrants into treatment, and identify ways to improve jointly managed handovers (between referring and treatment services) and ensure that clients are supported through referral, assessment and prescription.*

13. There has been a long-term decline in the successful treatment rate among opiate users. This, along with the ageing nature of the opiate using cohort (and therefore a likely increase in their complexity) is a matter that should be explored to understand whether any changes can be made in the support offered to this group to improve treatment outcomes. Specifically this should address ongoing prescribing practice to understand whether current approaches align with national guidance and best practice.

**Recommendation 8:** *A review should be undertaken of RESET treatment OST practice to determine whether current practice aligns with national guidance and best practice.<sup>85</sup> The review should seek to determine whether current practice is in line with all aspects of national guidance and whether there are any areas that could be enhanced/improved.*

**Recommendation 9:** *The CDP should explore what interventions are needed to address the needs of ageing opiate users and whether a specific offer is required for older, entrenched, long-term users.*

14. The increase in deaths among opiate users, while possibly a product of chance, nonetheless warrants further scrutiny to ensure that the CDP and all parties fully understand whether there are any underlying factors that can be addressed to better protect service users.

**Recommendation 10:** *A multi-agency forum meets to review drug related deaths. Additional capacity should be allocated to the forum to enable a "deep-dive" to be conducted of deaths over the last year to enable full scrutiny of all circumstances relating to the deaths. Lessons learned from the deep dive should be shared with commissioners, RESET, other partners (as appropriate) and the CDP.*

15. Of homeless people with support needs, the proportion with *drug or alcohol need* is higher in Tower Hamlets than elsewhere. This indicates a clear need to ensure that links and pathways are available for the homeless population to ensure that they can access treatment

**Recommendation 11:** *The CDP should look into housing provision for those who use drugs and alcohol, and seek to ensure appropriate provision is in place.*

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<sup>85</sup> See: <https://www.gov.uk/government/news/phe-launches-opioid-treatment-quality-improvement-programme>



16. Professional interviewees suggested there appears to be a growing problem with Nox misuse among young people; which treatment services have not yet responded to. It is likely that Nox users would benefit from a brief intervention approach akin to the cannabis group that is about to be set up.

**Recommendation 12:** *The CDP should undertake a review to understand what intervention can be offered to NOx users, reviewing the evidence-base for what works with this client group.*

**Recommendation 13:** *Following on from the review (above), and dependent on the evidence that emerges, CDP members should consider developing a pilot service for Nox users in the financial year 2023-24. This will require developing referral pathways from a range of other partners including (but not limited to) RESET outreach, DIP, Safe East and the hospital and community navigators.*

17. A B12 Pathway has been developed at the Royal London hospital for Nox users but that this has not been integrated into the wider delivery landscape. Work should be undertaken to ensure that this pathway is fully integrated into the wider substance misuse treatment system.

**Recommendation 14:** *The CDP should engage with stakeholders at the Royal London Hospital to understand the operation of the B12 Pathway and how its operation can be linked into the wider treatment system.*

18. The P-RESET service provides a valuable and important function but appears to be under-utilized reaching only 42% of those who would potentially benefit from the service. Work should be undertaken to understand how levels of engagement can be improved.

- a. **Recommendation 15:** *P-RESET should audit data on health checks to understand whether there are certain clients/characteristics of service users who are failing to utilize the health checks. As a result of the audit, where necessary, the offer should be amended to better engage service users.*

19. There is a working protocol between ELFT and RESET which provides clarity on how clients with co-morbid substance misuse and mental health issues should be managed. However specific groups of clients do not appear to be well served and some stakeholders suggested that there is at times an expectation (contrary to national guidance) that alcohol users are abstinent before they can be supported for mental health needs.

**Recommendation 16:** *ELFT and RESET should revise the current protocol regarding working with clients with a dual diagnosis to better reflect national*

*guidance. We understand that a refresh is due in March 2023 so this should be used as an opportunity to align practice with national guidance.*

20. Prescriptions data suggest that Tower Hamlets has among the highest rates of opioid prescriptions across North East London. While this is a different issue to the use of illicit drugs, it warrants further investigation.

***Recommendation 17:*** *CDP should work with NEL ICS Medicines Management team to understand the reasons for high opioid prescription and explore initiatives manage this.*

# Appendices

## Appendix 1: Length of time in treatment

Table 40 Adult profiles: Length of time in Treatment by specified substance - All in treatment at the start of a treatment episode, 2009-10 to 2020-21, Tower Hamlets, Percentage

	09/10 (%)	10/11 (%)	11/12 (%)	12/13 (%)	13/14 (%)	14/15 (%)	15/16 (%)	16/17 (%)	17/18 (%)	18/19 (%)	19/20 (%)	20/21 (%)
<b>Opiates</b>												
Under 1 Year	52	47	50	43	43	42	42	42	43	38	39	37
1 to 2 Years	19	18	16	17	17	16	15	12	14	16	13	16
2 to 4 Years	17	21	18	17	17	18	16	16	13	14	16	17
4 to 6 Years	6	6	8	13	13	10	10	12	10	9	8	8
Over 6 Years	6	8	8	9	9	15	16	18	21	23	23	23
<b>Non opiates</b>												
Under 1 Year	76	76	82	84	84	94	92	89	93	90	89	90
1 to 2 Years	12	14	6	11	11	3	6	9	7	10	7	7
2 to 4 Years	6	5	6	5	-	3	-	-	-	-	4	3
4 to 6 Years	-	-	-	5	-	-	-	-	-	-	-	-
Over 6 Years	-	5	6	-	-	-	-	-	-	-	-	-
<b>Alcohol</b>												
Under 1 Year	81	93	83	92	92	93	92	92	91	86	80	82
1 to 2 Years	17	7	13	4	4	7	7	7	9	11	14	13
2 to 4 Years	2	2	3	3	3	1	1	-	1	3	6	5
4 to 6 Years	-	-	-	-	0	-	-	-	-	-	-	-
Over 6 Years	-	-	-	-	-	-	-	-	-	-	-	-
<b>Non Opiates and Alcohol</b>												
Under 1 Year	88	86	81	91	91	90	88	88	90	88	88	84
1 to 2 Years	4	8	14	7	7	10	8	10	8	10	8	14
2 to 4 Years	4	2	3	2	2	-	2	2	2	2	3	2
4 to 6 Years	2	2	2	-	-	-	-	-	-	2	-	-
Over 6 Years	-	2	2	-	-	-	-	-	-	-	-	-

## Appendix 2: Treatment exits

Table 41 Adult profiles: Treatment exits by specified substance - All in treatment at the start of a treatment episode, 2009-10 to 2020-21, Tower Hamlets, Percentage

	09/10 (%)	10/11 (%)	11/12 (%)	12/13 (%)	13/14 (%)	14/15 (%)	15/16 (%)	16/17 (%)	17/18 (%)	18/19 (%)	19/20 (%)	20/21 (%)
<b>Opiates</b>												
Successful completion	34	31	29	28	18	26	27	18	22	24	17	19
Dropped out/left	33	30	39	41	43	33	41	38	50	51	49	31
Transferred - not in custody	15	26	16	16	21	22	16	29	12	12	20	25
Transferred - in custody	5	8	10	11	10	13	12	12	12	9	11	17
Treatment declined	3	0	2	0	1	0	0	0	0	0	0	0
Died	2	1	2	2	2	3	2	2	4	3	3	8
Prison	1	2	1	0	0	0	0	0	0	0	0	0
Treatment withdrawn	4	3	2	2	5	4	2	1	0	2	0	0
Other	3	0	0	0	0	0	0	0	0	0	0	0
<b>Non opiates</b>												
Successful completion	57	62	67	50	65	90	83	63	57	62	50	58
Dropped out/left	43	31	22	50	24	11	11	22	38	29	36	25
Transferred - not in custody	0	8	11	0	12	0	3	11	0	5	9	8
Transferred - in custody	0	0	0	0	0	0	3	4	5	5	5	8
Treatment declined	0	0	0	0	0	0	0	0	0	0	0	0
Died	0	0	0	0	0	0	0	0	0	0	0	0
Prison	0	0	0	0	0	0	0	0	0	0	0	0
Treatment withdrawn	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0
<b>Alcohol</b>												
Successful completion	40	76	56	48	49	31	61	47	60	74	60	58
Dropped out/left	27	8	28	45	41	58	26	36	35	22	36	33
Transferred - not in custody	28	8	8	2	4	5	9	17	2	2	4	4
Transferred - in custody	0	0	0	2	2	3	2	0	2	2	0	0
Treatment declined	2	5	5	2	3	2	2	0	0	0	0	0
Died	0	3	3	0	2	2	0	0	2	0	0	4
Prison	0	0	0	0	0	0	0	0	0	0	0	0
Treatment withdrawn	2	0	0	2	0	0	0	0	0	0	0	0
Other	2	0	0	0	0	0	0	0	0	0	0	0
<b>Non opiate and alcohol</b>												
Successful completion	42	64	63	62	56	44	62	52	60	68	44	53
Dropped out/left	29	20	28	31	32	48	24	29	35	26	41	42
Transferred - not in custody	19	8	6	3	4	8	10	16	3	3	11	0

Transferred - in custody	0	4	0	0	4	0	3	3	3	3	4	5
Treatment declined	3	4	3	0	0	0	0	0	0	0	0	0
Died	0	0	0	0	0	0	0	0	0	0	0	0
Prison	0	0	0	0	0	0	0	0	0	0	0	0
Treatment withdrawn	3	0	0	3	4	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0

(Source: NDTMS, ViewIT)

## Appendix 3: Associations with drug possession and drug trafficking

Table 42 Associations between recorded crime types with Drug Possession and Drug Trafficking, last 24 months and since April 2010

	Correlation (last 24 months)	Correlation (Since April 2010)
Arson and Criminal Damage	-0.18	0.07
Burglary - Business and Community	-0.16	0.02
Burglary - Residential	0.35	-0.09
Possession of a Weapon	-0.07	-0.15
Public Order	-0.02	-0.40
Robbery	-0.005	-0.08
Sexual Offences	-0.44	-0.29
Shoplifting	-0.31	-0.49
Other Theft	-0.40	0.32
Theft from Person	-0.39	0.28
Vehicle Offences	-0.29	-0.13
Violence against the Person	-0.44	-0.36
Fraud and Forgery		0.45
<b>Drug Trafficking</b>		
Arson and Criminal Damage	-0.38	0.07
Burglary - Business and Community	0.03	-0.11
Burglary - Residential	-0.12	-0.02
Possession of a Weapon	0.36	-0.05
Public Order	0.13	-0.15
Robbery	-0.12	-0.24
Sexual Offences	-0.30	-0.13
Shoplifting	0.13	-0.32
Other Theft	-0.01	0.04
Theft from Person	-0.15	-0.25
Vehicle Offences	-0.13	-0.05
Violence against the Person	-0.09	-0.10
Fraud and Forgery		0.24

(Source: London Datastore)

## **Appendix 4: Tower Hamlets Drug and Alcohol Misuse Resident Survey**

Tower Hamlets Council is currently undertaking work to understand more about the impact of drug and alcohol misuse within the local area and to better understand local people's concerns about drugs and alcohol.

The consultation is being undertaken by an independent third party research organisation called the Centre for Public Innovation.

As a resident of Tower Hamlets we are interested to hear your opinion about the misuse of drugs and alcohol. We would very much appreciate it if you could answer this short survey which will take approximately 10 minutes to complete.

If you would prefer, a paper version is available by emailing: [Jennifer.bier@cpic.org.uk](mailto:Jennifer.bier@cpic.org.uk)

The survey is completely anonymous and contains no information that can be used to identify you.

Many thanks for your help.

In this survey, by drug misuse we mean the:

- consumption of illicit/illegal drug
- use of drugs not prescribed by a doctor or healthcare professional
- misuse of drugs that have been prescribed (for instance using prescribed drugs for recreational purposes).

### Drug and alcohol misuse in Tower Hamlets

1. Are you concerned about alcohol misuse by other people in Tower Hamlets?
  - a. Very concerned
  - b. Slightly concerned
  - c. Not concerned
  - d. Don't know
2. Are you concerned about drug misuse by other people in Tower Hamlets?
  - a. Very concerned
  - b. Slightly concerned
  - c. Not concerned
  - d. Don't know
3. Would you say that misuse of any of the following is a problem locally? (Tick all that apply).
  - Alcohol
  - Cannabis (marijuana, weed, skunk, dope, grass)
  - Heroin
  - Crack cocaine
  - Cocaine (powder cocaine)
  - Prescription medicines
  - Ecstasy
  - Purple drank/Lean
  - Amphetamines (including speed)
  - Nitrous oxide/laughing gas (balloons)
  - Steroids
  - Solvents
  - Ketamine
  - I don't think any of these are an issue locally
  - Other

If you ticked Other, please specify in the box below.



4. Which would you say is the biggest issue locally? (Tick one).
- Alcohol
  - Cannabis/marijuana (marijuana, weed, skunk, dope, grass)
  - Heroin
  - Crack cocaine
  - Cocaine (powder cocaine)
  - Prescription medicines
  - Ecstasy
  - Purple drank/Lean
  - Amphetamines (including speed)
  - Nitrous oxide/laughing gas (balloons)
  - Steroids
  - Solvents
  - Ketamine
  - I don't think any of these are an issue locally
  - Other

If you ticked Other, please specify in the box below.

5. To what extent would you agree with the following statement?: "Drug misuse is a growing problem in Tower Hamlets."
- Strongly agree
  - Agree
  - Neither agree nor disagree
  - Disagree
  - Strongly disagree
  - Don't know/I don't have an opinion
6. To what extent would you agree with the following statement?: "Alcohol misuse is a growing problem in Tower Hamlets."
- Strongly agree
  - Agree
  - Neither agree nor disagree
  - Disagree
  - Strongly disagree
  - Don't know/I don't have an opinion

1. What do you think are the priority areas that the Council and their strategic partners should be addressing in relation to drug and alcohol misuse in Tower Hamlets?
  - a) Interventions in schools
  - b) Harm reduction initiatives (e.g. Needle and syringe programmes; information on safer drug use)
  - c) Increased policing/ presence (PCSOs)
  - d) Stricter licensing of off-licenses
  - e) Reducing the number of licensed premises in the borough
  - f) Stricter licensing of on-premises
  - g) Creation of controlled drinking zones
  - h) Improved pathways to treatment
  - i) Information and public health campaigns
  - j) Other – Please specify
  
2. If you had any concerns about drugs and alcohol for you or a family member, what would be the easiest way for you to get help?
  - a) Self-referral into the treatment service (RESET Treatment)
  - b) Contact your GP
  - c) Go to a pharmacy
  - d) Contact the local hospital
  - e) Access online information
  - f) Access telephone support services
  - g) Other (please specify).

### Impact of drug and alcohol misuse on the quality of your life

7. On a scale from 1 to 10 - where 1 is no effect and 10 is a total effect on your quality of life, to what extent is your quality of life affected by drug and alcohol misuse of others?

[1] = no effect on quality of life .... [10] = total effect on quality of life

8. If drug and alcohol misuse of others has an impact on your quality of life, what are the things that are affecting you? (Tick all that apply).
  - Fear of crime – including drug dealing
  - Fear of violent crime
  - Fear of gangs

- Domestic Abuse
- Public drug consumption
- Street drinking
- Rowdy behaviour
- Anti-social behaviour (such as noise, public urination)
- Littering (discarded drink containers or drug paraphernalia)
- Other

If you ticked Other, please specify in the box below.

### Impact of drug and alcohol misuse on your family

9. Are you negatively affected by the drug or alcohol use of anyone in your family?
- Yes
  - No
  - Don't know

10. If you are affected, could you tell us what the impact has been?

- a. Domestic abuse
- b. Family/ relationship difficulties
- c. Mental wellbeing
- d. Education
- e. Employment
- f. Finances
- g. Housing/ accommodation
- h. Other (Please Specify)
- i.

1. What is your month and year of birth? \*

Month [select month/open field text]

Year [select year/open field text]

Prefer not to say

2. What is your ethnic group?\*

White

English, Welsh, Scottish, Northern Irish or British

Irish

Gypsy or Irish Traveller

Roma

Any other White background, write in

Mixed or Multiple ethnic groups

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed or Multiple background, write in

Asian or Asian British

Indian

Pakistani

Bangladeshi

Chinese

Any other Asian background, write in

Black, Black British, Caribbean or African

Caribbean

Somali

Other African

Any other Black, Black British or Caribbean background, write in

Other ethnic group

Arab

Any other ethnic group, write in

Prefer not to say

**3. Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?\***

Yes

No

Prefer not to say

**4. What is your sex?\***

Female

Male

Prefer not to say

**5. Is the gender you identify with the same as your sex registered at birth?\***

Yes

No, write in gender identity

Prefer not to say

**6. Are you currently pregnant or did you give birth in the last twelve months?**

Yes

No

Prefer not to say

**7. What is your legal marital or registered civil partnership status?\***

Never married and never registered a civil partnership

Married

In a registered civil partnership

Separated, but still legally married

Separated, but still legally in a civil partnership

Divorced

Formerly in a civil partnership which is now legally dissolved

Widowed

Surviving partner from a registered civil partnership

Prefer not to say

**8. What is your religion?\***

No religion

Christian

Buddhist

Hindu

Jewish

Muslim

Sikh

Any other religion, write in

Prefer not to say

**9. Which of the following best describes your sexual orientation?\***

Straight/Heterosexual

Gay or Lesbian

Bisexual

Other sexual orientation, write in

Prefer not to say

**10. Do you look after, or give any help or support to, anyone because they have long-term physical or mental health conditions or illnesses, or problems related to old age?\***

No

Yes, 9 hours a week or less

Yes, 10 to 19 hours a week

Yes, 20 to 34 hours a week

Yes, 35 to 49 hours a week

Yes, 50 or more hours a week

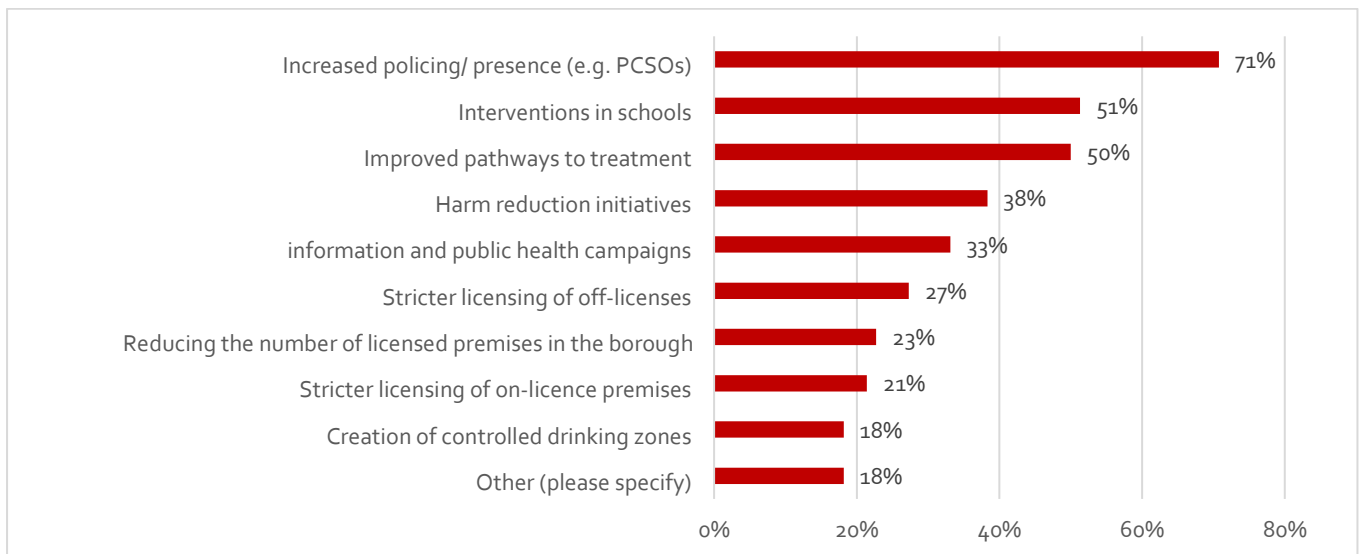
Prefer not to say

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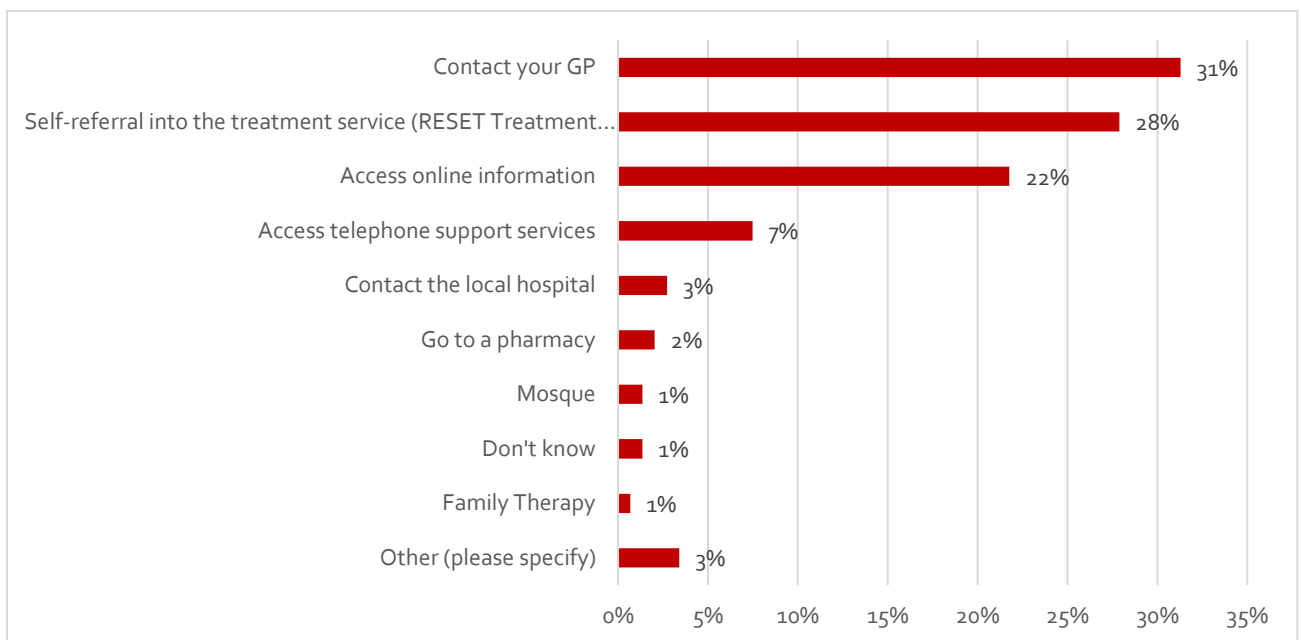
## Appendix 6: Survey Results

Figure 42 Priority areas that the Council and their strategic partners should be addressing in relation to drug and alcohol misuse (CPI survey)



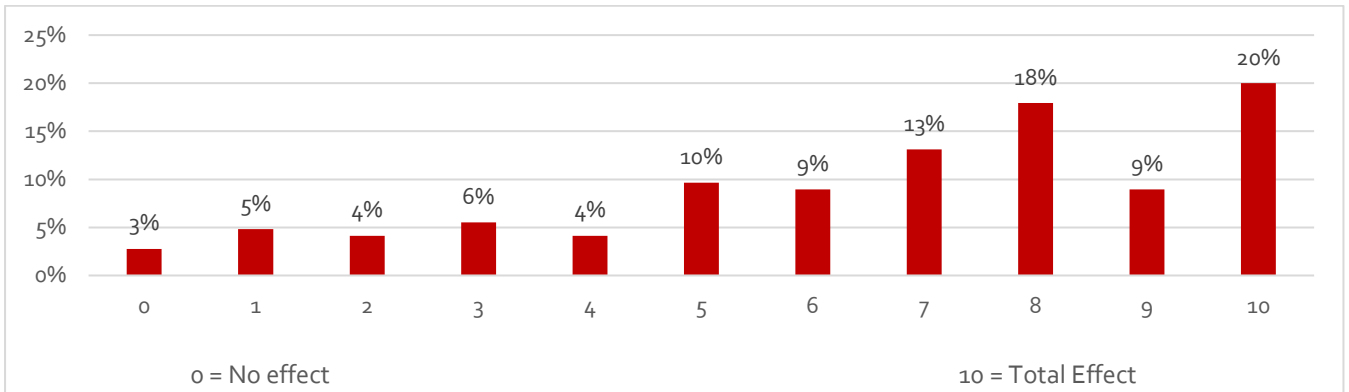
Base=154 (totals equal more than 100% as resident could select more than one option).

Figure 43 Easiest way for residents to get help if they have a concern about drug and alcohol misuse for themselves or a family member (CPI survey)



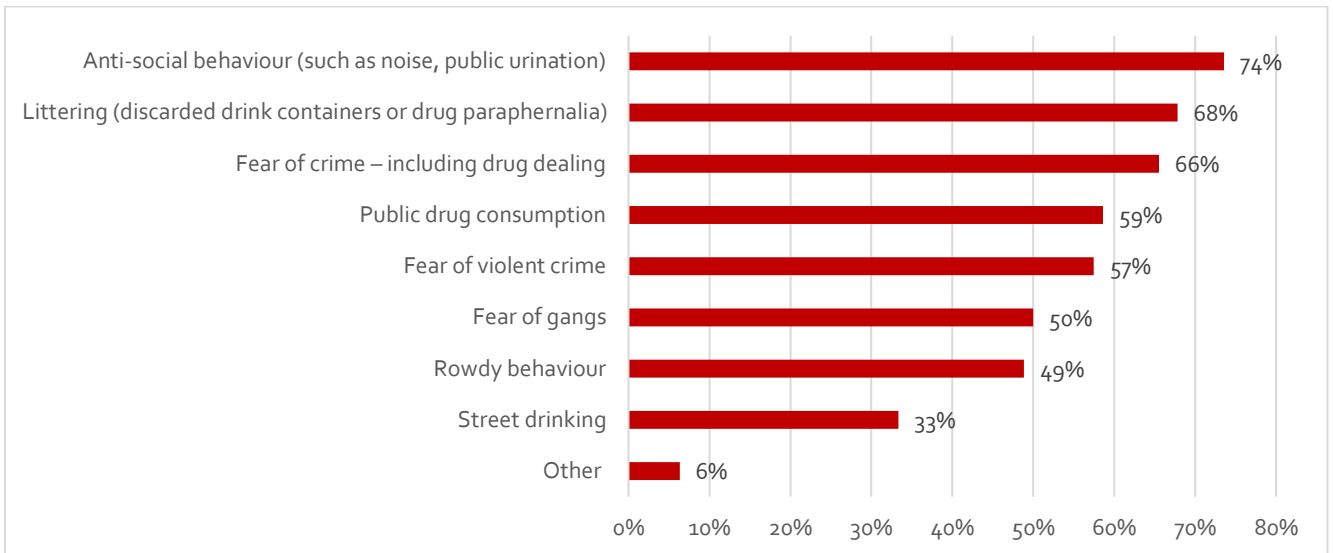
Base=147.

**Figure 44 Perceptions of the extent to which quality of life is affected by drug and alcohol misuse of others, 0-10 (CPI survey)**



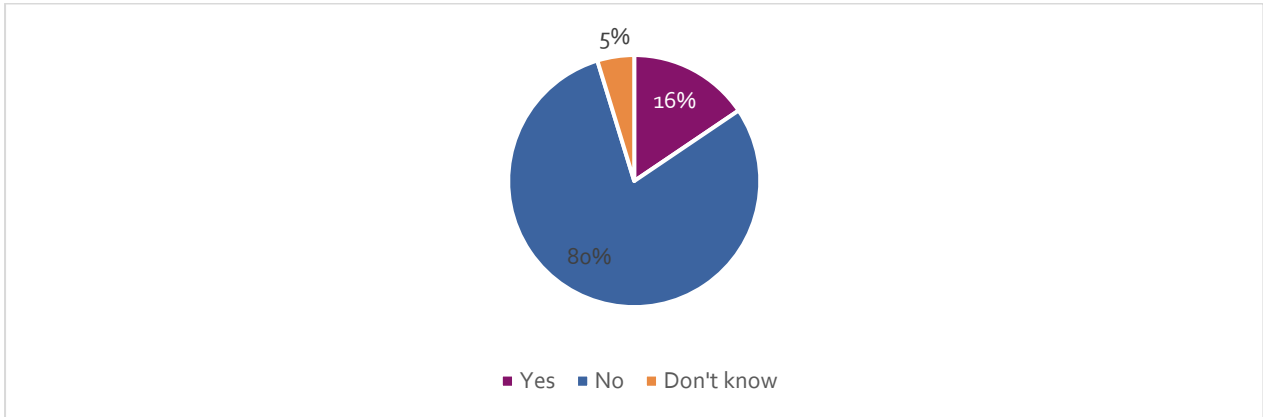
Base=147.

**Figure 45 Perceptions of which aspects of drug and alcohol misuse are having an effect on people's lives (CPI survey)**



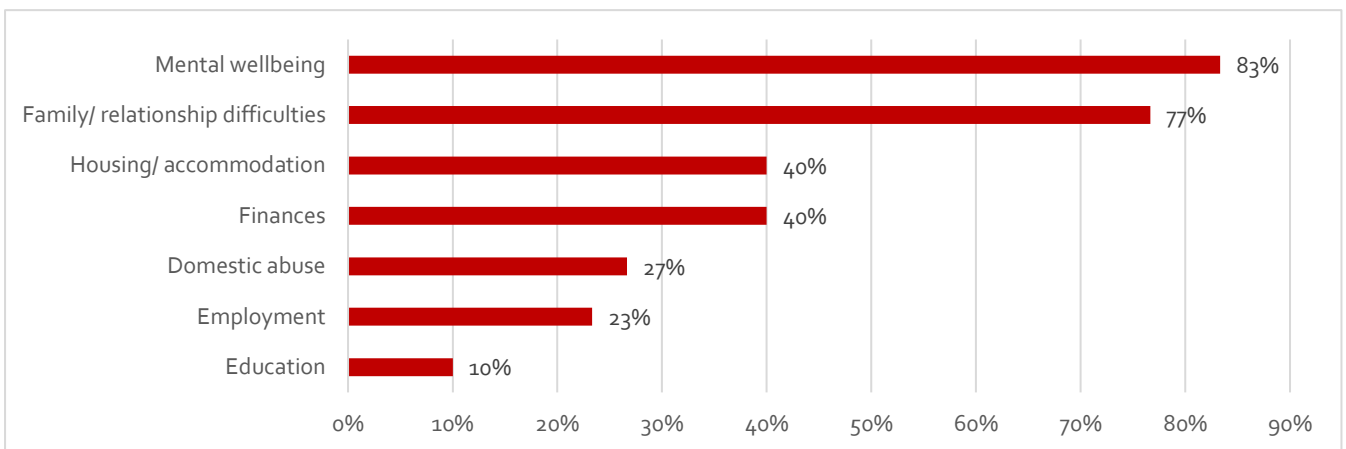
Base=147 (totals equal more than 100% as resident could select more than one option).

**Figure 46 Percentage of respondents that have been negatively affected by the drug misuse in the family? (CPI survey)**




Base=148.

Figure 47 Impact on those residents who are negatively affected by drug misuse in their family (CPI survey)



Base=30 (totals equal more than 100% as resident could select more than one option).

<p><b>Cabinet</b></p> <p>27 November 2024</p>	 <p><b>TOWER HAMLETS</b></p>
<p><b>Report of:</b> Steve Reddy – Corporate Director Children’s Services</p>	<p><b>Classification:</b> Unrestricted</p>
<p><b>Child Healthy Weight Scrutiny Challenge Session: Action Plan</b></p> <p><b>In response to the Children and Education Scrutiny Sub-Committee: Child Healthy Weight – Challenge Session, November 2023.</b></p>	

<b>Lead Member</b>	<b>Mohammed Maium Miah Talukdar, Cabinet Member for Education, Youth and Lifelong Learning</b>
<b>Originating Officer(s)</b>	Matthew Quin, Acting Associate Director of Public Health Phoebe Kalungi, Public Health Programme Lead
<b>Wards affected</b>	All wards
<b>Key Decision?</b>	Yes
<b>Reason for Key Decision</b>	Significant impact on wards
<b>Forward Plan Notice Published</b>	21 October 2024
<b>Exempt information</b>	None
<b>Strategic Plan Priority / Outcome</b>	Priority 5 – Invest in public services (We will implement a borough-wide healthy child weight programme).

## Executive Summary

Child obesity is a complex, multi-faceted problem that disproportionately affects deprived areas like Tower Hamlets. Data from the National Child Measurement Programme in 2022/2023 shows that 18.5% of children in Reception and 42.7% in Year 6 are overweight or obese in the borough. As part of the ongoing efforts to address the issue, the Children and Education Scrutiny Sub-Committee (CESSC) published a report on Child Healthy Weight in May 2024, following a Challenge Session held in November 2023. The report made eight recommendations focused on food, physical activity, and the psychological and cultural aspects of healthy living. These recommendations include improving Free School Meal access, engaging youth services, and addressing the needs of children with Special Educational Needs and Disabilities (SEND).

Public Health has taken the lead in coordinating a response through a Child Healthy Weight Action Plan, developed in partnership with various council departments. Tower Hamlets has a strong history of addressing child obesity, with ongoing initiatives such as the Food for Health programme and Universal Free School Meals. The action plan is reviewed annually and incorporates innovative approaches like outdoor play programmes and pathways to support children with excess weight. By fostering collaboration and addressing inequalities, the borough aims to improve access to healthy food, physical activity, and the overall well-being of all children.

## **Recommendations:**

The Mayor in Cabinet is recommended to:

1. Approve the Children and Education Scrutiny Subgroup Committee Child Healthy Weight Recommendations and Action Plan.
2. Note the specific equalities considerations as set out in Paragraph 4 of the report.

## **1 REASONS FOR THE DECISIONS**

- 1.1 To consider and approve the Children and Education Scrutiny Subcommittee Child Healthy Weight Recommendations and Action Plan

## **2 ALTERNATIVE OPTIONS**

- 2.1 None.

## **3 DETAILS OF THE REPORT**

### **3.1 Background**

In May 2024, the Children and Education Scrutiny Sub-Committee (CESSC) published a report on Child Healthy Weight following the Challenge Session held in November 2023 (Appendix 1). The CESSC made the following eight recommendations across three themes: Food, Physical Activity, and Psychology and Culture.

Number	Recommendation
1	Monitor the uptake of Free School Meals to identify and remove barriers and ensure <i>all children</i> can access these.
2	Ensure that youth services meet our aims around healthy eating, including through their food offer, inclusion of physical activity and training for youth workers.
3	Ensure children are engaged in food production from growing to cooking to eating, for example by co-ordinating work across schools and sharing best practice from the Healthy Families Programme.
4	Work in partnership across the council and externally i.e., with schools to maximise children's access to green spaces, exercise and sports facilities. Consider any opportunities which may arise through the in-sourcing of leisure services.

5	Consider using food ambassadors to promote healthy eating and provide information on recipes which are culturally relevant. Understand that food and eating are individually and culturally specific and sensitive.
6	Review existing social spaces for young people in the borough and investigate any levers the council has to provide or encourage the provision of social spaces for young people that are not fast-food outlets. Continue efforts to make fast food outlets healthier.
7	Ensure that children with Special Educational Needs and Disabilities can benefit from healthy food provision and access sports and exercise where there are additional barriers. Utilising tools such as EIAs to identify potential risks and barriers to this group.
8	Research the needs of underweight children and those who may have eating disorders, especially being conscious of the potential impact of messaging on these groups.

Public Health has taken ownership of coordinating a response against these recommendations in partnership with colleagues across the Council. A Child Healthy Weight Scrutiny Challenge Session Action Plan has been developed to outline what activity will take place and by when to deliver against these recommendations. The action plan can be found in Appendix 2.

### 3.2 What is the issue

Child obesity is a complex problem with multiple causes. Achieving change on such an issue requires a long-term commitment from a range of partners, with actions across the short-, medium- and long-term.

Urban, deprived Boroughs like Tower Hamlets have seen increases in child healthy weight greater than the national average, and inequalities have widened with the most deprived children being most affected, compounded by the cost of living crisis and high rates of child poverty.

Being overweight and obese during childhood has long-term implications for physical and mental health, and these negatively affect the poorest children the worst. National Child Measurement Programme data for 2022/2023 shows that:

- 1 in 5 (18.5%) children in Reception have excess weight
- Over 2 in 5 (42.7%) children in Year 6 have excess weight

### 3.3 What have we done

There is a long history of action in Tower Hamlets seeking to address Child Excess Weight. In 2021, the foundations of the current programme were informed by a series of five 'Healthy Weight for Tower Hamlets' (HWTH) meetings. These were senior-level strategic discussions/brainstorms, focused on different aspects of the 'whole system' that shapes child excess weight. They brought together over 40 system leaders from across the Council, NHS, Voluntary sector, Businesses and other partners to identify and progress actions. Following the five HWTH meetings, we undertook a prioritisation exercise to identify priorities that should be the focus of work going forward.

There are several other areas of work that also contribute to achieving healthy weight in the Borough. Several of these are 'business as usual' activities such

as delivery of the Food For Health programme and the work of the Healthy Lives team to deliver the Healthy Schools London awards programme. Some of the activities are new and innovative, such as the development of a new pathway for children with excess weight and our play programmes to encourage children and their families/caregivers to participate in outdoor play activities. The overarching Child Healthy Weight Action Plan can be found in Appendix 3. We review and update these priority actions annually, taking into account local context (incl. local political priorities) and insight, capacity, evidence of impact, etc.

### 3.4 Child Healthy Weight Scrutiny Action Plan

#### Theme 1: Food

**Recommendation 1:** Food: Monitor the uptake of Free School Meals to identify and remove barriers and ensure all children can access these.

As part of the Secondary School Universal Free School Meal programme, an opt-out (auto-enrolment) project was introduced to identify additional pupils eligible for free school meals (FSM) in both primary and secondary schools. This initiative is being evaluated by the University of York's "FixOurFood" programme, which includes Tower Hamlets as a site.

A paper was taken to Children's DLT in September 2024, showcasing the great work of the Fantastic Food in Schools (FFiS) programme, whilst also recognising the challenges we face to engage some schools to work collaboratively to improve the school food environment as well as to ensure all staff receive the London Living Wage. We propose to work with senior officials across the Council to champion this agenda and to enable positive engagement with schools on this agenda.

In primary schools, around 70% are catered by the council's Contract Catering Services, which holds information on the schools' FSM uptake data. For the remaining 30% of schools, accessing FSM uptake data is more complex. However, ongoing discussions between public health and school finance are focused on improving data recording across all schools.

**Recommendation 2:** Ensure that youth services meet our aims around healthy eating, including through their food offer, inclusion of physical activity and training for youth workers.

Adolescence is a critical period for developing lifelong habits, as young people begin to gain independence from their parents and make their own choices. Ensuring that youth services support healthy eating and physical activity is essential in fostering these positive behaviours. By offering nutritious food options, promoting physical activity, and providing training for youth workers on healthy lifestyles, youth services can play a key role in guiding young people towards better health. This approach not only addresses immediate health needs but also equips adolescents with the knowledge and skills to maintain a healthy lifestyle into adulthood.

**Recommendation 3:** Ensure children are engaged in food production from growing to cooking to eating, for example by co-ordinating work across schools and sharing best practice from the Healthy Families Programme.

In a Fantastic Food in Schools (FFiS) survey completed in January 2024, 12 primary schools expressed a need for support specifically around food growing. Follow-up meetings were arranged with each of these schools, and relevant resources available on the Tower Hamlets Educational Partnership (THEP) website were shared.

The FFiS programme encourages schools to engage in food education initiatives and has collaborated with various partners, including Spitalfields Farm, Trees for Cities, Eat Them to Defeat Them, and TastEd, to run food education sessions in schools.

A key challenge in food growing and education is resourcing. While many schools offer some level of food growing or cooking lessons, these are often self-funded and can be both time- and cost-intensive. In several instances, the Fantastic Food in Schools Programme has helped schools access garden funding by connecting them with grant opportunities.

#### Theme 2: Physical Activity

**Recommendation 4:** Work in partnership across the council and externally i.e., with schools to maximise children's access to green spaces, exercise and sports facilities. Consider any opportunities which may arise through the in-sourcing of leisure services.

As Tower Hamlets embarks on the process of writing a new Local Plan, we want to capitalise on the opportunity to influence its design in order to help guide what can be built where, shaping infrastructure investments and determining the future pattern of development in the borough, including the provision on social spaces. Opportunities are being considered to further promote sport and physical activity for Children and Young People, we are currently undertaking a Health Needs Assessment on Physical Activity to inform the most appropriate action to take.

#### Theme 3: Psychology and Culture.

**Recommendation 5:** Consider using food ambassadors to promote healthy eating and provide information on recipes which are culturally relevant. Understand that food and eating are individually and culturally specific and sensitive.

Utilising food ambassadors to promote healthy eating is an insightful approach to addressing dietary needs within diverse communities, we plan to capitalise on existing opportunities, specifically, the Healthy Families Parents ambassadors network that already promote healthy eating in culturally appropriate ways, as well as explore opportunities through the emerging community champions network, which is currently in development. Food and



eating practices are deeply rooted in cultural and individual preferences, so food ambassadors can effectively bridge the gap between standard nutritional guidance and culturally relevant practices. By tailoring recipe information and dietary advice to reflect these specific cultural contexts, it ensures that healthy eating messages are received more personally and effectively.

**Recommendation 6:** Review existing social spaces for young people in the borough and investigate any levers the council has to provide or encourage the provision of social spaces for young people that are not fast-food outlets. Continue efforts to make fast food outlets healthier.

As Tower Hamlets embarks on the process of writing a new Local Plan, we want to capitalise on the opportunity to influence its design in order to help guide what can be built where, shaping infrastructure investments and determining the future pattern of development in the borough, including the provision on social spaces.

We are committed to working with Hot Food Takeaways, through our Food For Health Programme. We recognise that cafes, takeaways, restaurants, staff canteens and market traders can all make changes to the way that they source, prepare, cook and present their food to make it healthier for their customers – therefore making healthy choices easier.

**Recommendation 7:** Ensure that children with Special Educational Needs and Disabilities can benefit from healthy food provision and access sports and exercise where there are additional barriers. Utilising tools such as EIAs to identify potential risks and barriers to this group.

Ensuring that children with Special Educational Needs and Disabilities (SEND) have access to healthy food and opportunities for sports and exercise is vital for their overall well-being and development. Children with SEND frequently encounter specific challenges that can limit their ability to benefit from standard provisions. Implementing tailored strategies to address these challenges will help create a more inclusive environment, supporting their physical health and improving their quality of life. Opportunities are being considered to further promote sport and physical activity for Children and Young People. We are currently undertaking a Health Needs Assessment on Physical Activity to inform the most appropriate action to take and Children with SEND will be a priority group considered.

**Recommendation 8:** Research the needs of underweight children and those who may have eating disorders, especially being conscious of the potential impact of messaging on these groups.

The NCMP results for the year 2022/23 show a slight decrease in the proportion of children with excess weight, a trend observed at both national and regional levels. However, the number of underweight children increased during the same period. Public Health is keen to investigate the factors contributing to the decrease in excess weight and the rise in underweight cases locally, particularly to assess whether the cost of living and poverty are influencing these NCMP

results. Public Health has already started to capture relevant insights and ongoing work to support children identified as being underweight in Tower Hamlets.

### 3.5 **Conclusion**

Tower Hamlets continues to take proactive steps to address child obesity while supporting underweight children and those with special needs. Through collaboration and strategic planning, the borough is working to improve access to healthy food, physical activity, and opportunities that support the overall well-being of all children. The recommendations from the Children and Education Scrutiny Sub-Committee, along with the accompanying Action Plan, further strengthen the borough's efforts to achieve these goals. These actions have been embedded into the borough's wider *Child Healthy Weight Action Plan*, which is annually reviewed and updated as new challenges and opportunities arise.

## 4 **EQUALITIES IMPLICATIONS**

Children and young people from certain minority ethnic groups, from low socioeconomic status (SES) families, or with intellectual and/or physical disabilities are at greater risk of developing excess weight.

Childhood obesity and excess weight are significant health issues for children and their families. There can be serious implications for a child's physical and mental health, which can continue into adulthood.

Data collected through the National Child Measurement Programme (NCMP) (2024) reveals inequalities nationally, regionally and in Tower Hamlets; some groups of children are more likely to experience overweight compared to others.

In Tower Hamlets, the highest rates of overweight and obesity are reported for Bangladeshi boys in Year 6. According to national data, children living in areas characterised by high levels of deprivation are significantly more likely to be overweight. Levels of child poverty are higher in Tower Hamlets than most other London boroughs, and this is reflected in high levels of excess weight. It has also been reported that children with Special Educational Needs or Disabilities (SEND) are more likely to experience overweight.

As such, our approach to addressing healthy weight inequalities in Tower Hamlets will focus specifically on promoting and supporting healthy weight for children with SEND, Bangladeshi boys in Year 6, and children in low-income families.

## **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.
  - Data Protection / Privacy Impact Assessment.
- 5.2 The action plan was developed in response to the CESSC Report on Child Healthy Weight.
- 5.3 The action plan was developed in partnership with numerous services across the Council and wider health and care partners, including public health, GP Care Group, Planning, Poverty Team, Healthy Lives Team, Contract Services and Leisure.

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

- 6.1 This report asks for the above recommendations to be agreed.
- 6.2 Costing regarding the implementation of the recommendations have not been provided. These will need to be met from existing resources or where unable to do so, gain approval for existing funding through the appropriate governance arrangements.

## **7 COMMENTS OF LEGAL SERVICES**

- 7.1 Section 2B of the National Health Service Act 2006 requires each local authority to take such steps as it considers appropriate for improving the health of the people in its area. These steps may include providing information and advice, and providing services or facilities designed to promote healthy living.
- 7.2 The Public Sector Duty, set out at section 149 of the Equality Act 2010, requires local authorities to have due regard in the exercise of their functions to the need to eliminate discrimination, advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not share it.
- 7.3 The matters set out in this report comply with the above legislation.

---

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

### **Linked Report**

- Children and Education Scrutiny Sub-Committee Challenge Session Report – Child Healthy Weight (Appendix 1)

### **Appendices**

- Appendix 1: Children and Education Scrutiny Sub-Committee Challenge Session Report – Child Healthy Weight
- Appendix 2: Children and Education Scrutiny Sub-Committee Challenge Session Action Plan

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

- NONE

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

N/A

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# Child Healthy Weight – Challenge Session

## Children and Education Scrutiny Sub-Committee

09/05/24



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## Chairs Forward

I am delighted to present this report which explores the issue of child healthy weight in Tower Hamlets. In delivering this challenge session the Children and Education Scrutiny Sub-Committee aims to ensure that all children in the borough are supported to achieve and maintain a healthy weight. Child healthy weight is an issue close to my heart, as a long-term parent governor and Councillor in Tower Hamlets I have seen first-hand the prevalence of child excess weight. The impact of excess weight on children's health and happiness is a key concern for me. I hope this review through our engagement with colleagues across the council and partners and community representatives provides clear direction to strengthen our approach to child healthy weight.

The findings from our session highlight the entrenched challenges in Tower Hamlets around healthy weight. We are an urban and heavily populated borough with high rates of overcrowding, deprivation and limited access to green and open spaces. Given the complex challenges we face locally it has been re-assuring to hear about the breadth of work on-going to support healthy weight in children. Colleagues presented a comprehensive action plan based on evidence and community engagement, aligned with national guidance and with associated evaluation frameworks. A clear prioritisation framework has been utilised to target actions.

Through this report the committee has sought to identify areas which can be further strengthened, aiming to build on the existing work. Lived experience highlighted some of the practical challenges in accessing schemes or projects, emphasising the importance of considering intersectionality and working to minimise the equality risks for those experiencing inequality across a number of protected characteristics. for example, a young Muslim woman with additional needs.

It has been a privilege to hear about the extensive work carried out by colleagues in schools and across the council to support children to live healthy lives. Our challenge session aims to maximise the impact of this work. Special thanks to our colleagues in Public Health for co-ordinating much of the preparation for the session. Further thanks to the many schools which hosted visits from the committee over the last year and to the Our Time Ambassadors for sharing their experiences.

**Councillor Bodrul Choudhury**

**Children and Education Scrutiny Sub-Committee Lead**





# Challenge Session Report

## High Level Recommendations

The recommendations outlined in this report respond to the complex factors associated with child excess weight.

The below diagram from Public Health England maps the complex factors which cause excess weight. The eight recommendations of the Children and Education Scrutiny Sub-Committee align to the factors outlined below focusing on food and food consumption, physical activity and psychology and culture.

The committee discussion and related recommendations recognise the wider impact of the local context and how this impacts on individual health. Recognising for example, the impact of the local built environment, exercise facilities and green spaces to make relevant and realistic recommendations.



<b>Theme One: Food</b>	
<b>R1</b>	Monitor the uptake of Free School Meals to identify and remove barriers and ensure <i>all children</i> can access these.
<b>R2</b>	Ensure that youth services meet our aims around healthy eating, including through their food offer, inclusion of physical activity and training for youth workers.
<b>R3</b>	Ensure children are engaged in food production from growing to cooking to eating, for example by co-ordinating work across schools and sharing best practice from the Healthy Families Programme.
<b>Theme Two: Physical Activity</b>	
<b>R4</b>	Work in partnership across the council and externally i.e., with schools to maximise children’s access to green spaces, exercise and sports facilities. Consider any opportunities which may arise through the in-sourcing of leisure services.
<b>Theme Three: Psychology and Culture</b>	
<b>R5</b>	Consider using food ambassadors to promote healthy eating and provide information on recipes which are culturally relevant. Understand that food and eating are individually and culturally specific and sensitive.
<b>R6</b>	Review existing social spaces for young people in the borough and investigate any levers the council has to provide or encourage the provision of social spaces for young people that are not fast-food outlets. Continue efforts to make fast food outlets healthier.
<b>R7</b>	Ensure that children with Special Educational Needs and Disabilities can benefit from healthy food provision and access sports and exercise where there are additional barriers. Utilising tools such as EIAs to identify potential risks and barriers to this group.
<b>R8</b>	Research the needs of underweight children and those who may have eating disorders, especially being conscious of the potential impact of messaging on these groups.

## 1. Introduction

### Overview

- 1.1. Nationally, the number of children with excess weight is a serious public health concern. Having excess weight in childhood has a range of negative impacts on both mental and physical health. For example, it is associated with poor emotional health, increased school absence, high cholesterol and blood pressure and the increased risk of becoming an overweight adult, which in turn leads to an increased risk of ill-health and premature mortality.
- 1.2. The prevalence of excess weight has significant consequences for the individuals affected, their families and the NHS. The cost for the NHS is high across England with health problems associated with being overweight costing the NHS in excess of £6.1 billion every year.<sup>1</sup>
- 1.3. There are also clear equality implications, with correlations between excess weight and poverty. For example, nationally the obesity rates for the most deprived 10% of the population are double that of the least deprived 10%. This is particularly significant for Tower Hamlets, a borough of contrasts with high levels of poverty. Over half of adults in the borough have excess weight and 42.7% of children aged 10-11 are classed as overweight or obese, higher than both London and England, at 38.8% and 36.6% respectively.
- 1.4. In contrast, at reception age (4-5 years old), 18.5% of children in Tower Hamlets have excess weight, slightly lower than both London and England at 20% and 21.3% respectively. This is the lowest rate of child excess weight recorded in the borough since measurement began in 2008. It should be noted however that across-the-board rates of excess weight increase steeply between reception and year 6. In fact, rates of excess weight almost double between reception and year six in neighbouring boroughs, as the below table demonstrates.

<b>National/Regional/NEL</b>	<b>Excess weight in Reception</b>	<b>Excess weight in Year 6</b>
<b>England<sup>1</sup></b>	21.3%	36.6%
<b>London</b>	20%	38.8%
<b>Tower Hamlets</b>	<b>18.3%</b>	<b>42.7%</b>
<i>Barking &amp; Dagenham</i>	24%	45.7%
<i>Havering</i>	22.6%	39.9%
<i>Newham</i>	21.9%	45.5%
<i>Redbridge</i>	18%	40.9%
<i>Waltham Forest</i>	18.5%	40.7%

### National Picture

- 1.5. Our depth of understanding of the issue locally, is in part due to a national programme designed to provide intelligence to support local responses to child excess weight. Across England the National Child Measurement Programme (NCMP) measures the height and weight of children in reception and year 6, since 2006-2007. It is a mandated service which provides robust local data to inform local responses to child excess weight. In addition, feedback letters were introduced in 2009-10 providing support and advice to parents and linking them to services where necessary. However this is not a mandated element of the programme.
- 1.6. This responds to insight which suggests that without clear data children’s excess weight may be overlooked by those with a duty of care for example, “Evidence shows that parents and even health professionals may struggle to identify overweight in children by sight alone, with half (50.7%) of parents underestimating their children’s overweight or obesity status.”<sup>1</sup> While the feedback letters may respond to this identified need, there are concerns about the impact of such an intervention on both parents and children. In particular the stigma or shame which might result and the potential detrimental impact of these feelings on the weight of children.

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<sup>1</sup> [Childhood obesity: applying All Our Health - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

- 1.7. Further national research questions the significance of individual-level behavioural changes in reducing child excess weight at the overall population level, highlighting the links to factors largely outside of individual control (such as child poverty) and suggesting that policy approaches such as soft drinks industry levies or extending access to free school meals might be more effective.<sup>2</sup> At a local level, work is underway in response to a number of these challenges. Through the challenge session we learnt about the roll out of Free School Meals (FSMs) in the borough and the local approach to the National Child Measurement Programme.

## 2. Review Approach

- 2.1. The review was led by Cllr Bodrul Choudhury, the Scrutiny Lead for the Children and Education Scrutiny Sub-Committee, and supported by Anna Murphy, Senior Strategy and Policy Officer. To inform the review, evidence was gathered through the challenge session with committee members, co-optees and partners across the council including, Public Health, Childrens and Leisure services. Further a number of site visits were carried out at schools across the borough with visits to the Town Hall from a key youth ambassadors forum.

### Site visits

- 2.2. Site visits took place at several schools, focusing on the roll-out of Free School Meals, and best practice in curriculum. A wide range of committee members attended the sessions and learnt about the lunch time arrangements, schools growing and preparing food and the outdoor and exercise facilities available.

School	Attendees
Bow School	Phillip Rice (Co-optee) Cllr Bodrul Choudhury Cllr Sabina Akhtar

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<sup>2</sup> Queen Mary University - Is a Government Programme to tackle childhood obesity doing more harm than good?  
<https://www.qmul.ac.uk/media/news/2023/smd/is-a-government-programme-to-tackle-childhood-obesity-doing-more-harm-than-good.html>

St Pauls Way Trust School	Joanna Hannan (Co-optee) Nafisa Ahmed (Co-optee)
Central Foundation Girls School	Cllr Shubo Hussein Cllr Bodrul Choudhury
Mayflower	Philip Rice (Co-optee) Asharaf Zaman (Co-optee)
Lansbury Lawrence School	Cllr Ahmodul Kabir Phillip Rice (Co-optee) Asharaf Zaman (Co-optee)

### SEND Ambassadors Forum

- 2.3. In addition to these visits, the Our Time, Young Ambassadors forum representing Young People with Special Educational Needs and Disabilities visited the Town Hall to talk about their experiences. They highlighted challenges accessing leisure provision including a lack of variety in activities available, especially split-gender exercise for women. Sharing barriers to accessing mainstream sport provision for example swimming as there is additional risk associated for members.
- 2.4. A further 30-minute session was held for members and co-optees to discuss recommendations. As part of the review, evidence was received from a range of officers, partners, and committee members, including:

Name	Designation
Cllr Bodrul Choudhury	Scrutiny Lead for the Children and Education Scrutiny Sub-Committee (CESSC)
Cllr Sabina Akhtar	Member, CESSC
Cllr Shafi Ahmed	Member, CESSC
Cllr Leelu Ahmed	Member, CESSC
Halima Islam	Co-opted member (CESSC)
Phillip Rice	Co-opted member (CESSC)
Asharaf Zaman	Co-opted member (CESSC)
Shiblu Miah	Co-opted member (CESSC)
Nicola Lawrence	Co-opted member
Assan Ali	Co-opted member
Katy Scammell	Associate Director of Public Health
Phoebe Kalungi	Public Health Lead – Children and Adolescent
Denise De-Goze	Schools and Families Team Manager
Robert Brownwell	Public Health Programme Manager
Tom Alexander	Leisure Programme Director
Dee Bleach	Headteacher Mayflower

- 2.5. The Sub-Committee was keen to scrutinise Tower Hamlets' whole systems approach to supporting child healthy weight, by:

- Understanding the current picture of child healthy weight in Tower Hamlets, through existing data
- Understanding what progress the borough has made to reduce levels of child excess weight
- Identify what other actions can be taken to reduce rates of child excess weight in Tower Hamlets
- Identify why children from some population groups may be less likely to be a healthy weight and any potential interventions

### 3. Findings

- 3.1. A wide programme of work has been delivered in Tower Hamlets under the umbrella of the Child Healthy Weight Action Plan. The action plan aims to take a whole-systems approach to promoting healthy weight for children through partnership working. The ambition of the plan is to create healthier places, settings and services in Tower Hamlets. Actions are organised across three themes: healthy places, healthy spaces, and healthy services.
- 3.2. Interventions included in the healthy places theme include a play programme creating spaces for children to play on estates and ensuring children with special educational needs and disabilities can access play. Work led by the regeneration team focused on schools and active travel and the food for health scheme supporting fast-food outlets to make healthier choices. The delivery of Free School Meals (FSMs) in primary and secondary schools and the in-sourcing of leisure services in the borough are key activities included in the healthy spaces theme. Finally, under the healthy services theme, healthy weight training has been offered to professionals and a variety of schemes aiming to make healthy lifestyles more accessible, for example promoting cycle or providing fruit and vegetables for families.
- 3.3. Two key interventions were highlighted which demonstrate local progress through innovative strategies to reduce levels of excess weight. Tower Hamlets has been the first area to introduce Free School Meals (FSMs) for all secondary pupils<sup>3</sup> and is piloting work on the National Child Measurement Programme (NCMP). This pilot includes both assessing the effectiveness of the NCMP and undertaking a quality improvement project

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<sup>3</sup> [Tower Hamlets first area to give free secondary school meals for all - BBC News](#)

to increase the local effectiveness. Through the NCMP pilot, local research has highlighted the need to improve NCMP communication with families. As a result, the NCMP materials have been co-produced with the community to ensure the language is both appropriate and understood. Further, a pilot is being run at five schools to improve support for children and families identified as being above a healthy weight.

### Theme One: Food

- 3.4. The first theme focuses on maximising children’s access to healthy food. National research has highlighted the positive impact that free school meals have had on Child Healthy Weight through the provision of free school meals for all primary children.<sup>4</sup> Four boroughs piloted free school meals for primary children including Tower Hamlets and saw reductions of child excess weight between 7% - 11%.<sup>4</sup> Building on this a commitment has been made as part of the roll out of FSMs to ensure that school food matches healthy food standards. Pre-implementation audits of food, on-going audits and evaluations have also been scheduled to accompany the process.
- 3.5. Through school visits and in conversation with teachers and parents, the committee heard about a range of challenges in the practical roll-out of the FSMs programme. Concerns were raised about portion sizes and queues with children complaining that they were hungry after eating or missing out on lunch due to queues and wanting to play. In turn concerns were raised that these challenges might make children more likely to frequent fast food outlets after school. As national research has demonstrated the significant impact of free school meals on cutting obesity our first recommendation focuses on ensuring all children can access these in practice.

**Recommendation 1: Monitor the uptake of Free School Meals to identify and remove barriers and ensure *all children* can access these.**

- 3.6. Through site visits the committee also heard about some of the potential solutions to these challenges. To support this recommendation, it is essential that monitoring of uptake is carried out across schools and analysed. The committee suggested that further to this Tower Hamlets should support schools to develop peer-support networks and ensure that learnings are being communicated between schools through tools such as workshops or guidance. Detailed solutions to be considered include

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<sup>4</sup> [Free school meals 'cut obesity and help reading skills' in England, study finds | Children's health | The Guardian](#)



extending lunch breaks or introducing an alternative and healthier school food offer across the day for example introducing after-school food in the same vein as a breakfast club. The report does note the operational challenges involved in extending a lunch break highlighted by colleagues at the challenge session. Finally, the committee asks that consideration should also be given to expanding the offer for sixth formers.

- 3.7. Aligned with the aspiration to have healthy food accessible for all children, the second recommendation considers other key services accessed by children in the borough. During the challenge session Public Health highlighted the work which had been done to provide training on healthy weight for professionals. This training supported professionals to recognise child excess weight, youth workers were not included in the initial roll out of this training. The committee highlighted the importance of youth workers in the borough and recommended that these colleagues be included in this training in the future. Complimenting this the food offer available through youth services should meet healthy food standards, and physical activity should be embedded into youth provision. The in-sourcing of these services may provide additional opportunities to complete this.

**Recommendation 2: Ensure that youth services meet our aims around healthy eating, including through their food offer, inclusion of physical activity and training for youth workers.**

- 3.8. At a minimum, youth service staff should be made aware of existing resources, for example the structured pathways Public Health has developed to support professionals who come across a child with excess weight, further utilising the online directory of services related to child excess weight and understanding pathways for signposting to other relevant services.
- 3.9. Through schools, and potentially through youth services, children should be supported to understand and take part in growing and cooking food. This is particularly important for children growing up in London who will have more limited access to and visibility of farms and livestock. Through site visits to schools the committee saw fantastic examples of vegetable gardens in school playgrounds, observed children learning about plants and heard about pupils learning about cooking through the curriculum.
- 3.10. At the challenge session, colleagues presented the positive impact of the Healthy Family Programme run by Tower Hamlets. The Programme includes 121 support, one-off session's and a 5-week programme including activities such as a cooking workshop. Colleagues presented research which demonstrates that involving children in making choices about food, buying ingredients and cooking supports them to eat more healthily and try new things. Feedback on the Healthy Family Programme supported this research, with parents reporting that children were trying a wider range of food. In response to this the committee's recommendation focuses on expanding access to these kinds of activities.

**Recommendation 3: Ensure children are engaged in food production from growing to cooking to eating, for example by co-ordinating work across schools and sharing best practice from the Healthy Families Programme.**

- 3.11. While the Healthy Families Programme targets specific groups of children and parents, the committee recommends that learning from the programme be broadened for wider access. Where much of the work on healthy food has focused on primary schools, following the first year of universal free school meals in secondary schools there may be opportunities to build in learning from these programmes. For example, utilising curriculum lessons such as food technology to engage children in growing and cooking food. One Committee member highlighted the significance of flipchart recipes in developing their own cooking skills, breaking down ingredients (and cost) and recipes demonstrating that tasty food can be both healthy and affordable. In summary, consider innovative approaches to food and eating, building and making them accessible through schools and other services to as wide a range of children as possible.

## **Theme Two: Physical Activity**

- 3.12. The second theme focuses on maximising children's access to physical activity. In such a densely populated area, with high rates of overcrowding and air pollution access to safe spaces for exercise and especially green/outdoor space is a challenge. The fourth recommendation responds to this context, suggesting a focus on access to exercise.

**Recommendation 4: Work in partnership across the council and externally i.e., with schools to maximise children's access to green spaces, exercise and sports facilities. Consider any opportunities which may arise through the in-sourcing of leisure services.**

- 3.13. Colleagues in leisure presented on existing work to identify and map sports assets in the borough as part of the leisure needs assessment. It is expected that the outcome of this mapping will find a deficit in local assets. However, it will support to understand by how much and the possible actions needed to remedy this deficit. The committee supports this approach and through school visits was impressed by the sports assets located in schools, i.e. pitches and playgrounds.
- 3.14. The committee suggests working closely with schools to understand how to overcome barriers and make such spaces accessible outside of school hours for both children and their families. The committee also recommends working with neighbouring councils to access resources which may be lacking in Tower Hamlets. Through site visits the committee heard about barriers to accessing existing sports facilities due to maintenance issues or adults being given preferential use. For existing facilities, the committee suggests a review of maintenance and of any policies or guidance on the prioritisation of use.
- 3.15. Additionally, the in-sourcing of leisure services will provide specific opportunities to meet the needs of the borough's children and families, for example the provision of free activities like school holiday swimming. The council and its partners should also explore whether privately owned gyms and other sports facilities in the borough can support with this agenda, for example water sports and climbing facilities. Finally work in Public Health should be joined up with and contribute to other council work focused on green spaces, for example, work in planning focused on gender-inclusive

design, which concluded with the importance of a network of green spaces for women's safety.

### **Theme Three: Psychology and Culture**

- 3.16. Our final theme focuses on some of the most complicated factors in child excess-weight: psychology and culture. Through discussion the committee highlighted the importance of culturally sensitive messaging proposing the use of food ambassadors or role models to share key messages around food and lifestyles. One scrutiny member shared their own personal testimony, talking about how their experience of migration and cultural upbringing played into their experience of eating and excess weight. Highlighting that interventions designed to reduce their weight were not well understood by their parents and had no impact on reducing their weight or promoting a healthy lifestyle for this individual.

**Recommendation 5: Consider using food ambassadors to promote healthy eating and provide information on recipes which are culturally relevant. Understand that food and eating are individually and culturally specific and sensitive.**

- 3.17. Due to the significant Bangladeshi population in the borough, the committee suggests considering culturally appropriate role models, such as Nadia Hussein for example, to share information about cooking and healthy eating. Considering organisations such as the Youth Council or Care Leavers Council which may have opportunities to influence or promote messages to children and young people. The committee suggests that public health and colleagues take an approach that recognises how our own experiences impact on health, food and eating and undertake self-reflective practice when crafting narratives or messages. A key part of this is understanding the relationship between deprivation and excess weight and, embedding an approach which educates professionals who may not be experiencing this deprivation on how to engage with empathy and understanding.
- 3.18. Public health presented evidence of the clustering of unhealthy fast-food outlets in areas of deprivation. Through a discussion around the prevalence of fast-food outlets committee members articulated the popular culture significance of chicken shops as a social space for young people. This is particularly significant in a borough with such high levels of overcrowding where children and young people may have more limited space to socialise or play in their own homes.

**Recommendation 6: Review existing social spaces for young people in the borough and investigate any levers the council has to provide or encourage the provision of social spaces for young people that are not fast-food outlets. Continue efforts to make fast food outlets healthier.**

- 3.19. Consider through partnership working any levers that the council may have to provide alternative social spaces for children and young people, or to encourage through advertising or partnership such spaces. Where this is found to be challenging, or in parallel, continue the work to ensure fast food outlets are as healthy as possible, for example through the Food for Health<sup>5</sup> scheme and work to ensure licenses are not granted within a certain distance from a school. Work in partnership with head teachers and schools to target engagement with fast food outlets close to schools or known to be frequented by school children. Consider any levers which might be available to encourage or incentivise healthier outlets to be mindful or reduce prices, especially for children or young people i.e., through student discounts.
- 3.20. The final two recommendations focus on groups of children who may have specific needs in terms of the work discussed above. The first of which focuses on the experiences of children with special educational needs and disabilities. Through the committee's engagement with the *Our Time* Ambassador's forum for young people with special education needs, the committee learnt about some of the barriers to exercise for young people with additional needs.

**Recommendation 7: Ensure that children with Special Educational Needs and Disabilities can benefit from healthy food provision and access sports and exercise where there are additional barriers. Utilising tools such as EIAs to identify potential risks and barriers to this group.**

- 3.21. Young people explained that risk assessments were sometimes a barrier to exercise and limited the variety of sports they were able to participate in. For example, young people shared personal testimony about being prevented from taking part in swimming as support wasn't available to manage the associated risk. The young people also highlighted the intersectional nature of these challenges explaining the difficulties a young Muslim woman with additional needs might face in accessing women's only sport provision.
- 3.22. Standard interventions on healthy weight may not meet the needs of all children, for example neurodiverse children may have needs around food or may struggle to eat fruit and vegetables. Through school visits the committee heard about schools tailoring eating arrangements for specific pupils with chefs cooking bespoke meals to meet the needs of individual

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• <sup>5</sup> [Food for Health award holders \(towerhamlets.gov.uk\)](https://towerhamlets.gov.uk)

children. Also, schools provided examples of children eating in a separate lunchroom to manage their eating environment.

- 3.23. The committee recommends that these local arrangements are mapped, and best practice shared across the borough to ensure consistency. Public Health highlighted on-going work, including a joint strategic needs assessment (JSNA) focused on health and wellbeing of children with special educational needs and disabilities. The committee suggests that these concerns are included within this work, considering the exercise and food needs of this group with a particular focus on intersectionality. Finally promoting the use of EIAs and corresponding action plans to identify and minimise risks to children with additional needs accessing services designed to support healthy lives.
- 3.24. Finally, through our focus on child excess weight the committee recommends that conscious effort is made to understand the needs of and ensure messaging is not detrimental to underweight children.

**Recommendation 8: Research the needs of underweight children and those who may have eating disorders, especially being conscious of the potential impact of messaging on these groups.**

While there is less prevalence of underweight children in Tower Hamlets, the committee recommends that further research should be carried out on the needs of this group. There are a range of factors linked to children having low weight and different causes of low weight require different interventions. Eating disorders in children are increasing and the committee are concerned about the needs of this group. Poverty and the cost-of-living crisis may also be linked to low weight through food insecurity. The committee notes that poverty may be linked to both excess and low weight in children and recommends that the range of factors linked to low weight should be investigated. This additional research should be used to ensure that any activity around excess weight does not risk a detrimental impact on these groups and, further, to identify any actions to support these additional groups. The committee is concerned about the needs of all underweight children and suggests a focus on inclusive healthy weight messaging that can meet the needs of all children across the weight spectrum.

Action Plan: Child Healthy Weight Scrutiny Challenge Session

Theme 1: Food

Recommendation 1

Monitor the uptake of Free School Meals to identify and remove barriers and ensure *all children* can access these.

Comments from Service: As part of the Secondary School Universal Free School Meal programme, an opt-out (auto-enrolment) project was introduced to identify additional pupils eligible for free school meals (FSM) in both primary and secondary schools. This initiative is being evaluated by the University of York’s “FixOurFood” programme, which includes Tower Hamlets as a site. In 2024, 824 new FSM-eligible pupils were identified, with approximately two-thirds in primary schools, resulting in over £1 million in pupil premium funding for schools.

A paper was taken to Children’s DLT in September 2024, showcasing the great work of the Fantastic Food in Schools (FFiS) programme, whilst also recognising the challenges we face to engage some schools to work collaboratively to improve the school food environment as well as to ensure all staff receive the London Living Wage. We propose to work with senior officials across the Council to champion this agenda and to enable positive engagement with schools on this agenda.

In primary schools, around 70% are catered by the council’s Contract Catering Services, which holds information on the schools’ FSM uptake data. For the remaining 30% of schools, accessing FSM uptake data is more complex. However, ongoing discussions between public health and school finance are focused on improving data recording across all schools.

Action	Owner(s)	Completion date
1.1 Review the process for monitoring free school meal uptake within the local authority to address the recommendation.  1.2 Support the implementation of the Secondary School Free School Meal policy, collaborating with partners to enhance the quality of school meals and improve lunchtime.  1.3 Continue delivering the Fantastic Food in School (FFiS) programme to improve the quality of school food provision across primary schools in the	Healthy Lives / Contract Services	Jul – 2025

borough.		
<p><b>Recommendation 2</b></p> <p>Ensure that youth services meet our aims around healthy eating, including through their food offer, inclusion of physical activity and training for youth workers.</p>		
<p><b>Comments from Service:</b> Adolescence is a critical period for developing lifelong habits, as young people begin to gain independence from their parents and make their own choices. Ensuring that youth services support healthy eating and physical activity is essential in fostering these positive behaviours. By offering nutritious food options, promoting physical activity, and providing training for youth workers on healthy lifestyles, youth services can play a key role in guiding young people towards better health. This approach not only addresses immediate health needs but also equips adolescents with the knowledge and skills to maintain a healthy lifestyle into adulthood.</p>		
<b>Action</b>	<b>Owner(s)</b>	<b>Completion date</b>
2.1. Engage with the Young Tower Hamlets (youth service) to support the development of a young people’s strategy and health offer, ensuring that health and wellbeing are prominently featured.	Public Health	TBC
2.2. Promote the "Be Well Junior" leisure service, which offers all-inclusive access to six leisure centres, including unlimited junior gym, swimming, and fitness classes for children aged 11-17 years, subsidised by 50%.	Leisure Service	Ongoing
2.3. Provide training for the youth service workforce on young people’s nutritional health, to increase their understanding of key issues affecting healthy weight and equipping them to help young people access appropriate support.	Child Healthy Weight Team – GPCG	Mar – 2025
<p><b>Recommendation 3</b></p> <p>Ensure children are engaged in food production from growing to cooking to eating, for example by co-ordinating work across schools and sharing best practice from the Healthy Families Programme.</p>		
<p><b>Comments from Service:</b> In the Fantastic Food in Schools survey, 12 primary schools expressed a need for support specifically around food</p>		

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growing. Follow-up meetings were arranged with each of these schools, and relevant resources available on the THEP website were shared. The programme encourages schools to engage in food education initiatives and has collaborated with various partners, including Spitalfields Farm, Trees for Cities, Eat Them to Defeat Them, and TastEd, to run food education sessions in schools.

A key challenge in food growing and education is resourcing. While many schools offer some level of food growing or cooking lessons, these are often self-funded, and activities like food growing can be both time- and cost-intensive. In several instances, the Fantastic Food in Schools Programme has helped schools access garden funding by connecting them with grant opportunities.

Action	Owner(s)	Completion date
3.1 Audit the number of schools with growing schemes on their premises to gain an understanding of the number of children accessing food growing opportunities at school.	Healthy Lives	May – 2025

### Theme 2: Physical Activity

#### Recommendation 4

Work in partnership across the council and externally i.e., with schools to maximise children's access to green spaces, exercise and sports facilities. Consider any opportunities which may arise through the in-sourcing of leisure services.

Comments from Service: As Tower Hamlets embarks on the process of writing a new Local Plan, we want to capitalise on the opportunity to influence its design in order to help guide what can be built where, shaping infrastructure investments and determining the future pattern of development in the borough, including the provision on social spaces. Opportunities are being considered to further promote sport and physical activity for Children and Young People, we are currently undertaking a Health Needs Assessment on Physical Activity to inform the most appropriate action to take.

