



Meeting of the

TOWER HAMLETS COUNCIL

Wednesday, 25th January 2012 at 7.30 p.m.

A G E N D A

VENUE

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

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

John S Williams, Service Head, Democratic Services
Tel: 020 7364 4204, E-mail: johns.williams@towerhamlets.gov.uk



Chief Executive's
Directorate

Democratic Services
Tower Hamlets Town Hall
Mulberry Place
5 Clove Crescent
London E14 2BG

Tel **020 7364 4204**
Fax **020 7364 3232**

www.towerhamlets.gov.uk

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

You are summoned to attend a meeting of the Council of the London Borough of Tower Hamlets to be held in **THE COUNCIL CHAMBER, 1ST FLOOR, TOWN HALL, MULBERRY PLACE, 5 CLOVE CRESCENT, LONDON, E14 2BG** at 7.30 p.m. on **WEDNESDAY, 25TH JANUARY 2012**

Aman Dalvi
Interim Chief Executive

LONDON BOROUGH OF TOWER HAMLETS

COUNCIL MEETING

WEDNESDAY, 25TH JANUARY 2012

7.30 p.m.

| | PAGE NUMBER |
|---|------------------------|
| 1. APOLOGIES FOR ABSENCE | |
| To receive any apologies for absence. | |
| 2. DECLARATIONS OF INTEREST | 1 - 2 |
| To note any declarations of interest made by Members, including those restricting Members from voting on the questions detailed in Section 106 of the Local Government Finance Act, 1992. See attached note from the Chief Executive. | |
| 3. MINUTES | 3 - 46 |
| To confirm as a correct record of the proceedings the unrestricted minutes of the meeting of the Council held on 29 th November 2011. | |
| 4. TO RECEIVE ANNOUNCEMENTS (IF ANY) FROM THE SPEAKER OF COUNCIL OR THE INTERIM CHIEF EXECUTIVE | |
| 5. TO RECEIVE PETITIONS | 47 - 48 |
| The deadline for receipt of petitions to be presented to this meeting is noon on Thursday 19 th January 2012. | |
| However, at the time of agenda despatch the maximum number of three petitions had already been received as set out in the attached report. | |
| 6. TO RECEIVE WRITTEN QUESTIONS FROM MEMBERS OF THE PUBLIC | 49 - 50 |
| The questions which have been received from members of the public to be put at this meeting are set out in the attached report. | |
| A maximum period of 20 minutes is allocated to this agenda item. | |

7. MAYOR'S REPORT

In accordance with the Council's Constitution as amended, provision is made at each ordinary Council meeting for the Elected Mayor to give a report.

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

8. TO RECEIVE WRITTEN QUESTIONS FROM MEMBERS OF THE COUNCIL **51 - 56**

The questions which have been received from Councillors to be put at this meeting are set out in the attached report.

A maximum period of 30 minutes is allocated to this agenda item.

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

9.1 Substance Misuse Strategy **57 - 164**

To adopt the Substance Misuse Strategy which sets out the Tower Hamlets Partnership approach to tackling the problems associated with drug and alcohol misuse in the borough, in accordance with the Council's obligation under section 6 of the Crime and Disorder Act 1998.

The Substance Misuse Strategy forms a part of the Council's Crime and Disorder Reduction Strategy. This is one of the plans and strategies that together make up the authority's Policy Framework and the adoption of which must be agreed by the full Council.

The proposals of the Executive for the Council's Substance Misuse Strategy are set out in the attached report.

9.2 London Local Authorities and Transport for London Act 2003 (Section 16) - report of the Cabinet Meeting on 11th January 2012 **165 - 180**

To agree the date on which section 16 of the London Local Authorities and Transport for London Act 2003 will come into operation in Tower Hamlets. Under this section of the 2003 Act, enhanced enforcement powers are available to the Council as Highway Authority, concerning vehicles driving over the footway.

The recommendations of the Cabinet Meeting on 11th January 2012 on this matter are set out in the attached report.

9.3 Proposed amendments to the Council's Constitution - report of the General Purposes Committee, 17th January 2012 **181 - 186**

The General Purposes Committee on 17th January 2012 will consider a number of proposed amendments to be Council's Constitution as set out in the attached report.

The recommendations of the General Purposes Committee in relation to the matters in the report will be circulated to Members before the Council meeting.

9.4 Recruitment of Chief Executive - update

Report of the Human Resources Committee (18th January 2012) to follow.

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

There is no business to conduct under this agenda item.

11. OTHER BUSINESS

11.1 Treasury Management Strategy Statement, Minimum Revenue Provision Policy Statement and Annual Investment Strategy 2011/12 **187 - 214**

To adopt the three strategy documents that the Council is required by the CLG/CIPFA Code of Practice to produce in connection with its treasury management arrangements. The report of the Corporate Director, Resources is attached.

12. TO CONSIDER MOTIONS SUBMITTED BY MEMBERS OF THE COUNCIL **215 - 234**

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

This page is intentionally left blank

Agenda Item 2

DECLARATIONS OF INTERESTS - NOTE FROM THE CHIEF EXECUTIVE

This note is guidance only. Members should consult the Council's Code of Conduct for further details. Note: Only Members can decide if they have an interest therefore they must make their own decision. If in doubt as to the nature of an interest it is advisable to seek advice **prior** to attending at a meeting.

Declaration of interests for Members

Where Members have a personal interest in any business of the authority as described in paragraph 4 of the Council's Code of Conduct (contained in part 5 of the Council's Constitution) then s/he must disclose this personal interest as in accordance with paragraph 5 of the Code. Members must disclose the existence and nature of the interest at the start of the meeting and certainly no later than the commencement of the item or where the interest becomes apparent.

You have a **personal interest** in any business of your authority where it relates to or is likely to affect:

- (a) An interest that you must **register**
- (b) An interest that is not on the register, but where the well-being or financial position of you, members of your family, or people with whom you have a close association, is likely to be affected by the business of your authority more than it would affect the majority of inhabitants of the ward affected by the decision.

Where a personal interest is declared a Member may stay and take part in the debate and decision on that item.

What constitutes a prejudicial interest? - Please refer to paragraph 6 of the adopted Code of Conduct.

Your personal interest will also be a prejudicial interest in a matter if (a), (b) and either (c) or (d) below apply:-

- (a) A member of the public, who knows the relevant facts, would reasonably think that your personal interests are so significant that it is likely to prejudice your judgment of the public interests; AND
- (b) The matter does not fall within one of the exempt categories of decision listed in paragraph 6.2 of the Code; AND EITHER
- (c) The matter affects your financial position or the financial interest of a body with which you are associated; or
- (d) The matter relates to the determination of a licensing or regulatory application

The key points to remember if you have a prejudicial interest in a matter being discussed at a meeting:-

- i. You must declare that you have a prejudicial interest, and the nature of that interest, as soon as that interest becomes apparent to you; and
- ii. You must leave the room for the duration of consideration and decision on the item and not seek to influence the debate or decision unless (iv) below applies; and

- iii. You must not seek to improperly influence a decision in which you have a prejudicial interest.
- iv. If Members of the public are allowed to speak or make representations at the meeting, give evidence or answer questions about the matter, by statutory right or otherwise (e.g. planning or licensing committees), you can declare your prejudicial interest but make representations. However, you must immediately leave the room once you have finished your representations and answered questions (if any). You cannot remain in the meeting or in the public gallery during the debate or decision on the matter.

LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE COUNCIL

HELD AT 8.00 P.M. ON TUESDAY, 29 NOVEMBER 2011

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

Members Present:

| | |
|--------------------------------|-------------------------------------|
| Mayor Lutfur Rahman | Councillor Denise Jones |
| Councillor Helal Abbas | Councillor Dr. Emma Jones |
| Councillor Khaled Uddin Ahmed | Councillor Aminur Khan |
| Councillor Kabir Ahmed | Councillor Anwar Khan |
| Councillor Ohid Ahmed | Councillor Rabina Khan |
| Councillor Rajib Ahmed | Councillor Rania Khan |
| Councillor Shelina Aktar | Councillor Shiria Khatun |
| Councillor Shahed Ali | Councillor Anna Lynch |
| Councillor Tim Archer | Councillor Harun Miah |
| Councillor Abdul Asad | Councillor Md. Maium Miah |
| Councillor Craig Aston | Councillor Fozol Miah |
| Councillor Lutfu Begum | Councillor Mohammed Abdul Mukit MBE |
| Councillor Mizan Chaudhury | Councillor Ahmed Adam Omer |
| Councillor Alibor Choudhury | Councillor Lesley Pavitt |
| Councillor Zara Davis | Councillor Joshua Peck |
| Councillor Stephanie Eaton | Councillor Zenith Rahman |
| Councillor David Edgar | Councillor Rachael Saunders |
| Councillor Marc Francis | Councillor David Snowdon |
| Councillor Judith Gardiner | Councillor Gloria Thienel |
| Councillor Carlo Gibbs | Councillor Bill Turner |
| Councillor Peter Golds | Councillor Kosru Uddin |
| Councillor Shafiqul Haque | Councillor Helal Uddin |
| Councillor Carli Harper-Penman | Councillor Abdal Ullah |
| Councillor Sirajul Islam | Councillor Motin Uz-Zaman |
| Councillor Ann Jackson | Councillor Amy Whitelock |

The meeting commenced at 8.05 p.m.

The Chair of Council, Councillor Mizanur Chaudhury, in the Chair

1. APOLOGIES FOR ABSENCE

Apologies for absence were received on behalf of Councillors Rofique U. Ahmed and Oliur Rahman. Apologies for lateness were received on behalf of Councillor Zara Davis.

2. DECLARATIONS OF INTEREST

Councillors made declarations of interest on items included on the agenda as follows:-

| Councillor | Item | Type of interest | Reason |
|-------------------------|-------------|-------------------------|--|
| Cllr Helal Abbas | 5.2 | Personal | The hospital concerned is in my ward |
| Cllr Helal Abbas | 8.1 | Personal | Brick Lane area is in my ward |
| Cllr Helal Abbas | 12.7 | Personal | I am a member of the GMB union and of the Local Government Pension Scheme |
| Cllr Helal Abbas | 12.9 | Personal | The hospital concerned is in my ward |
| Cllr Helal Abbas | 12.12 | Personal | I am a member of the GMB union and of the Local Government Pension Scheme |
| Cllr Helal Abbas | 12.21 | Personal | Council nominee to Tower Hamlets Community Homes which submits applications to the HCA |
| Cllr Kabir Ahmed | 12.11 | Personal | Supported the KEMP campaign |
| Cllr Khales Uddin Ahmed | 5.3 | Personal | Member of Poplar HARCA Board |
| Cllr Khales Uddin Ahmed | 12.21 | Personal | Member of Poplar HARCA Board |
| Cllr Ohid Ahmed | 12.7 | Personal | Member of a Trades Union and in the Local Government Pension Scheme |
| Cllr Ohid Ahmed | 12.12 | Personal | Member of a Trades Union and in the Local Government Pension Scheme |
| Cllr Rajib Ahmed | 5.3 | Personal | Poplar Harca Board Member |
| Cllr Rajib Ahmed | 12.2 | Personal | Deputy Chair of Council |
| Cllr Rajib Ahmed | 12.7 | Personal | Member of a Trades Union and in the Local Government Pension Scheme |
| Cllr Rajib Ahmed | 12.12 | Personal | Member of a Trades Union and in the Local Government Pension Scheme |

| | | | |
|------------------------|-------|----------|--|
| Cllr Abdul Asad | 11.1 | Personal | Member of the Local Government Pension Scheme |
| Cllr Abdul Asad | 12.7 | Personal | Member of a Trades Union and in the Local Government Pension Scheme |
| Cllr Abdul Asad | 12.12 | Personal | Member of a Trades Union and in the Local Government Pension Scheme |
| Cllr Craig Aston | 12.6 | Personal | By virtue of my employment as declared in the Register of Members Interests. |
| Cllr Mizanur Chaudhury | 12.2 | Personal | Chair of Council |
| Cllr Zara Davis | 12.7 | Personal | Member of the Local Government Pension Scheme |
| Cllr Zara Davis | 12.11 | Personal | Actively supported the Save KEMP campaign |
| Cllr Zara Davis | 12.12 | Personal | Member of the Local Government Pension Scheme and previously worked in the public sector. |
| Cllr Zara Davis | 12.17 | Personal | I am a Trustee of the Docklands Settlement which provides the site for the Canary Wharf College. |
| Cllr Stephanie Eaton | 12.6 | Personal | I am a landlord in the private rented sector. |
| Cllr David Edgar | 12.4 | Personal | A project run by the organisation I work for has been awarded a grant of £9,000 by LOCOG |
| Cllr David Edgar | 12.7 | Personal | I am a member of Unite |
| Cllr David Edgar | 12.12 | Personal | I am a member of Unite |
| Cllr Marc Francis | 12.7 | Personal | Member of a Trades Union and in the Local Government Pension Scheme |
| Cllr Marc Francis | 12.12 | Personal | Member of a Trades Union and in the Local Government Pension Scheme |
| Cllr Marc Francis | 12.21 | Personal | Independent Board Member, Old Ford Housing Association |

| | | | | |
|--------------------------|----------|-------|--------------------------|---|
| Cllr Gardiner | Judith | 12.4 | Personal | ODA Planning Committee member |
| Cllr Gardiner | Judith | 12.5 | Personal | ODA Planning Committee member |
| Cllr Gardiner | Judith | 12.7 | Personal | Member of NAPO |
| Cllr Gardiner | Judith | 12.12 | Personal | Member of NAPO |
| Cllr Carlo Gibbs | | 12.7 | Personal | I am a member of the Unite union |
| Cllr Carlo Gibbs | | 12.12 | Personal | I am a member of the Unite union |
| Cllr Carlo Gibbs | | 12.21 | Personal | Council representative on Board of Tower Hamlets Community Housing |
| Cllr Haque | Shafiqul | 12.7 | Personal | Member of GMB/Unison and of LG Pension Scheme |
| Cllr Haque | Shafiqul | 12.12 | Personal | Member of GMB/Unison and of LG Pension Scheme |
| Cllr Carli Harper-Penman | | 12.7 | Personal | Member of Unite |
| Cllr Carli Harper-Penman | | 12.12 | Personal | Member of Unite |
| Cllr Carli Harper-Penman | | 12.21 | Personal and Prejudicial | I work for a housing association with a very clear line on the issue. |
| Cllr Sirajul Islam | | 12.2 | Personal | Former member of the Constitution Working Party |
| Cllr Sirajul Islam | | 12.4 | Personal | Board member, Olympic Lottery Distributor (OLD) |
| Cllr Sirajul Islam | | 12.7 | Personal | Member of Unison union |
| Cllr Sirajul Islam | | 12.12 | Personal | Member of Unison union |
| Cllr Sirajul Islam | | 12.21 | Personal | Board member, Tower Hamlets Community Housing |
| Cllr Ann Jackson | | 12.7 | Personal | Member of trade union and of LG Pension Scheme |
| Cllr Ann Jackson | | 12.12 | Personal | Member of trade union and of LG Pension Scheme |
| Cllr Ann Jackson | | 12.13 | Personal | Family member works for provider. |
| Cllr Denise Jones | | 8.1 | Personal | I run a business in Brick Lane |
| Cllr Denise Jones | | 12.7 | Personal | Member of Unite union |
| Cllr Denise Jones | | 12.12 | Personal | Member of Unite union |
| Cllr Aminur Khan | | 12.11 | Personal | Supported KEMP campaign |
| Cllr Rabina Khan | | 5.1 | Personal | White Swan is in my ward |

| | | | |
|-----------------------|-------|----------|---|
| Cllr Rabina Khan | 5.2 | Personal | I have signed the petition |
| Cllr Rabina Khan | 12.11 | Personal | I have signed the KEMP campaign petition |
| Cllr Rania Khan | 5.1 | Personal | Supporter of Object! And CAPE |
| Cllr Rania Khan | 12.17 | Personal | Member of NUT |
| Cllr Shiria Khatun | 12.7 | Personal | Member of GMB union |
| Cllr Shiria Khatun | 12.12 | Personal | Member of GMB union |
| Cllr Anna Lynch | 5.3 | Personal | Board member, Poplar Harca |
| Cllr Anna Lynch | 6.2 | Personal | Board member, Poplar Harca |
| Cllr Anna Lynch | 12.7 | Personal | Member of Unison and in the Local Government Pension Scheme |
| Cllr Anna Lynch | 12.12 | Personal | Member of Unison and in the Local Government Pension Scheme |
| Cllr Abdul Mukit | 12.7 | Personal | Member of a Trades Union and in the Local Government Pension Scheme |
| Cllr Abdul Mukit | 12.12 | Personal | Member of a Trades Union and in the Local Government Pension Scheme |
| Cllr Ahmed Omer | 12.7 | Personal | Member of a Trades Union and in the Local Government Pension Scheme |
| Cllr Ahmed Omer | 12.12 | Personal | Member of a Trades Union and in the Local Government Pension Scheme |
| Cllr Joshua Peck | 12.4 | Personal | Employer has a contract with LOCOG |
| Cllr Joshua Peck | 12.5 | Personal | Employer has a contract with LOCOG |
| Cllr Joshua Peck | 12.7 | Personal | Member of the GMB union |
| Cllr Joshua Peck | 12.12 | Personal | Member of the GMB union |
| Cllr Rachael Saunders | 12.7 | Personal | Member of Unite union |
| Cllr Rachael Saunders | 12.12 | Personal | Member of Unite union |
| Cllr Gloria Thienel | 12.10 | Personal | East End Homes leaseholder |
| Cllr Bill Turner | 12.7 | Personal | Current member of Unison and have been office holder/delegate. Member of the Local Government |

| | | | |
|---------------------|-------|----------|--|
| | | | Pension Scheme |
| Cllr Bill Turner | 12.12 | Personal | Current member of Unison and have been office holder/delegate. Member of the Local Government Pension Scheme |
| Cllr Bill Turner | 12.17 | Personal | Governor of Morpeth School |
| Cllr Helal Uddin | 5.3 | Personal | Employer works closely with Poplar Harca |
| Cllr Helal Uddin | 12.7 | Personal | Member of the GMB union |
| Cllr Helal Uddin | 12.10 | Personal | Board member of East End Homes |
| Cllr Helal Uddin | 12.12 | Personal | Member of the GMB union |
| Cllr Abdal Ullah | 12.7 | Personal | Member of GMB union |
| Cllr Abdal Ullah | 12.12 | Personal | Member of GMB union |
| Cllr Kosru Uddin | 12.19 | Personal | Employed by DWP |
| Cllr Amy Whitelock | 12.7 | Personal | I am a member of the Unite union |
| Cllr Amy Whitelock | 12.12 | Personal | I am a member of the Unite union |
| Cllr Amy Whitelock | 12.15 | Personal | Tower Hamlets Homes board member |
| Cllr Motin Uz-Zaman | 12.7 | Personal | Union member |
| Cllr Motin Uz-Zaman | 12.10 | Personal | Council representative on East End Homes Board |
| Cllr Motin Uz-Zaman | 12.12 | Personal | Union member |

3. MINUTES

Councillor Joshua Peck referred to the question set out as item 6.2 (page 8 of the minutes) and pointed out that Rushanara Ali MP and John Biggs (Labour Member of the London Assembly), together with Labour Councillors had attended the event opposing the EDL march.

Councillor Peter Golds drew attention to the response given by Councillor Alibor Choudhury to Councillor Zara Davis' question 8.6 (page 15 of the minutes). Councillor Choudhury had stated that he did not have evidence of Councillor Davis' assertion that the THEOs were on a rest day at the time of the disturbances and would not have been deployed anyway as the situation was too dangerous. However, Councillor Golds wished it recorded that Councillor Davis had received a response to a Member's Enquiry that confirmed this was the case and that she had provided this information to Councillor Choudhury.

Councillor Stephanie Eaton requested that the minutes be amended to reflect the fact that her question 8.22 (page 25 of the minutes) should have referred to “Step Free Access”, rather than “Step 3 Access”.

RESOLVED

That subject to the above amendments, the minutes of the ordinary meeting of the Council meeting held on 21st September 2011 be confirmed as a correct record of the proceedings and the Chair of Council be authorised to sign them accordingly.

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

No announcements were made at the meeting.

5. TO RECEIVE PETITIONS

5.1 Petition on behalf of the White Swan, Commercial Road, E1 regarding the Sex Establishments Policy

Mr Daryl Stafford and Mr Barry Kirk addressed the meeting on behalf of the petitioners and responded to questions from Members.

Councillor Rania Khan, Cabinet Member for Culture, then responded to the issues raised.

The Council was part way through the analysis and evaluation of the consultation on the draft Sex Establishments Policy. There had been a record number of responses and it was clear that residents felt strongly about the matter. A consultation meeting had been held with Rainbow Hamlets and many of the issues raised in the petition had been brought to the Council's attention. These would be given due consideration and the Council would ensure that the policy was not discriminatory.

RESOLVED

That the petition be referred to the Corporate Director, Communities, Localities and Culture for a written response on any outstanding matters within 28 days.

5.2 Petition from Ms Brenda Daily, Mr Tom Ridge and others regarding the “Save Mother Levy’s” campaign

Ms Brenda Daily and Mr Tom Ridge addressed the meeting on behalf of the petitioners and responded to questions from Members.

Councillor Rabina Khan, Cabinet Member for Housing, then responded to the issues raised.

She shared the concerns of those who wanted to save the most important elements of the former Jewish Maternity Hospital. The decision to sell the site was taken by the previous administration. Unfortunately, as the building was not listed or in a Conservation Area, the Council could not prevent its demolition. However Councillor Khan was fully supportive of the campaign to save the buildings and had written to Peabody in this regard. In the event that this was not possible, Councillor Khan was also working on a number of initiatives to preserve its legacy.

RESOLVED

That the petition be referred to the Corporate Director, Development and Renewal for a written response on any outstanding matters within 28 days.

Change to Order of Business

Councillor Motin Uz-Zaman **MOVED**, and Councillor Joshua Peck **SECONDED**, a procedural motion – “That under procedural Rule 14.1.3 the order of business be varied to allow motion 12.9 to be considered as next business.”

The procedural motion was put to the vote and was **agreed**.

12.9 Former Jewish Maternity Hospital

Councillor Judith Gardiner moved, and Councillor Helal Uddin seconded, the motion as printed in the agenda.

Following debate, the motion was put to the vote and was **agreed**. Accordingly it was:-

RESOLVED

This Council notes:

- That the former Jewish Maternity Hospital, known affectionately as ‘Mother Levy’s’, was the only Jewish Maternity hospital in England and located in four separate buildings in Underwood Road.
- That the buildings form part of the few remaining examples of the built evidence of the Jewish East End and as such are of important historical significance.

- That Peabody Housing Trust are legally entitled to apply to demolish the site and have applied for a 'prior notice of demolition' on the site, with the view to applying for permission to build a five storey block of 33 flats rent, shared ownership and sale on the open market.
- That Peabody has a duty to optimise the amount of housing they provide but also to protect the Borough's heritage.

This Council further notes:

- An online petition which has been signed by over 400 people including local councillors opposing the demolition.
- That several notable individuals such as the Director of Jewish Heritage UK, Chairs of the East London History Society and Jewish East End Celebration Society and local Councillors have written to the Chief Executive of Peabody asking him to at least spare the cottages and convert them to family homes.

This Council resolves:

- To call on the Mayor to urgently negotiate with Peabody Homes to prevent the demolition.
- To call on Peabody to reconsider their designs to spare the cottages or part of the façade to preserve the heritage of the buildings.

5.3 Petition from residents of Lanrick Road regarding transport and satellite

Mr Ashraful Alam addressed the meeting on behalf of the petitioners and responded to questions from Members.

Councillor Rabina Khan, Cabinet Member for Housing, then responded to the issues raised.

With regard to the one-way system currently in use, Councillor Rabina Khan pointed out that this had been introduced originally to prevent HGV access and to block a rat run from the A12 to the A13. It would not be legally possible for the Council to gate the road but further proposals were under consideration.

In connection with poor television reception, Lanrick Road benefits from a communal satellite dish, although the Freeview channels were not part of the satellite system. Signals from the Crystal Palace transmitter were not strong in the Lanrick Road area, but this may

improve when the BBC switches off the analogue service during 2012, following which the digital signal would be stronger.

RESOLVED

That the petition be referred to the Corporate Director, Development and Renewal for a written response on any outstanding matters within 28 days.

6. TO RECEIVE WRITTEN QUESTIONS FROM MEMBERS OF THE PUBLIC

6.1 Question from Mr Ares Zaimes:-

Residents are deeply concerned that the estate has no elected representative on the Main Board of East End Homes.

East End Homes has terminated the rights of residents to be represented on its Main Board by an elected local board member, who has proper delegated authority from fellow residents, and who can relay to the Main Board the concerns of the community living on St George's Estate. This is at a time when we are grappling with a mass of problems in relation to a major construction programme that could meaningfully be resolved only at Main Board level.

East End Homes has effectively eradicated accountable resident involvement in the organization's strategic thinking and operational decisions on St George's and other of its estates.

Do you agree that it is now time for a full review of East End Homes' governance arrangements and the reinstatement of resident rights to Main Board representation that is accountable to residents?

Response by Councillor Rabina Khan, Cabinet Member for Housing:-

Thank you for your question. This is not the first time that this matter has been raised with me and I receive many letters and e-mails about East End Homes (EEH). After previous enquiries I managed to arrange a meeting with St George's estate residents and EEH. At the meeting it was very clear that residents were extremely upset and concerned that they were not being properly represented or listened to. I asked that they be made fully aware of the terms of the EEH formal Proposal document and that copies be made available to them.

Tenant involvement on the boards of housing associations is extremely important. I am committed to ensuring that this is the case for all our RSLs and that tenants are treated well.

It may be that the current involvement arrangements conform to the constitution for EEH but that is not good enough.

I have worked with the Tenants Federation to improve resident involvement on boards and the St George's estate board decided to convert to a TRA

A Panel is to be introduced that will be able to refer such complaints to the Housing Ombudsman. Have St George's residents been approached on this matter?

[Mr Zaines replied that they had not.]

No supplementary question was asked.

Change to Order of Business

Councillor Tim Archer **MOVED**, and Councillor Dr Emma Jones **SECONDED**, a procedural motion – "That under procedural Rule 14.1.3 the order of business be varied to allow motion 12.10 to be considered as next business."

The procedural motion was put to the vote and was **agreed**.

12.10 East End Homes

Councillor Dr Emma Jones and Councillor Tim Archer altered the wording of their motion in accordance with Council Procedure Rule 15.8.1.

Councillor Emma Jones **MOVED**, and Councillor Tim Archer **SECONDED** the amended motion.

Following debate, the motion as amended was put to the vote and was **agreed**. Accordingly it was:-

RESOLVED

This Council notes that:-

1 A Council-organised meeting was held between East End Homes residents, councillors and representatives of East End Homes on 11th April 2011. A representative of EEH was also in attendance.

2. The minutes of this meeting clearly show that each estate felt that improvements in resident involvement and representation on EEH's board were needed urgently.