Action	Owner(s)	Completion date
4.1 Actively contribute to the development of the Local Plan, focusing on the key areas outlined in the recommendation. Specifically: <ul style="list-style-type: none"> <li>- Chapter 19: Biodiversity and Open Space, supporting policies related to green spaces, the green grid, urban greening, and play spaces to promote health and well-being.</li> <li>- Chapter 13: Homes for the Community, the team will advocate for the</li> </ul>	Public Health / Planning	Completed but subject to planning inspectorate approval of the new Local Plan.



<p>implementation of policy HF9 to ensure new housing developments meet minimum amenity and play space standards.</p> <p>For both statements - the Healthy Community policies, particularly Policy DV3, will ensure the needs of local residents, especially vulnerable groups, are addressed. This will include advocating for the inclusion of social spaces and ensuring equitable access to green spaces, exercise opportunities, and other relevant facilities in new developments.</p>		
<p>Theme 3: Psychology and Culture</p>		
<p>Recommendation 5</p> <p>Consider using food ambassadors to promote healthy eating and provide information on recipes which are culturally relevant. Understand that food and eating are individually and culturally specific and sensitive.</p>		
<p>Comments from Service: Utilising food ambassadors to promote healthy eating is an insightful approach to addressing dietary needs within diverse communities, we plan to capitalise on existing opportunities, specifically the healthy families parents ambassadors network that already promote healthy eating in culturally appropriate ways, as well as explore opportunities through the emerging community champions network, which is currently in development. Food and eating practices are deeply rooted in cultural and individual preferences, so food ambassadors can effectively bridge the gap between standard nutritional guidance and culturally relevant practices. By tailoring recipe information and dietary advice to reflect these specific cultural contexts, it ensures that healthy eating messages are received more personally and effectively.</p>		
<p style="text-align: center;">Action</p>	<p style="text-align: center;">Owner(s)</p>	<p style="text-align: center;">Completion date</p>
<p>5.1 Scope community programs that enable residents to access healthy, nutritious, and culturally appropriate food during the cost of living crisis. This may include the following:</p> <ul style="list-style-type: none"> <li>- Assessing partnerships with local food banks to improve access to nutritious food by purchasing fruit and vegetable for dissemination through food aid organisations as well as cultural appro food items, such as spices</li> <li>- Continue to deliver fruit and vegetable voucher schemes via markets, through children centres and general practice.</li> </ul>	<p>Tackling Poverty / Public Health</p>	<p>Jul – 2025</p>

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<ul style="list-style-type: none"> <li>- Consider how to influence emerging community champions network and existing healthy families parents ambassadors network to promote healthy eating in culturally appropriate ways</li> </ul> <p>5.2 Explore funding resources to promote the South Asian Cookbook, developed by local families for the NEON project, which encourages appropriate complementary feeding for children under the age of two.</p>	<p>Public Health</p>	<p>Jul - 2025</p>
<p>Recommendation 6</p> <p>Review existing social spaces for young people in the borough and investigate any levers the council has to provide or encourage the provision of social spaces for young people that are not fast-food outlets. Continue efforts to make fast food outlets healthier.</p>		
<p>Comments from Service:</p> <p>As Tower Hamlets embarks on the process of writing a new Local Plan, we want to capitalise on the opportunity to influence its design in order to help guide what can be built where, shaping infrastructure investments and determining the future pattern of development in the borough, including the provision on social spaces.</p> <p>We are committed to working with Hot Food Takeaways. We recognise that cafes, takeaways, restaurants, staff canteens and market traders can all make changes to the way that they source, prepare, cook and present their food to make it healthier for their customers – therefore making healthy choices easier.</p>		
<p style="text-align: center;"><b>Action</b></p>	<p style="text-align: center;"><b>Owner(s)</b></p>	<p style="text-align: center;"><b>Completion date</b></p>
<p>6.1 A key lever for the council in delivering this recommendation is through the development and implementation of the Local Plan. To support the Local Plan's development, the following actions have been undertaken:</p> <ol style="list-style-type: none"> <li>1. Conducted the Community Infrastructure Audit 2024.</li> <li>2. Completed the Play Space Audit 2024.</li> </ol> <p>These audits have informed the New Local Plan by:</p> <ul style="list-style-type: none"> <li>- <b>Community Infrastructure:</b> The Community Infrastructure Audit will be referred to whenever new or upgraded community facilities are proposed</li> </ul>	<p>Public Health / Planning</p>	<p>Completed but subject to planning inspectorate approval of the new Local Plan.</p>

## Action Plan

<p>as part of a development. This will ensure that the needs of young people are considered and that they are actively involved in the planning process if additional spaces for them are required. (Referenced in Chapter 18).</p> <ul style="list-style-type: none"> <li>- <b>Biodiversity and Open Space - Policy BO6 Play and recreation spaces:</b> play and informal recreation facilities should be exciting and engaging for all abilities and ages. This would also be informed by the Play Space Audit to ensure adolescents are accounted for in play spaces. (Referenced in Chapter 19).</li> </ul> <p>6.2 Continue to deliver the Food For Health programme to ensure fast food outlets provide and promote healthier food and drink alternatives.</p>	<p>Environmental Health</p>	<p>Ongoing</p>
<p>Recommendation 7</p> <p>Ensure that children with Special Educational Needs and Disabilities can benefit from healthy food provision and access sports and exercise where there are additional barriers. Utilising tools such as EIAs to identify potential risks and barriers to this group.</p>		
<p>Comments from Service: Ensuring that children with Special Educational Needs and Disabilities (SEND) have access to healthy food and opportunities for sports and exercise is vital for their overall well-being and development. Children with SEND frequently encounter specific challenges that can limit their ability to benefit from standard provisions. Implementing tailored strategies to address these challenges will help create a more inclusive environment, supporting their physical health and improving their quality of life. Opportunities are being considered to further promote sport and physical activity for Children and Young People, we are currently undertaking a Health Needs Assessment on Physical Activity to inform the most appropriate action to take and Children with SEND will be a priority group considered.</p>		
<p style="text-align: center;"><b>Action</b></p>	<p style="text-align: center;"><b>Owner(s)</b></p>	<p style="text-align: center;"><b>Completion date</b></p>
<p>7.1 We will fund SEND specific providers to deliver holiday clubs (easter, summer and Christmas).</p> <p>7.2 To undertake a review of the current Junior SEND physical activity offer to increase access and provision across the borough, in collaboration with the new Be Well Leisure service.</p>	<p>Poverty Team</p> <p>Leisure</p>	<p>Dec – 2024</p> <p>Mar – 2025</p>

## Action Plan

7.3 Ensure as many children with SEND are able to access their free school meal entitlement, by continuing to deliver the school food improvement programme in Primary Schools and the Secondary Free School Meal policy.	Healthy Lives	Jul – 2025
<p>Recommendation 8</p> <p>Research the needs of underweight children and those who may have eating disorders, especially being conscious of the potential impact of messaging on these groups.</p>		
<p>Comments from Service: The NCMP results for the year 2022/23 show a slight decrease in the proportion of children with excess weight, a trend observed at both national and regional levels. However, the number of underweight children increased during the same period. Public Health is keen to investigate the factors contributing to the decrease in excess weight and the rise in underweight cases locally, particularly to assess whether the cost of living and poverty are influencing these NCMP results. Public Health has already started to capture relevant insights and ongoing work to support children identified as being underweight in Tower Hamlets.</p>		
<b>Action</b>	<b>Owner(s)</b>	<b>Completion date</b>
8.1 Conduct a review to assess the prevalence and needs of underweight children, including the availability of support services in Tower Hamlets.	Public Health	Nov – 2024
8.2 Establish a faltering growth pathway within the health visiting service to map the current support journey for children identified as underweight.	Child Healthy Weight Team – GPCG	Mar – 2025
8.3 Develop compassionate and appropriate key messages on healthy eating that minimize weight stigma.	Child Healthy Weight Team – GPCG	Completed

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No	Output (deliverable)	Life course	Milestones	Partners	Target completion date
<b>Cross-cutting themes</b>					
1	Develop a borough-level plan to address inequalities affecting weight	All-age	We will create an all-age inequalities plan to 1. tackle weight-related disparities, and 2. identify and recommend actions to assist groups negatively impacted by inequalities in weight.	Healthy Children and Families Healthy Adults	March 2025
		Children and Adolescents	We will develop and implement a new service specification for the Healthy Lives team in April 2025 informed by our tackling inequalities agenda and the findings from the commissioned service evaluation.	Healthy Children and Families Healthy Lives Team	April 2025
		Early Years, Children and Adolescents	<ul style="list-style-type: none"> <li>a. We will fund SEND specific providers to deliver holiday clubs (easter, summer and Christmas.</li> <li>b. We will review the current Junior SEND physical activity offer to increase access and provision across the borough, in collaboration with the new Be Well Leisure service. (tbd - dependant on the SPA service transformation - keep or remove?)</li> </ul>	Healthy Children and Families	December 2024 March 2025
2	Deliver an All-Age Healthy Weight Summit	All-age	We will deliver an all-age healthy weight summit	Healthy lives Family Hubs Barts ICB GP Care Group Pharmacy Adult Social Care	January 2025
		All-age	We will develop an All-Age Healthy Weight action plan for delivery in FY 2025/26, informed by the healthy weight summit		March 2025
<b>Healthy places</b>					
<b>Play</b>					
3	Play	All-age	a. We will lead the delivery of the Play Estates, Inclusive Play and School Playground pilot programmes, by August 2024	Healthy Environments Healthy Children and Families Team Layla Richards, Chair of the Charter Working Group Comms	Completed
			b. We will develop a behaviour change comms plan to raise awareness of the importance of Play and will develop a training module to help embed the principles of play as outlined in the Play Charter.		January 2025
<b>Local Plan</b>					
4	Review existing social spaces for young people in the borough	Adolescents	We will support development of the Local Plan, specifically, we will conduct a Play Spaces Audit and support the development of a Community Infrastructure Audit in 2024.	Healthy Environments	Completed
<b>Food for Health Scheme</b>					

5	Continue efforts to make fast food outlets healthier	All-age	a. We will recruit 10 new Food Outlets to receiving a Food for Health (FFH) Award.	Healthy Environment Environmental Health	March 2025
<b>Healthy and Affordable Food</b>					
6	Supporting residents to access healthy and nutritious food (Fruit and Vegetable Vouchers Scheme)	All-age	a. We will support 220 households to access healthier diet and reduce food insecurity. B. We will enable our residents to access £75k worth of fresh fruit & veg.	Healthy Environment	March 2025
<b>Physical Activity</b>					
7	Physical Activity Needs Assessment for Children, young people and adults	All-age	We will develop a Health Needs Assessment on physical activity for children, young people, and adults, accompanied by an action plan outlining steps to increase and maintain physical activity; and reduce inactivity.	Public Health, Leisure, Primary Care	December 2024
8	Children's access to green space	Children and Adolescents	We will maintain 64 council-owned playgrounds for children to play We will engage 7000 children in parks and play based activities in 2024/25. We will run 230 sessions in 2024/25 to engage children in parks / play spaces events.	Parks, Commissioning and Culture, Educations, Leisure, Young Tower Hamlets	March 2024
<b>Healthy settings</b>					
<b>Fantastic Food in Schools [slide 19]</b>					
9	Improve healthy eating in primary schools through delivering the Fantastic Food in Schools Programme (FFIS).	Children	We will support primary schools healthy eating initiatives (as identified through the Fantastic Food in Schools survey), supported by Healthy Lives and Contract Services (Year 3, programme delivery)	SFIP working group, including schools	July 2025
		Children	We will continue to support the implementation of the conditions of grant around school food provision in primary schools. (Year 3, programme delivery)		July 2025
		Children	We will support at least 10 new schools through the Healthy Schools for London award process in school food.		Mar 2025
		Children	We will support schools to engage pupils in food production, from growing to cooking and eating (as identified by the FFIS survey), by co-ordinating work across schools, sharing best practice and linking schools with initiatives in the borough		Mar 2025
<b>Secondary Free School Meals Policy</b>					
10	Continue to support healthy eating in secondary schools	Adolescents	We will monitor the uptake of Free School Meals to identify and remove barriers and ensure <i>all children</i> can access these	SFIP working group, including schools	Mar 2025

	through the delivery of free school meals	Adolescents	We will work with research partners to evaluate the effectiveness of the Free School Meal Policy in secondary schools	TH Secondary School's evaluation group	Ongoing
<b>Other Settings</b>					
11	Support the development of the health offer in the new Youth Service	Adolescents	We will ensure that youth services align with the council's aims around healthy eating, including through their food offer, inclusion of physical activity and training for youth workers	Young Tower Hamlets	TBC
<b>Healthy services</b>					
<b>Workforce development</b>					
12	Deliver healthy weight training for professionals [slide 22]	Early Years, Children and Adolescents	We will develop an online training library on child healthy weight - to be held on the GP Care Group website. This will allow health and community professionals easy access to reputable up-to-date training on topics related to healthy weight	Paediatric dietetics, Public Health, Barts	Mar -25
		Early Years, Children and Adolescents	We will develop and deliver a training offer to key workforce groups (including those working in, social care, Young Tower Hamlets, those working with looked after children, Social Prescribers and School Nurses working in special schools)	Public Health, GPCG	Mar -25
		Early Years, Children and Adolescents	We will evaluate the effectiveness of child healthy weight training, through an auditing programme in the 0-19 service	0-19 service	Mar -25
		Early Years	We will deliver Starting Solids training to 0-5 workforce groups, including Family Hubs staff	Family Hubs	Mar -25
<b>Child Healthy Weight Pathway</b>					
13	Implement the Child Healthy Weight Pathway [slide 23]	Early Years, Children and Adolescents	We will implement a CHW pathway that offers sustainable, family-focused and holistic support, including, across primary care and community organisations.	ICB, Public Health, GPCG	Mar-25
		Children and Adolescents	We will support the delivery of a GP Incentive Project to pilot the primary care CHW pathway	ICB, Public Health, GPCG	August -24



		Children and Adolescents	We will research the needs of underweight children and those who may have eating disorders (giving special consideration to the potential impact of healthy weight messages on these groups)	Public Health	Mar-25
		Children and Adolescents	We will improve the recording, collection and flagging of BMI data on the EMIS platform ensuring GP's are notified of very overweight children on their case load	ICB, Public Health, GPCG	Mar-25
<b>Early Years Healthy Weight</b>					
14	Promote Healthy Weight in the Early Years	Early Years	We will continue to deliver the UNICEF Baby Friendly Initiative to increase breastfeeding rate, and support families to introduce solids appropriately	Barts, GPCG, Family Hubs,	Mar-25
		Early Years	We will sample BMI data from 2-2.5 year reviews, to understand healthy weight rates in pre-school aged children	Emma Food	Mar-25

<p><b>Cabinet</b></p> <p>27 November 2024</p>	 <p><b>TOWER HAMLETS</b></p>
<p><b>Report of:</b> Simon Baxter, Corporate Director Communities</p>	<p><b>Classification:</b> Unrestricted</p>
<p><b>Response to Health and Adults Scrutiny Sub-Committee (HASS) recommendations on Empowering Disabled Residents: Accessible Sports and Fitness Initiatives</b></p>	

<b>Lead Member</b>	<b>Cllr Kamrul Hussain, Cabinet Member for Culture and Recreation.</b>
<b>Originating Officer(s)</b>	Keith Townsend - Programme Director - Leisure Insourcing Simon Jones - Head of Leisure Operations Amelie Gonguet - Public Health Manager Leisure Insourcing
<b>Wards affected</b>	All wards
<b>Key Decision?</b>	No
<b>Reason for Key Decision</b>	N/A
<b>Forward Plan Notice Published</b>	18 October 2024
<b>Strategic Plan Priority / Outcome</b>	<p>Priority 4: Boosting culture, business, jobs, and leisure With measures including supporting small businesses, start-ups, and markets; creating jobs and training opportunities; and one hour free parking at our markets.</p> <p>Priority 5: Investing in public services Bringing outsourced services back into public hands.</p> <p>Priority 8: A council that listens and works for everyone</p>

## Executive Summary

This report submits the Executive’s response to Health and Adults Scrutiny Sub-Committee recommendations on Empowering Disabled Residents: Accessible Sports and Fitness Initiatives published on the 4th June 2024.

This was a timely report as the council insourced its seven leisure centres on the 1st May 2024 offering many opportunities to improve the lives of residents through new targeted leisure initiatives with a focus on inclusivity.

## **Recommendations:**

The Mayor in Cabinet is recommended to

1. Consider the Health and Adults Scrutiny Sub-Committee's Review Report (Appendix 1) on Empowering Disabled Residents: Accessible Sports and Fitness Initiatives.
2. Agree the Service Action Plan (Appendix 2) in response to the scrutiny report recommendations.

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

- 1.1 To provide a formal response to the HASSC report and an action plan to cover any recommendations in line with council constitution requirements.
- 1.2 The attached report is the Executive's response to the scrutiny recommendations arising from the HASSC scrutiny review on Empowering Disabled Residents: Accessible Sports and Fitness Initiatives.

### **2 ALTERNATIVE OPTIONS**

- 2.1 To take no action. This is not recommended as the scrutiny challenge session provides recommendations for tackling barriers experienced people with disabilities and long-term conditions experienced when trying to access sports and exercise provisions in the borough. Residents with disabilities or those living with long-term ill health conditions are significantly less likely to take part in sport than abled people and taking no actions would risk to further exacerbates those existing inequalities.

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

- 3.1 Research findings from national organisations and groups such as Sport England, UK Active and Activity Alliance suggest and agree that people with disabilities and or those living with long-term ill health conditions are much less likely to take part in sports and exercise than able people.
- 3.2 Research also indicates that disability is a complex sector with enormous variations in peoples' needs and preferences. It is recognised that a 'one size fits all' approach is unlikely to work if the goal or ambition is to be more inclusive and enable more people with disabilities and or those living with long-term ill health conditions to lead a more active lifestyle.
- 3.3 At a borough wide level, HASSC also recognised the environmental pull factors, such as, the intensity of the Covid-19 pandemic impacting adversely people with disabilities and those living with long-term ill health conditions. The sub-

committee also accepted that a lack of access may also create further challenges such as isolation, loneliness and poor emotional wellbeing.

3.4 As the council begins to insource leisure, it opens up an opportunity for this sub-committee to review and strengthen on how the leisure centres and other community facilities can be more inclusive to these group of residents of the borough.

3.5 The Health and Adults Scrutiny Sub-Committee held two scrutiny review - sessions on the 15<sup>th</sup> February 2024 and the 4<sup>th</sup> March 2024 chaired by Cllr Ahmodur Khan to examine and understand barriers and challenges that people with disabilities and or those living with long-term ill health conditions face when trying to access sports and exercise provisions in the borough.

3.6 The scrutiny review aims to improve the following:

- Level of active participation from people with disabilities and or those living with long-term ill health conditions with sports and exercise
- Generate greater awareness and education through campaigns
- Policy improvements
- Representation and empowerment of disabled people within the leisure industry
- This scrutiny review also considers the council's strategic priorities such as 'Investing in Public Services' and 'A council that listens and works for everyone' as these are linked to the review topic.

3.7 The scrutiny review was underpinned by the following activities:

- Site visits to Better Leisure Centres (operated by GLL) and community gym facilities in the borough between December 2023 and January 2024
- A community resident engagement workshop on 13th February 2024 with residents from the Disabled Peoples' Network and Older People Reference Group
- Two scrutiny review session discussing the barriers faced by people with disabilities and or those living with long-term ill health conditions, (15th Feb 2024) followed by a session on solutions, (4th March 2024)

3.8 The scrutiny review involved a range of stakeholders including:

- Cabinet Member for Health, Wellbeing and Social Care and for Culture and Recreation
- Chief exec REAL, Disability Sport Coach and Ability Bow

- SEN Engagement Manager, Vallance Community Sports Association
- Head Coach and Founder of Alternative Movement
- LBTH Leisure insourcing team and
- Overview and Scrutiny Committee Members.

3.9 The challenge session resulted in the committee making the following six recommendations:

**Recommendation 1: Disability representation**

The council should actively prioritise initiatives that will enhance visibility and representation of people with disabilities and or those living with long-term ill health conditions within the leisure sports and fitness centre workforce

**Recommendation 2: Better data driven evidence on disability access and usage**

The council should develop a comprehensive approach to the collection and analysis of disability access and usage led data that supports good governance and drives continuous improvements.

**Recommendation 3: Developing trusted disability communication channels and campaigns**

The council should engage community disability groups and organisations to co-design robust campaigns that actively promote sports and exercise initiatives for people with disabilities and or those living with long-term health conditions

**Recommendation 4: Create a sports and exercise disability forum that embeds a person-centred philosophy and empowers residents with disabilities and or those living with long-term health conditions to review provision and make recommendations for improvement**

The council should work with disability groups and establish a sports and exercise disability forum that empowers residents with disabilities or those living with long-term ill health conditions to undertake activities such as accessibility audits on facilities, customer service, equipment, programmes to deliver on improvements.

**Recommendation 5: Collaboration with Primary care, NHS, healthcare partners, park services, and voluntary and community sector**

The council's leisure service should establish joint working protocols with primary care, NHS, health partners and voluntary and community sector to support widening access and become a partner referral provider for people with disabilities and or long-term health conditions

### **Recommendation 6: Creating transitional arrangements from specialised fitness gyms to mainstream leisure centre facilities**

The council should establish joint work protocols with community gyms (specialist in disability and long-term ill health condition) to support residents with disabilities and or those living with long-term ill health conditions to make the transition into mainstream leisure centre facilities.

## **4 EQUALITIES IMPLICATIONS**

- 4.1 The challenge session examined the barriers and challenges that people with disabilities and or those living with long-term ill health conditions face when trying to access sports and exercise provisions in the borough. It is evident that sports and fitness initiatives and leisure centres in the borough are a real asset and a community driven need to support social inclusion and the populations overall health and wellbeing. However, the review identified that there is real opportunity to strengthen the local offer, to be more inclusive and deliver targeted interventions that will meet the needs of our residents with disabilities and or those living with long-term ill health conditions.

## **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.
  - Data Protection / Privacy Impact Assessment.
- 5.1 The revenue budget for the service has been developed using a zero-base approach and modelled over a 10-year period showing income growth and an operating surplus from year four.
- 5.2 The impact and performance of recommendations from the Action Plan will be carefully monitored and analysed using membership and usage data on a site-by-site basis. The scheme will be reviewed after 12 months and amendments made where required.

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

- 6.1 This report provides a set of recommendations to empower disabled residents and improve lives, through new targeted leisure initiatives with a focus on inclusivity.
- 6.2 Recommendations 1 to 4 will be funded from within existing resources.
- 6.3 Recommendation 5 consists of proposal for members with disability to receive an enhanced concessionary offer by reducing membership fees from £25 per month to £15 per month. There are currently 200 members on the concessionary membership rate of £25 per month which equates to £0.06m of income per annum.
- 6.4 It is anticipated that the reduction of membership fee to £15 per month could increase take up of new memberships and make up for the lost income from reduction in proposed membership fees. It is estimated that an additional 134 memberships would be required to result in recovery of income.
- 6.5 Any proposed changes to membership fees would be undertaken through the Cabinet approval governance process for fees and charges.
- 6.6 Recommendation 6 consists of investment in environmental and gym equipment, this will be subject to funding availability and will be reviewed through capital investment governance process.

## **7 COMMENTS OF LEGAL SERVICES**

- 7.1 Section 2B of the National Health Service Act 2006 requires each local authority to take such steps as it considers appropriate for improving the health of the people in its area. These steps may include providing information and advice, and providing services or facilities designed to promote healthy living.
  - 7.2 The Public Sector Duty, set out at section 149 of the Equality Act 2010, requires local authorities to have due regard in the exercise of their functions to the need to eliminate discrimination, advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not share it.
  - 7.3 The matters set out in this report comply with the above legislation.
-

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

### **Linked Report**

- NONE

### **Appendices**

- Appendix 1: Health and Adults Scrutiny Sub-Committee Report on Empowering Disabled Residents: Accessible Sports and Fitness Initiative
- Appendix 2: Empowering Disabled Residents: Accessible Sports and Fitness Initiative- Action Plan.

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

- None.

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

Simon Jones

Head of Leisure Operations – Be Well

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## Action Plan Response

Action Plan Response		
<p><b>Recommendation 1</b></p> <p><b>Disability Representation</b></p> <p>The council should actively prioritise initiatives that will enhance visibility and representation of people with disabilities and or those living with long-term ill health conditions within the leisure sports and fitness centre workforce.</p>		
<p><b>Comments from Service:</b></p>		
Action	Owner(s)	Completion date
Recruitment for all positions within the Be Well service will comply to the council equality and diversity recruitment policy and the equality act 2010.	HR service lead – Matt Hitchcock	Ongoing
HR has confirmed that information about disabilities and long-term health conditions was not provided by GLL for staff who have TUPE over the new service, and so an internal survey will be conducted to better understand the representation of people with disability and or long-term conditions within our workforce.	HR service lead – Matt Hitchcock	December 2024
Be Well aims to provide training and employment opportunities for residents, including for those with disabilities and or long-term conditions. The service will work in collaboration with the “steps into work” programme which supports young people with disabilities.	Leisure Operation Manager- Chris Tye	Ongoing
Be Well is actively taking part in recruitment fairs and will prioritise attending SEND forums and events to encourage young people with disabilities to apply for roles they’re interested in.	Leisure Operation Manager - Chris Tye	Ongoing

## Action Plan Response

### Recommendation 2

#### Better data driven evidence on disability access and usage

The council should develop a comprehensive approach to the collection and analysis of disability access and usage led data that supports good governance and drives continuous improvements.

#### Comments from Service:

Action	Owner(s)	Completion date
The new Leisure Management System will capture key data on disabilities and long-term conditions, alongside other demographics data (e.g. gender, ethnicity, t postcode etc.), to inform access requirements and to support our understanding of disability access and usage to inform service improvement.	Leisure Commercial Manager Seann O'Reilly	January 2025

### Recommendation 3

#### Developing trusted disability communication channels and campaigns

The council should engage community disability groups and organisations to co-design robust campaigns that actively promote sports and exercise initiatives for people with disabilities and or those living with long-term health conditions.

#### Comments from Service:

Action	Owner(s)	Completion date
The service will coordinate a consultation/engagement event with the local disability community involving relevant partners (e.g. REAL, the ICM foundation, Ability Bow, Apasen, disability sport coach etc.) to inform the development of co-design campaigns and initiatives.	Comms Officer - Wajiha Masud Head of leisure operation – Simon Jones	February 2025
Be Well communications team will deliver a targeted co-designed communications campaigns for people with disabilities and long-term	Comms Officer - Wajiha Masud	April 2025

## Action Plan Response

conditions using the learning from our successful “Find Your...” women and girl’s campaign.		
Be Well will also use an existing successful targeted communications from national bodies like the “We are Undefeatable” from Sport England which aims to inspire, reassure and support people to be active by showing people living with a variety of conditions to being active.	Comms Officer - Wajiha Masud	Ongoing
<b>Recommendation 4</b> <b>Create a sports and exercise disability forum that embeds a person-centred philosophy and empowers residents with disabilities and or those living with long-term health conditions to review provision and make recommendations for improvement</b> The council should work with disability groups and establish a sports and exercise disability forum that empowers residents with disabilities or those living with long-term ill health conditions to undertake activities such as accessibility audits on facilities, customer service, equipment, programmes to deliver on improvements.		
<b>Comments from Service:</b>		
<b>Action</b>	<b>Owner(s)</b>	<b>Completion date</b>
Be well will identify key stakeholders and partners from a range of local organisations working with people with disabilities (e.g. REAL, the ICM foundation, Ability Bow, Apasen, disability sport coach etc..) and set up a forum which will meet twice a year to review the service provision and make recommendations for improvement.	Leisure Project Manager – Liza Chowdhury  Leisure Public Health programme manager – Amelie Gonguet  Head of leisure operation – Simon Jones	First forum to take place in February 2025.
<b>Recommendation 5</b>		

## Action Plan Response

<b>Collaboration with Primary care, NHS, healthcare partners, park services, and voluntary and community sector</b>		
The council's leisure service should establish joint working protocols with primary care, NHS, health partners and voluntary and community sector to support widening access and become a partner referral provider for people with disabilities and or long-term health conditions.		
Comments from Service:		
<b>Action</b>	<b>Owner(s)</b>	<b>Completion date</b>
Be Well will work in collaboration with health partners including Public Health, the NHS, and the ICB to develop targeted physical activities pathways and initiatives for people with disabilities and long-term conditions.	Public Health programme manager – Amelie Gonguet	On-going
The service has a budget of £24K for staff training & development which will be used on health & wellbeing transformational leadership courses in 2024/25. The service has also identified local disability competency courses and will work the mayor office and senior leaders to identify further training resources to ensure that staff have the relevant skills to support people living with disability	Leisure Operation Manager - Chris Tye  Public Health programme manager – Amelie Gonguet	April to June 2025
Be Well will rebrand and relaunch its 'Protected Hours' scheme, which support the co-location and co-delivery of targeted physical activity interventions within leisure and will ensure that initiatives for people with disability or long-term conditions are being prioritised.	Head of Leisure Operation – Simon Jones.	April 2025
People with disabilities are more likely to live in income deprivation than their non-disabled peers. Be well offers a disability concessionary membership (£25/month) for blue badge and disabled ID card holders.  The service has the ambition to further reduce financial barriers for people with disabilities by offering a £15/month membership, and to expend eligibility criteria to include people living with long-term conditions and will work with the	Leisure Commercial Manager Seann O'Reilly  Head of Leisure Operation – Simon Jones.	February 2025

## Action Plan Response

<p>mayor office and senior leaders to identify resources to implement this aspiration. Subject to cabinet fees and charges review.</p>		
<p><b>Recommendation 6</b>  <b>Creating transitional arrangements from specialised fitness gyms to mainstream leisure centre facilities</b>          The council should establish joint work protocols with community gyms (specialist in disability and long-term ill health condition) to support residents with disabilities and or those living with long-term ill health conditions to make the transition into mainstream leisure centre facilities.</p>		
<p>Comments from Service:</p>		
<p style="text-align: center;"><b>Action</b></p>	<p style="text-align: center;"><b>Owner(s)</b></p>	<p style="text-align: center;"><b>Completion date</b></p>
<p>The service has submitted a “Leisure improvement Capital” bids to the mayor office which includes a range environmental and gym equipment improvements aiming to improve inclusivity and accessibility of mainstream leisure offer for people with disability. Implementation will be subject to funding agreement.</p>	<p>Head of Leisure Operation – Simon Jones.</p>	<p>March 2025</p>
<p>The service will develop a collaborative relationship with Ability Bow and other local specialist disability gym, to support the transition of people with disability into mainstream facilities.</p>	<p>Public Health programme manager – Amelie Gonguet</p>	<p>On-going</p>

## Action Plan Response

<p><b>Cabinet</b></p> <p>27 November 2024</p>	 <p><b>TOWER HAMLETS</b></p>
<p><b>Report of:</b> Steve Reddy, Corporate director Children’s Services</p>	<p><b>Classification:</b> Unrestricted</p>
<p><b>Planning for School Places 2024/25 Review and Recommendations</b></p>	

<b>Lead Member</b>	Councillor Maium Talukdar, Cabinet Member for Education and Lifelong Learning
<b>Originating Officer(s)</b>	Catherine Grace, Head of School Admissions and Place Planning Lisa Fraser, Director of Education
<b>Wards affected</b>	All wards
<b>Key Decision?</b>	Yes
<b>Reason for Key Decision</b>	Significant impact on wards
<b>Forward Plan Notice Published</b>	30/08/2024
<b>Exempt information</b>	N/A
<b>Strategic Plan Priority / Outcome</b>	Accelerating Education

**Executive Summary**

This report presents the annual review of the council’s planning for school places. It informs cabinet on the latest position and key factors influencing the borough’s pupil population change and the impact on projected pupil numbers for Tower Hamlets schools. It explains the steps being taken to manage the sufficiency and sustainability of mainstream school places, alongside the medium to longer term delivery of places for children and young people with SEND.

**Recommendations:**

This report summarises the action the council has taken, or is planning, to monitor and manage the supply of school places. The Mayor in Cabinet is therefore recommended to note:

1. the factors influencing pupil population change in Tower Hamlets;
2. the current position on the provision of school places in the borough;
3. the projected demand for school places in future years;
4. the steps being taken to manage the sufficiency and sustainability of school places in accordance with the council’s school organisation strategy.



5. latest position on SEND, current provision and sufficiency planning;
6. the specific equalities considerations as set out in Paragraph 5 of the report.

## **1 REASONS FOR THE DECISIONS**

- 1.1 The council is legally responsible for the planning and provision of school places across its local area. This responsibility includes:
  - Ensuring there are sufficient school places (Education Act 1996).
  - As far as possible, complying with the preferences expressed by parents (School Standards and Framework Act 1998).
  - Increasing opportunities for parental choice (Education and Inspections Act 2006).
  - Provide fair access to educational opportunity (Education and Inspections Act 2006).
  - Keep its SEND provision under review and consider if it is sufficient to meet the needs of children and young people in its area (Children and Families Act 2014).
- 1.2 In meeting its responsibility to ensure sufficiency the council is required to address both deficit and surplus school places across the education estate. The council will therefore consider how best to organise schools for the efficient and effective delivery of education.
- 1.3 Proposals to provide additional school places will often require long-term planning to implement e.g. opening a new school, expanding an existing one or increasing provision for children and young people with special educational needs. Evidence about the projected need for places must therefore be robust and reviewed regularly, in order to identify emerging need and new projects to inform the council's sufficiency strategy.
- 1.4 The content of this report aligns with the functions of the council as a Local Planning Authority, and the approach taken to make best use of the future school development sites identified in the Tower Hamlets Local Plan.

## **2 ALTERNATIVE OPTIONS**

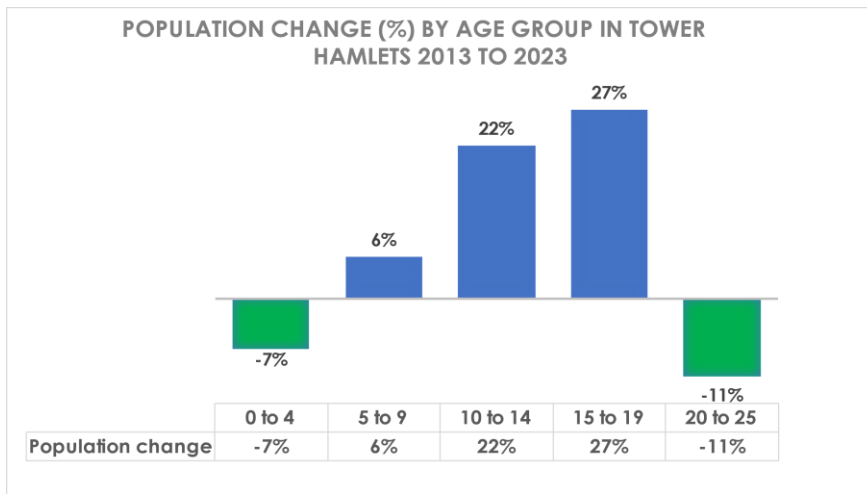
- 2.1 An alternative would be to do nothing to manage the supply of school places. This would likely result in the council having to take a number of short-term measures. Dealing with over-provision would require action to financially support schools who are unable to balance their budgets to maintain quality education. Dealing with under-provision would require action to quickly provide additional places in the form of bulge classes at existing schools or expansions into temporary buildings.
- 2.2 These measures can address issues in the short-term, but they do not provide best value and should not be viewed as a sustainable approach to managing demand for school places.

### 3 DETAILS OF THE REPORT

#### Background and Context

- 3.1 The demand for school places is driven by pupil population growth, birth rates, migration levels and housing development. In the ten year period between 2013 and 2023 Tower Hamlets saw 24% growth in its secondary school age population (10-19), which was consistent with the 24% growth in the borough’s general population. However, the same period saw further decline in the borough’s pre-school population and a significantly lower growth in its primary school population (0 – 9) when compared to last year’s projections.

Fig. 1. Population change by age group, Tower Hamlets, 2013 – 2023 (ONS)



#### (i) Birth Rates

- 3.2 The reasons for the change in the pre-school and primary population is the decline in the number of births in Tower Hamlets, which fell by 10% (481) in the ten-year period from 2013. This was despite a brief revival in 2021. London birth rates fell at a similar rate over the same 10-year period.

Table 1. LBTH Births Actual Births 2013 to 2022 (ONS)

Area	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
LBTH	4,608	4,622	4,560	4,592	4,604	4,381	4,307	4,291	4,381	4,127
London	128,332	127,399	129,615	128,803	126,308	120,673	117,897	111,688	110,961	106,696

National pupil projections 2023 (DfE.gov.uk)

- 3.3 The latest borough projections, produced by the Greater London Authority (GLA), estimates that the Tower Hamlets birth rate will stabilise, between 4000 and 4100 over the next five-year period, before steadily increasing from 2028 onwards.

Table 2. Projected Births 2023 – 2032 (GLA)

Area	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032
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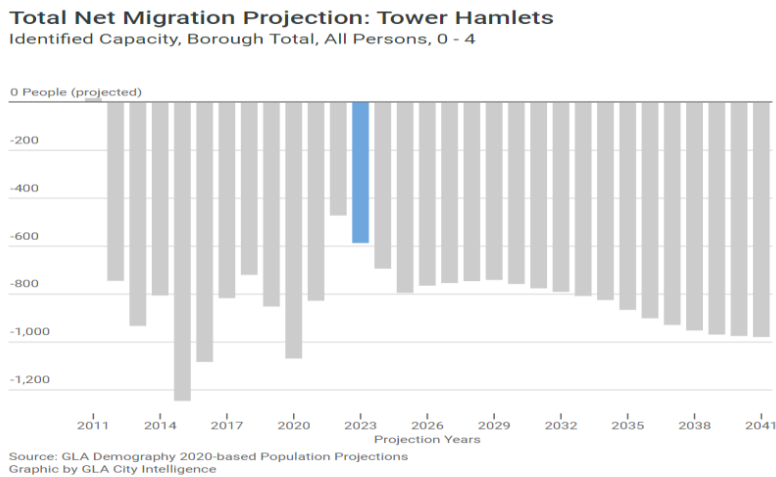
LBTH	4,043	4,065	4,075	4,080	4,094	4,120	4,158	4,209	4,256	4,303
London	107,646	107,822	107,810	107,723	107,839	108,208	108,876	109,851	110,889	112,032

[GLA Population Projections \(london.gov.uk\)](https://www.london.gov.uk)

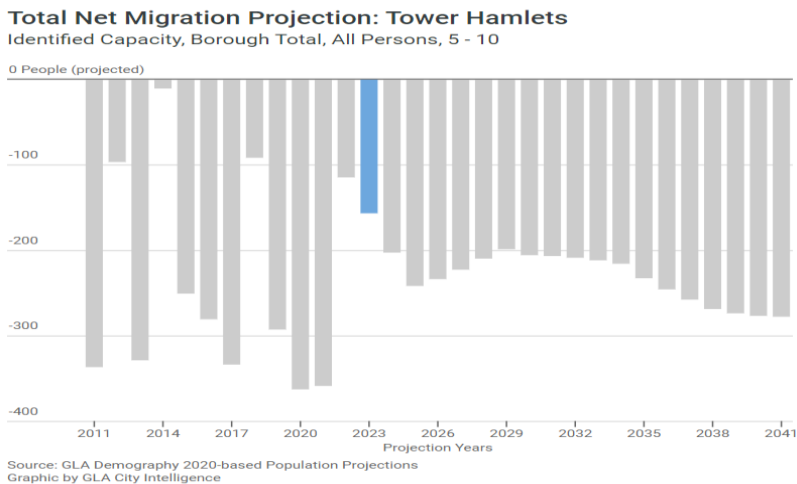
(ii) Pupil Migration

3.4 A further, significant factor, in the decline in the borough’s pre-school and primary population is pupil migration. The chart below is the GLA’s most recently published data on the borough’s previous and projected pupil net migration rate for its pre-school and primary age range. It shows the negative (outward) net migration rate for these age groups, confirming that over the previous ten years more pre-school and primary aged children have moved out of the borough than have moved in. This trend is projected to continue for the foreseeable future.

**Fig. 2. Total Net Migration Projection: Tower Hamlets (age 0-4)**

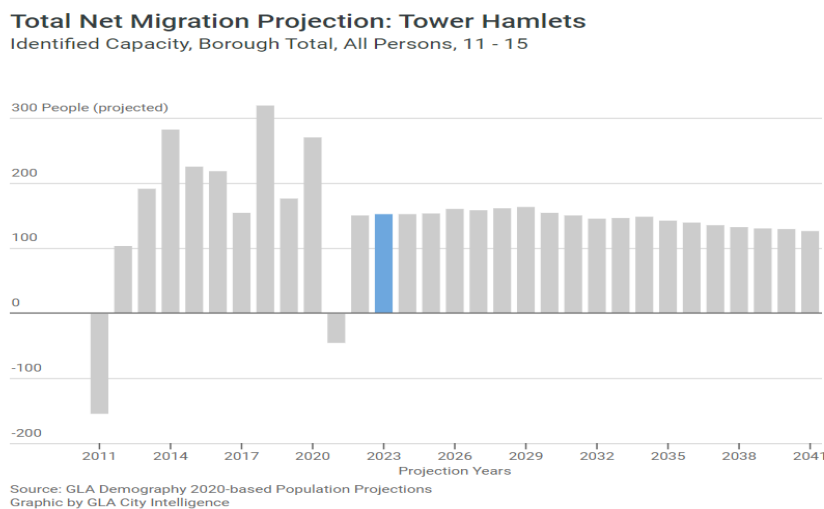


**Fig. 3. Total Net Migration Projection: Tower Hamlets (age 5-10)**



- 3.5 In the secondary age range the net migration situation is reversed, with a positive net migration between 2013 and 2022. This meant more secondary aged children moved into the borough than moved out. It is projected that this positive net migration will continue for secondary.

**Fig. 4. Total Net Migration Projection: Tower Hamlets (age 11-15)**



(iii) Housing

- 3.6 Alongside birth rates and migration is the ‘pupil yield’ from new housing development, i.e. the average number of pre-school and primary aged pupils that new housing in the borough is able to generate.
- 3.7 Tower Hamlets saw a significant reduction in its pupil yield from new housing developments, from 0.14 per dwelling in 2013 to 0.12 per dwelling in 2022. This has meant that, for every 1500 new homes in the borough, the number of school aged children reduced from 210 to 180. The equivalent of one form of school entry. This reduction in the pupil yield, along with the fall in birth rates and negative net migration, are the main reasons for the decline in the pre-school population.
- 3.8 Going forward the borough’s plans to provide more social and affordable housing, may see its pupil yield factor increase back to 2013 levels.

**Impact of Population Change on the Current Demand for School Places**

(i) Nursery Schools and Classes

- 3.9 In line with the fall in birth rates and the other factors affecting the pupil population growth in the borough we have seen an overall decline in the number of children requiring nursery places at Tower Hamlets maintained nursery schools/classes over the last five years..

**Table 3. Applications to Nursery Schools and Classes (Sept Entry)**

No of children offered places at nursery schools/classes (Sept Entry)	2020/21	2021/22	2022/23	2023/24	2024/25
	2306	2303	2238	2232	2076

(ii) Primary Schools

3.10 The decline in the pre-school population is also reflected in the downturn in demand for primary school places at the point of entry in the reception year. Reception numbers have been declining since 2016/17. This is now the lowest reception year roll in the borough for over fifteen years.

**Table 4. Reception School Rolls 2018 – 2024**

Reception Year Admissions	2018	2019	2020	2021	2022	2023	2024
	3,347	3,340	3,230	3,347	3,316	3,139	3,055

3.11 The additional factor of the negative net migration in the 0 – 10 year old age range, has also seen the overall pupil numbers in primary schools falling since 2016. In 2024, the total number of primary school children in Tower Hamlets remains below 22,500.

**Table 5. Primary School Rolls 2018 – 2024**

LBTH Primary School Rolls	2018	2019	2020	2021	2022	2023	2024
	23,472	23,509	23,270	23,344	23,441	22,995	22,399

3.12 The decline in the pupil population has presented an ongoing challenge for primary schools, given the rising number of surplus places. A few of the borough's primary schools are struggling with falling rolls, leading to a smaller budget allocation and them having to make significant efficiency savings as well as consider other measures to maintain financial sustainability and quality education standards. Later in this report is a summary of the steps the council is taking to support and strengthen the school system during this period of volatility in the pupil population.

(iii) Secondary Schools

3.13 There has been a steady increase in demand Year 7 entry in line with the growth in secondary.

**Table 4. to Year 7 Rolls 2018 - 2024**

Year 7 Rolls	2018	2019	2020	2021	2022	2023	2024
	2,952	2,908	3,007	2,974	2,919	2,904	3,021

3.14 Overall secondary school pupil numbers have seen a 2% growth since 2017/18. Secondary school rolls have been helped by the high level of positive net migration in this phase. However, this growth is now understood to have peaked in 2023/24. As the current primary pupils progress through into secondary we expect to see a steady decline in secondary numbers.

**Table 5. Secondary Rolls 2018 - 2024**

LBTH Secondary School Rolls	2018	2019	2020	2021	2022	2023	2024
	14,193	14,487	14,565	14,733	14,903	15,038	14,950

(iv) Post 16

3.15 In line with the increase in the 11 to 16 pupil population we have seen a significant increase in demand for Post 16 provision. Post 16 rolls at secondary schools in the borough have increased since 2016. In response to this rise in demand a number of Tower Hamlets schools have opened new 6th Form provision or expanded/developed their existing 6th Forms. The borough has 14 secondary schools with 6<sup>th</sup> Forms.

**Table 6. Post 16 Rolls 2018-2024**

LBTH Post 16 School Rolls	2018	2019	2020	2021	2022	2023	2024
	2,715	3,130	3,348	3,737	3,942	4,110	4,186

3.16 The Borough's current 6<sup>th</sup> Form capacity is at 4,790 (2024/25) and this will increase further with the new 6<sup>th</sup> Form provision at Mulberry Academy London Dock, the 6<sup>th</sup> Form to be added at Canary Wharf College 3 School and the expansion of the 6<sup>th</sup> Form at Central Foundation Girls.

3.17 Notwithstanding the increases, the council has identified a need to take measures to improve the current levels of Post 16 attainment and university progression. It is therefore moving forwards with proposals for a new 'Elite' 6<sup>th</sup> Form provision with the aim of accelerating young people's entry into Oxbridge and Russell Group universities and improving Post 16 education in the borough.

**Projected Demand for School Places in Future Years**

(i) Planning Areas

3.18 For primary school place planning purposes, Tower Hamlets is divided into six planning (catchment) areas. For secondary schools, we use the whole borough as a single planning area. Maps for the school planning areas are included as Appendix One.

(ii) Pupil Numbers Forecasting (Projections Methodology and Approach)

3.19 The council commissions school roll projections from the Greater London Authority (GLA), along with most other London boroughs. GLA have access to data on all pupils in London (via the National Pupil Database) which enables them to model movements across borough boundaries in a way that would be difficult for an individual local authority. Projections are run each year in May/June using information based on demographic trends (e.g. births, and migration); the borough's housing development trajectory; and the flow of pupils from their ward of residence (including those out of borough) to each school.

3.20 The council uses six sets of pupil projections based on high, medium and low migration and on a one year or four-year historical reference. The council prefers the high migration set, which produces a more modest pupil growth projection in line with the current local and national trends.

(iii) 2024 School Roll Projections

- 3.21 The latest round of the projected demand for places at schools within the borough over the next five years is provided in Appendix Two of this report, and summarised as follows.
- 3.22 When assessing the need for school places, there is an expectation that the LA includes a level of planned surplus (5 to 10%). However, all six primary planning areas are now anticipated to see a decline in pupil numbers over the next five years and three with a projected resulting surplus capacity in excess of 20%.
- 3.23 Previously, there was a marked difference between the projected numbers in the primary planning areas west of the borough (Stepney, Bethnal Green and Wapping), which experienced larger surpluses, compared to the planning areas in the east (Bow, Poplar and Isle of Dogs). This distinction between the east and west of the borough is no longer evident, as falling reception year numbers are now affecting all of the primary planning areas.
- 3.24 The demand for secondary places peaked in 2023/24. We will now see a decline over the subsequent years, resulting in surplus capacity slightly above 10% going forwards. The main reason for the fall in secondary numbers is the smaller primary cohorts that will transition into the secondary phase over the next decade.
- 3.25 Planned capacity for Year 7 entry from September 2024 onwards will provide sufficient secondary school places for children in Tower Hamlets. A further secondary school site had previously been earmarked for development in the borough. However, in view of the current capacity and projected numbers there are no current plans to take this site forward for development in the short term.
- 3.26 Based on current numbers and projections there is already sufficient 6th Form provision going forward. Therefore, plans or proposals to add further post-16 provision will only be taken forward, if it can be demonstrated that they will address a genuine need to improve the overall quality and diversity of educational provision in the area.
- 3.27 This continuing decline in the pupil population will inevitably present an ongoing challenge for school sustainability in the primary sector over the next planning period and in the secondary and post 16 sectors in the longer term. The School Organisation & Capital Investment Strategy (2023-26) sets out the framework for a schools' led plan that will enable the LA to meet its responsibility to provide and maintain sufficient high quality school places, where they are needed and when they are needed, for families in the borough.
- 3.28 An LA Strategy Group and two Area Working Groups were set up in 2023 to ensure effective engagement and collaboration across schools, multi academy trusts, diocesan boards, parents, pupils, and other key stakeholders for education in Tower Hamlets. These groups provide the membership with the information necessary to inform decision making, as well as an open and transparent framework for school organisation and place planning decision making across the early years, primary secondary, Post 16 and SEND sectors.
- 3.29 Alongside this, a School Finance led project has been set up to support with the range of issues and pressures that have led a very small number of schools to

having deficit budgets. The Tower Hamlets Licensed Deficit Application (LDA) Project has engaged external consultants to support the development, evaluation and monitoring of LDA applications, to ensure their repayment within the statutory 3years.

- 3.30 The consultants are also working with Governors and Headteachers at these schools on potential new models of organisation to ensure future sustainability and quality of education.
- 3.31 The aim of this schools' led system is to develop local problem solving to ensure quality and sustainability through partnership. A range of options for removing surplus places have been considered. This included school PAN reductions, changing school status to include SEN or AP provision, new models of school organisation e.g. informal collaborations, statutory federations or academies.
- 3.32 Further options to be considered will be school amalgamations (mergers) and closures where this is the best (and last) course of action. It is acknowledged that these decisions will have long term implications for school communities and will extend well beyond the tenure of any one headteacher or governing body.

### **SEND Sufficiency and Alternative Provision**

- 3.33 As part of its pupil place planning responsibilities the council undertakes regular reviews of its provision and sufficiency planning for children and young people with Special Educational Needs and Disabilities (SEND).
- 3.34 The most recent review was undertaken last year as it was evident that the existing provision did not match the current need.
- 3.35 The report provided at Appendix Three details the findings and conclusions from the review, changes the Council proposes to make as a result, and what this means for children and young people with SEND in Tower Hamlets schools and other provisions.
  - (i) Summary of Findings
- 3.36 Based on modelling completed in 2023 and without any interventions, Tower Hamlets projects that the number of Education Health and Care Plans (EHCPs) will rise from 4400 to 6750. In 2023, 9% of school-age children and young people had an EHCP. If we factor in the projected growth in EHCPs against a backdrop of a falling school-age population, this proportion is projected to rise to 16% of the school-age population by the end of the decade.
- 3.37 A significant shortfall has been identified in specialist placements available in the borough. This is projected to become more acute by the end of the decade. This reflects the national picture.
- 3.38 Autism; Speech, Language, Communication and Interaction (SLCI); and Social Emotional and Mental Health (SEMH) continues to dominate the areas of need within the borough, with an emerging unmet need of Severe Learning Disability (SLD) coming through right now, from primary, into secondary, and through to post 16 and post 19 provision. Long-term, there is potential for a shortfall of around 260 specialist places in primary and secondary. More immediately and into the medium-term, there



is a shortfall of 125 places. The needs identified are specifically between those of greater complexity than can be suitably met within a Resource Base, but do not require what is conventionally understood as a special school placement.

- 3.39 It has been identified that there has, historically, been a lack of clarity on commissioning, agreements, funding mechanisms and the Quality Assurance of specialist provision. Current arrangements will need to be reviewed to ensure longevity, whilst new commissioning arrangements will be watertight and clear with accountability, regular review, and consistent long-term funding, to ensure good value for money and surety for all involved.
- 3.40 There is a significant shortfall in specialist post16 and post19 provision across the borough which will need to be addressed separately to school place planning. This shortfall is similar to that seen at secondary level, with a lack of local specialist placements for young adults requiring provision for Autism, SEMH, and Profound and Multiple Learning Difficulties (PMLD)/SLD.

*(ii) Proposed changes*

- 3.41 There is a shortfall in specialist places and, as outlined to Cabinet in February 2024, a number of pilot Additional Resourced Provisions (ARPs) in mainstream schools were proposed to address some of the shortfall. These would offer provision in excess of current Resource Bases, more aligned to a special school curriculum but still with opportunities for mainstream engagement.

*(iii) Implementation Plan*

- 3.42 Expressions of Interest were sought from primary and secondary schools and 15 schools applied. These were considered against criteria, such as:
- Strong culture of inclusion
  - Strong leadership and leadership of SEND
  - Demonstrable understanding of children's needs
  - Accommodation availability
  - Financial sustainability

Six schools were taken forward to the next stage to check accommodation feasibility and confirmation of type of provision proposed.

- 3.43 ARPs will be accommodated within the existing school estate. Feasibility studies are being undertaken this term to cost changes required to provide a safe and appropriate environment for these children. In the case of two schools, in the light of other considerations in those schools, the feasibility studies will be carried out in early Spring with the agreement of the two headteachers. It is not expected that significant building work will be required overall.

**Early Years Sufficiency**

- 3.44 As part of its pupil place planning responsibilities the council has undertaken a review of Early Years provision, with projections in relation to maintained nurseries.

- 3.45 Since 2021, Early Years demand across the borough has been comfortably accommodated within the available capacity, registering a 38% surplus in 2024. From April 2024, the Working Parents entitlement was extended to include 2-year-olds. Current forecasts suggest that the additional demand for 2-year-old places may result in a 12% increase to the total number of EY entitlements expected to be accessed by Spring 2025.
- 3.46 Despite an initial growth in accessed EY entitlements, the demand from 2- to 4-year-old children is forecast to reduce by 8% over the next five years due to falling birth rates and young families leaving borough.
- 3.47 The new increases in Working Parents entitlements are anticipated to predominantly effect capacity in the PVI sector, as most maintained settings are not designed to accommodate children younger than 2 years old. Consequently this may impact on the ability of PVI providers to accommodate 3- and 4-year-olds, which may result in more of these children needing to access their entitlements at a maintained setting.

#### **4. THE LOCAL PLAN, INFRASTRUCTURE DELIVERY, AND FUTURE SCHOOL DEVELOPMENT SITES**

- 4.2 This report reviews the current provision of school places and considers the projected downturn in pupil place demand across all sectors in the short to medium term. However, Tower Hamlets remains a borough with significant population growth, with the potential for its pupil place demand to eventually increase, particularly given the projected rise in the borough birth rate from 2028 onwards. The Council must also anticipate a significant improvement in the child yield from its future housing, given its plans to address overcrowding and set robust planning requirements aimed at increasing the volume of social and affordable homes in new developments.
- 4.3 It is therefore necessary to consider the provision of school places over the longer period and the policies and approaches in place to ensure additional school places can be delivered as and when these are required.
- (i) Local Plan
- 4.4 The Local Plan sets out the Council's planning policy. It is used to shape developments and guide decisions on where, how much, and what kind of development is needed in Tower Hamlets over a period of 10-15 years.
- 4.5 The Council is currently preparing a new Local Plan for Tower Hamlets that will replace the current Local Plan. A new Local Plan is scheduled to be formally adopted by the Council in 2025.
- (ii) Infrastructure Delivery Plan
- 4.6 The Council's Infrastructure Delivery Plan (IDP) is used as evidence in support of the Local Plan and identifies the infrastructure requirements for education provision throughout the Local Plan period. The IDP is reviewed on an annual basis.

(iii) Future School Development Sites

- 4.7 The Local Plan, informed by the IDP and the further evidence base i.e. site allocations methodology and spatial assessment needs for schools, sets out the Council's approach to the allocation of future school development sites.
- 4.8 The Local Plan will generally allocate more school sites than required to meet the projected need for school places, for the reasons set out in Appendix Four of this report, '*The Local Plan approach to allocating school sites*'. This approach provides the Council with the necessary options and flexibility required to manage the risks relating to school site deliverability as well as ensure it can meet its legal duty as an education provider in the medium to long term.

(iv) School Development Funding Streams

- 4.2 A summary of funding streams available for the development of new schools and improving the existing schools' estate, together with the current projects included in schools capital programme is set out in Appendix Five.

## **5 EQUALITIES IMPLICATIONS**

- 5.1 Providing access to good quality school places is essential to raising achievement and addressing poverty and inequality in the long term. The council undertakes its role in the planning of school places with the aim of ensuring efficient, effective, and sustainable provision. Any reorganisation of school places will have a positive impact on all groups by improving accessibility, increasing parental choice and promoting inclusive education.
- 5.2 When the Council undertakes its plans to consult on changes to existing schools, seeks to establish new provision, or works with the DfE to appoint new school providers, it will ensure that the offer is universally applicable to children and young people of school age and there is no unequal impact on different groups. This is particularly relevant to children and young people with SEND, ensuring that, as far as possible, they can be educated in mainstream settings with adapted, relevant, and bespoke support that ensures they can learn.
- 5.3 An Equalities Impact Screening has been completed in Appendix 7. In planning for school places across the borough, there is no risk that any one group is disproportionately impacted. In the event of a reorganisation process, an Equalities Impact Assessment will take place to ensure that this risk is fully considered.

## **6 OTHER STATUTORY IMPLICATIONS**

- (i) Best Value Implications
- 6.1 The report sets out plans for managing the supply of school places and meeting future need. These plans seek to make the best use of existing and future council assets as well as opportunities to secure maximum funding from central government.

6.2 Any proposals for expanded or new provision will be subject to consultation as they are developed and before implementation. Implementation of capital schemes will be subject to competitive procurement.

(ii) Environmental (including air quality)

6.3 The proposals to provide additional school places to meet the needs of the population will be implemented taking account of sustainable design standards and materials. Any organisational changes to school provision will ensure that children can access a local school place and so minimise travel.

(iii) Risk Management

6.4 The council has a statutory duty to provide sufficient and sustainable school places. In order to plan to meet this requirement pupil population projections are obtained annually and reviewed each year against the known school capacity. It is clear that the projections indicate that significant changes in the need for places must be planned for. There will likely be regular variations in the projections, given the current volatility of the population across London. It is therefore essential for the council to retain some operational flexibility to respond, according to its sufficiency and or sustainability requirements.

6.5 The plans required to meet the need for school places can often require the balance of complex and competing considerations, for example for other social infrastructure requirements. Because of the length of time that is required to implement capital projects, decisions need to be taken in sufficient time to plan the use of resources and to identify potential shortfalls.

6.6 The council has to manage the risk of failing to meet its statutory duties by having a number of options available for implementation and also by keeping the changing circumstances under regular review.

6.7 (iv) Safeguarding

The report deals with the council's approach to providing school places for the local population. The supply of good quality school places contributes to the safeguarding of children by ensuring their early and continued access to appropriate education.

(v) Data Protection / Privacy Impact Assessment

6.8 When implementing plans for school organisation changes, the council will undertake a full public consultation. All comments received through these mechanisms or made direct to council officers or members will be collected to be included in the analysis of the feedback received. Responses will only be used to assess the community's view of the proposals and not for any other purpose.

6.9 Tower Hamlets Council will handle information in accordance with the Freedom of Information Act 2000 and the Data Protection Act 2018 and is the data controller for the purposes of the Data Protection Act 2018. For more information, the privacy notice for Pupil Services can be accessed [here](#).

## **7 COMMENTS OF THE CHIEF FINANCE OFFICER**

- 7.1 There are no direct financial implications in this report. However, it should be noted that the revenue costs of meeting School places are met through the Dedicated Schools grant (DSG) which are based on pupil count. The Capital costs of delivering extra capacity are met through different sources, which are detailed in Appendix six. There would be no expectation of the costs of Schools places being met from General Fund resources.
- 7.2 Governing bodies have responsibility for the management of the school's budget. For schools which are facing financial difficulty, there are measures to help support schools to move back into a balanced financial position. The Local Authority reviews the 3-year budgets set by schools and regularly monitors the schools' forecasted financial positions. In the event of a school closure (as a last resort), the write-off of a school deficit balance would need to be met from the General Fund resources.

## **8 COMMENTS OF LEGAL SERVICES**

- 8.1 This is a noting report setting out the steps that the Council has taken or is proposing to take with respect to the provision of school places in the borough. The Council has a statutory duty under the Education Act 1996 to ensure that there are sufficient school places in the borough and, as far as possible, to accommodate the preferences expressed by parents under the School Standards and Framework Act 1998. There are further statutory requirements imposed by the Education and Inspections Act 2006 around parental choice and fair access to educational opportunities.
- 8.2 The Council is also required, by the Children and Families Act 2014 to keep its SEND provision under review and consider if it is sufficient to meet the needs of the children and young people in the borough. The report identifies that further work is required to ensure the sufficiency of SEND places.

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### **Appendices**

- Appendix One LBTH Primary and Secondary School Planning Areas
- Appendix Two LBTH School Roll Projections 2024
- Appendix Three LBTH SEND Sufficiency Review 2023
- Appendix Four Early Years Sufficiency Report 2024
- Appendix Five The Local Plan approach to allocating school sites
- Appendix Six Funding streams available for the development of school sites
- Appendix Seven Equalities Impact Analysis Screening

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

- NONE.

**Officer contact details for documents:**

N/A

**Linked Reports and Background Documents**

**Linked Report**

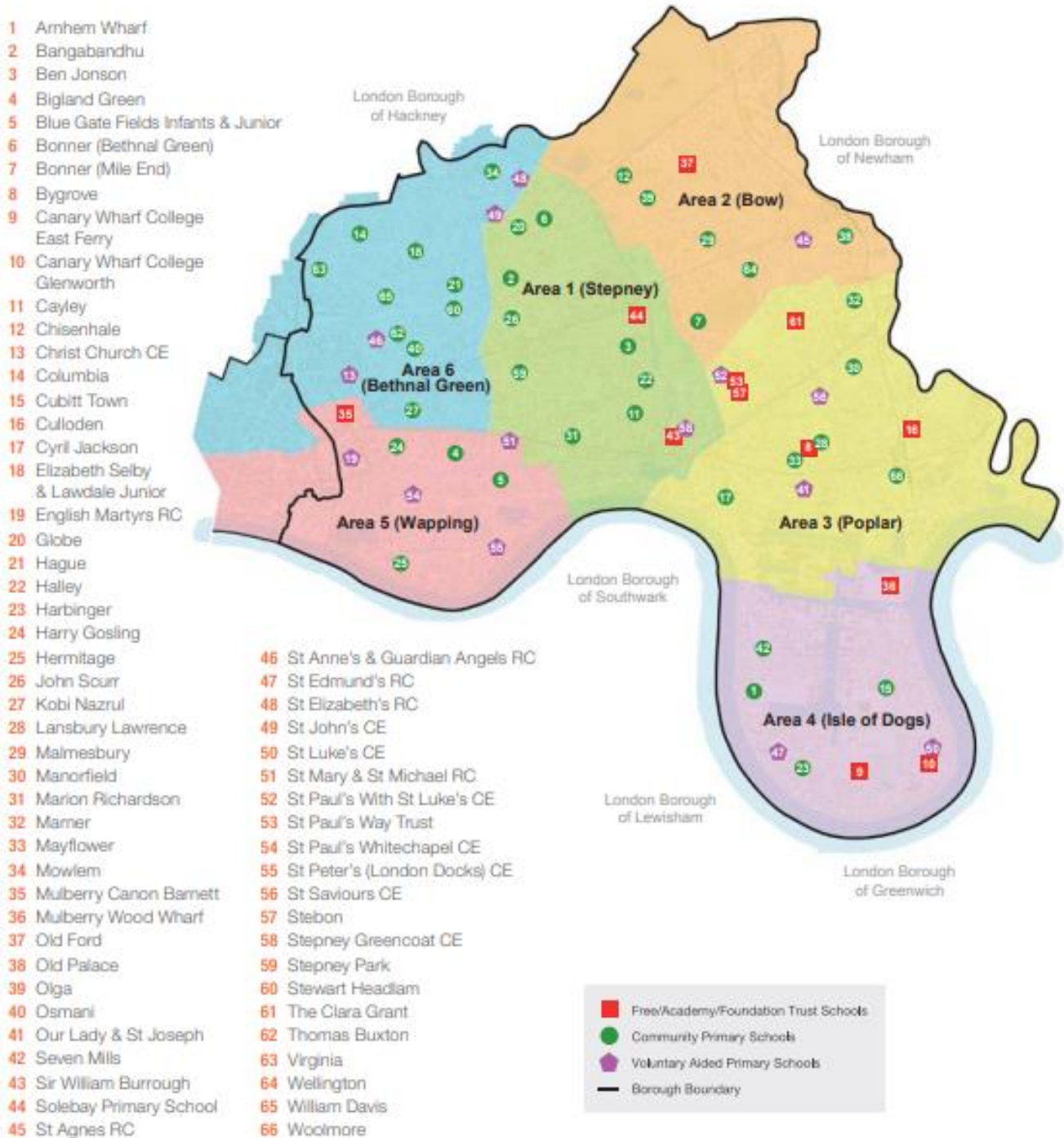
- None

**Officer contact details for documents:** N/A

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# Appendix One - LBTH School Planning Areas

## Primary





# Secondary



### Secondary schools

- A Bishop Challoner Catholic Federation of Schools
- B Bow School
- C Canary Wharf College Crossharbour
- D Central Foundation Girls' School
- E George Green's School
- F Langdon Park School
- G London Enterprise Academy
- H Morpeth School
- I Mulberry Academy London Dock
- J Mulberry Academy Shoreditch
- K Mulberry School for Girls
- L Mulberry Stepney Green Maths, Computing and Science College
- M Oaklands School
- N Stepney All Saints CofE Secondary School
- O St Paul's Way Trust School
- P Swansea School
- Q Wapping High School

### 14-19 provision

- 1 East London Arts & Music
- 2 London East Alternative Provision (LEAP)
- 3 Mulberry University Technical College
- 4 New City College - Tower Hamlets

### Registered independent secondary schools

- R Darul Hadee Latifiah
- S Jamiatul Ummah
- T London East Academy
- U London Islamic School
- V Madani Secondary Girls' School
- W Mahazina Ulbom London
- X River House Montessori School
- Y The Complete Works Independent School

### Special schools

- S1 Beatrice Tate School
- S2 Ian Mikardo High School
- S3 Phoenix School

# Tower Hamlets LA Report on the Latest School Roll Projections

August 2024

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## 1. Executive Summary

This latest Tower Hamlets report on school roll projections highlights the increasing surplus of primary school places across the borough, with all six planning areas projected to experience a decline in pupil numbers over the next five years. This leads to a 20% surplus capacity in several planning areas. The 2027/28 academic year is forecast to produce the smallest reception cohort over the next five years, however, demand for reception school places expected to increase slightly over the subsequent years.

Current projections suggest that the demand for secondary school places peaked in 2023/24 and the potential surplus capacity is anticipated to rise to 15% by 2028/29. From the 2024/25, the declining primary cohorts are expected to transition into the secondary sector until the 2034/35 (2027/28 reception cohort).

The report is based on the 2024 round of Greater London Authority (GLA) pupil projections for Tower Hamlets. It shows that the overall borough primary and secondary school roll projections continue to be very accurate. The borough pupil projections for 2023/24 bear out the accuracy of previous years, as projected pupil numbers were forecast to within a 1% variance of the actual numbers recorded at the January 2024 census.

GLA data indicates that birth rates in Tower Hamlets and across London are expected to continue to fall, mirroring the national trend. Additionally, Tower Hamlets is experiencing a declining trend in the total fertility rate across the borough, which has now reached a historical low.

All six planning areas are experiencing falling reception numbers, while future demand is forecast to decline further due to the falling birth rates and young families leaving the borough. The new housing developments in the east of the borough are forecast to produce fewer primary pupils than previously anticipated, consequently, the demand for primary places in the Isle of Dogs and Poplar is not expected to increase. Bethnal Green continues to be the planning area with the greatest capacity concerns, as the current surplus of 27% is projected to rise to 36% within the next five years, generating inevitable school sustainability issues.

Further analysis into falling primary numbers at a ward level has been completed to identify whether surplus capacity is concentrated in specific areas. The review highlighted that despite the falling rolls within the borough, in 2023/24, 15 out of the 20 wards were operating with a surplus below 15%. In contrast, the GLA projections suggest that the surplus levels will increase over the next five years resulting in 15 wards operating with a capacity surplus above 15%.

The Local Authority (LA) established the School Organisation Strategy Group (SOSG) in collaboration with school leaders and key stakeholders, to review and

plan appropriate sustainability strategies to mitigate the issue of falling reception numbers. The SOSG performed a sustainability review of the school estate in 2023, and subsequently initiated financial viability discussions with the relevant schools in partnership with Schools Finance and specialist consultants. As a result, the SOSG has assisted five schools to secure critical LA funding through Licensed Deficit Budgets and also ensured a total of 11 schools received support with their short-term financial planning.

## 2. Purpose

The purpose of this report on school roll projections is to provide the latest position on the supply of school places in Tower Hamlets, by looking at recent pupil population trends, in addition to projected future demand. The LA has a statutory responsibility to ensure that there are sufficient and sustainable school places for all borough resident children of statutory school age.

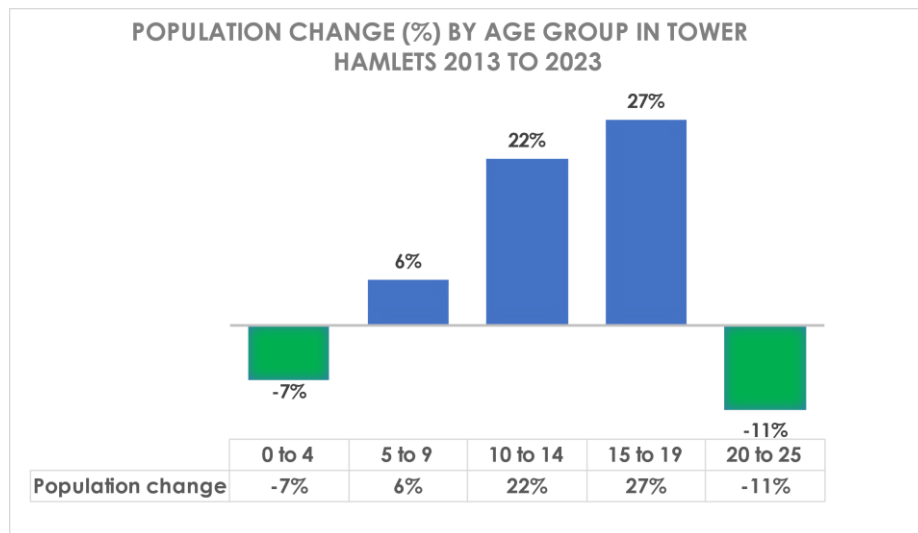
In order to inform the LA's school place planning annual assessment, the continuous monitoring and analysis of pupil population data and trends is required. This report therefore investigates issues and identifies current and future challenges.

The report has been prepared by the Tower Hamlets Education Division using projections data provided by the Greater London Authority (GLA) and the Office of National Statistics (ONS). The expected numbers covered in this report are projections – they are the numbers mathematically calculated based on clearly stated theories. This is different from forecasts, where outcomes are based on what you assume will actually happen in the future, given certain conditions, local knowledge, plans and intentions.

## 3. Background

The demand for school places is driven by birth rates, pupil population growth, migration levels and housing development. From 2013 to 2023, the pre-school population (0-4 age group) in Tower Hamlets, has experienced a 7% decrease, as can be seen from Figure 1 below.

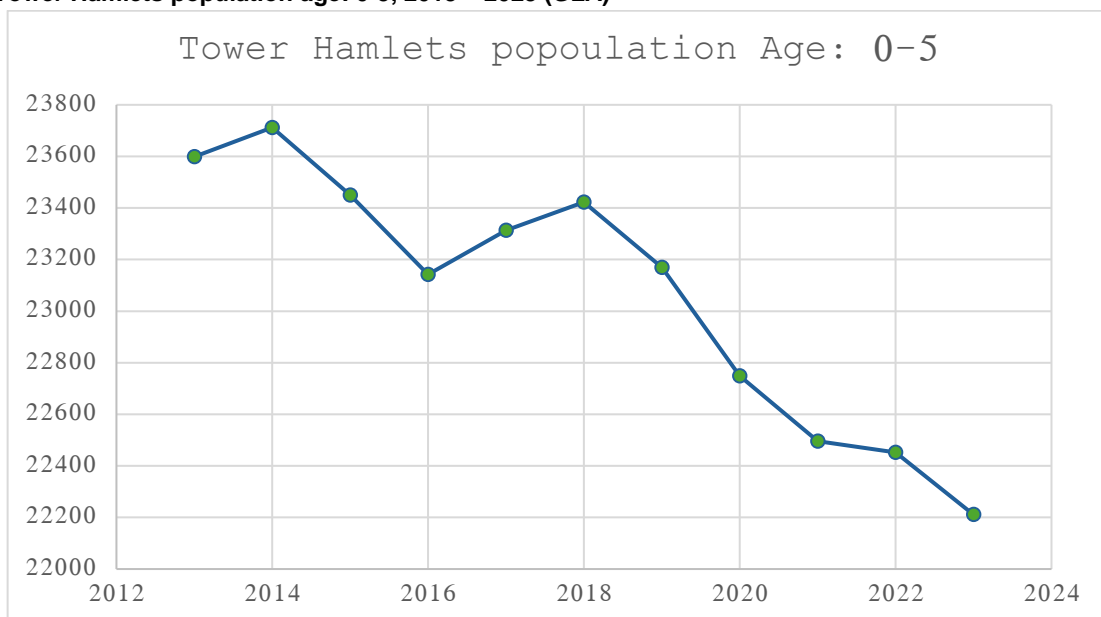
**Fig. 1. Population changes by age group, Tower Hamlets, 2013 – 2023 (GLA)**



The primary pupil numbers in Tower Hamlets have been on the decline since the 2018/19 academic year, this downward trajectory is anticipated to continue over the next five years. In 2023/24, the total number of primary school children in Tower Hamlets decreased to 22,399, representing a 2.6% annual reduction in total primary children on roll.

The decline in primary pupil numbers can be attributed to diminishing birth rates, coupled with the net outflow of primary-aged pupils from the borough. Further causes are related to Brexit, smaller pupil yields from the borough's social and affordable housing, the Covid pandemic, and the displacement of some sections of the local population through the impact of the welfare reforms.

**Fig. 2. Tower Hamlets population age: 0-5, 2013 – 2023 (GLA)**



Tower Hamlets experienced an 8.8% increase in its secondary school population, rising from 13,820 in 2016/17 to 15,038 in 2022/23. The annual increases to the year 7 cohort size peaked in 2023/24 at 3,021 and the reduced primary numbers are expected to transition into the secondary phase from 2024/25 onwards. Secondary numbers are therefore likely to reduce in the future, despite the positive net migration in the borough's 10–15-year-old age range.

#### 4. Projection Methodology and Planning Areas

Tower Hamlets commissions school roll projections from the Greater London Authority (GLA), along with most London boroughs. The GLA has access to data on all pupils in London (via the National Pupil Database), which enables it to model movements across borough boundaries in a way that would be difficult for an individual local authority. Projections are run each year by the GLA, using information based on demographic trends (e.g. births, migration); the borough's housing development trajectory; school census data; and the flow of pupils from their ward of residence (including those out of borough) to each school.

Since 2022 the GLA's population projections have estimated the number of pupils in each borough ward by taking the average of the previous years' patterns. This change to the methodology adds a small element of risk to Tower Hamlets' pupil projections going forward, given the currently observed variances at Planning Area level.

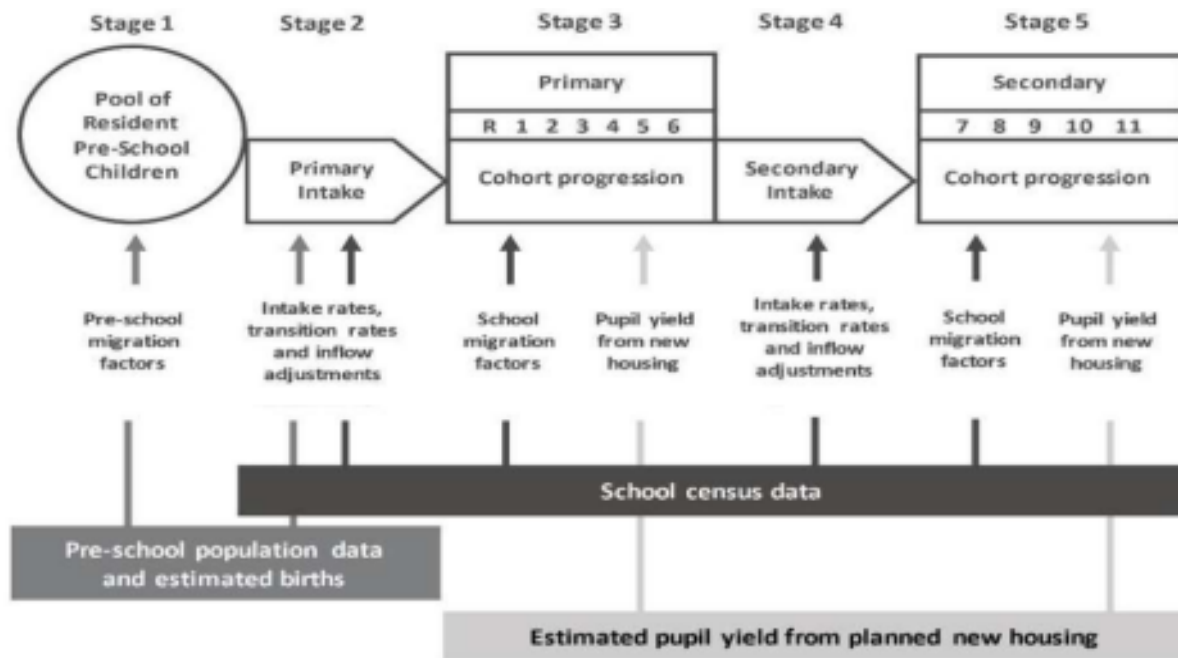
The proportion of the children attending each mainstream state school is calculated, using the National Curriculum year (reception to year 11), and sex, per ward of residence in London. These proportions are carried forward as the pupils age through the school in the years being projected.

For new pupils entering a school in future years, for example at reception, proportions are calculated as averages over the latest years of actuals, with four being the standard number of years used (2021, 2022, 2023 and 2024). The same approach is used at years 7 and 12, even if the school is an all through school as it is assumed that there will be significant changes in the cohort at this point.

The rolled forward and calculated new intake proportions for future years are applied to the population projections to give projections of the number of children on roll by school by age and sex. Due to lower retention rates, sixth form projections are calculated using a survival ratio as the cohort ages through sixth form. School level projections are then aggregated to planning areas and borough totals.



**Fig. 2. The flow of the Tower Hamlets Projections Model**



#### 4.1. Primary Planning Areas

Tower Hamlets is divided into six planning areas for primary schools. A map showing the planning areas and the list of schools in each is provided as Appendix 1.

**Table 1. Primary school roll projections are split into the six Planning (catchment) Areas**

Primary School Planning (Catchment) Areas					
PA1	PA2	PA3	PA4	PA5	PA6
Stepney	Bow	Poplar	Isle of Dogs	Wapping	Bethnal Green

**NB.** Both Bonner Primary Schools are in PA1 for planning purposes.

#### 4.2. Secondary Planning Areas

Secondary school roll projections are calculated on a borough-wide basis as the intakes for individual schools often extend beyond a planning area, with pupils travelling to schools across and outside the borough. A map showing the location of all the borough's secondary schools is provided as Appendix 2.

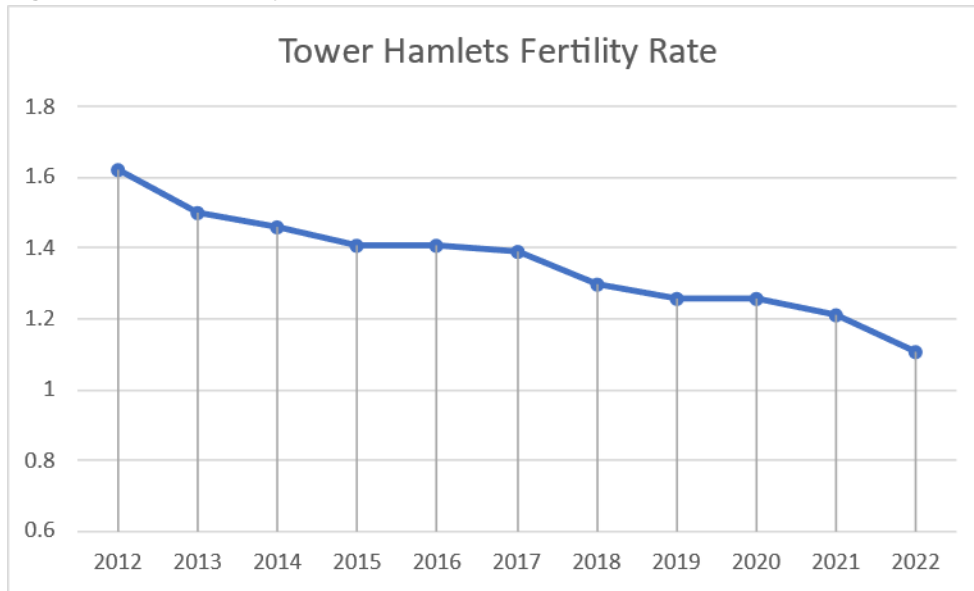
### 5. Fertility, Birth Rates and Reception Take Up

The starting point for the pupil projection model is capturing the number of births, and the cohort 'survival rate' for children starting in reception four years later.

#### 5.1. Fertility and Birth Rates

The fertility rate in Tower Hamlets has been in steady decline for almost two decades, reaching a historical low of 1.796 in 2021-22.

**Fig. 3. Historical Fertility Rates (ONS)**



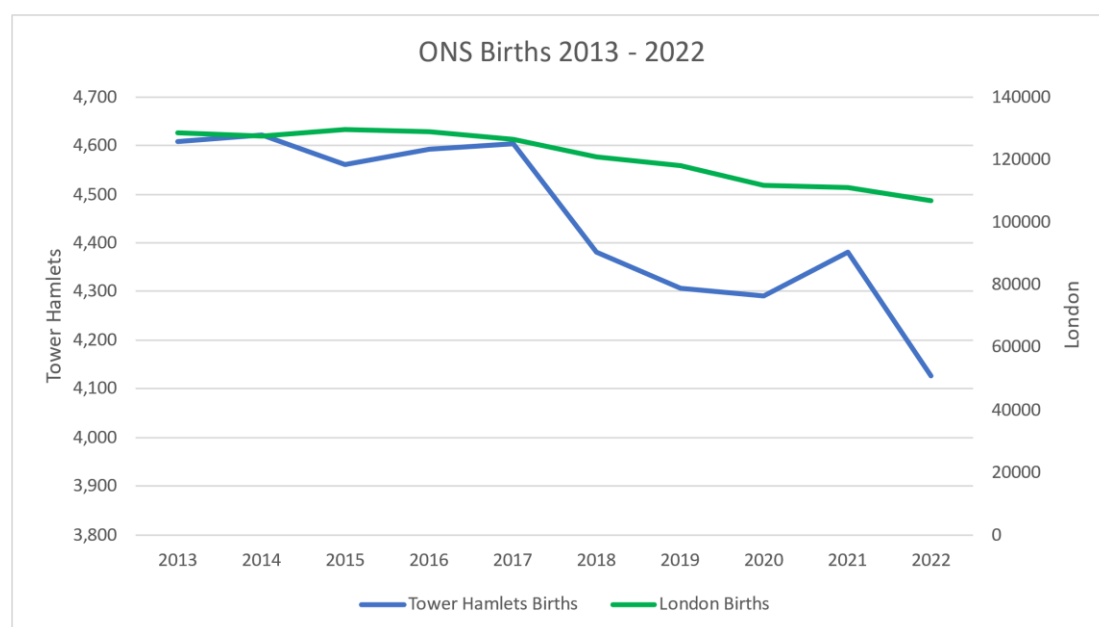
The number of live births in Tower Hamlets has fallen by 481 (10%) in the ten-year period from 2013. London birth rates fell at a similar rate over the same period, despite a brief revival in 2021, Tower Hamlets birth rates fell again in 2022.

**Table 2. LBTH Births Actual Births 2013 to 2022 (ONS)**

Area	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022 <sup>1</sup>
LBTH	4,608	4,622	4,560	4,592	4,604	4,381	4,307	4,291	4,381	<b>4,127</b>
London	128,332	127,399	129,615	128,803	126,308	120,673	117,897	111,688	110,961	<b>106,696</b>

1

**Fig. 4. Actual Births (ONS) 2013 to 2022**



The GLA previously projected 4,115 Tower Hamlets births in 2022, which was close to the actual number of 4,127. The GLA projects that the Tower Hamlets birth rate will fall below 4100 and remain at around this level over the next five-year period (2023-2027), following a similar pattern to the rest of London. Tower Hamlets and London births are then expected to increase steadily from 2028 onwards.

**Table 3. Projected Births 2023 – 2032 (GLA)<sup>2</sup>**

Area	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032
LBTH	4,043	4,065	4,075	4,080	4,094	4,120	4,158	4,209	4,256	4,303
London	107,646	107,822	107,810	107,723	107,839	108,208	108,876	109,851	110,889	112,032

## 5.2. Take Up Rates

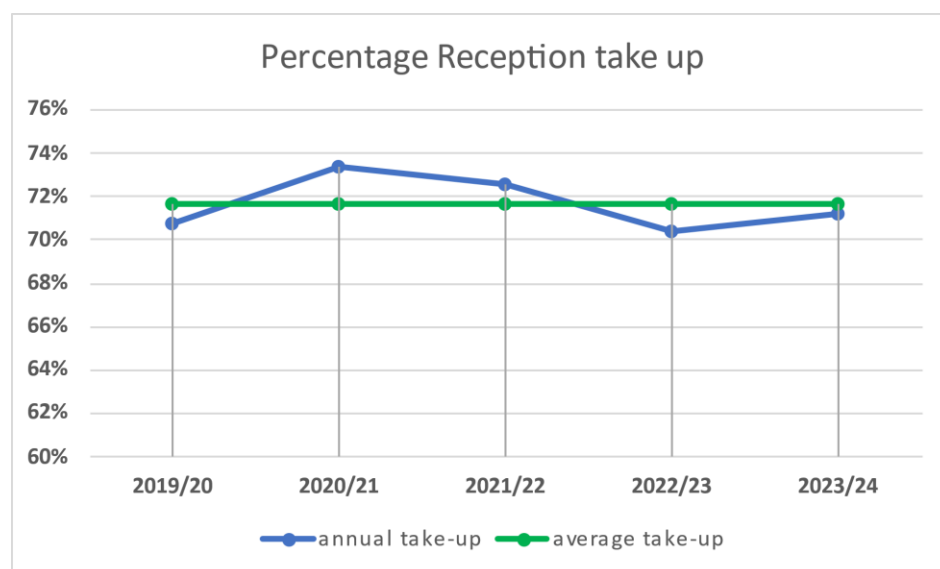
The cohort survival rate/take up rate (the difference between live births and reception year numbers, four years later) was 71.2% for the 2023/24 reception cohort. Even if the take up rate remains stable over the next few years, overall reception numbers will be down, given the current low birth rate.

<sup>2</sup> <https://apps.london.gov.uk/population-projections/>

**Table 4. LBTH Percentage Reception Take up 2019-2023**

LBTH Percentage Reception Take up 2019-2023				
School Year of Birth	Mid-year Births <sup>3</sup>	Reception Entry	Reception Number	Percentage Take up
2014/15	4,591	2019/20	3,230	70.8%
2015/16	4,597	2020/21	3,349	73.4%
2016/17	4,600	2021/22	3,316	72.6%
2017/18	4,497	2022/23	3,139	70.4%
2018/19	4,333	2023/24	3,055	71.2%

**Fig. 5. LBTH Percentage Reception Take up 2019-2023**



## 6. Pupil Migration

Tower Hamlets, historically, has higher rates of net migration when compared to most of London this is therefore an important factor in the borough projections.

### 6.1. Pre-School and Primary Age Pupil Net Migration

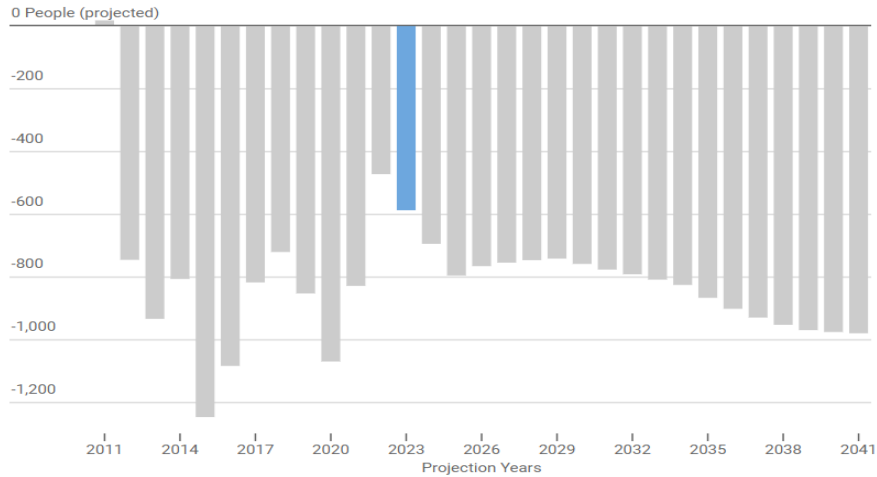
The two charts below show the GLA's most recent data on the borough's previous and projected pupil net migration rate for both the pre-school and primary age range. We can see the negative (outward) net migration rate for this age group, confirming that more pre-school and primary age children are moving out of Tower Hamlets than moving in. This negative net migration trend is expected to continue to impact primary school rolls over the coming years.

<sup>3</sup> [Numbers of live births by local authority and MSOA, England and Wales: mid-year 1992 to mid-year 2021 - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandlife/birthsdeathsandmarriages/livebirths)

**Fig. 6. Total Net Migration Projection: Tower Hamlets (age 0-4)**

**Total Net Migration Projection: Tower Hamlets**

Identified Capacity, Borough Total, All Persons, 0 - 4

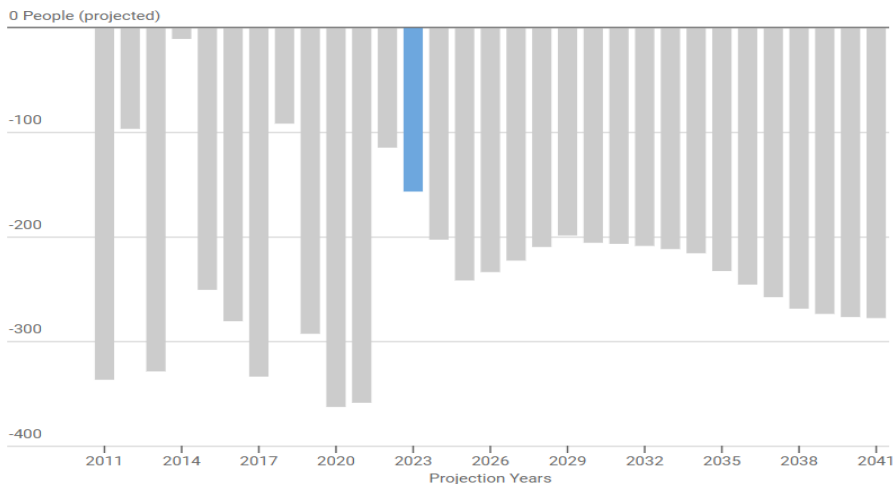


Source: GLA Demography 2020-based Population Projections  
Graphic by GLA City Intelligence

**Fig. 7. Total Net Migration Projection: Tower Hamlets (age 5-10)**

**Total Net Migration Projection: Tower Hamlets**

Identified Capacity, Borough Total, All Persons, 5 - 10



Source: GLA Demography 2020-based Population Projections  
Graphic by GLA City Intelligence

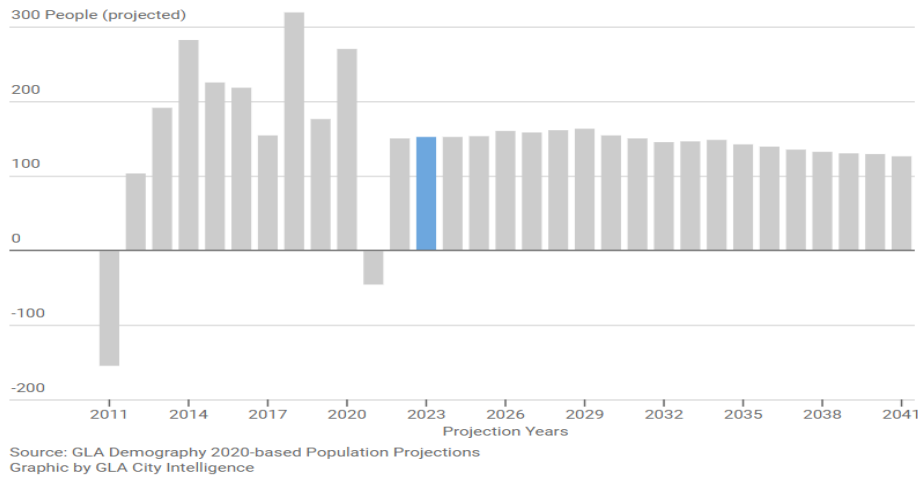
## 6.2. Secondary Age Children Net Migration

In the secondary age range the net migration situation is reversed. With the exception of the 2021 (due to the travel restrictions during the pandemic), we should continue to see a positive net migration, based on the GLA's projections. This means more secondary aged children moving into the borough than out. This could lessen the impact of the smaller cohorts from the primary sector moving into the secondary sector.

Currently, it is unclear why positive net migration occurs at the secondary age range, whereas the younger age groups experience the opposite. The LA is still seeking to understand this migration flows anomaly, especially as neighbouring LAs are not displaying the same historical trends.

**Fig. 8. Total Net Migration Projection: Tower Hamlets (age 11-15)**

**Total Net Migration Projection: Tower Hamlets**  
 Identified Capacity, Borough Total, All Persons, 11 - 15



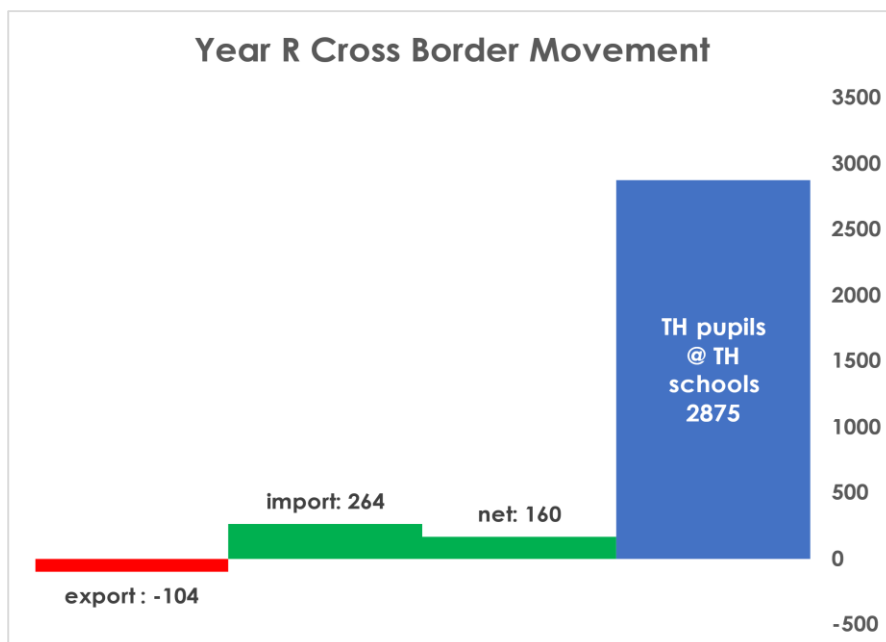
## 7. Cross Border Movement

Migration data covers the movement of children moving in and out of the borough, but there are also Tower Hamlets pupils who cross its borders to attend schools in neighbouring boroughs. Likewise, children living in neighbouring boroughs will cross borders to attend schools in Tower Hamlets.

### 7.1. Primary Cross Border Movement

In 2023/24, Tower Hamlets was a net importer of reception pupils, 4% of Tower Hamlets resident pupils started reception at an out-borough school. In contrast, 8% of the pupils starting reception in Tower Hamlets were out-borough residents.

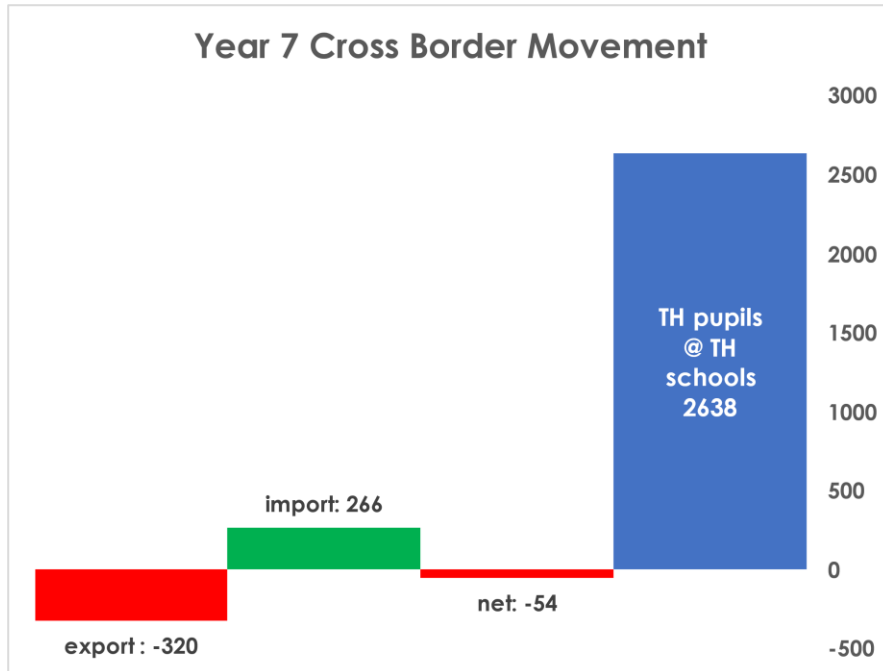
**Fig. 9. Primary Cross Border Movement**



## 7.2. Secondary Cross Border Movement

In 2023/24 Tower Hamlets was a net exporter of Year 7 pupils, 11% of borough resident pupils chose to attend a secondary school outside of the borough. In contrast 9% of the Year 7 cohort at Tower Hamlets secondary schools were out-borough residents.

**Fig. 10. Secondary Cross Border Movement**



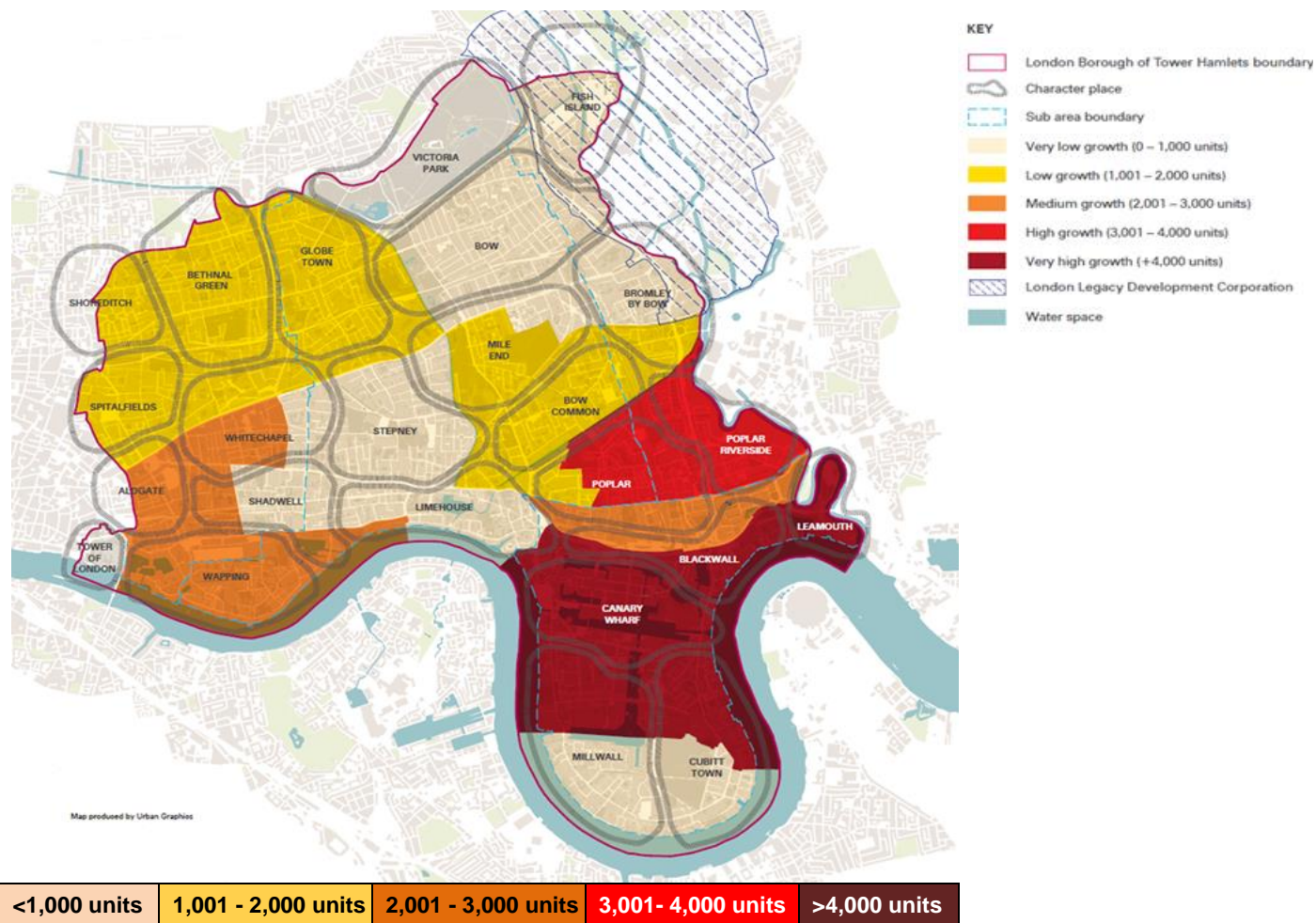
## 8. Housing Development and Pupil Yield Factor

The primary 'pupil yield' factor provides the basis for calculating the average number of primary pupils that a new housing development can be expected to generate. It is based on the borough's Housing Development Trajectory, which is then factored into the projection model, alongside school rolls, birth data, migration flows and the cohort survival/take up rates. Tower Hamlets has an indicative net housing target of around 34,700 additional homes to be built in the borough between 2020 – 2029, based on the GLA's 2021 London Plan. The map below shows where these new housing developments are planned, with most major developments concentrated in the southeast of the borough.

Over the ten-year period between 2013 and 2022, Tower Hamlets has seen a significant reduction in its primary pupil yield from new developments, from 0.14 per dwelling in 2013 to 0.12 per dwelling in 2022. This has meant that, for every 1500 new homes in the borough, the expected number of primary aged children reduced from 210 to 180. The equivalent of one form of school entry. The reduction in the pupil yield, along with the fall in birth rates and negative net migration, are the main reasons for the decline in primary pupil numbers.

Going forward the borough's ambition to provide more social and affordable housing, may see its pupil yield factor increase back to previous levels.

**Fig. 11. Tower Hamlets Housing Development Plan**



## 9. Previous Year Pupil Projections and their Accuracy

A new set of pupil projections are produced each year. This set is compared to the actual pupil numbers to assess the accuracy of forecasts as well as identify and correct any issues.

There was less than a 1% variance in the borough's overall school roll projections, where the forecast was 345 fewer pupils than in the 2024 January census (Table 5). In Year 7 the projected number was 38 pupils above the actual number in the census. The decline in total secondary pupils has occurred a year earlier than expected, as the GLA had projected an increase from 15,038 in 2022/23 to 15,139 in 2023/24, however, total secondary pupils on roll decreased by 189.

Overall, the GLA continues to produce highly accurate projections, which is the foundational data source for future school place planning strategy.



**Table 5. Breakdown of the Previous Year's Pupil Projections**

	Previous Year Projection (2024 census)	Actual No. (2024 census)	Variance (No. of Pupils)	Variance (FE) <sup>4</sup>	Variance (%)
<b>Reception</b>	3,040	3,055	15	0.5	0.5%
<b>Primary</b>	22,555	22,399	-156	-5.2	-0.7%
<b>Year 7</b>	3,059	3,021	-38	-1.3	-1.3%
<b>Secondary</b>	15,139	14,950	-189	-6.3	-1.3%
<b>All Pupils</b>	37,694	37,349	-345	-11.5	-0.9%

The reception year forecasts at four of the six individual primary planning areas were accurate to within a 1FE variance, while the projections for Stepney and Isle of Dogs were within a 1.5FE variance of the actual number. (Table 6).

**Table 6. Reception Year Forecasts vs Actual numbers per Area**

Reception Year Forecasts vs Actual numbers by Planning Area							
LBTH Primary Planning Area	Stepney	Bow	Poplar	Isle of Dogs	Wapping	Bethnal Green	Total
<b>2024 Projection</b>	591	348	815	457	381	448	3,040
<b>2024 Actual</b>	630	376	800	415	393	441	3,055
<b>Variance (pupils)</b>	-39	-28	15	42	-12	7	-15
<b>Variance (FE)</b>	-1.3	-0.9	0.5	1.4	-0.4	0.2	-0.5
<b>% Variance</b>	-6.2%	-7.4%	1.9%	10.1%	-3.1%	1.6%	-0.5%

## 10. Reception and Primary School Rolls

The growth in the borough's general population has not resulted in a need for additional primary school places. The reception roll numbers have fallen by 9.2%

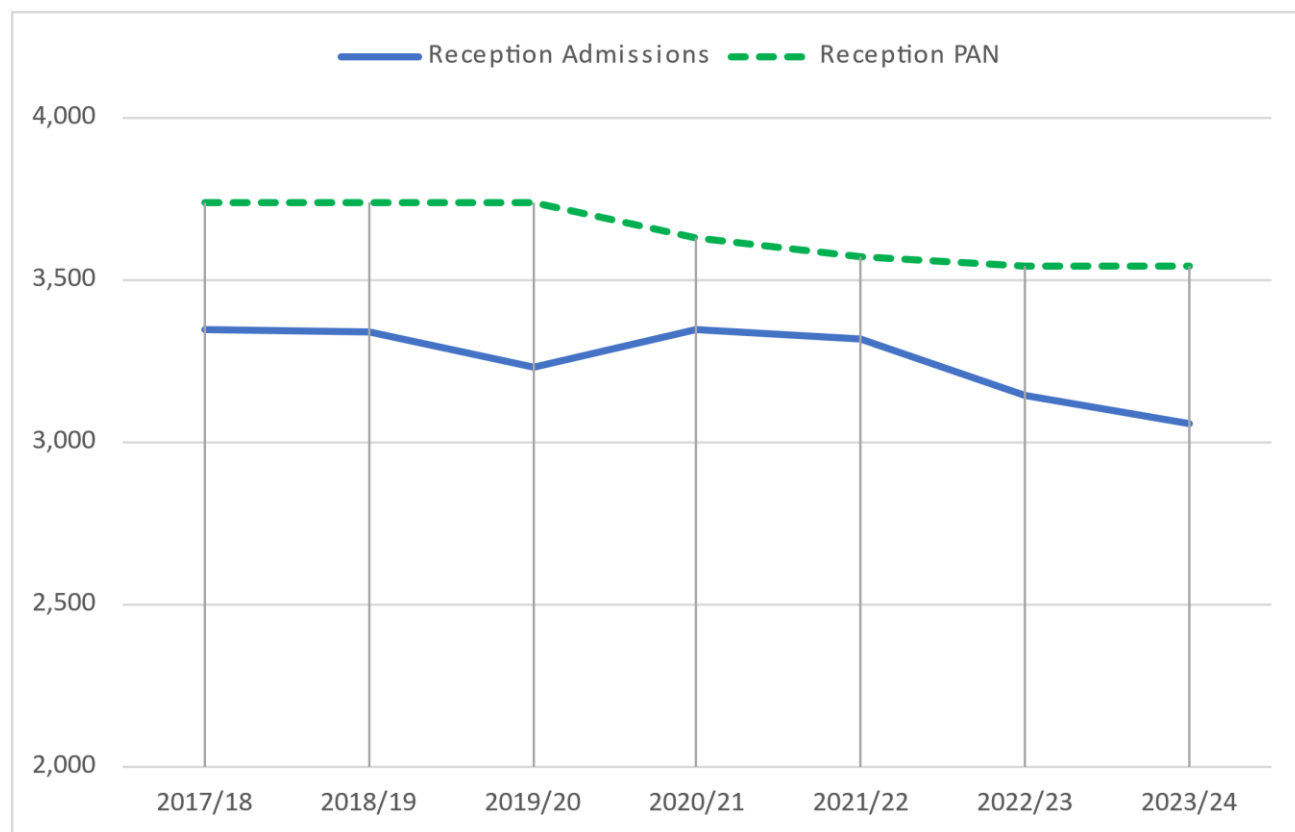
<sup>4</sup> FE (Forms of Entry) is the ratio between the pupils' variance and 30 (which is a class size)

between 2017/2018 and 2023/24, however, 7.9% of the decline has occurred in the past two years. This is the lowest reception roll in the borough for over fifteen years and this trend is projected to continue until 2027/28.

**Table 7. Reception Roll Numbers 2017-2023**

Reception Roll Numbers 2017-2024							
	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
<b>Reception Rolls (Jan Census)</b>	3,347	3,340	3,230	3,347	3,316	3,139	3,055

**Fig. 12. LBTH Reception Pupil Numbers 2017-2023 and PAN<sup>5</sup>**



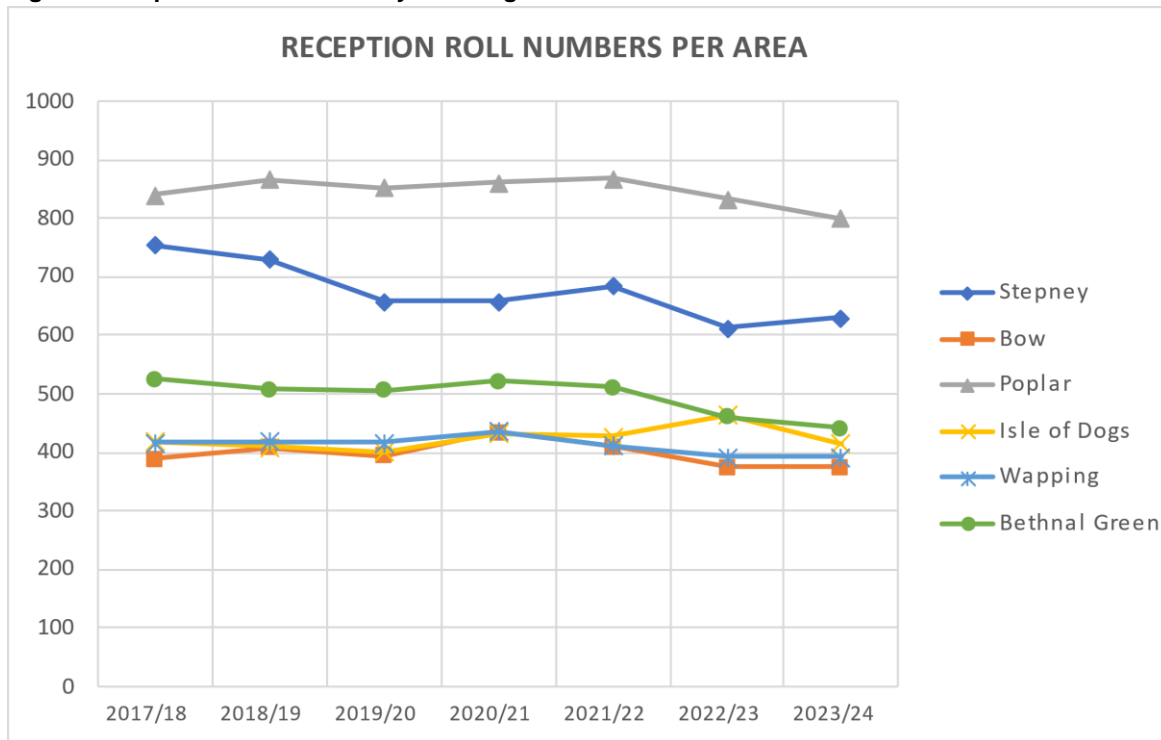
<sup>5</sup> Total Planned Admissions Number for the reception year

The decline in reception rolls is affecting schools in in both the east and west of the borough. There has been a significant drop in the west, with both Stepney and Bethnal Green experiencing falling reception rolls, equivalent to 7FE combined across both areas.

**Table 8. Reception Roll Numbers by Planning Area (2017-2023)**

Reception Roll Numbers per Area (2017-2023)							
Year	Stepney	Bow	Poplar	Isle of Dogs	Wapping	Bethnal Green	Total
2017/18	755	389	841	419	417	526	<b>3,347</b>
2018/19	730	408	866	410	418	508	<b>3,340</b>
2019/20	659	394	852	402	417	506	<b>3,230</b>
2020/21	659	435	861	433	437	522	<b>3,347</b>
2021/22	685	410	869	428	412	512	<b>3,316</b>
2022/23	613	376	833	464	392	461	<b>3,139</b>
2023/24	630	376	800	415	393	441	<b>3,055</b>

**Fig. 13. Reception Roll Numbers by Planning Area**



The table below shows the percentage of surplus reception places by planning area for each of the past five years. Despite the LA and schools managing to reduce this surplus to a sustainable level over the four-year period up until 2022, however, since 2022/23 the surplus capacity levels have sharply risen.

**Table 9. Percentage of Surplus Reception Places by Planning Area**

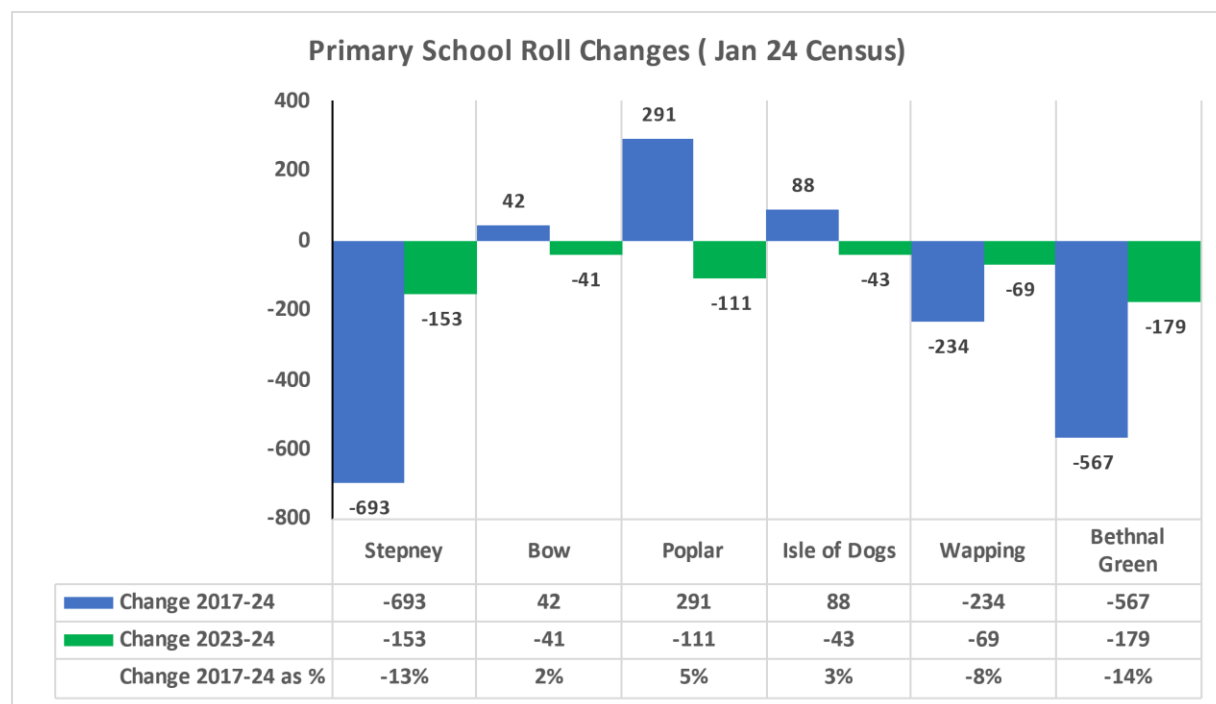
Percentage of Surplus Reception Places by Planning Area					
	2019/20	2020/21	2021/22	2022/23	2023/24
<b>Stepney</b>	16%	11%	7%	14%	11%
<b>Bow</b>	12%	6%	6%	7%	7%
<b>Poplar</b>	4%	3%	2%	6%	10%
<b>Isle of Dogs</b>	9%	2%	3%	7%	17%
<b>Wapping</b>	9%	6%	5%	10%	10%
<b>Bethnal Green</b>	23%	17%	15%	23%	27%

The primary school rolls in Stepney and Bethnal Green have experienced a significant decline in pupil numbers in the five years from 2019/20, with Bethnal Green seeing over a quarter of all places at reception remaining unfilled in 2023/24. The borough's primary school rolls fell to 22,399 pupils, representing the smallest Tower Hamlets primary sector since 22,044 pupils in 2012/13.

Table 10. Actual Primary School Rolls by Planning Area 2017 – 2023

Primary School Rolls by Planning Area 2017 – 2023									
Year	Stepney	Bow	Poplar	Isle of Dogs	Wapping	Bethnal Green	Total	+/-	%
2017/18	5,405	2,687	5,582	2,769	3,046	3,983	23,472	27	0.1%
2018/19	5,417	2,709	5,722	2,787	3,014	3,860	23,509	37	0.2%
2019/20	5,240	2,732	5,800	2,804	2,952	3,742	23,270	-239	-1.0%
2020/21	5,003	2,745	5,979	2,844	2,970	3,803	23,344	74	0.3%
2021/22	5,074	2,795	5,992	2,843	2,957	3,780	23,441	97	0.4%
2022/23	4,865	2,770	5,984	2,900	2,881	3,595	22,995	-446	-1.9%
2023/24	4,712	2,729	5,873	2,857	2,812	3,416	22,399	-596	-2.6%
								-1073 <sup>6</sup>	-4.6% <sup>7</sup>

Fig. 14 Primary School Roll Changes (January 2024 Census)



The table below shows the change to primary rolls from reception to year 6 over the past seven years.

<sup>6</sup> The difference between the total numbers of primary school rolls in 2023/24 and 2017/18

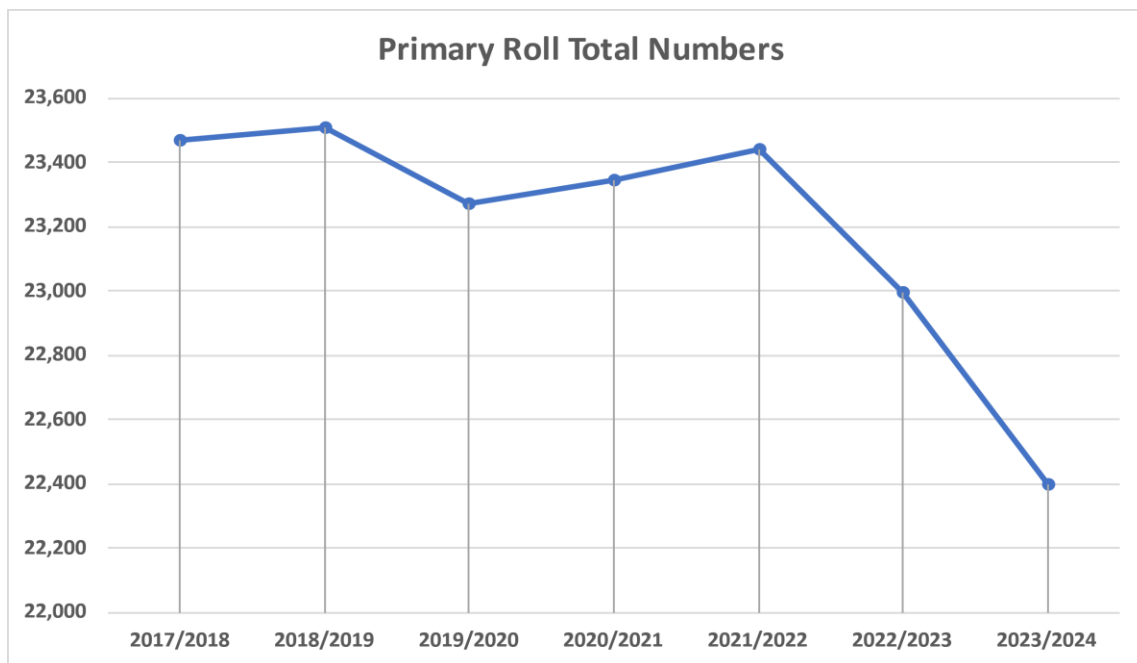
<sup>7</sup> The percentage of difference between the total numbers of primary school rolls in 2023/24 and 2017/18

Table 11. Primary Rolls by Year Group 2017-2023

Primary Rolls (R-Y6) 2017-2023										
Year	R	1	2	3	4	5	6	Total	+/-	%
2017/2018	3,347	3,522	3,383	3,370	3,293	3,331	3,226	23,472	27	0.12%
2018/2019	3,340	3,339	3,507	3,345	3,346	3,308	3,324	23,509	37	0.16%
2019/2020	3,230	3,342	3,300	3,456	3,309	3,333	3,300	23,270	-239	-1.02%
2020/2021	3,349	3,234	3,335	3,317	3,450	3,321	3,338	23,344	74	0.31%
2021/2022	3,316	3,428	3,228	3,326	3,320	3,483	3,340	23,441	97	0.42%
2022/2023	3,139	3,319	3,399	3,144	3,266	3,290	3,438	22,995	-446	-1.9%
2023/2024	3,055	3,110	3,293	3,333	3,093	3,257	3,258	22,399	-596	-2.6%
									-1073 <sup>8</sup>	-4.6% <sup>9</sup>

This is the trajectory of primary rolls over the same period. Up until 2018/19 primary school rolls had been on a consistent upward trend, but this is no longer the case.

Fig. 15. Primary Rolls (R-Y6) 2017-2023



<sup>8</sup> The difference between the total numbers of primary school rolls in 2023/24 and 2017/18

<sup>9</sup> The percentage of difference between the total numbers of primary school rolls in 2023/24 and 2017/18

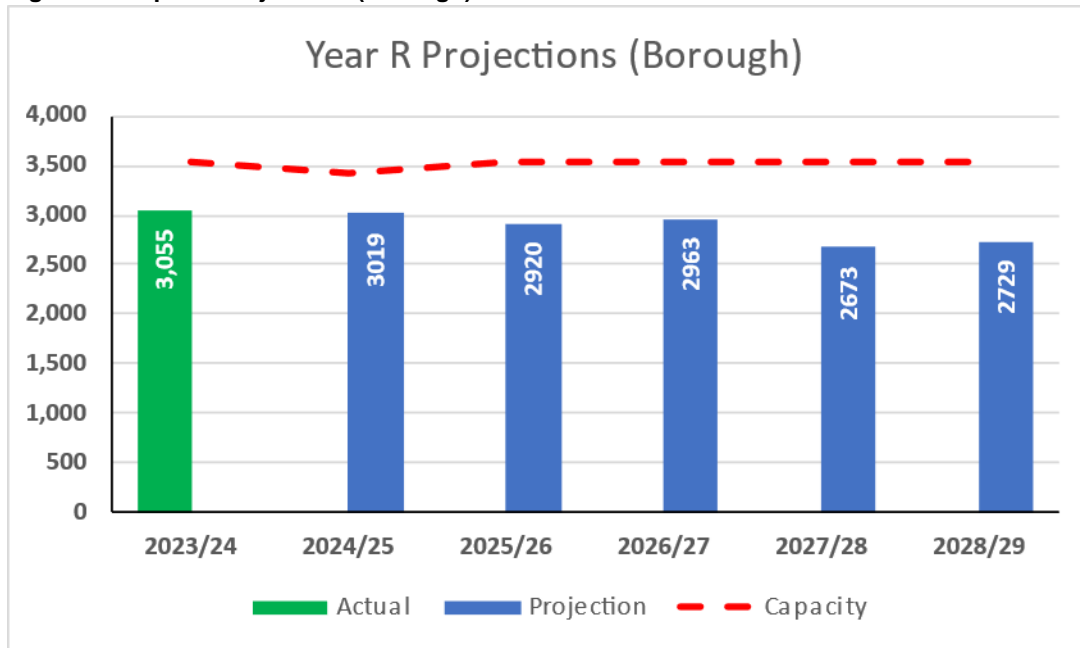
### 10.1. School Roll Projections for the Reception Year

For the school year (2023/24) there was minor underestimate in reception numbers. The projected numbers for reception were 3,040 compared to 3,055 (Jan 24 census), meaning that the borough's actual reception school roll was only 0.5% more than the projection. Therefore, the borough's overall reception year surplus for 2023/24 was 14%.

**Table 10. Reception Projections (Borough)**

Reception Projections (Borough)							
		2023/24	2024/25	2025/26	2026/27	2027/28	2028/29
<b>Actual</b>		3,055					
<b>Projection</b>		3,040	3019	2920	2963	2673	2729
<b>Capacity</b>		3,541	3,420	3,540	3,540	3,540	3,540
<b>Variance</b>	<b>Pupils</b>	486	401	620	577	867	811
	<b>FE</b>	16.2	13.4	20.7	19.2	28.9	27.0
	<b>%</b>	14%	12%	18%	16%	24%	23%

Fig. 14. Reception Projections (Borough)



## 11. Reception School Roll Projections by Planning Area

Below is a summary of the position in each of the borough's primary school planning areas.

### 11.1. Planning Area 1 (Stepney)

In January 2024 there were 80 unfilled places in Stepney, a decrease on the 97 in January 2023. The latest round of pupil projections for Stepney indicates that the surplus will likely continue to increase over the next few years, reaching as high as 27% by January 2027. Currently, the planning area is operating with a manageable surplus, as several school leaders realised plans to reduce capacity and/or implement more sustainable operating models. However, the LA and schools will need to plan for future significant capacity issues forecast to arise in the area.



Table 11. Planning Area 1 – Stepney (INCLUDES BOTH BONNER SCHOOL SITES)

Planning Area 1 – Stepney (INCLUDES BOTH BONNER SCHOOL SITES)							
	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	
Actual	630						
Projection	590	595	570	579	516	520	
Capacity	710	650	710	710	710	710	
Variance	Pupils	80	55	140	131	194	190
	FE	2.7	1.8	4.7	4.4	6.5	6.3
	%	11%	8%	20%	18%	27%	27%

Fig. 15. Planning Area 1 – Stepney Reception Projections

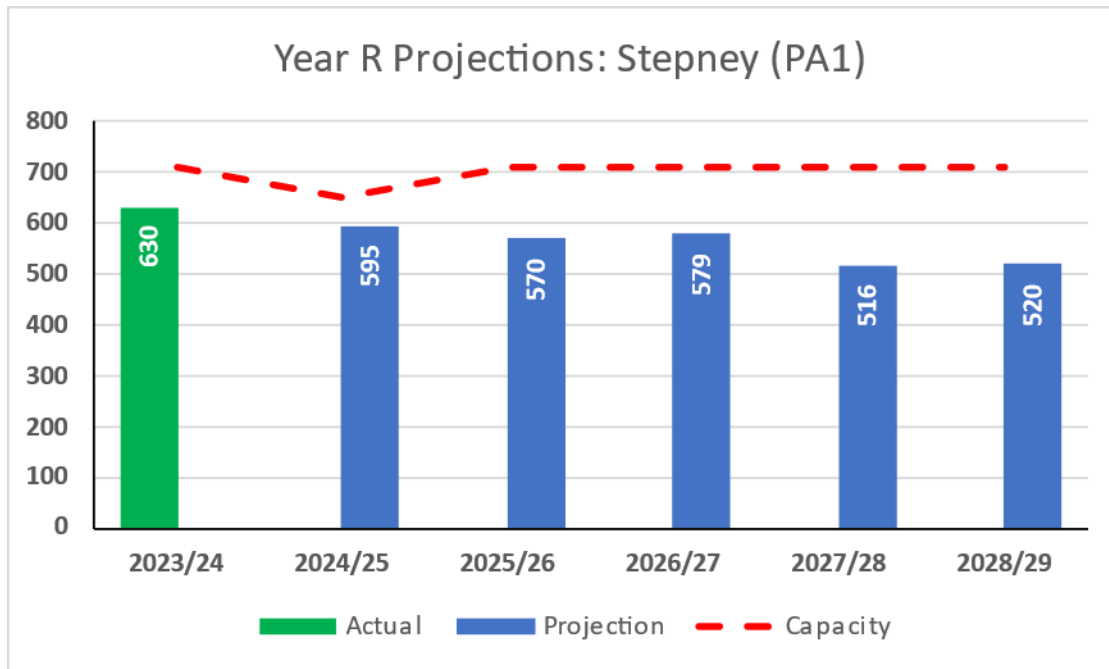
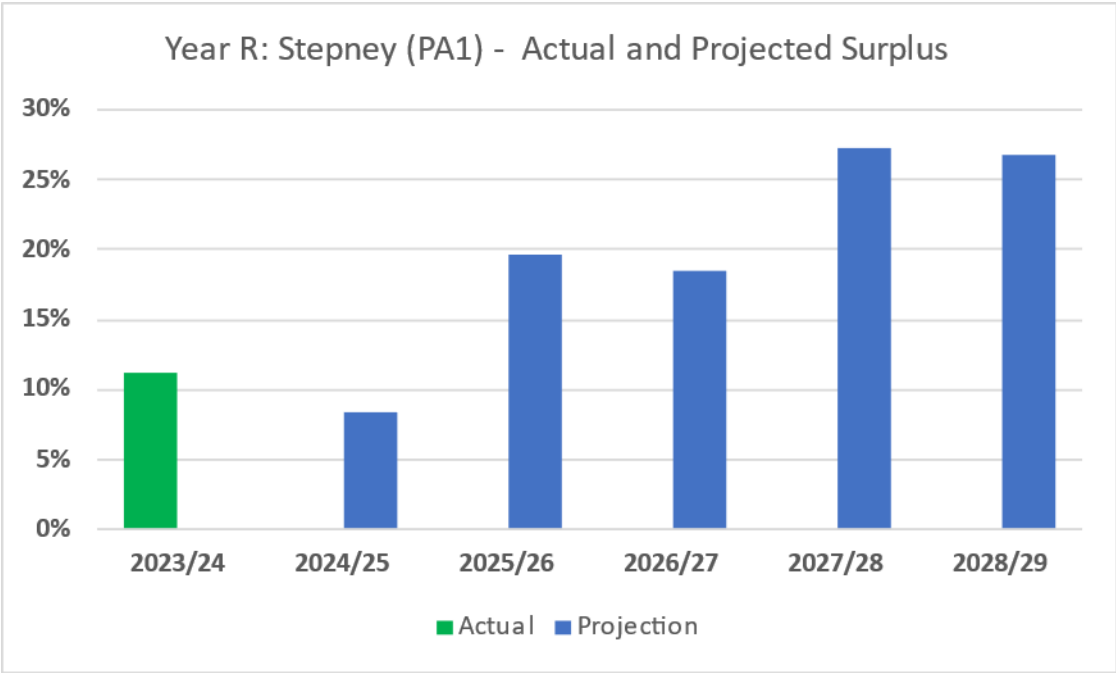


Fig. 16. Planning Area 1 – Stepney Projected Reception Surplus



11.2. Planning Area 2 (Bow)

In January 2024 there were 30 unfilled reception places, resulting in a surplus of only 7%, over the next three years the demand for school places should ensure that 95% of the available school capacity is accessed. Nevertheless, over a five-year period the surplus of reception places is forecast to significantly increase reaching 15% by schools is by January 2028. The LA and school leaders may need to take measures to reduce the capacity for the schools in this planning area in the future.

Table 12 Planning Area 2 – Bow

Planning Area 2 - Bow							
	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	
<b>Actual</b>	375						
<b>Projection</b>	348	388	387	389	343	349	
<b>Capacity</b>	405	405	405	405	405	405	
<b>Variance</b>	<b>Pupils</b>	30	17	18	16	62	56
	<b>FE</b>	1.0	0.6	0.6	0.5	2.1	1.9
	<b>%</b>	7%	4%	4%	4%	15%	14%

Fig. 17. Planning Area 2– Bow Reception Projections

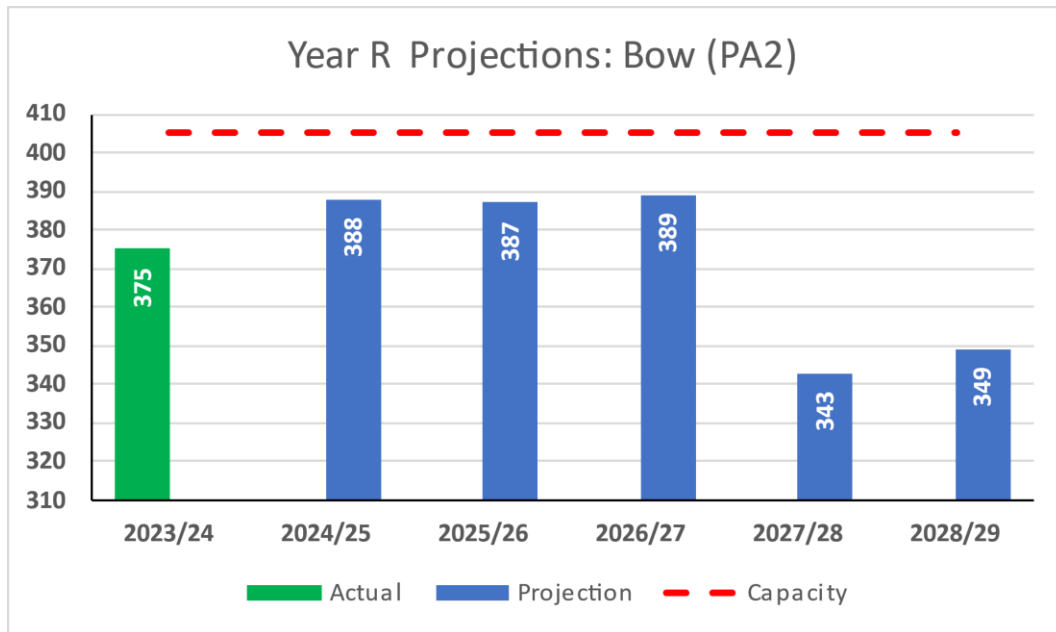
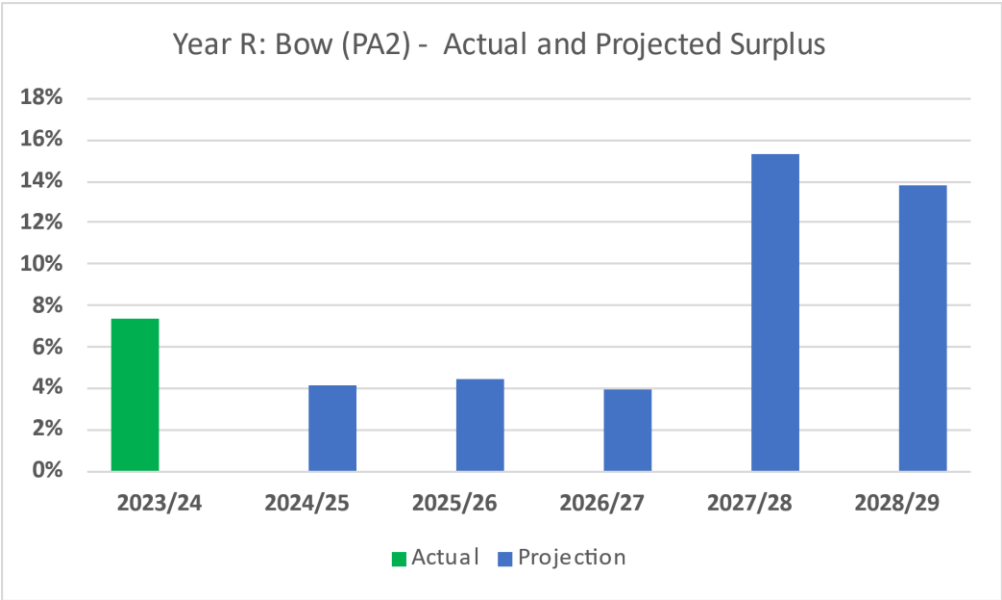


Fig. 18. Planning Area 2 - Bow Projected Reception Surplus



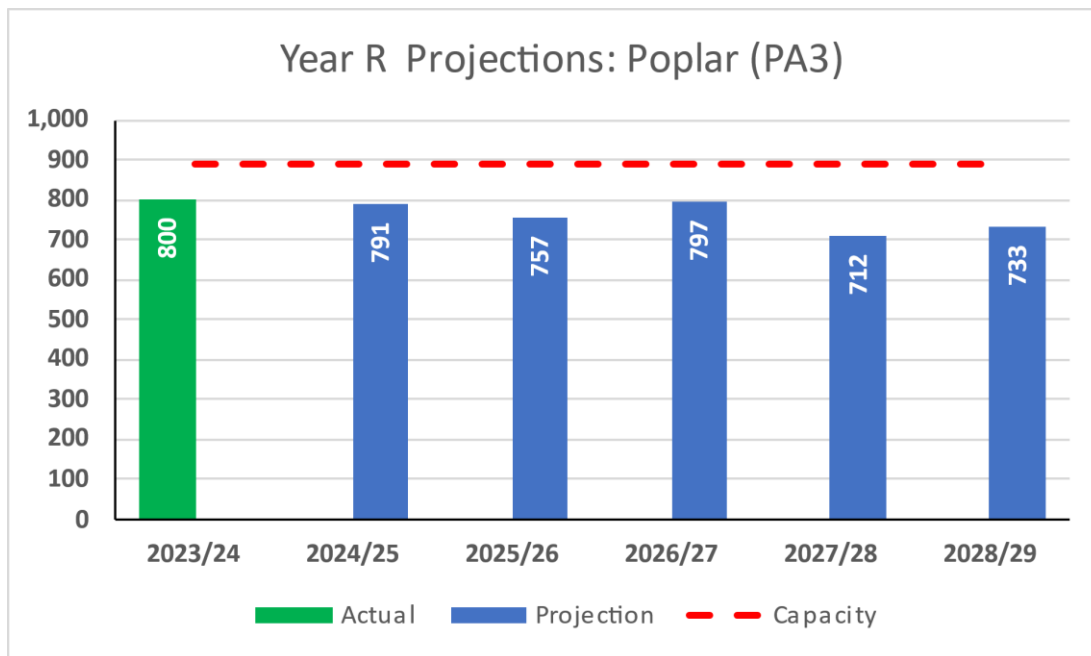
### 11.3. Planning Area 3 (Poplar)

There are currently 892 Reception places in the Poplar area. In January 2024, 92 places were unfilled. The 2024 iteration of GLA projections suggest that the large-scale housing developments in Poplar are no longer anticipated to generate significant new demand for school places. Current projections anticipate that the demand for reception places will continue to decline in the planning area resulting in 20% surplus by January 2028. The LA's plans to significantly increase the volume of social and affordable housing in Poplar may halt this projected decline in pupil numbers. However, delivery will be reliant upon developers and their timescales. Therefore, the LA and school leaders will need to consider measures to reduce the capacity for the schools in this planning area in the future.

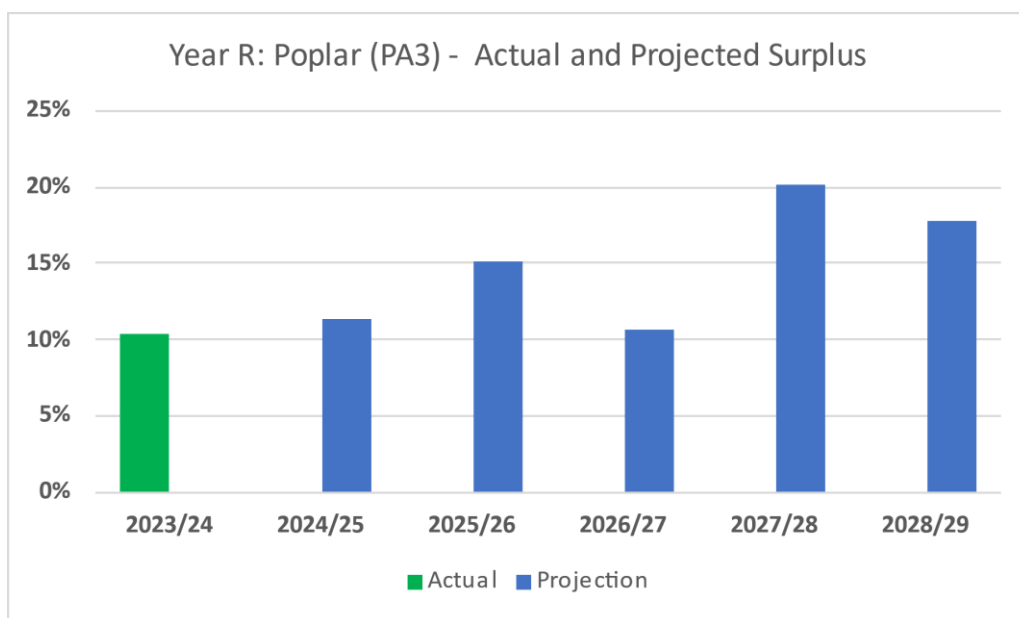
Table 13 Planning Area 3 – Poplar

Planning Area 3 – Poplar							
	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	
<b>Actual</b>	800						
<b>Projection</b>	816	791	757	797	712	733	
<b>Capacity</b>	892	892	892	892	892	892	
<b>Variance</b>	<b>Pupils</b>	92	101	135	95	180	159
	<b>FE</b>	3.1	3.4	4.5	3.2	6.0	5.3
	<b>%</b>	10%	11%	15%	11%	20%	18%

**Fig. 19. Planning Area 3 – Poplar Reception Projections**



**Fig. 20. Planning Area 3 - Poplar Projected Reception Surpluses**



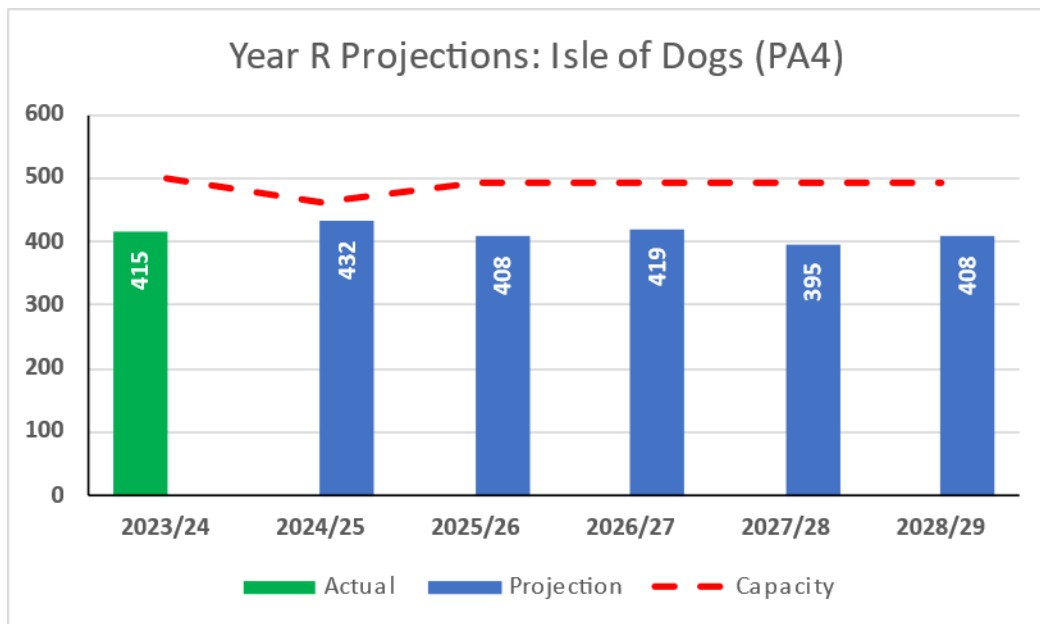
#### 11.4. Planning Area 4 (Isle of Dogs)

In 2023/24, the actual number of reception children accessing a school place in the planning was 10% less than the 2023 projected figure. Despite the highest density of new housing developments being situated in the Isle of Dogs the LA does not expect to see significant growth in pupil numbers over the longer period. The latest projections indicate that demand is anticipated to remain consistent over the next five years, resulting in the surplus remaining around 17% by 2028/29. The LA and school leaders will now need to consider measures to reduce the capacity for the schools in this planning area for the future.

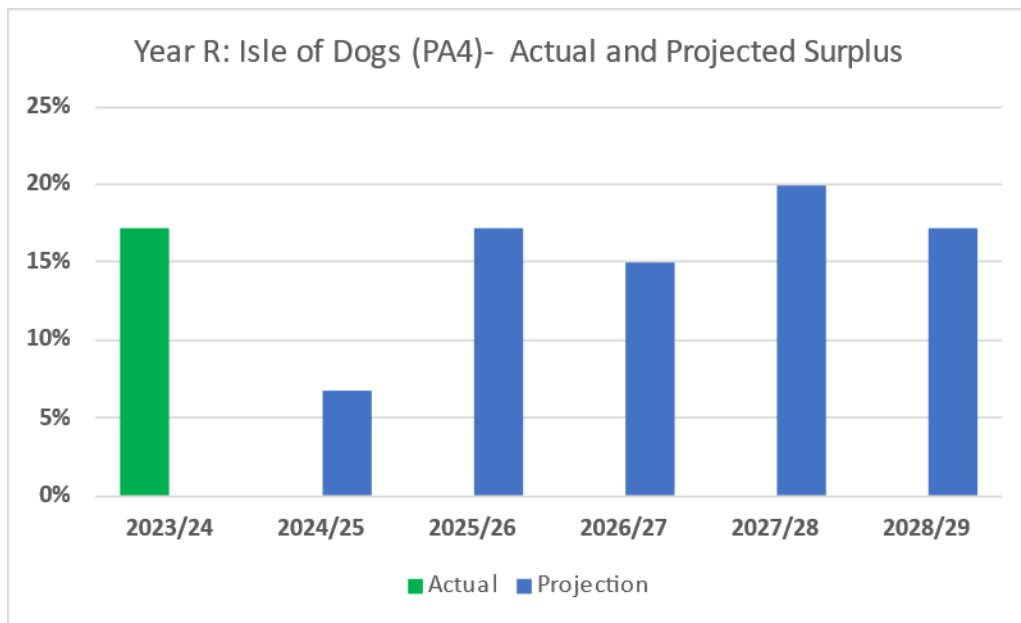
Table 14 Planning Area 4 - Isle of Dogs

Planning Area 4 - Isle of Dogs							
	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	
Actual	415						
Projection	457	432	408	419	395	408	
Capacity	501	463	493	493	493	493	
Variance	Pupils	86	31	85	74	98	85
	FE	2.9	1.0	2.8	2.5	3.3	2.8
	%	17%	7%	17%	15%	20%	17%

Fig. 21. Planning Area 4 - Isle of Dogs Reception Projections



**Fig. 22. Planning Area 4 - Isle of Dogs Projected Reception Surpluses**



### 11.5. Planning Area 5 (Wapping)

There are 435 reception places available in the Wapping catchment area, with 42 unfilled places in January 2024, representing a 10% capacity surplus that is projected to reach 25% surplus by January 2028. The Wapping area is earmarked for new social and affordable family housing, although the timescale for the delivery of these developments will be controlled by the developers not the LA. Whilst the LA will continue to monitor the progress of these developments to see how the roll out and occupation affects the demand for school places in this area going forward, it is evident that the LA and schools will need to plan reductions to future significant capacity issues forecast to arise in the area.