3. The St George's estate has currently undergoing extensive construction work and it is important during this time that the estate is democratically represented.

4. Currently the EEH management board does not have a representative elected by St George's estate residents.

This Council believes that:-

1. RSLs have a responsibility to ensure democratically elected representation for tenants, leaseholders and freeholders on estate management boards.
2. The election of resident representatives to the Main Board of EeH is documented in the Memorandum & Articles of Association of the Company and is integral to the Council's original intention in establishing EeH as a stock transfer organisation.

This Council resolves to:

1. Urge EeH in the strongest possible terms to hold elections in each local estate area for resident representatives to the Main Board within six months.

6.2 Question from Miss Claire Drake:-

Tenants and residents are delighted that the refurbishment works to bring Balfon Tower up to Decent Homes standards will start next year.

Poplar HARCA, our landlord, is verbally now refusing and not at all forthcoming with information on whether any tenants will be able to return to their homes when the works are completed. Balfon Tower was built in the late 1960s and originally all 146 homes were for rent to Council tenants. We are concerned that Poplar HARCA is planning to sell all the homes in this block on the open market rather than let them to social housing tenants.

Will the Council help secure the right of return for tenants to their homes in Balfon Tower on completion of the Decent Homes works?

Response by Councillor Rabina Khan, Cabinet Member for Housing:-

Thank you Miss Drake for submitting this question.

I understand your concerns and those of other residents in Balfon Tower about the lack of information and reassurances from Poplar HARCA about tenants' right to return.

I can assure you that the Council are doing everything within our power to ensure that residents do have the right to return if they wish to exercise it.

During the Housing Choice consultation, many residents asked whether they would retain the same rights as Council tenants if they voted for the transfer and became tenants of an RSL.

The answer given by Poplar HARCA in their offer document was that with a couple of exceptions, "your rights with an RSL would be the same as with the Council."

Crucially the offer document clearly mentions "*The Right to be given information about the management of your home*", so this should encourage Poplar HARCA to answer queries about whether tenants can return to Balfron Tower after refurbishment.

The document from Poplar HARCA titled "Information for Residents living in Balfron and Carradale Towers" specifically states: "If you have lived in your home for at least the last 12 months as your only or principal home then you will be entitled to a home loss payment when you move. This is currently £4,700. Only one payment is made per household. If you want to return to your home when the works are done then you will **not** be entitled to this payment."

This document seems to indicate that residents are indeed entitled to return; under the circumstances indicated above.

However we need greater clarity on this and I am organising a meeting between tenants and Poplar HARCA to try get that clarity.

Summary of supplementary question from Miss Claire Drake:-

Does Poplar HARCA have planning permission or listed building consent to carry out the proposed works to Balfron Tower?

Summary of Councillor Rabina Khan's response:-

I have submitted a Member's Enquiry on this matter and I will have the information available for the meeting.

6.3 Question from Ms Lorraine Cavanagh OBE:

Can the Council tell me why they are supporting the culling of the monk parakeets on the Isle of Dogs when their existence is part of the Millwall Park Management Plan 2008 – 2018?

Response by Councillor Rania Khan, Cabinet Member for Culture:-

Thank you Ms Cavanagh for your question.

The birds are not being culled but are being captured and taken to a safe place where they are looked after and are regularly inspected by a veterinary surgeon but are no longer in the wild and are therefore no further threat to the environment.

This is the cheaper and easier way to control a potentially invasive non-native species before it establishes a large and widespread population.

The UK has an obligation under the International Convention on Biodiversity to control or eradicate invasive non-native species which threaten biodiversity

This is the UK Government's preferred approach set out in the Invasive Non-native Species Strategy for Great Britain. It is in line with national and international policy on invasive species, and has the support of the leading bird conservation charity the Royal Society for the Protection of Birds.

The Millwall Park Management Plan will be revised in the light of this information.

I have a personal academic interest in this matter and will be meeting the Borough Ecologist to discuss it. Ms Cavanagh is very welcome to join us.

Summary of supplementary question from Ms Lorraine Cavanagh:-

The RSPB receive multi-million pound funding from DEFRA and other information exists that the aim is to eradicate these birds by a number of methods. Is the Cabinet Member aware that there is a budget of £90,000 allocated for removal of the 77 birds nationwide?

Summary of Councillor Rania Khan's response:-

I am not aware of the budget details, but if Ms Cavanagh would care to join me at the meeting with the Borough Ecologist, we can discuss the matter fully.

7. MAYOR'S REPORT

The Mayor made his report to the Council meeting, extending a welcome to all present and particularly to Mr Aman Dalvi, who was attending his first Council meeting as Interim Chief Executive.

The Mayor commented that the meeting was being held on the eve of strike action by some 2 million public sector workers against Government proposals for changes to pension arrangements. He added his own support and expressed concern at the possible implications of 710,000 more public jobs being lost by 2017. The Mayor felt it was disgraceful that people would be expected to work for longer for less money, whilst bankers would be largely unaffected, with only a small increase in the banking levy proposed by the Government. He feared that a broken society would result. In his capacity as Mayor he was looking to protect all residents in the community.

The Mayor referred to the recent decision to assist students in the Borough who would be affected by the Government's EMA cuts. The Mayor was pleased to announce that Council Tax was to be frozen for the third year in a row. His first year in office had been dominated by the economic crisis that was expected to worsen given Government policy failures. However, despite cuts that had to be made, Tower Hamlets continued to provide free home care, was committed to supporting the London Living Wage and was providing more new homes than any other local authority. The Mayor further stated that he supported the campaign by Ken Livingston to reduce travel fares.

The Mayor then commented on recent road accidents at Bow roundabout, which had resulted sadly in the deaths of cyclists Brian Dorling and Svitlana Tereschenko, expressing the opinion that these could have been avoided if the recommendations of Council Officers had been heeded by TfL.

The Leader of the Majority Group and Leaders of the Minority Groups each responded briefly to the Mayor's report.

8. TO RECEIVE WRITTEN QUESTIONS FROM MEMBERS OF THE COUNCIL

8.1 Question from Councillor Md. Abdul Mukit MBE:-

Can the Mayor tell me what actions he is taking to limit antisocial behaviour in the Brick Lane and old Shoreditch Station area of Weavers Ward, specifically street urination and late night noise?

Response by Councillor Ohid Ahmed, Deputy Mayor:-

We are extremely glad that Brick Lane has become such a popular visitor destination however we are working hard to ensure that residents are not negatively impacted by the large visitor numbers.

We are taking these issues extremely seriously and we have developed three main responses.

Firstly, our most important resources are the THEOs. To date the THEOS have reported 129 incidents of public urination in Brick Lane and these will be pursued through the courts for prosecution. We will be stepping up these patrols over the Christmas period to ensure an appropriate response.

Incidentally I am sure members will be interested that our use of THEOs has been so successful that Newham has now introduced Newham Enforcement Officers.

Secondly, we have also now introduced a borough wide drinking control order, in line with other London Boroughs (including Newham and Hackney) which will give the police and council more powers to deal with issues arising from street drinking.

Finally we have our 20 partnership police, part funded by a commitment from this administration. They are focussed on tackling crime issues which most affect the local community.

Summary of supplementary question from Councillor Md. Abdul Mukit MBE:

Everybody knows there is a problem, how many offenders have been fined and what action is being taken to address the serious position in this area?

Summary of Councillor Ohid Ahmed's response:

I understand that a number of people have been fined. As I have said, we take this very seriously. I have visited the area three times with THEOs, who are doing all in their power to address the issues.

8.2 Question from Councillor Peter Golds:-

Will the Mayor provide details of meetings held between himself, his administration and officers and the company Moving Events which led to the now cancelled plan to hire out Trinity Square Gardens for Christmas and New Year celebrations?

Response by Councillor Rania Khan, Cabinet Member for Culture:-

Thank you Councillor Golds for your question. The Mayor did not have any meetings with the company Moving Venue.

Officers from the Arts and Events Team met four times with Moving Venue on the Trinity Square Gardens (TSG) project as follows:

On 25th February 2011 they had a site meeting;
On 23rd May 2011 the project was discussed;
On 19th July 2011 there was a further site meeting; and
On 16th September 2011 there was a meeting to discuss any licensing application.

Summary of supplementary question from Councillor Peter Golds:

There seems to have been a cult of secrecy, with the proposals covered up until the scandal broke. Why were senior officers able to give consideration to hiring out such a sensitive site where people would leave memorial flowers and wreaths, and who in the administration was overseeing what was going on?

Summary of Councillor Rania Khan's response:

Administration members do not micro manage the services. TSG management approached Council Officers to consult on the matter. We took action when we became aware of the detailed proposals.

8.3 Question from Councillor Amy Whitelock:-

Can the Mayor tell me what steps did the council take to support parents and staff affected by the sudden temporary closure of Glamis Community Nursery in early November and what plans are in place to ensure the sustainability of this service for local parents and children?

Response by Councillor Rania Khan, Cabinet Member for Culture:-

Glamis Community Nursery is a voluntary sector day nursery run by a Management Committee.

As soon as the Early Years Service was informed that the nursery would not be opening on Monday morning of 31st October we attempted to contact the nursery and offer support.

The Family Information Service provided the manager of the nursery with information on other nurseries in the area. The Council offered brokerage support when requested to find alternative childcare for the children attending Glamis.

It is extremely important that there is childcare provision for families in the Shadwell area.

Summary of supplementary question from Councillor Amy Whitelock:

Is the Cabinet Member aware of local parents' concerns and support for this popular nursery? Nationally the Conservative/Lib Dem cuts are closing many Surestart services. Does she agree that we have a responsibility to support our community based services and ensure that families are not left without nursery provision in future?

Summary of Councillor Rania Khan's response:

We will do all in our power to ensure that all children in the area have access to excellent nursery facilities."

8.4 Question from Councillor Fozol Miah:-

Is the lead member aware of the appalling unemployment figures recently released which show that unemployment amongst young people is now above a million across the UK and that many of these young people are facing years on the dole as a result of the abject failure of the Condem government's policies and would the lead member say what measures the council is taking to try and mitigate the worst effects of the government's failed policies?

Response by Councillor Shafiqul Haque, Cabinet Member for Jobs and Skills:-

Myself, the Mayor and all the administration are concerned about the Youth Unemployment Figures. I completely agree that the figure of 1 million young unemployed is a stark reminder of how the Conservative-led coalition Government has failed this country.

What is most concerning about this figure is that it represents the future of this country. How can we ensure we are able to grow out of this global recession if we are not investing in our young people?

One of the main ways we can help to improve the youth unemployment figures is to ensure they are able to gain the skills that will be useful to employers. To this end we are bringing back EMA to Tower Hamlets. The Mayor's Education Award will ensure that all young people can stay on at school and gain the skills they need to gain employment.

We are also ensuring that the Council employs as many local young people as possible - We have the Council graduate programme which will employ (this is funded by the allocation in the amendment Cllr Eaton made to the last budget); we have the Mayor's Apprenticeship programme; and Tower Hamlets Homes is also offering an apprenticeship programme.

We are also developing programmes to help all residents, including young people into work, including £1.2m of ESF funding to support grants to third sector organisations helping residents into work; and a pilot project to help women from ethnic minority backgrounds overcome barriers to employment.

Summary of supplementary question from Councillor Fozol Miah:

Are you aware of the dire economic forecasts showing an increase in unemployment of up to 400,000 in a year and what discussions are you having with the Olympic authorities to ensure there is training and employment for our young people?

Summary of Councillor Shafiqul Haque's response:

Yes, the administration takes this very seriously. The Mayor and I have had a series of meetings with LOCOG to secure more employment for local people and a minimum of 1,000 jobs for Tower Hamlets residents has already been agreed.

8.5 Question from Councillor Carlo Gibbs:-

Can the Mayor tell us how many thousands more local families attended the Tower Hamlets Fireworks displays this year?

Response by Councillor Rania Khan, Cabinet Member for Culture:-

Overall the three fireworks displays across the borough were a great success, with Weavers Fields attracting an audience of 15,000, Millwall Park 5000 and Bartlett Park 3,000.

I was pleased with the outcome because a majority of families attending the displays were from our borough, which was my aim. This was evident as the majority of audiences that attended arrived on foot which was confirmed by the DLR duty manager at Millwall and Island Gardens who advised that use of the DLR was consistent with a typical Saturday evening.

Summary of supplementary question from Councillor Carlo Gibbs:

The displays in total attracted only a quarter of the attendance at last year's event in Victoria Park and the estimated cost this year was approximately £5 per person compared with £1.50 per person last year. Could it damage our bid for City Status if as a borough we are seen not to welcome outsiders to our events? Do you accept that the decision not to hold the Victoria Park display was wrong and will you re-instate the event next year so that more people are able to enjoy the event?

Summary of Councillor Rania Khan's response:

The displays this year were more accessible to local people who pay local taxes and who are our priority. Your position on this matter is in contrast to your opposition to the Live Site in Victoria Park which will enable many local people to enjoy the Olympics next summer.

8.6 Question from Councillor Tim Archer:-

As at mid-November why is the CCTV camera on Manchester Road (in front of the Nisa store) still not operational, despite the commitment for this being given in March 2010?

Response by Councillor Ohid Ahmed, Deputy Mayor:-

You are not alone in being concerned about this as I have also made enquiries.

Some time was taken to bring together the key stakeholders involved in this initiative. However, once we had completed the surveys, potential contractors were required to submit method statements, risk assessments and health and safety information for the type of work required. A delay was experienced in September and October as essential maintenance work needed to be carried out on the system.

This meant that no resources could be spared to carry out the work at Kelson House.

The current situation is that the new transmitters have been put up on Kelson House and the link back to Mulberry Place proven. All the wiring at Kelson House has been completed for this camera and all we have to do is install a CISCO switch to allow the connection of the camera. At the moment we estimate this work will be completed by the end of November 2011.

However, I am not happy about the time this has taken to be resolved.

Summary of supplementary question from Councillor Tim Archer:

I have submitted many enquiries on this matter and there have been a series of excuses for the delay. Exactly when will the camera be working?

Summary of Councillor Ohid Ahmed's response:

It will be working by the end of next week.

8.7 Question from Councillor Khales Uddin Ahmed:-

Can the Mayor provide us with an update on the Working Neighbourhood Fund Evaluation, and provide us with an indication of when it will be completed?

Response by Councillor Shafiqul Haque, Cabinet Member for Jobs and Skills:-

The Working Neighbourhood Fund was an important government scheme implemented by the last Labour Government. As we have heard earlier it is clear that this current Government has nowhere near this level of commitment to helping the unemployed find jobs.

As you know the delivery of the Working Neighbourhoods Fund (WNF) programme finished on 31st March 2011. Since then the WNF Programme Management Team and the External Evaluators have carried out a range of activities including verification of Key Outcomes and Outputs (including Job Outcomes and Training Outputs); preparation of project reports for all organisations (now complete and received by Lead Organisations delivering WNF projects) and the Evaluation Report for the overall programme.

We expect to receive the Final Evaluation Report by the end of November 2011. This will then be published on the Council website.

Summary of supplementary question from Councillor Khales Uddin Ahmed:

When will the Enterprise Strategy be brought to the Cabinet?

Summary of Councillor Shafiqul Haque's response:

This will be reported in the near future.

8.8 Question from Councillor Harun Miah:-

Is the lead member aware that the Condem government is seeking to scapegoat migrants for the abject failure of their economic policies and that they have commissioned a report which has recommended imposing a high financial threshold before families can be united in this country, and would the lead member agree that any policy which stops British citizens marrying the spouse they wish to marry and to be united with their spouse and children is reprehensible and that the council should make representations on behalf of the thousands of people in Tower Hamlets who will be adversely affected were such a policy to be implemented by the Condem government?

Response by Councillor Alibor Choudhury, Cabinet Member for Resources:-

I thank Councillor Miah for his question. Yes, I do share your concerns about Government proposals to raise the income threshold for those wishing to bring a spouse or child to live in Britain.

The Government's proposed new threshold of £18,600 - £25,700 will effectively bar half the population from bringing in a spouse or partner from abroad. I think this is grossly unfair.

Essentially the Government's approach favours the better off. If you are in the top half of the income distribution, you're ok. But if you are in the bottom half you are not welcome.

These measures will have a direct impact on families in Tower Hamlets. The largest group of people banned from coming to Britain under the proposals would be women from India, Pakistan, Nepal and Bangladesh.

We will be making representations to the Government expressing our view that the Government's proposed new threshold is too high. We will also be expressing our concern about the stress that could be placed on children and families affected as a result of these recommendations.

No supplementary question was put.

8.9 Question from Councillor Shiria Khatun:-

Can the Mayor tell me what reductions have been made to street cleaning in the Borough and how he decided which routes to cut?

Response by Councillor Shahed Ali, Cabinet Member for Environment:-

Thank you Councillor Shiria Khatun for your question. No routes have been cut from street cleaning.

The budget for Street Cleaning was set and agreed by Full Council in line with the Council's medium term financial plan. Prior to this decision the Council swept the majority of residential roads in the borough at least three times a week; they are now swept twice a week.

Summary of supplementary report from Councillor Shiria Khatun:

Is the Mayor aware of the increasing public dissatisfaction with the service provided by Veolia in many parts of the borough?

Summary of Councillor Shahed Ali's response:

This administration is very serious about street cleaning and decluttering. A pilot scheme was introduced in Bethnal Green Road, where paladins were replaced with refuse sacks for businesses to dispose of rubbish easily. Councillor Shiria Khatun is welcome to attend a visit of the area with me.

8.10 Question from Councillor Dr Emma Jones:-

What role does the Council have in ensuring the safety of cyclists in the borough?

Response by Councillor Shahed Ali, Cabinet Member for Environment:-

Thank you for your question. I am sure I speak for everyone in expressing our condolences to the friends and family of Brian Dorling, 58, of Hounslow, west London, who was killed on the Bow Roundabout on 24th October; and to the friends and family of Svitlana Tereschenko, 34, of Bow, who died on 11th November after a collision with a tipper truck. Their deaths are shocking and highlight the growing dangers for cyclists in London.

Transport for London (TfL) are responsible for the safety of cyclists on their roads in the borough. When TfL introduced the two Cycle Superhighways, Council officers discussed all their safety concerns with them. Unfortunately the Council's suggestions were rejected because priority was given to traffic capacity. Sadly since then we have had two cyclist fatalities on the Bow Roundabout Cycle Superhighway.

The Mayor has called on the Mayor of London Boris Johnson to instruct Transport for London to put cyclists' safety first and look again at the safety of these Cycle Superhighways. The Mayor has also written to Peter Hendy, Commissioner of Transport for London, to discuss safety measures.

I am very concerned that Boris Johnson was unaware of a vital report produced by Jacobs Consultancy which recommended signalised crossings for cyclists and pedestrians on two arms of the junction, together with off-carriageway cycle lanes. I agree with the comments of the Chief Executive of the London Cycling Campaign that "it's a tragedy it has taken two cyclist deaths in three weeks to bring this vital report on the dangers at Bow to the Mayor's attention."

We call on Boris Johnson to implement the report's recommendations to make the junctions safe.

The Council has provided cycle training which over the past two years over 4000 cyclists have benefitted from. The Council has also worked with the Metropolitan Police and TfL to deliver a number of bike awareness events and campaigns such as "Exchanging Places" sessions to raise awareness of the danger of HGV and cyclist conflicts.

Last year the Council initiated a volunteer Cycle Rangers project to develop a pool of rangers who closely monitor local cycle routes and act as champions in promoting our walking and cycle network to local people.

The Council is also working with Sustrans and the ODA to deliver routes off road and through quieter areas. Designing out hazards is an important part of this process.

The Metropolitan Police have also targeted their Cycle Taskforce at key sites along Cable Street in response to complaints about the conflict between cyclists and pedestrians.

The Council is committed to ensuring as best it can the safety of cyclists in the borough.

Summary of supplementary question from Councillor Dr Emma Jones:

There has also been a recent serious accident in Wapping. Could the THEOs provide a presence during rush hour periods to prevent vehicular traffic encroaching into areas allocated for cycles?

Summary of Councillor Shahed Ali's response:

It would be premature to make a hasty decision about THEO involvement but various options are under consideration and areas of particular conflict between cyclists, pedestrians and motorists are being examined.

8.11 Question from Councillor Helal Uddin:-

Can the Mayor confirm whether or not fixed term tenancies will be introduced in Tower Hamlets?

Response by Councillor Rabina Khan, Cabinet Member for Housing:-

The Mayor and I have consistently opposed any move to fixed term tenancies. On 1st March this year we responded to the Government's consultation on this issue and I made it clear that the Council's position was as follows:

'We remain firm in the belief that security of tenancies should be the preferred option for a high percentage of tenants in social housing... We are concerned that offering young families shorter fixed term tenancies will impact on their long-term development and sustainability. Children attain higher academic standards when they live in suitable secure housing and families benefit from the social networks developed locally.'

We are in the process of developing our updated tenancy policy and our commitment to lifelong tenancies and sustainable rooted communities will be at the heart of this policy. We will ensure that Tower Hamlets Homes continues to offer lifelong tenancies.

The Localism Bill 2011 has just been passed and requires local authorities to set out a strategic lettings policy to give guidance on whether fixed-term tenancies should be introduced. However this is guidance only and we cannot force registered providers to follow this.

I am doing all I can within the powers given to me by the ConDem Government to make our position clear and ensure we reduce the number of fixed term tenancies in the borough.

Summary of supplementary question from Councillor Helal Uddin:

Can I also have your assurance that you will oppose the potential damaging effects of proposals to cap Housing Benefits?

Summary of Councillor Rabina Khan's response:

You will see that I have submitted a motion for debate later in the agenda drawing attention to the fact that the Government is failing those in need of social housing and calling for a 'living rent' and robust action to protect private sector tenants from rogue landlords.

Time limit for item

At this point the Chair informed the meeting that the time allocated for Members' Questions had expired.

Questions 8.12 to 8.18 were therefore not put at the meeting due to lack of time. Written responses would be provided to these questions as set out below:-

8.12 Question from Councillor Stephanie Eaton:-

Could the Lead Member comment on the November 2011 Ofsted Local Area Children's Services profile which reports that none of the 3 children's homes that were inspected were 'outstanding' and most were merely 'satisfactory'? What specific weaknesses were identified by Ofsted in relation to the Borough's children's homes? Can I be advised whether there are any safeguarding concerns arising from the weaknesses and what plans are in place to bring all the Children's homes to at least a 'good' standard?

Response by Councillor Oliur Rahman, Cabinet Member for Children's Services:-

The Children's Service Assessment took into consideration all inspections up to the end of August 2011. Since the cut-off point a number of inspections of children's homes have taken place. These recent inspections are a more up to date and therefore accurate reflection of services in the borough:-

- An unannounced inspection of Discovery Home was conducted on 16th September 2011 and was rated as “good”.
- Bishops Way was inspected on 26th September 2011 and rated as “good”.
- Discovery House, which had not ever been inspected prior to the August cut-off, was inspected on 23rd September 2011 and was rated as “outstanding”.

There were no safeguarding concerns raised in previous Ofsted reports. The areas of concern were administration processes and procedures which have now been rectified.

Taking these recent inspections into account, all children’s homes within the borough are rated as either good or outstanding.

8.13 Question from Councillor Anna Lynch:-

With residents struggling with rising living costs and government funding available to compensate for rises, will the Mayor commit to not using hard pressed residents for additional income and freezing Council Tax for 2012/13?

Response by Councillor Alibor Choudhury, Cabinet Member for Resources:-

Earlier this summer the Mayor made a clear commitment to freezing council tax for another year. Officers were instructed to draw up a budget which included a freeze in Council Tax. This will be the third year in a row Council Tax has been frozen.

As you will have read in East End Life the Mayor has now announced this freeze to help families plan their finances next year.

It is important to clarify that Eric Pickles’ announcement of a grant for freezing Council Tax is a measly offering the Coalition is giving Councils. This is not an ongoing revenue stream. This is simply a one off lump sum which will not cover the income we would have received from raising Council Tax.

To be clear this was a proactive choice by the Mayor in prioritising ways we can help residents facing some of the worst attacks on their household income and worst increases in living expenditure.

8.14 Question from Councillor Gloria Thienel:-

Will the Mayor explain why unique amongst London local authorities he has not signed up to the London Permit Scheme to co ordinate street and road works?

Response by Councillor Shahed Ali, Cabinet Member for Environment:-

There are currently six boroughs that have not joined the scheme and the majority of these are now progressing to adopting permits as the 4th tranche of applications. This includes Tower Hamlets Council.

8.15 Question from Councillor Zenith Rahman:-

Can the Mayor make publicly available a full list of portfolio responsibilities for the members of his Cabinet and Executive Advisers?

Response by Councillor Ohid Ahmed, Deputy Mayor:-

The Cabinet positions are as follows:

Cllr Ohid Ahmed, Deputy Mayor
 Cllr Rofique Uddin Ahmed, Cabinet Member for Regeneration
 Cllr Shahed Ali, Cabinet Member for Environment
 Cllr Abdul Asad, Cabinet Member for Health and Wellbeing
 Cllr Alibor Choudhury, Cabinet Member for Resources
 Cllr Shafiqul Haque, Cabinet Member for Jobs and Skills
 Cllr Rabina Khan, Cabinet Member for Housing
 Cllr Rania Khan, Cabinet Member for Culture
 Cllr Oliur Rahman, Cabinet Member for Children's Services
 Cllr Maium Miah, Cabinet Advisor for the 3rd Sector
 Cllr Kabir Ahmed, Cabinet Advisor

The Mayor's Executive Advisers are:

Tony Winterbottom, Regeneration and Development
 Gulam Robbani, Adults and Children Health and Wellbeing
 Mark Seddon, Communications
 Shahid Malik, Equalities
 Michael Ambrose, Youth Participation
 Amirul Choudry, Business
 Suroth Miah, Sports and Olympics
 Mohammed Jubair, Communities Communications

8.16 Question from Councillor David Snowdon:-

Will the Mayor please comment on the availability of food waste recycling bags? Neither the Isle of Dogs library or the Canary Wharf Ideas Store have had any for public distribution for many weeks. When will this situation be rectified?

Response by Councillor Shahed Ali, Cabinet Member for Environment:-

All Idea Stores, One Stops Shops, libraries and the Town Hall receive a weekly delivery of food waste bags and pink recycling sacks.

If a location does not receive the delivery, they are asked to report this to the Clean and Green Service.

Canary Wharf Idea Store confirmed on Friday 18th November that they have received a delivery of food waste bags. The Isle of Dogs Library confirmed that there has been a slight delay in receiving food waste bags and this has now been raised with Veolia who will be increasing the amount of bags delivered to the Library.

8.17 Question from Councillor Craig Aston:-

Following on from the successful Fireworks displays in Bartlett Park, Weavers Fields and the Isle of Dogs, would the Mayor please comment on why he did not seek corporate sponsorship/branding sponsorship for the event, and why charities were not encouraged to make collections at the entrances?

Response by Councillor Rania Khan, Cabinet Member for Culture:-

Thank you Councillor Aston for your question.