Table 15 Planning Area 5 - Wapping

Planning Area 5 – Wapping		2023/24	2024/25	2025/26	2026/27	2027/28	2028/29
Actual		393					
Projection		381	365	369	358	326	331
Capacity		435	435	435	435	435	435
Variance	Pupils	42	70	66	77	109	104
	FE	1.4	2.3	2.2	2.6	3.6	3.5
	%	10%	16%	15%	18%	25%	24%

Fig. 23. Planning Area 5 – Wapping Reception Projections

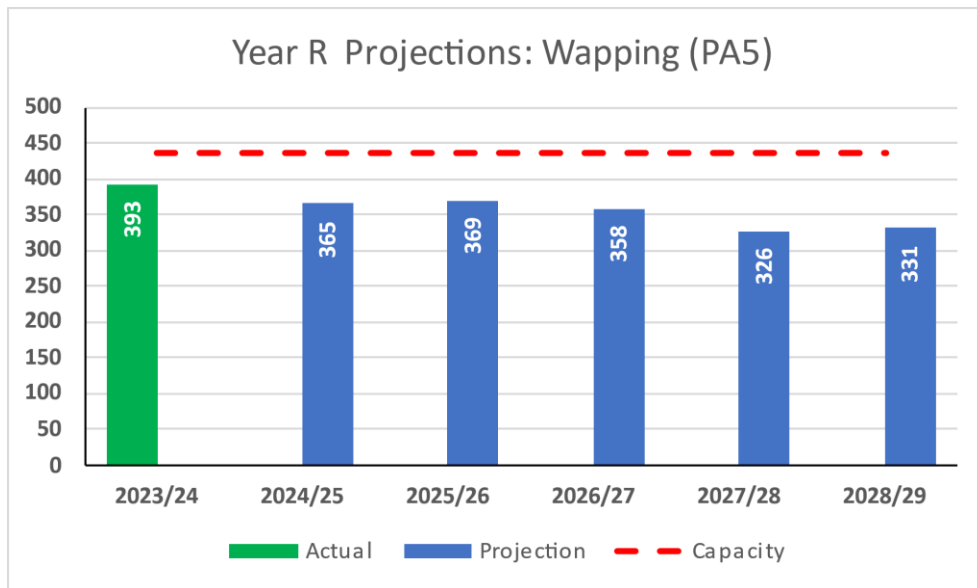
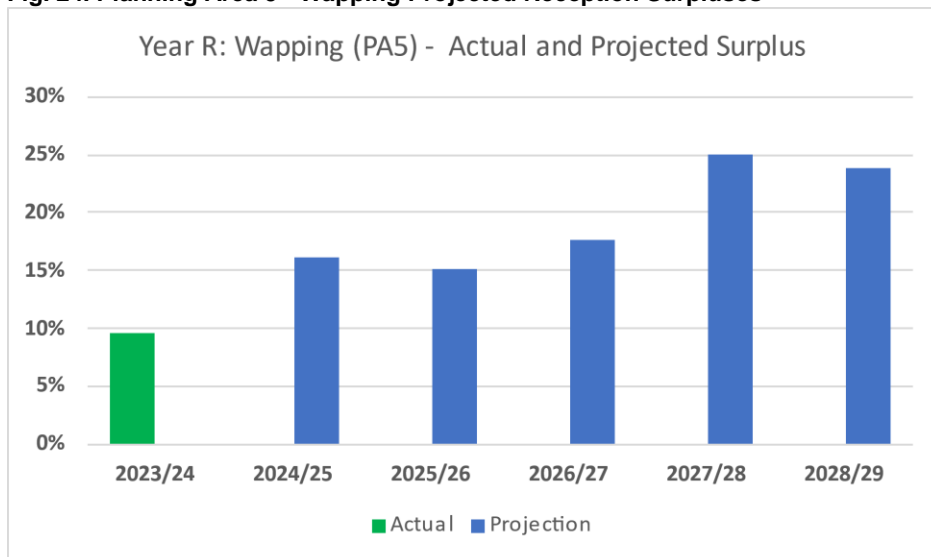


Fig. 24. Planning Area 5 - Wapping Projected Reception Surpluses





### 11.6. Planning Area 6 (Bethnal Green)

In January 2024 there were 159 unfilled places in Bethnal Green, an increase from the 139 unfilled places in January 2023. The number of reception pupils in Bethnal Green is expected to further decrease over the next five years, with the surplus capacity expected to exceed 35% by January 2028. Most of the housing development in this area is already in delivery and any uplift in pupil numbers is unlikely to significantly reduce the surplus going forward.

The SOSG is prioritising solutions to address the unsustainable surplus capacity that exists in the planning area. Following on from SOSG discussions, schools within the planning area have begun to explore a range of school organisation options to improve their financial viability and sustainability. Nonetheless, as the demand for reception places is unlikely to increase in the area over the next five years, it is necessary for measures to be actioned to reduce the surplus capacity over the longer term.

**Table 16 Planning Area 6 – Bethnal Green**

Planning Area 6 – Bethnal Green							
		2023/24	2024/25	2025/26	2026/27	2027/28	2028/29
<b>Actual</b>		441					
<b>Projection</b>		448	448	431	422	382	387
<b>Capacity</b>		600	570	600	600	600	600
<b>Variance</b>	<b>Pupils</b>	159	122	169	178	218	213
	<b>FE</b>	5.3	4.1	5.6	5.9	7.3	7.1
	<b>%</b>	27%	21%	28%	30%	36%	36%

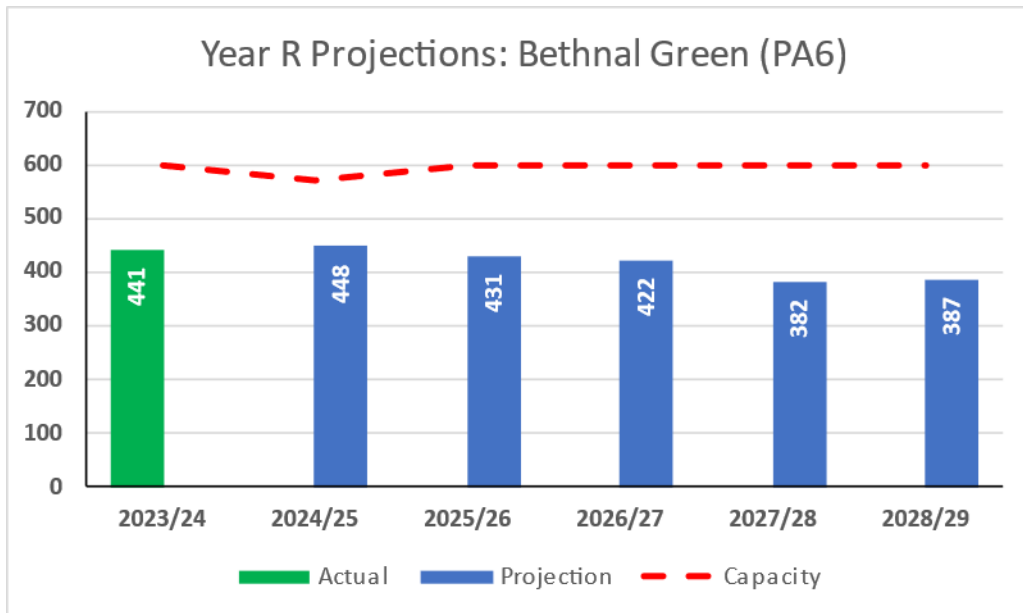
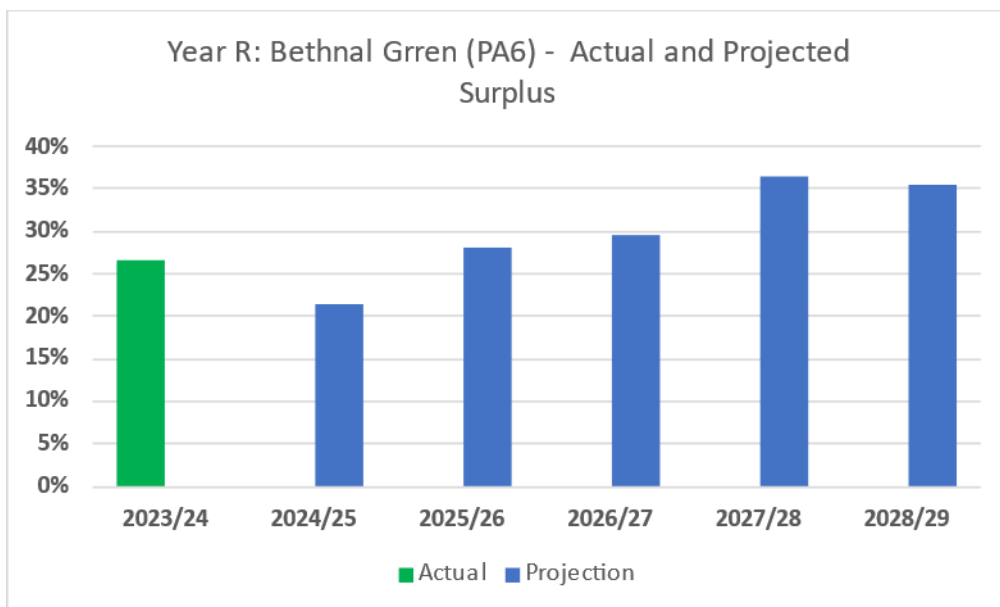


Fig. 25. Planning Area 6 - Bethnal Green Projected Reception Surpluses



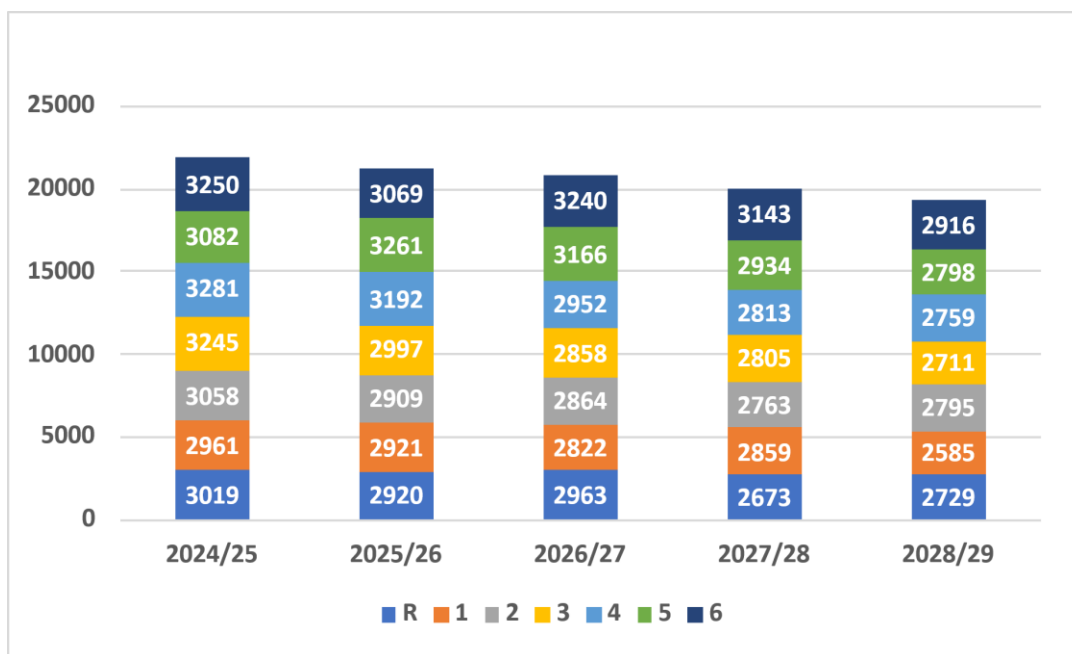
## 12. Total Primary School Roll Projections

The table below with projections for each National Curriculum Year (NCY), show each cohort as it moves through the primary phase. Cohort sizes are projected to get smaller, as the classes enter a new NCY. The total primary number is therefore expected to reduce to 19,293 by January 2029, due to the decline in births, negative net migration and the lower pupil yield from new housing development. The LA and school leaders face a significant challenge, given the correlation between pupil numbers, school funding and the ability to sustain high quality of education. Some schools are considering alternative operational models to identify sustainability solutions including vertical grouping.

Table 17. Primary Rolls Projections by NCY

Primary Rolls (R-Y6) projections 2024-2029								
Year	R	1	2	3	4	5	6	Total
2024/25	3019	2961	3058	3245	3281	3082	3250	21896
2025/26	2920	2921	2909	2997	3192	3261	3069	21269
2026/27	2963	2822	2864	2858	2952	3166	3240	20865
2027/28	2673	2859	2763	2805	2813	2934	3143	19990
2028/29	2729	2585	2795	2711	2759	2798	2916	19293

Fig. 26. Primary Rolls Projections by NCY



### 13. Secondary Rolls and Year 7 Projections

The demand for secondary school provision is assessed and planned for on a borough wide basis.

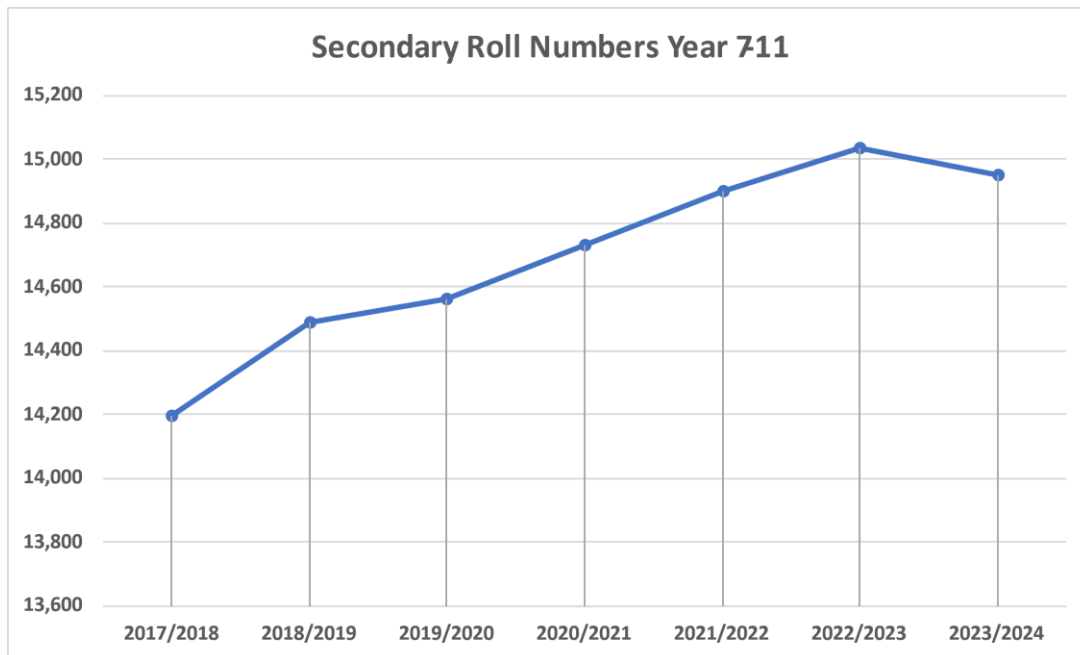
#### 13.1. Historic Secondary School Rolls

Historically, secondary rolls (Y7 -Y11) have increased year on year, however, 2023/24 signified a trend shift with overall secondary rolls beginning to decline as a consequence of the reduced primary cohorts transitioning into the secondary sector.

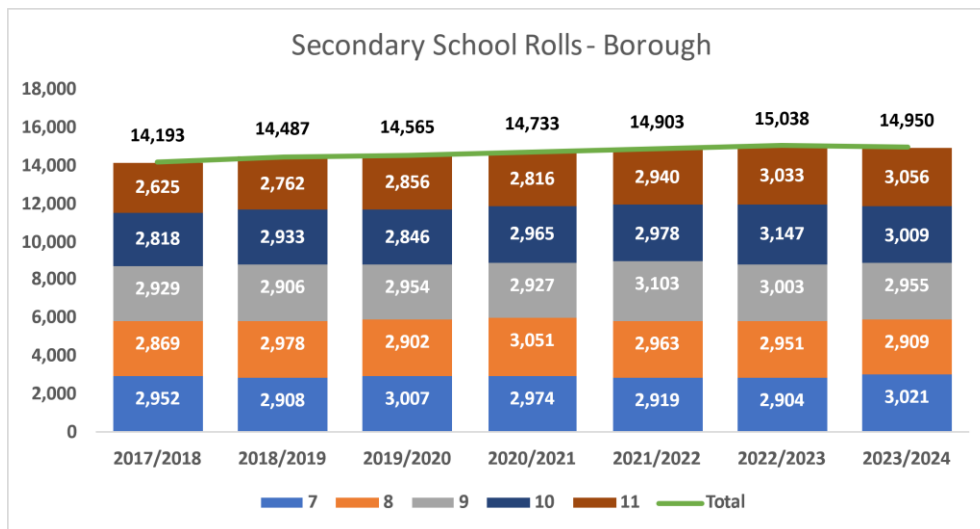
Table 18. Secondary Rolls (Y7-Y11) 2017-2023

Secondary Rolls (Y7-Y11) 2017-2023								
Year	7	8	9	10	11	Total	+/-	%
2017/2018	2,952	2,869	2,929	2,818	2,625	14,193	373	2.7%
2018/2019	2,908	2,978	2,906	2,933	2,762	14,487	294	2.0%
2019/2020	3,007	2,902	2,954	2,846	2,856	14,565	78	0.5%
2020/2021	2,974	3,051	2,927	2,965	2,816	14,733	168	1.1%
2021/2022	2,919	2,963	3,103	2,978	2,940	14,903	144	0.9%
2022/2023	2,904	2,951	3,003	3,147	3,033	15,038	135	0.9%
2023/2024	3,021	2,909	2,955	3,009	3,056	14,950	-88	-0.6%
							<b>757</b>	<b>5.3%</b>

Fig. 32. Growth Trajectory of Secondary School Rolls from 2017 – 2023 by Year Group



**Fig. 33. Growth Trajectory of Secondary School Rolls from 2017 – 2024 by Year Group**



Secondary rolls were projected to peak in 2023/24, however a 3% decline in the Year 10 cohort transitioning to Year 11 decline resulted in the largest secondary roll being recorded in 2022/23. The decline in primary rolls is expected to impact on secondary schools with year 7 rolls projected to decrease despite the continued levels of positive net migration in this phase.

### 13.2. School Roll Projections for Year 7

This report specifically looks at future demand at the point of entry in Year 7. Secondary projections indicate that the current growth trend will end in 2023/24, where Year 7 pupil numbers are projected to reach 3,059 before decreasing over the next four-year period.

When assessing the need for school places, there is an expectation that the LA includes a level of planned surplus to enable a reasonable degree of parental preference and to allow for unforeseen rises in the pupil population, mainly due to the continued positive net migration at secondary.

It is also important to consider the inter-year volatility in the popularity of Tower Hamlets secondary schools. This is an important factor that cannot be accurately projected for, given that it rests on parental/child preferences, changes in Ofsted ratings, parental perception and other factors not linked to demography, migration and birth rates.

The latest secondary school 'capacity' figures take account of the confirmed opening of the new school at London Dock in September 2024. The additional places provided by this 6FE school will remove the risk of any shortfall in 2024/25.

The LA can also be reasonably confident that the planned capacity for Year 7 entry from September 2024 onwards will provide sufficient secondary school places for children in Tower Hamlets. A further secondary school site had previously been earmarked for development in the borough. Considering the current capacity and projected numbers, there are no plans to move forward with the development of this site at this time.

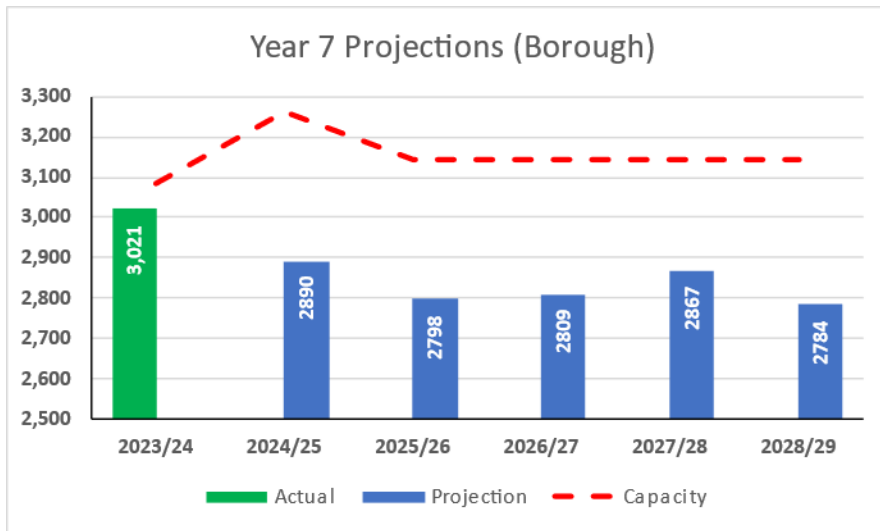
**Table 19. Year 7 Pupil Projections**

<b>Year 7 Pupil Projections</b>		<b>2023/24</b>	<b>2024/25</b>	<b>2025/26</b>	<b>2026/27</b>	<b>2027/28</b>	<b>2028/29</b>
<b>Actual</b>		3,021					
<b>Projection</b>		3,059	2890	2798	2809	2867	2784
<b>Capacity</b>		3,083	3,263	3,143	3,143	3,143	3,143
<b>Variance</b>	<b>Pupils</b>	62	373	345	334	276	359
	<b>FE</b>	2.1	12.4	11.5	11.1	9.2	12.0
	<b>%</b>	2%	11%	11%	11%	9%	11%

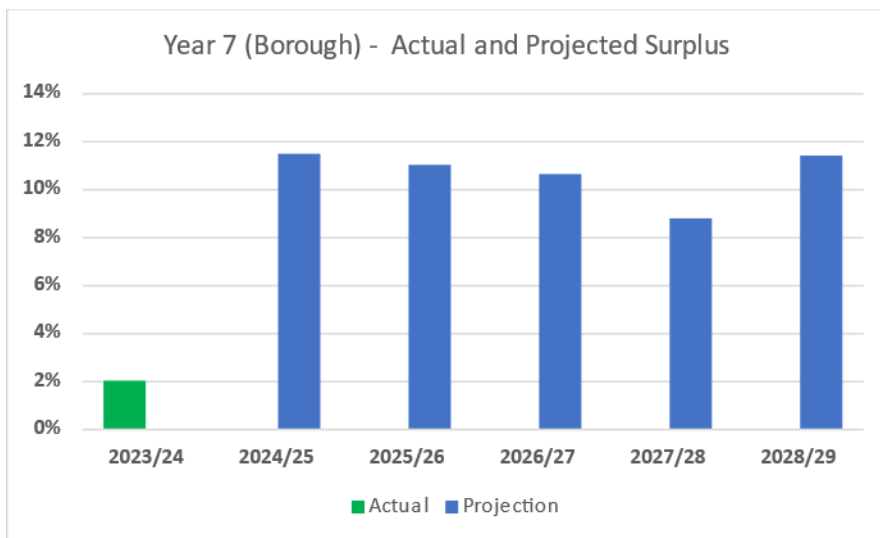
\* The opening of the new 6FE Mulberry Academy London Dock School in September 2024.

\*\* Bishop Challoner's School PAN reduction from 270 to 150 from September 2025 onwards.

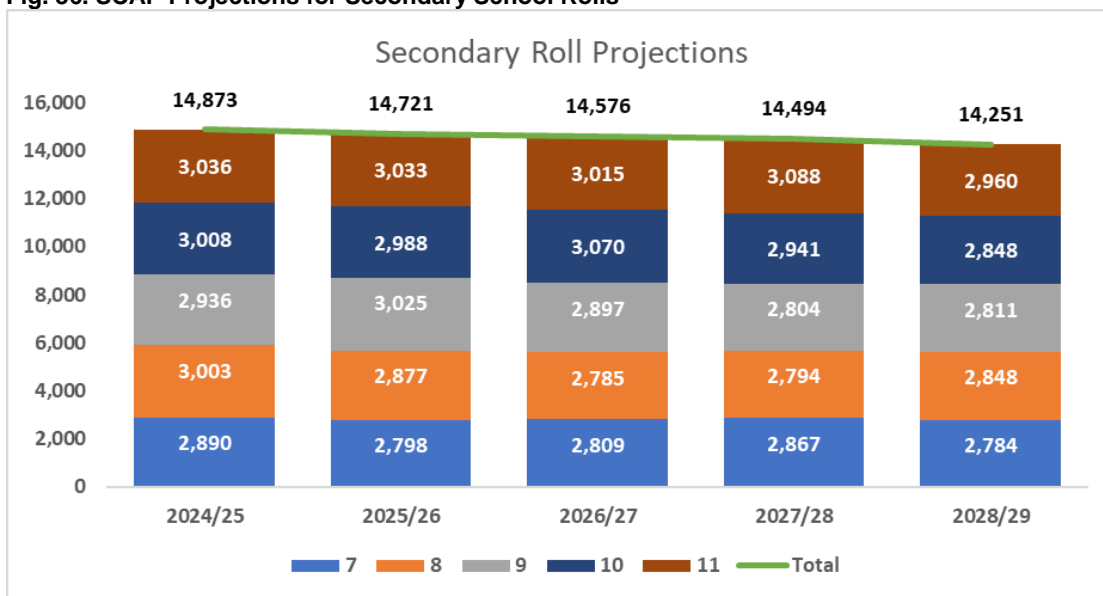
**Fig. 34. Actual and Projected Year 7 Rolls**



**Fig. 35. Year 7 Surpluses**



**Fig. 36. SCAP Projections for Secondary School Rolls**



## 14. Post 16 School Rolls, Capacity and Projections

There are currently 14 Secondary Schools with 6<sup>th</sup> Forms in Tower Hamlets.

**Table 20. Secondary Schools in Tower Hamlets**

Secondary Schools			
	Secondary (11-16)	Secondary (11-19)	UTC (14-19)
Community/Voluntary Controlled	0	6	0
Voluntary Aided	0	3	0
Academy/Free School	3	4	1
Foundation	0	0	0
Total	3	13	1

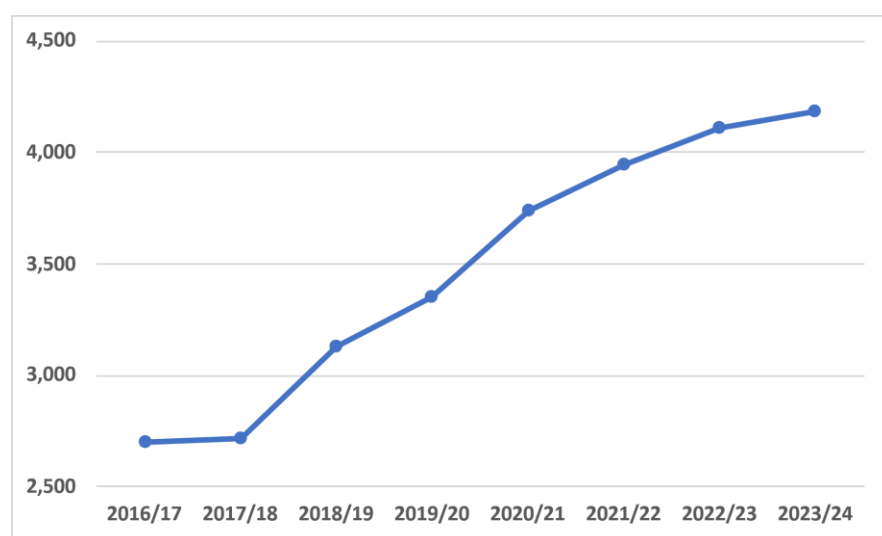
### 14.1. Historic Post 16 School Rolls

In common with the increase in the 11 to 16 pupil population we have seen a significant increase in Post 16 rolls. These have increased by 55% from 2,696 to 4,186 between January 2017 and January 2024, as individual schools opened new 6<sup>th</sup> forms or expanded/developed their existing 6<sup>th</sup> form provision.

**Table 21. Post 16 Roll Numbers LBTH Secondary Schools**

Post 16 Roll Numbers LBTH Secondary Schools								
	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Post 16 Roll Numbers (2022 Census)	2,696	2,715	3,130	3,348	3,737	3,942	4,110	4,186

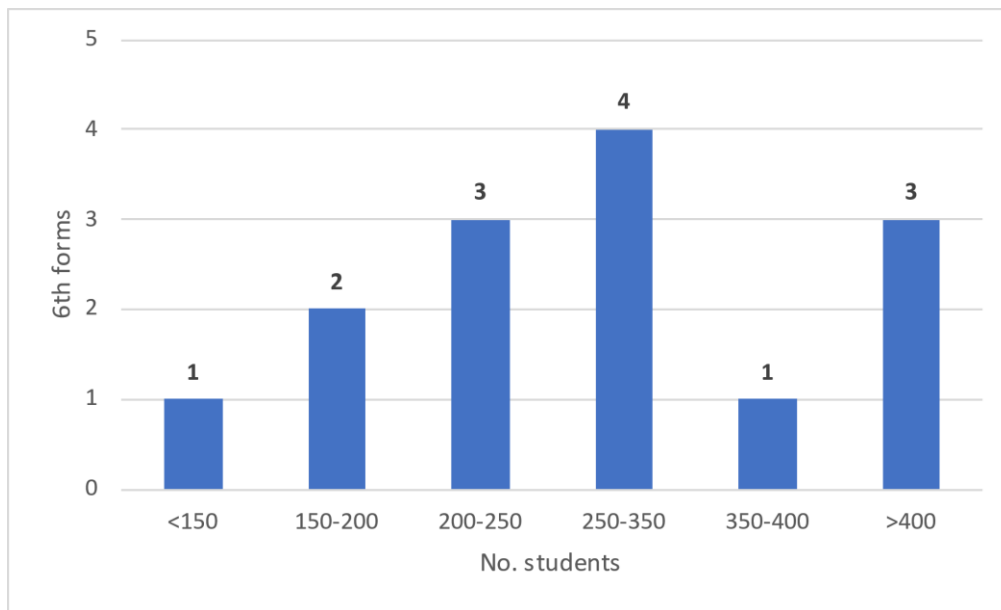
**Fig. 37. Post 16 Rolls Growth 2016 – 2023**



There is significant variance in 6<sup>th</sup> Form size. The chart below shows the number of sixth forms by size. The sixth form size in 11 of the 14 schools is above 200 students. The remaining three sixth forms have fewer than 200 pupils, including one with less than 150 students.



**Fig. 38. Tower Hamlets School Sixth Forms by size**



The Department for Education (DfE) recommends that schools maintain sixth forms with at least 200 students and offer a minimum of 15 A-level subjects, either independently or through partnerships. At the same time, it is recognised that smaller school sixth forms can still provide access to a wide range of courses to meet students' interests or specific needs.

## 14.2. School Roll Projections for Post 16

They were 4,186 Post 16 students recorded in the January 2024 census, an increase of 76 students on the previous year. The latest round of projections does not anticipate significant growth to occur in the 6<sup>th</sup> form sector, as only 4,179 students are forecast by January 2029.

The Borough's 6<sup>th</sup> Form capacity in 2023/24 was at 4,750, but it will be increasing as recently opened 11-19 secondary schools<sup>10</sup> have their first 6<sup>th</sup> form intakes at relevant points in the future, and existing schools expand their sixth form provision in response to their increasing rolls through Y7 – Y11<sup>11</sup>.

With these increases it is evident there is already sufficient 6<sup>th</sup> provision going forward for the borough. Therefore, plans or proposals to add further post-16 provision will only be taken forward if it can be demonstrated that they will address a genuine need to improve the overall quality and diversity of educational provision in the area.

<sup>10</sup> Canary Wharf College sixth form planned for 2026/27 and Moberry London Dock sixth form opens 2029/30

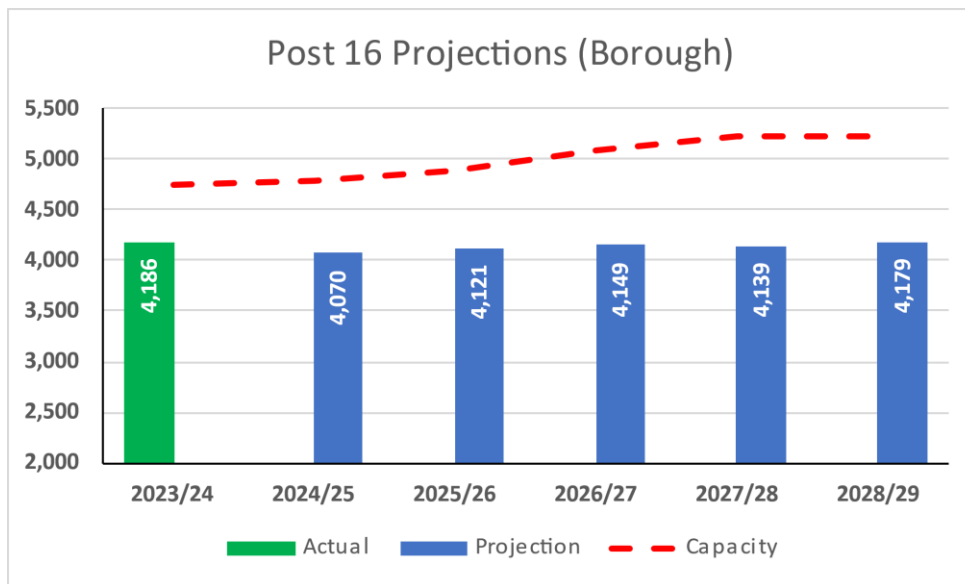
<sup>11</sup> St Paul's Way Trust expansion from 2024/25 and Central Foundation Girls expansion from 2025/26

The LA intends to establish a new sixth form provision designed at improving A-level attainment for resident pupils. The new provision is scheduled to open for 2025/26 school year and is currently at the presumption tendering stage.

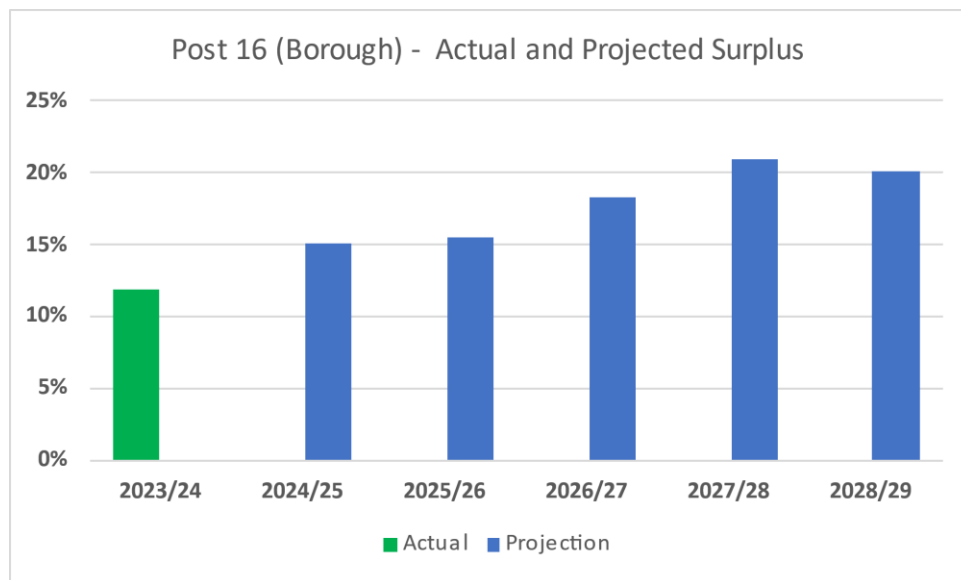
**Table 22. Post 16 Pupil Projections: Borough Secondary Schools**

Post 16 Pupil Projections: Borough Secondary Schools							
	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	
<b>Actual</b>	4,186						
<b>Projection</b>	4,087	4,070	4,121	4,149	4,139	4,179	
<b>Capacity</b>	4,750	4,790	4,880	5,080	5,230	5,230	
<b>Variance</b>	<b>Pupils</b>	564	720	759	931	1,091	1,051
	<b>FE</b>	18.8	24.0	25.3	31.0	36.4	35.0
	<b>%</b>	12%	15%	16%	18%	21%	20%

**Fig. 39. Post 16 Projections: Borough Secondary Schools**



**Fig. 40. Post 16 Surpluses**



## 15. Conclusion

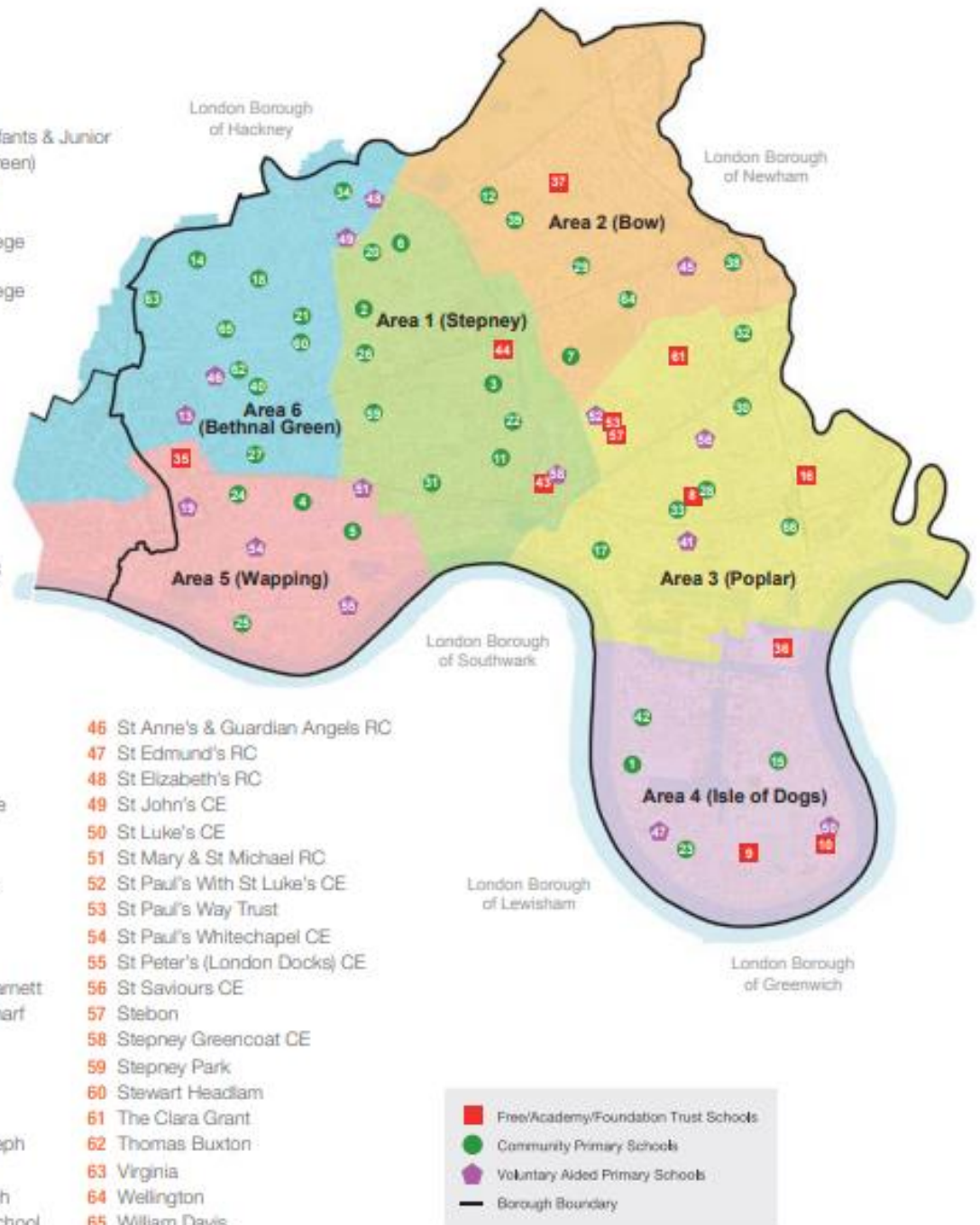
These school roll projections are based on current GLA analysis. It is recognised there is always some level of uncertainty around this type of evaluation, but it is evident from previous iterations that this information has proven to be a reliable basis to inform school organisation activities and their decision making.

The LA and its school leadership will continue to meet the challenge of falling school rolls, including exploring ways to make surplus places in primary school sustainable. This is being undertaken as part of the LA's School Organisation and Capital Investment Strategy. The strategy sets out the key principles and direction that the LA is taking to meet its statutory duty to provide suitable, sufficient and sustainable school places and is overseen by the School Organisation Stakeholders Group (SOSG). This group consists of representatives from all of the key stakeholders, including LA maintained schools, academy trust leaders and the relevant diocesan bodies. It monitors activities across early years, 4 - 16, Post 16 and SEND and reviews the overall strategic development in the context of the LA's statutory duties. The SOSG also advises the LA on options for school organisation, place planning and education capital investment.

# Appendix 1 - LBTH Primary School Planning Areas

- 1 Arnhem Wharf
- 2 Bangabandhu
- 3 Ben Jonson
- 4 Bigland Green
- 5 Blue Gate Fields Infants & Junior
- 6 Bonner (Bethnal Green)
- 7 Bonner (Mile End)
- 8 Bygrove
- 9 Canary Wharf College East Ferry
- 10 Canary Wharf College Glenworth
- 11 Cayley
- 12 Chisenhale
- 13 Christ Church CE
- 14 Columbia
- 15 Cubitt Town
- 16 Culloden
- 17 Cyril Jackson
- 18 Elizabeth Selby & Lawdale Junior
- 19 English Martyrs RC
- 20 Globe
- 21 Hague
- 22 Halley
- 23 Harbinger
- 24 Harry Gosling
- 25 Hermitage
- 26 John Scurr
- 27 Kobi Nazrul
- 28 Lansbury Lawrence
- 29 Malmesbury
- 30 Manorfield
- 31 Marion Richardson
- 32 Mamer
- 33 Mayflower
- 34 Mowlam
- 35 Mulberry Canon Barnett
- 36 Mulberry Wood Wharf
- 37 Old Ford
- 38 Old Palace
- 39 Olga
- 40 Osmani
- 41 Our Lady & St Joseph
- 42 Seven Mills
- 43 Sir William Burrough
- 44 Solebay Primary School
- 45 St Agnes RC

- 46 St Anne's & Guardian Angels RC
- 47 St Edmund's RC
- 48 St Elizabeth's RC
- 49 St John's CE
- 50 St Luke's CE
- 51 St Mary & St Michael RC
- 52 St Paul's With St Luke's CE
- 53 St Paul's Way Trust
- 54 St Paul's Whitechapel CE
- 55 St Peter's (London Docks) CE
- 56 St Saviours CE
- 57 Stebon
- 58 Stepney Greencoat CE
- 59 Stepney Park
- 60 Stewart Headlam
- 61 The Clara Grant
- 62 Thomas Buxton
- 63 Virginia
- 64 Wellington
- 65 William Davis
- 66 Woolmore



# Appendix 2 – Map of Secondary Schools In LBTH



## Secondary schools

- A Bishop Challoner Catholic Federation of Schools
- B Bow School
- C Canary Wharf College Crossharbour
- E George Green's School
- F Langdon Park School
- G London Enterprise Academy
- H Morpeth School
- I Mulberry Academy London Dock
- J Mulberry Academy Shoreditch
- K Mulberry School for Girls
- L Mulberry Stepney Green Maths, Computing and Science College
- M Oaklands School
- N Stepney All Saints CofE Secondary School
- O St Paul's Way Trust School
- P Swanlea School
- Q Wapping High School

## 14-19 provision

- 1 East London Arts & Music
- 2 London East Alternative Provision (LEAP)
- 3 Mulberry University Technical College
- 4 New City College - Tower Hamlets

## Registered independent secondary schools

- R Darul Hadis Latifiah
- S Jamiatul Ummah
- T London East Academy
- U London Islamic School
- V Madani Secondary Girls' School
- W Mahazirul Ulbom London
- X River House Montessori School
- Y The Complete Works Independent School

## Special schools

- S1 Beatrice Tate School
- S2 Ian Mikardo High School
- S3 Phoenix School

## Appendix 3 - Tower Hamlets Ward Outlook

Despite the declining reception numbers across the borough, the LA has been able to manage an increasing surplus capacity. The Primary Review in 2020 was pivotal in redressing the balance between capacity and demand for reception places. However, as demand in the borough has continued to decline a concentrated oversupply of places has arisen in specific wards. The table below shows the surplus levels across the 20 wards over the past five years.

**Fig. 41. Year R Surplus Levels across wards 2019-24**

2019/20			2020/21			2021/22			2022/23			2023/24		
<15%	15-25%	>25%	<15%	15-25%	>25%	<15%	15-25%	>25%	<15%	15-25%	>25%	<15%	15-25%	>25%
14	3	3	17	2	1	17	1	2	13	5	2	15	2	3

Over the five-year period between 2019-24 the majority of wards have been operating with a Year R occupancy rate above 85%, in 2023/24 only five wards had surplus capacity exceeding 15%. Last year there were three wards with a surplus capacity above 25%, Spitalfields & Banglatown, St Peter's and St Dunstan's, these wards also had a surplus above 15% in 2022/23. Furthermore, Spitalfields & Banglatown is of particular concern as it is the only ward that has a surplus capacity that has continually surpassed 15% over the past five years.

### 16.1 West Region Primary Schools

**Fig. 42. Year R Surplus Rating Key**

Surplus Rating	Colour
Below 15% surplus	
Between 15-25% surplus	
Above 25% surplus	

#### Bethnal Green

School	Year R PAN	Ward	Planning Area	2019 - 2020	2020 - 2021	2021 - 2022	2022 - 2023	2023 - 2024
Bangabandhu Primary School	30	Bethnal Green	Stepney	31	32	55	30	43
Bonner Primary School	120	Bethnal Green	Stepney	119	119	104	79	93
Globe Primary School	45	Bethnal Green	Stepney	51	47	45	46	45
John Scurr Primary School	60	Bethnal Green	Stepney	52	55	59	48	58

#### Mile End (West)

School	Year R PAN	Ward	Planning Area	2019 - 2020	2020 - 2021	2021 - 2022	2022 - 2023	2023 - 2024
Sir William Burrough Primary School	45	Mile End	Stepney	45	44	45	45	45



Stepney Greencoat Church of England Primary School	30	Mile End	Stepney	27	24	25	25	12
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### Shadwell

School	Year R PAN	Ward	Planning Area	2019 - 2020	2020 - 2021	2021 - 2022	2022 - 2023	2023 - 2024
Bigland Green Primary School	60	Shadwell	Wapping	57	60	60	60	60
Blue Gate Fields Infant School	90	Shadwell	Wapping	90	88	90	88	90
St Marys & St Michaels RC School	60	Shadwell	Wapping	52	59	57	49	47

### Spitalfields & Banglatown

School	Year R PAN	Ward	Planning Area	2019 - 2020	2020 - 2021	2021 - 2022	2022 - 2023	2023 - 2024
Christ Church CofE School	30	Spitalfields & Banglatown	Bethnal Green	29	24	23	17	16
Osmani Primary School	60	Spitalfields & Banglatown	Bethnal Green	42	60	53	56	51
St Anne's and Guardian Angels CPS	60	Spitalfields & Banglatown	Bethnal Green	46	24	27	27	23
Thomas Buxton Primary School	60	Spitalfields & Banglatown	Bethnal Green	59	62	49	53	49
Mulberry Canon Barnett Primary School	30	Spitalfields & Banglatown	Wapping	25	25	24	20	20

### St Dunstan's

School	Year R PAN	Ward	Planning Area	2019 - 2020	2020 - 2021	2021 - 2022	2022 - 2023	2023 - 2024
Ben Jonson Primary School	90	St Dunstan's	Stepney	71	87	81	89	70
Cayley Primary School	60	St Dunstan's	Stepney	51	58	60	55	59
Halley Primary School	30	St Dunstan's	Stepney	26	30	28	29	16
Solebay Primary Academy	50	St Dunstan's	Stepney	16	26	34	20	12

### St Katharine's & Wapping

School	Year R PAN	Ward	Planning Area	2019 - 2020	2020 - 2021	2021 - 2022	2022 - 2023	2023 - 2024
Hermitage Primary School	45	St Katharine's & Wapping	Wapping	38	43	37	33	35
St Peters London Docks C of E Primary School	30	St Katharine's & Wapping	Wapping	30	30	31	29	30

### St Peter's

School	Year R PAN	Ward	Planning Area	2019 - 2020	2020 - 2021	2021 - 2022	2022 - 2023	2023 - 2024
Elizabeth Selby Infants' School	60	St Peter's	Bethnal Green	54	59	60	56	49

Hague Primary School	30	St Peter's	Bethnal Green	30	30	30	20	24
Mowlem Primary School	30	St Peter's	Bethnal Green	25	29	30	29	30
St Elizabeth Catholic Primary School	60	St Peter's	Bethnal Green	48	39	47	33	35
St John's Church of England Primary School	30	St Peter's	Bethnal Green	11	13	18	16	16
Stewart Headlam Primary School	30	St Peter's	Bethnal Green	28	30	30	20	18

### Stepney Green

School	Year R PAN	Ward	Planning Area	2019 - 2020	2020 - 2021	2021 - 2022	2022 - 2023	2023 - 2024
Marion Richardson Primary School	60	Stepney Green	Stepney	56	59	59	59	60
Stepney Park Primary School	90	Stepney Green	Stepney	0	78	90	88	78

### Weavers

School	Year R PAN	Ward	Planning Area	2019 - 2020	2020 - 2021	2021 - 2022	2022 - 2023	2023 - 2024
Columbia Primary School	60	Weavers	Bethnal Green	59	58	58	59	60
Virginia Primary School	30	Weavers	Bethnal Green	29	30	29	30	30
William Davis Primary School	30	Weavers	Bethnal Green	13	25	29	18	17

### Whitechapel

School	Year R PAN	Ward	Planning Area	2019 - 2020	2020 - 2021	2021 - 2022	2022 - 2023	2023 - 2024
Kobi Nazrul Primary School	30	Whitechapel	Bethnal Green	30	30	29	27	30
English Martyrs RC Primary School	30	Whitechapel	Wapping	29	27	24	26	30
Harry Gosling Primary School	60	Whitechapel	Wapping	55	60	59	57	39
St Pauls Whitechapel CE Primary School	30	Whitechapel	Wapping	28	30	30	30	30

## 16.2 East Region Primary Schools

### Blackwall & Cubitt Town

School	Year R PAN	Ward	Planning Area	2019 - 2020	2020 - 2021	2021 - 2022	2022 - 2023	2023 - 2024
Cubitt Town Primary School	90	Blackwall & Cubitt Town	Isle of Dogs	90	89	88	87	84



School	Year R PAN	Ward	Planning Area	2019 - 2020	2020 - 2021	2021 - 2022	2022 - 2023	2023 - 2024
Old Ford Primary A Paradigm Academy	90	Bow East	Bow	85	86	76	79	80

#### Bow West

School	Year R PAN	Ward	Planning Area	2019 - 2020	2020 - 2021	2021 - 2022	2022 - 2023	2023 - 2024
Chisenhale Primary School	50	Bow West	Bow	44	45	45	47	42
Malmesbury Primary School	60	Bow West	Bow	56	74	55	58	53
Olga Primary School	60	Bow West	Bow	78	87	87	60	60

#### Bromley North

School	Year R PAN	Ward	Planning Area	2019 - 2020	2020 - 2021	2021 - 2022	2022 - 2023	2023 - 2024
Old Palace J, M & I School	60	Bromley North	Bow	60	60	60	54	60
St Agnes RC Primary School	30	Bromley North	Bow	24	30	28	30	30
Wellington Primary School	60	Bromley North	Bow	47	53	59	48	34

#### Bromley South

School	Year R PAN	Ward	Planning Area	2019 - 2020	2020 - 2021	2021 - 2022	2022 - 2023	2023 - 2024
Marnier Primary School	90	Bromley South	Poplar	81	89	90	74	79
The Clara Grant Primary School	60	Bromley South	Poplar	60	60	60	53	56

#### Canary Wharf

School	Year R PAN	Ward	Planning Area	2019 - 2020	2020 - 2021	2021 - 2022	2022 - 2023	2023 - 2024
Arnhem Wharf Primary School	90	Canary Wharf	Isle of Dogs	62	89	89	80	66
Mulberry Wood Wharf	60	Canary Wharf	Isle of Dogs	0	0	0	30	60
Seven Mills Primary School	30	Canary Wharf	Isle of Dogs	29	30	29	29	30

#### Island Gardens

School	Year R PAN	Ward	Planning Area	2019 - 2020	2020 - 2021	2021 - 2022	2022 - 2023	2023 - 2024
Canary Wharf College East Ferry	44	Island Gardens	Isle of Dogs	48	47	47	57	56

Canary Wharf College Glenworth	44	Island Gardens	Isle of Dogs	47	48	50	49	51
Harbinger Primary School	45	Island Gardens	Isle of Dogs	37	41	38	45	13
St Edmund's Catholic Primary School	30	Island Gardens	Isle of Dogs	30	30	29	29	30
St Luke's Church of England Primary School	60	Island Gardens	Isle of Dogs	59	59	58	58	57

### Lansbury

School	Year R PAN	Ward	Planning Area	2019 - 2020	2020 - 2021	2021 - 2022	2022 - 2023	2023 - 2024
Bygrove Primary School	30	Lansbury	Poplar	30	31	30	30	30
Culloden Primary A Paradigm Academy	90	Lansbury	Poplar	88	90	90	88	88
Lansbury Lawrence Primary School	60	Lansbury	Poplar	58	59	59	59	52
Manorfield Primary School	90	Lansbury	Poplar	89	87	87	89	73
Mayflower Primary School	52	Lansbury	Poplar	49	49	50	49	52
St Saviour's Church of England Primary School	30	Lansbury	Poplar	29	30	30	30	30

### Limehouse

School	Year R PAN	Ward	Planning Area	2019 - 2020	2020 - 2021	2021 - 2022	2022 - 2023	2023 - 2024
Cyril Jackson Primary School	60	Limehouse	Poplar	57	59	59	59	60

### Mile End (East)

School	Year R PAN	Ward	Planning Area	2019 - 2020	2020 - 2021	2021 - 2022	2022 - 2023	2023 - 2024
St Paul with St Luke CofE Primary School	30	Mile End	Poplar	30	16	29	19	28
St Paul's Way Trust School	60	Mile End	Poplar	58	59	58	59	60
Stebon Primary School	90	Mile End	Poplar	78	88	88	79	65

### Poplar

School	Year R PAN	Ward	Planning Area	2019 - 2020	2020 - 2021	2021 - 2022	2022 - 2023	2023 - 2024
Our Lady & St Joseph	60	Poplar	Poplar	60	60	60	59	60
Woolmore Primary School	90	Poplar	Poplar	85	84	79	86	81

## Appendix 4 – GLA Primary School Projections

### Ward Projections

Over the next 5 years, the surplus capacity across the majority of wards is projected to exceed 15%, only five wards are expected to be operating with a surplus below 15% by 2028/29. The 2027/28 school year is forecast to produce the lowest reception cohort, representing the end of falling rolls and an upward trend reversal producing minimal future growth.

**Fig. 42. Year R Surplus Levels across wards 2024-29**

2024/2025			2025/2026			2026/2027			2027/2028			2028/2029		
<15%	15-25%	>25%	<15%	15-25%	>25%	<15%	15-25%	>25%	<15%	15-25%	>25%	<15%	15-25%	>25%
12	4	4	9	5	6	11	4	5	5	7	8	5	7	8

#### Bethnal Green

Year	2023/24	2024/2025	2025/2026	2026/2027	2027/2028	2028/2029
<b>Year R residents</b>	226	226	205	210	195	197
Bangabandhu Primary School	43	46	43	43	41	41
Bonner Primary School	93	98	93	97	86	87
Globe Primary School	45	48	44	44	41	41
John Scurr Primary School	58	60	56	56	52	52
<b>Capacity</b>	255	195	195	195	195	195
<b>Surplus %</b>	6%	-29%	-21%	-23%	-13%	-13%

#### Blackwall & Cubitt Town

Year	2023/24	2024/2025	2025/2026	2026/2027	2027/2028	2028/2029
<b>Year R residents</b>	199	231	211	217	211	223
Cubitt Town Primary School	84	87	81	84	81	85
<b>Capacity</b>	90	90	90	90	90	90
<b>Surplus %</b>	7%	3%	10%	7%	10%	6%

#### Bow East

Year	2023/24	2024/2025	2025/2026	2026/2027	2027/2028	2028/2029
<b>Year R residents</b>	199	202	229	216	188	193
Old Ford Primary A Paradigm Academy	80	89	96	89	81	82
<b>Capacity</b>	90	90	90	90	90	90
<b>Surplus %</b>	11%	1%	-7%	1%	10%	9%

## Bow West

Year	2023/24	2024/2025	2025/2026	2026/2027	2027/2028	2028/2029
<b>Year R residents</b>	143	142	143	141	119	119
Chisenhale Primary School	42	45	46	45	39	40
Malmesbury Primary School	53	59	59	60	51	52
Olga Primary School	60	60	62	60	53	53
<b>Capacity</b>	170	170	170	170	170	170
<b>Surplus %</b>	9%	4%	2%	3%	16%	15%

## Bromley North

Year	2023/24	2024/2025	2025/2026	2026/2027	2027/2028	2028/2029
<b>Year R residents</b>	134	161	131	165	137	142
Old Palace J, M & I School	60	66	59	65	57	59
St Agnes RC Primary School	30	26	25	26	23	24
Wellington Primary School	34	42	40	43	37	38
<b>Capacity</b>	150	150	150	150	150	150
<b>Surplus %</b>	17%	11%	17%	11%	22%	19%

## Bromley South

Year	2023/24	2024/2025	2025/2026	2026/2027	2027/2028	2028/2029
<b>Year R residents</b>	162	192	150	170	143	147
Marner Primary School	79	83	73	80	70	71
The Clara Grant Primary School	56	58	50	54	47	48
<b>Capacity</b>	150	150	150	150	150	150
<b>Surplus %</b>	10%	6%	18%	11%	22%	21%

## Canary Wharf

Year	2023/24	2024/2025	2025/2026	2026/2027	2027/2028	2028/2029
<b>Year R residents</b>	164	194	177	195	186	197
Arnhem Wharf Primary School	66	62	59	62	59	62
Mulberry Wood Wharf	60	36	35	36	32	33
Seven Mills Primary School	30	32	30	33	32	33
<b>Capacity</b>	180	180	180	180	180	180
<b>Surplus %</b>	13%	28%	31%	27%	32%	29%

## Island Gardens

Year	2023/24	2024/2025	2025/2026	2026/2027	2027/2028	2028/2029
<b>Year R residents</b>	185	173	161	166	144	144
Canary Wharf College East Ferry	56	51	48	49	44	44
Canary Wharf College Glenworth	51	52	49	50	47	48
Harbinger Primary School	13	25	23	24	22	22
St Edmund's Catholic Primary School	30	29	27	28	26	27
St Luke's Church of England Primary School	57	58	55	56	53	54
<b>Capacity</b>	223	223	223	223	223	223
<b>Surplus %</b>	7%	4%	9%	7%	14%	13%

## Lansbury

Year	2023/24	2024/2025	2025/2026	2026/2027	2027/2028	2028/2029
<b>Year R residents</b>	301	280	309	313	279	292
Bygrove Primary School	30	29	30	30	28	28
Culloden Primary A Paradigm Academy	88	73	76	76	70	73
Lansbury Lawrence Primary School	52	57	58	60	54	56
Manorfield Primary School	73	68	71	72	65	68
Mayflower Primary School	52	50	48	50	46	47
St Saviour's Church of England Primary School	30	29	29	30	27	28
<b>Capacity</b>	352	352	352	352	352	352
<b>Surplus %</b>	8%	13%	11%	10%	18%	15%

## Limehouse

Year	2023/24	2024/2025	2025/2026	2026/2027	2027/2028	2028/2029
<b>Year R residents</b>	59	60	39	48	42	42
Cyril Jackson Primary School	60	54	45	50	44	45
<b>Capacity</b>	60	60	60	60	60	60
<b>Surplus %</b>	0%	10%	25%	17%	27%	25%

Mile End

Year	2023/24	2024/2025	2025/2026	2026/2027	2027/2028	2028/2029
<b>Year R residents</b>	294	256	243	291	230	233
Sir William Burrough Primary School	45	39	37	39	33	34
St Paul with St Luke CofE Primary School	28	25	25	27	23	23
St Paul's Way Trust School	60	56	53	57	49	50
Stebon Primary School	65	67	64	70	59	60
Stepney Greencoat Church of England Primary School	27	15	14	15	13	13
<b>Capacity</b>	255	255	255	255	255	255
<b>Surplus %</b>	18%	21%	24%	18%	31%	29%

Poplar

Year	2023/24	2024/2025	2025/2026	2026/2027	2027/2028	2028/2029
<b>Year R residents</b>	111	113	96	105	96	99
Our Lady & St Joseph	60	59	58	60	55	57
Woolmore Primary School	81	83	78	81	76	79
<b>Capacity</b>	150	150	150	150	150	150
<b>Surplus %</b>	6%	5%	9%	6%	13%	9%

Shadwell

Year	2023/24	2024/2025	2025/2026	2026/2027	2027/2028	2028/2029
<b>Year R residents</b>	176	158	171	169	140	140
Bigland Green Primary School	60	55	57	54	49	49
Blue Gate Fields Infant School	90	83	87	84	73	74
St Marys & St Michaels RC School	47	48	48	48	43	44
<b>Capacity</b>	210	210	210	210	210	210
<b>Surplus %</b>	6%	11%	9%	11%	21%	20%

## Spitalfields & Banglatown

Year	2023/24	2024/2025	2025/2026	2026/2027	2027/2028	2028/2029
<b>Year R residents</b>	124	114	124	119	100	102
Christ Church CofE School	16	17	18	17	15	15
Osmani Primary School	51	48	47	46	41	42
St Anne's and Guardian Angels CPS	23	19	19	19	17	18
Thomas Buxton Primary School	49	43	44	42	38	38
Mulberry Canon Barnett Primary School	20	22	23	21	20	20
<b>Capacity</b>	240	240	240	240	240	240
<b>Surplus %</b>	34%	38%	37%	40%	45%	45%

## St Dunstan's

Year	2023/24	2024/2025	2025/2026	2026/2027	2027/2028	2028/2029
<b>Year R residents</b>	172	187	166	161	141	141
Ben Jonson Primary School	70	76	71	69	62	62
Cayley Primary School	59	57	52	53	47	47
Halley Primary School	16	22	20	20	18	18
Solebay Primary Academy	12	15	15	15	14	14
<b>Capacity</b>	230	230	230	230	230	230
<b>Surplus %</b>	32%	26%	31%	32%	39%	39%

## St Katharine's & Wapping

Year	2023/24	2024/2025	2025/2026	2026/2027	2027/2028	2028/2029
<b>Year R residents</b>	101	81	78	85	74	77
Hermitage Primary School	35	30	29	29	27	28
St Peters London Docks C of E Primary School	30	25	24	25	22	23
<b>Capacity</b>	75	75	75	75	75	75
<b>Surplus %</b>	13%	27%	29%	28%	35%	32%

## St Peter's

Year	2023/24	2024/2025	2025/2026	2026/2027	2027/2028	2028/2029
<b>Year R residents</b>	165	209	173	169	154	156
Elizabeth Selby Infants' School	49	59	52	51	46	47
Hague Primary School	24	31	28	27	25	25
Mowlem Primary School	30	30	26	26	24	24
St Elizabeth Catholic Primary School	35	40	38	37	34	35
St John's Church of England Primary School	16	18	16	16	15	15
Stewart Headlam Primary School	18	13	12	11	10	10
<b>Capacity</b>	240	240	240	240	240	240
<b>Surplus %</b>	28%	20%	28%	30%	36%	35%

## Stepney Green

Year	2023/24	2024/2025	2025/2026	2026/2027	2027/2028	2028/2029
<b>Year R residents</b>	173	115	127	142	115	116
Marion Richardson Primary School	60	50	53	53	46	46
Stepney Park Primary School	78	69	72	74	64	65
<b>Capacity</b>	150	150	150	150	150	150
<b>Surplus %</b>	8%	21%	17%	15%	27%	26%

## Weavers

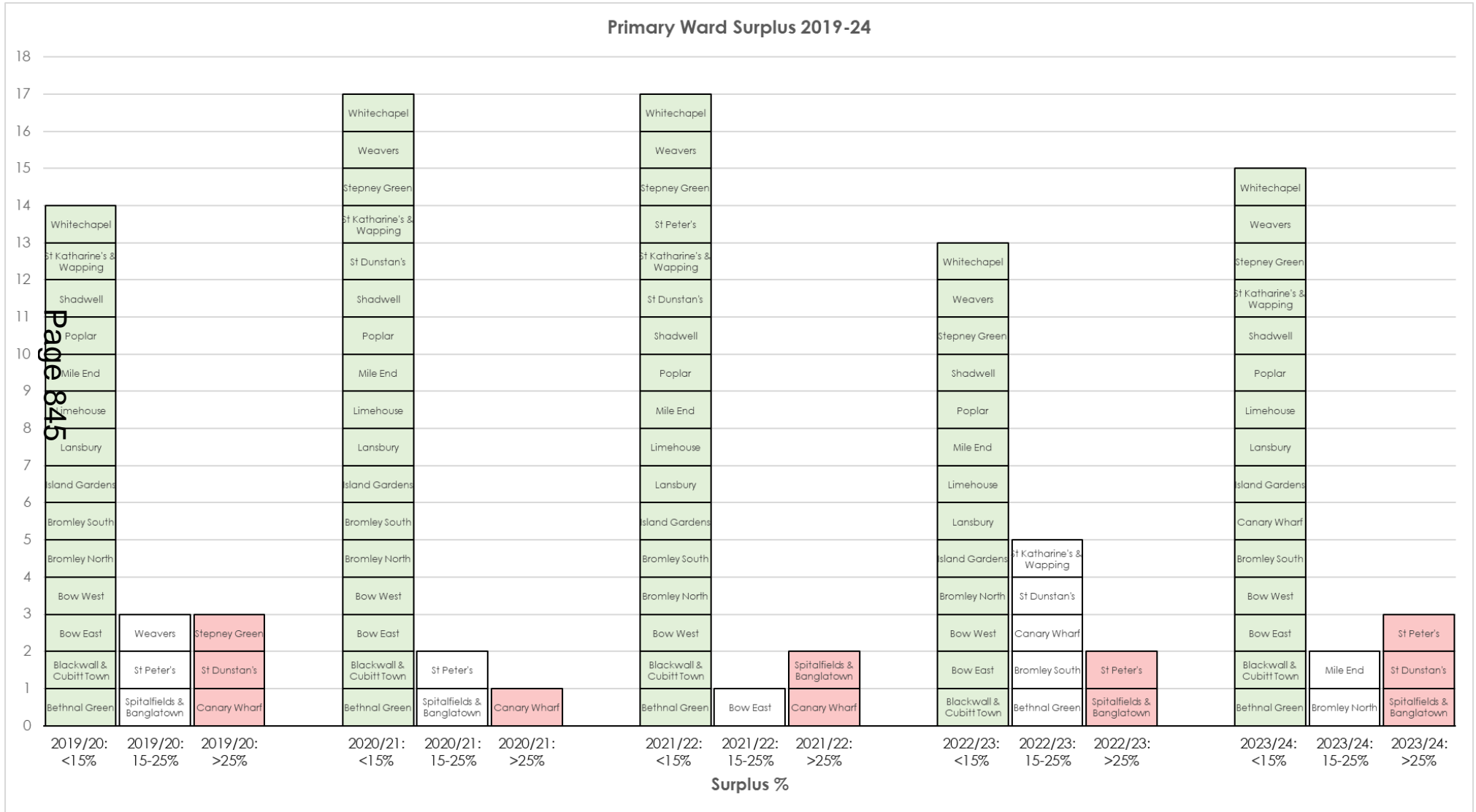
Year	2023/24	2024/2025	2025/2026	2026/2027	2027/2028	2028/2029
<b>Year R residents</b>	120	104	114	118	100	103
Columbia Primary School	60	56	56	56	50	51
Virginia Primary School	30	27	28	28	25	25
William Davis Primary School	17	19	20	19	17	17
<b>Capacity</b>	120	120	120	120	120	120
<b>Surplus %</b>	11%	15%	13%	14%	23%	23%



## Whitechapel

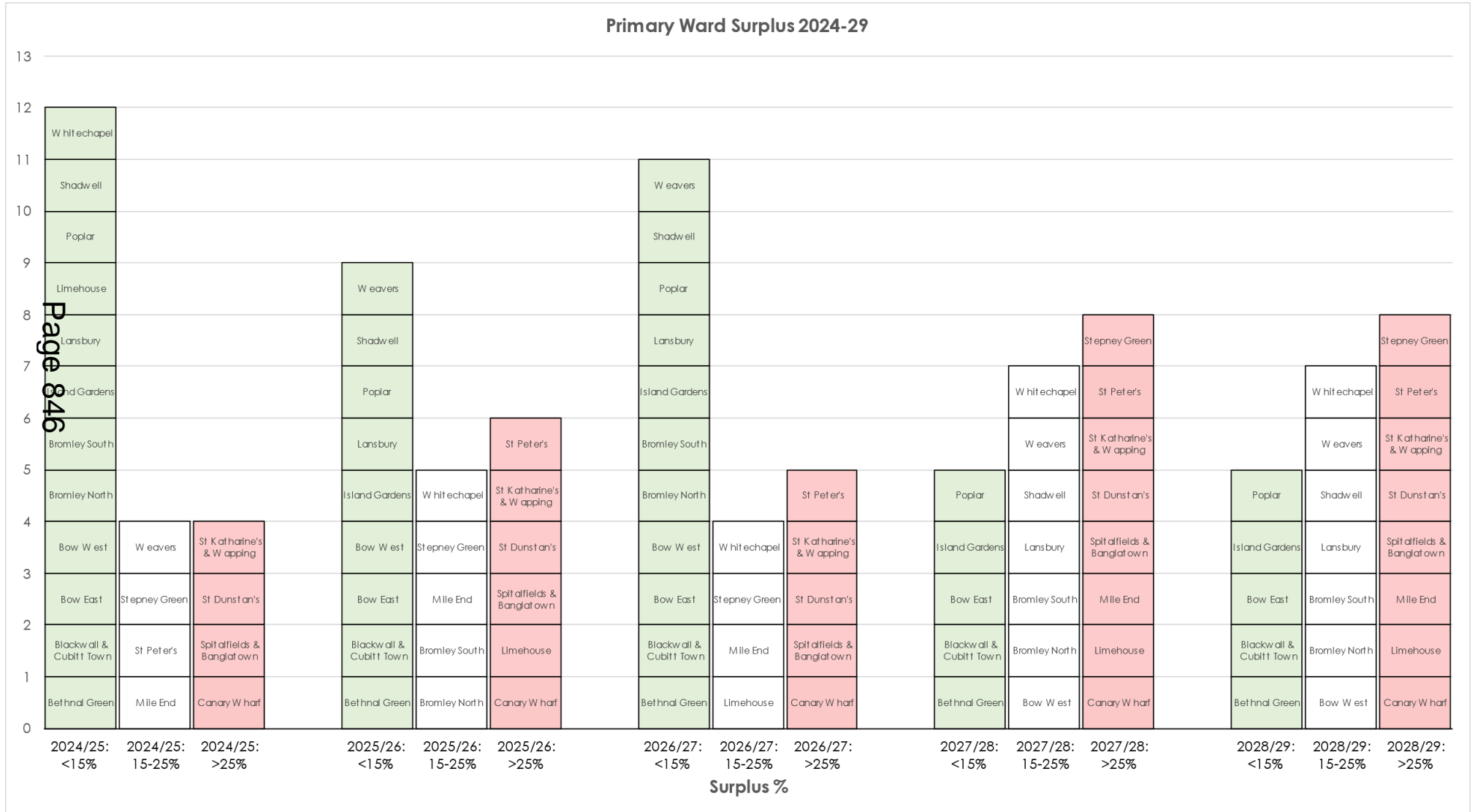
<b>Year</b>	<b>2023/24</b>	<b>2024/2025</b>	<b>2025/2026</b>	<b>2026/2027</b>	<b>2027/2028</b>	<b>2028/2029</b>
<b>Year R residents</b>	190	190	183	170	165	169
Kobi Nazrul Primary School	30	28	27	26	25	25
English Martyrs RC Primary School	30	24	23	23	21	22
Harry Gosling Primary School	39	53	52	49	47	48
St Pauls Whitechapel CE Primary School	30	27	26	25	24	25
<b>Capacity</b>	150	150	150	150	150	150
<b>Surplus %</b>	14%	12%	15%	18%	22%	20%

# Appendix 5 – Year R Surplus levels across Wards 2019-24



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# Appendix 6 – Year R Projected Surplus levels across Wards 2024-29



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# **Tower Hamlets LA SEND Sufficiency Review**

**November 2023**

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## Executive Summary:

Tower Hamlets is proud of being an inclusive Local Area where pupils achieve good outcomes, and this Sufficiency review is a part of our commitment to delivering high quality provision and placements which meets their needs. This review reflects our desire for needs-led support, with timely identification ensuring that our children and young people can access the right support at the right time. Our SEND Sufficiency Review is a key document for the Local Authority and will lead into a review of our overall SEND Strategy in 2024.

Mastodon C were commissioned to analyse trends and pupil level data for EHCPs and specialist placement numbers across Tower Hamlets. This report provides a detailed analysis of EHCP numbers, need, and pupil profile in the Borough, with a review of current provision on specialist placement and provision. This report has taken into consideration the last three years of SEN2 data, as well as pupil projections from the Greater London Authority.

The report indicates that there is likely to be significant growth in the number of EHCPs to the end of the decade despite declining birth numbers. The three main areas of need being Speech, Language and Communication, Autism, and Social, Emotional and Mental Health; there is significant unmet need in the areas of SLD/PMLD as well. There is a correlation between the increase in demand for specialist provision and placements, and available capacity at our current specialist provisions.

Projections indicate a shortfall of up to 260 places in specialist placements across all needs within the next 10 years; more immediately, it faces a shortfall up to the 2026/27 academic year of between up to 125 places. This is comprised of a shortfall of 75 ASD and Communication/Interactions specialist placements; 25 SEMH placements; and 25 SLD (cognition and learning) placements. There is a near even distribution of need between primary and secondary stages. Currently this demand is being accommodated by mainstream schools or through the Independent and Non-Maintained Sector. Unfortunately, mainstream schools may only partially meet the needs of the pupil, whilst the private sector is at significant cost to the public purse.

This report is proposing immediate action is taken to address this shortfall head on, to ensure that pupils with the most complex of needs can access the placements and support which they require, at a time they require. This report proposes that a pilot programme of specialist Additionally Resourced Provisions, catering to a high level of need in the areas of Autism and Communication and Interaction; SEMH; and SLD; is begun, with an intention they be operationally available to pupils in the 204/25 academic year. Further, an expansion of current specialist provision will need to be considered in the latter half of the decade.

## Legislative Context:

Local Authorities are legally obligated under Section 14 of the Education Act 1996 to ensure the availability of a sufficient number of school places to adequately meet the educational requirements of all children and young individuals residing within their area, or for whom they hold responsibilities. This responsibility encompasses a particular consideration for the provision of educational opportunities for children and young individuals with Special Educational Needs and Disabilities (SEND).

It is important to emphasize that these responsibilities are further reinforced and expanded upon by the provisions outlined in both the Equality Act 2010 and the Children and Families Act 2014.

Key to our ability to meet the needs of all children and young people with SEND is ensuring that we provide and plan for future provision that will meet our local needs. Demand and resourcing pressures mean that the existing approach to specialist Special Educational Needs (SEN) educational placements is not financially sustainable in the long term. The key challenge for the Local Authority (LA) and stakeholders will be maintaining the positive outcomes for pupils whilst reviewing the funding levels to meet demand within the available budget. The six key areas of consideration are:

1. Build upon the already successful model of inclusion by expanding and developing the capacity of mainstream schools to meet the needs of more complex learners,
2. Create the necessary capacity in the system at already high quality, well-established and 'outstanding' specialist provision. Ensuring the LA can meet current and future demand and enabling SEND children to attend the most suitable local school,
3. Reduce the reliance on out of borough special school places and schools in the independent sector, through an increase in local resource provision in mainstream, particularly for children with ASD and SEMH,
4. Redesign the specialist system for children and young people with SEMH to ensure integration pathways for those learners who can be supported back into mainstream settings and ensure high quality learning and support for those whose needs require ongoing specialist support,
5. Extend the offer and range of Post 16 provision, to enable more young people with SEND to achieve Preparation for Adulthood outcomes: employment; independent living; health and community participation,
6. Promote independence by providing independent travel training and personal travel budgets for eligible children and young people and their families.

## Sufficiency Assessment Process:

Mastodon C assessed SEN sufficiency across the borough using a range of data sources to identify the current demands within the SEN sector and to project how these trends may impact future demand on SEN capacity. These included:

- DfE SEN statistics 2021-23,
- SEN2 data 2021-23,
- School census data 2021-23,
- GLA projection data 2023,
- Pupil level information from special schools and resource bases on pupil numbers, 2021-23.

The projections concerning the demand for specialist provision were derived through the utilization of Mastodon C's SEND model, accessible at <https://www.mastodonc.com/products/send-model>. This model commences by incorporating data from the current resident Special Educational Needs (SEN) population, as comprehensively documented in the SEN2 and school census returns. Subsequently, it employs an Empirical Bayes probabilistic Markov model to simulate potential future scenarios on an annual basis, spanning a period of up to 10 years.

The simulation encompasses a comprehensive analysis of various categories, including leavers, stayers, movers, and joiners. These categories are delineated based on National Curriculum Year (NCY), EHCP primary need, and educational setting. The model employs rates that are meticulously grounded in recent historical data, ensuring a robust and reliable projection of demand for specialist provision.

## Tower Hamlets Local Sufficiency Context:

### Tower Hamlets Current Demand:

**Fig. 1: Breakdown of SEN within the School Population 2022/23**

Area	Total Pupils – school population only	Pupils with EHCPs	%	Pupils with SEN support	%	Total pupils with SEND	%
England	9,073,832	389,171	4.3	1,183,384	13.0	1,408,701	17.3
London	1,461,472	65,345	4.5	176,999	12.1	221.368	16.5
Tower Hamlets	48,693	2,889	5.9	6,038	12.4	8,129	18.3

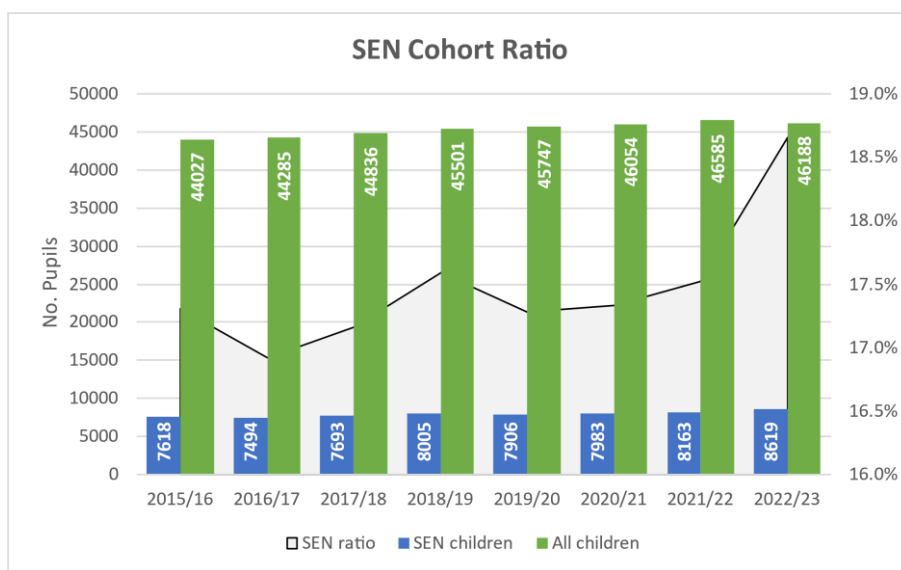
Source: <https://explore-education-statistics.service.gov.uk/find-statistics/special-educational-needs-in-england>



The percentage of Tower Hamlets pupils with EHCPs (5.9%) is significantly above the National (4.3%) and London average (4.5%), while pupils requiring SEN Support is above the London average at 18.3% opposed to 16.5%. The demand for special school placements and transfer requests from mainstream to a specialist setting education continues to grow above the available supply. Consequently, there is an increasing reliance on the independent/non-maintained sector to accommodate the additional students requiring specialist education.

The need for specialist placements demonstrates the consistent year-on-year growth, which has doubled over the past two years. Concurrently, there has been an exponential surge in requests for Education, Health, and Care Needs Assessments (EHCNA) within the borough. Currently monthly EHCNA requests have tripled compared to 2021, maintaining a rate of 90-110 assessment requests a year.

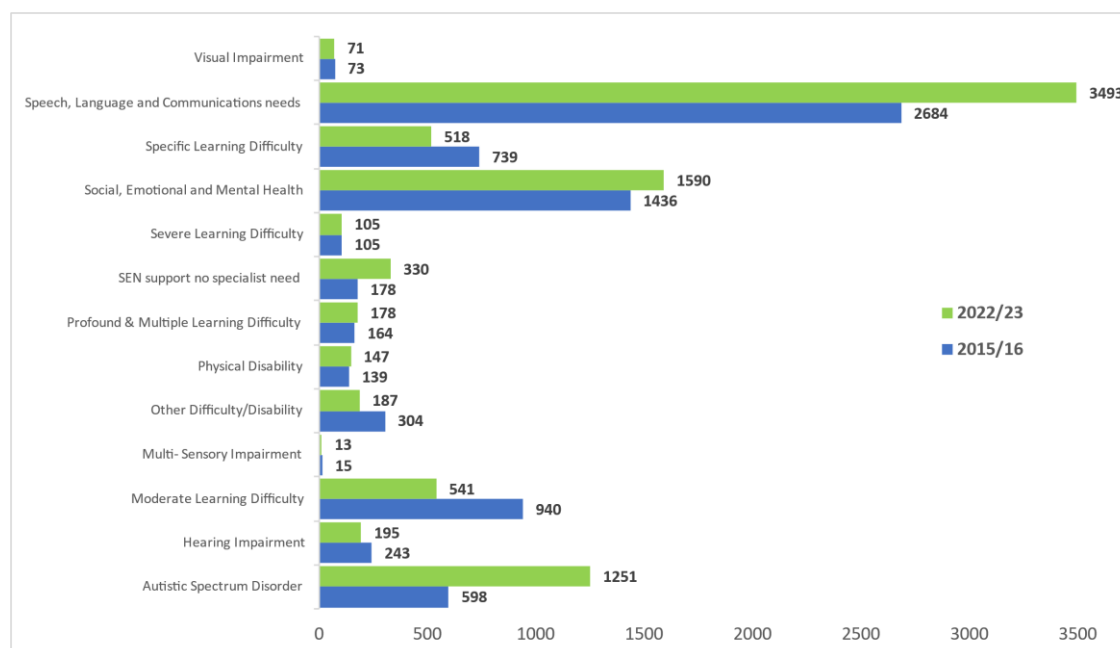
**Fig. 2: Breakdown of SEN children at school**



Source: <https://explore-education-statistics.service.gov.uk/find-statistics/special-educational-needs-in-england>

### SEND Historical and Projected Population Growth:

**Fig. 3: Tower Hamlets SEND population growth 2015 -2023:**

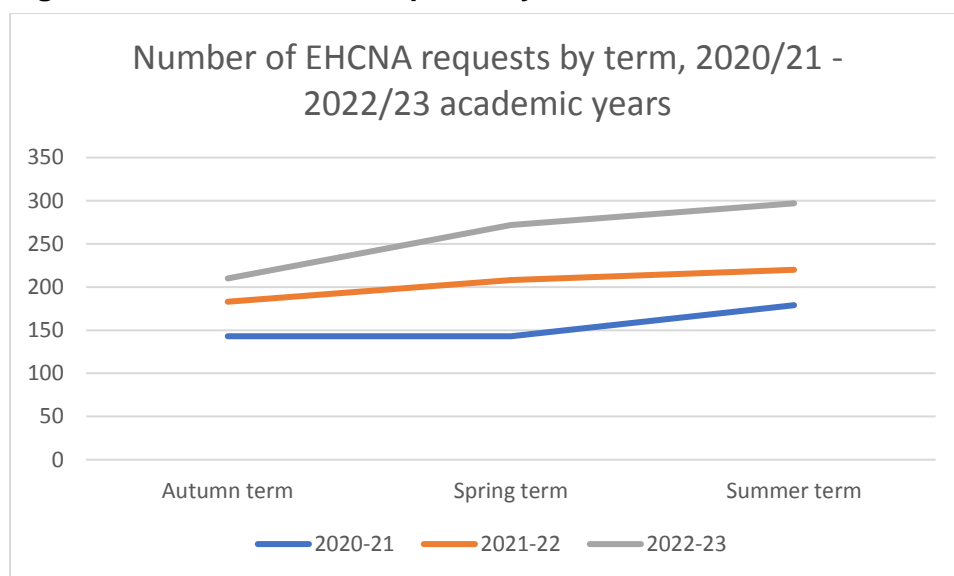


Source: <https://explore-education-statistics.service.gov.uk/find-statistics/special-educational-needs-in-england>

Fig. 3 displays the prevalence of Speech Language and Communication Needs (SLCN), as the most common special educational need across the borough and has increased by 30% since 2015/16. Autistic Spectrum Disorder (ASD) has experienced the largest increase among needs across the borough rising by 109% since 2015/16. In contrast, the demand for provision to accommodate Specific Learning Difficulty and Moderate Learning Difficulty have declined over the same period. The demand for provision to meet the needs of children with Social Emotional and Mental Health Needs (SEMH) continues as the second largest SEN requirement in Tower Hamlets with demand remaining stable since 2015/16, a trend that is shared by demand for Profound & Multiple Learning Difficulty (PMLD).

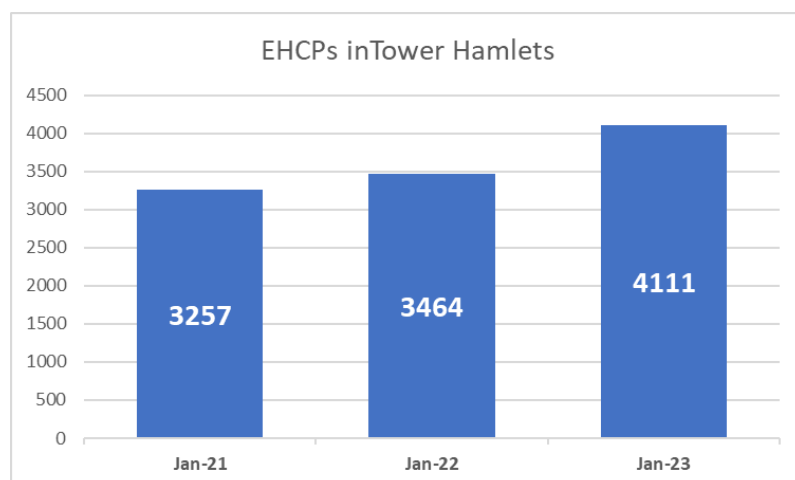
There has been significant increase in the number of new requests for EHCNA seen in recent years: 780 requests for the 2022/23 academic year, against 611 for the 2021/22 academic year, and 465 for the 2020/21 academic year:

**Fig. 4: Number of EHCNA requests by term, 2020/21 – 2022/23 academic year**



In one year, the number of EHCPs issued by Tower Hamlets has increased from 400 in the 2021/22 academic year, to 700 in the 2022/23 academic year.

**Fig. 5: Growth of EHCPs in Tower Hamlets 2021 -2023**



The total number of EHCPs for which the LA is responsible for has risen from 3257 (January 2021) to 4111 (January 2023), representing 26% increase over the period. This increase in demand is reflected nationally: there has been a 14% increase in the total number of Plans between 2020 and 2022 (last available DFE figures).

**Fig. 6: Numbers and Percentages of Pupils with EHCPs within each setting:**

	Tower Hamlets		London		England	
	No.	%	No.	%	No.	%
Independent School	105	4.2	4,885	3.3	28,732	4.9
Non-Maintained Special School	N/A	N/A	252	100	3,995	98.2
State Funded AP school	19	14.2	490	22.8	3,368	25.5
State Funded Nursery	12	3.5	137	1.7	673	1.8
State Funded Primary	1,126	4.5	23,052	3.3	117,757	2.5
State Funded Secondary	861	4.4	15,842	2.7	87,219	2.4
State Funded Special	766	99.7	20,687	97.4	147,427	98.9
<b>Total</b>	<b>2,889</b>	<b>5.9</b>	<b>65,345</b>	<b>4.5</b>	<b>389,171</b>	<b>4.3</b>

Fig. 6 indicates that:

- Tower Hamlets has comparatively higher numbers of pupils with EHC plans in mainstream settings than national and London averages,
- Tower Hamlets has significantly fewer pupils with EHC plans in Pupil Referral Units comparative to national and London averages,
- Tower Hamlets has more pupils with EHC plans in state funded special schools than national and London averages,
- Tower Hamlets has significantly more pupils with EHC plans in state funded nursery schools than the national and London averages.

**Fig. 7: Numbers and Percentages of Pupils with Sen Support within each setting:**

	Tower Hamlets		London		England	
	No.	%	No.	%	No.	%
Independent School	203	8.1	20,645	13.8	89,840	15.2
Non-Maintained Special School	N/A	N/A	0	0	57	1.4
State Funded AP school	82	61.2	1,251	58.2	7,518	57.0
State Funded Nursery	60	17.4	1,591	20.1	6,381	17.0
State Funded Primary	3,562	14.1	88,692	12.6	629,184	13.5
State Funded Secondary	2,129	10.8	64,364	11.1	448,967	12.4
State Funded Special	2	0.3	456	2.1	1,437	1.0
<b>Total</b>	<b>6,038</b>	<b>12.4</b>	<b>176,999</b>	<b>12.1</b>	<b>1,183,384</b>	<b>13.0</b>

Fig. 7 indicates that:

- Tower Hamlets has significantly less pupils with SEN support in state funded special school's comparative to national and London averages,
- Tower Hamlets has more pupils with SEN support in state funded AP and state funded primary schools than national and London averages,
- Tower Hamlets has less pupils with SEN support in state funded nursery schools than the London averages.

## Current SEN Capacity:

### Mainstream:

There are 67 mainstream primary schools, and 16 secondary schools. From a SEND angle, at the end of the 2022/23 academic year, there were 4422 EHCPs held by the Borough, of which 3370 are of school age (Reception through to Year 13). Most school-age children and young people – 70% – in Tower Hamlets are educated within mainstream settings. This is above the national average. Similarly, the SEN Support profile of the borough is above the national average.

The two largest areas of need for our children and young people are Speech Language and Communication Need (SLCN), and Autism. The third largest area of need is SEMH, which is also one of the fastest emerging areas of need as well. Together, SLCN and Autism account for 60% of all EHCPs. This is a profile of need found both locally in London, and in statistical neighbours.

### Special School Provision:

There are 5 special schools located in Tower Hamlets which accommodate a variety of needs across both the primary and secondary sector.

Tower Hamlets has two state funded special schools with approximately 240 places to cater for children with complex learning needs. Broadly these schools are for children with learning difficulties (moderate to severe or Profound and Multiple Learning Disabilities (PMLD) with associated, additional complex special educational needs (for example, speech, language, communication difficulties, autistic spectrum disorders, neurodevelopmental disorders, global delay). Stephen Hawking Special School caters for children aged 2 to 11 and Beatrice Tate Special School for children and young adults aged 11 to 19.

Tower Hamlets has one maintained (state funded) special school for children with Autistic Spectrum Conditions (ASC), Phoenix School. Phoenix recently expanded its pupil capacity from 470 to 500 for the 2023/24 academic year. The school operates on two main sites, along with two satellite sites, comprised as follows:

- Phoenix Lower School at Bow Road with capacity up to 248 pupils aged 3-11
- Phoenix Upper School at Paton Close with capacity up to 205 pupils 12 - 19
- Phoenix Primary Satellite Site at Marner Primary School with capacity up to 18 pupils aged 5-11
- Phoenix Secondary Satellite Site at Bow Secondary School with capacity up to 29 pupils aged 12-19

Tower Hamlets has two state funded special schools with approximately 95 places to accommodate for children SEMH. The provision landscape for children with SEMH is quite complex, reflecting the breadth of profiles of children who cannot be educated in typical mainstream school settings. Ian Mikardo High School is a Multi Academy Trust (MAT) special school that caters for SEMH children aged 11-19. Bowden House School is a LA- maintained special school that accommodates SEMH children aged 9 to 18. Both schools cater for pupils with significant and pervasive SEMH needs with behavioural challenge arising from neurodevelopment difficulties requiring significant and long-term specialist intervention including therapeutic component via clinical therapies or a residential 24-hour curriculum.

**Fig. 8: Special school provision in Tower Hamlets**

Special School	Total Places	Primary need
Beatrice Tate	115	PMLD/SLD
Bowden House	40	SEMH
Phoenix	500	ASD/SLCN
Ian Mikardo	55	SEMH
Stephen Hawking	105	PMLD/SLD

**Resource Bases and Special School Satellite Sites:**

Resource Provisions are specialised education provision integrated into individual mainstream schools. Children are officially registered as part of the mainstream roll of the school where the Resource Provision is located. Children and young people in Resource Bases are ordinarily expected to attend their mainstream class for at least 50% of the time, accessing the Resource Base for more specialist direct intervention and support.

Satellite sites, on the other hand, offers a place on the roll of a special school which operates the satellite, but for children and young people typically of a higher cognitive ability than in the main special school site. These satellite sites, though co-located with a mainstream school, are entirely separate and independent of their mainstream host. However, there are opportunities for some elements of a mainstream curriculum to be incorporated into their learning and provision. Resource Provisions and Satellite Sites play a pivotal role in the Tower Hamlets, contributing significantly to the broader objective of promoting mainstream inclusion.

**Fig. 9: Resource Bases and Satellite Sites in Tower Hamlets**

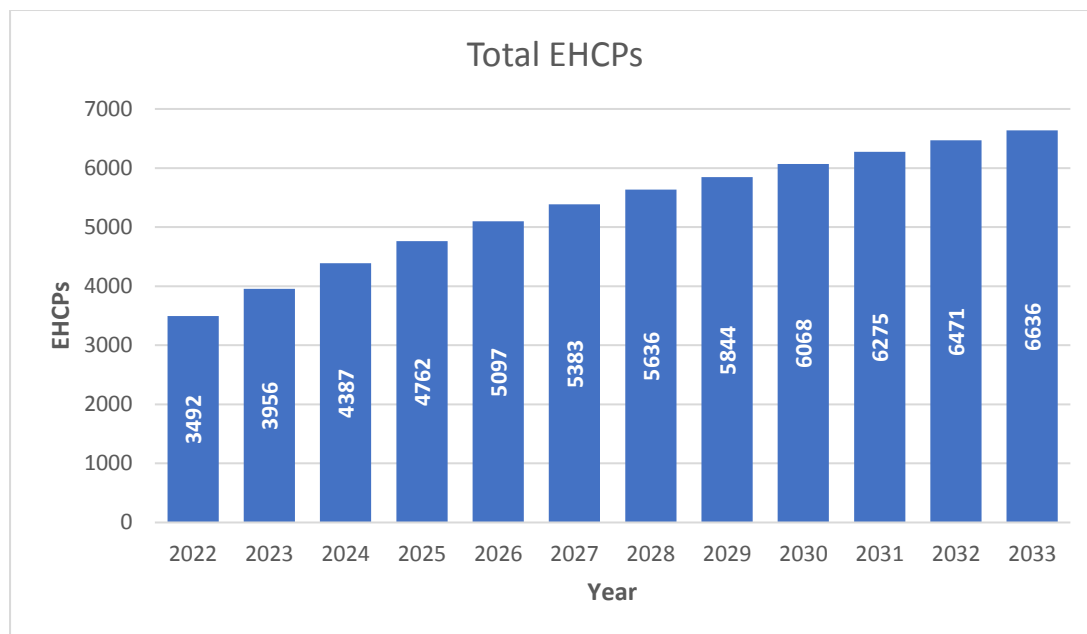
School	Resource Base or Satellite Site	Total number of places available	Primary need
Bangabandhu Primary School	Resource Base	15	ASD
Ben Jonson Primary School	Resource Base	12	SEMH
Culloden Primary Academy	Resource Base	30	HI (Hearing Impairment)
Cyril Jackson Primary School	Resource Base	20	SLCN
Globe Primary School	Resource Base	30	SLCN
Hague Primary School	Resource Base	16	HI (Hearing Impairment)
George Green's Secondary School	Resource Base	15	ASD
St Paul's Way Trust Secondary School	Resource Base	24	HI
Marner Primary School, Phoenix Satellite Site	Satellite Site	18	ASD
Bow Secondary School, Phoenix Satellite Site	Satellite Site	29	ASD

## Needs Analysis:

### Number of EHCPs:

EHCP numbers are still estimated to increase over the upcoming decade. In the short term, EHCP figures are projected to escalate from 3,956 in 2023 to 6,637 by 2033, representing an 67.7% growth in EHCPs over the next 10 years.

**Fig. 10: Tower Hamlets EHCP projections 2022-33**



### EHCP Projections by Phase:

Across primary, secondary, and post16/19 stages of education, SLCN, Autism and SEMH are projected to be the largest areas of need in the Local Area, and whilst there will be significant demand still yet for specialist placements and provision, majority of our pupils will continue to have placements in mainstream settings.

#### Primary:

Fig. 11 below shows that SLCN is projected to be the most prominent SEN need among primary children in the borough, demand is projected to peak at c.900 primary children requiring an EHCP for SLCN by 2029. ASD is projected to be the second most prominent need among primary children, with approximately 500 EHCPs for primary children with ASD by 2025. ASD demand is not projected to increase significantly but instead remain stable over the coming years.

Turning to look at the settings in which pupils will be educated, fig.12 indicates that the increase of primary EHCP pupils will continue to be educated within an LA maintained mainstream setting as opposed to a LA special school or Academy mainstream setting. Overall projections anticipate approximately 1400 primary EHCP pupils to attend either an academy or LA mainstream setting by 2033, compared to c.340 pupils projected at Special LA maintained schools.



Fig. 11: Primary EHCP Projections by Need

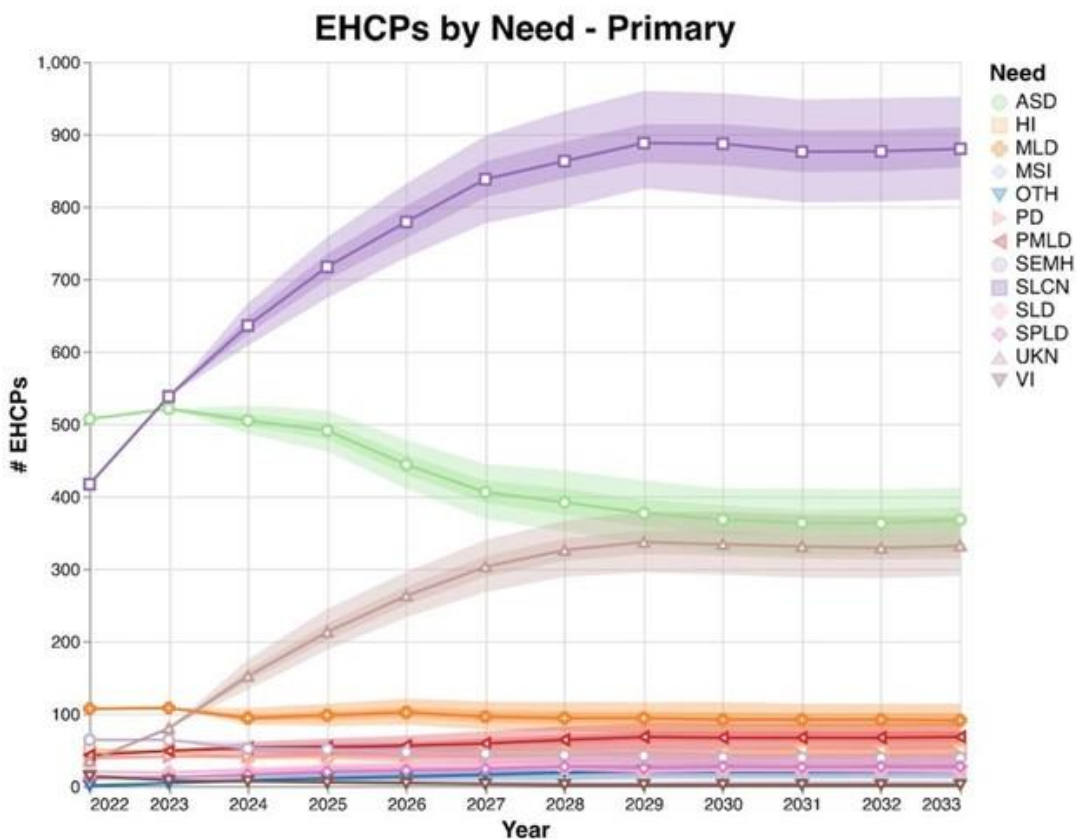
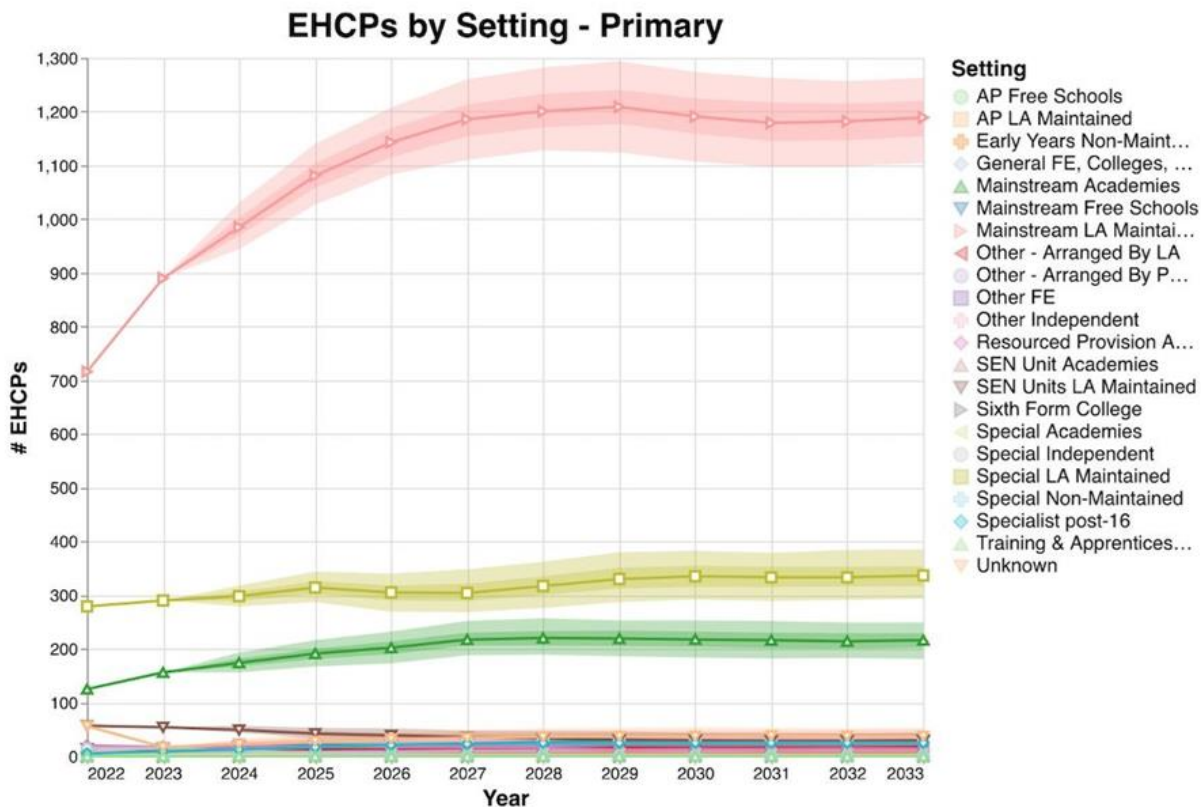
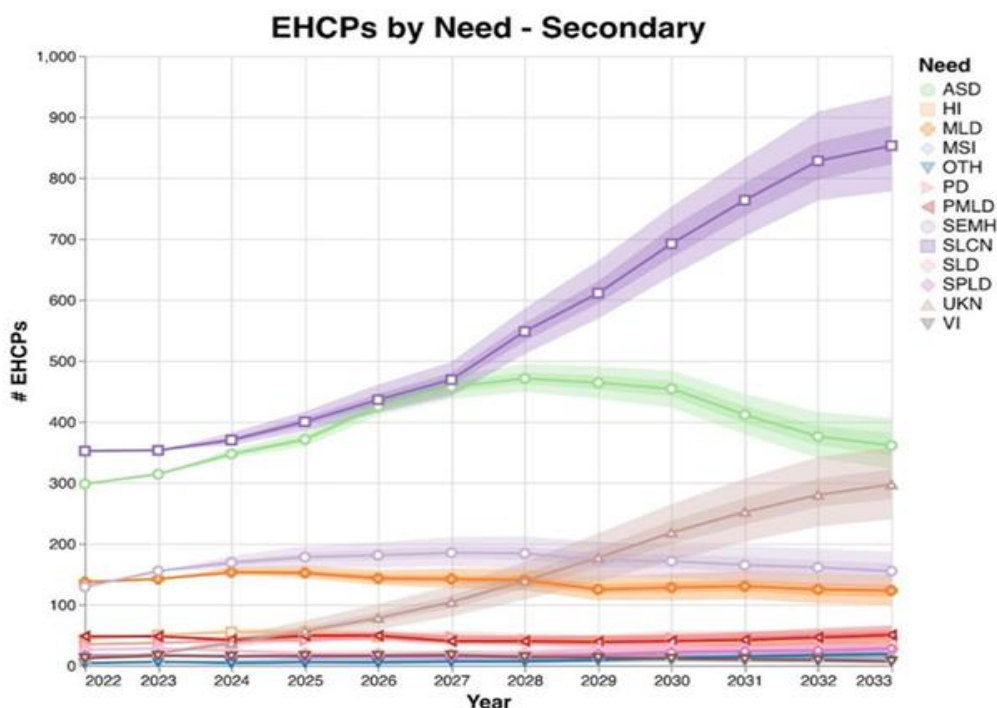


Fig. 12: Primary EHCP Projections by Setting



## Secondary

Fig. 13: Secondary EHCP Projections by Need



SLCN is projected to be the largest area of need among secondary children, with approximately 850 secondary EHCP children projected by 2033, then Autism as the second largest need. However, as pupils become older, there is increasing need in SEMH.

Fig. 14: Secondary EHCP Projections by Setting

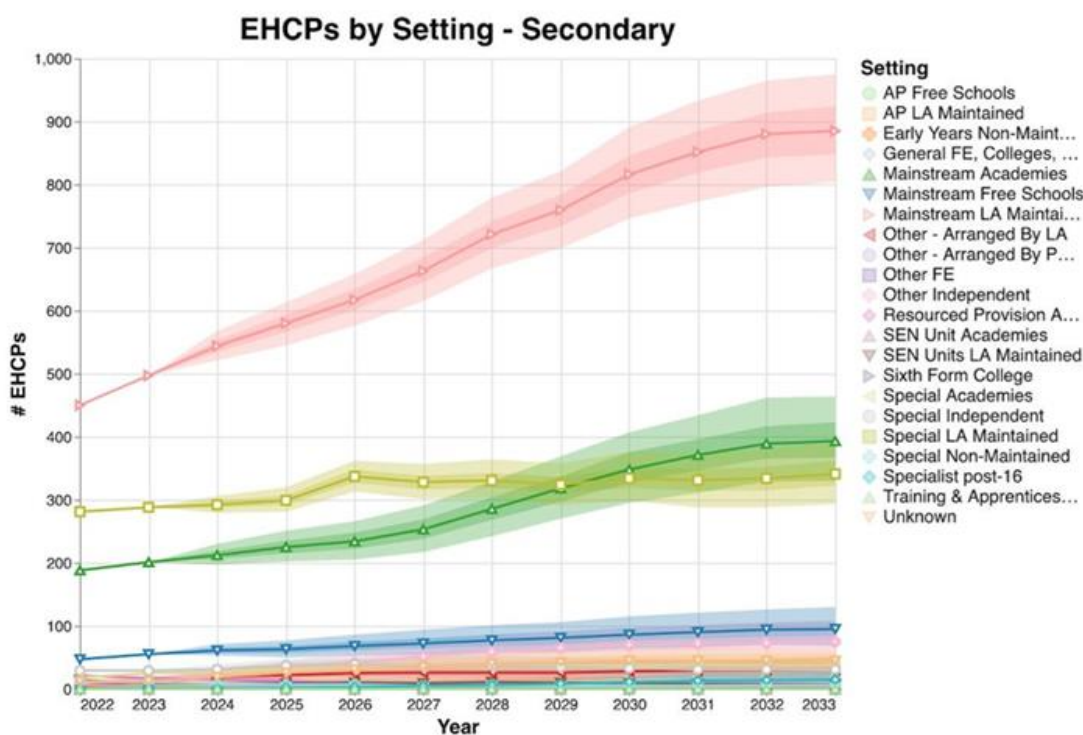




Fig. 14 suggests that the increase of secondary EHCP pupils will be accommodated at either an Academy or LA mainstream settings, with c.1300 pupils expected a mainstream setting in 2033. Due to limited capacity at special school provision pupils attending LA special schools are not projected to increase significantly with c.340 pupils projected to attend LA maintained special provision by 2033.

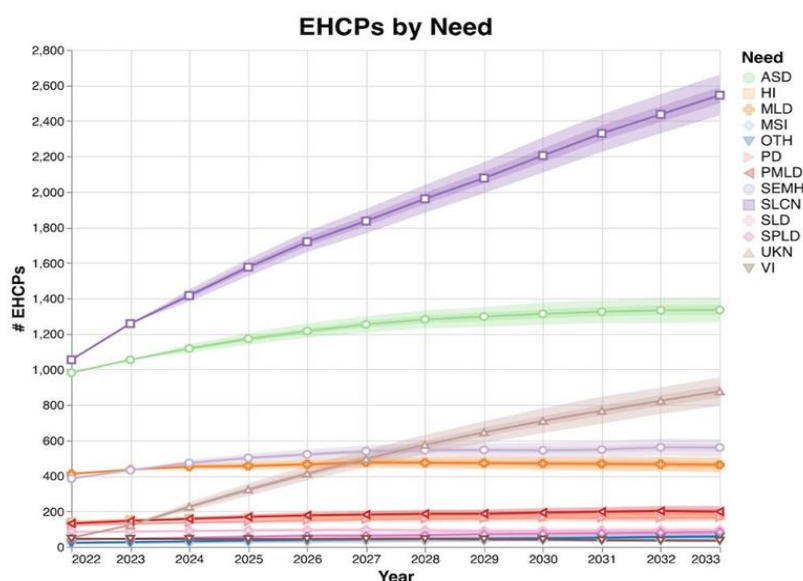
### Post-16 and post-19:

At post-16 and post-19, we see that General Further Education (mainstream FE settings) continue to dominate, with a second high area of need in maintained sixth form provision. However, turning to post-19, there is increasing demand for specialist post-19 provision, with a 66% increase in demand for such settings. Looking at areas of need for post-16 and post-19, there is significant rise in the number of EHCPs supporting young people with Autism and SLCN; come post-19, there is also significant growth in SEMH and MLD.

### EHCP Projections by Needs

Fig. 15 indicates SLCN is projected to continue to be the largest SEN primary need for children requiring an EHCP across the borough, with Autism second. SEMH shows growth and moves to be the third largest area of need in the Local Area. There is growth too in MLD, with it moving over time to become our fourth largest area of need.

**Fig. 15: Total EHCPs Projections by Need**



### Speech, Language and Communication Needs:

In Tower Hamlets, the two largest primary need groups for EHCPs are Speech, Language and Communication Needs (SLCN) and Autism (ASC/D) and these two areas of need account for two-thirds of EHCPs in the Local Area. Feedback from stakeholders and information from Bart's NHS Community Therapies shows a significant rise in demand for Speech and Language assessment, with a tripling in demand over the last two years (2021-23).

Within the Borough, specialist provision for SLCN is met in Resource Bases at Cyril Jackson Primary School and Globe Primary School. There are 20 places at Cyril Jackson, and 30 at Globe Primary School.

**Fig. 16: Primary EHCP Projections for SLCN Resource Provision**

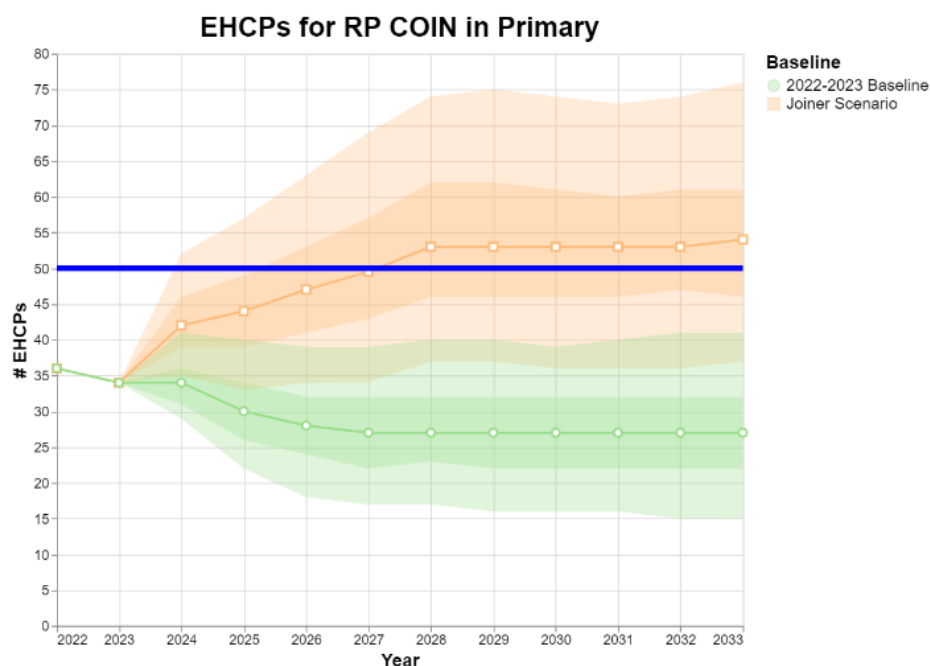


Fig. 16 indicates that there is limited capacity across both settings. There is a high level of variability in number projections for these settings: the blue line indicates the maximum capacity at present. At the upper band, there is a shortfall on capacity, if the rate of new EHCPs with SLCN continues as it is. Taking a longer-term average of issuing however, and there will be capacity available towards the end of the decade. The variability here is due to those with SLCN subsequently receiving a diagnosis of Autism, which changes their primary need; SLCN settings are also not designed currently for educating those with Autism, but for those with Disordered Speech and acute language and communication needs.

The mid-model scenario suggests there is sufficient SLCN specialist provision at Primary level, however this will need to be kept under review as referrals for Speech and Language assessment and therapy come via the NHS.

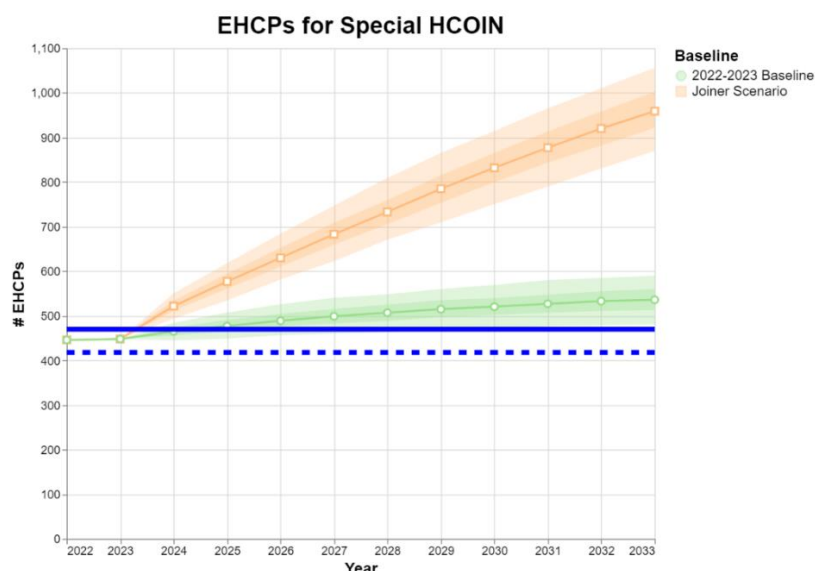
Tower Hamlets does not have specialist SLCN provision at Secondary level. Currently, there is limited demand for such provision, as majority of SLCN at secondary level continues to be met within mainstream settings, or where appropriate and with a diagnosis of Autism, in specialist Autism provision.

**Autism:**

The incident rate of Autism in EHCPs and on ASDAS assessment pathways is 25% higher than the national average. Whilst there have been significant increases in requests for assessment of Autism, this is also a historic pattern of need within Tower Hamlets. There may be an over classification of SLCN, due to delays in children and young people receiving their diagnosis of Autism, which is a national challenge.

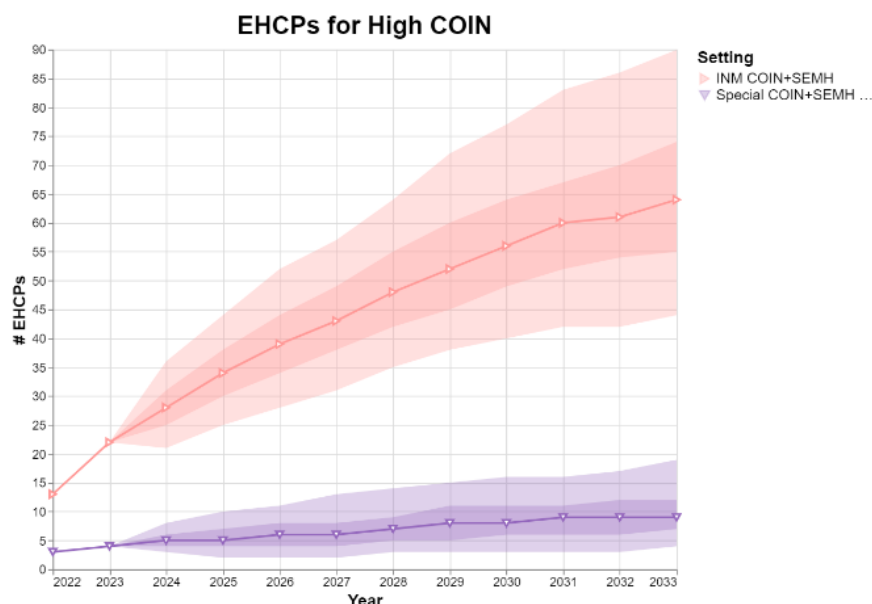
The Borough is committed to meeting the needs of children and young people with Autism locally. It is clear from analysis that Phoenix School, the Borough’s specialist provision for children and young people, Nursery through to Sixth Form, is at capacity.

**Fig. 17: EHCP Projections for Autism at Special School Provision**



The blue line shows the capacity of Phoenix School, 470 at the time of recording, though their Pupil Allocation Number has been updated for the 2023/24 academic year to 500 pupils across all age ranges: this has been done in recognition of Phoenix School taking in additional pupils beyond their intended capacity in the past, to ensure proper and correct funding. Fig. 13 highlights a significant variance between potential outcomes, based on a long-term historic trend demand would surpass capacity by 2026 and result in a shortfall of c.100 places by 2033. Alternatively, based on the elevated rate post-pandemic demand would exceed the capacity by 2024 and grow to c.500 place deficit by 2033. If the baseline scenario is taken, it may be reasonable to take a middle route on placement demand and anticipate a potential shortfall therefore of between 75 and 125 places by the end of the decade.

**Fig. 18: EHCP Projections for Autism at Mainstream vs Special School Provision**

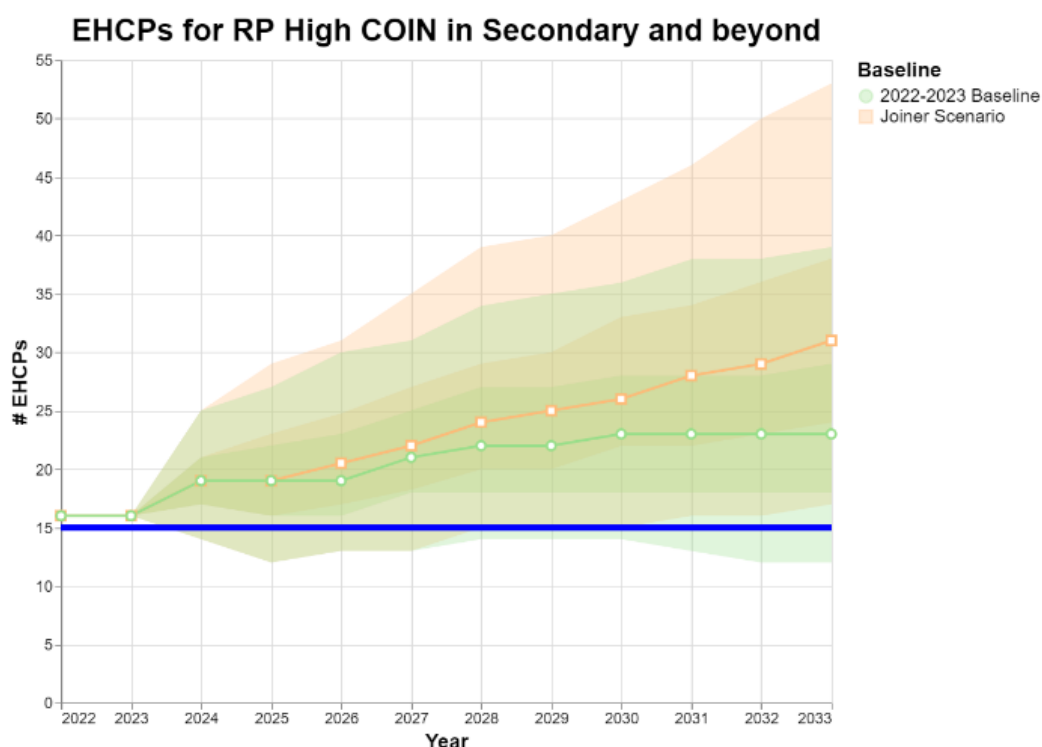


This lack of capacity in Autism specialist placements spills out into neighbouring Local Authorities and the independent sector. There are 25 CYP being educated out of borough and 13 in independent schools who could be educated in Phoenix. There are another 108 in Specialist Post-16 provision, but they may not be the right pupils for Phoenix, given the increasing complexity of Autism need as pupils become young adults and there is greater involvement from social care come living arrangements and future planning.

This does not negate current and acute demand for specialist Autism placements and provision: there are around 45 consultations a year to Phoenix School which may be appropriate, but the pupils cannot be placed there due to capacity constraints. Phoenix School holds a list of 90-100 pupils for whom placement may be appropriate, but there is no capacity to admit.

There is additional resource now in the Borough for middling-high Autism need. George Green’s School (secondary) has recently (2023/24 academic year) had its resource base redesignated from Physical Disability to Autism. The pupils it admits require specialist resource, provision, and teaching, beyond that which might ordinarily be delivered within a mainstream school but below that which is delivered within Phoenix School. This resource is already at capacity, and is likely to be significantly over-demand imminently.

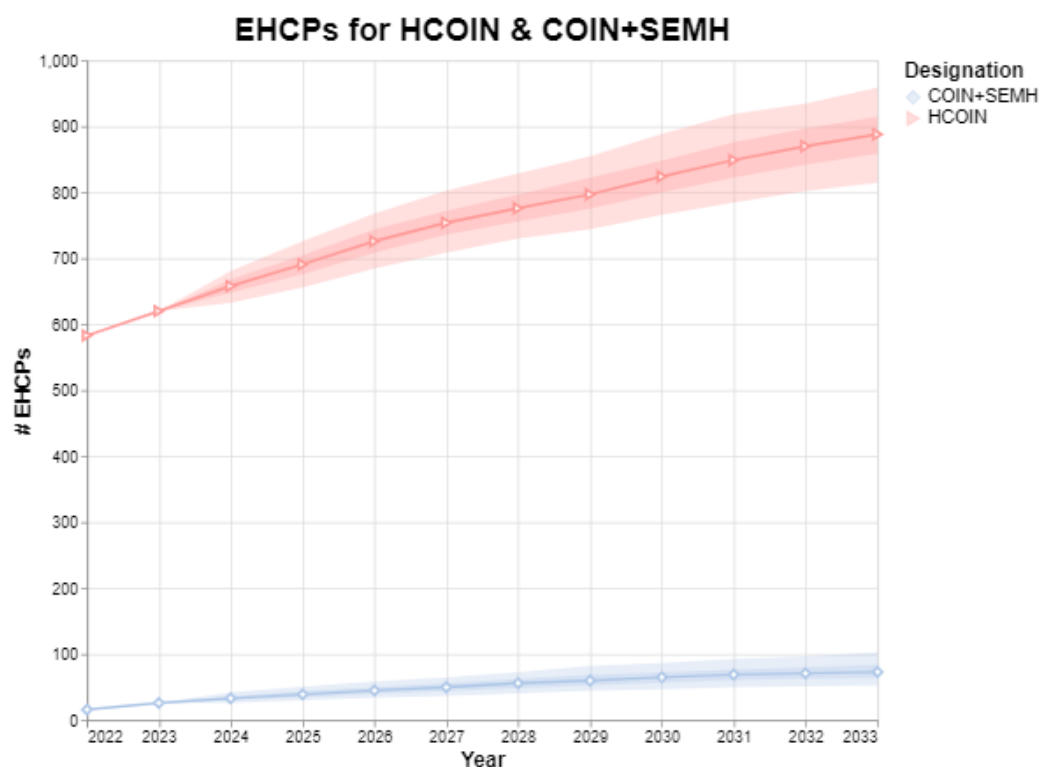
**Fig. 19: Secondary EHCP Projections for Autism Resource Provision**



There are 15 places available in the George Green’s Resource Base. There are 16 on-roll there. Upper and lower band demand suggests a shortfall of between 10 and 35 places by the end of the decade. It must also be noted that 2/3 of pupils in Tower Hamlets with a diagnosis of Autism and having an EHCP are educated within a mainstream setting: this is slightly above the London-wide average of 60%. Nonetheless, there is a significant shortfall on specialist provision for Autism, particularly at Secondary level and in the special school sector.

Fig. 20, below, indicates a rapidly emerging area of unaccommodated need within the Local Area for children and young people who have complex needs across several areas: they may have a diagnosis of Autism, combined SEMH or SLD, and consequently their behavioural and learning profile can make a placement in Phoenix a challenge.

**Fig. 20: EHCP Projections for Autism & Combined SLCN/SEMH**



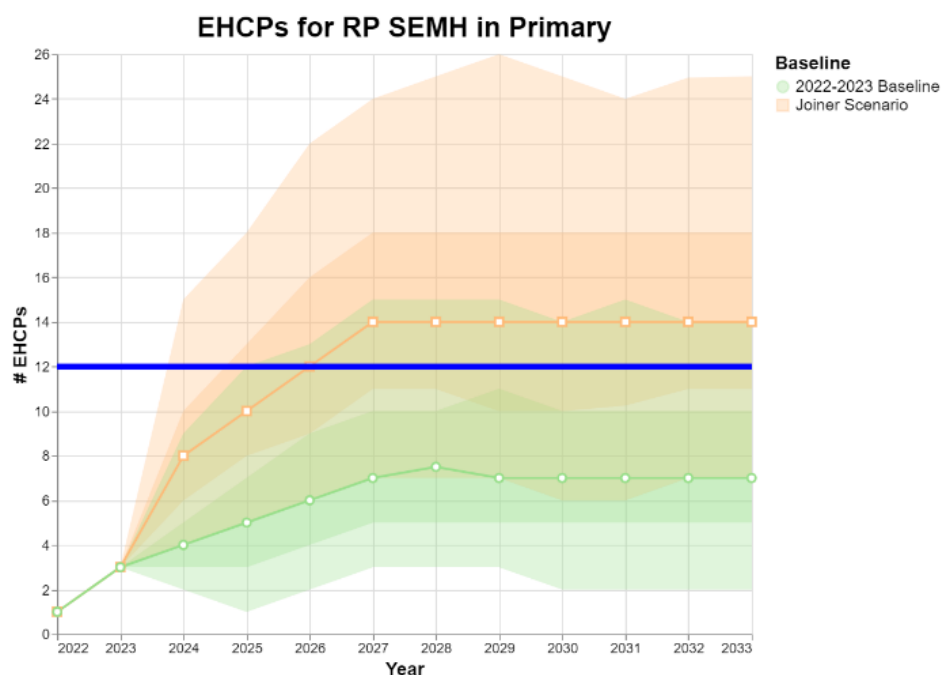
### Social, Emotional and Mental Health:

Feedback on SEMH was particularly strong from stakeholders, and projections on placement and provision (demand), and EHCP numbers, suggests an increasing need in this area across all ages and stages, with particular concerns at Key Stage 2 and Secondary levels. This increase in SEMH presentation is not unique to Tower Hamlets, however the gap between demand and placement availability is driving exclusion rates up (particularly in primary schools) and an increase in the use of the independent sector and in Alternative Provision, in and out of borough.

There is a gap in pre-statutory level SEMH support for mainstream schools. The Borough offers a Behaviour Support Service, which works with schools and settings on a traded basis, and in an advisory whole-school capacity. It does not offer pupil-level support and direct work.

There has been a minor expansion of Bowden House School to include an 8-place specialist primary division, co-located at Ben Jonson Primary School; this is now full. Ben Jonson Primary School itself has a designated SEMH resource base, but due to capacity constraints in the whole school (Resource Base pupils must be registered against mainstream classrooms) they have only been able to admit 3 pupils into this.

**Fig. 21: Primary EHCP Projections for SEMH Resource Provision**



At Secondary level, there is capacity within Ian Mikardo School, an Academy special school. There is no capacity within Bowden House, the Borough’s specialist SEMH residential school.

**Fig. 22: EHCP Projections for SEMH Special School Provision**

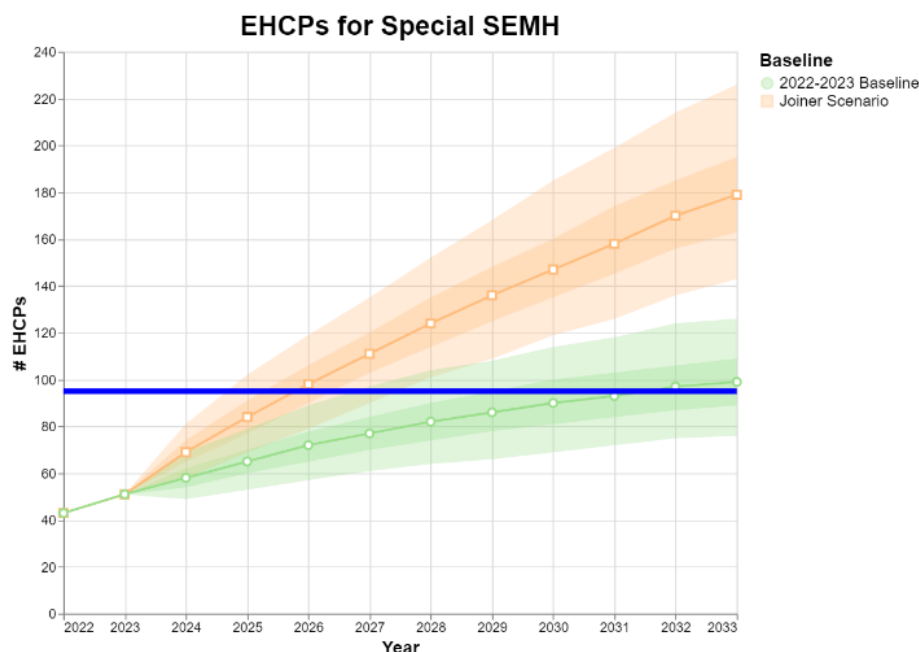
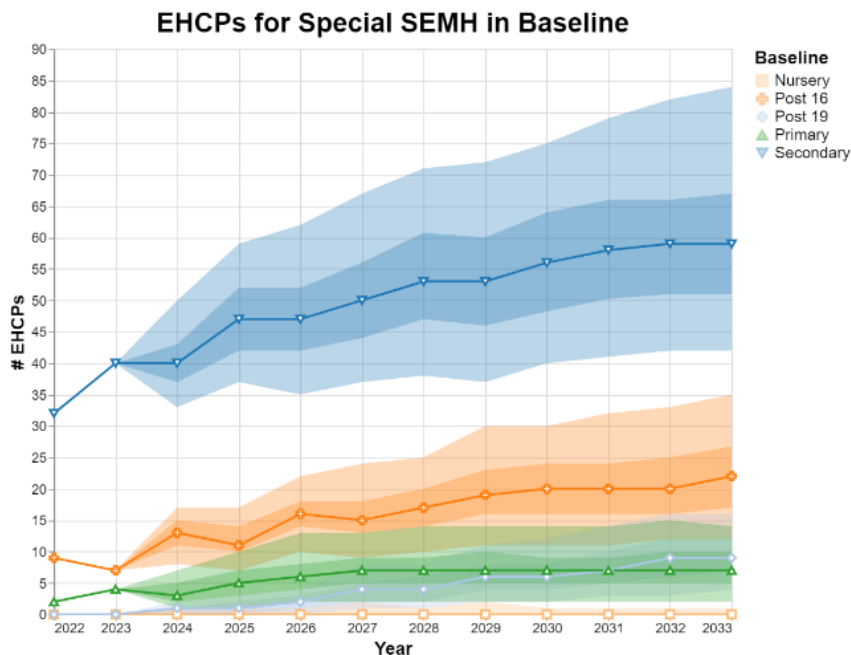


Fig. 22 shows significant growth in the number of EHCPs with SEMH as the primary need, and even accepting the available capacity by numbers in our resource bases and Ian Mikardo, there will be shortfall on specialist provision by the middle of the decade. This increase in SEMH is particularly acute in secondary age pupils as shown in Fig. 18, below. Overall from this analysis, there is a projected shortfall of between 30 and 60 places in SEMH specialist settings: between 10 and 25 at primary stage, and between 20 and 35 at secondary. **Page 865**

**Fig. 23: EHCP Projections by Phase for SEMH Special School Provision**

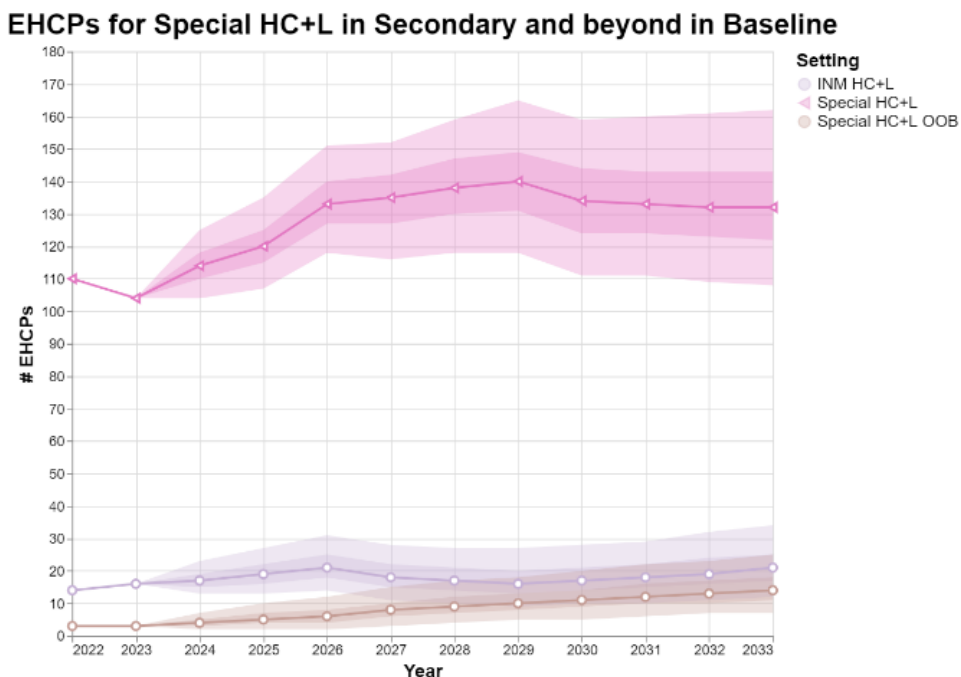


The projections suggests that SEMH is a rapidly changing and growing area of need, and there is a significant shortfall in specialist placements. Furthermore, there is a need for much earlier intervention and support, including at SEN Support level, in order that SEMH needs are identified, and met, earlier than currently. And behaviour is addressed through in-school discipline measures before statutory assessment is sought and changes of placement to specialist provision occur.

**Cognition and Learning:**

Meeting the needs of children and young people with cognition and learning difficulties is a relative area of strength for Tower Hamlets, with over 75% of pupils with Mild Learning Difficulties educated within mainstream settings.

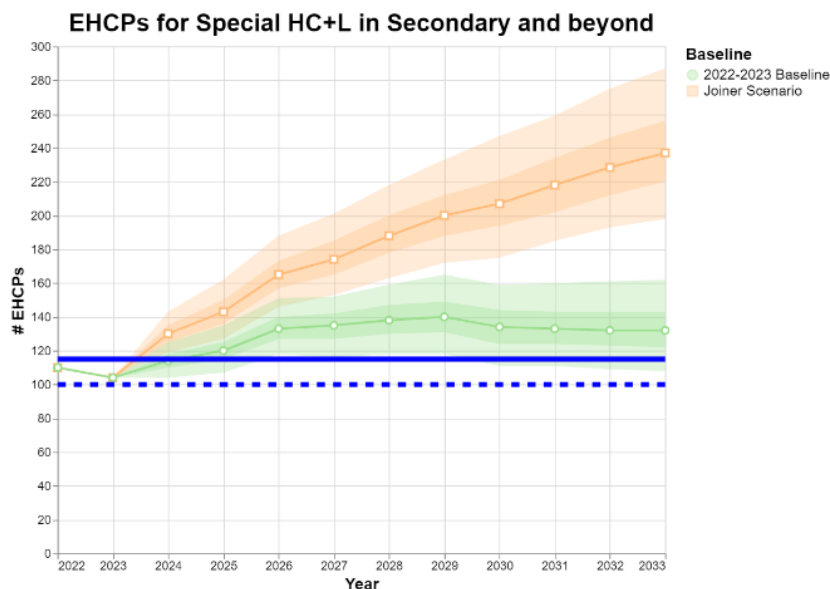
**Fig. 24: Secondary EHCP Projections for Cognition and Learning School Provision**





However, at the very most complex levels of need, there are significant capacity constraints. At secondary level particularly, there is already a shortfall within Beatrice Tate School, for pupils with PMLD and physical needs; Beatrice Tate also admits pupils with a secondary / additional need of Severe Learning Difficulties.

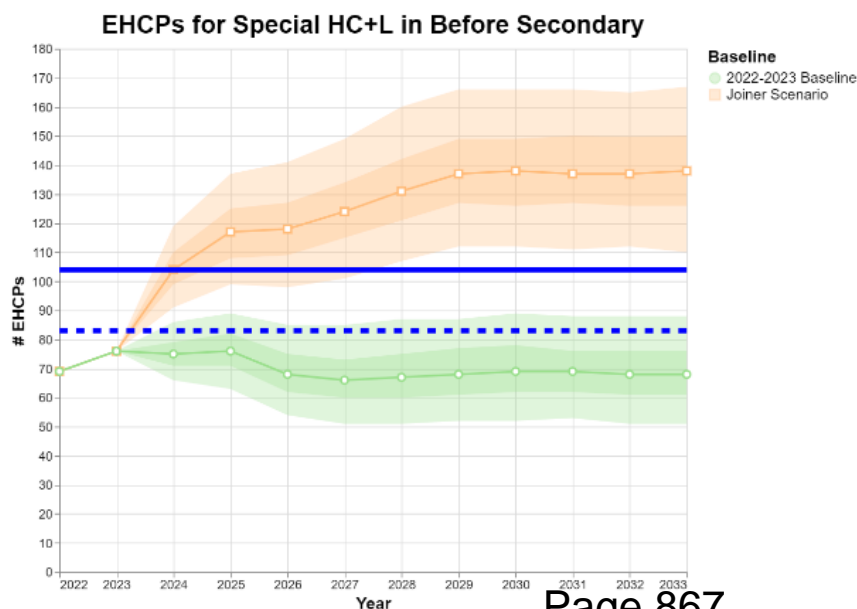
**Fig. 25: Secondary EHCP Projections for Cognition and Learning Special School Provision**



In Fig. 25, both upper and lower bands of projections show a significant shortfall in specialist placement, of up to 100 places. As a result, also seen above, there is an increasing call upon placements in the independent sector and out of borough. This is in part driven by increasing demand for specific SLD placements at Phase Transfer into Year 7 at secondary school.

Children and young people increasingly have needs identified in a range of areas, and so their needs do not neatly fit into single-need schools all the time. Like a mixed profile of Autism and SEMH as described above, pupils with PMLD/SLD increasingly have additional needs, especially with needs of Autism and/or SEMH. Currently, placement of these pupils is not always possible given the designation of Beatrice Tate School.

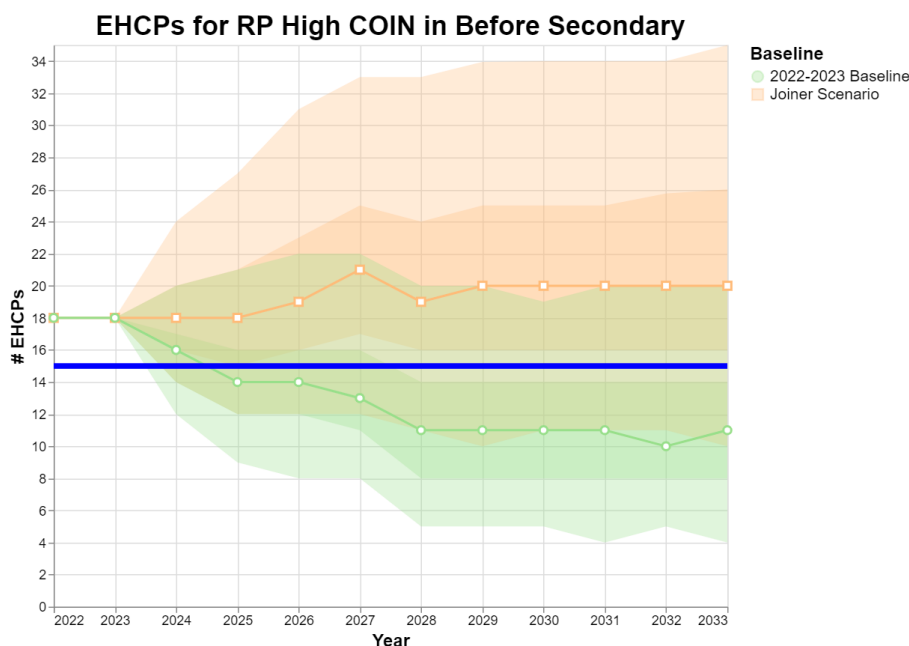
**Fig. 26: Primary EHCP Projections for Cognition and Learning Special School Provision**





At primary level, there is again shortfall in specialist PMLD / SLD provision as shown in Fig. 26. The borough has Stephen Hawking School (nursery to Year 6) as a specialist school and operates a specialist resource base for complex needs at Bangabandhu Primary School: Most of these pupils have needs of PMLD and/or physical needs. Placement shortfall in Stephen Hawking is accommodated by Bangabandhu Resource Base.

**Fig. 27: Primary EHCP Projections for Cognition and Learning Resource Provision**



The Bangabandhu Resource Base has capacity roll for 15 pupils; however, it is currently at capacity, and there are 3 consultations to the setting every 2 months, indicating significant demand for the provision. This data error is under investigation and will be corrected by January 2024.

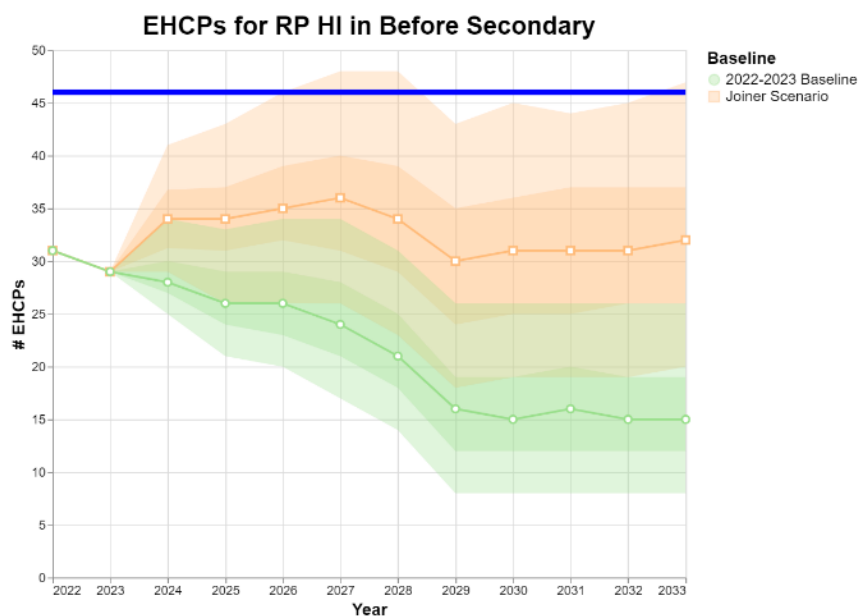
Both Beatrice Tate and Stephen Hawking Schools offer outreach services to mainstream settings to support with pupils with physical needs, educated within mainstream settings and able to access a mainstream, or mainstream differentiated, curriculum. In addition, the Educational Psychology Service and Learning Advisory Service offer support too for pupils with MLD/SLD, and physical needs and disabilities.

Nonetheless, there is a significant shortfall on placements for SLD/PMLD pupils, especially at secondary school.

#### Physical Disability and Sensory Needs:

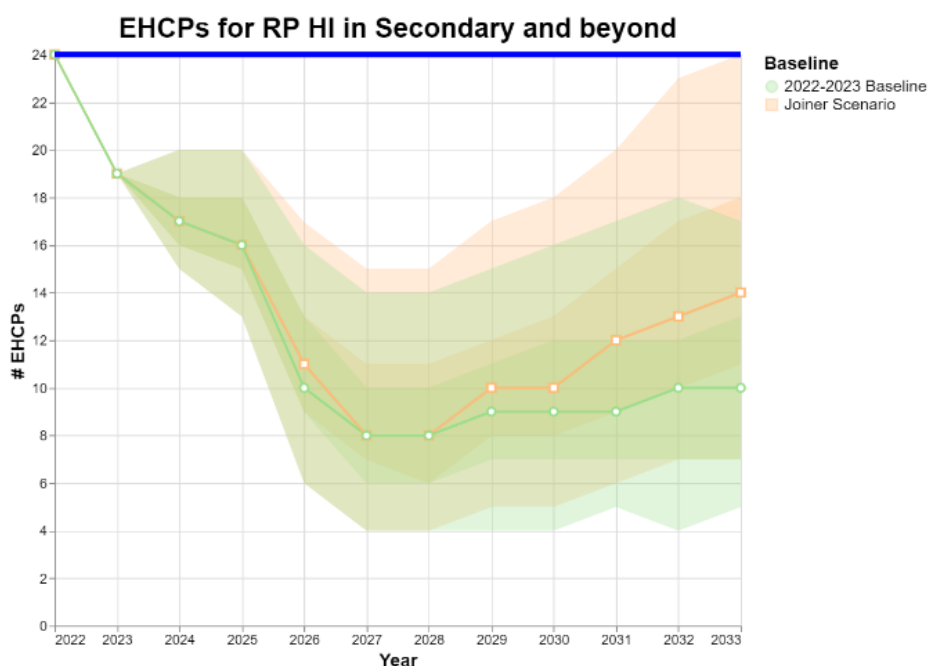
Tower Hamlets is unique as a London Local Authority, with an incident rate of physical need over twice the national average, especially in Hearing Impairment (HI). Most pupils with Hearing Impairment do not have an EHCP and are educated within mainstream settings at SEN Support level, with guidance and input from the Learning Advisory Service along the way.