Sponsorship companies look for established events with a known potential footfall and benefits. Sponsorship was not therefore sought in 2011 as this was the establishing year. We are now in a position to actively seek sponsorship for 2012 based on evidenced footfall, target audience and branding potential.

Charities are welcomed to apply to collect at Council events and are subject to the usual health and safety checks.

8.18 Question from Councillor Zara Davis:-

At the September 2011 Full Council meeting, the Council resolved 'that Sir John McDougal Gardens, Millwall Park and Island Gardens will remain solely for the use of residents and community groups for the purposes of recreation, leisure and sports.' Will the Mayor confirm that this motion will be implemented and that commercial events will not be permitted to take place on these parks?

Response by Councillor Rania Khan, Cabinet Member for Culture:-

Thank you Councillor Davis for your question.

Any Council motion that has financial implications has to be brought to Cabinet for consideration. I can confirm that a report on this matter will be brought to Cabinet in January.

Change to Order of Business

Councillor Dr Emma Jones **MOVED**, and Councillor Tim Archer **SECONDED**, a procedural motion – “That under procedural Rule 14.1.3 the order of business be varied to allow motion 12.8 to be considered as next business.”

The procedural motion was put to the vote and was **agreed**.

12.8 Questions to the Mayor at Council meetings

Councillor Peter Golds and Councillor Tim Archer altered the wording of their motion in accordance with Council Procedure Rule 15.8.1.

Councillor Peter Golds **MOVED**, and Councillor Tim Archer **SECONDED** the motion as amended.

Following debate, the motion as amended was put to the vote and was **agreed**. Accordingly it was:-

RESOLVED

This Council notes that the Mayor has reserved all decision making to himself and that no Council member has any delegated authority.

This includes Councillors who are designated Cabinet Members but, as has been confirmed by officers, have no authority to make any decision.

Therefore it follows that questions by Councillors regarding Council policy and decisions taken by Mayor should be answered by the Mayor himself, whilst ensuring that the Mayor is not restrained in his right to address the meeting.

The Council therefore resolves to amend Standing Order 12.2 to achieve this end and to read:

12.2 Questions on Notice at Full Council. Subject to rule 12.3, at an Ordinary or Extraordinary meeting of the Council a Member may ask the Chair, the Mayor or the Chair of any Committee or Sub Committee a question about any matter in relation to which the Council has powers or duties or which affects the borough. Questions at an Extraordinary Council meeting must relate to a matter on that agenda.

Questions relating to Executive functions and decisions taken by the Mayor will be put to and should be answered by the person responsible for those decisions, namely the Mayor, unless he delegates such a decision to another member who will therefore be responsible for answering the question.

In the absence of the Mayor the Deputy Mayor will answer questions directed to the Mayor.

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

9.1 New Byelaws for Parks and Open Spaces

The Council considered the report of the Corporate Director, Communities, Localities and Culture, proposing new byelaws for the borough's parks and open spaces.

Councillor Shahed Ali **MOVED** and Councillor Ohid Ahmed **SECONDED** the recommendations in the report. Following debate, the recommendations were put to the vote and were **agreed**. Accordingly, it was -

RESOLVED

1. That the making of the New Byelaws for the borough's Parks and Open Spaces be approved as shown in Appendix 1 ('New Byelaws') to the report of the Corporate Director, Communities, Localities and Culture; and the revocation of the Existing Byelaws once the New Byelaws are confirmed, be approved.
2. That the Corporate Director, Communities, Localities and Culture be authorised be authorised (following consultation with the Assistant Chief Executive [Legal Services]) to effect further amendments to the proposed New Byelaws in the event that subsequent to the meeting of Full Council and prior to submission to the Secretary of State, DCLG require such amendments to be made.
3. That it be noted that the New Byelaws will apply to the parks and open space areas listed within Schedule 1 & 2 contained within Appendix 1 of the report.
4. That it be noted that there are a range of issues and offences already covered by primary legislation which are therefore excluded from the New Byelaws (as outlined in Appendix 3 of the report).
5. That it be noted that the New Byelaws will need to be approved by the Secretary of State prior to formal adoption. Some amendments have been made to the DCLG's Model Byelaws, as set out in paragraphs 4.2.6 to 4.2.9 of the report. Officers have engaged in discussions with DCLG to ensure these amendments have their approval.

Change to Order of Business

Councillor Alibor Choudhury **MOVED**, and Councillor Kabir Ahmed **SECONDED**, a procedural motion – "That under procedural Rule 14.1.3 the order of business be varied to allow motion 12.12 to be considered as next business."

The procedural motion was put to the vote and was **defeated**.

Councillor Motin Uz-Zaman then **MOVED**, and Councillor Joshua Peck **SECONDED**, a further procedural motion – “That under procedural Rule 14.1.3 the order of business be varied to allow motion 12.7 to be considered as next business.”

The procedural motion was put to the vote and was **agreed**.

12.7 Supporting the Trade Unions in their campaign to defend the Local Government Pension Scheme

Councillor Anna Lynch **MOVED**, and Councillor Bill Turner **SECONDED**, the motion as printed in the agenda.

Councillor David Snowdon **MOVED**, and Councillor Tim Archer **SECONDED**, a **tabled** amendment as follows:-

“Delete all after ‘The Council notes’ and insert:-

‘The government has huge respect for the hard-working people who keep our vital services running and believe that it is wrong to call a strike whilst talks are under way.

The government has ensured that anyone who is within ten years of retirement will be able to retire on their current terms.

The lowest paid will be exempt from changes.

Even then the gap between those in receipt of private and public pensions will remain high.

At a time when we are trying to get the economy back on its feet, a strike is the last thing anyone needs’.”

After debate the amendment was put to the vote and was **defeated**.

Councillor Motin Uz-Zaman **MOVED**, and Councillor Joshua Peck **SECONDED**, a procedural motion – “That under procedural Rule 14.1.10 the question be now put.” The procedural motion was put to the vote and was **agreed**.

The motion as printed in the agenda was then put to the vote and was **agreed**. Accordingly it was -

RESOLVED

The Council notes:

- That all unions involved in the LGPS have agreed to ballot for industrial action as part of an unprecedented alliance of Public Sector Unions that could see 3 million workers striking together in November to defend the LGPS.

The Council further notes:

- That local branches of the Trade Unions are actively campaigning together for the purpose of:
 - returning a 'yes vote' in their respective ballots;
 - publicising the negative and unfair impact of what this government is proposing in relation to public sector pensions;
 - challenging misinformation disseminated by this government about the unaffordability of the LGPS.

This Council resolves to:

- Pledge our support to the Trade Unions in their campaign to defend the LGPS and we agree to join demonstrations and picket lines in Tower Hamlets in support of industrial action.
- Make a public statement of support in relation to this.

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

There was no business under this heading.

11. OTHER BUSINESS**11.1 Treasury Management Strategy Statement, Minimum Revenue Provision Policy Statement and Annual Investment Strategy 2011/12**

This item was not considered due to the time limit for the meeting having been reached.

12. TO CONSIDER MOTIONS SUBMITTED BY MEMBERS OF THE COUNCIL**Change to Order of Business**

Councillor Motin Uz-Zaman **moved**, and Councillor Joshua Peck **seconded**, a procedural motion – “That under procedural Rule 14.1.3 the order of business be varied to allow motions 12.2, 12.13 and 12.21 to be considered as next business.”

The procedural motion was put to the vote and was **agreed**.

12.2 The Council's Constitution

Councillor Joshua Peck **MOVED**, and Councillor Motin Uz-Zaman **SECONDED**, the motion as printed in the agenda.

At this point more than 10 Members rose from their seats to request a recorded vote on the motion in accordance with Procedural Rule 17.4. The motion was therefore put to a recorded vote and Members indicated their votes as follows:-

For the motion (35 Councillors)

Councillor Joshua Peck
Councillor Peter Golds
Councillor Helal Abbas
Councillor Khaled Uddin Ahmed
Councillor Rajib Ahmed
Councillor Timothy Archer
Councillor Craig Aston
Councillor Zara Davis
Councillor Stephanie Eaton
Councillor David Edgar
Councillor Marc Francis
Councillor Judith Gardiner
Councillor Carlo Gibbs
Councillor Carli Harper-Penman
Councillor Sirajul Islam
Councillor Ann Jackson
Councillor Denise Jones
Councillor Dr Emma Jones
Councillor Anwar Khan
Councillor Shiria Khatun
Councillor Anna Lynch
Councillor Mohammed Abdul Mukit MBE
Councillor Ahmed Omer
Councillor Lesley Pavitt
Councillor Zenith Rahman
Councillor Rachael Saunders
Councillor David Snowdon
Councillor Gloria Thienel
Councillor Bill Turner
Councillor Helal Uddin
Councillor Kosru Uddin
Councillor Abdal Ullah
Councillor Motin Uz-Zaman
Councillor Amy Whitelock
Councillor Mizanur Chaudhury (The Chair of Council)

Against the motion (nil Councillors)

Abstained (14 Councillors)

Councillor Kabir Ahmed
Councillor Ohid Ahmed
Councillor Shelina Aktar

Councillor Shahed Ali
 Councillor Abdul Asad
 Councillor Lutfu Begum
 Councillor Alibor Choudhury
 Councillor Shafiqul Haque
 Councillor Aminur Khan
 Councillor Rabina Khan
 Councillor Rania Khan
 Councillor Fozol Miah
 Councillor Harun Miah
 Councillor Maium Miah

The motion was accordingly **agreed** and it was:-

RESOLVED

This Council notes:

- That the power to amend the Council's Constitution is reserved to Full Council.
- That a number of constitutional issues have arisen since the introduction of the Mayoral Model in Tower Hamlets.

This Council resolves:

- To add the Employment Strategy, Enterprise Strategy, Waste Strategy and Parks Strategy to the list of strategies reserved to Full Council.
- To require the appointment of local authority school governors to be approved by the General Purposes Committee
- To make the consideration of amendments to the Council's constitution a responsibility of the General Purposes Committee
- That engagement of Chief Officers, to permanent positions or interim positions of over three months, will be through the normal recruitment process overseen by the HR Committee
- To rename the Chair of Council, the Speaker of Council and designate the Speaker the Borough's First Citizen.
- To affirm the order of precedence for civic events in the Council's Constitution, with the Borough's First Citizen representing the Council at Civic Ceremonial functions in the Borough including:

Visits of the Royal Family and dignitaries
 Civic receptions, luncheons and dinners
 Funeral or memorial services
 Religious services

Prize givings

And events outside the Borough including:

Lord Mayor of London's events
Invitations from other First Citizens to their Borough.
London Mayor's Association Events

This would not preclude the attendance and involvement of the Mayor and/or other Councillors.

Change to Order of Business

Councillor Tim Archer **MOVED**, and Councillor Craig Aston **SECONDED**, a procedural motion – “That under procedural Rule 14.1.3 the order of business be varied to allow motion 12.3 to be considered as next business.”

More than 10 Members rose from their seats to request a recorded vote on the procedural motion in accordance with Procedural Rule 17.4. A recorded vote was therefore taken and Members indicated their votes as follows:-

For the motion (34 Councillors)

Councillor Joshua Peck
Councillor Peter Golds
Councillor Helal Abbas
Councillor Khaled Uddin Ahmed
Councillor Rajib Ahmed
Councillor Timothy Archer
Councillor Craig Aston
Councillor Zara Davis
Councillor David Edgar
Councillor Marc Francis
Councillor Judith Gardiner
Councillor Carlo Gibbs
Councillor Carli Harper-Penman
Councillor Sirajul Islam
Councillor Ann Jackson
Councillor Denise Jones
Councillor Dr Emma Jones
Councillor Anwar Khan
Councillor Shiria Khatun
Councillor Anna Lynch
Councillor Mohammed Abdul Mukit, MBE
Councillor Ahmed Omer
Councillor Lesley Pavitt
Councillor Zenith Rahman
Councillor Rachael Saunders
Councillor David Snowdon
Councillor Gloria Thienel

Councillor Bill Turner
Councillor Helal Uddin
Councillor Kosru Uddin
Councillor Abdal Ullah
Councillor Motin Uz-Zaman
Councillor Amy Whitelock
Councillor Mizanur Chaudhury (The Chair of Council)

Against the motion (3 Councillors)

Councillor Stephanie Eaton
Councillor Fozol Miah
Councillor Harun Miah

Abstained (12 Councillors)

Councillor Kabir Ahmed
Councillor Ohid Ahmed
Councillor Shelina Aktar
Councillor Shahed Ali
Councillor Abdul Asad
Councillor Lutfu Begum
Councillor Alibor Choudhury
Councillor Shafiqul Haque
Councillor Aminur Khan
Councillor Rabina Khan
Councillor Rania Khan
Councillor Maium Miah

The procedural motion was accordingly **agreed**.

12.3 Recording of Council Meetings

Councillor Tim Archer **MOVED**, and Councillor David Snowdon **SECONDED**, the motion as printed in the agenda.

Following debate, more than 10 Members rose from their seats to request a recorded vote on the motion in accordance with Procedural Rule 17.4. The motion was therefore put to a recorded vote and Members indicated their votes as follows:-

For the motion (27 Councillors)

Councillor Joshua Peck
Councillor Helal Abbas
Councillor Khaled Uddin Ahmed
Councillor Rajib Ahmed
Councillor David Edgar
Councillor Marc Francis
Councillor Judith Gardiner

Councillor Carlo Gibbs
Councillor Carli Harper-Penman
Councillor Sirajul Islam
Councillor Ann Jackson
Councillor Denise Jones
Councillor Anwar Khan
Councillor Shiria Khatun
Councillor Anna Lynch
Councillor Mohammed Abdul Mukit, MBE
Councillor Ahmed Omer
Councillor Lesley Pavitt
Councillor Zenith Rahman
Councillor Rachael Saunders
Councillor Bill Turner
Councillor Helal Uddin
Councillor Kosru Uddin
Councillor Abdal Ullah
Councillor Motin Uz-Zaman
Councillor Amy Whitelock
Councillor Mizanur Chaudhury (The Chair of Council)

Against the motion (nil Councillors)

Abstained (21 Councillors)

Councillor Peter Golds
Councillor Kabir Ahmed
Councillor Ohid Ahmed
Councillor Shahed Ali
Councillor Timothy Archer
Councillor Abdul Asad
Councillor Craig Aston
Councillor Lutfu Begum
Councillor Alibor Choudhury
Councillor Zara Davis
Councillor Stephanie Eaton
Councillor Shafiqul Haque
Councillor Dr Emma Jones
Councillor Aminur Khan
Councillor Rabina Khan
Councillor Rania Khan
Councillor Fozol Miah
Councillor Harun Miah
Councillor Maium Miah
Councillor David Snowdon
Councillor Gloria Thienel

The motion was therefore **agreed**. Accordingly it was:-

RESOLVED**This Council notes:**

- it already has the ability to record meetings of the full Council without incurring additional cost
- that it is the decision of full Council as to whether meetings can be recorded; but
- that officers have advised that the quality of video and audio recordings using the existing equipment may be poor.

This Council believes:

- that the recording of full meetings of the Council would act as a strong incentive to ensure proper conduct of members as well as members of the public present
- recordings of full meetings of the Council could be a useful resource to settling disagreements arising from these meetings.

This Council agrees:

- that for a trial period of 3 months all meetings of the full council be audio recorded and stored.
- that at the end of the trial period the quality of the recordings be reviewed and in the light of this a decision be made on whether to record future meetings, and if so whether to publish the recordings on the website.

Extension of time limit for the meeting

Councillor Rachael Saunders **MOVED**, and Councillor Lesley Pavitt **SECONDED**, a procedural motion – “That under Procedure Rule 15.11.7 the meeting continue for a further 10 minutes, or until motion 12.13 has been considered, whichever is the sooner.” The procedural motion was put to the vote and was **agreed**.

12.13 Social Care

Councillor Rachael Saunders **MOVED**, and Councillor Lesley Pavitt **SECONDED**, the motion as printed in the agenda.

Councillor Alibor Choudhury **MOVED**, and Councillor Kabir Ahmed **SECONDED**, an amendment – “That the first line of paragraph 2 following ‘This Council notes’ be amended to read: ‘That the Council agreed to take ...’ (remainder as printed) and the first line of paragraph 4 following ‘This Council

believes' be amended to read: 'That the Council having agreed the savings proposals ...' (remainder as printed)."

Following debate, more than 10 Members rose from their seats to request a recorded vote on the amendment in accordance with Procedural Rule 17.4. A recorded vote was therefore taken and Members indicated their votes as follows:-

For the amendment (14 Councillors)

Councillor Kabir Ahmed
Councillor Ohid Ahmed
Councillor Shelina Aktar
Councillor Shahed Ali
Councillor Abdul Asad
Councillor Lutfa Begum
Councillor Alibor Choudhury
Councillor Shafiqul Haque
Councillor Aminur Khan
Councillor Rabina Khan
Councillor Rania Khan
Councillor Fozol Miah
Councillor Harun Miah
Councillor Maium Miah

Against the amendment (26 Councillors)

Councillor Joshua Peck
Councillor Helal Abbas
Councillor Khaled Uddin Ahmed
Councillor Rajib Ahmed
Councillor David Edgar
Councillor Marc Francis
Councillor Judith Gardiner
Councillor Carlo Gibbs
Councillor Carli Harper-Penman
Councillor Sirajul Islam
Councillor Anne Jackson
Councillor Denise Jones
Councillor Anwar Khan
Councillor Shiria Khatun
Councillor Mohammed Abdul Mukit, MBE
Councillor Ahmed Ohmer
Councillor Lesley Pavitt
Councillor Zenith Rahman
Councillor Rachael Saunders
Councillor Bill Turner
Councillor Helal Uddin
Councillor Kosru Uddin
Councillor Abdal Ullah
Councillor Motin Uz-Zaman

Councillor Amy Whitelock
Councillor Mizanur Chaudhury (The Chair of Council)

Abstained (8 Councillors)

Councillor Peter Golds
Councillor Timothy Archer
Councillor Craig Aston
Councillor Zara Davis
Councillor Stephanie Eaton
Councillor Dr Emma Jones
Councillor David Snowdon
Councillor Gloria Thienel

The amendment was accordingly **defeated**.

On the substantive motion being put to the vote, more than 10 Members rose from their seats to request a recorded vote in accordance with Procedural Rule 17.4. The substantive motion was therefore put to a recorded vote and Members indicated their votes as follows:-

For the motion (27 Councillors)

Councillor Joshua Peck
Councillor Helal Abbas
Councillor Khaled Uddin Ahmed
Councillor Rajib Ahmed
Councillor Stephanie Eaton
Councillor David Edgar
Councillor Marc Francis
Councillor Judith Gardiner
Councillor Carlo Gibbs
Councillor Carli Harper-Penman
Councillor Sirajul Islam
Councillor Ann Jackson
Councillor Denise Jones
Councillor Anwar Khan
Councillor Shiria Khatun
Councillor Mohammed Abdul Mukit, MBE
Councillor Ahmed Omer
Councillor Lesley Pavitt
Councillor Zenith Rahman
Councillor Rachael Saunders
Councillor Bill Turner
Councillor Helal Uddin
Councillor Kosru Uddin
Councillor Abdal Ullah
Councillor Motin Uz-Zaman
Councillor Amy Whitelock
Councillor Mizanur Chaudhury (The Chair of Council)

Against the motion (nil Councillors)

Abstained (21 Councillors)

Councillor Peter Golds
Councillor Kabir Ahmed
Councillor Ohid Ahmed
Councillor Shelina Aktar
Councillor Shahed Ali
Councillor Timothy Archer
Councillor Abdul Asad
Councillor Craig Aston
Councillor Lutfu Begum
Councillor Alibor Choudhury
Councillor Zara Davis
Councillor Shafiqul Haque
Councillor Dr Emma Jones
Councillor Aminur Khan
Councillor Rabina Khan
Councillor Rania Khan
Councillor Fozol Miah
Councillor Harun Miah
Councillor Maium Miah
Councillor David Snowdon
Councillor Gloria Thienel

The motion was therefore **agreed**. Accordingly it was:-

RESOLVED

This Council notes:

1. That we are in a time of significant change in how social care is provided in Tower Hamlets, with reablement and personalisation changing how people relate to services.
2. That the Independent Mayor chose to take a significant proportion of the Tory led government's cuts from domiciliary care - £2,731,000 through reducing demand for domiciliary care through reablement and cutting the in house domiciliary care service and £1,390,000 through re-commissioning.

This Council believes:

1. That whilst there are steps that can be taken to make legitimate savings – block contracts rather than expensive spot purchasing, and increasing the independence of some service users through intensive early support, there are significant concerns.
2. The move to reablement must be driven by what is best for vulnerable people, not cost cutting.

3. That the in house service was widely recognised as an excellent service and that any contracted care that replaces it must be commissioned on the basis of the same high standards.
4. That the Independent Mayor, having put forward his savings proposals, had a responsibility to keep them on track – delays in making savings mean further unplanned cuts to vital services.
5. That the people of Tower Hamlets deserve an explanation for why the domiciliary care contracts were delayed. This cost circa £800,000 – money that will now have to be cut from elsewhere.
6. That since October 2009 all new long term packages of home care support have been commissioned from external suppliers.
7. That, as a part of the budget process, the Independent Mayor rowed back on his original proposal to end all in house provision of domiciliary care other than reablement.
8. That some long term service users of in house domiciliary care packages are now being moved on to contracted out care providers at their annual reviews, and some are not, and are being permitted to stay in house.

This Council resolves:

1. To call on the Independent Mayor for transparency on how decisions are made on which long term service users retain in house provision, and which move to contracted provision.
2. To call on the Independent Mayor for a halt on moving people away from in house provision until councillors and the public have had full public transparency and debate.
3. To continue to speak up for those local people who receiving less than the best quality of care.
4. To call on the Independent Mayor for answers on the £800,000 of unnecessary cuts.

Extension to time limit for the meeting

Councillor Motin Uz-Zaman **MOVED**, and Councillor Joshua Peck **SECONDED**, a procedural motion – “That under Procedure Rule 15.11.7 the meeting continue for a further 10 minutes, to enable consideration of motion 12.21.” The procedural motion was put to the vote and was **agreed**.

NOTE: Councillor Carli Harper-Penman, having declared a prejudicial interest in the next item, left the Council Chamber before consideration thereof.

12.21 Affordable Rent

Councillor Helal Uddin **MOVED**, and Councillor Judith Gardiner **SECONDED**, the motion as printed in the agenda.

Following debate, Councillor Judith Gardiner **MOVED**, and Councillor Bill Turner **SECONDED**, a procedural motion – “That under Procedural Rule 14.1.10 the question be now put.” The procedural motion was then put to the vote and was **agreed**.

The substantive motion was then put to the vote and was **agreed**. Accordingly it was:-

RESOLVED

This Council notes:

1. According to its own Housing Strategy, Tower Hamlets faces an “immense” set of housing challenges including almost 10,000 overcrowded households living in its social rented housing. The chronic shortage of affordable housing in Tower Hamlets is a crisis for the health, economic prospects and wellbeing of its citizens.
2. Under Labour control, the Council responded to this crisis by consistently building more affordable homes than any other London borough.
3. The Tory-led coalition government has made huge cuts to the affordable housing budget. To make up the shortfall, most new state subsidised homes will be significantly more expensive and less secure than traditional social rented homes - up to 80% of market rents and with tenancies as short as two years. This new tenure is called “Affordable Rent”.
4. As well as most new homes being “Affordable Rent”, the government has also given its approval for housing associations to “convert” existing social-rented homes to the new Affordable Rent level when they become vacant, further reducing the number of genuinely affordable homes for those who need them.

This Council believes:

1. “Affordable Rent” is yet another example of the Tory party’s obsession with decimating our stock of social housing - this time by racking up rents to make sure that the people who need social housing most are the ones who miss out.
2. Tower Hamlets Council’s number one housing priority must be to build more homes that its residents can afford and want to live in. It must do

this in the context of an economic recession that has stifled the housebuilding industry, and a government and a Mayor that are strongly opposed to the ideals of the welfare state.

3. There are opportunities to tweak “Affordable Rent” to make it more workable for a particular area. For example, family-sized properties could be charged at 50% of market rents if a housing association can charge higher rents on smaller properties. Alternatively, the Council could contribute some land in return for lower rents once the homes are built.
4. There are other ways to build social housing, e.g. through section 106 agreements. However, these are unlikely to deliver the volume of new homes that we need.

This Council Resolves:

1. To call on the Mayor to publish a clear and transparent policy covering the following:
 - a. maximum permitted rent levels for each size of property in each ward of Tower Hamlets
 - b. how the Council will evaluate each proposal for “Affordable Rent” homes in Tower Hamlets
 - c. to oppose housing associations “converting” existing social rented homes to Affordable Rent, and in what circumstances
2. To call on the Mayor to make a commitment only to support bids for HCA funding that deliver homes those on our Housing Waiting List can afford to rent and which keep the number of re-lets at these higher rent levels to an absolute minimum;
3. To call on the Mayor to remove from Tower Hamlets Council’s list of Preferred Partners for future development, any housing association submitting a bid for HCA funding which would result in either new homes or re-lets costing 70 per cent or more of a market rents;
4. To call on the Mayor to instruct officers not to agree to any amendment to the legal Transfer Agreement between the London Borough of Tower Hamlets and a stock transfer RSL enabling the later to let former council homes at non-social rent levels;
5. To call on the Mayor to report back to Full Council on the outcome of this year’s bidding round for HCA funding, within three months of any decisions being announced.

Motions 12.1; 12.4; 12.5; 12.6; 12.11; 12.12; 12.14; 12.15; 12.16; 12.17; 12.18; 12.19; 12.20; 12.22 and 12.23 were not considered due to the time

limit being reached. Tabled amendments to motions 12.1 and 12.4 were not moved, accordingly.

The meeting ended at 11.23 p.m.

Speaker,
Council

LONDON BOROUGH OF TOWER HAMLETS

COUNCIL MEETING

WEDNESDAY 25TH JANUARY 2012

PETITIONS

**REPORT OF THE SERVICE HEAD,
DEMOCRATIC SERVICES**

SUMMARY

1. The Council's constitution as amended provides that a maximum of three petitions are received at any meeting. These are taken in order of receipt. This report sets out the valid petitions submitted for presentation at the Council meeting on Wednesday 25th January 2012.
2. The deadline for receipt of petitions for this meeting is noon on Thursday 19th January. However, at the time of agenda despatch three petitions had been received as set out overleaf which is the maximum number to be heard.
3. In each case the petitioners may address the meeting for no more than three minutes. Members may then question the petitioners for a further four minutes. Finally, the relevant Cabinet Member or Chair of Committee may respond to the petition for up to three minutes.
4. Any outstanding issues will be referred to the relevant Corporate Director for attention who will respond to those outstanding issues in writing within 28 days.
5. Members should confine their contributions to questions and answers and not make statements or attempt to debate.

5.1 Petition from Wapping Allotments Association:

“We, the undersigned, call on Tower Hamlets Council to hand over the land on Vaughan Way, derelict for more than 40 years, to create allotments for the people of Wapping.”

5.2 Petition regarding environmental proposals for the canal side, Ocean Estate:

“We, the undersigned strongly object to the demolition of garages, sheds and other environmental proposals that landscape architects are putting forward to the residents of the following blocks: Azov House, Moray House, Emmott Close, James House, Sandlewood Close and Broadford House. We ask the Council to stop this happening. We demand that these unnecessary proposals are reviewed by the Council as a matter of extreme urgency.”

5.3 Petition regarding antisocial behaviour in the area of Vallance Road:

“We the undersigned would like to submit this petition due to the antisocial behaviour caused by prostitutes operating along north of Vallance Road and surrounding streets.”

LONDON BOROUGH OF TOWER HAMLETS

COUNCIL MEETING

WEDNESDAY 25TH JANUARY 2012

**QUESTIONS SUBMITTED BY
MEMBERS OF THE PUBLIC**

**REPORT OF THE SERVICE HEAD,
DEMOCRATIC SERVICES**

SUMMARY

1. Set out overleaf are the questions submitted by members of the public, for response by the Mayor or appropriate Cabinet Member or committee chair at the Council Meeting on 25th January 2012.
2. The Council's Constitution sets a maximum time limit of twenty minutes for this item.
3. A questioner who has put a question in person may also put one brief supplementary question without notice to the Member who has replied to his or her original question. A supplementary question must arise directly out of the original question or the reply. Supplementary questions and Members' responses to written and supplementary questions are each limited to two minutes.
4. Any question which cannot be dealt with during the twenty minutes allocated for public questions, either because of lack of time or because of non-attendance of the questioner or the Member to whom it was put, will be dealt with by way of a written answer.
5. Unless the Speaker of Council decides otherwise, no discussion will take place on any question, but any Member of the Council may move, without discussion, that the matter raised by a question be referred for consideration by the Cabinet or the appropriate Committee or Sub-Committee.

QUESTIONS

Four questions have been submitted as set out below:-

6.1 Question from Miss Sultana Begum:

What does the Mayor think about the Conservative Mayor Boris Johnson's recent rises in London transport fares?

6.2 Question from Mr Len Aldis:

Could the Mayor update me on his conversations with LOCOG regarding the controversial sponsorship of the Olympic Games by Dow Chemical?

6.3 Question from Ms Catherine Tuitt:

In light of the Stephen Lawrence case concluding with two convictions, what further steps will the Mayor be taking to monitor, and eradicate, racial and hate crime and promote equality in the borough?

6.4 Question from Ms Sayeeda Nasima:

What steps is the Mayor taking to respond to the demand in the community for Bengali language teaching in mainstream primary schools in Tower Hamlets?

LONDON BOROUGH OF TOWER HAMLETS

COUNCIL MEETING

WEDNESDAY 25TH JANUARY 2012

**QUESTIONS SUBMITTED BY
MEMBERS OF THE COUNCIL**

**REPORT OF THE SERVICE HEAD,
DEMOCRATIC SERVICES**

SUMMARY

1. Set out overleaf are the questions submitted by Members of the Council for response by Members of the Executive at the Council meeting on Wednesday 25th January 2012.
2. Questions are limited to one per Member per meeting, plus one supplementary question unless the Member has indicated that only a written reply is required and in these circumstances a supplementary question is not permitted.
3. Oral responses are time limited to one minute. Supplementary questions and responses are also time limited to one minute each.
4. There is a time limit of thirty minutes for consideration of Members' questions with no extension of time allowed and any question not answered within this time will be dealt with by way of a written response. The Speaker will decide the time allocated to each question.
5. Members must confine their contributions to questions and answers and not make statements or attempt to debate.

MEMBERS' QUESTIONS

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

8.1 Question from Councillor Judith Gardiner:

“The Government has recently announced that it will be changing the law to make unauthorised subletting a criminal offence. What extra measures will the Mayor be taking to crack down on this and other abuses of the allocation process to ensure that those in genuine housing need are not disadvantaged or taken advantage of by cheats?”

8.2 Question from Councillor Peter Golds:

“Does the Mayor support the Government’s announcement that it will seek to criminalise sub-letting of socially rented property?”

8.3 Question from Councillor Motin Uz-Zaman:

“Housing Benefit changes will have a profound impact on our residents and it will lead to some having to leave the borough because the housing allowance will not cover their full rent. Can the Mayor inform the Council the number of meetings he has had with the Minister responsible for these changes to highlight the impact on residents of Tower Hamlets?”

8.4 Question from Councillor Fozol Miah:

“Will the Mayor and lead member celebrate with me the bringing to justice of two of Stephen Lawrence’s killers and congratulate all those involved in achieving this and above all Neville and Doreen Lawrence, but also regret that police incompetence, racism and maybe even corruption botched the original enquiry and may lead to his other murderers continuing to evade justice, and will they also agree that, whilst there have been significant improvements in policing in London since the landmark Macpherson report, there are still serious problems, for example in the abuse of “stop and search” powers and in the lack of ethnic minority appointment to senior management positions in the Metropolitan Police, and will they agree to make representations to the new Commissioner and to the borough commander that the concept of “total” policing should include making the police reflect at all levels of the force and, above all, respect all of the communities they police?”

8.5 Question from Councillor Lesley Pavitt:

“Can the Mayor please tell me why the number of complaints about One Stop Shops went up by 29% in the first half of 2011/12?”

8.6 Question from Councillor Zara Davis:

“Why has the Mayor ignored the motion agreed by Full Council in September 2011, which resolved that “Sir John McDougal Gardens, Millwall Park and Island Gardens will remain solely for the use of residents and community groups for the purposes of recreation, leisure and sports?”

8.7 Question from Councillor Shiria Khatun:

“Can the Mayor tell this Council what is being done to increase recycling in the borough?”

8.8 Question from Councillor Maium Miah:

“Can the Mayor inform the Council on whether the Rich Mix Centre has repaid its £850,000 short-term loan, as agreed by Michael Keith when he was Council Leader?”

8.9 Question from Councillor Helal Uddin:

“How does the Mayor justify the recently announced significant rent rise, which will hit tenants already struggling with rising costs in other utilities, falling wages and benefit changes, and rising fees and charges for parking and other Council Services, and what measures will he be taking to mitigate its effect?”

8.10 Question from Councillor David Snowdon:

“Will the Mayor please outline what measures he is taking to promote the teaching of history in Tower Hamlets schools?”

8.11 Question from Councillor Kosru Uddin:

“Following the EDL visit and the riots last year and lack of involvement of THEOs in supporting the borough's residents, has a revised strategy been agreed in terms of THEOs involvement in community safety if future disturbances on the scale witnessed last year were to be repeated?”

8.12 Question from Councillor Stephanie Eaton to the Deputy Mayor:

“Would the Deputy Mayor agree that the 41% increase in burglary over the past 12 months in Bethnal Green North is a serious concern and would he join with me to urge the Borough Commander and the BGN Safer Neighbourhood Team to undertake an immediate review of the ward and implement burglary prevention measures in the ward?”

8.13 Question from Councillor Carlo Gibbs:

“Can the Mayor please tell me how many visits were made by residents to Rushmead One Stop Shop last year regarding Housing Benefit?”

8.14 Question from Councillor Gloria Thienel:

“Considering the rising incidents of metal theft from public memorials; how many incidents of metal theft from a public memorial in Tower Hamlets has taken place in the last year, will the Mayor please inform the Council what measures he has taken to ensure that war memorials are protected in the London Borough of Tower Hamlets?”

8.15 Question from Councillor Khales Uddin Ahmed:

“Can the Mayor tell me how many jobs so far have been taken up by Tower Hamlets residents as a result of the deal made between him and LOCOG?”

8.16 Question from Councillor Harun Miah:

“Will the Mayor and the lead member agree with me that the Private Finance Initiative was an unnecessary accounting trick which has not produced value for money for the taxpayer but has instead lumbered taxpayers with very large and potentially unsustainable future debts and could they confirm which PFI schemes imposed on Tower Hamlets schools have run into financing problems, what the implications are of these problems and what the council is doing to sort these problems out?”

8.17 Question from Councillor Anna Lynch:

“Can the Mayor tell me how many times he has met ministers of the Department for Health in the last six months, on what occasions and what issues he raised on each occasion?”

8.18 Question from Councillor Craig Aston:

“Will the Mayor provide an update on energy efficiency in the Town Hall building?”

8.19 Question from Councillor Zenith Rahman:

“Given the reductions he has already made in street cleaning in the borough, what measures is the Mayor taking to ensure that the increasingly filthy streets will not negatively impact on Tower Hamlets securing City Status?”

8.20 Question from Councillor Lutfa Begum:

“What has been done to help overcrowded families who are reluctant to move to Car Free Properties?”

8.21 Question from Councillor Tim Archer:

“Will the Mayor provide an update on the progress of the motion agreed by full Council on 15 September 2010, to bring the Henry Moore statue back to the borough and explain to the Council why this is taking so long, what meetings/discussions have taken place and will the statue be back in time for the Olympics?”

8.22 Question from Councillor Kabir Ahmed:

“Could the Mayor tell us what has been the impact of his significant investment in tackling drugs and anti-social behaviour?”

8.23 Question from Councillor Dr Emma Jones:

“How many people sacked from Tower Hamlets employment have accidentally continued to be paid in the past year?”

8.24 Question from Councillor Aminur Khan:

“How has the Mayor progressed on his pledge to make sure Registered Social Landlords deliver on their service agreements?”

8.25 Question from Councillor Shafiqul Haque to the Cabinet Member for Housing:

“Many housing estates in the borough are benefiting from regeneration. I would like to thank the Mayor for bringing this much needed investment. However many of our leaseholders are suffering in the current financial climate, with increasing inflation, fuel prices and worries around employment. How are we ensuring that leaseholders will be charged fairly for any major works?”

This page is intentionally left blank

REPORT OF THE CABINET

7 DECEMBER 2011

To receive the report of the Cabinet at its meeting held on Wednesday **7 December 2011**.

Mayor and Councillors in attendance at the meeting: -

Cabinet:

| | |
|-----------------------------|---|
| Mayor Lutfur Rahman | |
| Councillor Ohid Ahmed | (Deputy Mayor) |
| Councillor Rofique U Ahmed | (Cabinet Member for Regeneration) |
| Councillor Shahed Ali | (Cabinet Member for Environment) |
| Councillor Abdul Asad | (Cabinet Member for Health and Wellbeing) |
| Councillor Alibor Choudhury | (Cabinet Member for Resources) |
| Councillor Shafiqul Haque | (Cabinet Member for Jobs and Skills) |
| Councillor Rabina Khan | (Cabinet Member for Housing) |
| Councillor Oliur Rahman | (Cabinet Member for Children's Services) |

Other Councillors:

| | |
|---------------------------|--|
| Councillor Kabir Ahmed | (Executive Advisor to the Mayor and Cabinet) |
| Councillor Ann Jackson | (Chair, Overview & Scrutiny Committee) |
| Councillor Motin Uz Zaman | (Deputy Leader of the Labour Group) |

1. Substance Misuse Strategy (CAB 054/112)

The report (attached as Appendix A to this council report) informed the Mayor and Cabinet that: -

- On 8 December 2010 the government launched its new drug strategy, 'Reducing demand, restricting supply, building recovery: supporting people to live a drug-free life'.
- Tower Hamlets is an area of high deprivation with low income households, both of which are associated with a greater level of harm resulting from substance misuse.
- Average rates of alcohol consumption across Tower Hamlets are relatively low due to a large proportion of the population who do not drink, estimated to be 33%. However 43% of people who do drink have harmful or hazardous drinking patterns. Levels of all recorded alcohol related crime, alcohol related violent crime and alcohol related sexual offences are significantly worse than the national average. In addition, the borough sees high rates of male alcohol specific and alcohol attributed hospital admissions.

- It is estimated there are around 3795 Opiate and Crack Users in Tower Hamlets and 52% of residents who responded to the Annual Residents Survey (2010/11) said that drug misuse or dealing was a very or fairly big problem. During the period April to July 2011, Tower Hamlets saw the highest number of class A offences in London.
- Tower Hamlets have made considerable progress in reducing the harm caused by drug and alcohol misuse. The London Borough of Tower Hamlets and NHS East London and the City, alongside treatment providers, the Metropolitan Police and London Probation have worked hard together to ensure that we support healthy lifestyle choices, provide high quality treatment and tackle drug / alcohol related crime and anti-social behaviour.
- The Partnership is keen to build upon progress to date and further improve the approach to tackling the harms associated with drug and alcohol misuse in the borough. The substance misuse strategy has been drafted by partners to outline the partnership approach for 2012-2015.

The Mayor

- Welcomed the Strategy, commenting that it was important that residents of the borough considered that the Council was making a positive difference to their lives. Significant resources had been invested in addressing substance misuse and he looked forward to seeing the anticipated outcomes of that. He was well aware of the potential for substance misuse to destroy the lives of young people. He concluded by strongly recommending that full Council to adopt the Strategy.
- **Agreed** the recommendations as set out in the report before the Cabinet for consideration, with minor amendments.

Decision

That the contents of the report (CAB 054/112) be noted,

That the Substance Misuse Strategy appended to the report (CAB 054/112) be endorsed; and

That Council be recommended to adopt the Substance Misuse Strategy as set out in the report (CAB 054/112).

Council is therefore recommended to: -

Approve Substance Misuse Strategy, attached at Appendix 1 to the report (CAB 054/112) **(Attached at Appendix A to this Council report)**.

**Lutfur Rahman
Mayor**

LOCAL GOVERNMENT ACT 1972 SECTION 100D (AS AMENDED)
LIST OF "BACKGROUND PAPERS" USED IN THE PREPARATION OF THIS REPORT

| Brief description of "background paper" number of holder | Tick if copy supplied | If not supplied, name and telephone |
|---|----------------------------------|--|
| Draft Cabinet minutes 07/12/11 | | Angus Taylor 020 7364 4333 |

This page is intentionally left blank

| | | | |
|---|----------------------------|---|-------------------|
| Committee/Meeting: Full Council | Date: 25/01/2012 | Classification: Unrestricted | Report No: |
| Report of: Corporate Director: Stephen Halsey Originating officer(s) Rachael Sadegh, Interim DAAT Co-ordinator | | Title: Substance Misuse Strategy Wards Affected: All wards | |

| | |
|-----------------------------|---|
| Lead Member | Cllr Ohid Ahmed |
| Community Plan Theme | A Prosperous Community A Safe and Cohesive Community A Healthy and Supportive Community |
| Strategic Priority | |

1. **SUMMARY**

- 1.1. On 8 December 2010 the government launched its new drug strategy, 'Reducing demand, restricting supply, building recovery: supporting people to live a drug-free life'. The strategy places emphasis on providing a more holistic approach to recovery, aims to reduce demand, takes an uncompromising approach to crack down on those involved in drugs supply, and puts power and accountability in the hands of local communities to tackle drugs and the harm they cause.
- 1.2. In Tower Hamlets, we have over recent years made considerable progress in reducing the harm caused by drug and alcohol misuse. The London Borough of Tower Hamlets and NHS East London and the City, alongside treatment providers, the Metropolitan Police and London Probation have worked hard together to ensure that we support healthy lifestyle choices, provide high quality treatment and tackle drug / alcohol related crime and anti-social behaviour.
- 1.3. The Partnership is keen to build upon progress to date and further improve the approach to tackling the harm associated with drug and alcohol misuse in the borough. The substance misuse strategy has been drafted by partners to outline the partnership approach for 2012-2015.

2. DECISIONS REQUIRED

- 2.1 Full Council is recommended to:-
- Consider the strategy and approve for adoption by LBTH

3. REASONS FOR THE DECISIONS

- 3.1 The strategy supports the achievement of objectives within three of the four Community Plan themes:
- A Prosperous Community
 - Supporting more people into work and improving employment skills
 - Supporting residents through national welfare reform
 - A Safe and Cohesive Community
 - Focusing on crime and anti-social behaviour
 - Reducing re-offending
 - Reducing the fear of crime
 - A Healthy and Supportive Community
 - Helping people to live healthier lives
 - Keeping vulnerable and high risk children, adults and families safer and minimising harm and neglect

4. ALTERNATIVE OPTIONS

- 4.1. The Council has an obligation under section 6 of the Crime and Disorder Act 1998 to formulate and implement strategies in conjunction with other specified responsible authorities for combating the misuse of drugs, alcohol and other substances. There is Partnership agreement that the strategic approach to drug and alcohol abuse should be come together in one overarching Substance Misuse Strategy as many of the issues are replicated across the client groups. This strategy will support the Crime and Disorder Reduction Strategy in Tower Hamlets (the Community Safety Plan). The Community Plan also refers to alcohol / drug strategies within both the Safe and Cohesive Community theme and the Healthy and Supportive Community theme reflecting widely held local concerns about these issues.
- 4.2. Doing nothing would fail to address the needs of client groups and the concerns of residents. It would fail to address the concerns of the Partnership or adequately evolve services to become more effective in a period where resources face unprecedented pressures. This is not considered an option.

5. BACKGROUND

- 5.1. Tower Hamlets is an area of high deprivation with low income households, both of which are associated with a greater level of harm resulting from substance misuse.
- 5.2. Average rates of alcohol consumption across Tower Hamlets are relatively low due to a large proportion of the population who do not drink, estimated to be 33%. However 43% of people who do drink have harmful or hazardous drinking patterns. Levels of all recorded alcohol related crime, alcohol related violent crime and alcohol related sexual offences are significantly worse than the national average. In addition, the borough sees high rates of male alcohol specific and alcohol attributed hospital admissions.
- 5.3. It is estimated there are around 3795 Opiate and Crack Users in Tower Hamlets and 52% of residents who responded to the Annual Residents Survey (2010/11) said that drug misuse or dealing was a very or fairly big problem. During the period April to July 2011, Tower Hamlets saw the highest number of class A offences in London.
- 5.4. By working in partnership, we can address the problems associated with drug and alcohol misuse. Via this strategy, LBTH and partners aim to help people who are affected by substance misuse or dependent upon drugs or alcohol.

6. BODY OF REPORT

- 6.1. The Substance Misuse Strategy 2012-15 is the first combined drug and alcohol strategy for Tower Hamlets. It is a 3 year partnership strategy and has been developed in conjunction with all partners and other significant stakeholders.
- 6.2. Two documents have been produced; the full technical document and a shorter summary document aimed at residents and parties requiring an overview.
- 6.3. The Strategy is divided into two chapters, drugs and alcohol. Each chapter is further divided into three pillars;
 - prevention and behaviour change,
 - treatment,
 - enforcement / regulation.
- 6.4. The three pillars are underpinned by a partnership commitment to improving data, intelligence and surveillance.
- 6.5. Prevention and behaviour change commitments within the Strategy include information, promotion and prevention activities, multi-agency

communications plan, expansion of screening for alcohol problems, access to good quality education in schools.

- 6.6 Treatment commitments within the Strategy include improving access to and effectiveness of treatment, redesigning the drug / alcohol treatment system to improve outcomes and localise services, targeted outreach for difficult to engage drinkers and drug users, improving our response to parental substance misuse, embedding a recovery focus within treatment services.
- 6.7 Enforcement and regulation commitments within the strategy include actions to enforce law relating to alcohol and drugs and reduce associated antisocial behaviour and crime, implementation and enforcement of borough wide alcohol control zone, under age sales test purchases, operations to uncover illicit alcohol, dealer-a-day initiative, joint tasking approach to drug / alcohol related crime and ASB.
- 6.4. A communications plan is currently in development to determine how the Strategy will be publicised to stakeholders and residents. An action plan will also be developed for all 3 strands of the Strategy and overseen by the DAAT Board to ensure accountability and demonstrable improvement activity. The Strategy also calls for the designation of anti drug / alcohol champions across the borough and this is in accordance with the National Drugs Strategy.
- 6.5. A wide consultation process was undertaken in July / August 2011 via stakeholder focus groups and an online survey. Online responses were received and additional feedback gained via focus groups from service users, service providers, partners, councillors and residents. Feedback has been taken into account and changes to the Strategy approved by the Strategy Steering Group and DAAT Board. Formal responses to each consultation response have been written and will be available on LBTH and NHS East London and the City websites.
- 6.6. Contribution to the Community Plan
- 6.6.1. *A Prosperous Community*

Opiate and Crack Users are amongst the most disadvantaged groups in society, frequently having physical and mental health problems as well as offending histories, often coupled with limited skills or employment experience. Many employers are reluctant to recruit current or ex drug users, particularly if they have a history of offending. DWP estimates indicate that there is a higher than average percentage of benefit claimants who are Opiate and Crack Users in Tower Hamlets (9.24% of Job Seekers Allowance claimants, 11.27% of Income Support claimants, 5.15% of Disability Living Allowance claimants, 9.53% of Incapacity Benefit claimants). Whilst the same information is not available for alcohol misusers, there will also be an impact of alcohol misuse on worklessness. This group will also be affected by changes within the Welfare Reform Bill.

The Strategy commits to embedding recovery into treatment services to enable, empower and support drug / alcohol users to progress along a

journey of sustainable improvement to their health, wellbeing and independence, and focus support for them to secure accommodation, education and employment, and to reconnect with their local communities.

6.6.2. *A Safe and Cohesive Community*

Alcohol intoxication is associated with almost half of assaults and more than a quarter of domestic violence incidents. In Tower Hamlets, alcohol related crime is significantly higher than the national average. Similarly there are well documented associations between dependent Class A drug use and acquisitive crime. In 2010/11, where mandatory drug tests were undertaken, 31% of those tested had a positive result for opiates or cocaine. Residents' surveys show that residents are concerned about drug / alcohol associated anti-social behaviour and this is addressed by including enforcement and regulation as a central pillar of the strategy. The Strategy commits to a wide range of actions to tackle drug / alcohol related crime and antisocial behaviour as well as strategies to reduce re offending by individuals with a drug / alcohol addiction.

6.6.3. *A Healthy and Supportive Community*

Regular heavy drinking is leading to a rapid rise in liver disease and alcohol misuse causes breast and mouth cancer, reduces fertility, damages unborn babies and affects cardiovascular health. Approximately 15% of hospital admissions are alcohol related and 1 in 5 general hospital beds are occupied by a patient with an alcohol related issue. People who misuse drugs may present with a range of physical and mental health problems including thrombosis, abscesses, overdose, hepatitis B and C, HIV, depression, anxiety and paranoia.

The treatment pillar of the Strategy commits to a range of activities to improve wider health outcomes for all individuals who use drugs and / or alcohol as well as addressing their addiction specifically. The prevention and behaviour change pillar addresses the early intervention and prevention activities required to help individuals recover from addiction and discourage individuals from misusing drugs / alcohol.

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

- 7.1 There are no specific financial implications emanating from this report, the funding of drug / alcohol services in the borough is mostly via external funding. From 2013/14, the pooled treatment, drug intervention programme and PCT mainstream budgets will be incorporated within the Public Health budget transferred to the Local Authority. The strategy covers the period for this arrangement and relies upon funding both external and internal to redesign the treatment system to be lean and flexible in delivering value for money.

8. **CONCURRENT REPORT OF THE ASSISTANT CHIEF EXECUTIVE
(LEGAL SERVICES)**

- 8.1. It is proposed to introduce a substance misuse strategy, which will contain a Tower Hamlets Partnership approach to tackling the problems associated with drug and alcohol misuse in the borough.
- 8.2. The Council has an obligation under section 6 of the Crime and Disorder Act 1998 to formulate and implement strategies in conjunction with other specified responsible authorities for –
- Reduction of crime and disorder
 - Combating the misuse of drugs, alcohol and other substances
 - Reduction of re-offending.
- 8.3. The proposed strategy may fulfil the Council's obligation in relation to the second of the areas specified in paragraph 8.2. Pursuant to section 17 of the Crime and Disorder Act 1998, the Council is required, before adopting the strategy to have due regard to the likely effect of the strategy on, and the need to do all that it reasonably can to prevent, crime and disorder, misuse of drugs and alcohol and re-offending in Tower Hamlets.
- 8.4. Under section 11 of the Children Act 2004, the Council is required in the discharge of its functions to have regard to the need to safeguard and promote the welfare of children. The Council is also required by section 175 of the Education Act 2002 to make arrangements for ensuring its education functions are exercised with a view to safeguarding and promoting the welfare of children. The proposed strategy may be considered consistent with these requirements to the extent that it will focus on education for children and young people.
- 8.5. The Crime and Disorder (Formulation and Implementation of Strategy) Regulations 2007 require there to be a strategy group to prepare strategic assessments and to prepare and implement a partnership plan for Tower Hamlets on behalf of the responsible authorities. For the purposes of preparing the strategic assessment and plan, the strategy group is required to engage with persons who live and work in Tower Hamlets about specified matters. Before adopting the strategy, the Council will need to be satisfied that the required consultation has taken place.
- 8.6. The report draws links between the proposed strategy and the Tower Hamlets Community Plan. The links with the Community Plan may provide power for the Council to carry out the actions falling to it under the strategy. The Council is empowered under section 2 of the Local Government Act 2000 to do anything which it considers likely to promote the social, economic or environmental well being of Tower Hamlets, provided the action is not otherwise prohibited by statute. This power includes the ability to incur expenditure or to give financial assistance to or enter into arrangements or agreements with any other person. The power may be exercised in relation to, or for the benefit of: (a) the whole or any part of Tower Hamlets; or (b) all

or any persons resident in Tower Hamlets. In exercising the power, regard must be had to the Community Plan and there should be evidence to demonstrate the likely benefits.

- 8.7. The council actions proposed under the strategy may in addition be supportable by reference to a number of the Council's other statutory functions. For example, in relation to the supply of alcohol the Council has functions under the Licensing Act 2003 as both a licensing authority and an enforcing authority. A key objective under the Licensing Act is the prevention of crime and disorder and the Government's guidance on licensing makes further reference to how authorities may relevantly exercise their powers. There are thus opportunities for the Council in the exercise of its Licensing Act functions to achieve objectives under the substance misuse strategy. In respect of these and other statutory functions it will be for officers to ensure that the Council acts lawfully within its statutory functions.
- 8.8. Before adopting the strategy, the Council must have due regard to the need to eliminate unlawful conduct under the Equality Act 2010, the need to advance equality of opportunity and the need to foster good relations between persons who share a protected characteristic and those who don't. Some form of equality analysis will be required and the report indicates that an equality impact assessment will be prepared by the Partnership.
- 8.9. The Local Authorities (Functions and Responsibilities) (England) Regulations 2000 provide that the making of a crime and disorder reduction strategy pursuant to sections 5 and 6 of the Crime and Disorder Act 1998 is a function that is required not to be the sole responsibility of the Council's executive. This prescription is reflected in Article 4 of the Council's Constitution, which includes a crime and disorder reduction strategy in the policy framework. Paragraph 4.1 of the report indicates that the substance misuse strategy forms a part of the Council's crime and disorder reduction strategy and, on this basis, it will need to be agreed by Full Council.