**Fig. 28: Primary EHCP Projections for Hearing Impairment Resource Provision**



As a result, there is a declining number of EHCPs year on year projected for H.I. need, requiring specialist provision, at both primary (Fig. 28) and secondary (Fig. 29) school ages, and therefore current provision delivers appropriate levels of capacity for H.I. needs within the borough for the foreseeable future:

**Fig. 29: Secondary EHCP Projections for Hearing Impairment Resource Provision**

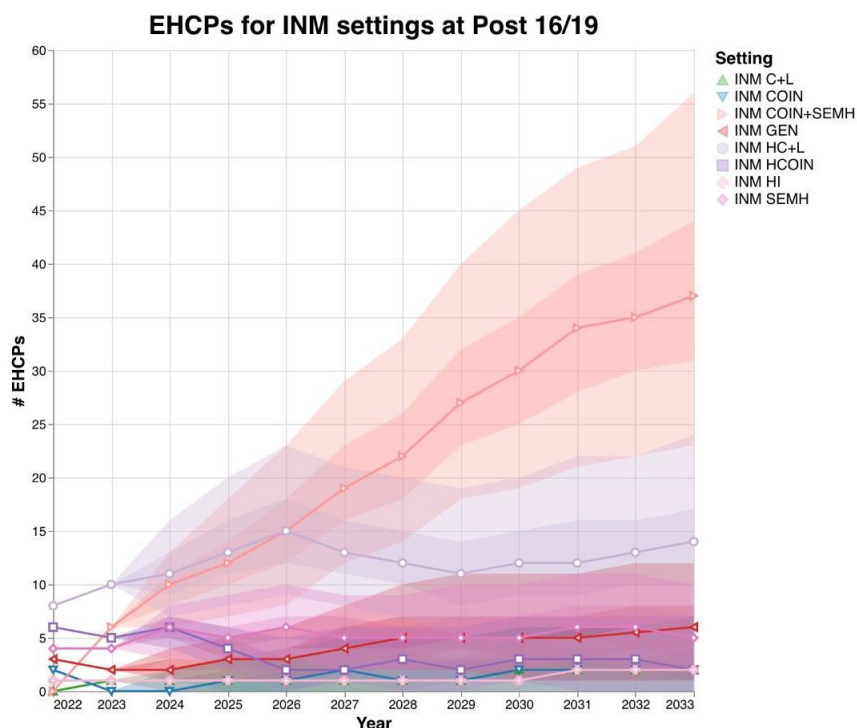


**Preparing for Adulthood:**

There is significant growth in EHCPs for post-16 and post-19 pupils to the end of the decade: this is due not to population growth, but due to children and young people not having their EHCPs ceased as they move through the education system. Preparing for Adulthood spans all areas of need. We have seen that specialist provision in all areas of need except HI are over capacity at secondary level and beyond and will remain so unless action is taken to address the shortfall.

There is a significant shortfall of specialist provision post-16 and post-19 for pupils with SLD and PMLD, who would otherwise be educated at Beatrice Tate School. Although there is flat further demand for placements post-16 and post-19; as the setting is already over capacity. There are currently no local providers able to offer a post-19 curriculum for these most complex pupils, leaving them to attend either residential or out of borough provision, or both. This has significant implications for spend on both placements and travel.

**Fig. 30: Post 16/19 EHCP Projections by Need at Mainstream Provision**



This is similarly seen in Phoenix School, with a shortfall in availability for placements at post-16 and post-19. Currently, Phoenix College provides post-19 provision for pupils with Autism. Phoenix College is a charitable third-sector provider. It delivers its provision supported by Phoenix School, but as a separate entity. It is currently located on the site of Phoenix School. There is no scope for the college to expand its current premises; the college with the Borough is seeking alternative accommodation to allow it to grow from circa 25 places, to circa 75 places. In review of SEMH needs, we again see this scenario of growth in EHCPs against a paucity of provision, and because of this there has been and is projected to be, an increase in use of the independent sector in all areas of need.

**SEN Sufficiency Review Conclusion and Proposed Actions:**

Significant amounts of data have been analysed throughout this process, and the projections on areas of need, and by demand, are strong for the short-medium term; as the projections are also for the next decade, there is some variation to the projections towards the end of the decade and into the early 2030s. Nonetheless it is clear that there is a significant shortfall of specialist provision and placements in the Local Area, which needs addressing quickly.

Autism; Speech, Language, Communication and Interaction; and SEMH continues to dominate the areas of need with the Local Area, with an emerging unmet need of SLD coming through right now, from primary, into secondary, and through to post 16 and post 19 provision. Long-term, there is a shortfall of around 260 specialist places in primary and secondary; more immediately and into the medium-term, there is a shortfall of 125 places, with 75 ASD and Communication/Interactions specialist placements needed; 25 SEMH placements needed; and 25 SLD (cognition and learning) placements needed, again in primary and secondary.

The Local Authority and schools are committed to meeting needs locally, and addressing the shortfall in specialist provision to ensure that all children and young people can access the provision and placements they need, at a time they need, and in a setting close to their home. We are proposing the following action plan:

1. The Local Authority will develop a Pilot programme of specialist Additionally Resourced Provision (ARPs) to address immediate need for specialist placements in the Borough.
2. It is intended that these Pilots ARPs will be delivered on a locality basis, aligned with the School Organisation Stakeholder Group's work, to ensure an even and effective distribution of specialist provision in the Borough.
3. These Pilot ARPs will need to come from the existing school estate and be a partnership basis between specialist and mainstream settings, with the support of the Borough.
4. The Local Authority will be solely responsible for placements into any Pilot ARPs, with the ARPs operated by the host school.
5. It is expected that pending any formal designation, these Pilot ARPs will be funded as though they are SEN Units, therefore meeting more complex needs than a Resource Base.
6. Major building work will not be considered, however repurposing, remodelling, and relocating some elements of existing premises will be.
7. It is anticipated that there will be up to 6 specialist Pilot ARPs established:  
x2 / x3 Autism / Communication and Interaction, x1 each at primary and secondary at least,  
x2 SEMH, x1 each at secondary and secondary,  
x1 SLD, at secondary.
8. Each Pilot ARP will need to have between 12 and 25 pupils, depending on the available size within the host school.
9. Whilst these will be the primary areas of need for each pilot ARP, there will need to be some flexibility in the profile of pupil admitted, given the evidence of secondary needs in our most complex pupils (e.g. Autism and SEMH / SLD).
10. Schools in the Borough will be approached for Expressions of Interest in operating Pilot ARPs early in the spring term of 2024, with service specifications prepared concurrently; a selection process will be run, with the involvement of all local education, health and social care stakeholders, including schools, and parent-carers, before summer 2024.

11. Being developed through minor works only, rather than full building work, it is anticipated that any Pilot ARPs would be operational within the 2024/25 academic year.
12. Though initially a Pilot programme, there will need to be a view to have a contractual commitment of any school to operate any ARP long-term, including funding commitments and regular review of the provision.
13. A small expansion of Phoenix School, within their existing premises, should be considered if viable, within the next 3 years.
14. The planned expansion of Beatrice Tate School, to accommodate pupils captured within the increased demand for specialist places within PMLD, continues.

# Early Year Sufficiency Report 2024

## School Organisation Strategy Group

17/10/2024



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## Executive Summary

The demand for Early Years (EY) provision in Tower Hamlets is expected to continue to decline due to a decreasing pre-school age population in the borough. From 2021 to 2024, the total number of children eligible for Early Learning for 2-year-olds (EL2) decreased by 16%. The fall in eligibility for EL2 was due to the declining population and increases to Universal Credit payments without EL2 eligibility thresholds being increased. In contrast, the percentage of eligible children accessing EL2 entitlement rose from 33% to 59%.

Demand for the Universal Entitlement has remained relatively stable between 2021 and 2024, with approximately 65% of 3- and 4-year-old children accessing their universal entitlement place each year. Over this period, an average of 23% of the children using their Universal Entitlement place also accessed the Working Parent Entitlement.

The Early Years capacity in the borough is comprised of 234 settings providing 8,582 part-time places. 64 of these providers are maintained settings offering 3,247 places. As the Early Years market is dictated by customer demand, providers have the autonomy to amend their capacity and the ratio of available places allocated to each entitlement. Additionally, there are 87 providers in the borough that do not currently offer 2-year-old places. Therefore, entitlements for 2-year-old children must be accommodated within 5,395 places offered at the remaining 177 providers.

Since 2021, the demand across the borough has been comfortably accommodated within the available capacity, registering a 38% surplus in 2024. From April 2024, the Working Parents entitlement was extended to include 2-year-olds, which is projected to significantly increase the demand for 2-year-old places. Current forecasts suggest that the additional demand for 2-year-old places may result in a 12% increase to the total number of EY entitlements expected to be accessed by Spring 2025. However, despite an initial growth in accessed EY entitlements, the demand from 2- to 4-year-old children is forecast to reduce over the next five years due to falling birth rates and young families leaving borough.

## Early Years Entitlements

**Early Learning for 2-Year-Olds (EL2):** Available to eligible families on benefits or low incomes The entitlement offers 15 hours of free childcare per week for 38 weeks a year (term-time) or fewer hours spread across the full year. It applies to children from the term after their second birthday until they start school.

**Universal Entitlement (UE):** All 3 and 4-Year-Old children in England are entitled to 15 hours of free early education or childcare per week for 38 weeks a year, from the term after their third birthday until they reach compulsory school age.

**Working Parents Entitlement (WP):** Working parents of 3 and 4-year-olds may qualify for an additional 15 hours, totalling 30 hours per week during term-time. This is also available for 38 weeks, or can be stretched across the full year to better meet the needs of working parents. From April 2024, 2-year-olds of eligible working parents will be able to receive 15 hours of free childcare per week for 38 weeks a year

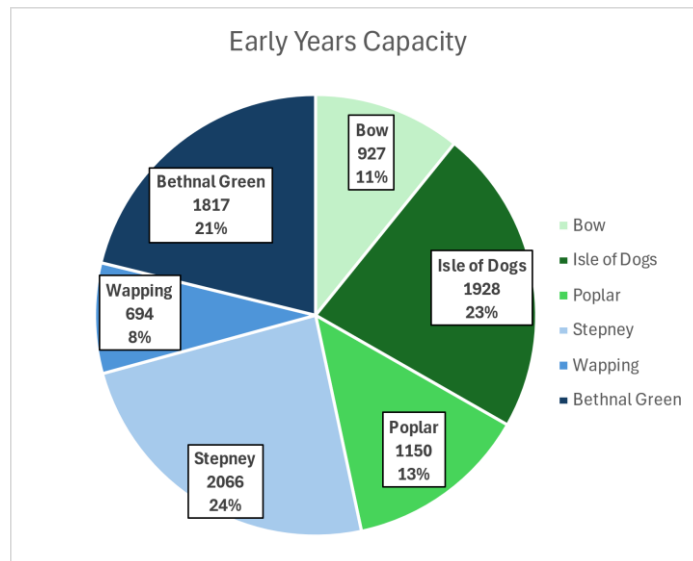


## Supply and Demand

### Context

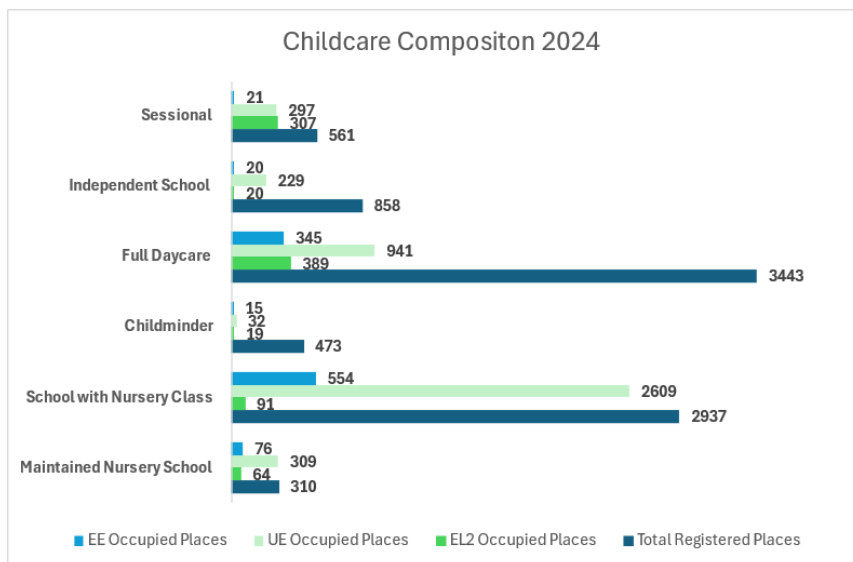
The Early Years capacity consists of 8,582 part-time places available at 234 providers across the borough, of these 5,335 places (62%) are in the Private, Voluntary and Independent (PVI) sector and 3247 places (38%) in the maintained sector. A part-time place denotes a 3-hour AM or PM session, therefore a single part-time place may be accessed by two different children on the same day whereas a Working Parent entitlement place combines the AM and PM session places together.

**Fig1: Early Years capacity across the borough by planning area**



Early Years entitlements are accessed across a range of providers from both the PVI and maintained sector. In 2024, 5,306 children accessed an Early Years entitlement in the borough 83% of EL2 entitlements were accessed at a PVI provider, whereas 66% of Universal Entitlement (UE) and 61% of Working Parent Entitlement (WP) were accessed at a maintained provider.

**Fig 2: EY Entitlements accessed in 2024 by provider type**



## Early Years Providers

The capacity data shown below was collected by The School Admissions Service in March 2024 and is outlined in The School Admissions Service Composite Timetable.

Source: <https://www.towerhamlets.gov.uk/Documents/Education-and-skills/Admissions-and-exclusions/Admissions/Nursery-prospectus.pdf>

Early Years Places in the West Region					
Bethnal Green	1650	Stepney	1887	Wapping	839
Maintained	647	Maintained	687	Maintained	426
Christ Church Primary School	10	Alice Model Nursery School	70	Bigland Green Primary School	100
Columbia Market Nursery School	70	Bangabandhu Primary School	53	Blue Gate Fields Infants School	77
Columbia Primary School	30	Ben Jonson Primary School	104	Mulberry Canon Barnett Primary School	58
Elizabeth Selby Primary School	80	Bonner Mile End	35	English Martyrs Primary School	17
Kobi Nazrul Primary School	10	Cayley Primary School	72	Harry Gosling Primary School	44
Mowlem Primary School	27	Globe Primary School	28	Hermitage Primary School	40
Osmani Primary School	106	Halley Primary School	50	St Mary & St Michael Primary School	34
Rachel Keeling Nursery School	100	John Scurr Primary School	38	St Paul's Whitechapel Primary School	26
St Annes And Guardian Angels Primary School	37	Marion Richardson Primary School	70	St Peter's Primary School (London Docks)	30
St Elizabeth's Primary School	40	Sir William Burroughs Primary School	44	<b>PVI</b>	<b>413</b>
St John's C Of E Primary School	14	Solebay Paradigm Academy	50	Childminder	30
Stewart Headlam and Hague Federation Primary School	17	Stepney Greencoat C of E Primary School	TBC	Full Daycare	308
Thomas Buxton Primary School	51	Stepney Park Primary School	73	Sessional	75
Virginia Primary School	25	<b>PVI</b>	<b>1200</b>		
William Davis Primary School	30	Childminder	67		
<b>PVI</b>	<b>1003</b>	Full Daycare	583		
Childminder	129	Independent School	460		
Full Daycare	634	Sessional	90		
Independent School	60				
Sessional	180				

### Early Years Places in the East Region

<b>Bow</b>	<b>927</b>	<b>Poplar</b>	<b>1351</b>	<b>Isle of Dogs</b>	<b>1928</b>
<b>Maintained</b>	<b>426</b>	<b>Maintained</b>	<b>762</b>	<b>Maintained</b>	<b>299</b>
Children's House Nursery School	70	Bygrove Primary School	50	Arnhem Wharf Primary School	49
Chisenhale Primary School	28	Culloden Primary	80	Cubitt Town Primary School	90
Malmesbury Primary School	51	Cyril Jackson Primary School	64	Harbinger Primary School	45
Old Ford Primary School Paradigm Trust	141	Lansbury Lawrence Primary School	70	Seven Mills Primary School	30
Olga Primary School	72	Manorfield Primary School	48	St Edmund's Primary School	25
St Agnes RC Primary School	26	Marner Primary School	64	St Luke's Primary School	60
Wellington Primary School	38	Mayflower Primary School	50	<b>PVI</b>	<b>1629</b>
<b>PVI</b>	<b>501</b>	Our Lady and St Joseph Primary School	60	Childminder	70
Childminder	85	St Paul and St Luke Primary School	47	Full Daycare	1221
Full Daycare	372	St Pauls Way Foundation	39	Independent School	338
Sessional	44	St Saviours Primary School	37		
		Stebon Primary School	55		
		The Clara Grant Primary School	46		
		Woolmore Primary School	52		
		<b>PVI</b>	<b>589</b>		
		Childminder	92		
		Full Daycare	325		
		Sessional	172		

## Methodology

The projections produced in this report are calculated using the following data sources:

- GLA 2022-based demographic projections.
- DWP income-based eligibility data 2024
- Spring Term entitlement figures 2024
- *Entitlement Access Rate (EAR)* = No. eligible children divided by No. of children accessing the entitlement.

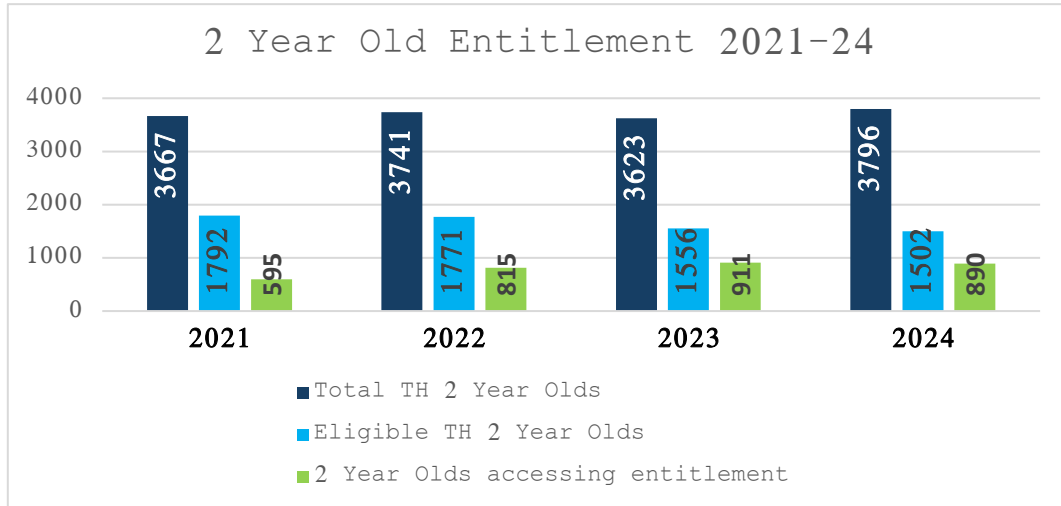
**2 Year Old (2YO) Entitlement Projections** = (GLA projected number of 2-year-olds multiplied by the percentage of 2-year-olds eligible on the 2024 DWP list) **plus** (GLA projected number of 2-year-olds multiplied by the percentage 3- & 4-year-olds that accessed the Working Parent entitlement in 2024)

**Universal Entitlement Projections** = GLA projected number of 3- & 4-year-olds multiplied by Universal Entitlement Access Rate in 2024

**Working Parent Entitlement Projections** = (GLA projected number of 3- & 4-year-olds multiplied by Universal Entitlement Access Rate in 2024) multiplied by the 2024 Working Parent Entitlement Access Rate

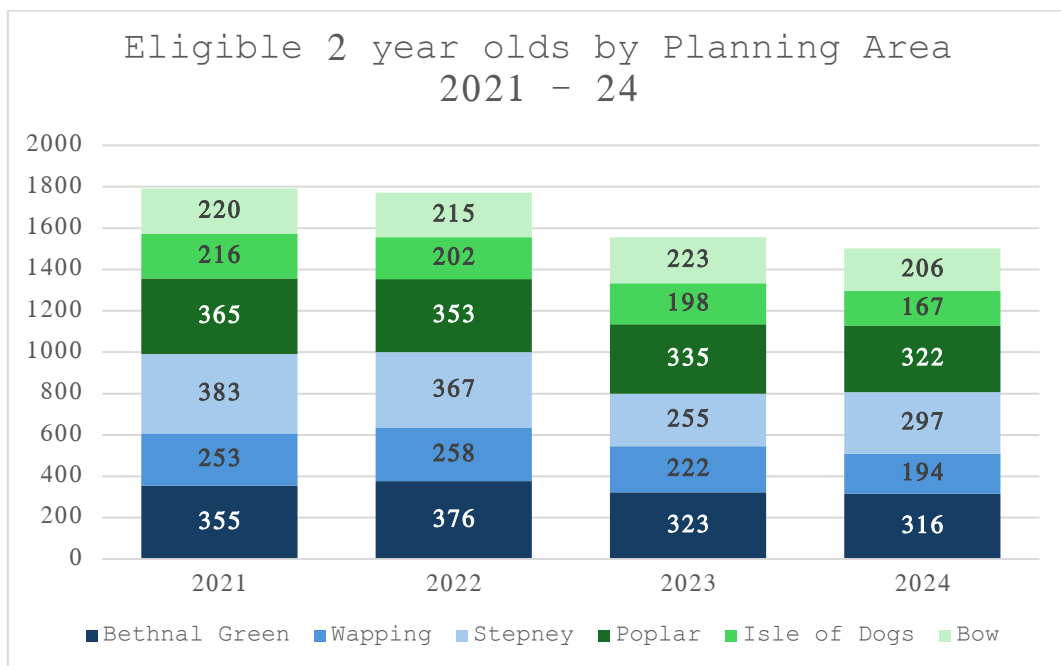
## 2YO - 2-Year-Old Early Learning Entitlement

Fig3: EL2 Entitlements accessed from 2021-24



Following the Covid pandemic, there has been an increase in the percentage of eligible 2-year-olds accessing the EL2 entitlement in the borough, as the Entitlement Access Rate (EAR) has risen from 33% in 2021 to 59% in 2024. In contrast, over the same 4-year period, the percentage of Tower Hamlets 2-year-olds that qualified for the EL2 entitlement has decreased from 49% in 2021 to 40% by 2024. All six planning areas have experienced a decline in the number of EL2 eligible children residing within their areas between 2021 to 2024. The most significant decrease of EL2 eligible resident children occurred in Stepney, resulting in a decline of 22% between 2021 and 2024.

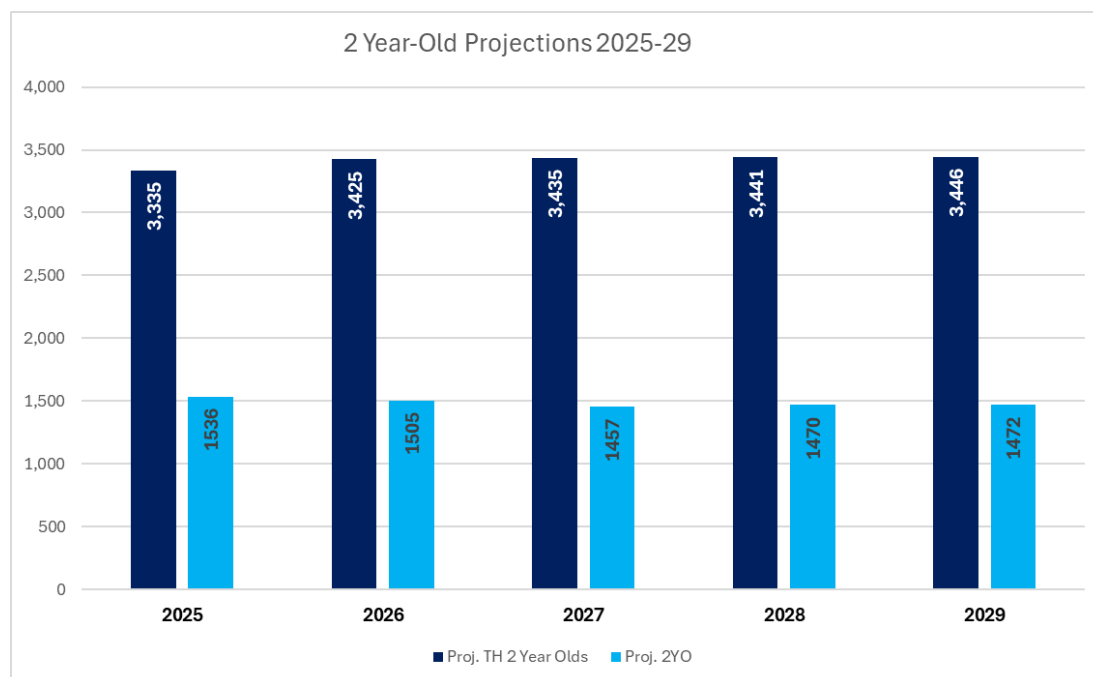
Fig4: Number of children eligible for EL2 entitlement by planning area



In April 2024, the Working Parents entitlement was expanded to include eligible working parents with 2-year-olds. Therefore, 2-year-old children may qualify for 15 hours free childcare per week for 38 weeks based on working parent criteria.

As the entitlement criteria has evolved to support more 2YO children, the difficulty in quantifying the precise number of children who will be eligible becomes more problematic. Projections for 2YO entitlements have considered historical trends for EL2 and Working Parent Entitlement trends to anticipate future demand over the next 5-years.

**Fig5: Projected 2YO entitlement demand 2025-29**



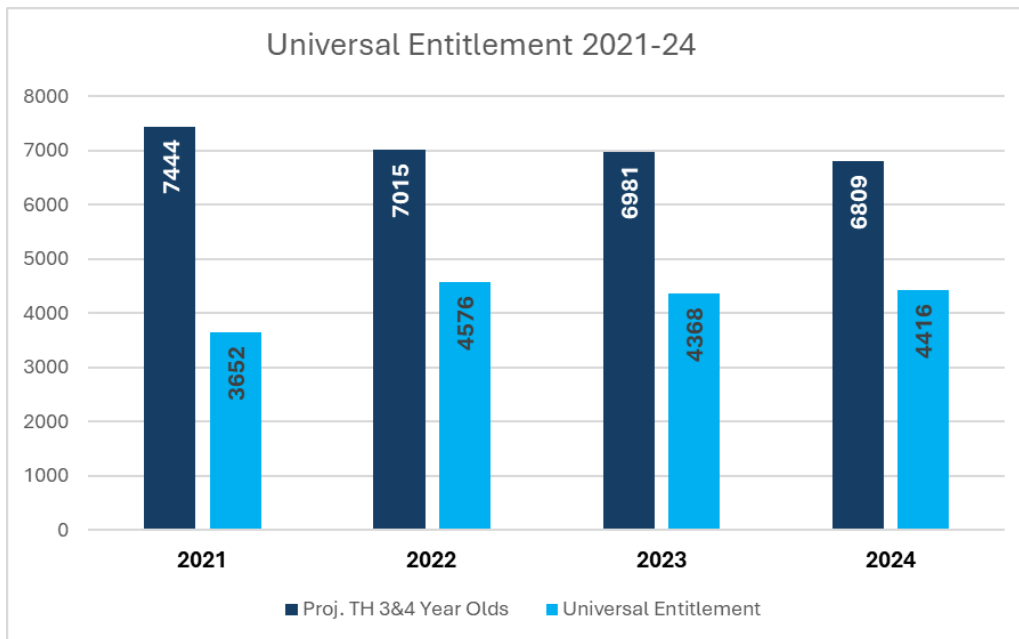
As the childcare market is driven by the needs of the parents, providers will adjust the capacity allocated for each entitlement based on the demand that they receive, consequently, the capacity ratios assigned to each entitlement may change from term to term. In addition, some childcare settings do not offer 2YO entitlement places, only 10 out of 64 maintained providers offer 2YO entitlement places and less than 63% of the borough capacity is capable of accommodating 2YO demand.

**Fig6: Review of 2YO entitlement capacity in 2024**

Settings	No. Providers	No. places	2024 EL2 pupils	2024 EL2 ratio
<b>Maintained</b>	<b>10</b>	<b>618</b>	<b>155</b>	<b>25%</b>
Maintained Nursery School	4	310	64	21%
School with Nursery Class	6	308	91	30%
<b>PVI</b>	<b>167</b>	<b>4777</b>	<b>735</b>	<b>15%</b>
Childminder	81	473	19	4%
Full Daycare	65	3443	389	11%
Independent School	1	300	20	7%
Sessional	20	561	307	55%
<b>Total</b>	<b>177</b>	<b>5395</b>	<b>890</b>	<b>16%</b>

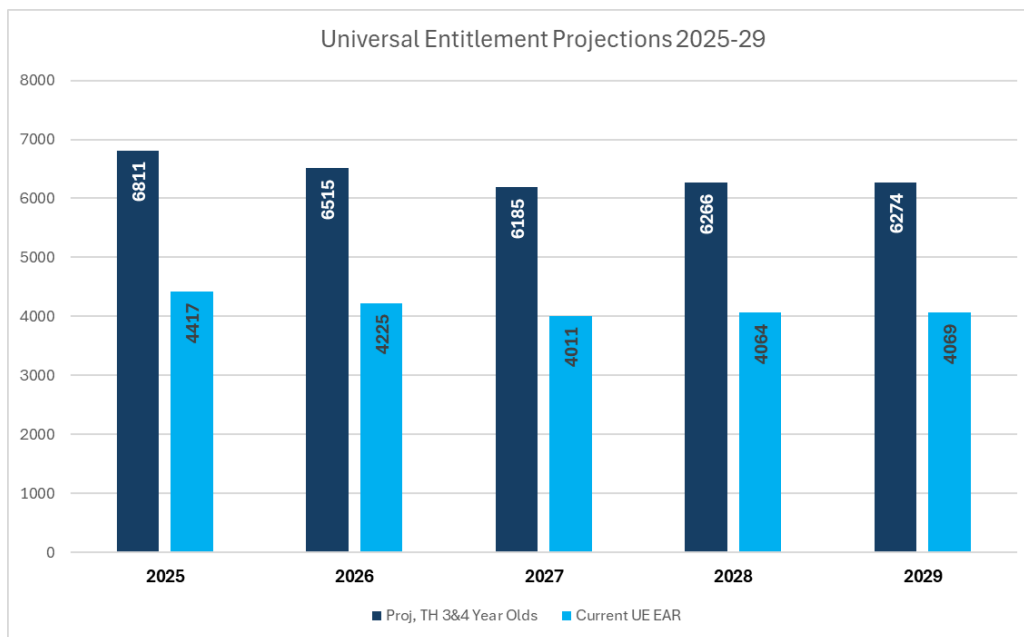
## Universal Entitlement (UE) – 3- & 4-Year-Old Childcare Entitlement

**Fig7: Universal Entitlement accessed from 2021-24**



Between 2021 and 2024 the number of 3- and 4-year-olds residing within the borough declined by 8.5%. Additionally, in 2021 the UE Entitlement Access Rate (EAR) was recorded at 49%, most likely due to the impact of the pandemic. However, over the subsequent three years from 2022 to 2024, the UE EAR has increased and remained relatively consistent ranging between 63-65%.

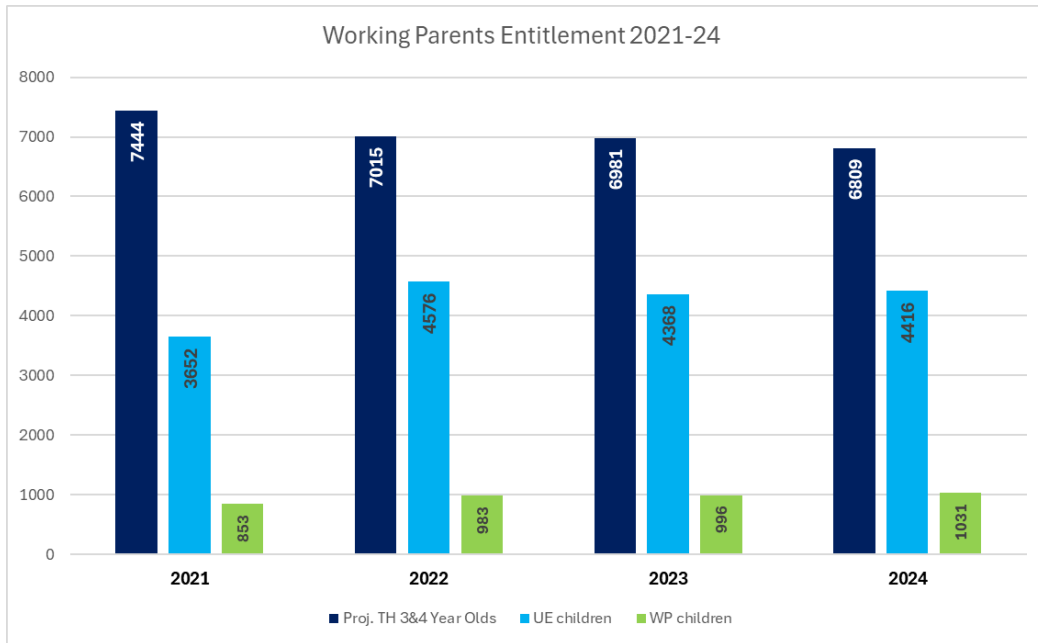
**Fig8: Projected Universal Entitlement demand from 2025-29**



From 2025-29 the population of 3 & 4 years olds residing in Tower Hamlets is projected to decline by 7.9%, consequently, unless the EAR increases, the demand for UE places is anticipated to decline in line with the population.

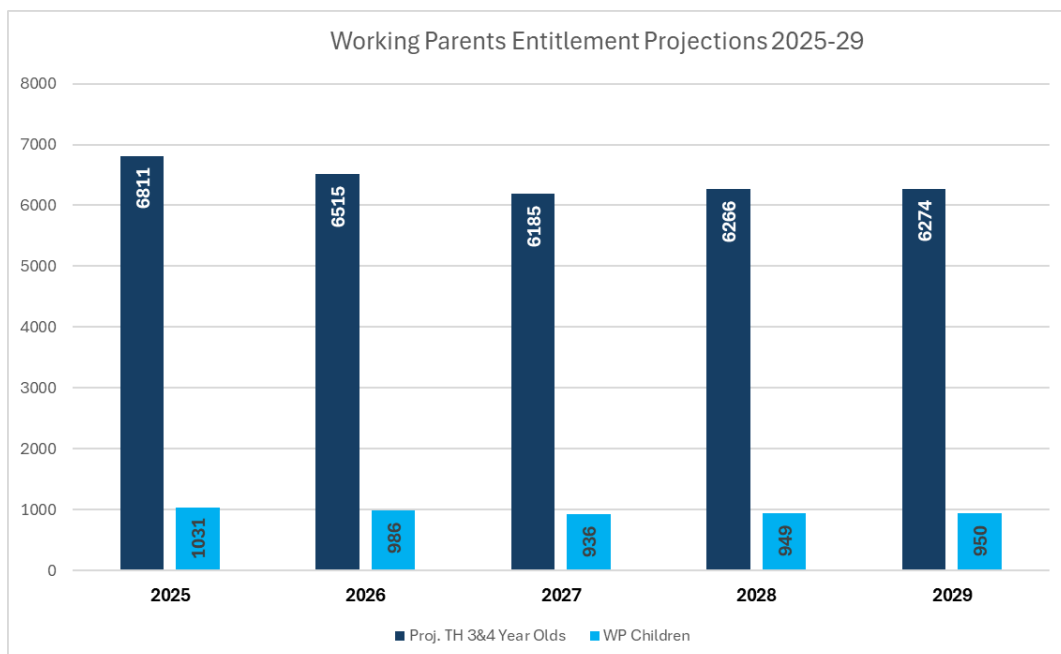
## Working Parents Entitlement (WP) - 3- & 4-Year-Old Childcare Entitlement

**Fig9: Working Parents Entitlement accessed from 2021-24**



From 2021 to 2024, the number of 3- & 4-year-olds accessing the WP increased by 20.8%, however the Entitlement Access Rate (EAR) for WP has remained remarkably consistent, with approximately 23% of children that access UE also accessing WP.

**Fig10: Projected Working Parents Entitlement demand from 2025-29**



WP trends suggest that demand for the entitlement is closely correlated to the existing demand for UE. As a consequence, the demand for WP places is likely to follow the

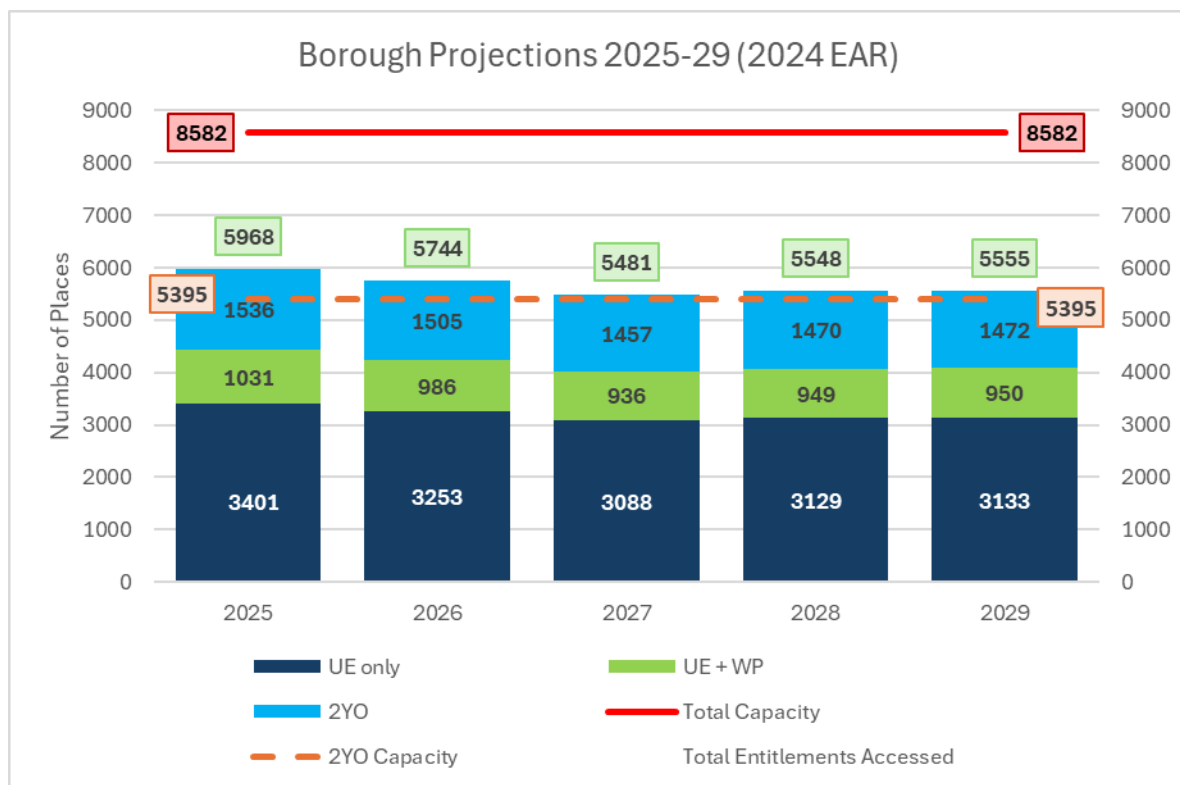


projection path of UE, with a decline in numbers expected to occur unless the EAR for UE or WP increases.

## Borough Outlook

The expansion of the Working Parents entitlement criteria to include 2-year-old children has increased the number of children that are eligible to access an entitlement from previous years. The introduction of eligible 2-year-olds of working parents is forecast to add a further 15% of the 2-year-old population to the existing EL2 demand already generated by the DWP. Due to the additional 2YO demand, the total number of 2–4-year-old children accessing an entitlement in 2025 is projected to increase by 12% on the previous year. However, despite the initial increase in overall entitlement demand, the total number of 2- to 4-year-old children accessing entitlements is expected to reduce by 8% over the next five years as a consequence of declining births and negative net migration trend in the borough.

**Fig11: Projected Demand for all EY entitlements across the borough from 2025-29**



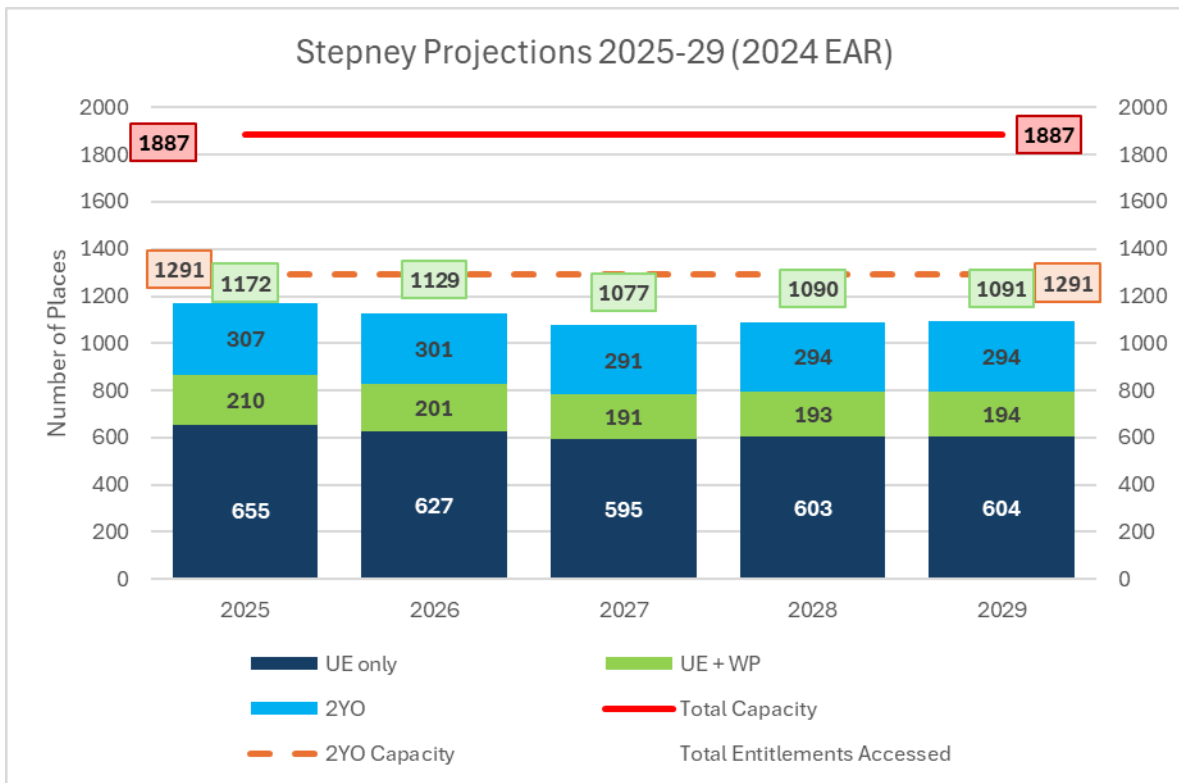
From September 2024, the WP entitlement will be extended further to provide working-parents of children from 9 months old with 15 hours of free childcare a week for 38 weeks. The expansion of this entitlement to a younger age range is anticipated to predominantly impact the capacity in the PVI sector, as most maintained settings are not designed to accommodate children younger than 2 years old. Furthermore, from September 2025, the Working Parents entitlement will qualify children aged 9 months up to school age for 30 hours of funded childcare a week. Subsequently, the new increase in entitlement demand is expected to have a consequential impact on the ability of PVI providers to accommodate 3- and 4-year-olds, which may result in more children needing to access their entitlements at a maintained setting.

Additionally, the government is implementing plans to ensure that all parents and carers of primary school-aged children can access term-time wraparound care from 8am to 6pm by 2026. This initiative is designed to support parents with work and family responsibilities,

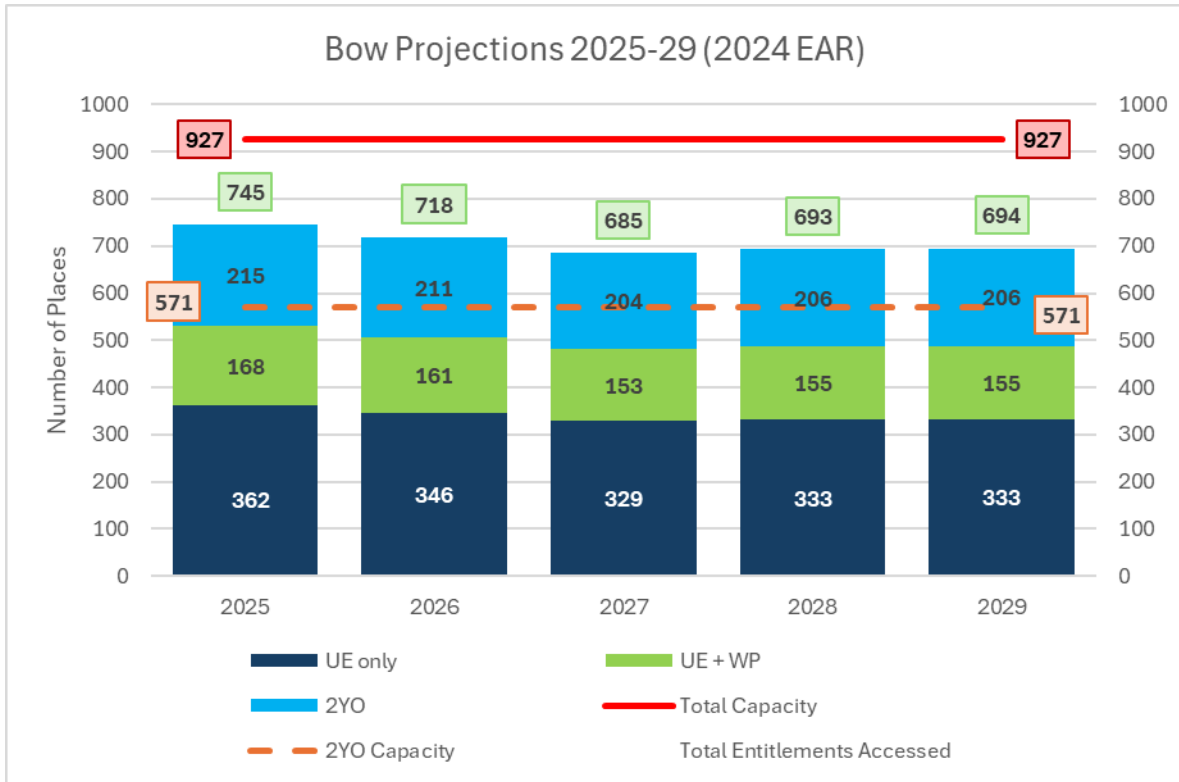
thereby increasing their opportunities to participate in the labour market. As a result, childcare providers may decide to offer complementary services to enable the delivery of the wraparound care offer. The LA is closely monitoring these developments to assess their implications on childcare provision, to ensure that the needs of families in Tower Hamlets are effectively met.

Appendix – Early Years Planning Area Projections

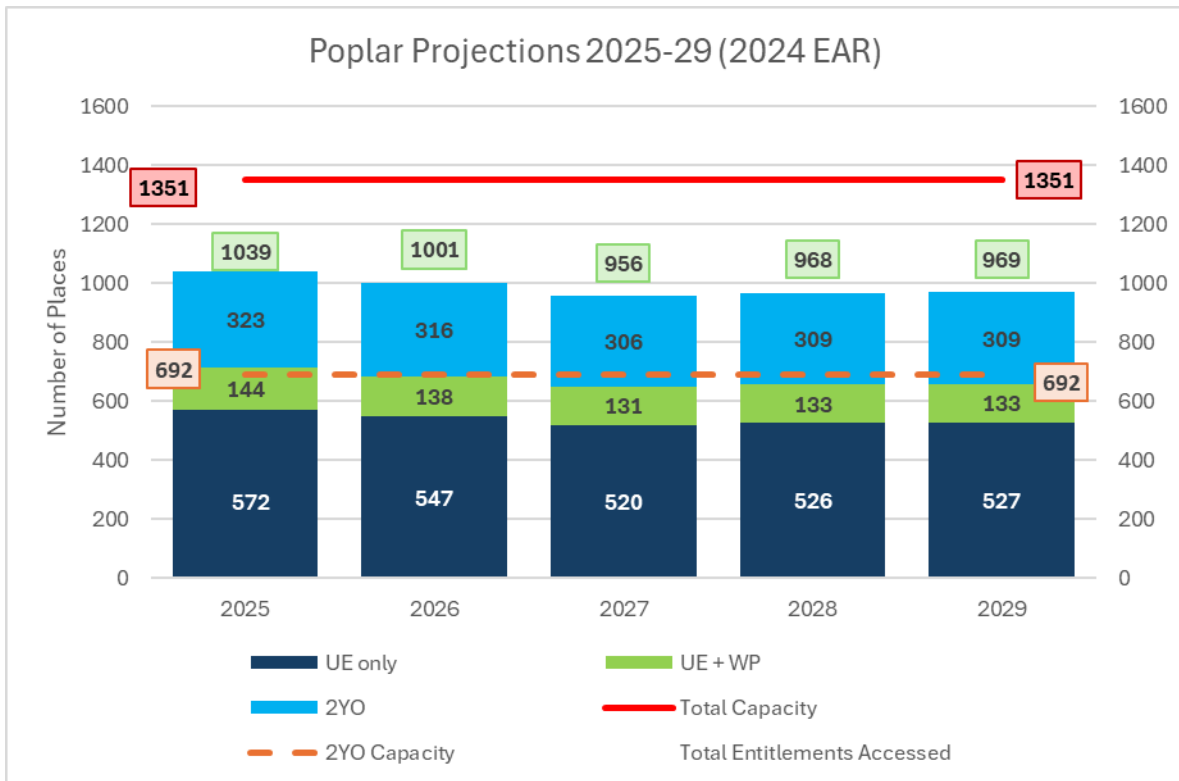
**Stepney – PA1**



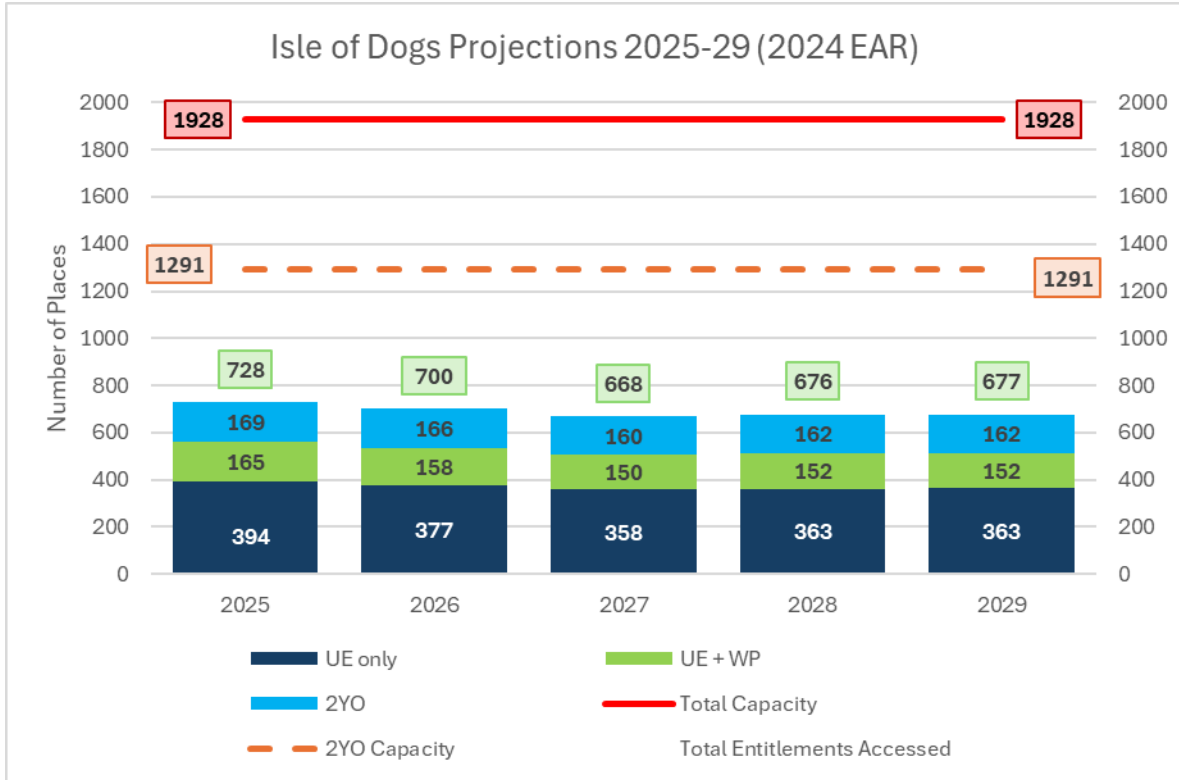
**Bow – PA2**



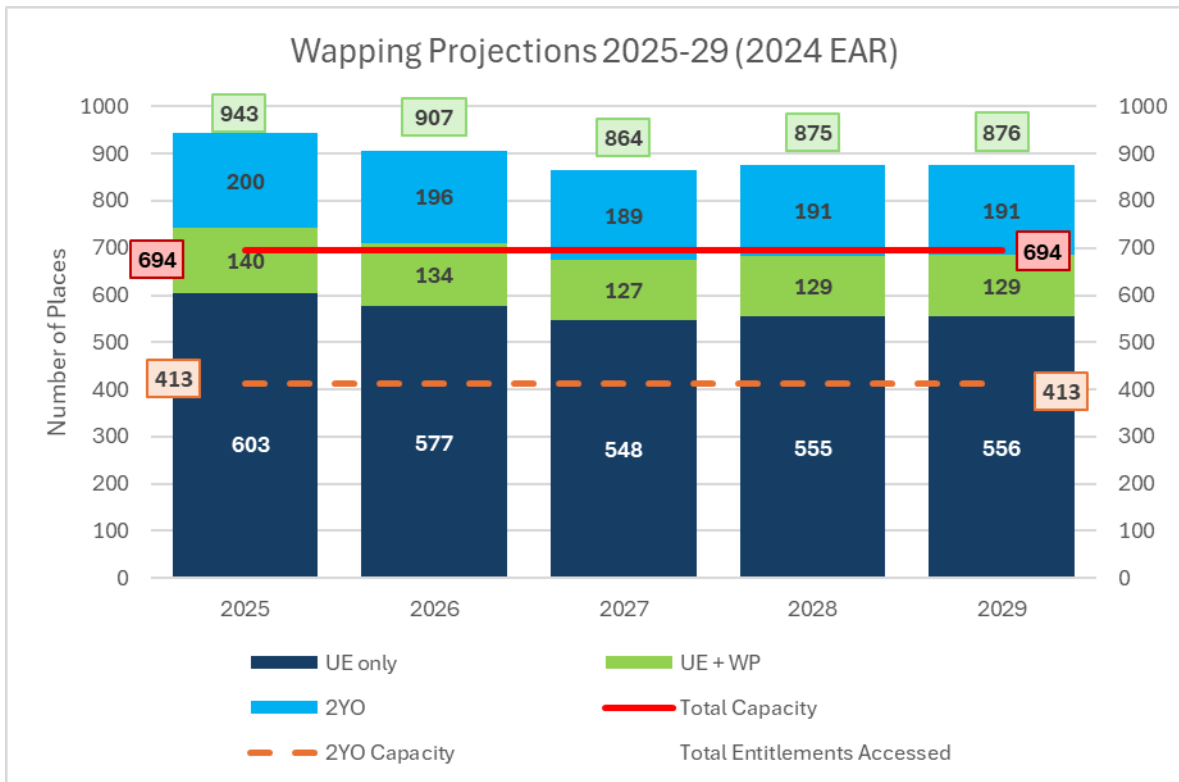
### Poplar – PA3



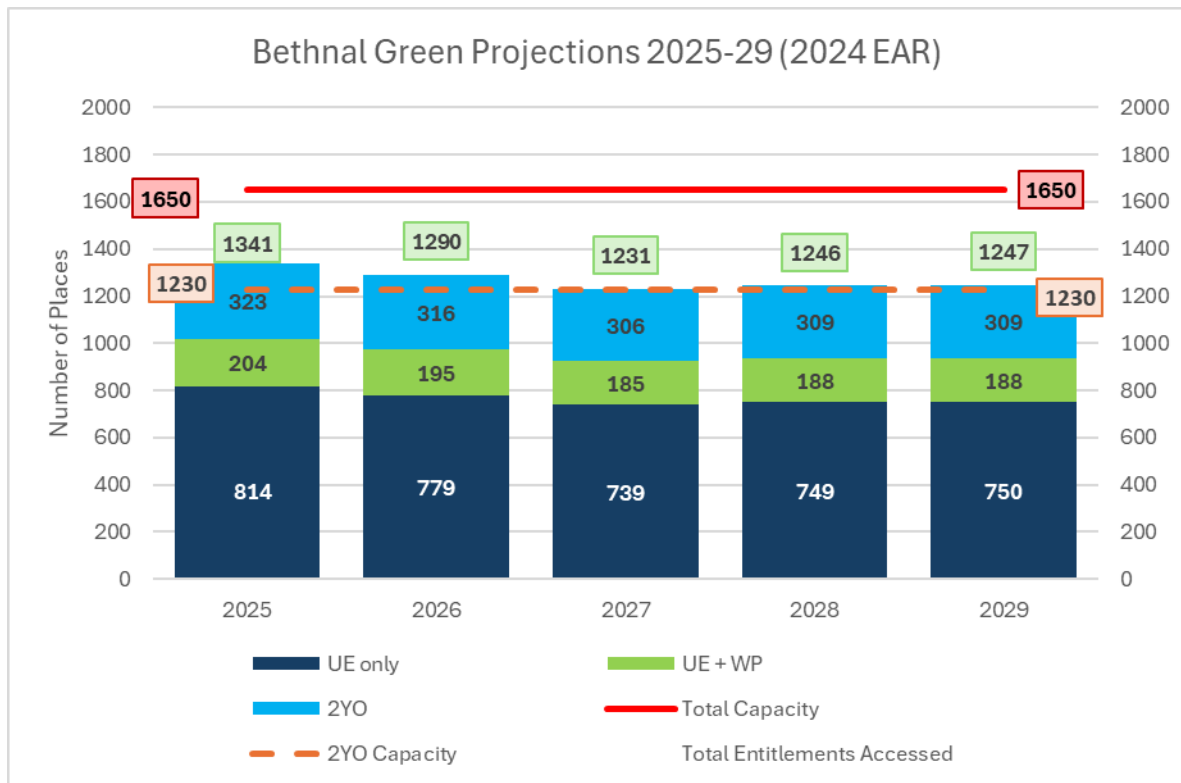
### Isle of Dogs – PA4



### Wapping – PA5



### Bethnal Green – PA6



## Appendix Four – LBTH Local Plan’s Approach to Allocating School Sites



The current Local Plan for Tower Hamlets allocated several sites for primary schools and secondary schools. This is informed by the evidence base which supported the Local Plan i.e. *Site Allocations Methodology* and *Spatial Assessment Needs for Schools*. The plan will allocate more school sites than required to meet the projected need for the following reasons:

1. School sites are generally located on land in private ownership, and are part of a larger scheme which also includes housing, commercial and open space. The delivery and timing of the school is linked to the delivery and timing of the overall scheme, and therefore not within the control of the council.
2. Ideally, new school sites will deliver a minimum of 2 forms of entry (FE) for a primary school and 6 forms of entry (FE) for a secondary school. However, site constraints may mean that only a smaller school can be delivered. While smaller schools may not financially be the best model to operate, these may be considered if additional school places are required. There would also be an option to deliver expanded school provision where a site is adjacent or in close proximity to an existing school.
3. There may not be sufficient demand in the area to support the development of a new school when a site comes forward. For example, if there was a need for one additional school in an area and two sites came forward at the same time, the council may only take forward one of these sites.
4. Issues, such as air quality, may make an allocated site challenging for the delivery of a school when it comes forward for delivery. There are several site allocations with known constraints, however it may be possible that these can be addressed through design and the school’s location within the site allocation, but could incur higher costs.
5. Pupil projections are a useful tool in planning for future needs, but they can be volatile, particularly in the medium to long term (e.g. after 5 years). Projections rely heavily on information about historical trends (e.g. births, migration), which makes them less reliable in times of significant demographic change.
6. Tower Hamlets is relatively small in terms of land area. The borough will continue to experience fast paced changes in terms of its built development, with the highest housing target in the adopted London Plan. At the same time, the borough has a number of areas with limited development potential due to design and heritage factors. There will be limited opportunity secure to sites large enough to accommodate schools, particularly secondary schools, in future Local Plans.

This approach ensures that the council is able to effectively plan for school places and meet its statutory duty. The alternative approach would be to allocate the exact number of sites to meet the projected need at that point in time, but this would put the council at serious risk of not meeting its legal duty to provide sufficient schools if, for example, sites were not delivered or the projected need increased during the plan period.

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## Appendix Six - Summary of Funding Streams for the Development of School Sites

### (a) DfE Basic Need Capital Grant

The principal source of capital funding for providing additional school places is the DfE Basic Need capital grant. The funding is allocated each year on a rolling basis, usually three years in advance. It is formula-based and does not reflect post-16 need or specific growth in numbers of pupils with high needs. The council will receive £1.6m in 2024-25, and a further £4.7m in 2025-26.

### (b) DfE Special Provision Capital Funding and High Needs Provision Capital Allocation

The Government has provided Tower Hamlets with additional capital funding for the creation of new school places and to improve existing facilities for children and young people with Special Educational Needs (SEN) and disabilities. In Tower Hamlets, this funding amounts to £25.4m and was allocated over 6 years (2018-2024). This is made up of £6m Special Provision Capital Funding (SPCF) and £19.4m High Needs Provision Capital Allocation (HNPCA).

### (c) Community Infrastructure Levy (CIL)

The annual Infrastructure Funding Statement sets out the Council's use of CIL and S106 for the provision of infrastructure.

In addition to these funding streams, the council also has the option to use its reserves, capital receipts, and/or borrow to ensure that it can deliver on its strategic priorities and statutory duties.

When the funding strategies for school projects are being developed, these funding sources are considered, and the funding allocated through the relevant governance and decision making arrangements. Funding has been allocated for the following school projects:

Project	Estimated cost	Funding Stream
Beatrice Tate Special School (48 to 60 expansion of existing school)	£6.500m. Works being developed for new accommodation to be available in 2024/25.	£1.970m Special Provision Capital Allocation, £2.450m High Needs Provision Capital Allocation, £1.994m S106, and £0.086k Basic Need
Hermitage Primary	£3m. Works to provide SEN (ASD) resource provision in 2024/25.	£0.145k Special Provision Capital Allocation, and £2.855m High Needs Provision Capital Allocation



Mulberry London Dock (6FE secondary and sixth form)	£75.4m for the full development of new school and local infrastructure for September 2024.	£53.8m from the DfE (Free Schools) Capital Grant, £5.311 funded by Basic Need, £10.700m CIL and £5.522m S106.
Mulberry Wood Wharf Primary School	£9.322m for the full development of new school and local infrastructure for September 2024.	Grant £2.205m CIL: £2.719 & S106 £4.398m
IAE	original approved budget allocation £15.000m.	Funding identified from S106 (£9.110) and CIL (£5.890m)

**Further planned developments that will require council capital funding:**

George Green's School (refurb)	Costs and funding structure to be determined following review of the delivery strategy/construction method and timetable.	TBC
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**Further SEND projects in development requiring confirmation and funding**

Alice Model Nursery School, 14 Beaumont Grove, London. E1 4NQ.	Adapting a room in the nursery school to support children with sensory needs/ autism.	£0.030k High Needs Provision Capital Allocation
Columbia Market Nursery School, Columbia Road, London. E2 7PG.	Adapting a room in the nursery school to support children with sensory needs/ autism.	£0.030k High Needs Provision Capital Allocation
John Smith Children's Centre, 90 Stepney Way, London. E1 2EN.	Convert and refurbish childcare rooms to meet clinical specifications to deliver SALT sessions for young children and their parents.	£0.030k High Needs Provision Capital Allocation
The Soanes Centre, Setpoint London East, Southern Grove, Mile End, London. E3 4PX	This project will upgrade the hygiene and toileting facilities so that children with complex needs will be able to benefit from the learning at the site.	£0.030k High Needs Provision Capital Allocation
Additionally Resourced Provision	This project will enhance provisions within existing settings to support SEN.	£700k estimated HNPCA
London East Alternative Provision (LEAP)	Accommodation and suitability review of existing settings to	£2m estimated HNPCA

	make suitable for current and future need	
Bow Secondary School	Internal works to an existing provision to support the satellite provision for Phoenix	£224k HNPCA
George Greens Secondary School	Accessibility works required to an existing SEN provision	£33k HNPCA

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# Equality Impact Analysis Screening Tool

## Section 1: Introduction

<b>Name of proposal</b> For the purpose of this document, 'proposal' refers to a policy, function, strategy or project
Planning For School Places 2024/25 Review and recommendations
<b>Service area and Directorate responsible</b>
Education Division Children's Services
<b>Name of completing officer</b>
Catherine Grace, Head of School Admissions & Place Planning
<b>Head of Service</b>
Catherine Grace, Head of School Admissions & Place Planning

**The Equality Act 2010 places a 'General Duty' on all public bodies to have 'due regard' to the need to:**

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act
- Advance equality of opportunity between those with 'protected characteristics' and those without them
- Foster good relations between those with 'protected characteristics' and those without them

This Equality Impact Analysis provides evidence for meeting the Council's commitment to equality and the responsibilities outlined above. For more information about the Council's commitment to equality, please visit the Council's [website](#).

## Section 2: Summary of proposal being screened

Describe the proposal including the relevance of proposal to the general equality duties and protected characteristics under the Equality Act 2010

Providing access to good quality school places is essential to raising achievement and addressing poverty and inequality in the long term. The council undertakes its

role in the planning of school places with the aim of ensuring efficient, effective, and sustainable provision. Any reorganisation of school places and the establishment of new provision will have a positive impact on all groups by improving accessibility, increasing parental choice and promoting inclusive education.

When the Council undertakes its plans to consult on changes to existing schools, seeks to establish new provision, or works with the DfE to appoint new school providers, it will ensure that the offer is universally applicable to children and young people of school age and there is no unequal impact on different groups. This is particularly relevant to children and young people with SEND, ensuring that, as far as possible, they can be educated in mainstream settings with adapted, relevant, and bespoke support that ensures they can learn.

In the event of a statutory reorganisation process an Equalities Impact Assessment will take place to ensure that any risk is fully considered.

### Section 3: Equality Impact Analysis screening

<p>Is there a risk that the policy, proposal or activity being screened disproportionately adversely impacts (directly or indirectly) on any of the groups of people listed below?</p> <p>Please consider the impact on overall communities, residents, service users and Council employees.</p> <p>This should include people of different:</p>	Yes	No	Comments
<ul style="list-style-type: none"> <li>▪ Sex</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<ul style="list-style-type: none"> <li>▪ Age</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not applicable
<ul style="list-style-type: none"> <li>▪ Race</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<ul style="list-style-type: none"> <li>▪ Religion or Philosophical belief</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<ul style="list-style-type: none"> <li>▪ Sexual Orientation</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<ul style="list-style-type: none"> <li>▪ Gender re-assignment status</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

<ul style="list-style-type: none"> <li>▪ People who have a <b>Disability</b> (physical, learning difficulties, mental health and medical conditions)</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<ul style="list-style-type: none"> <li>▪ <b>Marriage and Civil Partnerships</b> status</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not applicable
<ul style="list-style-type: none"> <li>▪ People who are <b>Pregnant</b> and on <b>Maternity</b></li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not applicable
<ul style="list-style-type: none"> <li>• People who have <b>Care Experience</b></li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<p>You should also consider:</p> <ul style="list-style-type: none"> <li>▪ <b>Parents and Carers</b></li> <li>▪ <b>Socio-economic</b> status</li> <li>▪ People with different <b>Gender Identities</b> e.g. Gender fluid, Non-binary etc.</li> <li>▪ Other</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

If you have answered **Yes** to one or more of the groups of people listed above, **a full Equality Impact Analysis is required**. The only exception to this is if you can 'justify' the discrimination (Section 4).

## Section 4: Justifying discrimination

Are all risks of inequalities identified capable of being justified because there is a:	
(i) <i>Genuine Reason</i> for implementation	<input checked="" type="checkbox"/>
(ii) The activity represents a <i>Proportionate Means</i> of achieving a <i>Legitimate Council Aim</i>	<input checked="" type="checkbox"/>
(iii) There is a <i>Genuine Occupational Requirement</i> for the council to implement this activity	<input type="checkbox"/>

## Section 5: Conclusion

Before answering the next question, please note that there are generally only two reasons a full Equality Impact Analysis is not required. These are:

- The policy, activity or proposal is likely to have **no or minimal impact** on the groups listed in section three of this document.
- Any discrimination or disadvantage identified is **capable of being justified** for one or more of the reasons detailed in the previous section of this document.

### Conclusion details

Based on your screening does a full Equality Impact Analysis need to be performed?

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you have answered **YES** to this question, please complete a full Equality Impact Analysis for the proposal

If you have answered **NO** to this question, please detail your reasons in the 'Comments' box below

Comments



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<p><b>Cabinet</b></p> <p>27 November 2024</p>	 <p><b>TOWER HAMLETS</b></p>
<p><b>Report of:</b> Steve Reddy, Corporate Director of Children’s Services</p>	<p><b>Classification:</b> Unrestricted</p>
<p><b>Stepney Greencoat CE School – Expansion to Include Permanent Nursery Provision</b></p>	

<b>Lead Member</b>	<b>Councillor Maium Talukdar Cabinet Member for Education and Lifelong Learning</b>
<b>Originating Officer(s)</b>	Catherine Grace, Head of School Admissions
<b>Wards affected</b>	All wards
<b>Key Decision?</b>	Yes
<b>Reason for Key Decision</b>	Significant impact on wards
<b>Forward Plan Notice Published</b>	30/08/2024
<b>Strategic Plan Priority / Outcome</b>	Accelerating education

**Executive Summary**

This report presents recommendations for Cabinet to agree to the proposal from the Governing Body of Stepney Greencoat CE Primary to a permanent change of age range by adding a nursery provision.

**Recommendations:**

The Mayor in Cabinet is recommended to:

1. Approve the proposal from the Governing Body of Stepney Greencoat CE Primary to a permanent change of age range by adding a nursery provision as detailed in the report.

**1 REASONS FOR THE DECISIONS**

- 1.1 Where a proposed expansion is permanent and/or will increase the capacity of a school by more than 30 pupils, and/or the age range, the School Organisation (Prescribed Alterations to Maintained Schools) (England) Regulations (2013) process must be followed.

- 1.2 The Local Authority is the decision maker in this process; as the governing body of Stepney Greencoat CE Primary has proposed a permanent age range change to the school to include a 30-place nursery.
- 1.3 In making in decision the Local Authority should ensure that good quality nursery places will be provided where they are needed, that the change can be implemented effectively, and there is a strong case for doing so at a school that has an overall Ofsted rating of 'good' or 'outstanding'.
- 1.4 The recommendations in this report have been prepared with regard to the statutory process. This has included informal consultation with the Local Authority, Diocese and neighbouring primary schools, wide publication of the proposal and a statutory consultation with full consideration of all the responses.

## **2 ALTERNATIVE OPTIONS**

- 2.1 When changes are proposed to the age range of a voluntary school, the Local Authority has a statutory duty to make a decision following the end of the consultation. If Cabinet is not able to take such action the proposal should be referred to the Schools Adjudicator.
- 2.2 Consideration has been given to alternative decisions:
  - The Mayor could approve the proposal with modifications, having consulted with the governing body, or
  - The Mayor could approve the proposal, with or without modification subject to specific conditions being met ie the school's admission arrangements are also changed<sup>1</sup>. The school admission arrangements will be determined in January 2025.

## **3 DETAILS OF THE REPORT**

- 3.1 The plan to add a new nursery was first proposed in March 2023. An initial informal consultation with neighbouring primary schools took place in July 2023, and the Stepney Schools Partnership was formally consulted on 8 May 2024. The proposals were met positively. Consultation also took place with the London Diocesan Board for Schools, which has given its support to this proposal.
- 3.2 The school's plans were first discussed with the Local Authority in June 2023. It was agreed for the school to start its nursery as a pilot with a view to the provision being established on permanent basis, if the pilot proved successful. This temporary provision could be sustained for up to two years.
- 3.3 Since September 2023, with only internal advertising and through word of mouth, the school has admitted 11 nursery aged pupils to the pilot class.

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<sup>1</sup> The condition must be the occurrence of a prescribed event as listed in paragraph 8 of Schedule 3 to the Prescribed Alterations Regulations. In the case of mainstream schools, the agreement to any change of the admission arrangements relating to the school or any other school or schools, as specified in the approval.

School Year 2023-24 terms	Numbers on roll*
Autumn 1 (Sept-Oct)	5
Autumn 2 (Nov-Dec)	6
Spring 1 (Jan-Feb)	8
Spring 2 (March-April)	9
Summer 1 (April-May)	10
Summer 2 (June- July)	10
(Autumn 1 2024-25)	10

\*Numbers as in May 2024, in advance of the Consultation

- 3.4 A public consultation commenced on 8 July and concluded on 19 August 2024 (Appendix A). This was delayed because of the General Election and so longer than the minimum four weeks due to the summer break. An analysis of the responses is included as Appendix B to this Cabinet report. In summary, the consultation was promoted with a wide range of stakeholders and other interested groups including the school and local communities, neighbouring primary schools and their governing bodies, Members and local PVI's. Promotions were delivered through the 'Let's Talk Tower Hamlets' and Local Authority websites, direct emails/messaging, social media, bulletins and newsletters, a statutory newspaper notice on 25 July and at an in-person event at the school on 17 July 2024.
- 3.5 Respondents included parents, Headteachers, Governors, a PVI and other community members. The consultation website was visited **159** times, **70** viewed the survey, with **29** responses received. **11** individuals attended the in-person event on 17 July 2024. The overwhelming majority of respondents agree with the proposal, with parents particularly supportive for a range of reasons, including quality of the pilot provision, need in local area and importance of the provision for working families and families of school staff.

### The Proposal

- 3.6 **Accommodation**  
The proposal will allow for up to 30 places to be available to 3–4-year-olds. As of June, the Ben Hanbury room (previously used as a computing room / break-out space) has been reassigned as a classroom to accommodate Year 1. This enables the Reception and Nursery cohorts to split between two separate rooms. The introduction of a permanent Nursery class will have no negative impact on space for the remainder of the school and the school floor plan will remain the same besides the repurposing of one room.
- 3.7 The early years playground has been refurbished (Autumn 2023) to accommodate more pupils with a more varied outdoor provision including opportunities to develop gross motor skills.

3.8 A floor plan is available in Appendix C, and photographs of the classroom and playground space are available in Appendix D.

### 3.9 **Early Years Curriculum & Quality of Teaching**

Stepney Greencoat CE Primary School is an Ofsted rated 'Good' school working in partnership with St Peter's London Docks CE Primary School (Ofsted rated 'Outstanding'). Early Years Foundation Stage (EYFS) curriculum expertise and resource across both schools is well supported and shared. The quality of teaching is ensured through careful planning and high-quality early years trained staff. There is at least a 1:8 teaching ratio at all times including a Scale 5 practitioner.

3.10 Pupils access early years provision from several different places before attending the nursery at 3years of age. Crucially, this proposal provides children with the opportunity to access the school's EYFS curriculum prior to entering reception. By providing local families with a permanent, two-year, EYFS curriculum, the differing starting points of pupils can be addressed before the transition to Reception.

3.11 The current pilot nursery cohort (2023-2024) indicates that children are making very good progress in all areas of the EYFS. This will have a significant, positive, impact on their attainment and transition to reception.

3.12 Good quality wraparound provision is now available to all EYFS children (including Nursery pupils). This includes a breakfast club from 7:45 – 8:45am and afterschool care until 5:30pm.

### 3.13 **Aims & Objectives**

A permanent nursery provision will enable the following:

- The school to develop children's EYFS curriculum knowledge and skills over two years of carefully planned teaching with support from expertise at partner school, St Peter's London Docks;
- The opportunity for early intervention from the school re: SEND, safeguarding, behaviour and speech and language;
- The opportunity to build strong relationships with parents / carers from the start of their child's school journey;
- One 'settling-in' period, rather than two, for families who seek nursery places elsewhere before starting in Reception class;
- A positive and consistent, through-school experience for pupils;
- Support to local families financially (by providing free childcare hours);
- Support to existing Stepney families by removing the need for a 'double drop-off' where younger siblings are forced to attend other local nursery settings.

3.14 The pilot nursery provision has had an extremely positive impact on the school's reception numbers for 2024-2025, with 30 offers made. Reception is currently oversubscribed for September 2024. This compares to 13 offers at this point in 2023-2024, with 14 on roll in Reception in the summer term 2023-24. This supports with the future sustainability of the whole school going forwards.

- 3.15 Sustainability and potential impact on provision within the area**  
The permanent nursery will not be in competition with other local primary schools but will rather enable the school to provide equal nursery provision to all local families.
- 3.16 All other schools in the Stepney Planning Area have full-time nursery provision which feeds into their Reception class. It is important that the school is able to meet parent demand and to offer the same provision as other local schools.
- 3.17 Projections indicate that the total number of children aged 2-4years accessing an Early Years entitlements in 2025 will increase by 12% on the previous year. Furthermore, the expansion of entitlements to a younger age range is anticipated to predominantly impact on capacity in the PVI sector, as most maintained settings are not designed to accommodate children younger than 2 years old (Appendix G).
- 3.18 The ward assessment (Appendix H) suggests a need for more full time childcare to support working parents and the ongoing expansion of the childcare entitlements to include a broader range of children whose parents are working. This may result in a greater need for term-time only early education provision, as PVI providers gear their provision towards working parents.
- 3.19 Furthermore, the new increases to entitlement demand are expected to have a consequential impact on the ability of PVI providers to accommodate 3- and 4-year-olds. Whilst the total number of children accessing 3- and 4-year-old entitlements is expected to reduce by 8% over the next five years, more children will need to access their entitlements at a maintained setting.
- 3.20 Financial Sustainability**  
There are no capital funding implications. The pilot nursery is cost neutral. Further financial modelling will ensure that this continues as numbers grow (Appendix E).
- 3.21 The benefits for the school long term include;
- Higher pupil-roll in Reception class as nursery families apply;
  - Opportunity for earlier intervention for SEND allowing for funding requests to be made sooner and support implemented more quickly;
  - Workforce and professional development and stability in the form its EYFS curriculum.
- 3.22 Implementation timetable**
- |                       |   |
|-----------------------|---|
| <b>September 2024</b> | Local Authority administrative support for nursery admissions |
| <b>January 2025</b>   | Determination of Admission Arrangements 2026-27               |
| <b>September 2025</b> | Coordination of nursery admission arrangements                |



## **4 EQUALITIES IMPLICATIONS**

- 4.1 The Local Authority aims to establish provisions that seek to eradicate inequality and maximise the accessibility of nursery places. These policies are circumscribed by law and statutory guidance. They comply with equalities legislation and, as far as possible, are inclusive of the community. The nursery provision will not adversely impact any particular group, including those with protected characteristics or who are disadvantaged (Appendix F).
- 4.2 Schools have a key part to play in providing opportunities for children from different backgrounds to learn with, from and about each other; by encouraging through their teaching, an understanding of, and respect for, other cultures, faiths and communities.
- 4.3 The Local Authority is also very mindful of its duty to ensure that school organisation and place planning decisions meet parental preference, where possible. It monitors outcomes to ensure that any proposed changes have consideration to the background, identify any issues of concern, and highlight the potential benefits.
- 4.4 The proposal will support the local authorities' duty to promote the use of sustainable travel and transport to school, by reducing multiple journeys, journey times and car use and travel costs for local families, particularly those with more than one child.

## **5 OTHER STATUTORY IMPLICATIONS**

### Best Value

- 5.1 Best Value is a core objective of the proposals outlined as they seek to secure the best outcomes for the population in the context of fair access to high quality local nursery provision.

### Environmental Implications

- 5.2 The underpinning principle of any expansion is to ensure sustainable local places for local children. This reduces the need for pupils to travel long distances to school as well as the impact of school transportation on the environment. The proposal will support the local authorities' duty to promote the use of sustainable travel and transport to school ie walking, cycling and public transport, it will shorten journey times, reduce costs for families, and reduce the use of vehicles

### Risk Management Implications

- 5.3 The decision to expand a provision permanently must be made in accordance with the [Making significant changes \('prescribed alterations'\) to maintained schools \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/44424/making-significant-changes-to-maintained-schools.pdf) Failure to do so could lead to legal challenge and a loss of confidence in the local authority as the decision maker.



### Sustainability Implications

- 5.4 Although, the circumstances in which all nursery provisions and primary schools are now operating have been impacted by falling rolls, the Local Authority maintains there is a need for plans that continue to maintain different types of nursery provision and families' access to choice and preference. The risk of not implementing the proposed expansion could remove this right, threatening the future sustainability of a 1FE school.
- 5.5 The Local Authority is assured that the permanent expansion does not threaten the long-term sustainability of other nursery classes and primary schools. Rather, it places Stepney Greencoat CE School on a more level playing field.

### Safeguarding Implications

- 5.6 This proposal, enables the local authority to work collaboratively with schools and other agencies to safeguard and promote the well-being of all children in the borough, particularly our most vulnerable in our nurseries and during the transition to primary school.

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

- 6.1 The initiative is cost-neutral, with all expenses fully covered by early years funding, including any additional teacher salaries and associated costs. The total projected income for this initiative is £122,000, as detailed in Appendix E. While there is no financial risk to this initiative due to its cost-neutral nature, it's important to consider that as pupil numbers increase—particularly if students are drawn from neighbouring nurseries—those schools could experience reduced enrolment, leading to decreased funding.

## **7 COMMENTS OF LEGAL SERVICES**

- 7.1 The School Organisation (Prescribed Alterations to Maintained Schools) (England) Regulations (2013) statutory process must be followed where the proposed enlargement is permanent and would increase the capacity by more than 30 pupils and where a change of age range is being proposed.
- 7.2 Local authorities must have regard to the 'Making significant changes (prescribed alterations) to maintained schools; Statutory Guidance for proposers and decision makers' when exercising functions under the School Organisation (Prescribed Alterations to Maintained Schools) (England) Regulations (2013).
- 7.3 The statutory process for proposed alternations has been complied with in relation to this proposal.

- 7.4 Local Authorities must also adhere to the usual principles of public law when making changes to schools by (i) acting rationally and within their powers (ii) taking into account all relevant and no irrelevant considerations and (iii) following a fair procedure.
- 

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

### **Linked Report**

- NONE

### **Appendices**

- Appendix A Stepney Greencoat Statutory Proposal Document
- Appendix B Public Consultation Responses
- Appendix C Floor Plan
- Appendix D Classroom Accommodation and Playground Space
- Appendix E Financial Modelling
- Appendix E1 Stepney Greencoat Nursery Costings 2024-25
- Appendix F Equality Impact Screening
- Appendix G Early Years Sufficiency: 3 and 4 Year Olds
- Appendix H Mile End Ward Score Card

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

- NONE

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

N/A

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# Stepney Greencoat

Church of England Primary School

*Learning together for life. Jesus said: 'Love one another as I have loved you' (John 15:12)*

## Prescribed alteration to the School's age range to enable the establishment of a nursery provision

The governing body of Stepney Greencoat CE Primary School is proposing to extend the age range of the school to 3 -11 years of age, to enable the permanent establishment of a nursery provision for 3 - and 4-year-olds.

The plan to add a new nursery was first proposed in March 2023. An initial informal consultation with neighbouring primary schools took place in July 2023, and the Stepney Schools Partnership was formally consulted on 8 May 2024. The proposals were met positively. Consultation also took place with the London Diocesan Board for Schools, who has given its support to this proposal.

The school's plans were first discussed with the Local Authority in June 2023. It was agreed for the school to start its nursery as a pilot with a view to the provision being established on permanent basis, if the pilot proved successful.

### Pilot Provision

Since September 2023, with only internal advertising and through word of mouth, the school has admitted 11 nursery aged pupils to the pilot class.

School Year 2023-24 terms	Numbers on roll
Autumn 1 (Sept-Oct)	5
Autumn 2 (Nov-Dec)	6
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Spring 2 (March-April)	9
Summer 1 (April-May)	10
Summer 2 (June- July)	10
(Autumn 1 2024-25)	10 (currently)

The proposal will allow for up to 30 places to be available to 3–4-year-olds. These places will include the 15 hours universal entitlement and also 30 hours extended entitlement for working parents.



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# Stepney Greencoat

## Church of England Primary School

*Learning together for life. Jesus said: 'Love one another as I have loved you' (John 15:12)*

### Accommodation

As of June 2024, The Ben Hanbury room (previously used as a computing room / break-out space) has been reassigned as a classroom to accommodate Year 1. This enables the Reception and nursery cohorts to split between two separate rooms.

The introduction of a permanent Nursery class will have no negative impact on space for the remainder of the school and the school floor plan will remain the same besides the repurposing of one room.

### Outside Space

The early years playground has been refurbished (Autumn 2023) to accommodate more pupils with a more varied outdoor provision including opportunities to develop gross motor skills.

### Early Years Curriculum & Quality of Teaching

Quality of teaching will be ensured through careful planning and high-quality early years trained staff. There is at least a 1:8 teaching ratio at all times including a Scale 5 practitioner.

Our children can access early years provision from several different places before attending Stepney Greencoat. This proposal will also provide them with the opportunity to have access to the school's EYFS curriculum prior to entering its Reception year.

The current pilot nursery cohort (2023-2024) indicates that children are making very good progress in all areas of the EYFS. This will have a significant, positive, impact on their attainment and transition to Reception.

Wraparound provision is available to all EYFS children (including nursery pupils). This includes a breakfast club from 7:45 – 8:45am and afterschool care until 5:30pm.

### Aims & Objectives

A permanent nursery provision will enable the following:

- The school to develop children's EYFS curriculum knowledge and skills over two years of carefully planned teaching with support from expertise at partner school, St Peter's London Docks;
- The opportunity for early intervention from the school re: SEND,



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# Stepney Greencoat

## Church of England Primary School

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safeguarding, behaviour and speech and language;

- The opportunity to build strong relationships with parents / carers from the start of their child's school journey;
- One 'settling-in' period, rather than two, for families who seek nursery places elsewhere before starting in our Reception;
- A positive and consistent, through-school experience for our pupils;
- Support to local families financially (by providing free childcare hours);
- Support to existing Stepney families by removing the need for a 'double drop-off' where younger siblings are forced to attend other local nurseries settings.

### Equalities Impact

This proposal includes an equalities impact analysis, where the initial screening has determined that it will not have a negative impact on people with protected characteristics or disadvantaged groups. However, this assessment will be updated following responses to this consultation.

The nursery will not be in competition with other local primary schools but will allow Stepney Greencoat to provide access to equal provision (Nursery to Year 6) for local families.

All primary schools in the local area currently have a full-time nursery provision which feeds into their Reception class. It is important that Stepney Greencoat is able to meet its parent community demand to offer the same provision as other local schools.

### Financial Sustainability

The pilot nursery has proven to be financially viable and this will increase as the permanent provision is established.

The benefits for the school long term include;

- Higher pupil-roll in Reception class as Nursery families apply; and
- Opportunity for earlier intervention for SEND allowing for funding requests to be made sooner (where necessary).
- Workforce development in the form its EYFS curriculum?



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# Stepney Greencoat

Church of England Primary School

*Learning together for life. Jesus said: 'Love one another as I have loved you' (John 15:12)*

## Proposed Timetable

5 July 2024 for a min of 6 weeks	Statutory Consultation
16 October 2024	Tower Hamlets Council decision
By 31 January 2025	Admission arrangements determined
1 September 2025	Nursery provision established on permanent basis for the start of the 2026-27 school year.

## Formal Consultation Meeting

**9am on Wednesday 17 July 2024**

**Stepney Greencoat Primary School, School Hall  
Norbiton Road, Limehouse. London E14 7TF**

This meeting is open to all stakeholders including parents, Governors, staff, members of the local community and all other interested parties. This will be an opportunity to share further information and collect views.

**Please register your interest in attending by calling 020 7987 3202.**



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# TOWER HAMLETS CHILDREN'S SERVICES

Stepney Greencoat CE Primary School - Proposal to expand to include a permanent nursery public consultation response



**Version:** 1.0

**Date issued:**

**Prepared by:** Pupil Access & School  
Sufficiency  
Children & Culture Directorate

**Review Date:**





## 1. Introduction

Tower Hamlets consulted on the proposal to expand to include a permanent 30 places nursery for 3 and 4 years olds at Stepney Greencoat CE Primary School. This is a requirement of the Department for Education's under the School Organisation (Prescribed Alterations to Maintained Schools) (England) Regulations (2013) to make a permanent prescribed alteration.

The proposal for consultation stated the following:

The governing body of Stepney Greencoat CE Primary School is proposing to extend the age range of the school to 3 -11 years of age, to enable the permanent establishment of a nursery provision for 3 - and 4-year-olds.

Interested parties were asked to confirm whether they supported the proposed change with reasons why. Statutory proposal documents were available for this consultation.

The consultation period ran for six weeks (three weeks during term-time) from 8 July 2024 until 19 August 2024. The consultation was conducted online, using the corporate 'Let's Talk Tower Hamlets' portal and was visited 159 times. There were a total of 29 completed and submitted responses, from the 70 who viewed the survey.

## 1. Communication

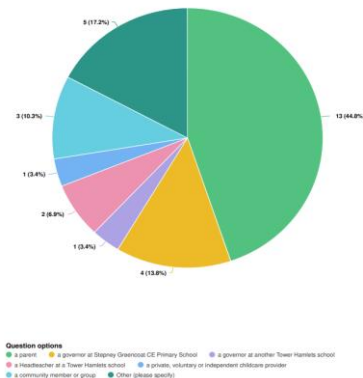
The table below includes the communication methods that were used to advertise and promote the consultation:

<b>Communication medium</b>	<b>Communication reach</b>	<b>Date actioned</b>
Let's Talk Tower Hamlets website	Local residents, businesses and staff employed by the Council	8 July 2024
School mailings, emails, social media posts	School community and local community	8 July 2024
Information placed on Local Offer website	Local residents, businesses and staff employed by the Council	12 July 2024
Posts on Twitter, Facebook and LinkedIn	Local residents, businesses and staff employed by the Council	11 July 2024
Email to all neighbouring local authorities seeking their views	All neighbouring local authorities	10 July 2024
Email to all PVI's seeking their views	Borough wide PVI's	17 July 2024
Direct email to members of Admissions Forum	All LA, Schools and Community representatives	10 July 2024
Head Teachers Bulletin	All head teachers employed by the local authority	12 July 2024
Members Bulletin	All elected members	12 July 2024
In person event at Stepney Greencoat CE School	School and local community members	17 July 2025
Residents Newsletter	Local residents and staff employed by the Council	15 July 2024
Statutory Notice	The Docklands & East London Advertiser	25 July 2024

### 3. Profile of respondents

#### 3.1 Role

The respondents confirmed the capacity in which they were responding.



### 4. Results analysis

4.1 Respondents were asked if they agreed with the proposal to extend the age range of the primary school to 3-11 years to enable the permanent establishment of a nursery provision for 3-and 4-year-olds?

28 respondents (96.6%) agreed with the proposal.

#### Respondents comments

- Positive impact for local parents wanting to choose this school.
- The pilot Nursery has received really positive feedback. So far (in the pilot phase) the benefits for existing and new families in offering Nursery (aged 3-4) provision have included: improved school readiness for entering Reception; early identified support where needed; and better options for local families who were previously forced to settle Nursery aged children into alternative provisions and then resettling them again at Stepney Greencoat for Reception class. With a permanent Nursery for 3–4-year-olds, the school team will be able to provide two years of high quality, strategic, EYFS provision for all children and families who choose to attend the school.
- We need local support and a place for families to be supported in a diverse community.
- The local children will greatly benefit from the provision and early interventions that the school would start.
- The nursery has been incredibly successful and the need in the community is there. The school provides a safe and nurturing environment and is well equipped with the adults and space to provide this for nursery children.
- Excellent care at the school. Helpful and essential to parents of children in the school already. Excellent space available.
- The school is a warm and welcoming place with great EYFS provision and it would be lovely to permanently extend this to 3- and 4-year-olds.
- It would be positive for local families to have the option of nursery at a good school nearby

- It is an extremely well-run provision and crucial for the parents that have chosen it.
- To enable siblings attend the same school and to increase the student roll into reception
- It's a great school, and the pilot nursery has been fantastic for our daughter.
- The nursery at the sister school, St Peter's in Wapping, is very successful and full of happy children. Church schools tend to have nurturing environments perfect for this age group. I would have used it myself when my children were the right age, were I fortunate enough to get a place.
- It's an excellent school and the nursery will only support intake and its general offer to all local people
- Increased access to nursery care is a good thing. It is easier for children to adjust to school if they attend nursery at the same site. Siblings can be dropped off and collected at once.
- PM I am a local resident and will benefit from sending my child to this nursery. The university nursery is closing and places are limited and expensive so increasing options is very helpful.
- A well-run school Support the necessary expansion of nursery provision in the area
- Needed in the community
- Demand has already been demonstrated through the pilot nursery, and this has already led to a full reception class for the first time in many years. Previously the school has been disadvantaged by being one of few in the area without a nursery. This will help secure the long-term viability of the school as families will have experience of the excellent school community at an earlier age, and families with older siblings will no longer have incentive to move to a school offering through-care from 3-11yo.
- There is an increase in need for nurseries across TH. This will help parents and be a great benefit to the community.
- It sounds like a truly excellent idea!
- My daughter attended the pilot nursery this year and she had such a great time that would be fantastic to extend it to other kids.
- It's a wonderful school that my 5-year-old daughter currently attends, and the proposals would really support the need for more childcare provision. I also have a two-year-old daughter who I would love to attend nursery there. There's been amazing progress at the school over the last year & it's a very supportive and inclusive environment.
- Better to have a nursery attached to mainstream
- There is local demand for an offer from this church school (as opposed to non-religious schools around it) for a nursery provision. This will save parents the upheaval of having to start children in one setting, and then having to uproot them for reception. It will also allow greater flexibility for those parents who wish to return to work to have childcare options. Additionally, it will give children in that younger age bracket the opportunity for greater socialisation and the development of other key skills ahead of reception year.
- Needed places.

One respondent disagreed and stated, "There are existing nurseries in the area to provide nursery education. The school should focus on primary education."

**4.2** Respondents were asked if the proposal would have a disproportionate adverse impact on any groups with protected characteristics. 28 respondents (96.6%) stated no they did not. 1 respondent (3.4%) stated yes

**4.3** Respondents were asked to tell the LA anything else we should know about this proposal. Six respondent provided further comments.

#### **Respondent further comments**

- School Early Years provision is set to extend due to additional government funding. The pilot Nursery has been well received and will benefit the whole school community
- I very much support Stepney Greencoat' s plan.
- The school is inclusive so on the contrary, it would benefit them all
- The school is such a lovely, beautiful community and want to strengthen relationships within the community especially with younger families by offering a nursery
- The proposal should pass!
- Schools have an unfair advantage over private nurseries. This will result in some nurseries closing down. In the long run parents and carers will have less choice and places for nursery education

#### **4.5 In person event 17 July 2024**

Stepney Greencoat CE Primary School also hosted an in-person event on Wednesday 17 July 2024. This was publicised as part of the consultation.

There were 11 in attendance, with 10 respondents, this included

- 6 parents
- 1 grandparent
- 2 parent Governors
- 1 Governor

A Local Authority Representative and Headteacher presented the proposal to attendees and answered questions. Those present were asked to complete a response form, 10 responded. The results were as follows:

- 10 respondents agreed with the proposal to extend the age range of the primary school to 3-11 years to enable the permanent establishment of a nursery provision for 3-and 4-year-olds.
- 10 stated they did not agree that the proposal would have a disproportionate adverse impact on any groups with protected characteristics.

Respondents were asked to tell the LA anything else we should know about this proposal. Nine respondent provided further comments:

### **Respondents further comments**

- Parent teachers at nearby schools would benefit by nursery option at Stepney Greencoat
- Fantastic space and set up already available. Wonderful teachers and school ethos. Incredibly helpful for parents with younger children and working parents for wraparound care. Good for whole school community.
- As Stepney Greencoat is a partner with Stepney All Saints Secondary it provides a real opportunity for SASS staff to have the opportunity to access the nursery in a school with the same values. It is also a very valuable teacher recruitment tool. The wraparound care will be really valuable for adults who need to work on. In terms of nursery provision, it is a valuable provision for families in a borough with much deprivation.
- I support the change proposed to provide a permanent nursery at Stepney Greencoat. With the increased numbers of families in LBTH this is a positive step forward.
- Great and amazing to have a nursery. So happy.
- As a parent who has a 3year old who has been part of the pilot nursery here, I can tell you that it has been of great benefit to us as a family. Our 3-year-old has developed an amazing amount since joining the nursery, in all areas. The staff are very skilled in EYFS provision, and the premises and equipment are far better than any other nurseries we have seen. We have an older child in the school too, and being able to bring them both to the same place has been incredibly helpful for us.
- Establishment of a nursery provision at Stepney Greencoat would be an immense benefit to the entire community!
- Being part of the nursery at Stepney Greencoat has really helped my soon feel prepared for Reception here in the autumn.
- I believe it would be an excellent provision for Stepney Greencoat benefitting children and families in the local area..

## **5. Summary**

A fair, open and widely publicised consultation has been carried out. Responses from parents and the community were overwhelmingly in favour of a permanent nursery provision at Stepney Greencoat CE Primary School. Parents are particularly supportive for a range of reasons, including quality of the pilot provision, need in local area and importance for working families and families of school staff.

The greatest weight should be placed on responses from those likely to be most by a proposal – parents of children at the affected school(s).





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## Appendix D Classroom Accommodation and Playground Space

### Classroom





## Appendix D Classroom Accommodation and Playground Space





**EYFS Playground**



**Board**



**Pond**





## Appendix D Classroom Accommodation and Playground Space

### Climbing Frame



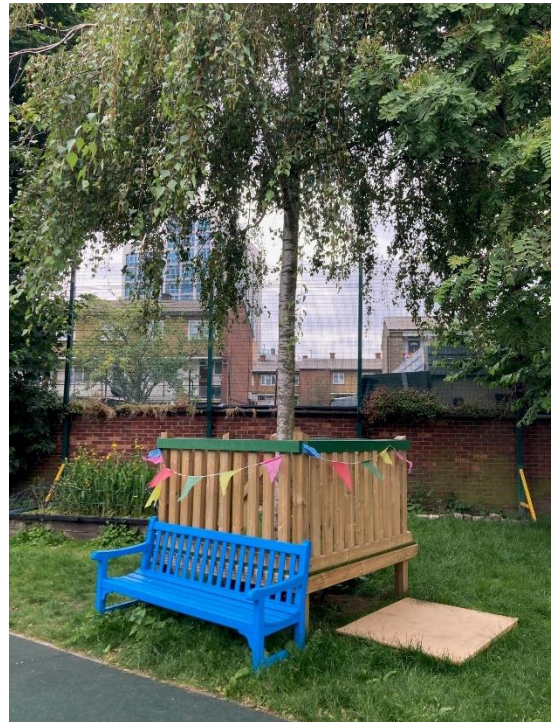
### Monkey Bars



### Shed



### Tree House





Mud Kitchen



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## Appendix E Financial Modelling

### School Year 2024-25, 3&4 years old Budget Calculator

#### Forecast income generation: 10 Pupils Universal Entitlement Only

LAESTAB	SCHOOL	Summer 24 Universal	Summer 24 Extended	Autumn 24 Universal	Autumn 24 Extended	Spring 25 Universal	Spring 25 Extended	Total Universal Hours	Total Extended Hours	INDICATIVE 2024-25 Budget Universal Entitlement £	INDICATIVE 2024-25 Budget Extended Entitlement £	INDICATIVE 2024-25 TOTAL Participation Funding £
	<b>Standard rate £</b>									<b>£7.75</b>	<b>£7.75</b>	
	<b>Formula for Funding</b>	13 Weeks	10.0	13 Weeks	10.0	12 Weeks	10.0	Termly hct * weeks * 15hrs		Total Universal hours * rate	Total Extended hours * rate	Columns [N + O]
3350	Stepney Greencoat CofE Primary School		10.0		10.0		10.0	5,700	1,950	£44,175	£15,113	£59,288
	<b>All Primary Schools Total</b>	10.00	10.00	10.00	0.00	10.0	0.0	5,700	1,950	£44,175.00	£15,112.50	£59,287.50
	<b>Grand Total</b>	10.00	10.00	10.00	0.00	10.0	0.0	5,700	1,950	£44,175.00	£15,112.50	£59,288

INDICATIVE		INDICATIVE 2024-25 Deprivation funding £	INDICATIVE 2024-25 MNS Lump Sum £	INDICATIVE 2024-25 Funding (to be distributed) £	INDICATIVE 2024-25 SEN (Retained) £	INDICATIVE 2024-25 TOTAL Funding £
<b>2024-25 Universal Eligibility Proportion %</b>	<b>2024-25 Extended Eligibility Proportion %</b>	<b>£0.45</b>	<b>indic £684,000</b>		<b>£0.20</b>	
Based on Spr23 Actuals IDACI Eligibility		Total Universal hours*rate + Total Extended hours*rate	Fixed Allocation	Columns [P + T + U]	Rate * Total hou	Columns [V + AH]
0.29	0.29	£998		£60,286	£1,530	£61,816
		£998	£84,000	£144,285.83	£1,530	£145,816
		£998	£684,000	£744,285.83	£1,530	£745,816

## School Year 2024-25, 3&4 years old Budget Calculator

### Forecast income generation: Increasing 30 Pupils Universal Entitlement Only

LAESTAB	SCHOOL	Summer 24 Universal	Summer 24 Extended	Autumn 24 Universal	Autumn 24 Extended	Spring 25 Universal	Spring 25 Extended	Total Universal Hours	Total Extended Hours	INDICATIVE 2024-25 Budget Universal Entitlement £	INDICATIVE 2024-25 Budget Extended Entitlement £	INDICATIVE 2024-25 TOTAL Participation Funding £
	Standard rate £									£7.75	£7.75	
	Formula for Funding	13 Weeks	10.0 Weeks	13 Weeks	30.0 Weeks	12 Weeks	30.0 Weeks	Termly hct * weeks * 15hrs		Total Universal hours * ra	Total Extended hours * ra	Columns [N + O]
3350	Stepney Greencoat CoFE Primary School	10.0	10.0	30.0	0.0	30.0	0.0	13,200	1,950	£102,300	£15,113	£117,413
	All Primary Schools Total	10.00	10.00	30.00	0.00	30.0	0.0	13,200	1,950	£102,300.00	£15,112.50	£117,412.50
	Grand Total	10.00	10.00	30.00	0.00	30.0	0.0	13,200	1,950	£102,300.00	£15,112.50	£117,413

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INDICATIVE		INDICATIVE 2024-25 Deprivation funding £	INDICATIVE 2024-25 MNS Lump Sum £	INDICATIVE 2024-25 Funding (to be distributed) £	INDICATIVE 2024-25 SEN (Retained) £	INDICATIVE 2024-25 TOTAL Funding £
2024-25 Universal Eligibility Proportion %	2024-25 Extended Eligibility Proportion %	£0.45	indic £684,000		£0.20	
Based on Spr23 Actuals IDACI Eligibility		Total Universal hours*rate + Total Extended hours*rate	Fixed Allocation	Columns [P + T + U]	Rate * Total hou	Columns [V + AH]
0.29	0.29	£1,977		£119,390	£3,030	£122,420
		£1,977	£84,000	£203,389.58	£3,030	£206,420
		£1,977	£684,000	£803,389.58	£3,030	£806,420

## Stepney Greencoat Pilot Nursery Cost Analysis 2024-2025

**Income Based on up to 16 children and 2 members of staff (1:8 ratio)**

Term	Pupil Numbers Universal	Pupil Numbers Extended	Total Universal Hours Income	Total Extended Hours income	Indicative Budget
Summer 2024	11	4	16,624	6,045	22,669
Autumn 2024	10	6	15,153	9,068	24,180
Spring 2025	10	6	15,112	7,556	22,320
<b>Total Income</b>					<b>69,169</b>

### **Costs**

<b>Staff</b>	<b>Salary, including oncosts</b>
HLTA Full Time	£39,617
Scale 3 TA 26 hours	£26,260
<b>Total Salary Costs</b>	<b>£65,877</b>
Resources	£3,000 per year
<b>Total Nursery Running costs</b>	<b>£68,877</b>
<b>Total Income (based on conservative pupil number predictions)</b>	<b>£69,169</b>

### **Additional Income**

There is also the possibility of optional additional hours paid by parents, if not eligible for 30 hours funding. These numbers have not been included in the income stream above as we are waiting for pupils to start in September and for parents/carers to express their requirements.

Fulltime £157.50 per week

1 pupil 38 weeks x £157.50= £5,985

2 pupils = £ 11,97



## **Conclusion**

The pilot Nursery has been budget neutral to the school since it opened. It was started in response to parents who had children at the school and needed a Nursery place for a younger sibling. Since it opened there has been increasing local parent interest.

The aim is to grow the Nursery to a 30 place provision. Our current numbers are based on school managed applications, through word of mouth and not part of the Tower Hamlets coordinated Nursery admissions process. As numbers increase, the school will employ additional staff, and this will be offset by the additional income.

A further benefit to the school is the positive effect on the Reception class numbers, which impacts the whole school budget and the on-going sustainability of the school.

Report written by Elizabeth Figueiredo

August 2024

Executive Head Teacher

Stepney Greencoat and St Peter's London Docks

# Equality Impact Analysis Screening Tool

## Section 1: Introduction

<b>Name of proposal</b> For the purpose of this document, 'proposal' refers to a policy, function, strategy or project
Prescribed alteration to the school's age range to enable the establishment of a nursery provision
<b>Service area and Directorate responsible</b>
Pupil Access & School Sufficiency, Education Division, Children's Services
<b>Name of completing officer</b>
Catherine Grace – Head of School Admissions & Place Planning
<b>Head of Service</b>
Terry Bryan – Head of Services - Pupil Access & School Sufficiency

**The Equality Act 2010 places a 'General Duty' on all public bodies to have 'due regard' to the need to:**

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act
- Advance equality of opportunity between those with 'protected characteristics' and those without them
- Foster good relations between those with 'protected characteristics' and those without them

This Equality Impact Analysis provides evidence for meeting the Council's commitment to equality and the responsibilities outlined above. For more information about the Council's commitment to equality, please visit the Council's [website](#).

## Section 2: Summary of proposal being screened

Describe the proposal including the relevance of proposal to the general equality duties and protected characteristics under the Equality Act 2010

The governing body of Stepney Greencoat CE Primary School is proposing to extend the age range of the school to 3 -11 years of age, to enable the permanent establishment of a nursery provision for 3 - and 4-year-olds.

The Local Authority aims to establish provisions that seek to eradicate inequality and maximise the accessibility of nursery places. These policies are circumscribed by law and statutory guidance. They comply with equalities legislation and, as far as possible, are inclusive of the community.

Schools have a key part to play in providing opportunities for children from different backgrounds to learn with, from and about each other; by encouraging through their teaching, an understanding of, and respect for, other cultures, faiths and communities.

The Local Authority is also mindful of its duty to ensure that school organisation and place planning decisions meet parental preference, where possible. It monitors outcomes to ensure that any proposed changes have consideration to the background, identify any issues of concern, and highlight the potential benefits.

A permanent nursery provision will enable the following:

- The opportunity for early intervention from the school re: SEND, safeguarding, behaviour and speech and language;
- The opportunity to build strong relationships with parents / carers from the start of their child’s school journey;
- One ‘settling-in’ period, rather than two, for families who seek nursery places elsewhere before starting in our Reception;
- A positive and consistent, through-school experience for our pupils;
- Support to local families financially (by providing free childcare hours);
- Support to existing Stepney families by removing the need for a ‘double drop-off’ where younger siblings are forced to attend other local nurseries settings.

Supported through fair and transparent admission arrangements.

## Section 3: Equality Impact Analysis screening

<p>Is there a risk that the policy, proposal or activity being screened disproportionately adversely impacts (directly or indirectly) on any of the groups of people listed below?</p> <p>Please consider the impact on overall communities, residents, service users and Council employees.</p> <p>This should include people of different:</p>	Yes	No	Comments
<ul style="list-style-type: none"> <li>▪ Sex</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

▪ <b>Age</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
▪ <b>Race</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
▪ <b>Religion or Philosophical belief</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
▪ <b>Sexual Orientation</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
▪ <b>Gender re-assignment status</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
▪ People who have a <b>Disability</b> (physical, learning difficulties, mental health and medical conditions)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
▪ <b>Marriage and Civil Partnerships status</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
▪ People who are <b>Pregnant</b> and on <b>Maternity</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
• People who have <b>Care Experience</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
You should also consider: ▪ <b>Parents and Carers</b> ▪ <b>Socio-economic status</b> ▪ People with different <b>Gender Identities</b> e.g. Gender fluid, Non-binary etc. ▪ Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

If you have answered **Yes** to one or more of the groups of people listed above, **a full Equality Impact Analysis is required**. The only exception to this is if you can 'justify' the discrimination (Section 4).



## Section 4: Justifying discrimination

Are all risks of inequalities identified capable of being justified because there is a:	
(i) <i>Genuine Reason</i> for implementation	<input type="checkbox"/>
(ii) The activity represents a <i>Proportionate Means</i> of achieving a <i>Legitimate Council Aim</i>	<input type="checkbox"/>
(iii) There is a <i>Genuine Occupational Requirement</i> for the council to implement this activity	<input type="checkbox"/>

## Section 5: Conclusion

Before answering the next question, please note that there are generally only two reasons a full Equality Impact Analysis is not required. These are:

- The policy, activity or proposal is likely to have **no or minimal impact** on the groups listed in section three of this document.
- Any discrimination or disadvantage identified is **capable of being justified** for one or more of the reasons detailed in the previous section of this document.

### Conclusion details

Based on your screening does a full Equality Impact Analysis need to be performed?

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you have answered **YES** to this question, please complete a full Equality Impact Analysis for the proposal

If you have answered **NO** to this question, please detail your reasons in the 'Comments' box below

Comments

To be reviewed following on from the Consultation

# Early Year Sufficiency Report 2024

School Organisation Strategy Group

17/10/2024



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## Executive Summary

The demand for Early Years (EY) provision in Tower Hamlets is expected to continue to decline due to a decreasing pre-school age population in the borough. From 2021 to 2024, the total number of children eligible for Early Learning for 2-year-olds (EL2) decreased by 16%. The fall in eligibility for EL2 was due to the declining population and increases to Universal Credit payments without EL2 eligibility thresholds being increased. In contrast, the percentage of eligible children accessing EL2 entitlement rose from 33% to 59%.

Demand for the Universal Entitlement has remained relatively stable between 2021 and 2024, with approximately 65% of 3- and 4-year-old children accessing their universal entitlement place each year. Over this period, an average of 23% of the children using their Universal Entitlement place also accessed the Working Parent Entitlement.

The Early Years capacity in the borough is comprised of 234 settings providing 8,582 part-time places. 64 of these providers are maintained settings offering 3,247 places. As the Early Years market is dictated by customer demand, providers have the autonomy to amend their capacity and the ratio of available places allocated to each entitlement. Additionally, there are 87 providers in the borough that do not currently offer 2-year-old places. Therefore, entitlements for 2-year-old children must be accommodated within 5,395 places offered at the remaining 177 providers.

Since 2021, the demand across the borough has been comfortably accommodated within the available capacity, registering a 38% surplus in 2024. From April 2024, the Working Parents entitlement was extended to include 2-year-olds, which is projected to significantly increase the demand for 2-year-old places. Current forecasts suggest that the additional demand for 2-year-old places may result in a 12% increase to the total number of EY entitlements expected to be accessed by Spring 2025. However, despite an initial growth in accessed EY entitlements, the demand from 2- to 4-year-old children is forecast to reduce over the next five years due to falling birth rates and young families leaving borough.

## Early Years Entitlements

**Early Learning for 2-Year-Olds (EL2):** Available to eligible families on benefits or low incomes The entitlement offers 15 hours of free childcare per week for 38 weeks a year (term-time) or fewer hours spread across the full year. It applies to children from the term after their second birthday until they start school.

**Universal Entitlement (UE):** All 3 and 4-Year-Old children in England are entitled to 15 hours of free early education or childcare per week for 38 weeks a year, from the term after their third birthday until they reach compulsory school age.

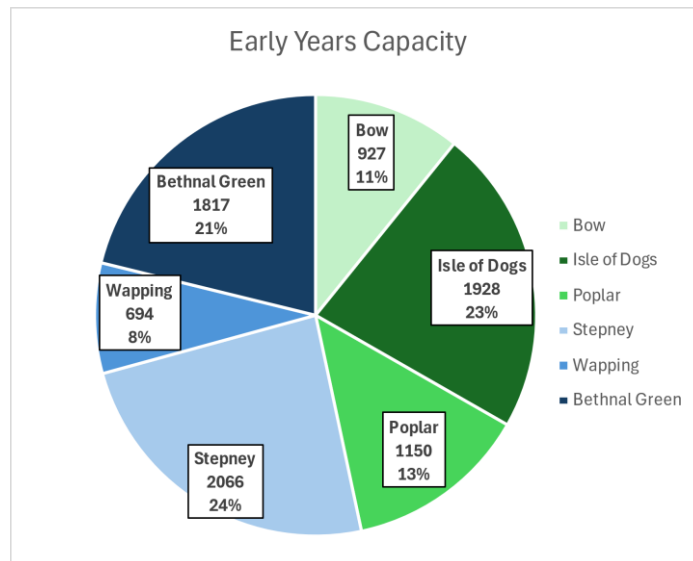
**Working Parents Entitlement (WP):** Working parents of 3 and 4-year-olds may qualify for an additional 15 hours, totalling 30 hours per week during term-time. This is also available for 38 weeks, or can be stretched across the full year to better meet the needs of working parents. From April 2024, 2-year-olds of eligible working parents will be able to receive 15 hours of free childcare per week for 38 weeks a year

## Supply and Demand

### Context

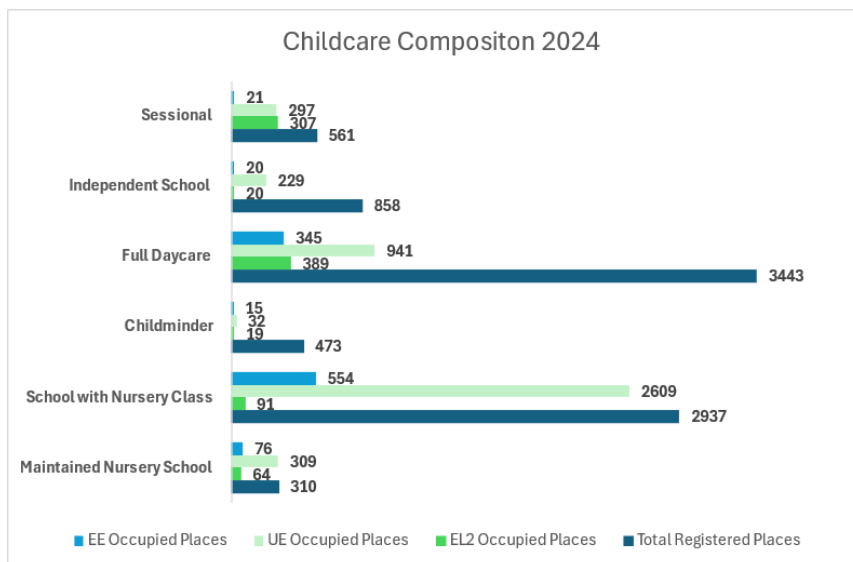
The Early Years capacity consists of 8,582 part-time places available at 234 providers across the borough, of these 5,335 places (62%) are in the Private, Voluntary and Independent (PVI) sector and 3247 places (38%) in the maintained sector. A part-time place denotes a 3-hour AM or PM session, therefore a single part-time place may be accessed by two different children on the same day whereas a Working Parent entitlement place combines the AM and PM session places together.

**Fig1: Early Years capacity across the borough by planning area**



Early Years entitlements are accessed across a range of providers from both the PVI and maintained sector. In 2024, 5,306 children accessed an Early Years entitlement in the borough 83% of EL2 entitlements were accessed at a PVI provider, whereas 66% of Universal Entitlement (UE) and 61% of Working Parent Entitlement (WP) were accessed at a maintained provider.

**Fig 2: EY Entitlements accessed in 2024 by provider type**



## Early Years Providers

The capacity data shown below was collected by The School Admissions Service in March 2024 and is outlined in The School Admissions Service Composite Timetable.

Source: <https://www.towerhamlets.gov.uk/Documents/Education-and-skills/Admissions-and-exclusions/Admissions/Nursery-prospectus.pdf>

Early Years Places in the West Region					
Bethnal Green	1650	Stepney	1887	Wapping	839
Maintained	647	Maintained	687	Maintained	426
Christ Church Primary School	10	Alice Model Nursery School	70	Bigland Green Primary School	100
Columbia Market Nursery School	70	Bangabandhu Primary School	53	Blue Gate Fields Infants School	77
Columbia Primary School	30	Ben Jonson Primary School	104	Mulberry Canon Barnett Primary School	58
Elizabeth Selby Primary School	80	Bonner Mile End	35	English Martyrs Primary School	17
Kobi Nazrul Primary School	10	Cayley Primary School	72	Harry Gosling Primary School	44
Mowlem Primary School	27	Globe Primary School	28	Hermitage Primary School	40
Osmani Primary School	106	Halley Primary School	50	St Mary & St Michael Primary School	34
Rachel Keeling Nursery School	100	John Scurr Primary School	38	St Paul's Whitechapel Primary School	26
St Annes And Guardian Angels Primary School	37	Marion Richardson Primary School	70	St Peter's Primary School (London Docks)	30
St Elizabeth's Primary School	40	Sir William Burroughs Primary School	44	<b>PVI</b>	<b>413</b>
St John's C Of E Primary School	14	Solebay Paradigm Academy	50	Childminder	30
Stewart Headlam and Hague Federation Primary School	17	Stepney Greencoat C of E Primary School	TBC	Full Daycare	308
Thomas Buxton Primary School	51	Stepney Park Primary School	73	Sessional	75
Virginia Primary School	25	<b>PVI</b>	<b>1200</b>		
William Davis Primary School	30	Childminder	67		
<b>PVI</b>	<b>1003</b>	Full Daycare	583		
Childminder	129	Independent School	460		
Full Daycare	634	Sessional	90		
Independent School	60				
Sessional	180				

### Early Years Places in the East Region

<b>Bow</b>	<b>927</b>	<b>Poplar</b>	<b>1351</b>	<b>Isle of Dogs</b>	<b>1928</b>
<b>Maintained</b>	<b>426</b>	<b>Maintained</b>	<b>762</b>	<b>Maintained</b>	<b>299</b>
Children's House Nursery School	70	Bygrove Primary School	50	Arnhem Wharf Primary School	49
Chisenhale Primary School	28	Culloden Primary	80	Cubitt Town Primary School	90
Malmesbury Primary School	51	Cyril Jackson Primary School	64	Harbinger Primary School	45
Old Ford Primary School Paradigm Trust	141	Lansbury Lawrence Primary School	70	Seven Mills Primary School	30
Olga Primary School	72	Manorfield Primary School	48	St Edmund's Primary School	25
St Agnes RC Primary School	26	Marner Primary School	64	St Luke's Primary School	60
Wellington Primary School	38	Mayflower Primary School	50	<b>PVI</b>	<b>1629</b>
<b>PVI</b>	<b>501</b>	Our Lady and St Joseph Primary School	60	Childminder	70
Childminder	85	St Paul and St Luke Primary School	47	Full Daycare	1221
Full Daycare	372	St Pauls Way Foundation	39	Independent School	338
Sessional	44	St Saviours Primary School	37		
		Stebon Primary School	55		
		The Clara Grant Primary School	46		
		Woolmore Primary School	52		
		<b>PVI</b>	<b>589</b>		
		Childminder	92		
		Full Daycare	325		
		Sessional	172		

## Methodology

The projections produced in this report are calculated using the following data sources:

- GLA 2022-based demographic projections.
- DWP income-based eligibility data 2024
- Spring Term entitlement figures 2024
- *Entitlement Access Rate (EAR)* = No. eligible children divided by No. of children accessing the entitlement.

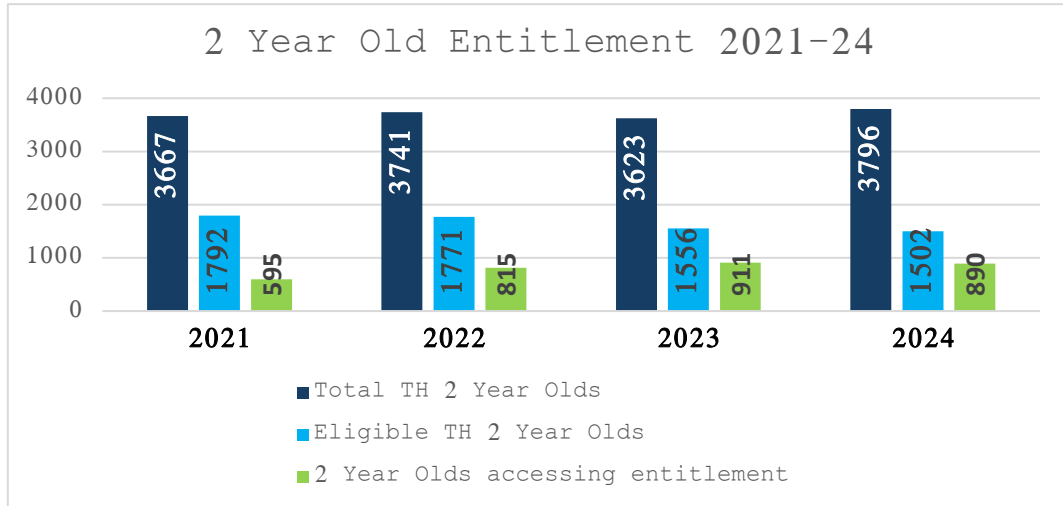
**2 Year Old (2YO) Entitlement Projections** = (GLA projected number of 2-year-olds multiplied by the percentage of 2-year-olds eligible on the 2024 DWP list) **plus** (GLA projected number of 2-year-olds multiplied by the percentage 3- & 4-year-olds that accessed the Working Parent entitlement in 2024)

**Universal Entitlement Projections** = GLA projected number of 3- & 4-year-olds multiplied by Universal Entitlement Access Rate in 2024

**Working Parent Entitlement Projections** = (GLA projected number of 3- & 4-year-olds multiplied by Universal Entitlement Access Rate in 2024) multiplied by the 2024 Working Parent Entitlement Access Rate

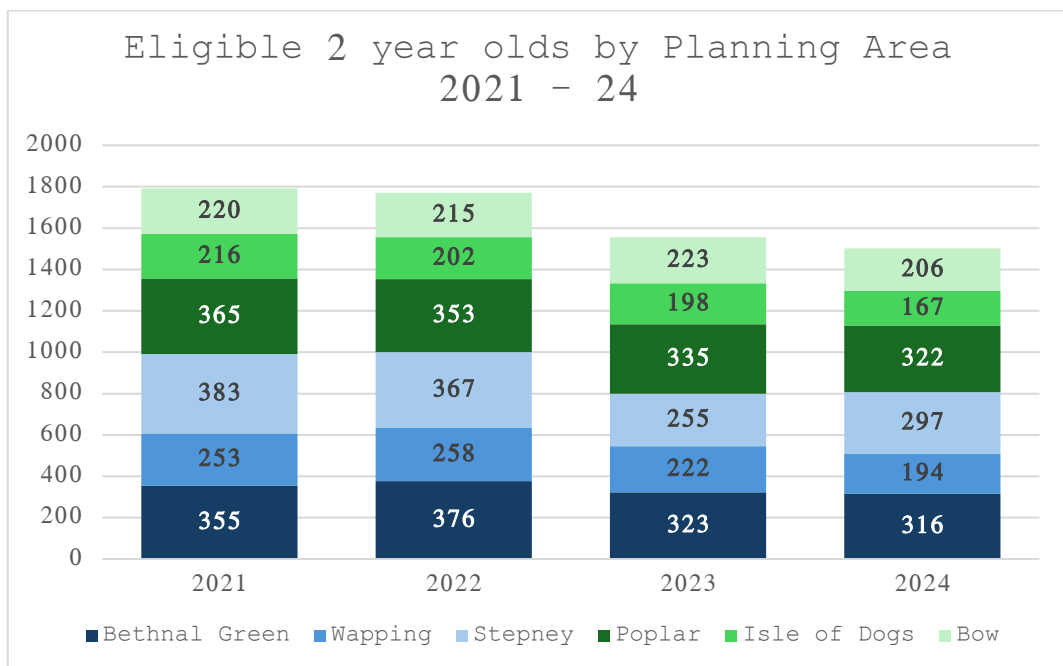
## 2YO - 2-Year-Old Early Learning Entitlement

Fig3: EL2 Entitlements accessed from 2021-24



Following the Covid pandemic, there has been an increase in the percentage of eligible 2-year-olds accessing the EL2 entitlement in the borough, as the Entitlement Access Rate (EAR) has risen from 33% in 2021 to 59% in 2024. In contrast, over the same 4-year period, the percentage of Tower Hamlets 2-year-olds that qualified for the EL2 entitlement has decreased from 49% in 2021 to 40% by 2024. All six planning areas have experienced a decline in the number of EL2 eligible children residing within their areas between 2021 to 2024. The most significant decrease of EL2 eligible resident children occurred in Stepney, resulting in a decline of 22% between 2021 and 2024.

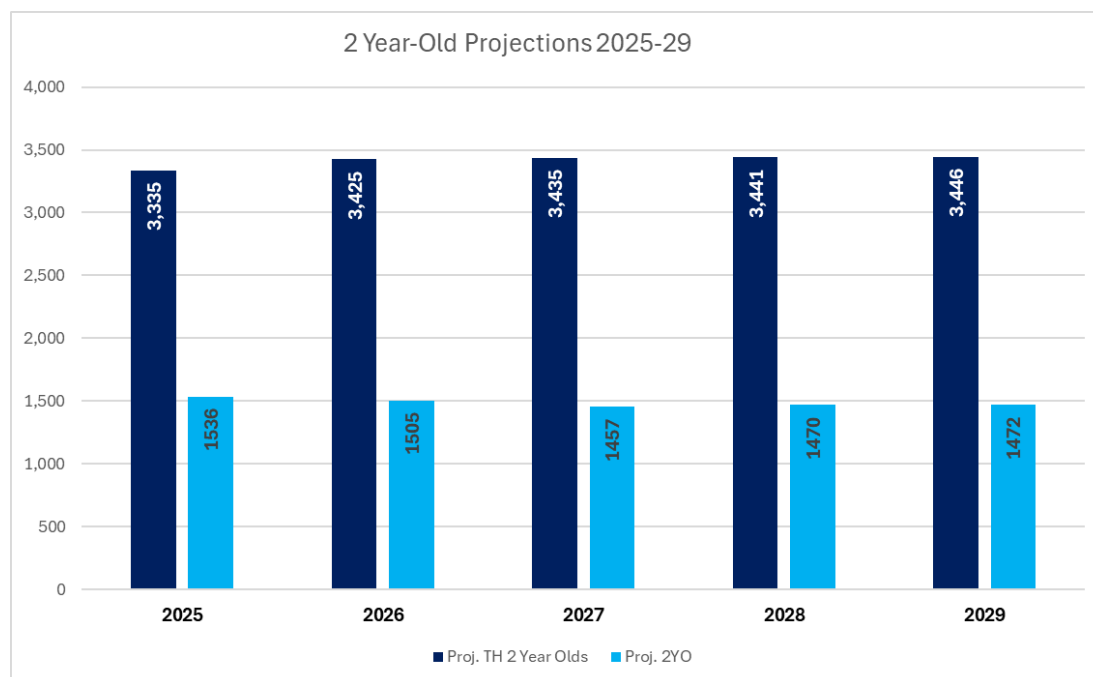
Fig4: Number of children eligible for EL2 entitlement by planning area



In April 2024, the Working Parents entitlement was expanded to include eligible working parents with 2-year-olds. Therefore, 2-year-old children may qualify for 15 hours free childcare per week for 38 weeks based on working parent criteria.

As the entitlement criteria has evolved to support more 2YO children, the difficulty in quantifying the precise number of children who will be eligible becomes more problematic. Projections for 2YO entitlements have considered historical trends for EL2 and Working Parent Entitlement trends to anticipate future demand over the next 5-years.

**Fig5: Projected 2YO entitlement demand 2025-29**



As the childcare market is driven by the needs of the parents, providers will adjust the capacity allocated for each entitlement based on the demand that they receive, consequently, the capacity ratios assigned to each entitlement may change from term to term. In addition, some childcare settings do not offer 2YO entitlement places, only 10 out of 64 maintained providers offer 2YO entitlement places and less than 63% of the borough capacity is capable of accommodating 2YO demand.

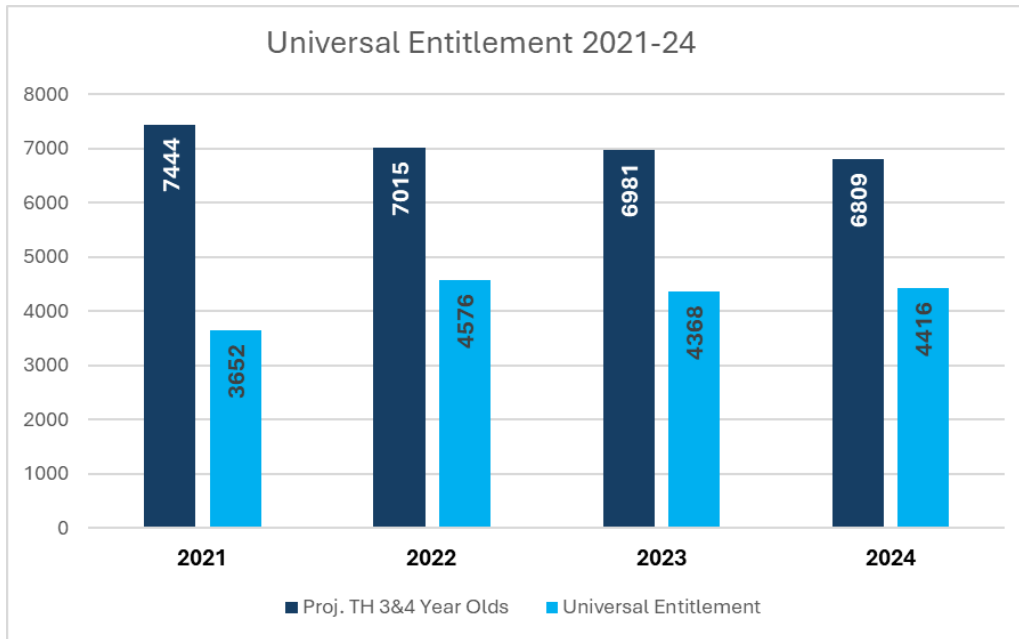
**Fig6: Review of 2YO entitlement capacity in 2024**

Settings	No. Providers	No. places	2024 EL2 pupils	2024 EL2 ratio
<b>Maintained</b>	<b>10</b>	<b>618</b>	<b>155</b>	<b>25%</b>
Maintained Nursery School	4	310	64	21%
School with Nursery Class	6	308	91	30%
<b>PVI</b>	<b>167</b>	<b>4777</b>	<b>735</b>	<b>15%</b>
Childminder	81	473	19	4%
Full Daycare	65	3443	389	11%
Independent School	1	300	20	7%
Sessional	20	561	307	55%
<b>Total</b>	<b>177</b>	<b>5395</b>	<b>890</b>	<b>16%</b>



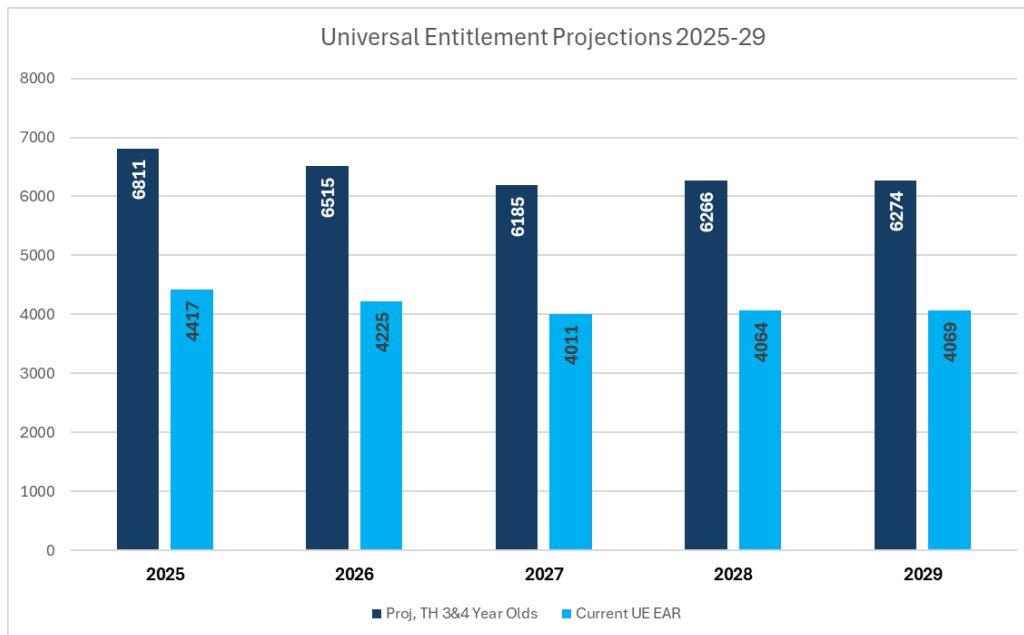
## Universal Entitlement (UE) – 3- & 4-Year-Old Childcare Entitlement

**Fig7: Universal Entitlement accessed from 2021-24**



Between 2021 and 2024 the number of 3- and 4-year-olds residing within the borough declined by 8.5%. Additionally, in 2021 the UE Entitlement Access Rate (EAR) was recorded at 49%, most likely due to the impact of the pandemic. However, over the subsequent three years from 2022 to 2024, the UE EAR has increased and remained relatively consistent ranging between 63-65%.

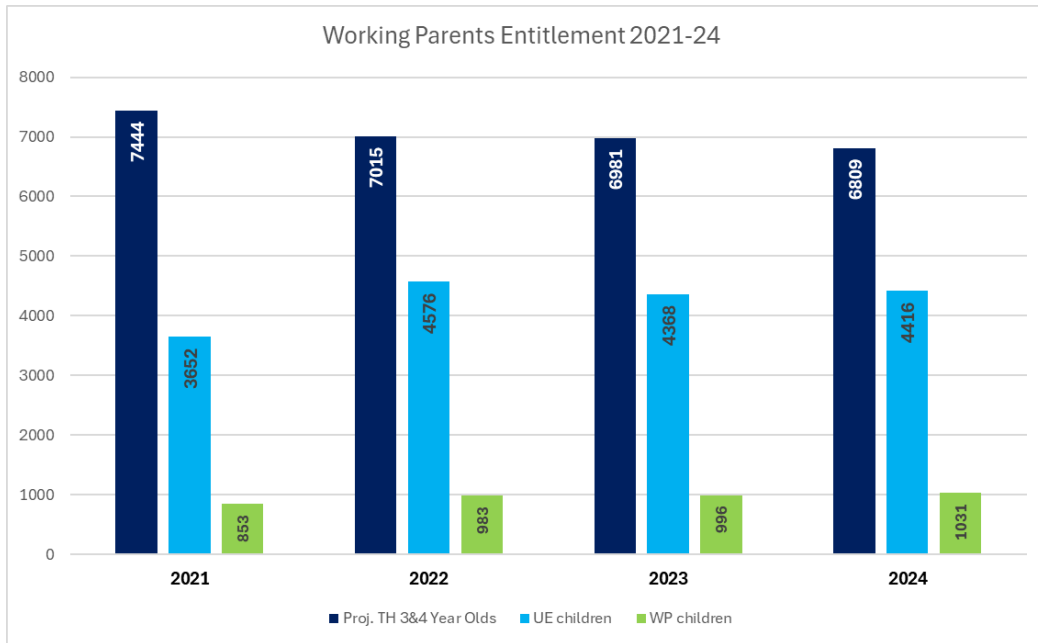
**Fig8: Projected Universal Entitlement demand from 2025-29**



From 2025-29 the population of 3 & 4 years olds residing in Tower Hamlets is projected to decline by 7.9%, consequently, unless the EAR increases, the demand for UE places is anticipated to decline in line with the population.

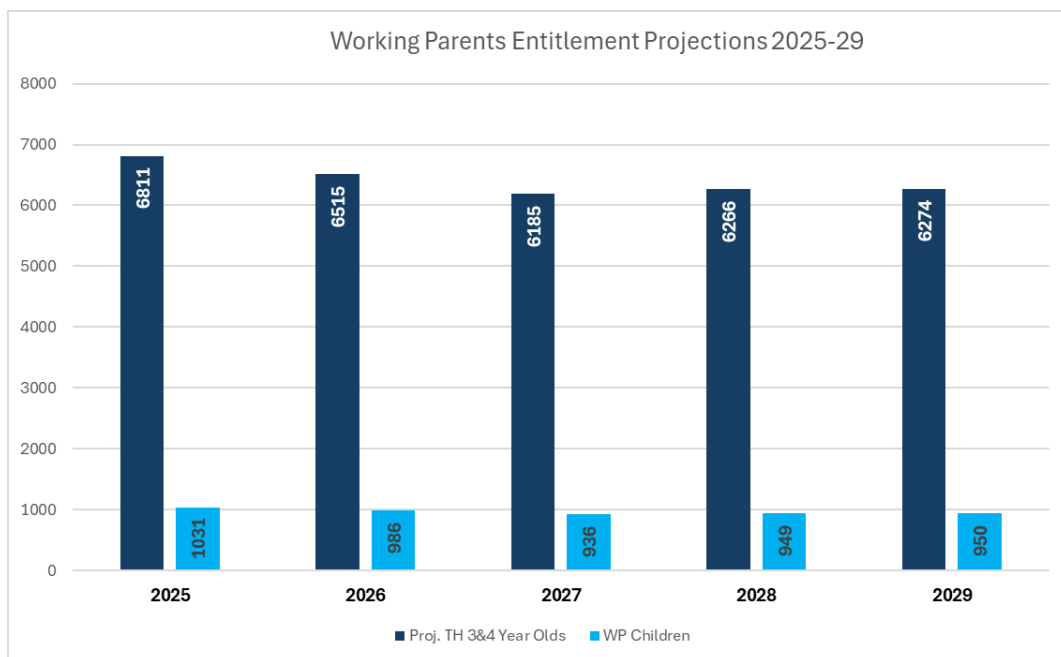
## Working Parents Entitlement (WP) - 3- & 4-Year-Old Childcare Entitlement

**Fig9: Working Parents Entitlement accessed from 2021-24**



From 2021 to 2024, the number of 3- & 4-year-olds accessing the WP increased by 20.8%, however the Entitlement Access Rate (EAR) for WP has remained remarkably consistent, with approximately 23% of children that access UE also accessing WP.

**Fig10: Projected Working Parents Entitlement demand from 2025-29**



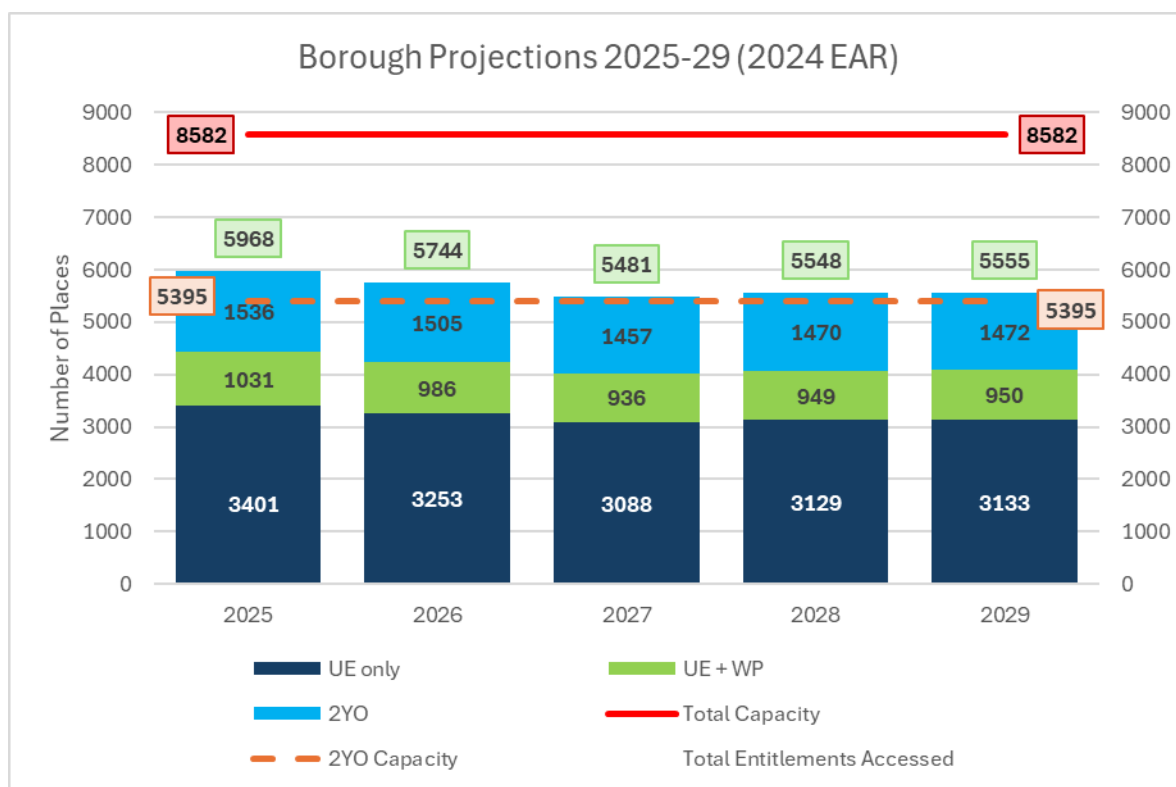
WP trends suggest that demand for the entitlement is closely correlated to the existing demand for UE. As a consequence, the demand for WP places is likely to follow the

projection path of UE, with a decline in numbers expected to occur unless the EAR for UE or WP increases.

### Borough Outlook

The expansion of the Working Parents entitlement criteria to include 2-year-old children has increased the number of children that are eligible to access an entitlement from previous years. The introduction of eligible 2-year-olds of working parents is forecast to add a further 15% of the 2-year-old population to the existing EL2 demand already generated by the DWP. Due to the additional 2YO demand, the total number of 2–4-year-old children accessing an entitlement in 2025 is projected to increase by 12% on the previous year. However, despite the initial increase in overall entitlement demand, the total number of 2- to 4-year-old children accessing entitlements is expected to reduce by 8% over the next five years as a consequence of declining births and negative net migration trend in the borough.

**Fig11: Projected Demand for all EY entitlements across the borough from 2025-29**



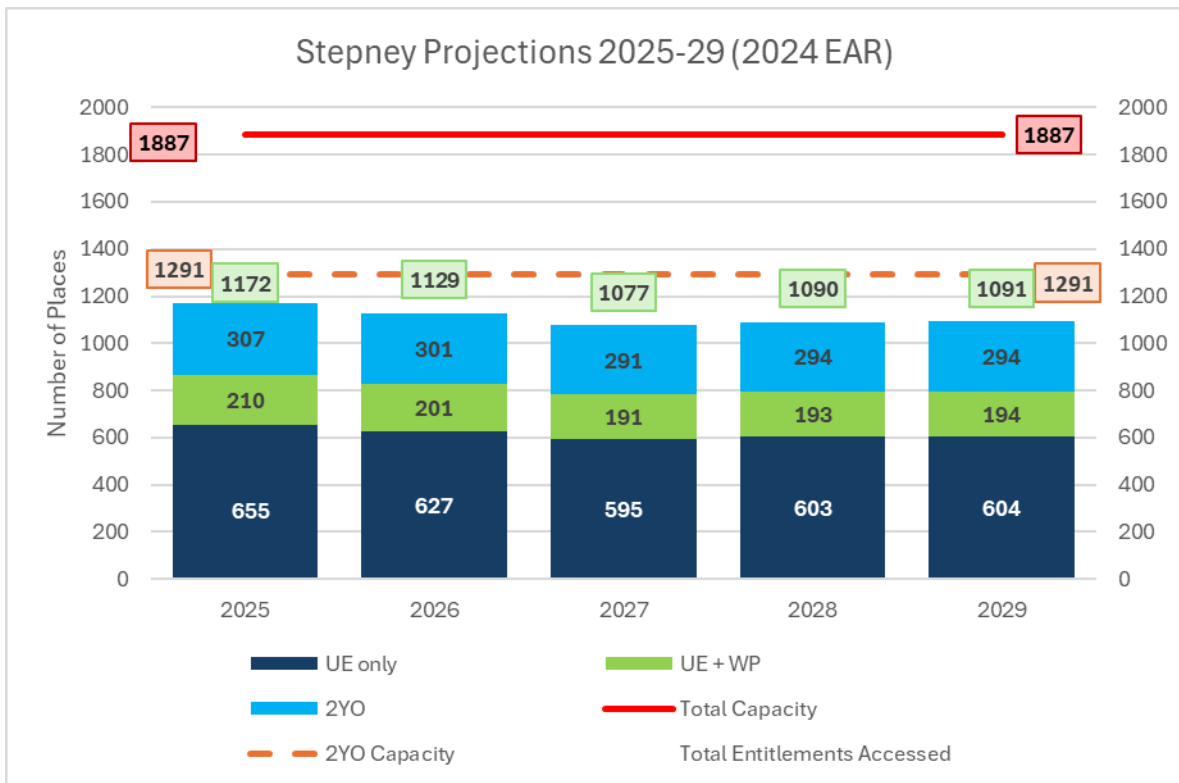
From September 2024, the WP entitlement will be extended further to provide working-parents of children from 9 months old with 15 hours of free childcare a week for 38 weeks. The expansion of this entitlement to a younger age range is anticipated to predominantly impact the capacity in the PVI sector, as most maintained settings are not designed to accommodate children younger than 2 years old. Furthermore, from September 2025, the Working Parents entitlement will qualify children aged 9 months up to school age for 30 hours of funded childcare a week. Subsequently, the new increase in entitlement demand is expected to have a consequential impact on the ability of PVI providers to accommodate 3- and 4-year-olds, which may result in more children needing to access their entitlements at a maintained setting.