9. ONE TOWER HAMLETS CONSIDERATIONS

- 9.1 Individuals who misuse drugs and / or alcohol are often marginalised members of the community many of whom are in poverty. Implementation of this Strategy has implications for; reducing inequalities, ensuring community cohesion and strengthening community leadership.
- 9.2 Substance misuse issues affect significant numbers of residents in Tower Hamlets directly or indirectly. Treatment and enforcement and regulation activities are provided directly to the public and are covered by the Strategy. All treatment services are monitored regularly to ensure equality of access and outcomes across all 9 protected characteristics. A partnership EQIA is currently being conducted to establish the full impact of the Strategy and implement any measures necessary to mitigate against any differentials.
- 9.3 Treatment services have been developed to appeal to various different population groups within Tower Hamlets. The Strategy commits to a

redesign of the treatment system and it is essential that a new system continues to offer equitable access to all client groups and those individual groups do not perceive access to services or allocation of resources to be unfair.

- 9.4 The Strategy consultation process involved a wide range of community groups. It commits to ongoing engagement with community groups to support them in providing an impetus for sustained, coordinated action aimed at reducing drug related crime and strengthening community resilience.

8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

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

9. RISK MANAGEMENT IMPLICATIONS

- 11.1 The risks to successful implementation of this strategy relate to; the strength of the Partnership, availability of resources, and the continued prioritisation of strategies to tackle issues associated with substance misuse. The life of the Strategy includes the Olympics period and this will represent a challenging time for the management of substance misuse issues.

- 11.2 The Partnership currently operates a well attended Drug and Alcohol Action Team (DAAT) Board with representatives from all key stakeholders. Members of the DAAT Board are also proactive in Safe and Cohesive and Healthy and Supportive Community Plan Delivery Groups. The strategy action plan will be monitored through the DAAT Board to ensure Partnership involvement.

- 11.3 Drug and alcohol focussed services are currently funded via external grants, LBTH funds and NHS ELC funds. With the advent of Public Health England and the transfer of Public Health responsibilities to Local Authorities, future funding streams are uncertain both in terms of size and ringfencing restrictions. However, partners acknowledge the wider savings and benefits that are possible via investment in drug / alcohol services.

- 11.4 Whilst residents remain concerned about the impact of drug / alcohol misuse in the borough, it is envisaged that strategies to tackle substance misuse will be prioritised though this cannot be guaranteed by all partners in the current economic climate. The Mayor has committed resources to substance misuse focussed enforcement and treatment services and has identified substance misuse as a priority.

- 11.5 During the Olympics period, it is expected that there will be a rise in drug / alcohol related crime and antisocial behaviour and transport logistics will present operational difficulties for treatment services. LBTH is working in partnership with the NHS and the Police to agree and implement actions to minimise the impact upon residents and service users.

10. CRIME AND DISORDER REDUCTION IMPLICATIONS

- 12.1 One of the three defining pillars of the strategy is Enforcement and Regulation. Key commitments outlined within this pillar include:

- Implementation and utilisation of a borough wide alcohol control zone to reduce anti-social behaviour
- Creation of an environment where anybody under the legal drinking age is restricted from obtaining alcohol from licensed premises
- Improvements to the management and planning of the night time economy
- Disruption of the supply of drugs through effective enforcement
- Implementation of a results focused Integrated Offender Management Programme
- Work to be undertaken with community groups to support them to provide an impetus for sustained, coordinated action aimed at reducing drug related crime and strengthening community resilience.

12.2 We will measure success against these commitments via; residents' perceptions in the Annual Residents' Survey, Dealer a Day data and substance misuse related re-offending data.

11. **EFFICIENCY STATEMENT**

13.1 It is estimated nationally that for every £1 spent on alcohol treatment, £5 is saved elsewhere and for every £1 spent on drug treatment in Tower Hamlets, £3.95 is saved on health and crime costs.

13.2 The majority of financial resources for drug / alcohol activities are via external grants though there is a significant investment from LBTH. The strategy commits to a substantial redesign of the drug / alcohol treatment system. This redesign process starts in October 2011 and is scheduled to be completed by October 2012. The redesign process is necessary to develop a lean, flexible and client centred treatment system which eliminates duplication, is cost efficient and delivers excellent value for money.

14. **APPENDICES**

Appendix 1 – Tower Hamlets Substance Misuse Strategy 2012-2015
Summary

Appendix 2 – Tower Hamlets Substance Misuse Strategy 2012-2015
Technical Document

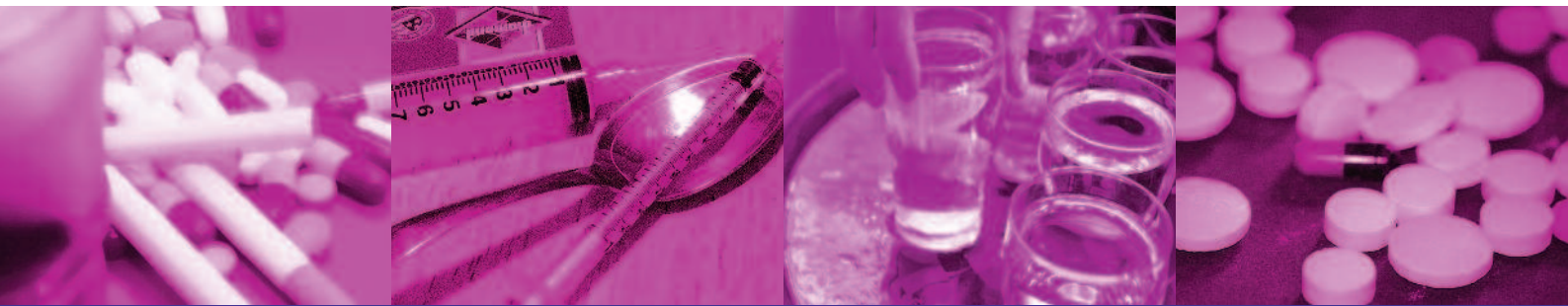
Appendix 3 – Substance Misuse Strategy Action Plan

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

| Brief description of “background papers” | Name and telephone number of holder and address where open to inspection. |
|---|---|
| Population estimates of problematic drug users in England who access DWP Benefits: A feasibility study, DWP Working Paper No 46 | Rachael Sadegh, LBTH, 0207 364 4594, Anchorage House, Clove Crescent |
| Drug Treatment Value for Money Tool – | Rachael Sadegh, LBTH, 0207 364 4594, |

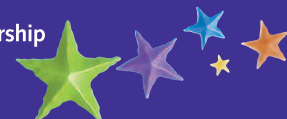
| | |
|---|--|
| calculation of estimated benefits from drug treatment in Tower Hamlets (NTA tool) | Anchorage House, Clove Crescent |
| Papers referred to in the Substance Misuse Strategy that are not publicly available | Rachael Sadegh, LBTH, 0207 364 4594, Anchorage House, Clove Crescent |

TOWER HAMLETS SUBSTANCE MISUSE STRATEGY 2012-2015



SUMMARY

DRAFT



FOREWORD FROM THE MAYOR

Helping individuals who abuse drugs and alcohol on to the road to recovery is key to our success in tackling drug and alcohol misuse. But I know that the harms caused by excessive use of these substances extend far beyond the user to affect their families, communities and neighbourhoods.

I want people to feel safe in their homes and neighbourhoods and so tackling crime and anti-social behaviour, including that associated with alcohol and drug misuse, is my top priority.

The strategy is based on 'three pillars' of action: prevention and behaviour change, treatment, and enforcement and regulation. These areas represent an holistic approach which will help individuals choose not to abuse alcohol or drugs, encourage those who do so to engage in treatment, and target and punish those who sell illegal substances in the borough.

The council will continue to work in partnership with the NHS, Police, Fire Service, Probation and the voluntary sector to achieve these aims.

I have invested £1.3m this year in a range of partnership initiatives to enforce against drug misuse and offer treatment options for those addicted to drugs or alcohol. This money has contributed to the funding of an extra 21 police officers, called the Partnership Taskforce. The new officers are already working closely with communities and partner agencies to tackle anti-social behaviour and drug-related offences, and are a visible presence on the borough's streets. They

are continuing the successful 'Dealer a Day' programme, which last year led to the arrest of over 400 dealers.

The Partnership Taskforce is backed up by a team of Tower Hamlets Enforcement Officers, or THEOs, which I fund to target low-level anti-social behaviour and to provide a high-visibility reassurance in our communities.

This year we have also introduced the Responsible Drinking Borough. An overwhelming majority of residents backed our proposals to introduce the scheme, which provides the council and police with the power to react quickly and effectively to drunken troublemakers.

Additionally, our Drug and Alcohol Action Team (DAAT) and Drug Intervention Programme (DIP) have achieved some excellent results over recent years and are amongst the best performing teams in the country. My Deputy Mayor reflects on some of these achievements in his introduction, below.

This strategy consolidates the actions we have already taken to tackle drug and alcohol misuse, as well as setting out new ways of working to ensure we are building on our past success. We have the highest aspirations for our borough; working together to deliver this strategy will help realise these aspirations.

**Mayor of Tower Hamlets,
Lutfur Rahman.**

FOREWORD FROM THE DEPUTY MAYOR

I welcome this strategy, which sets out how we will work to reduce the impacts of drug and alcohol misuse within our borough over the next three years.

It has been developed in conjunction with our partners and further demonstrates our commitment to the issues as already demonstrated by the work of our Drug and Alcohol Action Team (DAAT) and Drug Intervention Programme (DIP). In recent years, these teams have positioned themselves amongst the best performing drugs teams in the country.

Via a range of DAAT commissioned treatment programmes and local health services, Tower Hamlets has attracted an increasing number of drug and alcohol users into treatment in successive years and now treats more Opiate and Crack users than any other London borough.

DIP ensures that drug-misusing offenders are offered appropriate treatment interventions and Tower Hamlets DIP has been successful in attracting increasing numbers of Class A drug using offenders into structured treatment interventions, achieving levels of engagement 15% above the national average.

Alongside alcohol treatment interventions, these approaches ensure that individuals suffering from substance misuse are given the opportunity to recover and reintegrate within their communities, reducing the harm to themselves and others.

Our pioneering approach to the treatment of those who misuse drugs / alcohol works in tandem with the enforcement

actions we are taking against drug dealers, as explored above. Together they will make our community a safer place for all our residents.

**Deputy Mayor of Tower Hamlets,
Cllr Ohid Ahmed**

INTRODUCTION



1.1 This strategy summary outlines Tower Hamlets Partnership's approach to tackling the problems associated with drugs and alcohol misuse in the borough. It presents the key actions the Partnership intends to take from 2012-2015, as detailed in the full Substance Misuse Strategy technical document, which is published alongside this strategy summary, and which combined should be read and considered as our one Strategy for drugs and alcohol

1.2 In Tower Hamlets, we have over recent years made considerable progress in reducing the harm caused by drug and alcohol misuse. The London Borough of Tower Hamlets and NHS East London & The City, alongside treatment providers, the Metropolitan Police, and London Probation,

have together worked hard to ensure that we support people to make healthy lifestyle choices, provide high quality treatment and support when needed, and tackle the antisocial behaviour and crime associated with drugs and alcohol

1.3 The Health and Wellbeing Board provides an excellent opportunity to strengthen the Partnership's joined up approach in addressing the wide ranging individual and societal harms caused by drug and alcohol misuse

1.4 The Partnership is keen to build on its progress to date, to further improve our approach to tackling the harm associated with drug and alcohol misuse in the borough, and intends to do so through this strategy

Some successes to date

During 2010/11, there were 1,630 drug users in effective treatment in Tower Hamlets, significantly in excess of our target, and the highest in London, and our treatment services are accessed by people from Black & Minority Ethnic communities at a higher rate than other similar areas.

During 2010/11, there were 409 arrests of dealers of Class A and Class B drugs in the borough, taking the total number of arrests above our target of 365 per year in the dealer a day programme.

We have successfully attracted and secured funding to commission three elements to our local alcohol treatment system; a primary care enhanced service, delivery of an acute hospital Trust screening and brief interventions service and the community alcohol team providing health promotion, assessment, community detoxification, referral to residential treatment and management of complex patients.

Protecting children and young people affected by parental substance misuse remains a local priority. We continue to strengthen the strategic response across the full range of services to target effectively the problems that families face.



WHAT WE KNOW ABOUT LOCAL DRUG AND ALCOHOL ISSUES

2

2.1 In preparing this strategy, we have researched information available regarding the nature and scale of drug and alcohol misuse in the borough, and the effects on individuals and the local community. Some of the key facts we have established as part of our research, and which have underlined our need for a new strategy, are detailed below

Key local facts: alcohol

- Although the average rate of alcohol consumption across Tower Hamlets is relatively low, due to a large proportion of the population who do not drink, 43% of people who do drink have harmful or hazardous drinking patterns
- Despite the large proportion of the population who do not drink, we have higher than the London average alcohol-related admissions to hospital (most recent available data suggests that Tower Hamlets saw 1,841 per 100,000 alcohol related hospital admissions in 2009/10 compared to a rate of 1,684 in London and 1,743 in England)
- There is a considerable body of international literature showing that treatment for alcohol problems is both effective and cost-effective. In 2010/11, 602 Tower Hamlets residents received structured alcohol treatment.

Key local facts: drugs

- 52% of residents who responded to the Annual Residents Survey (2010/11) said that drug misuse or dealing was a very, or fairly big problem
- As a recent snapshot Tower Hamlets saw 1232 drug related offences (dealing and possession) during April to July 2011, accounting for 12% of all notifiable offences in the borough. During this same period, Tower Hamlets saw the highest number of class A offences in London.
- Where mandatory drug tests in police custody suites were undertaken, 31% of those tested in 2010/11 had a positive result for opiates or cocaine (mostly crack cocaine). There are well documented associations between dependent Class A drug use and acquisitive crime
- The most recent estimate (2010/11) suggests that there are around 3,795 people with problematic drug use in Tower Hamlets; Of this number, 1,775 (47%) are estimated to have not yet engaged with treatment.

2.2 It has been estimated nationally that the cost of alcohol misuse is huge, with at least £6 billion wasted every year. However, it is also a fact that treatment can be cost effective – for every £1 spent on treatment, £5 is saved elsewhere. For drug misuse treatment, similar financial benefits are possible: for every £1 spent on drug treatment in Tower Hamlets, £3.95 is saved on health and crime costs.



THE TOWER HAMLETS APPROACH

3

3.1 We believe that by working in partnership we will more effectively address the problems associated with drug and alcohol misuse than if we were to work alone. The commitments contained in this strategy are therefore the commitments of the Partnership, including the London Borough of Tower Hamlets, NHS East London & The City, the Metropolitan Police, London Probation and voluntary sector providers

Our Partnership Vision

In Tower Hamlets, we will support people and families to make healthy lifestyle choices; we will reduce harm to those at risk, and empower those who are addicted or dependent to recover. We will relentlessly bear down on the crime and anti-social behaviour associated with drug and alcohol misuse that impacts on our communities.

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

3.3 The Partnership is very aware of the serious social, psychological and physical complications of poly drug use as well as combined substance misuse and mental health problems (known as dual diagnosis). We believe that our services are particularly attuned to the needs of complex clients and while this is a historically challenging client group for traditional drug services, we will aim to

ensure that Tower Hamlets services continue to develop to effectively meet their needs

3.4 Carers and family members of substance misusers can often become isolated and feel stigmatised. It is important that the services offered by the Partnership as described in Tower Hamlets Carers Strategy and Commissioning Plan include the needs of substance misusers. We will review the existing provision of mainstream support to carers of people with substance misuse issues and seek to better address their needs

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

3.6 To make it clear that we can only continue to progress in our approach to tackling the problems associated with drug and alcohol misuse through partnership working, we have organised our commitments around the three cross-cutting pillars of prevention and behaviour change, treatment, and enforcement and regulation



- Prevention and Behaviour Change**
 Prevention includes the actions we will take to address the wider determinants of health and factors which we know increase vulnerability to drug and alcohol misuse. Such factors include poor quality housing, lack of employment or educational opportunities and intergenerational influences

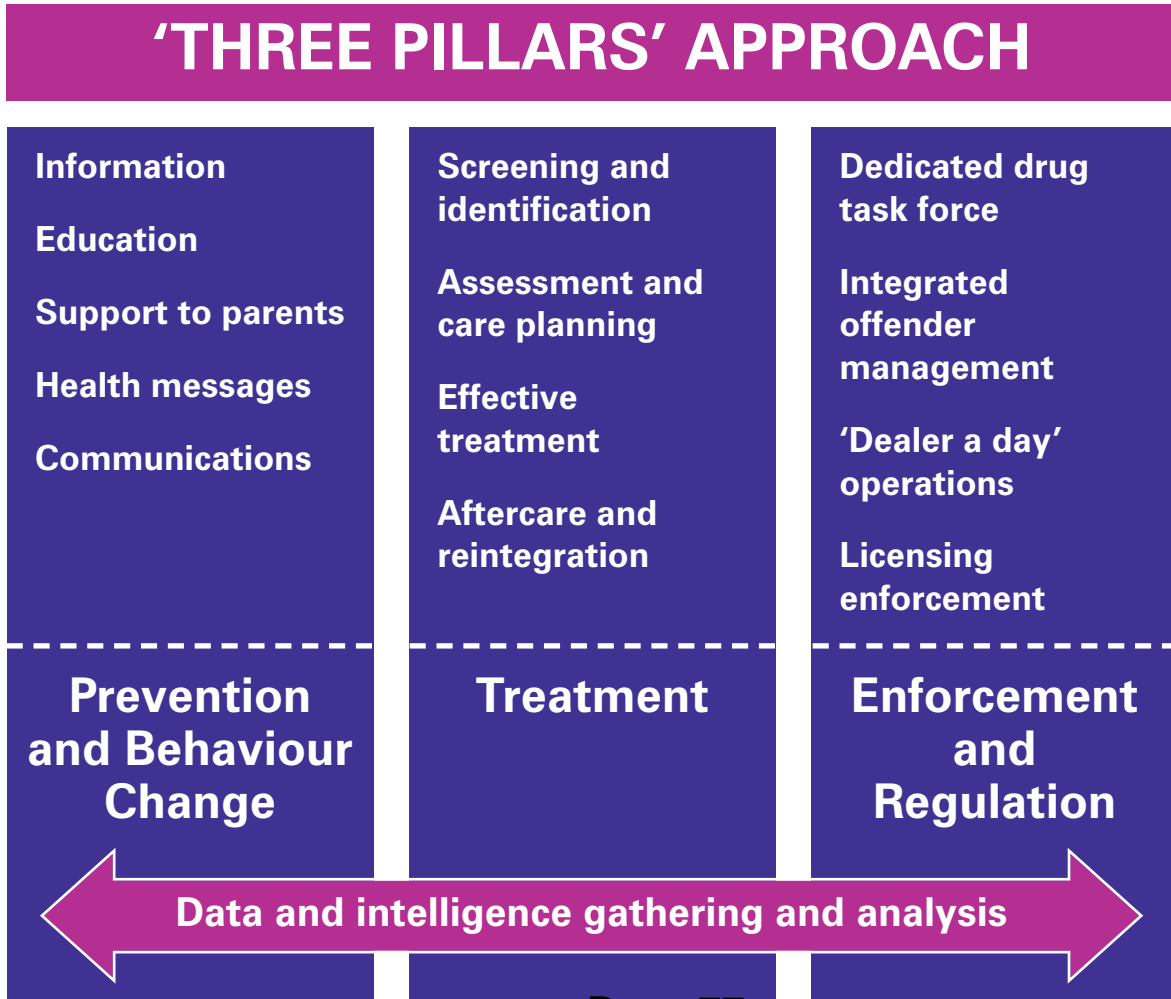
The National Social Marketing Strategy¹ lays out a framework for addressing both individual and societal push (e.g. peer pressure) and pull (e.g. alcohol advertising) factors

Prevention and Behaviour Change also includes the actions we will take to ensure that high quality information is available on drugs and alcohol, promotion and prevention activities

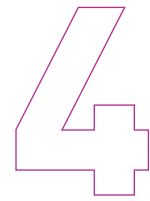
are developed, and advice and initial support options are made available to people who might have early stage problems with drugs and alcohol

- Treatment** includes the actions we will take to improve the access to and effectiveness of treatment options for people who are dependent on, or who have problems with, alcohol or drugs
- Enforcement and Regulation** includes the actions we will take to enforce the law as it relates to alcohol and drugs, and tackle the anti-social behaviour and crime associated with drug and alcohol misuse

¹ Changing behaviours, improving outcomes: A social marketing strategy for public health
 Department of Health (2011)



ALCOHOL HARM REDUCTION: OUR COMMITMENTS



4.1 The aim of our strategy is to reduce alcohol-related problems to improve the quality of life for both Tower Hamlets residents and visitors. We seek to encourage and promote a culture of responsible drinking coupled with responsible management of licensed premises. Our strategy sets out our priorities for addressing alcohol misuse and how we intend to coordinate and deliver them, with key areas set out below

4.2 ACTION ON ALCOHOL: PREVENTION AND BEHAVIOUR CHANGE SUMMARY

4.2.1 We will ensure identification and brief advice and, where appropriate, referral on to other agencies, is routinely undertaken on adult patients and clients attending key frontline services e.g. probation, health and the police. We will explore the potential for this approach to be expanded to paediatric and youth services

4.2.2 We will develop a multi agency communications plan for adults and

young people with a focus on harm reduction, safe drinking levels and targeting communities with high level of alcohol related harm²

4.2.3 We will ensure that young people have access to reliable alcohol education, and support schools to develop effective policies through a “whole schools approach”³ to alcohol

4.3 ACTION ON ALCOHOL: TREATMENT SUMMARY

4.3.1 We will increase access and uptake and improve outcomes from services across primary care, secondary care and specialist services

4.3.2 We will further ensure that access to our services is equitable for all of our local communities. Integral to this process will be the role of our redesigned treatment system

4.3.3 We will strengthen our approach to actively encourage difficult to engage people, such as street drinkers and offenders, into treatment and support, through effective interagency work

² The Chief Medical Officer for England recommends that children should have an alcohol free childhood. If young people aged 15 to 17 years old drink alcohol, it should always be with the guidance of a parent or carer or in a supervised environment.
<http://www.dh.gov.uk/health/category/publications/>

³ The whole schools approach includes:
‘A supportive school climate, environment and culture created and owned by pupils, parents, carers, governors, teachers, school staff and community organisations. Whole school policies and practice developed in line with legal requirements and non-statutory guidance and which complement the aims of the drug education programme.’ - see Department for Education and NICE for nationally recognised definitions

4.3.4 We will ensure that family based interventions are integral to treatment provision

4.3.5 We will implement a new treatment model for young people which will devolve responsibility for lower level and threshold services to generic front line youth services. The new model will require clearer care pathways, a strong interface with more specialist support and treatment services, information sharing and workforce development

4.3.6 We will ensure that there is rapid access to intensive specialist support for those young people whose alcohol misuse is already starting to cause harm and for the most vulnerable young people this will include locally delivered multi-agency packages of care with the aim of preventing escalation

4.4 ACTION ON ALCOHOL: ENFORCEMENT AND REGULATION SUMMARY

4.4.1 We will implement and enforce a borough wide alcohol control zone to reduce anti- social behaviour

4.4.2 We will create an environment where anybody under the legal drinking age is restricted from obtaining alcohol through working with licensed premises to ensure responsible alcohol sales, enforcement of any minimum alcohol pricing, and promotion of the available treatment services

4.4.3 We will improve the management and planning of the night time economy through strengthening the role of local residents in regulating the environments where alcohol can be obtained through utilisation of licensing, planning and other regulatory powers

4.5 ALCOHOL HARM REDUCTION: HOW WE WILL MEASURE OUR SUCCESS

4.5.1 We will measure our success against our commitments as detailed above, and in the full Substance Misuse Strategy technical document, by publishing our performance against the outcome indicators below:

- We will reduce the ill-health caused by alcohol, alcohol related accidents and hospital admissions
- We will tackle alcohol related violence, crime, anti social behaviour and related domestic violence
- We will reduce the impact of alcohol related anti-social behaviour as measured by the perception of our local communities
- We will reduce the level of alcohol related harm to children and young people.



DRUGS: OUR COMMITMENTS

5

5.1 The aim of the drugs chapter of our strategy is to reduce the demand for drugs through effective education and prevention, to increase the number of service users entering, engaging with and completing treatment in order to recover from drug misuse and to relentlessly bear down on the crime associated with drugs. Our strategy sets out our priorities for addressing drug misuse and how we intend to coordinate and deliver them, with a summary of key areas set out below. The complete list of strategic priorities is included in the strategy technical document

5.2 ACTION ON DRUGS: PREVENTION AND BEHAVIOUR CHANGE SUMMARY

5.2.1 We will support people to make healthy lifestyle choices by providing targeted communication and community education including information about the support services available alongside targeted support for those who are at risk

5.2.2 We will ensure that our drug information and prevention activity is integrated within our broader health promotion and prevention programmes, to ensure that we offer helpful and accessible information consistently across agencies, and that front-line staff in all relevant settings have the right skills and knowledge to provide information and support, including regarding mental health and wellbeing

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

5.2.4 We will work in partnership with schools to provide good quality drug education through Social and Emotional Aspects of Learning (SEAL), Personal Social Health Education (PSHE) and pastoral care

5.2.5 We will combine universal prevention activity through schools with a commitment to intervening early, offering targeted support to vulnerable groups of young people at increased risk of substance misuse to prevent this or when problems first arise. We will ensure rapid access to intensive specialist support for those young people whose substance misuse is already starting to cause harm and devise locally delivered multi agency packages of care

5.3 ACTION ON DRUGS: TREATMENT SUMMARY

5.3.1 During 2011/12, we will complete a redesign of treatment services in the borough. The redesign will help us to develop our model for drug treatment in a way that fits with the current and future need of our population, and the evidence available on what works well, and will inform our commissioning intentions for 2012/13 and beyond. We intend that the redesign will help us to simplify access arrangements, strengthen the importance of service user involvement and work across the system to develop a "whole systems" approach. Such an approach entails all providers working together to provide a seamless approach to support for service users

5.3.2 We will work across the Partnership to develop and implement our vision for a recovery orientated treatment service, helping adults who are addicted or dependent to recover, by enabling, empowering and supporting them to progress along a journey of sustainable

improvement to their health, well-being and independence, and focussing support for them to secure accommodation, education and employment, and to re-connect with their local communities

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

5.3.4 We will target treatment naïve drug misusers and those who have disengaged with treatment, in order to motivate them towards (re) engaging in treatment and progress towards recovery

5.3.5 As with alcohol, our approach will combine universal prevention activity through schools and youth services with a commitment to intervening early, offering targeted support to vulnerable groups of young people at increased risk of substance misuse to prevent this or when problems first arise

5.3.6 As with alcohol, we will implement a new treatment model for young people which will devolve responsibility for lower level and threshold services to generic front line youth services. The new model will demand clarity around care pathways into, and interface with more specialist support and treatment services, information sharing and workforce development

5.3.7 As with alcohol, we will ensure there is rapid access to intensive specialist support for those young people whose substance misuse is already starting to cause harm and for the most vulnerable young people, this will include locally delivered multi-agency packages of care with the aim of preventing escalation

5.3.8 As with alcohol, we will ensure that family based interventions are integral to treatment provision

5.4 ACTION ON DRUGS: ENFORCEMENT SUMMARY

5.4.1 We will disrupt the supply of drugs through effective enforcement, including investment in primary policing enforcement via the 'dealer-a-day' initiative to target drug dealers in the borough, and the coordination of a dedicated drug task force which will focus solely on addressing drug related crime and anti-social behaviour

5.4.2 We will implement a results-focused Integrated Offender Management (IOM) programme to ensure drug misusing offenders receive a holistic support package aimed at stopping offending and drug dependence

5.4.3 We will work alongside community groups such as Communities Against Drugs & Alcohol Abuse to support them in providing an impetus for sustained, coordinated action aimed at reducing drug related crime and strengthening community resilience

5.4.4 We will respond to, and reduce, community concerns about drug use and drug dealing through on-going dialogue and effective communication of successful operations to the public

5.5 DRUGS: HOW WE WILL MEASURE OUR SUCCESS

5.5.1 We will measure our success against our commitments as detailed above, and in the full Substance Misuse Strategy – drugs chapter, by publishing our performance against the outcome indicators below:

- We will increase the number of drug users entering, engaging with and completing treatment
- We will reduce the impact of drug related crime and anti-social behaviour as measured by the perception of our local communities
- We will continue to demonstrate our successes in restricting the drugs trade through our "Dealer a Day" initiative.

UNDERPINNING THE FOUNDATIONS OF THE SUBSTANCE MISUSE STRATEGY



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

6.2 USE OF DATA, INTELLIGENCE AND SURVEILLANCE

6.2.1 We wish to understand the impact on our population of the use of new drugs such as “legal highs”, steroids, and over the counter and prescribed medicines, and will ensure that these areas are considered in future needs assessments

6.2.2 We wish to develop our understanding of drug markets, distribution and trafficking, to inform our approach to enforcement and community development

6.2.3 We wish to benchmark our treatment outcomes data against other boroughs, to measure how effective our services are, and to help us to further improve them

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



6.2.5 We wish to ensure that we have robust mechanisms in place to monitor drug-related deaths, and where appropriate to investigate contributory factors, and learn from them

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

6.3 GOVERNANCE

6.3.1 We will keep under review the Partnership governance arrangements for drug and alcohol planning and delivery, to ensure that they are robust and have the capacity and capability to deliver this strategy

6.3.2 We believe that service users and carers have a uniquely valuable contribution to make in the development, improvement and monitoring of services. We will, therefore, further develop mechanisms for effective service user engagement, including developing and implementing a Service User and Carer Charter and supporting the development of peer support/mentors and service user recovery champions. We will also ensure that support is available for carers or significant others who are affected by someone else's drug or alcohol misuse

6.3.3 The Drug and Alcohol Action Team Board will oversee the implementation of the strategy. As drug and alcohol misuse affects many of the Partnership's strategic priority areas, reports on progress will also be provided for other relevant boards

such as the 'Safe and Cohesive', 'Healthy Communities' and Health and Wellbeing Boards as appropriate

6.3.4 Responsibility for developing and implementing the children and young people's substance misuse plan lies with Tower Hamlets Children and Families Trust; representatives of which attend the DAAT board

6.3.5 We will strengthen our cross partnership work by designating within each organisation a senior champion to own, and contribute to the effective delivery of this strategy

NEXT STEPS

7

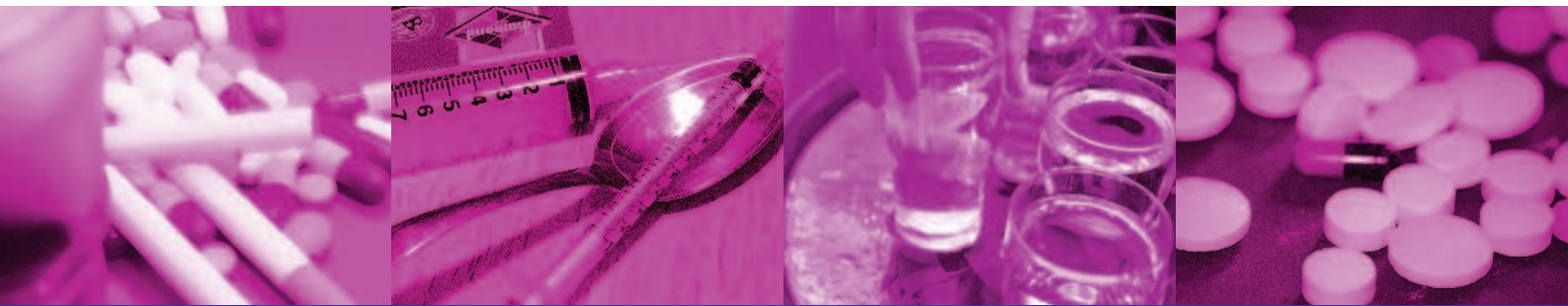
7.1 Our strategy has been developed through an analysis of local need, a review of the evidence base for effective intervention, and by listening to the views of local stakeholders. We are committed to ongoing consultation with stakeholders, including service users, the public, children and young people, professionals and community representatives, to further refine our vision and associated actions for the three years ahead

7.2 We recognise and value the expertise and interest among partners in tackling substance misuse in Tower Hamlets. We intend to develop the Strategy's action plan in close collaboration with them through a time limited steering group



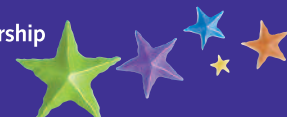
This page is intentionally left blank

TOWER HAMLETS SUBSTANCE MISUSE STRATEGY 2012-2015



TECHNICAL DOCUMENT

DRAFT



CONTENTS

| | |
|--|----|
| Chapter 1: Alcohol | 3 |
| 1. Executive summary | 4 |
| Key objectives | 4 |
| Priorities | 4 |
| Prevention and Behaviour Change | 4 |
| Treatment | 5 |
| Enforcement and Regulation | 5 |
| 2. Introduction | 6 |
| 3. The need for a strategic response to alcohol misuse in Tower Hamlets | 7 |
| 4. What do we know about the use of alcohol locally and its effects? | 9 |
| Understanding local patterns of alcohol consumption behaviour | 9 |
| Understanding the alcohol treatment profile | 9 |
| Enforcement and regulation activity | 9 |
| Gaps in our knowledge | 10 |
| 5. Our response: objectives and priorities | 11 |
| 5.1 Our aim | 11 |
| 5.2 Our objectives | 11 |
| 5.3 Our priorities | 11 |
| Prevention and Behaviour Change | 11 |
| Treatment | 12 |
| Enforcement and Regulation | 13 |
| 6. Current responses in tackling local alcohol related harm and challenges encountered | 13 |
| 6.1 Prevention and Behaviour Change | 13 |
| Current responses: | 13 |
| Challenges remaining: | 13 |
| 6.2 Treatment | 14 |
| Current responses: | 14 |
| Challenges remaining: | 15 |
| 6.3 Enforcement and Regulation | 17 |
| Current responses: | 17 |
| Challenges remaining: | 18 |
| 7. Underpinning the foundations | 20 |

| | |
|--|----|
| Appendix 1: Additional local epidemiology and service data..... | 21 |
| Prevention and Behaviour Change data: | 21 |
| Figure A: Prevalence of harmful/hazardous drinking by age and ethnic group | 22 |
| Treatment data | 22 |
| Enforcement and licensing data..... | 23 |
| Appendix 2: From the evidence: what interventions are likely to have the greatest impact? | 24 |
| Evidence for Pillar 1: Prevention and Behaviour Change | 24 |
| Evidence for Pillar 2: Treatment | 26 |
| Evidence for Pillar 3: Enforcement and Regulation | 27 |
| Chapter 2: Drugs | 29 |
| Glossary of abbreviations | 30 |
| 1. Executive summary..... | 31 |
| Key objectives | 31 |
| Strategic priorities..... | 32 |
| 2. Introduction..... | 37 |
| 3. The need for a strategic response to drug misuse in Tower Hamlets | 39 |
| 4. What do we know about the use of drugs locally and where are the gaps in our knowledge..... | 41 |
| 5. Our response: aims, objectives and strategic priorities | 46 |
| Our aims and objectives..... | 46 |
| Our strategic priorities | 47 |
| 6. Current responses | 52 |
| 7. Underpinning the foundations | 53 |
| Use of data, intelligence and surveillance..... | 53 |
| Implementation, monitoring and review | 53 |
| Appendix 1. National prevalence of drug misuse | 54 |
| Appendix 2: National policy framework..... | 55 |
| Appendix 3: Tower Hamlets policy context..... | 56 |
| Appendix 4: What are the benefits to the local community of drug treatment?..... | 59 |
| Appendix 5: Current operational responses to tackle drug misuse and further actions required | 61 |
| Prevention and Behaviour change | 61 |
| Treatment..... | 62 |
| Enforcement..... | 69 |

TOWER HAMLETS SUBSTANCE MISUSE STRATEGY 2012-2015

TECHNICAL DOCUMENT CHAPTER 1: ALCOHOL

DRAFT



EXECUTIVE SUMMARY



Key objectives

Drawing on the local epidemiology, gap analysis, evidence of what works and previous experience and history in Tower Hamlets of tackling alcohol related harm, and to contribute to longer term population health benefits, we aim to achieve the following within the three year time frame of this document:

- To reduce the chronic (long term) and acute (immediate) ill health caused by alcohol, alcohol related accidents and hospital admissions
- To reduce alcohol related violence, crime, anti social behaviour and related domestic violence
- To reduce the percentage of people who perceive alcohol related anti social behaviour to be a problem in their area
- To improve the management and planning of the night time economy
- To reduce the level of alcohol related harm to children and young people
- To strengthen the cross partnership work with a designated high level champion in partner agencies who will help achieve the strategic vision

Priorities

The priorities for achieving these objectives are outlined below against the three pillars of the Substance Misuse Strategy: Prevention and behaviour change, treatment and enforcement and regulation. Additionally it is important to ensure that alcohol is prioritised within the wider substance misuse agenda.

Prevention and Behaviour Change

- We will ensure identification and brief advice (IBA) for alcohol related harm is routinely undertaken on adult patients and clients across key frontline services e.g. probation, health and the police. We should explore the potential for this to be expanded to paediatric and youth services.
- We will develop a multi agency communications plan for adults and young people with a focus on harm reduction, safe drinking levels¹ and targeting communities with high levels of alcohol related harm
- We will ensure that young people have access to reliable alcohol education and support schools to develop effective policies through a “whole schools approach” to alcohol²
- There is a high prevalence of substance misuse and dual diagnosis amongst hostel users and ex offenders. There is therefore a significant opportunity to strengthen joined up working between hostels and treatment services to address the needs of these clients

¹ The Chief Medical Officer for England recommends that children should have an alcohol free childhood and should not consume alcohol before the age of 15 years. If young people aged 15 to 17 years old drink alcohol, it should always be with the guidance of a parent or carer or in a supervised environment.

<http://www.dh.gov.uk/health/category/publications/>

² The whole schools approach includes: ‘a supportive school climate, environment and culture created and owned by pupils, parents, carers, governors, teachers, school staff and community organisations. Whole school policies and practice developed in line with legal requirements and non-statutory guidance and which complement the aims of the drug programme’ – see Department of Health and NICE for nationally recognised definitions.

Treatment

- We will increase access and uptake and improve outcomes from services across primary care, secondary care and specialist services ensuring that access to our services is equitable for all of our local communities. Integral to this process will be the role of our redesigned treatment system
- We will strengthen our approach, to actively encourage difficult to engage people, such as street drinkers and offenders, into treatment and support through effective interagency work
- Ensure family based interventions are integral to treatment provision
- We will strengthen our commitment to reduce domestic violence and place safeguarding at the heart of our work to identify and address substance misuse in the family
- Carers and family members of those affected by substance misuse can often become isolated and feel stigmatised. It is important that the services offered by the Partnership as described in the Tower Hamlets Carers Strategy and Commissioning Plan include the needs of substance misusers. We will review existing provision of mainstream support to carers of people with substance misuse issues and seek to better address their needs
- We will implement a new treatment model for young people which will devolve responsibility for lower level and threshold services to generic front line youth services. The new model will require clearer care pathways, a strong interface with more specialist support and treatment services, information sharing and workforce development
- We will ensure that there is rapid access to intensive specialist support for those young people whose substance misuse is already starting to cause harm and for the more

vulnerable young people this will include locally delivered multi-agency packages of care with the aim of preventing escalation

Enforcement and Regulation

- We will implement and enforce a borough wide alcohol control zone to reduce anti- social behaviour
- We will create an environment where anybody under the legal drinking age is restricted from obtaining alcohol through working with licensed premises to ensure responsible alcohol sales, enforcement of any minimum alcohol pricing and promotion of the available treatment services
- We will improve the management and planning of the night time economy through strengthening the role of local residents in regulating the environments where alcohol can be obtained through utilisation of licensing, planning and other regulatory powers

How we will measure our success

We will measure our success against our commitments above and in the Substance Misuse Strategy Summary document by publishing our performance against the following indicators:

- We will reduce the ill health caused by alcohol, alcohol related accidents and hospital admissions
- We will tackle alcohol related violence, crime, antisocial behaviour and related domestic violence
- We will reduce the impact of alcohol related antisocial behaviour as measured by the perception of our local communities
- We will reduce the level of alcohol related harm to children and young people

INTRODUCTION

2

This is the first chapter of the supporting technical strategy document, aimed at an audience involved and interested in progressing action to address alcohol misuse. The complete strategy technical document consists of two chapters. This first focussing on alcohol and the second on drug misuse. A shorter, more accessible summary document is also available for the public, service users and carers, and those who require an overview of key points. The summary covers the two chapters of the Substance Misuse Strategy, both drugs and alcohol, together in one document.

Whether it has been in relation to reported increased sales, the relationship to crime and disorder, binge drinking and its effect on young people or the health hazards attached to excessive consumption, alcohol has seized both national and local headlines for a variety of different reasons.

The impact of alcohol cannot be denied; it has grown to be a key component of the leisure industry and in many cases an underlying contributor to increased economic wealth in providing employment to many of our communities.

The last decade has heralded significant advances in alcohol policy and legislation. The Licensing Act 2003³ brought about important changes to the rules surrounding the sale of alcohol across the country together with enforcement procedures relating to the management of licensed premises. Changes to the opportunities for treatment for those affected by excessive alcohol consumption were detailed in the NHS document Models of Care for Alcohol Misuse (2006)⁴.

This Tower Hamlets Substance Misuse Strategy – alcohol section, has not been created to prohibit the consumption of alcohol, but seeks to encourage and promote a culture of responsible drinking coupled with responsible management of licensed premises.

The aim of this document is to reduce alcohol-related problems to improve the quality of life for both Tower Hamlets residents and visitors. This document sets out our priorities for addressing alcohol misuse and how we intend to coordinate and deliver them.

The Tower Hamlets Substance Misuse Strategy supports the Government's National Alcohol Harm Reduction Strategy for England (2005)⁵ and the publication Safe, Sensible, Social - The next steps in the National Alcohol Strategy (2007)⁶. It identifies key areas of activity to be prioritised by two of our key partnerships, Healthy Communities and Safe and Cohesive, as well as our Health and Wellbeing Board over the next three years. For Tower Hamlets to deal effectively with the many issues brought about by alcohol, we must harness all the energies of our partner agencies and work together to deliver an effective and resilient response whilst providing reassurance to our communities that Tower Hamlets has a safe and thriving environment in which to work, visit and invest.

³ The 2003 Licensing Act: Alcohol use and Anti Social Behaviour in England and Wales – Loveday B (2005)

⁴ Models of Care for Alcohol Misuse' NHS/NTA (2006)

⁵ Alcohol Harm Reduction Strategy for England' Prime Ministers Strategy Unit – (2004)

⁶ Safe. Sensible. Social. The next steps in the National Alcohol Strategy – (2007)

THE NEED FOR A STRATEGIC RESPONSE TO ALCOHOL IN TOWER HAMLETS

3

Although alcohol has formed part of British culture for centuries and is used sensibly by most, its misuse has become part of a worsening public health problem in the UK with far reaching consequences affecting the individual, family and wider society.

Tower Hamlets is an area of high deprivation with households on low income both of which are associated with a greater level of harm resulting from alcohol misuse^{7,8}. Historically the political focus has tended to be on illegal drug use and treatment with much higher levels of resources deployed in this area. In 2004, the Department of Health established that an average of £197 was spent on each dependent drinker, compared to £1,744 for each dependent drug user. Yet, while alcohol dependence affects 4% of the population, and alcohol misuse considerably more, problem drug use rates are closer to 0.5%⁹. More recently it has become widely accepted that alcohol misuse leads to greater harm in terms of cost to both the individual and society¹⁰.

Alcohol intoxication is associated with almost half of assaults and more than a quarter of domestic violence incidents. The latest National data suggested that, in 2009/10 nearly half of all violent crime was alcohol related crime and anti-social behaviour. Regular heavy drinking is leading to a rapid rise in liver disease, which is now the fifth biggest cause of death in England and twice as high as ten years ago. Alcohol misuse causes breast and mouth cancer, reduces fertility, damages unborn babies, leads to miscarriages and affects cardiovascular health. This leads to overuse of health

services with associated costs. Problem drinkers GP attendance rate is double compared to other patients¹¹. Approximately 15% of hospital admissions are alcohol related¹² and 1 in 5 general hospital beds are occupied by a patient with an alcohol-related issue¹³.

In June 2007, the Department of Health and the Home Office jointly launched an updated alcohol strategy 'Safe, Sensible, Social: the next steps in the National Alcohol Strategy' with a clear vision to "minimise the health harms, violence and antisocial behaviour associated with alcohol, while ensuring that people are able to enjoy alcohol safely and responsibly".

The Strategy emphasised that efforts needed to focus on the significant minority of drinkers who experience, and are responsible for, most of the crime, health and social harm associated with

⁷ Healthy lives, healthy people: our strategy for public health in England. Department of Health 2010

⁸ Dr. Ian Basnett Joint Director of Public Health NHS Tower Hamlets London Borough of Tower Hamlets Health Inequalities:

A response to the Comprehensive Area Assessment report and the national Strategic Review of Health Inequalities

⁹ <http://www.publications.parliament.uk/pa/cm200910/cmselect/cmhealth/151/15109.htm#note121> accessed 3/1/2011

¹⁰ Nutt DJ, King LA, Phillips LD, on behalf of the Independent Scientific Committee on Drugs (2010) Drug harms in the UK: a multicriteria decision analysis. *The Lancet*, Volume 376, Issue 9752, Pages 1558 - 1565

¹¹ Deehan, A et al. Low detection rates, negative attitudes and the failure to meet "Health of the Nation" targets. *Drug and Alcohol Review* 1988; 17

¹² Pirmohmed M et al. Alcohol abuse and the burden on the NHS. *Quarterly Journal of Medicine* 2000

¹³ Mullally S. Alcohol – A nursing issue: A message from the Chief Nursing Officer. *Alcoholism* 2000

alcohol misuse. Local research¹⁴ suggests that this focus should be on 16-34 year olds who drink alcohol, many of whom are drinking more than they used to only a few years ago; the binge drinkers, a minority of whom are responsible for the majority of alcohol-related crime and disorder in the night-time economy; and harmful drinkers, whose patterns of drinking damage their physical or mental health and who may be causing substantial harm to others¹⁵.

To continue to reverse the local trend in hazardous and harmful drinking is a major challenge which will require high level strategic support, accountability and long term commitment from all member organisations of Tower Hamlets Partnership including, of most importance, the alcohol industry itself. While the cost of alcohol misuse is huge with at least £6billion wasted every year¹⁶ treatment can be cost effective – for every one pound spent on treatment, five are saved elsewhere¹⁷ demonstrating the value in timely intervention and continued investment in effective treatment.

It should be acknowledged however that such changes take time to implement and in countries that have succeeded in reducing the harm caused by alcohol, it has taken 10 years or more for reductions in consumption to lead to lower levels of alcohol associated disease or ill-health.

This document builds on the 2007 strategy and has been compiled following an extensive review of the 2007 strategy involving surveys, qualitative interviews with key stakeholders, focus groups with members of the public and stakeholder events, reflection of local needs and a review of best practice in alcohol harm reduction. The Substance Misuse Strategy's (alcohol chapter) priorities are contained within three pillars:

- Prevention and Behaviour Change
- Treatment
- Enforcement and Regulation

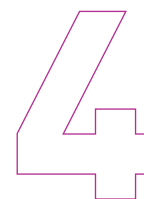
¹⁴ NHS Tower Hamlets, social marketing project: 'Young People's attitudes and reasons for street drinking, 2009

¹⁵ Tower Hamlets Adults Health & Lifestyles Survey, 2009

¹⁶ 150 years of the Annual Report of the Chief Medical Officer: On the state of public health 2008 Copyright holder: Crown

¹⁷ Review of the Effectiveness of the Treatment for Alcohol Problems (NTA, 2006)

WHAT DO WE KNOW ABOUT THE USE OF ALCOHOL LOCALLY AND WHERE ARE THE GAPS IN OUR KNOWLEDGE?



Local data paints an interesting picture of alcohol related harm to health, quality of life and community in Tower Hamlets. The following key 'high level' points illustrate the need for a focused local strategy¹⁸:

Understanding local patterns of alcohol consumption behaviour

- Although rates of alcohol consumption¹⁹ are relatively low in Tower Hamlets due to a large abstinent population, high risk drinking amongst the population who do drink is common
- 43% of people who drink in Tower Hamlets have harmful or hazardous drinking patterns²⁰
- 3 in 10 of Tower Hamlets children have ever had an alcoholic drink compared to 7 in 10 nationally (reflecting the large Muslim population in the borough). Young consumers of alcohol are less likely than non-users to rate advice given in schools as helpful²¹

Understanding the alcohol treatment profile

- Despite the relatively low prevalence locally of alcohol use, a rate of 1,841 per 100,000 alcohol related hospital admissions were seen in 2009/10 (our most recently available data) compared to a rate of 1,684 in London and 1,743 in England during the same time period

- 602 adult clients were seen in structured alcohol treatment services in 2010/11
- 117 young people with substance misuse related issues were treated in 2010/11, 54% of whom were receiving treatment for alcohol misuse

Enforcement and regulation activity

- 309 test purchase operations were conducted in 2010/11
- In 2010/11, 14 licensing reviews triggered by Trading Standards resulted in a range of assertive actions including revocation of licences, suspensions and extra conditions added to existing licences. Other actions included the temporary closure of premises, written warnings issued as well as serving of fixed penalty notices. Repeated concerns with specific premises resulted in prosecution e.g. in one instance for repeated sales to underage drinkers

¹⁸ Please refer to appendix 1 for additional epidemiological, need and service level data

¹⁹ Government guidelines suggest that women should not regularly consume more than 3 units¹⁹ per day and that men should not regularly exceed more than 4 units per day because of the progressive health risks associated with this. Drinking above sensible drinking levels, particularly when this is done over an extended period of time, causes risks to health.

²⁰ Dr Ian Basnett, NHS Tower Hamlets: Annual Report of the Joint Director of Public Health 2009 2010

²¹ Taken from results to Tellus 4 survey Tower Hamlets (2010) Department for Children, Schools and Families HM Government

- During 2010/11, 1356 brief interventions were provided by the Drug and Alcohol Outreach team in close collaboration with the Tower Hamlets Enforcement Officers (THEOs) and Joint Enforcement Team (JET)

Gaps in our knowledge

While a considerable volume of data is used to inform our work from a range of different sources, we are aware of gaps in the information available to us. Such gaps include:

- Data capturing deaths due to alcohol (directly and indirectly attributable to alcohol consumption)
- Alcohol related Accident and Emergency department attendances
- Prevalence of poly-drug users (alcohol and drugs) both in the borough and accessing frontline services

OUR RESPONSE: AIM, OBJECTIVES AND PRIORITIES

5

5.1 Our aim

To reduce the harm to health, violence and anti-social behaviour associated with alcohol while ensuring that people are able to enjoy alcohol safely and responsibly.

5.2 Our objectives

Drawing on the local epidemiology, gap analysis, evidence of what works and previous experience and history in Tower Hamlets of tackling alcohol related harm, and to contribute to longer term population health benefits, we aim to achieve the following within the three year time frame of this strategy:

- To reduce the chronic and acute ill health caused by alcohol, alcohol related accidents and hospital admissions
- To tackle alcohol related violence, crime, anti social behaviour and related domestic violence
- To reduce the percentage of people who perceive alcohol related anti social behaviour to be a problem in their area
- To improve the management and planning of the night time economy
- To reduce the level of alcohol related harm to children and young people
- To strengthen the cross partnership work with a designated high level champion in partner agencies who will help achieve the strategic vision

5.3 Our priorities

The priorities for achieving these objectives are outlined below against the three pillars of the Substance Misuse strategy (alcohol chapter): Prevention and Behaviour Change, Treatment and Enforcement and Regulation. Additionally it is important to ensure that alcohol is prioritised within the wider substance misuse agenda.

Prevention and Behaviour Change

- Ensure Identification and brief advice (IBA) for alcohol related harm is undertaken on all adult patients and clients across frontline services
- Develop a multi agency communications plan for adults and young people with a focus on harm reduction, safe drinking levels²² and targeting communities with high levels of alcohol related harm
- Enable young people to receive trustworthy alcohol education and support schools to develop effective policies through a whole schools approach to alcohol.
- There is a high prevalence of both substance issue and dual diagnosis in the borough particularly among hostel residents and ex offenders. There is a

²² The Chief Medical Officer for England recommends that children should have an alcohol free childhood and should not consume alcohol before the age of 15 years. If young people aged 15 to 17 years old drink alcohol, it should always be with the guidance of a parent or carer or in a supervised environment.
<http://www.dh.gov.uk/health/category/publications>

significant opportunity to strengthen joined up working between hostels and treatment services to address the needs of these clients

Treatment

- Increase access and uptake and improve outcomes from services across primary care, secondary care and specialist service. Integral to this will be the role of our redesigned treatment system
- Strengthen the multi agency approach, to actively encourage difficult to engage clients into treatment e.g. street drinkers, offenders, some members of migrant communities
- Ensure equality of access and outcomes for all service provision and undertake monitoring to demonstrate this across the nine protected characteristics
- Ensure family based interventions are integral to treatment provision
- Alcohol, drug misuse and domestic violence are strongly linked. The Partnership is committed to reduce domestic violence and places safeguarding at the heart of its work to identify and address substance misuse in the family
- Carers and family members of substance misusers can often feel isolated and become stigmatised. It is important that the services offered by the Partnership as described in the Tower Hamlets Carers Strategy and Commissioning Plan include the needs of substance misusers. We will review existing provision of mainstream support to carers of people with substance misuse issues and seek to better address their needs
- We will ensure that there is rapid access to intensive specialist support for those young people whose substance misuse is already starting to cause harm and for the more vulnerable young people this will include locally delivered multi-agency packages of care with the aim of preventing escalation
- We will implement a new treatment model for young people which will devolve responsibility for lower level and threshold services to generic frontline youth services. The new model will require clearer care pathways, a strong interface with specialist support and treatment services, information sharing and workforce development

Enforcement and Regulation

- Implement and enforce a borough wide alcohol control zone to reduce anti- social behaviour and, through information sharing, joint tasking and better joined up working across agencies, further reduce alcohol related anti- social behaviour
- Create an environment where anybody under the legal drinking age is prohibited from obtaining alcohol
- Work with licenced premises to ensure responsible alcohol sales, enforce any minimum alcohol pricing and promote the availability of treatment services
- Ensure local residents have a central role in regulating the environments where alcohol can be obtained through enhanced utilisation of licensing, planning and other regulatory powers

CURRENT RESPONSES IN TACKLING LOCAL ALCOHOL RELATED HARM AND CHALLENGES ENCOUNTERED



Since the preceding Alcohol Harm Reduction Strategy in 2007, significant progress has been made locally and nationally in highlighting the harm that excessive alcohol consumption has both on the individual and community at large but it is important to acknowledge that challenges remain and these should be prioritised for action over the next 3 years²³.