Additionally, the government is implementing plans to ensure that all parents and carers of primary school-aged children can access term-time wraparound care from 8am to 6pm by 2026. This initiative is designed to support parents with work and family responsibilities,

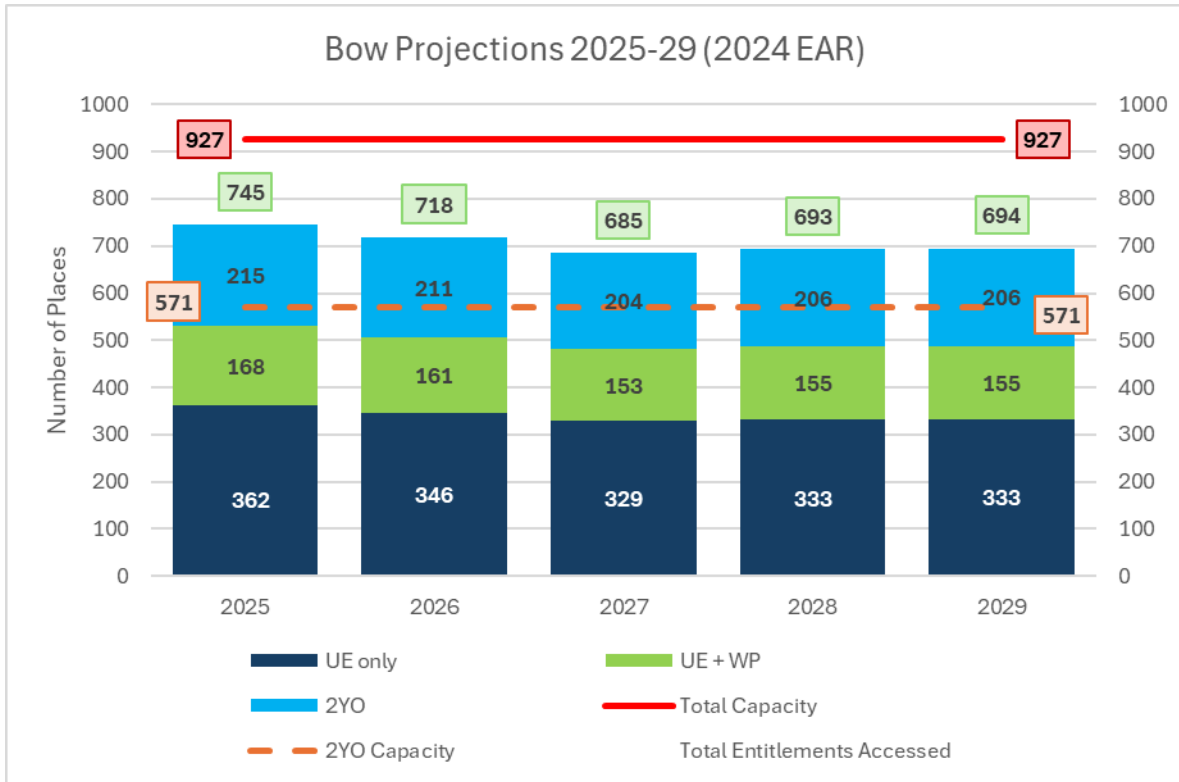
thereby increasing their opportunities to participate in the labour market. As a result, childcare providers may decide to offer complementary services to enable the delivery of the wraparound care offer. The LA is closely monitoring these developments to assess their implications on childcare provision, to ensure that the needs of families in Tower Hamlets are effectively met.

Appendix – Early Years Planning Area Projections

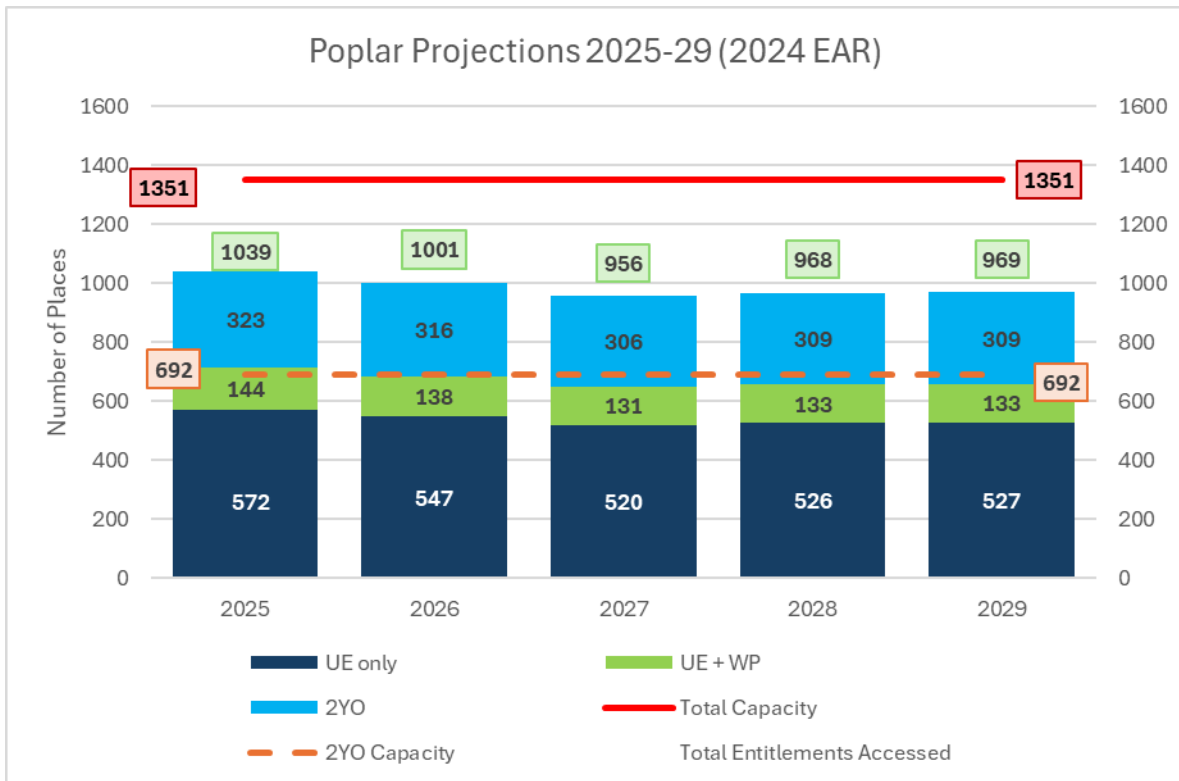
**Stepney – PA1**



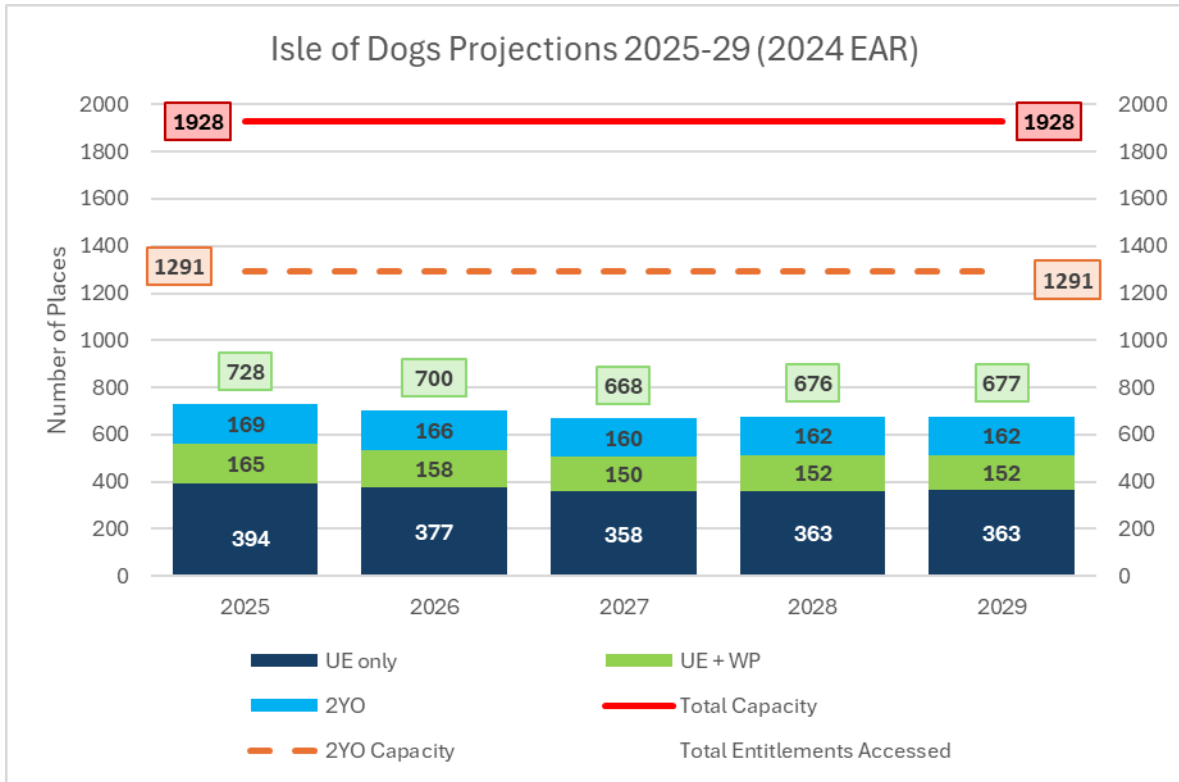
**Bow – PA2**



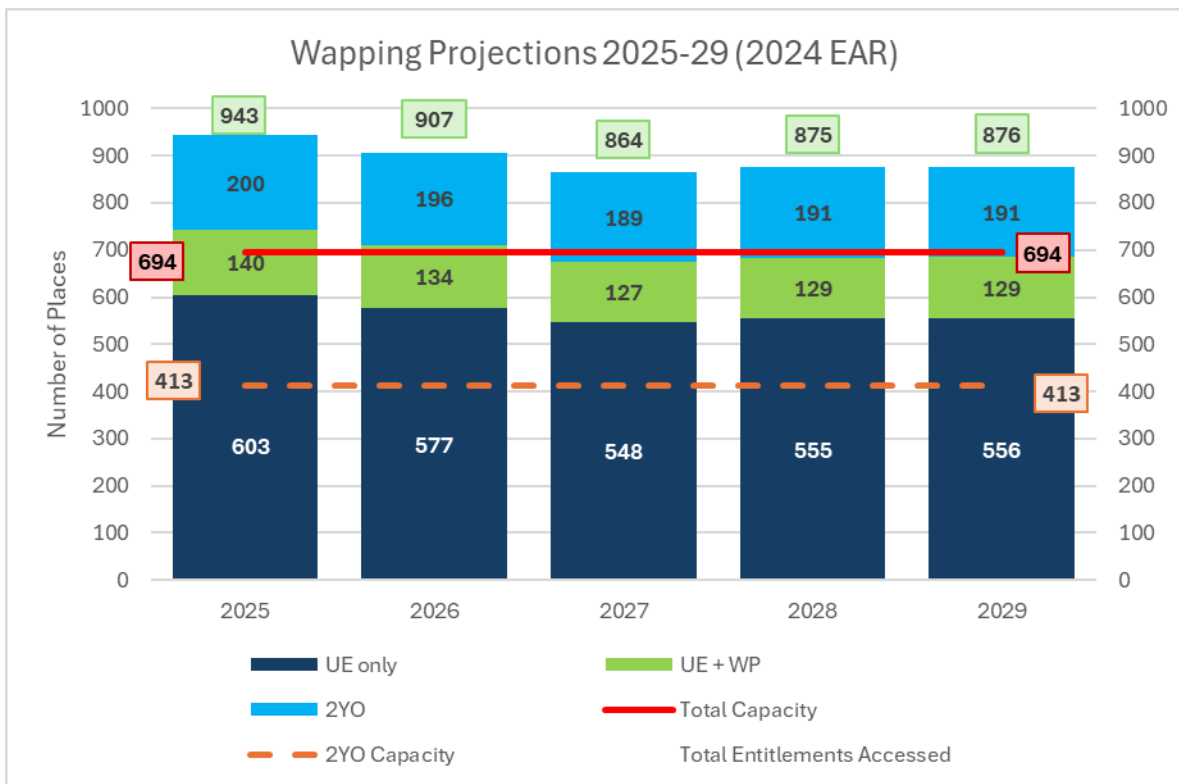
### Poplar – PA3



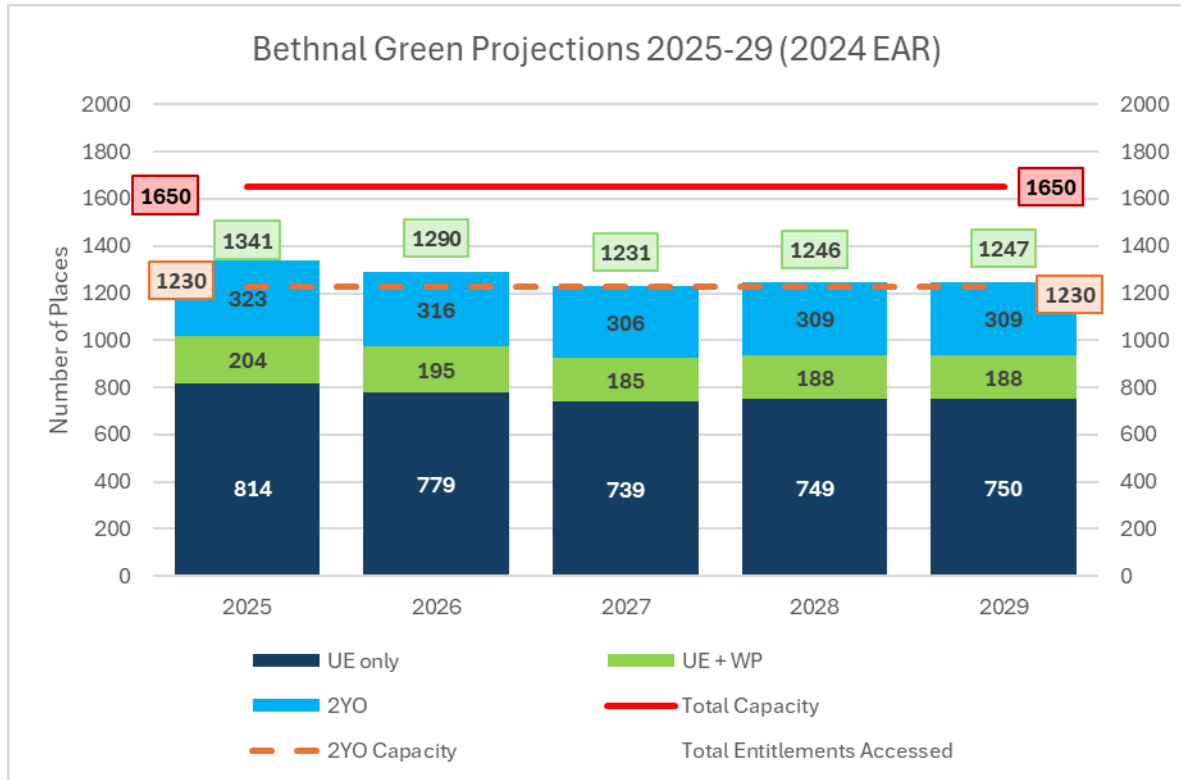
### Isle of Dogs – PA4



### Wapping – PA5



### Bethnal Green – PA6



## Mile End Ward Scorecard for Stepney Greencoat Summer Term 2024

Ward	Mile End	
		Rank
Population aged 0-4 years	1476	2
Population aged 3 & 4 years	566	2
Universal Entitlement for 3&4 yr olds occupied places	466	1
Percentage of 3 & 4 year olds able to take up a FEEE place in their resident ward	82%	5
Number of 2 yr olds potentially eligible for an EL2 place	96	2
EL2 Occupied Places	146	1
%age of potentially eligible 2 yr olds able to take up an EL2 place in own ward	152%	3
Estimated demand for a 30 Hours Childcare place	174	1
Total 30 Hours Childcare occupied places	115	1
Estimated surplus/ deficit of 30 Hours Childcare places	-59	14
Estimated demand for a WP2 place	41	5
WP2 occupied places	50	1
Estimated Surplus/ Deficit of WP2 places	9	2
Estimated "In Work" Families (22%)	150	1
Estimated remaining Full Childcare Capacity	33	15
Estimated Surplus/ Deficit Full Childcare Capacity	-117	20



<b>Total Number of Ofsted registered early education and childcare places</b>	698	3
<b>Number and type of early education and childcare settings:</b>		
Schools with Nursery classes	8	
Nursery Schools	0	
Full Daycare Providers	5	
Playgroups/ Sessional Providers	2	
Independent Schools	0	
Registered Childminders	7	
<b>%age of providers: Outstanding and Good (includes those awaiting Ofsted judgement)</b>	100%	
This is an area of good quality childcare provision.		
<b>Is there a need to create more early education / childcare places</b>	YES	
<ul style="list-style-type: none"> <li>&gt; Possible need for additional Universal entitlement provision</li> <li>&gt; No identified need for additional EL2 provision</li> <li>&gt; Significant need for additional 30 Hours provision</li> <li>&gt; No immediate need for additional WP2 provision</li> <li>&gt; Significant need for additional FDC capacity</li> </ul>		

### Population aged 0-4 years

Mile End ward has the second highest (out of the 20 electoral wards) number of children aged 0-4 years in the borough.

### Universal Entitlement for 3 & 4 year olds

Mile End has the second highest number of 3 and 4 year olds living in the ward and the highest number of occupied Universal Entitlement Places. This equates to 82% of 3 and 4 year olds living in the ward being able to access a Universal Entitlement place in their own ward should their family choose to do so. As such it is judged to be a ward where there is a *“Possible need for additional Universal Entitlement provision”*.

### Early Learning for 2 Year Olds (EL2)

Mile End has the second highest number of 2 year olds potentially eligible for an Early Learning for 2 year olds place (taken from data supplied by the DfE) and the highest number of occupied EL2 places. This equates to 152% of potentially eligible 2 year olds being able to access an EL2 place in their own ward. As such it is judged to be a ward with *“No identified need for EL2 provision”*.

### **30 Hours Childcare**

Mile End has the highest number of potentially eligible 3 and 4 year olds of working parents and also the highest number of 30 Hours occupied places. Despite this there is a significant deficit in terms of 30 Hours provision (ranking 14<sup>th</sup> out of the 20 wards in the borough), as a result it is judged as a ward with a “*Significant need for additional 30 Hours Childcare provision*”.

### **Expanded Entitlement of 2 year olds of Working Parents (WP2)**

This expansion to the Working Parent Entitlement (previously 30 Hours Childcare) was launched in April 2024. The assessment shows that Mile End had the fifth highest number of eligibility codes (demand) generated in the borough and the highest number of occupied places. There is a slight surplus in terms of provision (ranking 5<sup>th</sup> out of the 20 wards) and as such the ward is judged to have “*No identified need for additional WP2 provision*”.


### **Full Childcare Capacity to Support Working Parents**

Mile End ranked highest of all 20 wards in the borough in terms of the estimated number of in work families with a child aged 0-2 years, but only 15<sup>th</sup> in terms of the remaining capacity within full childcare provision in the borough. As a result it is judged to be the ward with the greatest need for new full childcare provision in the borough.

### **Provision**

Mile End has the third highest number of registered early education and childcare places spread across 15 settings (8 schools with nursery classes, 5 full daycare nurseries and 2 playgroups/ sessional providers) and 7 registered childminders, all providers are judged to be Outstanding or Good by Ofsted.

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<p><b>Cabinet</b></p> <p>27 November 2024</p>	 <p><b>TOWER HAMLETS</b></p>
<p><b>Report of:</b> David Joyce, Corporate Director, Housing and Regeneration</p>	<p><b>Classification:</b> Unrestricted</p>
<p><b>Neighbourhood Planning: Determination of Roman Road Bow Neighbourhood Forum Application</b></p>	

<b>Lead Member</b>	<b>Councillor Kabir Ahmed, Cabinet Member for Regeneration, Inclusive Development and Housing</b>
<b>Originating Officer(s)</b>	Marc Acton Fillion, Planning Officer
<b>Wards affected</b>	Bow East; Bow West
<b>Key Decision?</b>	Yes
<b>Forward Plan Notice Published</b>	11/10/2024
<b>Reason for Key Decision</b>	Significant in terms of its effects on communities living or working in an area comprising two or more wards
<b>Strategic Plan Priority / Outcome</b>	<p><b>1. People are aspirational, independent and have equal access to opportunities;</b></p> <p><b>2. A borough that our residents are proud of and love to live in</b></p>

### Executive Summary

Neighbourhood forum designations expire five years after they are initially granted. The Roman Road Bow Neighbourhood Forum expired on 16 August 2022. The Forum submitted an application for re-designation in August 2022. This application was refused on 21 June 2023 by the Mayor in Cabinet on the basis that the forum had not demonstrated that its membership was drawn from different sections of the community within the neighbourhood planning area.

The Roman Road Bow Neighbourhood Forum re-applied to be re-designated on 5 April 2024. In their application, the Forum explains how, following the refusal to re-designate, they expanded their outreach and brought a wider range of local people into the Forum, including changing the makeup of the executive committee to better reflect the diversity of the area.

Should the Forum be redesignated, they will be a consultee on all planning applications in their neighbourhood area and will have the opportunity to review their Neighbourhood Plan or prepare a new one.

## **Recommendations:**

The Mayor in Cabinet is recommended to:

1. Approve the redesignation of the Roman Road Bow Neighbourhood Forum as the designated neighbourhood forum for the Roman Road Bow Neighbourhood Planning Area.
2. Note the specific equalities considerations as set out in Paragraph 7.1.

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

- 1.1 Tower Hamlets Council has received an application to renew the designation of the Neighbourhood Forum for the Roman Road Bow Neighbourhood Area.
- 1.2 The Council is required to determine applications for the designation of Neighbourhood Forums in accordance with the Town and County Planning Act 1990 (as amended) ('TCPA 1990') and the Neighbourhood Planning (General) Regulations 2012 ('the 2012 Regulations'). The Government's Planning Practice Guidance ("PPG") on Neighbourhood Planning (Ref ID: 41-021-20140306) also provides guidance on the determination of such applications, which states that the role of the Local Planning Authority (LPA) is to take decisions at key stages in the neighbourhood planning process.
- 1.3 Under the modifications to the 2012 Regulations made by the Neighbourhood Planning (General) and Development Management Procedure (Amendment) Regulations 2016, the Council must make a decision on applications for neighbourhood forum designations within 13 weeks of starting a consultation on the application.
- 1.4 Council officers consider that the Neighbourhood Forum meets the minimum legal criteria to be designated as a neighbourhood forum as set out in Section 61F of the TCPA 1990 as well as addressing member questions regarding the diversity of the Forum's membership and its executive committee.
- 1.5 In their application, the Forum has specifically responded to Cabinet's reason for refusal of their previous application. It has demonstrated how it has strengthened its diversity through wider publicity, outreach to specific segments of the community and translation of publicity documents into Bangla. This outreach has resulted to significant changes in the Forum's membership, as visible in the list of names and the executive committee composition.
- 1.6 The public was notified of the Neighbourhood Forum's application for redesignation and was invited to respond for a period of 6 weeks from the 28 August to the 10 October. 65 responses were received in support of the redesignation, and no responses were received that objected to the redesignation.

## **2. ALTERNATIVE OPTIONS**

- 2.1 The Mayor in Cabinet may refuse the application for redesignation. Any reason for refusal must be in accordance with section 61F(5) of the TCPA.
- 2.2 Any decision reached by the LPA as to whether to designate the Roman Road Bow Neighbourhood Forum is subject to two legal tests, both of which may be open to challenge. The first test is whether the decision is correct in law. While the law allows the LPA to make a discretionary decision, a decision to refuse would need to be justified. This leads to the second legal test – that any decision reached by a local authority must be reasonable, and not an irrational decision, assessed on the Wednesbury Principle. The Wednesbury Principle establishes that, in order for the courts to overturn a decision of a local authority, the local authority must have made a decision so unreasonable that no reasonable authority could possibly have made it. The Wednesbury decision considers that giving undue relevance to facts that in reality lack the relevance for being considered in the decision-making process demonstrates irrational decision-making. In this case, considering facts or considerations beyond the criteria established for assessing applications for the designation of neighbourhood planning forums, as set out in section 61(F)(5) of the TCPA could be considered unreasonable and open to challenge through the courts.

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

- 3.1 This report provides an overview of the assessment of the Roman Road Bow Neighbourhood Forum application.
- 3.2 The content of the report is as follows:
- Section 4 provides an introduction to neighbourhood planning
  - Section 5 outlines the relevant legislative framework and guidance
  - Section 6 provides an assessment of the Roman Road Bow Neighbourhood Forum application

## **4. INTRODUCTION TO NEIGHBOURHOOD PLANNING: A COMMUNITY-LED PROCESS**

- 4.1. The Localism Act 2011 amended the Town and Country Planning Act (TCPA) 1990 to make provision for neighbourhood planning, which gives communities direct power to develop a shared vision for their neighbourhood and shape the development and growth of their local area. Neighbourhood planning provides a powerful set of tools for local people to ensure that they get the right types of development for their community where the ambition of the neighbourhood is aligned with the strategic needs and priorities of the wider local area.
- 4.2. The legislative provisions concerning neighbourhood planning within the TCPA 1990 are supplemented by the Neighbourhood Planning (General) Regulations 2012 (as amended) and the Neighbourhood Planning (Referendum) Regulations 2012. Planning Practice Guidance issued by the

Secretary of State for Communities and Local Government provides detailed advice relating to the neighbourhood planning system, addressing the key stages of decision-making including the designation of Neighbourhood Areas.

- 4.3. A Neighbourhood Forum designation expires 5 years after it is made. A Forum can apply for redesignation. If the LPA considers the Forum to no longer meet the required criteria, the LPA can withdraw designation.

### **Overview of Neighbourhood Planning at LBTH**

- 4.4. The determination of applications to designate Neighbourhood Areas and Neighbourhood Forums are decisions exercised by the Mayor in Cabinet. Such applications are required by the Council to be submitted using the Council's neighbourhood planning application forms.
- 4.5. The Council has published guidance to assist prospective Neighbourhood Forums to understand what is involved in becoming a Forum and designating an area and the criteria the Council use to make decisions. This guidance advises prospective Forums to liaise with officers prior to applications being submitted. This allows those proposing to make neighbourhood planning obligations to meet relevant legislative requirements.

## **5. NEIGHBOURHOOD FORUMS: RELEVANT LEGISLATION AND GUIDANCE**

- 5.1. This section outlines the relevant legislative framework and guidance as they relate to the submission and consideration of applications for neighbourhood planning forums.
- 5.2. Before a neighbourhood forum can be designated for an area, the area must be designated a Neighbourhood Planning Area. Once an area is designated as a Neighbourhood Planning Area, it will remain designated indefinitely. Roman Road Bow was designated as a neighbourhood planning area on the 6<sup>th</sup> February 2017 through an Individual Mayoral Decision.
- 5.3. The designation of neighbourhood planning area is governed by Sections 61F, G and H of the Town and Country Planning Act 1990. Section 61H states that:

*Neighbourhood areas designated as business areas*

*(1)Whenever a local planning authority exercise their powers under section 61G to designate an area as a neighbourhood area, they must consider whether they should designate the area concerned as a business area.*

*(2)The reference here to the designation of an area as a neighbourhood area includes the modification under section 61G(6) of a designation already made.*

*(3)The power of a local planning authority to designate a neighbourhood area as a business area is exercisable by the authority only if, having regard to*

*such matters as may be prescribed, they consider that the area is wholly or predominantly business in nature.*

*(4)The map published by a local planning authority under section 61G(8) must state which neighbourhood areas (if any) are for the time being designated as business areas.*

- 5.4. At the time of designating the neighbourhood planning area, the area was not considered either wholly or predominantly business in nature, nor is it considered so now. However, It should be noted that the Forum has engaged with local businesses and its membership includes local business owners.
- 5.5. The Council has a statutory duty to determine applications to designate Neighbourhood Forums in accordance with the relevant legislation: TCPA 1990 Section 61F and the Neighbourhood Planning (General) Regulations 2012.
- 5.6. Regulation 8 of the 2012 Regulations specifies the criteria that:

*Where an organisation or body submits a neighbourhood forum application to the local planning authority it must include—*

- (a) the name of the proposed neighbourhood forum;*
- (b) a copy of the written constitution of the proposed neighbourhood forum;*
- (c) the name of the neighbourhood area to which the application relates and a map which identifies the area;*
- (d) the contact details of at least one member of the proposed neighbourhood forum to be made public under regulations 9 and 10; and*
- (e) a statement which explains how the proposed neighbourhood forum meets the conditions contained in section 61F(5) of the 1990 Act.*

5.7. Upon receipt of an application, it is validated in accordance with the above.

5.8. In accordance with Regulation 9 of the Neighbourhood Planning (General) Regulations 2012, the authority must publish the following on their website and in such a manner as to bring the application to the attention of people who live, work or carry on business in the area to which the application relates:

- (a) a copy of the application;*
- (b) a statement that if a designation is made no other organisation or body may be designated for that neighbourhood area until that designation expires or is withdrawn;*
- (c) details of how to make representations; and*
- (d) the date by which those representations must be received, being not less than 6 weeks from the date on which the application is first publicised.*



- 5.9. Regulation 11 of the 2012 Neighbourhood Planning Regulations allows that “*Where a neighbourhood forum has been designated in relation to a neighbourhood area under section 61F of the 1990 Act, and that designation has not expired or been withdrawn, a local planning authority may decline to consider any neighbourhood forum application made in relation to that neighbourhood area*”.
- 5.10. Section 61F of the TCPA (1990) specifies that an LPA may designate a relevant body as a Neighbourhood Forum if the authority is satisfied that it meets conditions identified in 61F(5) relating to purpose, membership and a constitution. The conditions are as follows:
- a) *It [the Forum] is established for the express purpose of promoting or improving the social, economic and environmental wellbeing of an area that consists of or includes the neighbourhood area concerned (whether or not it is also established for the express purposes of promoting the carrying on of trades, professions or other businesses in such an area).*
  - b) *It [the Forum] has a membership is open to:*
    - (i) *Individuals who live in the neighbourhood area concerned*
    - (ii) *Individuals who work there (whether for business carried out there or otherwise)*
    - (iii) *Individuals who are elected members of a county council, district council or London borough council any of whose area falls within the neighbourhood area concerned.*
  - c) *It [the Forum] membership includes a minimum of 21 individuals each of whom –*
    - (i) *Lives in the neighbourhood area concerned*
    - (ii) *Works there (whether for business carried on there or otherwise), or*
    - (iii) *Is an elected member of a county council, district council or London Borough Council any of whose area falls within the neighbourhood area concerned.*
  - d) *It [the Forum] has a written constitution*
  - e) *Such other conditions as may be prescribed .*
- 5.11. Section 61F(6) states a local planning authority may also designate an organisation or body as a Neighbourhood Forum if they are satisfied that the organisation or body meets prescribed conditions. The Secretary of State has not prescribed any conditions in the 2012 Regulations.
- 5.12. Section 61F(7) of the Act also requires that a LPA
- (a) *must in determining under subsection (5) whether to designate an organisation or body as a neighbourhood forum for a neighbourhood are, having regard to the desirability of designating an organisation or body –*

- (i) *which has secured (or taken reasonable steps to attempt to secure) that its membership includes at least one individual falling within each of the sub-paragraphs (i) to (iii) of subsection (5)(b).*
- (ii) *whose membership is drawn from different places in the neighbourhood area concerned and from different sections of the community in that area*
- (iii) *whose purpose reflects (in general terms) the character of that area*
- (b) *may designate only one organisation or body as neighbourhood forum for each neighbourhood area*
- (c) *may designate an organisation or body as a neighbourhood forum only if the organisation or body has made an application to be designated, and*
- (d) *must give reasons to an organisation or body applying to be designated as a neighbourhood forum where the authority refuse the applications.*

5.13. The Forum application is assessed against the above legislative criteria and public consultation responses. The following section assesses the application against the above criteria.

5.14. Once designated, section 61F(8) states that the Forum designation expires after 5 years to the day of designation. In addition, section 61F(9) states that:

*A local planning authority may withdraw an organisation or body's designation as a neighbourhood forum if they consider that the organisation or body is no longer meeting—*

- (a) *the conditions by reference to which it was designated, or*
- (b) *any other criteria to which the authority were required to have regard in making the designation;*

*and, where an organisation or body's designation is withdrawn, the authority must give reasons to the organisation or body.*

## **6. ROMAN ROAD BOW NEIGHBOURHOOD FORUM APPLICATION**

6.1. This section provides detailed assessment of the Roman Road Bow Neighbourhood Forum application, in relation to the legal requirements outlined above in paragraphs 5.10 and 5.12.

### **Previous Application**

6.2. The Roman Road Bow Neighbourhood Forum previously applied for redesignation in 2022. Officers recommended that the application be approved and the Forum be re-designated on the basis that it had met the legal requirements of a neighbourhood forum. The Mayor in Cabinet refused the application for re-designation on the basis that it had not met the requirement that its membership be drawn from different sections of the community within the neighbourhood planning area (in accordance with section 61F(7) of the Town and Country Planning Act (1990)).

### **Making the Application**

- 6.3. An application was received from the Roman Road Bow Neighbourhood Forum to renew their designation as a neighbourhood forum on 5 April 2024. The application contained:
- The name of the Neighbourhood Forum
  - A copy of the written constitution of the Neighbourhood Forum
  - The name of the Neighbourhood Area to which the application relates and a map which identifies the area
  - The contact details of at least one member of the Neighbourhood Forum which could be made public
  - A statement which explains how the Neighbourhood Forum meets the conditions contained in 61F(5) of the 1990 Act (provided through responses to the questions on the application form)
- 6.4. Officers confirmed that the application had been received on 5 April 2024 and that the required information was included.
- 6.5. Officers also reviewed the application to determine specifically whether the Neighbourhood Forum had addressed the reason for the refusal of their previous application. The Forum's application demonstrates how it has engaged in outreach and specifically targeted a more diverse range of the local community. It should also be noted that both the general membership and the executive committee have changed since the previous application was submitted. The Forum has explained that they have made efforts to ensure that the executive committee includes members from a range of ages, ethnic backgrounds and socio-economic positions to ensure that the forum is being administered by diverse members.

### **Consulting on the Application**

- 6.6. In accordance with regulation 9 of the Neighbourhood Planning Regulations 2012, public consultation on the Roman Road Bow Neighbourhood Forum application was open for six weeks from 28 August to 10 October 2024.
- 6.7. 65 responses were received, all of which express support for the redesignation of the Neighbourhood Forum.
- 6.8. The Neighbourhood Planning (General) and Development Management Procedure (Amendment ) Regulations 2016 insert regulation 9A into the 2012 Regulations. This states that:
- (1) *Where a local planning authority receive a neighbourhood forum application which they do not decline to consider under regulation 11, the authority must determine the application by the date prescribed in paragraph (2)*
  - (2) *The date prescribed in this paragraph is:*

- (a) *In a case where the neighbourhood area to which the application relates falls within the areas of two or more local planning authorities, the date which is the last day of the period of 20 weeks beginning with the day immediately following that on which the application is first publicised in accordance with regulation 9;*
- (b) *In all other cases, the date which is the last day of the period of 13 weeks beginning with the day immediately following that on which the application is first publicised in accordance with regulation 9.*

**Determining the Application: Section 61F(5) considerations**

Legal criterion	Assessment
<p><u><i>In accordance with section 61F(5)(a), is the Forum established for the express purpose of promoting or improving promoting or improving the social, economic and environmental wellbeing?</i></u></p>	<p>The Forum was established for the express purpose of promoting or improving the social, economic and environmental wellbeing of the Roman Road Bow Neighbourhood Area. The application outlines that the Forum aims, among other things, to improve community safety and cohesion, promote civic pride in the area, improve the quality of the public realm, protect and promote heritage and conservation assets, identify areas for environmental improvement, and promote sustainable development that contributes to the health of the local economy while managing negative impacts.</p>
<p><u><i>In accordance with section 61F(5)(b), is Forum membership open to everyone who lives, works (for business carried out there or otherwise) or represents the Area as an elected member?</i></u></p>	<p>The most recent version of the Roman Road Bow Neighbourhood Forum Constitution was adopted on 31 May 2017, and states in clause 6 that membership is open to those who live in the area; business operators in the area; voluntary and community groups in the area; and elected borough council members representing the area. It should be noted that the Forum has publicised its meetings widely, including approaching local community groups and businesses, and have translated publicity information into Bangla to reach as</p>

	<p>wide a range of the local community as possible.</p> <p>Officers are therefore satisfied that the constitution is in conformity with 61F(5)(b).</p>
<p><u>In accordance with 61F(5)(c), does the Forum have a membership which includes a minimum of 21 people, each of whom lives, works or represents the Area as an elected member?</u></p>	<p>The Forum has provided a sample of 21 members on the application form who represent different interests within the area, including local residents, business owners, local 6<sup>th</sup> formers, a ward councillor, and representatives from community organisations.</p>
<p><u>In accordance with 61F(5)(d), does the Forum have a written constitution?</u></p>	<p>The most recent version of the Forum's constitution dates from May 2017, and is accompanied by a set of standing orders that provide guidance on the application of the constitution. There are no requirements in the legislation for the constitution to contain particular items, other than for membership to be open to those who live, work, carry out business, or are elected representatives of the area, and this requirement has been met, but the forum goes beyond this minimum requirement, setting out the roles of executive members, and how the Forum will carry out annual general meetings.</p> <p>While the Forum has not updated their constitution since 2017, it should be noted that, following the refusal of their previous application, they have expanded their membership and changed the makeup of the executive committee in response to the reason for refusal.</p>
<p><u>In accordance with 61F(5)(e), does the Forum meet other conditions as may be prescribed?</u></p>	<p>No other legislative or regulatory conditions have been prescribed and as such there are no matters for consideration as part of this application.</p>

	The application also includes details of engagement efforts over the course of its plan-making process in accordance with the guidance on the Council's application form.
<u>In accordance with 61F(6) does the Forum meet other prescribed conditions?</u>	The Secretary of State has not prescribed any conditions in the 2012 Regulations.

6.9.

### Determining the Application: Section 61F(7) considerations

Legal criterion	Assessment
<u>In accordance with 61F(7)(a)(i) does the Forum secure or take reasonable attempts to secure at least one individual who lives in the area, works in the area or is an elected member of the representing the area?</u>	The Forum has secured membership of at least one individual who lives in the area, works in the area or is an elected member of the representing the area. Forum membership includes residents, local business owners, local 6 <sup>th</sup> formers, local community organisation representatives and an elected Tower Hamlets Councillor.
<u>In accordance with 61F(7)(a)(ii), does the Forum's membership draw from different places in the area and different sections of the community?</u>	The Forum has made concerted efforts to widen their membership since the refusal of their previous application, and these efforts have been successful in attracting and wider range of members and changing their executive committee.
<u>In accordance with 61F(7)(a)(iii), does the Forum's purpose reflect the character of the Area?</u>	The objectives of the Forum are stated in clause 3 of the constitution, and include supporting local businesses and traders; improving the public realm, green and open spaces, and underused space; increasing community capacity infrastructure; working towards a safer and cleaner neighbourhood; improving connectivity and accessibility of movement into and around the area; ensuring development supports and enriches our community and high street; and protecting the area's heritage and

	celebrating our diverse identities and cultures.
<u><i>In accordance with 61F(7)(b) will designation result in only one organisation or body as Neighbourhood Forum for each Neighbourhood Area?</i></u>	Yes. The application is for the renewal of the existing designation of the neighbourhood forum for the Roman Road Bow Neighbourhood Planning Area. Following designation, there will still only be one designated neighbourhood forum for this area.
<u><i>In accordance with 61F(7)(c) will designation of an organisation or body as a Neighbourhood Forum only occur where an organisation or body has made an application to be designated?</i></u>	Yes. The Forum made an application for designation on 5 April 2024.
<u><i>In accordance with 61F(7)(d) will reasons be given to an organisation or body applying to be designated as a Neighbourhood Forum where the authority refuse the applications?</i></u>	This section is not relevant, as the report recommends approval.

## Conclusions

- 6.10. Officers are satisfied that the application for the renewal of the Roman Road Bow Neighbourhood Forum designation meets the conditions and provisions within section 61F of the TCPA 1990 and the 2012 Regulations.

## 7. EQUALITIES IMPLICATIONS

- 7.1. Officers have used the Council's Equality Impact Assessment Screening tool to consider impacts on people with the protected characteristics outlined in the Equalities Act 2010 (Appendix 6). It is considered that the proposals in this report do not have any adverse effects on people who share the protected characteristics and no further action is required at this stage.

## 8. OTHER STATUTORY IMPLICATIONS

- 8.1. 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.

8.2. Best Value Implications: During the determination of the submission the Council has worked with the Roman Road Bow Neighbourhood Forum where appropriate, and in line with our neighbourhood planning guidance, having regard to economy, efficiency, and effectiveness, and in conformity with the statutory requirements as detailed in the relevant legislation.

8.3. Consultations: See paragraphs 6.5-6.8 above.

8.4. Other implications: determining neighbourhood forum applications does not have any discernible implications on environmental issues, risk management, crime reduction, or safeguarding.

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

9.1. There are no financial implications emanating from this report which seeks support for the re-designation of the Roman Road Bow Neighbourhood Forum as the designated neighbourhood forum for the Roman Road Bow Neighbourhood Planning Area as it meets the conditions and provisions within section 61F of the TCPA 1990 and the 2012 Regulations

9.2. Any costs associated with the consultation process and assessment of the application are deemed immaterial and will be met from within existing revenue budget provision.

9.3. There is no Parish Council in place for the Roman Road Bow area. As a result, the CIL regulations 2010 allow the Council to retain any CIL income collected from this area but it must reinvest 25% of this income back into the local community. Should the application be accepted then this will need to be considered when using this CIL funding.

## **10. COMMENTS OF LEGAL SERVICES**

10.1. All functions of an authority are executive functions unless they are specified as not in either the Local Government Act 2000 Act or the Local Authorities (Functions and Responsibilities) (England) Regulations 2000 (as amended).

10.2. The decision on designating a Neighbourhood Forum is not a specified function and is therefore a decision for the Executive. The Executive is also authorised to consider the proposed recommendations in this report as they comprise a 'Key Decision' as defined in the Council's Constitution.

10.3. The Roman Road Bow Neighbourhood Forum is likely to have a significant effect on communities living or working within the Roman Road Bow Neighbourhood Planning Area given that the Neighbourhood Forum was



established for the express purpose of promoting or improving the social, economic and environmental wellbeing of the Roman Road Bow Neighbourhood Area. The Forum aims among other things, to improve community safety and cohesion, promote civic pride in the area, improve the functionality of the public realm, protect and promote heritage and conservation assets, identify areas for environmental improvement, and promote sustainable development that contributes to the health of the local economy while managing negative impacts.

- 10.4. The legislative framework for the designation of neighbourhood forums by the Council and their operative measures are set out in detail in this report and are contained in the Town and County Planning Act 1990 (as amended) ('TCPA 1990') and the Neighbourhood Planning (General) Regulations 2012(as amended) ('the 2012 Regulations'). The Government's Planning Practice Guidance ("PPG") on Neighbourhood Planning (Ref ID: 41-021-20140306) also provides guidance on the determination of such applications, which states that the role of the Local Planning Authority (LPA) is to take decisions at key stages in the neighbourhood planning process.
- 10.5. Section 61(F)(5) to (7) of the TCPA 1990 sets out the conditions that must be satisfied before a local authority may designate an organisation or body as a neighbourhood forum. This report provides a comprehensive assessment of the Roman Road Bow Neighbourhood Forum's application for re-designation as a neighbourhood forum and concludes that the conditions set out in this section of the TCPA 1990 satisfied in recommending Cabinet to approve the same provisionally, pending a final report on the results of the public consultation.
- 10.6. Regulation 9 of the 2012 Regulations requires the Council to publicise valid neighbourhood forum applications in the areas where they are proposed to operate and invite public representations for a minimum 6 week period.
- 10.7. The 2012 Regulations were amended by the Neighbourhood Planning (General) and Development Management Procedure (Amendment) Regulations 2016. Under regulation 9A(2)(b) of the amended 2012 Regulations, the Council must make a decision on applications for neighbourhood forum designations within 13 weeks of starting a consultation on the application.
- 10.8. The Equality impacts of the proposed measure to redesignate the Roman Road Bow Neighbourhood Forum is set out in the Report. It is considered that the proposed recommendations do not have any adverse effects on people with protected characteristics and no further action is required at this stage. Members must have regard to these equality impacts when reaching a decision.

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

### **Linked Report**

- None

**Appendices**

- Appendix 1: Roman Road Bow Neighbourhood Forum Application Form
- Appendix 2: Roman Road Bow Neighbourhood Area Map
- Appendix 3: Roman Road Bow Neighbourhood Forum Constitution
- Appendix 4: Equalities Impact Assessment Screening

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

- NONE

**Officer contact details for documents:**

Marc Acton Fillion

[Marc.actonfiliation@towerhamlets.gov.uk](mailto:Marc.actonfiliation@towerhamlets.gov.uk)

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# Neighbourhood Planning Forum Application Form



This form should be completed electronically.

## Important Information:

This application form should be completed using the information provided in the Tower Hamlets [Neighbourhood Planning Guidance Note Stage 1](#).

In order to increase the speed and ease of decision making, and to make the process more manageable for prospective Forums, the Council strongly suggests that this application should be completed and submitted after a Neighbourhood Area application. Once the Neighbourhood Area has been formally designated, a Neighbourhood Forum application can be submitted.

The Council wants to ensure that your applications are approved in a smooth and timely manner. In order to support this process, we encourage interested groups to meet and begin discussions with the Plan Making Team, well in advance of submitting an application.

This meeting will provide advice and guidance on key considerations, which will help to ensure that the Area and Forum, as applied for can be designated without delays.

Email [neighbourhoodplanning@towerhamlets.gov.uk](mailto:neighbourhoodplanning@towerhamlets.gov.uk) or call 020 7364 5009 to set up the meeting.

## Contact information

### Forum name

Roman Road Bow Neighbourhood Forum (This application is a draft)

### Contact details of the Forum (complete as relevant)

Email address	forum@romanroadbowneighbourhoodplan.org
Website address	http://romanroadbowneighbourhoodplan.org
Facebook page	https://www.facebook.com/groups/romanroadbowneighbourhoodforum
Twitter account	https://twitter.com/RomanRdBowForum
Other	Click here to enter text.

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### Contact details of one Forum member

Name	Mike Mitchell
Email	mike.mitch.home@gmail.com
Address	37 Athelstane Grove

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	Bow
Postcode	E3 5JG
Telephone	07577858852

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Contact details of an additional Forum member (optional)	
Name	Click here to enter text.
Email	Click here to enter text.
Address	Click here to enter text.
	Click here to enter text.
Postcode	Click here to enter text.
Telephone	Click here to enter text.

## Neighbourhood Planning Forum application information

Public information

This section needs to be completed to ensure the Council has the information needed to determine whether the Forum meets the **four conditions** stated in the Localism Act. The four conditions are numbered below.

<b>1</b>	<b>The Forum is established to promote or improve the social, economic and environmental well-being of its neighbourhood.</b>
<b>1a. How will the Forum seek to promote or improve the Neighbourhood Planning Area in terms of its social, economic and environmental well-being?</b>	
Social well-being	The neighbourhood plan seeks to promote a resilient and well-networked community infrastructure across Bow, and high-quality, affordable, low carbon housing. It also promotes safer walking and cycling, local green spaces to enjoy, and beautiful public spaces.
Economic well-being	The Forum supports a thriving high street and local economy and a joined up approach to helping people into work. It encourages the flexible use of premises and long-term investment to improve the long-term prospects of local businesses and of the Roman Road and its street market.
Environmental well-bring	We value our local heritage and seek to bring new life to this through initiatives which include designating local green spaces, conserving and enhancing Bow Wharf, designating public houses as heritage assets, improving safe walking and cycling routes and championing beautiful public spaces.

**1b. How will the Forum embed the Council’s guidance and aspirations within the Community Plan, Single Equality Framework, Core Strategy, and Managing Development Document into their activities?**

<p>Community Plan and Single Equality Framework</p>	<p>The neighbourhood plan seeks to build on the themes of the Community Plan</p> <ul style="list-style-type: none"> <li>● A Great Place To Live</li> <li>● A Prosperous Community</li> <li>● A Safe And Supportive Community</li> <li>● A Healthy Community.</li> </ul> <p>It supports the Single Equality Framework by advocating a sustained cross-departmental approach by the Council, linking economic development, regeneration and environmental improvements and partnerships in Bow across public, private and voluntary sectors. This is aimed at facilitating inclusive growth and economic and community development.</p> <p>The Forum is currently supporting the new public health Initiative, Communities Keeping Well, in the Old Ford area. This involves the Forum collaborating with a wide range of workers, including GPs and social prescribers, and workers across the voluntary sector.</p> <p>The Forum is also engaging with the Canal and River Trust and local individuals and groups wishing to see the former Growing Concerns site at 2 Wick Lane bought back into productive use. We will be involved in future with the further development of Bow Wharf.</p> <p>Regarding housing and community spaces, the Forum is supporting the local community to have a voice over the community Centre which will replace Caxton Hall, and the future of the Clare House site in Old Ford.</p>
<p>Core Strategy &amp; Managing Development Document</p>	<p>All the policies of the neighbourhood plan are aligned with strategic planning policies at national, London and local level, and evidence for this is contained within each policy theme of the neighbourhood plan.</p>

**1c. How will the Forum envisage engaging with other local forums and groups? (for example, has a Memorandum of Understanding, which could provide the basis for joint working agreements with other local forums/groups been explored?)**

We have kept informed our local councillors, schools, GP practices, community groups, faith groups (Muslim, Sikh, Hindu and Christian), as well as local businesses and market traders. We have involved students from Mulberry UTC in a joint activity day with the Roman Road Trust, and have invited 6<sup>th</sup> form students from Central Foundation Girls School to join the Forum. We have liaised with Queen Mary College over plans for their new School of Business and Management, now under construction.

The neighbourhood plan also includes an aspiration for improved partnership working across all sectors. We have had contact with other existing or prospective forums at different points in the plan-making process, and with the London-wide network of forums.

**2** The Forum’s membership is open to everyone who lives in, works in or represents the area as an elected member.

**2a. How have the Forum taken steps to promote the opportunity to be involved in the Forum and engage with local people prior to submitting this application? This may include evidence of discussions, meetings and consultations.**

We have reached out to the diverse communities of Bow in various ways during the plan-making process and subsequently through monitoring use of the adopted plan. Our engagement strategy and methods used are detailed in our consultation statement. Methods included: area-wide public meetings, smaller sub-area events, numerous visits to local groups, initiatives involving hard to reach groups, workshops in a local primary school, online Placecheck app, leaflet distribution, consultation with local businesses through Q Consult at Queen Mary University.

In 2023 we held two public meetings in the Bow Idea Store, one to publicise the Forum and seek to strengthen its diversity, and the second our Annual general Meeting, which saw new committee members appointed from a range of heritages. We have actively reached out to local Asian businesses and community groups, and translated notices into Bangla.

**3** The Forum’s membership includes a minimum of 21 people, each of whom lives in, works in or represents the area as an elected member.

**3b. Does it have a membership of at least 21 people?**

Yes  No

**3b. How have the Forum secured (or taken reasonable steps to attempt to secure) at least one person from those who live in, work in or represent the area as an elected member in its membership? This may include evidence of discussions, meetings and consultations.**

We have sought to keep our local community informed, including local councillors, through visits, newsletters, events and email. Local councillors have attended Forum Annual General Meetings. Below are the details of a few of our members, but the post codes of over 340 members are provided from across the plan area in a separate Word document accompanying our application.

**3c. Do members come from different places within the neighbourhood and do they reflect the diversity of the people within the neighbourhood? Please provide the name, postcode and interests & relevant background of each member.**

#	Name	Postcode	Interests & relevant background
1	Annika Ramos	E3 2JD	Local resident and Media Officer on the Forum committee

2	David Burbidge	E3 5PN	Chair of Health Watch for 14 years, Old Ford resident, Forum committee member – Community Health Champion
3	Dr. Isabel Hodkinson	E3 5JD	Principal clinical lead for integration, Tower Hamlets Together PCN Clinical Director, Bow Health Network
4	Seth Pimlott	E3 5DZ	Artist and Curator Social Practice, Chisenhale Gallery, local resident and Forum committee member – Arts and Culture Champion
5	Shafiq Pandor	E3 2ER	Local resident and member of Forum committee – expert on transport and energy
6	Paul Ash	E3 2DS	Local resident, and Secretary on the Forum committee
7	Mohammad Mamum	E3 5ES	Al-Mamum travel business, Roman Road
8	Tamara Barklem	E3 5AL	Local resident and parent, active in local community
9	Kamran Saeed	E3 2RN	Director, New Smart and Stylish Barbers, Roman Road.
10	April Keech	E3 5JL	Worked and lived locally for the last 14 years; hopes local residents and those whose lives are affected by Council decisions will have a voice about those decisions.
11	Chrissy Nallaiah	E3 2SR	Local resident
12	Justine Seager	E3 2QA	Local resident; a planning and active travel consultant heavily involved with local plans, local development, regeneration and place making.
13	John White	E3 5AX	Lived in Bow West since 1990, worked in borough for many years; currently the Chair of Friends of Mile End Park.
14	Kibria Gulam	E3 5ES	Bengal Sweets business owner, Roman Road
15	Aniqa Islam	E3 2AE	6 <sup>th</sup> Former, Central Foundation Girls' School
16	Shola Ogunlade	E3 5JL	Volunteer at St. Paul Old Ford and works as social worker in Tower Hamlets.
17	Kate Gould	E3 5HU	Resident in Bow East since 2003; Property lawyer working with London Community Land Trust since 2014 for permanently affordable homes in Tower hamlets and across London.
18	Sanni Ami	E3 2EU	Garden Green Café owner, Tredegar Road
19	Victoria O'Sullivan	E3 4QU	Moved to Bow in 2014 – love the area, the architecture and the history
20	Pamela Menzies Banton	E3 2GJ	Bow resident since 2002. I work for a local charity in Tower Hamlets. I have volunteered at local covid-19 vaccine clinics and local foodbank.
21	Mike Mitchell	E3 5JG	Long-term resident of Bow, Forum Treasurer and committee member since 2016
22	Georgina Talbot	E3 2QA	Local resident for 13 years



## Details of Forum Committee Members

Annika Ramos E3 2JD

Graduate of QMU, Local resident and Forum committee member  
Equality and Inclusion Officer

David Burbidge E3 5PN

Chair of Health Watch for 14 years, Old Ford resident, Forum committee member.  
Special concern for health. Stood down in July 2024

Seth Pimlott E3 5DZ

Artist and Curator Social Practice, Chisenhale Gallery, local resident and Forum committee member  
Special concern for young people and mental health

Shafiq Pandor E3 2ER

Local resident and member of Forum committee  
Special knowledge of transport issues

Paul Ash E3 2DS

Local resident, and member of the Forum committee Secretary and Social Value Officer

John White E3 5AX

Lived in Bow West since 1990, worked in the borough for many years. Currently the Chair of Friends of Mile End Park. Particular knowledge of and concern for local planning issues  
Elected to committee at AGM in July 2024

Mike Mitchell E3 5JG

Long-term resident of Bow, retired social worker with over 40 years' experience of the voluntary sector in Tower Hamlets. Forum committee member since 2016 and current treasurer

<b>4</b>	<b>The Forum has a written constitution.</b>
<b>4a. Has the Forum completed and attached a written constitution?</b>	
Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b>4b. Has the written constitution been developed in a correct and proper manner? (in accordance with Locality Guidance)</b>	

The constitution was the subject of a public meeting to discuss the content of this key document.

<b>Meeting Log: Please provide dates of your meetings with the Plan Making Team</b>	We established early contact with the plan making team and have liaised with the team throughout the Forum's life. We have had various meetings with planners in this team. From 2016 we met with Ellie Kuper-Thomas and focused on the original designation of the area and forum. This was followed with meetings with Steven Heywood over policy content and the submission of evidence required for the neighbourhood plan. We also met with the plan making team for a consultation meeting over Neighbourhood Community Infrastructure Levy. We met with Jennifer Peters on 12 July 2023 and Tom Walsh on 2nd October 2023, and 20th February and 28 <sup>th</sup> March 2024 to discuss the future of the Forum and steps to strengthen the diversity of the Forum.
<b>Applicant name</b>	Mike Mitchell
<b>Date</b>	5 <sup>th</sup> April 2024

*Please note: Forums will be required to inform the Council of any change to the original content and intentions detailed in its application form. Specifically, any change to the membership of the Forum and written constitution will require the Forum to immediately notify the Council of these changes, in writing to the neighbourhood planning email address.*

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Roman Road Bow Amended Neighbourhood Planning Area

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# CONSTITUTION

## ROMAN ROAD BOW NEIGHBOURHOOD FORUM

### **1.NAME**

Roman Road Bow Neighbourhood Forum referred to elsewhere in this Constitution as “RRBNF”, is the name of our neighbourhood forum as defined in the Town and Country Planning Act 1990, as amended by the Localism Act 2011.

### **2.NEIGHBOURHOOD AREA**

The RRBNF neighbourhood area is shown on the attached map, referred to elsewhere in this constitution as the neighbourhood area. The RRBNF neighbourhood area falls within the boundaries of the London Borough of Tower Hamlets.

### **3.PURPOSE and OBJECTIVES**

The purpose of RRBNF is to promote and improve the social, economic and environmental well-being of its residents and businesses. We will do this by creating a cohesive community built around a flourishing high street and by specifically:

1. **Supporting** our local businesses and traders.
2. **Improving** our public realm, green and open spaces, and underused space.
3. **Increasing** community capacity infrastructure.
4. **Working towards** a safer and cleaner neighbourhood.
5. **Improving** connectivity and accessibility of movement into and around the area.
6. **Ensuring** development supports and enriches our community and high street.
7. **Protecting** the area’s heritage and celebrating our diverse identities and cultures.

### **4.POWERS**

In furtherance of these overarching objectives the Forum Committee of RRBNF may exercise the power to:

- Invite and receive contributions and raise funds where appropriate, to finance its work and to open a bank account to manage such funds.
- Set up working groups with terms of reference to undertake tasks in furtherance of its objectives. All such working groups must include at least one management committee member.



- Publicise and promote the work of RRBNF and organise meetings, training courses, events or seminars relevant to its work.
- Work with groups of complementary nature and exchange information, advice and knowledge with them: including cooperation with other voluntary bodies; charities; statutory, and non-statutory organisations who want to affiliate with RRBNF; and elected members.
- Employ staff (who shall not be members of the Management Committee) as necessary to conduct activities that meet the objectives of RRBNF.
- Take any lawful form of action which is necessary to achieve the overarching objectives of RRBNF, including taking out any contracts agreed by the Management Committee; for instance the acquisition of premises either short or long term.

## **5.AFFILIATIONS**

The Forum shall not be affiliated to any political party.

## **6.MEMBERSHIP**

Membership is open to all people aged 16 years and over who meet any one of the following criteria:

- Membership is open to all who live or work in the neighbourhood area.
- Membership is open to all business operators in the neighbourhood area – Business operators may nominate up to two people in their membership application, but they may only exercise one voting right at General and Annual General Meetings.
- Membership is open to all constituted voluntary, community and statutory groups which operate in the neighbourhood area. Voluntary, community and statutory groups may nominate up to two people in their membership application, but they may only exercise one voting right at General and Annual General Meetings.
- Membership is open to elected London Borough Council members who represent wards in the neighbourhood area.

The Forum Committee members shall be drawn from different places in the neighbourhood area and different sections of the community. RRBNF shall have a minimum of 21 (twenty one) members, and the Forum Secretary shall maintain a register of members at all times and make it available to any RRBNF member or the public who requests it. Members will apply for membership and the Forum Committee shall have the power to accept members. Members of the Forum must be 16 (sixteen) years of age and over.

Any RRBNF member may resign from membership by providing the Forum Committee Secretary with written notice.

The Forum Committee may refuse membership or may terminate or suspend the membership of any member by resolution passed at a Forum Committee meeting where it is considered membership would be detrimental to RRBNF's objectives and activities.

## **7. FORUM COMMITTEE**

The RRBNF Committee shall be elected at the RRBNF Annual General Meeting and shall consist of a minimum of 5 (five) members up to a maximum of 15 (fifteen). The quorum for the Committee will be 5 members.

RRBNF will elect the following officers of the Forum from its membership: Chair, Deputy Chair, Secretary, Treasurer and Media Officer and any other role that is deemed necessary. The general term of Office is 1 year.

The Chair of the Forum Committee shall be responsible for:

- Calling and chairing meetings of the RRBNF Committee, General Meetings and Annual General meetings of the RRBNF membership (unless specifically delegated to another Forum Committee member in writing).
- Exercising a casting vote on elections and resolutions at meetings of the Forum and its Committee.
- Taking decisions on day-to-day matters between meetings of the Forum Committee after electronic consulting with other committee members.

The Deputy Chair shall be responsible for:

- Standing in for the Chair during any period of absence of the Chair due to holidays, illness or time away for personal reasons.

The Treasurer shall be responsible for:

- Establishing a RRBNF bank account and acting as a joint signatory on the account with one or more other member of the Forum Committee.  
Maintaining the RRBNF financial records.
- Setting out a draft budget in the first year, and ensuring that RRBNF stays within its budget.
- Preparing and presenting an annual budget, at the RRBNF Annual General Meeting • Submitting a detailed summary of all the RRBNF received and spent at every Committee meeting.

The Secretary shall be responsible for:

- Organising all RRBNF meeting dates, times and venues.
- Taking and circulating the minutes of all RRBNF meetings - making them available to all members.
- Keeping a copy of the RRBNF Constitution for inspection by members of the public and RRBNF members.
- Keeping a register of committee members' interests which might be deemed to influence decisions on matters likely to come to the committee

The Media Officer shall be responsible for:

- Maintaining and updating the RRBNF website
- Preparing and presenting draft materials for the promotion of RRBNF through its organised events and activities, and for promotion in the neighbourhood area e.g. posters and leaflets.



- Actively encouraging promoting and advertising RRBNF via social media e.g. Twitter and Facebook.

The Membership Officer shall be responsible for

- Maintaining a register of RRBNF members
- Promoting membership of the Forum within the neighbourhood area
- Being the first point of contact over issues concerning membership

All decisions at RRBNF meetings shall be made on a show of hands of members who are entitled to vote at the meeting.

a) General meetings

General Meetings of RRBNF members shall take place at least twice a year. Notice and an agenda for a RRBNF General Meeting to RRBNF members shall be 14 (fourteen) days. The quorum required for a General Meeting to conduct business shall be 5 (five) RRBNF members.

The Secretary will make minutes of the General and Committee meetings available to members of the Forum within two weeks of the meeting unless impracticable. Organisations which are affiliated to RRBNF will be encouraged to communicate such information to their membership.

b) Annual General Meetings/Special Meetings

An Annual General Meeting of RRBNF members shall take place once in every calendar year. Notice and an agenda for an Annual General Meeting to RRBNF members shall be 21 (twenty-one) days. The quorum required for an Annual General Meeting to conduct business shall be 12 (twelve) RRBNF Members.

The Annual General meeting shall:

- Elect the RRBNF Committee.
- Receive a report from the Forum Committee of the RRBNF activities that have taken place in that year.
- Receive a Financial report and statement from the Treasurer

Elections to the Forum Committee shall take place as follows:

- RRBNF members shall notify the RRBNF Secretary of their intention to stand for a place on the Forum Committee in writing and at least 7 (seven) days before the Annual General Meeting takes place.
- At the Annual General Meeting elections shall be held on the basis of a show of hands for each candidate.
- Special Meetings may be called from time to time by the Forum Committee to consider amendments to the constitution or dissolution of the Forum. These shall be subject to the same notice and quorum as Annual General Meeting.

The Committee may co-opt up to three additional members to the Committee in any year, and may also co-opt an appropriate replacement for any Committee Member who stands down for any reason during the year. Co-opted members will have the same voting rights as other Committee members. A co-opted member may be elected as an officer. The Committee may remove from the Committee any member

who fails to attend two consecutive meetings of the Committee without good reason.

## **8.ROMAN ROAD BOW NEIGHBOURHOOD FORUM FINANCES**

Any money acquired by RRBNF including donations, contributions and bequests, shall be paid into an account operated by the Forum Committee in the name of RRBNF. All funds must be applied to the RRBNF objectives and for no other purpose. Any deeds, cheques etc. relating to RRBNF's bank account shall be signed by at least 2 (two) Management Committee members, 1 (one) of whom must be the Treasurer. Any income/expenditure shall be the responsibility of the Treasurer who will be accountable to ensure funds are utilised effectively and that the Forum stays within its budget. Official accounts shall be maintained and will be examined annually by an independent accountant who is not a member of the RRBNF. An annual financial report shall be presented by the Treasurer at the RRBNF Annual General Meeting.

## **9.DECLARATION OF INTERESTS**

The Secretary will keep a Register of Committee members' Interests detailing financial interests in the neighbourhood area or any other interest which could be deemed to have an influence on decisions likely to come before the Forum Committee. Members will abstain from voting on any matter in which they have a financial interest.

Any participant in any meeting of the Forum, including committees, sub-committees and working parties, will disclose to the meeting any financial interest s/he has in any topic under discussion, and will not discuss or vote on such topic except with the express approval of the meeting.

## **10. AMENDMENTS TO THE CONSTITUTION**

Any changes to this constitution must be agreed by a majority vote at a special general meeting, called specifically for the purpose under the same conditions that apply to Annual General Meetings specified above, with the exception that such a vote will only be carried if supported by 75% or more of those voting.

Proposed amendments to this Constitution of RRBNF must be conveyed to the Secretary formally in writing. The RRBNF Secretary and other RRBNF officers shall then decide whether to put the proposed amendments to a RRBNF special general meeting for discussion and decision

## **11. DISSOLUTION**

RRBNF may be dissolved if deemed necessary by the members in a majority vote at a special meeting, with the exception that such a vote will only be carried if supported by 75% or more of those voting.

Any assets or remaining funds after debts have been paid shall subject to the agreement of the Members at a General Meeting, be allocated to one or more nominated organisations set up to continue the work of RRBNF or in the absence of any such organisation and subject to any statutory regulations, be distributed equally



to the constituent local organisations who are its members (but not to individual members).

In accordance with the Localism Act, a formal review of the functions and achievements of RRBNF will be carried out five years after its formation. Following such review, and consultation with its members, RRBNF will decide to continue, amend or dissolve itself as considered appropriate.

This constitution was adopted at the General Meeting of the Roman Road Bow Neighbourhood Forum held at

**Location:** Interact Hub

**Date:** 31<sup>st</sup> May 2017

**Signed by (PRINTED)** Tabitha Stapely

**Signed by (SIGNATURE)** \_\_\_\_\_

**Forum Role:** Steering Committee Member

# Equality Impact Analysis Screening Tool

## Section 1: Background information

Name of completing officer	Date of screening
Marc Acton Fillion	18/09/2024
Service area and Directorate responsible	
Strategic Planning, Housing and Regeneration Directorate	
Approved by (Director / Head of Service)	Date of approval
	Click or tap to enter a date.

The Equality Act 2010 places a 'General Duty' on all public bodies to have 'due regard' to:

- Eliminating discrimination, harassment and victimisation and any other conduct prohibited under the Act
- Advancing equality of opportunity between those with 'protected characteristics' and those without them
- Fostering good relations between those with 'protected characteristics' and those without them

This Equality Impact Analysis provides evidence for meeting the Council's commitment to equality and the responsibilities outlined above. For more information about the Council's commitment to equality, please visit the Council's [website](#).

## Section 2: Summary of proposal being screened

For the purpose of this document, 'proposal' refers to a policy, function, strategy or project

Name of proposal
Roman Road Bow Neighbourhood Forum Redesignation
The aims/objectives of the proposal
The proposal is to redesignate the Roman Road Bow Neighbourhood Forum as the Neighbourhood Forum for the Roman Road Bow Neighbourhood Planning Area.

### Section 3: Equality Impact Analysis screening

Is there a risk that the policy, proposal or activity being screened disproportionately adversely impacts (directly or indirectly) on any of the groups of people listed below ?  Please consider the impact on overall communities, residents, service users and Council employees.  This should include people of different:	Yes	No	Comments
▪ <b>Sex</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The forum does not exclude members on the basis of sex.
▪ <b>Age</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The forum does not exclude members on the basis of age.
▪ <b>Race</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The forum does not exclude members on the basis of race.
▪ <b>Religion or Philosophical belief</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The forum does not exclude members on the basis of religion or philosophical belief.
▪ <b>Sexual Orientation</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

			The forum does not exclude members on the basis of sexual orientation.
<ul style="list-style-type: none"> <li>▪ <b>Gender re-assignment</b> status</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The forum does not exclude members on the basis of gender reassignment status.
<ul style="list-style-type: none"> <li>▪ People who have a <b>Disability</b> (physical, learning difficulties, mental health and medical conditions)</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The forum does not exclude people who have a disability.
<ul style="list-style-type: none"> <li>▪ <b>Marriage and Civil Partnerships</b> status</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The forum does not exclude members on the basis of marriage and civil partnership status.
<ul style="list-style-type: none"> <li>▪ People who are <b>Pregnant</b> and on <b>Maternity</b></li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The forum does not exclude people who are pregnant and on maternity.
<p>You should also consider:</p> <ul style="list-style-type: none"> <li>▪ <b>Parents and Carers</b></li> <li>▪ <b>Socio-economic</b> status</li> <li>▪ People with different <b>Gender Identities</b> e.g. Gender fluid, Non-binary etc.</li> <li>▪ Other</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	This proposal is unlikely to have any impacts on people with these characteristics.

If you have answered **Yes** to one or more of the groups of people listed above, **a full Equality Impact Analysis is required**. The only exceptions to this is if you can 'justify' the discrimination (Section 4). **If there are equality impacts on Council staff please complete the restructure equality impact analysis on the ['Organisational change process' pages of the intranet](#).**

## Section 4: Justifying discrimination

Are all risks of inequalities identified capable of being justified because there is a:	
(i) <i>Genuine Reason</i> for implementation	<input type="checkbox"/>
(ii) The activity represents a <i>Proportionate Means</i> of achieving a <i>Legitimate Council Aim</i>	<input type="checkbox"/>
(iii) There is a <i>Genuine Occupational Requirement</i> for the council to implement this activity	<input type="checkbox"/>

## Section 5: Conclusion

Before answering the next question, please note that there are generally only two reasons a full Equality Impact Analysis is not required. These are:

- The policy, activity or proposal is likely to have **no or minimal impact** on the groups listed in section three of this document.
- Any discrimination or disadvantage identified is **capable of being justified** for one or more of the reasons detailed in the previous section of this document.

### Conclusion details


Based on your screening does a full Equality Impact Analysis need to be performed?

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you have answered **YES** to this question, please complete a full Equality Impact Analysis for the proposal

If you have answered **NO** to this question, please detail your reasons in the 'Comments' box below

Comments
Given that this decision is to redesignate a forum that has previously been in place for several years, it is unlikely to give rise to any equalities impacts. The forum has not displayed any evidence of discriminatory behaviour.

<p><b>Cabinet</b></p> <p>27 November 2024</p>	 <p><b>TOWER HAMLETS</b></p>
<p><b>Report of:</b> Julie Lorraine, Corporate Director of Resources (Section 151 Officer)</p>	<p><b>Classification:</b> Unrestricted</p>
<p><b>Continuation of Business Rates Pooling</b></p>	

<b>Lead Member</b>	<b>Cllr Saied Ahmed, Cabinet Member for Resources and the Cost of Living</b>
<b>Originating Officer(s)</b>	Abdulrazak Kassim - Director of Finance, Procurement & Audit Chris Leslie – Head of Strategic and Corporate Finance
<b>Wards affected</b>	All wards
<b>Key Decision?</b>	No
<b>Reason for Key Decision</b>	n/a
<b>Forward Plan Notice Published</b>	27 September 2024
<b>Exempt information</b>	n/a
<b>Strategic Plan Priority / Outcome</b>	Investing in Public Services

**Executive Summary**

By continuing in the business rates pool in 2025/26 the Council is projected to gain £2m in additional income.

**Recommendations:**

The Mayor in Cabinet is recommended to:

1. Continue the Council’s participation in the 8 Authority Pool for Business Rates with seven other London Local Authorities for 2025-26.
2. Provide delegated authority to the Corporate Director of Resources in consultation with the Mayor and Cabinet Member for Resources and Cost of Living to agree membership of the business rates pool in future years.



## **1 REASONS FOR THE DECISIONS**

- 1.1 Through membership of the business rates pool the Council is projected to have gained £8.0m by the end of the financial year (£3.5m in 2022-23, £2.5m in 2023-24 and £2m in 2024-25). It is expected that through continued membership in 2025-26 the Council would benefit from a further £2m based on past performance, which is built into the Medium Term Financial Strategy (MTFS).
- 1.2 Each year the Government requires Local Authorities to confirm their membership of business rates pools. This report seeks approval for Tower Hamlets to continue in the 8 Authority Pool for Business Rates with seven other London Local Authorities.
- 1.3 Delegated authority is requested for the Corporate Director of Resources to agree membership to the pool in future years as the pool is of financial benefit and will allow for the most up to date financial modelling to be considered each year.

## **2 ALTERNATIVE OPTIONS**

- 2.1 The alternative is not to join the pool. As there must be geographical connections between pooling authorities there are no alternative pools to join currently. As the £2m benefit is included in the MTFS, this would result in a budget pressure next year if the Council did not join the pool.

## **3 DETAILS OF THE REPORT**

- 3.1 A business rate pool is a voluntary arrangement between a group of local authorities whereby their combined business rates income and any growth is collected as one common fund or 'pool'. The pooling process which is a statutory mechanism is based on powers conferred by Part 9 of Schedule 7B to the Local Government Finance Act 1988 (inserted by Schedule 1 to the Local Government Finance Act 2012). Broadly the Act provides a mechanism for two or more authorities to pool business rates and that pools will start in each financial year from 1 April.
- 3.2 There is a strong incentive to pool because, in many cases, authorities that pool can be better off collectively. This is because the levy rate for a pool as a whole can be lower than that for individual pool members if they remained outside the pool.
- 3.3 Members of the Pool are:
  - Barnet
  - Brent
  - City of London
  - Enfield
  - Hackney

- Haringey
- Tower Hamlets
- Waltham Forest

- 3.4 The pool uses LG Futures to support its projections and modelling. Based on past performance it is expected the Council could gain c£2m in levy payments through the pool in 2025/26, that would have been paid to central government. Savings are based on actual business rates retained at the year-end so are subject to change.
- 3.5 Each authority is required to renew their agreement to the pool every year, Given the sizeable financial incentive and benefit to date it is expected that the pool will continue, and the Council will have the option to join it again.
- 3.6 Members of the pool have until 28 days after the provisional Local Government Finance settlement to withdraw from the pool. However, a withdrawal of any single member would cause the pool to end and therefore impact on all other members.
- 3.7 Membership of the pool does not impact on the Council's decision-making abilities, and there is an administrative change where payments are made/received from the pool administrator (City of London) instead of directly to Central Government.

#### **4 EQUALITIES IMPLICATIONS**

- 4.1 There are no equality implications directly resulting 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.
  - Data Protection / Privacy Impact Assessment.
- 5.2 There are no other statutory implications contained in this report.

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

- 6.1 Continued membership of the business rates pool is projected to save the Council £2m in payments to central government, which is included in the MTFS for 2025/26.

## **7 COMMENTS OF LEGAL SERVICES**

- 7.1 The Council has the power to enter into the statutory pooling process under Part 9 of Schedule 7B to the Local Government Finance Act 1988 (inserted by Schedule 1 to the Local Government Finance Act 2012).
- 

### **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:**

Chris Leslie – Corporate Head of Financial Management