6.1 Prevention and Behaviour Change

Current responses:

- Supported national campaigns with locally developed community appropriate resources
- Undertook the Health & Lifestyle Survey to obtain robust estimates of alcohol consumption patterns within Tower Hamlets
- Supported our young people to receive relevant and effective alcohol and drugs education advocating a whole schools approach to alcohol through the appointment of a dedicated alcohol education adviser and delivery of pilot alcohol peer education programmes in Local Authority Partnerships (LAPs) 2 & 7
- Used social marketing techniques aimed at
 - Young people: understanding street drinking and drinking in public spaces
 - Older people: understanding hazardous and harmful drinking in over 65 year olds
 - Improving systematic delivery of brief interventions in A&E
- Invested in a Tower Hamlets Drug and Alcohol Outreach Team which, working closely with Tower Hamlets Enforcement Officers (THEOs) provides targeted street based brief interventions to adult street drinkers and others involved in street based activity and supports vulnerable adults to enter formal treatment and other services where appropriate
- Commissioned the delivery of systematic 'identification'²⁴ and brief advice^{25 26} (IBA) for alcohol in the following settings:
 - Primary Care (GP Surgeries)
 - A&E and acute hospital trust – dedicated alcohol nurse specialists (ANS)

Challenges remaining:

- Alcohol is more readily available with longer opening hours of licensed venues, supply at ever cheaper prices

²³ Current responses and those recommended for future focus have emerged from evidence of best practice the details of which are provided in Appendix 4. Additional detail of current work and identified gaps can be found in Appendix 5 (briefing paper)

²⁴ Screening for alcohol is undertaken using a short series of questions, Audit C, and this enables an assessment and PAT of whether an individual is consuming alcohol at levels harmful to their health/

²⁵ Brief interventions vary in their content but often contain information about the health impact of continuing to drink above recommended limits and information on how to cut down on alcohol consumption. For a more detailed description of the types of BI and their application see: http://www.alcohollearningcentre.org.uk/_library/Clarifying_Brief_Interventions.pdf

²⁶ Screening and Identification and brief advice (IBA) for alcohol are recognised to be particularly effective in individuals who consume alcohol at levels potentially harmful or hazardous to health but are unlikely to be aware of potential harm or seek help to reduce their consumption.

and promotion using powerful, well resourced national media campaigns alongside products designed to appeal to younger taste preferences

- Reductions in national and local funding will impact on the extent and nature of future alcohol behaviour campaigns
- Young people's reported rates of satisfaction with the provision of alcohol education in schools remains lower than both the London and national averages. The challenge remains in embedding alcohol education throughout the school curriculum, with teachers feeling confident to detect and refer appropriately pupils with alcohol issues, in a climate of financial austerity and reduced leverage to ensure alcohol remains a school priority
- The protective factors of a first and second generation large Muslim population are being modified through a process of acculturation with a small number of young males and females of Bangladeshi ethnic origin binge drinking at levels far in excess of safe limits. Alcohol misuse, in the form of 'binge drinking', remains prevalent among young people with no sign of abating
- Alcohol, drug misuse and domestic violence are strongly linked. The Partnership is committed to reduce domestic violence by supporting those affected through provision of services that identify and address substance misuse in the family
- Older people are most commonly admitted to hospital for alcohol related harm but A&E attendances are not uncommon among young women. Local evidence suggests that these two groups require targeted

work to effect cultural change to safer levels of alcohol consumption

- Local businesses require support to develop and implement alcohol policies to support employees with problematic consumption patterns and for employers to access training and advice
- There is a high prevalence of both substance misuse and dual diagnosis amongst hostel users and ex-offenders. There is a significant opportunity to strengthen joined up working between hostels and treatment services to address the needs of these clients

6.2 Treatment

Current responses:

- Both the young people and adult community alcohol teams have been re-commissioned which has increased the availability of services²⁷
- The Local Enhanced Service in Primary Care has greatly increased the number of alcohol screens undertaken, but has not yet resulted in many structured interventions in primary care settings, though over 100 members of staff have been trained
- Identification and Brief Advice (IBA) training has been delivered within hostels and drug treatment services and an arrest referral scheme is in operation to screen, provide brief interventions and refer offenders voluntarily into alcohol treatment services

²⁷ Commissioning of treatment services has been in line with the Department of Health's Models of Care for Alcohol Misuse (MoCam), implemented in Tower Hamlets, which provides a stepped care approach across four tiers with an escalating level of intervention depending upon the severity of alcohol related harm

- In A&E and the rest of the acute hospital trust the ANS (alcohol nurse specialist) has embedded a standardised screening tool to improve identification and referral to brief interventions, trained clinical staff, developed protocols to manage alcohol withdrawal; created pathways into specialist treatment, created a hospital strategy group and raised the index of suspicion for admissions for conditions not obviously related to alcohol
 - Drug and alcohol outreach workers work across the borough to engage with street drinkers and refer them into treatment as well as help them to find and maintain adequate accommodation
 - Probation services' dedicated alcohol worker works with probation clients experiencing problems with alcohol, particularly those subject to an Alcohol Treatment Requirement (ATR)
 - Treatment services for adults and young people requiring structured treatment include: Tower Hamlets Community Alcohol Team, Lifeline Young People's Service, CAMHS (child and adolescent mental health services) Children's Specialist Substance Misuse Service (CSSS), Island Day Programme and inpatient detoxification and residential rehabilitation programmes purchased on an individual basis. In addition a specialist midwife service operates from the Royal London Hospital and delivers specialist care for pregnant drug and alcohol users and their babies in conjunction with the Specialist Addiction Unit, children's services and other key professionals
- the evidence base and local needs for different forms of alcohol and drug treatment and NICE/NTA guidance, as well as considering the skill-sets of the workforce. The redesign will take into account value for money and the need to simplify access arrangements, strengthen the importance of user involvement and will also focus on treatment outcomes ensuring equitable outcomes across the nine protected characteristics. The redesign will be delivered during 2011/12 and will inform the commissioning
- Treatment services have focused on dependent drinkers as they are easier to identify, suffer the most harm and are most likely to be referred. The future success of services in reducing harm to both individuals and society lies in the earlier identification of the full breadth of alcohol related harm by a range of service providers
 - Greater focus of community detoxification towards the most appropriate clients is needed to increase the likelihood of a positive outcome
 - ²⁸Notwithstanding the widespread commitment from practices to deliver

²⁸ The new face of local health service commissioning, Tower Hamlets GP commissioning consortia, face challenging decisions to identify local population level health related priorities, strike a balance between appropriate investment in prevention and treatment, forecast future provision, utilisation and effective configuration of cost effective services; all in the face of substantial competing priorities. If primary care is to focus its quality improvement and individual patient care efforts on those conditions or issues that have the greatest effects on health and are the most cost effective, it is important to ensure that GPs have evidence based information about effective preventive alcohol reduction services, brief interventions and their delivery to ensure that the profile of alcohol related harm is maintained, and to continue to emphasise the critical role of primary care providers in achieving sustained changes in alcohol consumption behaviour. Primary care providers are ideally placed to deliver alcohol harm reduction brief initiatives due to their ability to deliver interventions opportunistically, their unique contact with a large proportion of the community, the low threshold of access to primary care and the emphasis on holistic health which enables them to readily identify the links between problematic alcohol consumption or risk of this, and other related conditions.

Challenges remaining:

- In order to address the challenges identified, there will be a redesign of treatment services in the borough which will inform commissioning decisions. The redesign will consider

brief interventions, this has not resulted in unequivocal delivery of the alcohol local enhanced service or of uptake of interventions by all eligible candidates. Understanding is needed of the reasons why such interventions are not being delivered and of the kind of support required by GPs to expand the delivery of brief interventions

- A strategy for the widespread, routine and enduring implementation of Identification and brief advice (IBA) is recommended. A programme of support and care that integrates the full range of healthy lifestyles interventions including alcohol would be most palatable for service users, cost effective and a more efficient use of providers' expertise and time²⁹
- IBA as an evidence based approach to tackle hazardous and harmful drinking among adults has been used to great effect across a range of Tower Hamlets settings including primary care and A&E. We should explore the potential for this to be expanded to paediatric and youth services as well as other frontline services e.g. police
- Greater consideration is needed of how to better address the needs and challenges of the most severely dependant drinkers with highly complex needs who may be resilient to, or inappropriate for, alcohol treatment interventions e.g. dual diagnosis clients
- Efforts need to remain focused on hazardous and harmful drinkers presenting to the A&E department not just those dependent or admitted patients
- An innovative and robust approach is needed to aftercare and relapse prevention to address the issue of

repeat admissions to hospital and repeat A&E attendances

- The goal of all treatment, for drugs or alcohol, is to enable people to overcome dependence and achieve sustainable recovery. While the notion of 'recovery' is typically applied to drug misuse, the concept can be applied to alcohol addiction also. 'Recovery' suggests that beyond tackling the symptoms and causes of dependence, it is also about enabling people to successfully reintegrate into their communities and play an integral part within them. Central to this are the roles of education, training, employment, housing, family support services, wider health services and, where relevant, prison, probation and youth justice services
- To ensure that services meet the needs of all users and carers requires their continued involvement in shaping services at a strategic and operational level
- Street drinkers continue to generate considerable numbers of low level public disorder offences. A joint approach using enforcement officers alongside outreach workers has had some success and consideration is needed as to how such initiatives could continue and retain the appropriate focus on alcohol after March 2012. when funding of the outreach team will be reduced

²⁹ Healthy Living Pharmacies, Portsmouth
Healthy Living Pharmacies (HLPs) have to demonstrate consistent, high quality delivery of a range of services such as stopping smoking, weight management, advice on alcohol and reviews of the use of their medicines in order to achieve HLP status. They proactively promote a healthy living ethos and work closely with local GPs and other health and social care professionals.
[www.portsmouth.nhs.uk/Services/Guide to services/ resources for professionals.htm](http://www.portsmouth.nhs.uk/Services/Guide%20to%20services/resources%20for%20professionals.htm)

- In order to continue to provide high quality treatment services for young people with a reduced financial envelope, a new treatment model is being implemented acknowledging the need to devolve responsibility for lower level and threshold services to generic front line youth services
- Given the challenges of funding availability in the current fiscal climate there is a need and a challenge to use existing resources even more effectively which may translate to improved Partnership working across multiple agencies to achieve better outcomes for families
- Hidden harm can be understood as the impact of parental drug or alcohol misuse on children. The hidden harms associated with alcohol and drugs are profound. Accordingly, we have worked to improve the identification, response and support to children affected by parental substance misuse. Treatment services must include whole family interventions to support affected family members and break intergenerational cycles of addiction. Affected family members, carers and partners should be able to access support services in conjunction with or independently from the substance misuser
- We will review the existing provision of mainstream support to carers of people with substance misuse issues and seek to better address their needs. Carers and family members of substance misusers can often be isolated and stigmatised. It is important that the services offered by the Partnership as described in the Tower Hamlets Carers Strategy and Commissioning Plan include the needs of substance misusers
- We know that some services e.g. probation and the police, regularly come into contact with clients who have drug or alcohol issues and who are not currently seeking treatment. We will roll out delivery of training and resources to support the adoption of IBA in key frontline services e.g. probation, police and social services
- Challenges remain in maintaining high standards and compliance with nationally recommended standards for drug and alcohol workers. There are continued health improvement investments to be made in increasing capacity and brief interventions training for staff across all agencies including those in partner agencies across the statutory and voluntary sector

6.3 Enforcement and Regulation

Current responses:

- A Joint Deployment Group brings together front-line services to understand and identify hotspots and emerging trends in alcohol related antisocial behaviour and crime. Decisions are then taken to deploy appropriate resources in response to such issues
- The THEOs (Tower Hamlets Enforcement Officers) are a uniformed civil enforcement team whose primary role is to deal with low level anti-social behaviour and environmental concerns with powers delegated by the Metropolitan Police service under the Community safety Accreditation Scheme e.g. to require a person's name and address for engaging in anti-social behaviour, seize alcohol from a person drinking within a drinking control zone and deal with underage drinkers
- The drug and alcohol outreach team work closely with enforcement

officers to ensure that those who refuse support and engage in anti-social behaviour are identified and monitored

- Police officers support the Safer Neighbourhood Teams (SNT) across the borough in dealing with alcohol related anti-social behaviour and response to incidents outside licensed premises
- The council's domestic violence team co-ordinates a programme of work across the Partnership in preventing domestic violence, a significant proportion of which is alcohol related; protecting and supporting victims and bringing perpetrators to justice
- Hostel accommodation within the borough means that many homeless people are attracted to the area either as residents or visitors. The community safety care plan service identifies individuals coming to the attention of enforcement agencies. Attempts are made to support them into treatment by the outreach team. Where they refuse to engage, a more robust enforcement approach is adopted
- Regulation of alcohol sales takes place within the national framework set by the Licensing Act. Local implementation is undertaken by the Licensing Sub Committee of LBTH which decides upon new applications, amendments and, where necessary, removal or restrictions
- Local trading standards undertake alcohol underage test purchases on licensed premises. Encouragingly whilst the number of tests has increased the number of successful underage purchases has decreased. The full range of licensing powers are utilised with temporary restrictions on

licenses and revocation being used for persistent breaches of license conditions

- Joint work is undertaken between Tower Hamlets Trading Standards and HMRC (Her Majesty's Revenue & Customs) to reduce the availability of counterfeit or illegally imported alcohol products

Challenges remaining:

- A borough-wide drinking control zone is being implemented in Tower Hamlets. Such a zone will ensure that the police and council enforcement officers are empowered to respond to issues as they arise including growth of the night-time economy, alcohol related anti-social behaviour and street drinking
- Growth in visitor numbers to Brick Lane and Canary Wharf has encouraged a significant number of new licensed premises to open up in and around the Brick Lane centre. The demand placed on services to manage and respond to the associated issues will increase and the effective management and enforcement of licensed premises will become increasingly important to mitigate the impact on the community and support responsible drinking behaviour
- The further development of Alcohol Arrest Referral (AAR) schemes is needed coupled with provision for Alcohol Treatment Requirements (ATR) to support the work to manage those who pose the greatest risk to the community as a result of their alcohol problems
- Coordination of community safety should continue to develop particularly Partnership work to tackle

street drinking in vulnerable localities and development of plans to deliver appropriate treatment services, interventions and enforcement in those areas e.g. more frequent Action Weeks targeting alcohol anti-social behaviour and expanded off-licence checks regarding underage sales in hotspot areas and problem premises

- There has been significant success in regulation and enforcement of tobacco through a formal alliance with joint working and shared resources between the NHS and council, and this may prove to be an exemplar for closer links with and application to the alcohol harm reduction context

UNDERPINNING THE FOUNDATIONS



Use of data, intelligence and surveillance

In order to accurately assess the needs of the population in Tower Hamlets in relation to all alcohol misuse, we need to improve our analysis of health surveillance information and data e.g. health issues such as local rates of hospital admissions, accident and emergency department attendances, primary care data. We also need to look more closely at our treatment outcomes data and benchmark this against regional performance so we can measure how effective our services are. Equity audits should be carried out in our treatment system and reported in our annual needs assessment.

Our analysis needs to be carried out in a structured and ongoing manner, which informs and cross references with the Joint Strategic Needs Assessment.

We need to ensure that the data, analysis and intelligence is prioritised by the Partnership and ensure that this underpins decisions on future provision and any review of DAAT structures.

Implementation, monitoring and review

The DAAT board will oversee the progress of the strategy and take reports from working groups that are responsible for implementing the respective action plans. Responsibility for developing and implementing the children and young people's substance misuse plan is with Tower Hamlets Children and Families Trust, representatives of which sit on the DAAT board.

There will be a comprehensive programme to review progress from the previous year, assessing developing needs and gaps and setting out how the DAAT partnership will meet its targets and objectives. We recognise and value the expertise and interest among partners in tackling substance misuse in Tower Hamlets. We intend to develop the Strategy's action plan in close collaboration with them through a time limited steering group.

We recognise and value the expertise and interest among partners in tackling substance misuse in Tower Hamlets. We intend to deliver the strategy's action plan in close collaboration with them through a time limited steering group.

APPENDIX 1: ADDITIONAL LOCAL EPIDEMIOLOGY AND SERVICE DATA

Prevention and Behaviour Change data:

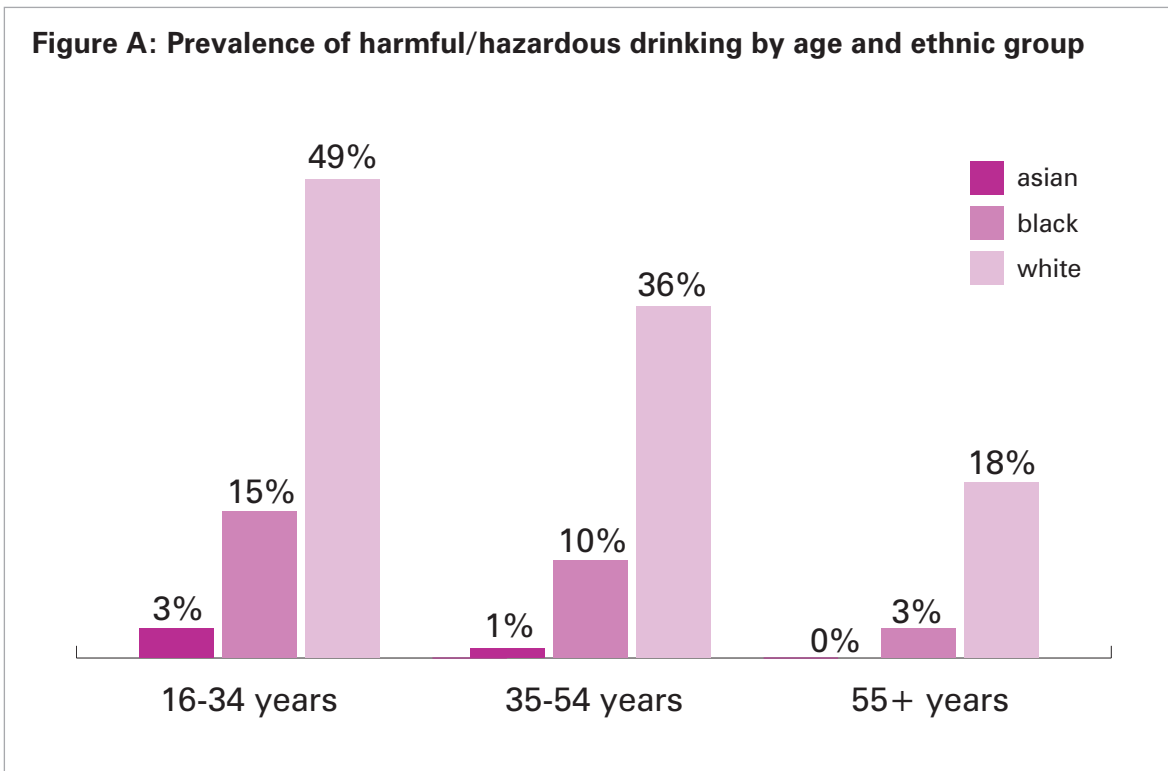
(findings from the Tower Hamlets Health and Lifestyle Survey)

- Tower Hamlets has approximately 4,620 dependent drinkers
- 1 in 2 adults have not had an alcoholic drink in the past year but in the white population, 4 in 10 are classified as harmful³⁰ drinkers compared to 2 in 10 nationally³¹
- 43% of people who drink in Tower Hamlets have harmful or hazardous drinking patterns, though this varies across the borough from 38% in the north west (LAP 6) and south east (LAP 8) to 48% in the south west (LAP 4) and northernmost corner of the borough (LAP 5). Of the total population 21.7% have harmful or hazardous drinking patterns, and again this is particularly high in LAPs 4 and 5, where 27.5% and 26.1% of the population have harmful or hazardous drinking patterns³²
- Alcohol use has an inverse social gradient, being more common amongst educated and employed residents and those who live in private sector homes
- Younger residents are more likely to drink than older residents. Younger drinkers are more likely to drink in a harmful or hazardous way than older residents
- Men are more likely to drink than women (54% vs. 45%) and are more likely to drink at hazardous or harmful levels (24% vs. 19%)
- Migrants (defined as respondents who had changed address in the previous year) are significantly more likely to be drinkers than non migrants (68% vs. 46%) and to have patterns of 'risky drinking' (35% vs. 19%). This remains the case when the analysis is restricted to the white population. 51% of migrants drank at hazardous or harmful levels compared to 34% of non-migrants. The highest levels are seen in migrants of white ethnicity from outside the borough but within the UK (60%)
- Hazardous and harmful drinking is more common amongst people who are employed than those who are unemployed (30% and 9%)

³⁰ An 'alcohol problem' is based on the level and pattern of alcohol consumption — categorized into hazardous drinking, harmful drinking, and alcohol dependence. This is based on the World Health Organization (WHO) International Statistical Classification of Diseases and Related Health Problems, tenth revision (ICD 10), categorization of alcohol use disorders. Hazardous drinking is drinking above safer drinking limits. However, the person has so far avoided significant alcohol-related problems. Binge drinking is defined as drinking over twice the recommended units of alcohol per day in one session. This is considered more than 8 units for men or more than 6 units for women. Harmful drinking is drinking above safe levels (usually beyond those of hazardous drinking) with evidence of alcohol related problems. These people may show a mild level of dependence (even if it is only an importance of alcohol in their lifestyle). Alcohol dependence is defined in ICD 10 as a cluster of physiological, behavioural, and cognitive phenomena in which the use of alcohol takes on a much higher priority for a given individual than other behaviours.

³¹ Dr Ian Basnett, NHS Tower Hamlets: Annual Report of the Joint Director of Public Health 2009 2010

³² Tower Hamlets Ipsos Mori Health and Lifestyle Survey, 2010



Source: NHS Tower Hamlets Health and Lifestyle Survey 2008/09

respectively), and amongst those who are educated (GCSEs or above) compared to those who have no qualifications (27% and 9% respectively amongst all residents, and 44% and 19% in the white population)

Treatment data

- In 2010/11 among offenders in contact with the Criminal Justice System who had an assessment completed; 49% had an alcohol problem³³
- In 2010/11: a total of 1356 interventions were provided by the Drug and Alcohol Outreach team to individuals who were misusing substances or were involved with street lifestyles. These interventions offered general harm reduction advice and information or signposting into other services
- Latest available data from 2009/10 suggests that: 13,814 adult patients were screened for alcohol problems in GP surgeries; 130 adult individuals completed community detoxification and 83 clients accessed inpatient detoxification / residential rehabilitation services for alcohol problems
- 117 young people with substance misuse related issues were treated in 2010/11, 54% of whom were receiving treatment for alcohol misuse. The average age of a young person in treatment was seventeen and 66% of those in treatment were male

³³ Offenders are deemed to have an Alcohol misuse problem if flagged as linked to offending behaviour

Enforcement and licensing data

- During 2010/11, there were 309 visits to Licensed premises. Consequently, 14 Licensing reviews were triggered by Trading Standards resulting in 1 revocation, 2 suspensions and the remainder had extra conditions added to the premises licence. In addition, 1 premises was closed for 48 hours for persistent under age sales, 11 written warnings were issued, 2 prosecutions are currently under way, 1 fixed penalty notice was served for under age sales, and 1 prosecution achieved against a business owner selling under age alcohol (acquitted at Thames Magistrates' Court)
- Domestic violence is a significant problem in Tower Hamlets, with the police dealing with an average of 11 incidents every day. Findings from a review of the British Crime Surveys revealed that 44% of domestic violence offenders were under the influence of alcohol when they committed acts of physical violence and there is some evidence to suggest that domestic violence can cause alcohol use in those on the receiving end of domestic violence or exacerbate existing use

APPENDIX 2: FROM THE EVIDENCE: WHAT INTERVENTIONS ARE LIKELY TO HAVE THE GREATEST IMPACT?

Evidence for Pillar 1: Prevention and Behaviour Change

The most recent alcohol related publication from NICE (National Institute for Health and Clinical Excellence) on prevention of harmful and hazardous drinking³⁴ provides authoritative recommendations, based on best available evidence of effectiveness, to aid prevention and early identification of alcohol-use disorders among adults and adolescents both at a population and at an individual level.

The guidance identifies how government policies on alcohol pricing, its availability and how it is marketed could be used to combat such harm.

Policy options which are most likely to be successful at combating alcohol related harm include imposing restrictions on price through the introduction of a minimum price per unit e.g. 50pence per unit as suggested by the latest guidance issued from the Chief Medical Officer; restricting availability by limiting the number, type and conditions under which outlets distribute alcohol and by limiting young people's exposure to alcohol advertising as this has a known association with increased susceptibility to consume alcohol. Changes in policy in these areas are likely to be more effective in reducing alcohol-related harm among the population as a whole than actions undertaken by local health professionals.

A summary of the most pertinent detailed recommendations for practice and application on an individual basis which support and reinforce the policy and cut

across the three pillars of the Substance Misuse Strategy follow:

- Licensing
- Resources for identifying and helping people with alcohol-related problems
- Children and young people aged 10 to 15 years – assessing their ability to consent, judging their alcohol use, discussion and referral to specialist services
- Young people aged 16 and 17 years – identification, offering motivational support or referral to specialist services
- Adults – screening, brief advice, motivational support or referral

Identification and Brief Advice (IBA) are known to be effective in a range of settings including A&E, specialist hospital services such as sexual health or maxillofacial services, criminal justice settings and primary care. The evidence indicates that for every 8 people who receive simple alcohol advice, one will reduce their drinking to within lower risk levels. This compares favourably with smoking where only 1 in 20 will act on the advice given³⁵. Best practice in treatment has many benefits. It has been identified

³⁴ Alcohol use disorders: preventing harmful drinking (2010) NICE

³⁵ Moyer, A., Finney, J., Swearingen, C. and Vergun, P. (2002) Brief Interventions for alcohol problems: a meta-analytic review of controlled investigations in treatment-seeking and non-treatment seeking populations, *Addiction*, 97, 279-292

that such treatment can save over £1000 per dependent drinker and decrease hospital bed days³⁶. In the UK Alcohol Treatment Trial, 1 in 4 patients had positive outcomes with no further alcohol issues³⁷. This lends strength to the case for expanding current provision of SBI.

Approximately 20% of patients presenting to primary care are likely to be hazardous drinkers, which means on average each GP will see 364 excessive drinkers a year³⁸. Identification and Brief Advice (IBA) are therefore important options in primary care. Identification via screening is itself an effective prevention strategy³⁹. It can help people think about their alcohol consumption and increase awareness about the possible risks and consequences of excessive drinking. Brief advice can reduce alcohol consumption by over 20%⁴⁰. The use of Audit C as a screening tool (in addition to the regular and systematic recording of units of alcohol consumed) has been shown to be effective for streamlining patients and has been used in Tower Hamlets to great effect.

NICE guidance published in 2007⁴¹ put forward a series of recommendations focused on encouraging children not to drink, delaying the age at which they start drinking and reducing the harm it can cause among those who do drink. Specific evidence based recommendations include:

- alcohol education should be an integral part of the school curriculum and should be tailored for different age groups and different learning needs
- a 'whole school' approach should be adopted, covering everything from policy development and the school environment to staff training and parents and pupils should be involved in developing and supporting this
- where appropriate, children and young people who are thought to be drinking harmful amounts should be offered one-to-one advice or should be referred to an external service
- schools should work with a range of local partners to support alcohol education in schools, ensure school interventions are integrated with community activities and to find ways to consult with families about initiatives to reduce alcohol use.

Evidence supporting social marketing exists in areas such as smoking, sexual behaviour and nutrition but direct evidence concerning alcohol is still emerging. The national alcohol social marketing strategy improves access to identification and brief advice through using marketing techniques to engage higher risk drinkers and 'nudge' them toward lower risk drinking behaviour.

Identification of high level champions to provide strategic leadership within partner organisations and a focus on collaborative action to reduce alcohol related harm is a high impact change strongly advocated by the Alcohol Learning Centre. While a will exists to move forward with this agenda and high level champions exist in some local agencies, this is not the case for all partner organisations. Clearly local

³⁶ UKATT Research Team (2005b). Cost effectiveness of treatment for alcohol problems: Findings of the UK Alcohol Treatment Trial. *British Medical Journal*, 331, 544-547.

³⁷ UKATT Research Team (2005a). Effectiveness of treatment for alcohol problems: Findings of the randomised UK Alcohol Treatment Trial (UKATT). *British Medical Journal*, 311, 541-544.

³⁸ Anderson, G. (1993) Management of alcohol problems: the role of the general practitioner. *Alcohol & Alcoholism*. Vol.

³⁹ Primary Care Alcohol Information Service Factsheet: Screening Tools for Healthcare Settings, Alcohol Concern re settings

⁴⁰ Freemantle et al. Brief interventions and alcohol use. *Effective Health Care Bulletin* 1993

⁴¹ Interventions in schools to prevent and reduce alcohol use among children and young people. NICE (2007)

champions within the NHS, the acute hospital Trust, the mental health Trust, social services, Local Authority, elected members, Probation, the Police and others would have a function in galvanizing action resulting in organisational change. Champions can also help in building the case for local investment and potential savings to the NHS, the community and to the public purse. The recommendation is for every acute hospital to have a named Consultant as their 'Alcohol Lead' from whatever acute specialty is pragmatic for that hospital. This individual should have time allocated within their weekly job plan⁴². Beyond the acute hospital setting, the need exists also for a clinical champion who can influence and support positive change in the attitudes and skills of those within the full array of health settings to respond to the needs of those with alcohol related problems.

As a further example of an initiative which has proven capacity to influence positive change among community partners is the Community Trials Project⁴³ which lists a number of key elements in making progress on alcohol harm including such qualities as community leadership, making local alliances, working with local politics and making the case for and seeking additional resources.

Evidence for Pillar 2: Treatment

The Royal College of Physicians actively encourages specialist alcohol liaison nurses to be based in every acute NHS Trust to work with an alcohol lead to improve: medical management, bridges to the community services, education for hospital staff and targeted intervention in hospitals of high risk individuals and on the spot health promotion education. This strategy was used at the Royal Liverpool Hospital and over a year and a half prevented 258 admissions. The cost of the programme was approximately 10% of the costs saved

overall⁴⁴. Other strategies such as recruiting third sector workers to be based in the emergency department have also been employed successfully⁴⁵ and could be considered locally. A similar function, working across acute and primary care has been developed by Liverpool PCT, operating as a lifestyles team, and has received national acclaim⁴⁶. The deployment of dedicated alcohol nurse specialists has been extremely successful in effectively diverting dependent and problem drinkers away from the acute hospital. The challenge now is in maintaining the work and raising the profile within the hospital of the need to focus on those drinkers whose attendance to the A&E department is not obviously alcohol related.

Models of care for alcohol misusers (MoCAM) describes a four tier system of stepped care for alcohol misusers⁴⁷ adopted across Tower Hamlets and the Review of the effectiveness of treatment for alcohol problems provides the evidence base for effective treatments⁴⁸.

A series of studies have demonstrated the cost effectiveness of investing in early intervention services and in effective treatment. McKenna et al⁴⁹ showed that

⁴² Alcohol - can the NHS afford it? London: Royal College of Physicians, (2001)

⁴³ Moore, R.S., and Holder, H.D. (2003) 'Issues surrounding the institutionalization of local action programmes to prevent alcohol problems. Results from a community trial in the United States. Nordic Studies on Alcohol and Drugs, Vol. 20, English supplement, pp. 41-55

⁴⁴ Alcohol - can the NHS afford it? London: Royal College of Physicians, (2001) London: Royal College of Physicians, (2001)

⁴⁵ Middlesbrough voluntary sector partnership -best practice example. Middlesbrough James Cook University Hospital

⁴⁶ Liverpool Alcohol Services Lifestyle Team

⁴⁷ Department of Health (2006). Models of care for alcohol misusers (MoCAM). DH

⁴⁸ National Treatment Agency (2006). Review of the effectiveness of treatment for alcohol problems. London: NTA

⁴⁹ McKenna, M., Chick, J., Buxton, M., Howlett, H., Patience, D. and Ritson, B. (1996) The SECCAT Survey 1. The costs and consequences of alcoholism, Alcohol and Alcoholism, 31(96): 565-576.

alcohol dependent service users were more costly in terms of health costs than those with other levels of alcohol abuse - £1222 compared to £632 over a six month period in 1994 prices - and have poorer health. The UK Alcohol Treatment Trial (UKATT) shows that, over a 6-month period, specialist treatment delivered savings of nearly £1138 per dependent drinker treated and reduce hospital stays⁵⁰. Of note, 25% of patients involved in the UKATT study had a successful outcome, reporting no continuing alcohol-related problems and 40% of patients reported being much improved, reducing their alcohol problems by 66%⁵¹.

IBA (Identification and Brief Advice) is known to be effective in a range of different settings including primary care, criminal justice settings and A&E departments. There is a very large body of research evidence supporting IBA in primary care for example including approximately 56 controlled trials⁵². A Cochrane Collaboration review also provides substantial evidence for the effectiveness of IBA⁵³.

Evidence for Pillar 3: Enforcement and Regulation

This document is reinforced by a raft of legislation including the Licensing Act 2003 and the Criminal Justice and Police Act 2001. Measures included in this legislation support authorities to manage the impact of alcohol related disorder and crime and while the evidence regarding the effectiveness of initiatives to address alcohol related crime is limited, a number of initiatives have shown some promise across the country.

The following are approaches advocated by the Home Office's Crime Reduction Toolkit on Alcohol Related Crime⁵⁴:

- Establishing intelligence gathering systems regarding violence in close

proximity to licensed premises assists the problem solving process

- Enhancing the profile of police officers in licensing units to enforce Licensing Acts and coordinate partnership responses
- Enforcing drink driving legislation using a high profile media strategy supports the reinforcement of the negative consequences of alcohol misuse
- High visibility policing in areas surrounding licensed premises can deter criminal behaviour
- Ensuring door staff are trained in diffusion/de-escalation techniques when confronted with aggression/violence as staff are acknowledge to play a crucial role in management of alcohol related aggression

More effective use of laws, regulations and controls available to local partners to minimise alcohol related harm and use of the Local Development Framework to enable planners to reject inappropriate proposals at an early stage has been acknowledged to effect a reduction in

⁵⁰ UKATT Research Team (2005b). Cost effectiveness of treatment for alcohol problems: Findings of the UK Alcohol Treatment Trial. *British Medical Journal*, 331, 544-547.

⁵¹ UKATT Research Team (2005a). Effectiveness of treatment for alcohol problems: findings of the randomised UK Alcohol Treatment Trial (UKATT). *British Medical Journal*, 311, 541-544.

⁵² Moyer, A., Finney, J., Swearingen, C. and Vergun, P. (2002) Brief Interventions for alcohol problems: a meta analytic review of controlled investigations in treatment seeking and non treatment seeking populations, *Addiction*, 97, 279-292

⁵³ Kaner E, Beyer F, Dickinson H, Pienaar E, Campbell F, Schlesinger C, Heather N, Saunders J, Bernand B. Brief interventions for excessive drinkers in primary health care settings. *Cochrane Database of Systematic Reviews* 2007, Issue 2. Art No.: CD004148 DOI: 10.1002/14651858.CD004148.pub3

⁵⁴ www.crimereduction.gov.uk/toolkits

antisocial behaviour. Such recommendations are sustained by the most recent alcohol related publication from NICE (National Institute for Health and Clinical Excellence) on prevention of harmful drinking⁵⁵ which provides authoritative recommendations, based on best available evidence of effectiveness, to aid prevention and early identification of alcohol-use disorders among adults and adolescents.

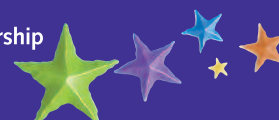
In one example, the work undertaken by Citysafe, Liverpool's Community Safety Partnership, a package of initiatives including the expansion of the PubWatch and Best Mar None schemes to promote good practice in the licensing industry. The creation of a 'radio link' to enable staff to share information about potential problems and to notify police of problem incidents more quickly, the use of handheld knife detectors at pubs and clubs to discourage the carrying of weapons, and the promotion of the use of polycarbonate glasses to reduce the likelihood of these being used as weapons in assaults have all been commended as good practice in reducing alcohol related antisocial behaviour. This Citysafe initiative has helped to reduce assaults, robbery and antisocial behaviour by over 28% in the city centre compared with the previous year. The overall figures represent the lowest in the centre for many years.

⁵⁵ Alcohol use disorders: preventing harmful drinking (2010) NICE

TOWER HAMLETS SUBSTANCE MISUSE STRATEGY 2012-2015

TECHNICAL DOCUMENT CHAPTER 2: DRUGS

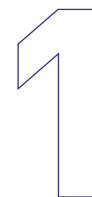
DRAFT



GLOSSARY OF ABBREVIATIONS

| | |
|---------|---|
| ACMD | Advisory Council on the Misuse of Drugs |
| BBV | Blood Borne Viruses |
| BME | Black and Minority Ethnic Groups |
| CARAT | Counselling, Assessment, Referral, Advice and Through-care (prison) |
| CDRP | Crime Disorder Reduction Partnership |
| CDT | Community Drugs Team |
| CJS | Criminal Justice System |
| CLG | Community and Local Government |
| DAAT | Drug and Alcohol Action Team |
| DIP | Drug Interventions Programme |
| DH | Department of Health |
| DRR | Drug Rehabilitation Requirement |
| GPwSI | GP with Specialist Interest |
| ICP | Integrated Care Pathways |
| JCP | Job Centre Plus |
| JSA | Job Seekers Allowance |
| LAAS | London Analysis Support Site |
| LBTH | London Borough of Tower Hamlets (i.e. the Borough Council) |
| LES | Local Enhanced Service |
| LSCB | Local Safeguarding Children Board |
| NDTMS | National Drug Treatment Monitoring System |
| NFA | No Fixed Abode |
| NTA | National Treatment Agency |
| OASys | Offender Assessment System |
| OCU | Opiate and Crack User |
| ONS | Office for National Statistics |
| PCT | Primary Care Trust |
| PDU | Problem Drug User |
| PPO | Prolific Priority Offender |
| SURG | Service User Representative Group |
| TOP | Treatment Outcomes Profile |
| VFM | Value for Money Tool |
| YP | Young People |
| NHS ELC | NHS East London and the City (a cluster of 3 primary care trusts: NHS City and Hackney, NHS Newham and HHS Tower Hamlets) |

EXECUTIVE SUMMARY



Key objectives

The objectives of the drugs chapter of the strategy are as follows:

- To tackle drug related crime and anti social behaviour
- To reduce the impact of drug related crime and anti-social behaviour as measured by the perception of our local communities
- To commission and deliver high quality drug education, prevention, health improvement and treatment services monitoring their uptake and outcomes across the protected characteristics
- To increase the number of drug using adults and young people entering, engaging with and completing treatment and remaining drug free
- To reduce associated social and health problems via harm reduction approaches as part of a wider recovery focussed treatment system
- To deliver services that support recovering drug users to secure accommodation and employment/ education, to re-connect with their local communities and ensure that services are responsive to the client's wider needs
- To ensure that young people are able to make informed decisions about drug use, based on high quality drug education and prevention approaches. Rapid access to treatment services if problems develop and access to alternative activities and opportunities
- To develop an interagency response to reduce the actual and potential effects of parental substance misuse on children, young people and vulnerable adults ensuring that all services take a family centred approach where appropriate
- To ensure that family based interventions are integral to treatment provision
- To develop systematic data and intelligence gathering processes and analysis to ensure we actively plan and commission an integrated response to substance misuse which is evidence based, cost effective and addresses local priorities

Key indicators

Progress will be monitored using 12 key indicators. We will know we have been successful if we achieve the following:

1. Reduced perceptions of drug use or drug dealing as a problem (Source: Annual Residents' Survey)
2. Achieve a minimum of 365 sanctioned detections per year from our 'dealer a day' operations. (Source: Police performance figures)
3. Achieve a decrease in the serious acquisitive crime rate. Analysis indicates that this is strongly associated with drug related offending. (Source: Police performance figures)
4. Achieve an increase in the number of adult drug users in effective treatment

(a planned exit or at least 12 weeks retention in treatment) (NDTMS)

5. Increase the number of successful exits from the drug treatment system (NDTMS)
6. Improve outcomes and reduce re-presentation levels to treatment services by treatment matching, good care planning and support (Source: NDTMS/TOP/NTA)
7. Improve the numbers of recovering drug users in stable accommodation and education, training and employment (TOP)
8. Improve uptake by drug users of BBV testing, vaccinations and treatment for viral hepatitis (NDTMS & local data)
9. Improve coverage of needle exchange services (local data)
10. Ensure our substance misuse services deliver an open accessible and equitable service demonstrated by an equity audit cycle against the protected characteristics
11. Support 100% of local schools and youth services in developing and implementing drug/alcohol policies
12. Increase the number of children and young people affected by parental substance misuse identified, assessed and receiving support

Strategic priorities

A summary of the priorities for achieving these objectives are outlined below against the three pillars of the strategy: prevention and behaviour change, treatment and enforcement and regulation.

Strategic priorities - Prevention and Behaviour Change

- We will reduce the demand for drugs and the harms associated with drug misuse through our drug prevention and health improvement work
- We will integrate our drug campaigns with other health and wellbeing issues where appropriate, for example alcohol, mental health. This will allow us to benefit from economies of scale, share resources and skills. We will also undertake joint campaigns across the Tower Hamlets Partnership
- Through working with our partners we will develop services that address the wider social determinants of health and wellbeing, as well as drug misuse, including accommodation, employment, social support and education
- We will support people to make healthy choices by providing targeted communication and community education about the harms caused by drugs, how to minimise these and providing information about the support services available
- We will provide targeted outreach to at-risk young people and their parents, signposting them to appropriate support services to address wider risk factors (e.g. educational attainment) with the aim of preventing escalation of use and harm
- We will explore possibilities to support parents in addressing drug and alcohol misuse with their children
- We will work in partnership working with schools to provide good quality education through Social and Emotional Aspects of Learning (SEAL), Personal Social Health Education (PSHE) and pastoral care

Strategic priorities - Treatment

Adult treatment

- During 2011/12, we will complete a redesign of treatment services in the borough. The redesign will help us to develop our model for drug treatment in a way that fits with the current and future need of our population, and the evidence available on what works well, and will inform our commissioning intentions for 2012/13 and beyond. We intend that the redesign will help us to work across the system to develop a “whole systems” approach to helping people to recover from problems associated with drug use and dependency, where all providers work together to provide a seamless pathway of support for service users. Commissioners will work with the treatment providers to develop a local whole systems approach to recovery. This will involve ensuring that each individual is offered:
 - A comprehensive assessment and response to individual and/or family health and social needs. An integrated recovery plan that is personalised and client centred/driven offering a choice of appropriate treatment interventions, which addresses a range of health and social needs and sets goals for treatment
 - High quality assessment and integrated care planning to address the range of needs presented by each client including for example mental health issues, physical, social, or emotional issues
 - Swift and effective referral to other treatment agencies where more appropriate to the clients identified needs, as well as referral to a range of support services such as housing, employment, support to fulfil parenting roles, mental health and wider health needs
- Co-ordinated care planning, reviews and case management for each service user to guide them through their treatment and ensure that they receive the best and most appropriate services to meet their needs at the right time
- We will develop, sign up to and monitor performance against a Service User And Carer Engagement Charter. This will set clear criteria for service user and carer involvement in service planning, commissioning and performance monitoring. We will support the development of peer support/mentors and service user recovery champions. Furthermore we will ensure all treatment services sign up and display an agreed service user and carer charter
- We have focussed on improving successful treatment completions for some time. As the formula for calculating the Pooled Treatment Budget is changing next year from numbers entering treatment to successful completions, we will redouble our efforts to focus resources to improve the proportion of successful treatment completions, drug free outcomes and reduction in re-presentation rates
- Hidden harm can be understood as the impact of parental drug or alcohol misuse on children. The hidden harms associated with alcohol and drugs are profound. Accordingly, we have worked to improve the identification, response and support to children affected by parental substance misuse. Treatment services must

include whole family interventions to support affected family members and break intergenerational cycles of addiction. Affected family members, carers and partners should be able to access support services in conjunction with or independently from the substance misuser

- We will further develop our treatment and children's services to improve our response to the needs of children of drug misusers. We will embed good practice into everyday assessment and casework by developing and implementing a jointly owned referral protocol between children's services and treatment providers, train workers in addressing 'hidden harm', support staff to identify and respond to drug using parents and their children
- We will work with stakeholders to develop a clinical governance framework that addresses the entire treatment system including primary care. The Department of Health Operating Framework 2010/11 sets quality as the guiding principle of the NHS¹. Clinical governance is usually thought of as a framework containing a number of domains to be addressed that impact on the quality and safety of care. The Darzi review² found that for the NHS, quality should include the following aspects:

1. Patient safety
2. Patient experience
3. Effectiveness of care

These three areas are known as quality dimensions and cover issues such as: adherence to NICE guidelines, Serious Untoward Incidents, service user involvement, etc

- We will identify and nurture links with wraparound support services that address education, training and employability (ETE). We will support service users to become actively involved in development of ETE opportunities for those in, and exiting treatment
- We will target treatment naïve drug misusers e.g. through our work in hostels in order to motivate them towards engaging in more structured treatment and progress towards recovery
- The Olympics in 2012 will see the arrival of workers, tourists, spectators and athletes. The potential impact for services and clients will be considered and planned for ahead of the games

Young people's substance misuse services

- Our approach will combine universal prevention activity through schools and youth services with a commitment to intervening early, offering targeted support to vulnerable groups of young people at increased risk of substance misuse to prevent this or when problems first arise
- We will implement a new treatment model for young people which will devolve responsibility for lower level and threshold services to generic front line youth services. The new model will require clearer care pathways, a strong interface with more specialist support and treatment services, information sharing and workforce development

¹ The NHS operating framework for England for 2010/11 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_110107

² Quality and the NHS Next Stage Review, Lancet.

- We will ensure there is rapid access to intensive specialist support for those young people whose substance misuse is already starting to cause harm and, for the most vulnerable young people this will include locally delivered multi agency packages of care with the aim of preventing escalation
- We will review referral pathways into specialist services to ensure that all young people with a need access treatment with a particular focus on looked after children and those attending accident and emergency (A&E) services for drug and alcohol related issues.
- We will monitor the trend in the increasing number of non treatment naïve young people in treatment and undertake further research/analysis into the reasons for high re-entry and focus on ways that services might be better provided to ensure services are responsive to the needs of all young people
- We will work with providers to develop rational outcome targets with which to monitor and measure the effectiveness of our treatment services for young people
- We will work with young people's services to ensure support for the whole family and encourage family support for the young person
- We will review the existing provision of mainstream support to carers of people with substance misuse issues and seek to better address their needs. Carers and family members of substance misusers can often be isolated and stigmatised. It is important that the services offered by the Partnership as described in the Tower Hamlets Carers Strategy and

Commissioning Plan include the needs of substance misusers

Strategic priorities - Enforcement

We will disrupt the supply of drugs through effective enforcement. This will involve:

- Continuing to invest in primary policing enforcement via the 'dealer-a-day' initiative to target street drug dealers and crack houses in the borough. Additionally we will tackle mid-tier dealers and those who supply the mid-tier. These operations will involve making the maximum possible use of our enforcement powers including closure orders, injunction and eviction. The Mayor of Tower Hamlets is making considerable investment in policing, specifically to tackle drug related anti-social behaviour and crime, alongside his additional investment in drug treatment. We will evaluate our enforcement campaigns to measure effectiveness in terms of reducing complaints about drug dealing by undertaking 'before and after' surveys with local residents. We will include information on these enforcement operations in our communications with the public
- We will implement a results-focused Integrated Offender Management (IOM) programme to ensure drug misusing offenders:
 - Receive a holistic support package aimed at stopping offending and drug dependence
 - Are supported by criminal justice agencies to access treatment voluntarily
 - Have effective pathways between services, including between those in prison and those in the community

- Where appropriate are assertively identified and managed to ensure compliance with legal requirements

This will be developed on the basis of a clear framework setting out specific roles and responsibilities, and the use of available resources in a co-ordinated fashion to produce better and more sustainable outcomes.

- We will develop the Drug Intervention Programme (DIP) to increase the number of drug misusing offenders engaging in the structured treatment system using existing powers within the 2005 Drugs Act³. We will deliver targeted outreach to encourage drug misusing adults (generic and CJS clients) into or back into treatment alongside a more robust approach to breaches and compliance for DIP/DRR clients
- We will target treatment naive probation clients by supporting the probation service to identify drug misusing clients and effectively address their treatment needs by ensuring the probation workforce have appropriate training, support and are consulted in the development of our new treatment service model
- We will work with social, and where possible commercial, landlords to tackle the use of premises in the borough used for the manufacture and distribution of drugs by identifying drug-related activities and pressing for prosecution
- We will work alongside community groups e.g. CADAA (Communities Against Drugs & Alcohol Abuse) to support them in providing an impetus for sustained, coordinated action aimed at reducing drug related crime and strengthening community resilience against drugs
- We will improve our understanding and intelligence about local drugs markets, distribution and trafficking networks develop and operate e.g. mapping the local market and measuring the effects of any interventions by surveying local residents
- We will respond to and reduce community concerns about drug use and drug dealing through:
 - On-going dialogue, gathering information and intelligence; and
 - The effective communication of successful operations to the public

³ "Drugs Act 2005". Opsi.gov.uk. accessed 08.09.11

INTRODUCTION

2

This is chapter two of the strategy technical document aimed at an audience involved and interested in progressing action to address drug misuse. It comprises one chapter of the Tower Hamlets Substance Misuse Strategy technical document; the other chapter focussing on alcohol harm reduction. A shorter, more accessible summary document is also available for the public, service users and carers, and those who require an overview of key points. The summary covers the two chapters of the Substance Misuse Strategy, both drugs and alcohol, together in one document.

Drug misuse impacts all aspects of society, "From the crime in local neighbourhoods, through families forced apart by dependency, to the corrupting effect of international organised crime, drugs have a profound and negative effect on communities, families and individuals"⁴. The Mayor of Tower Hamlets, NHS East London and City and the Coalition Government are committed to ensuring that the drugs agenda remains a priority at national and local level and thus aims to further shift power to local partnerships for its effective delivery. In Tower Hamlets, we welcome the renewed focus on the needs of families and communities within the new Government drugs strategy moreover we are pleased to see prevention and recovery for the individual at the core.

People who misuse drugs may present with a range of health and social problems⁵ other than dependence, these may include:

- physical health problems (for example, thrombosis, abscesses,

overdose, hepatitis B and C, HIV, and respiratory and cardiac problems)

- mental health problems (for example, depression, anxiety, paranoia and suicidal thoughts)
- social difficulties (for example, relationship problems, financial difficulties, wider determinants of health and wellbeing problems such as unemployment and homelessness)
- involvement in crime and the criminal justice system

In Tower Hamlets, we have over recent years made considerable progress in reducing the harm caused by drug and alcohol misuse. The London Borough of Tower Hamlets and NHS East London & The City, alongside treatment providers, the Metropolitan Police, and London Probation, have worked hard together to ensure that we support people to make healthy lifestyle choices, provide high quality treatment and support when people become dependent, and tackle the antisocial behaviour and crime associated with drugs and alcohol.

The Partnership is keen to build on its progress to date. Our strategy aims to address the challenges presented by disrupting the supply of drugs and reducing both the demand and the harms associated with drug misuse. We want to get more drug users into effective

⁴ Reducing Demand, Restricting Supply, Building Recovery : Supporting People to Live a Drug Free Life, Dec 2010, HM Government

⁵ Drug misuse, psychosocial interventions, National Clinical Practice Guideline Number 51, NICE,

treatment which results in positive outcomes and supports them to recover fully. We want to increase the levels of drug and asset seizures and the number of individuals being brought to justice for dealing drugs.

These ambitions will be prioritised by our key partnerships, Healthy Communities and Safe and Supportive, and through our Health and Wellbeing Board over the next three years. We will consult with local people about drug misuse issues and inform the public about our successes. We will consult our service users and plan our services to better meet their needs. Through this work we can also play a valuable role in contributing to a reduction in levels and perceptions of fear of crime and antisocial behaviour.

For Tower Hamlets to deal effectively with the many issues brought about by drug misuse, we must continue to harness the energies of our multiple partner agencies to deliver an effective response while providing reassurance to our local communities that Tower Hamlets is a safe and thriving environment in which to work, invest and visit.

THE NEED FOR A STRATEGIC RESPONSE TO DRUG MISUSE IN TOWER HAMLETS

3

The new National Drug Strategy 'Reducing Demand, Restricting Supply, Building Recovery: Supporting People to Live a Drug Free Life'⁶ focuses its priorities around three definite themes; reducing demand, restricting supply and building recovery into communities. These three themes sit at the heart of this, Tower Hamlets' first, substance misuse strategy.

We are developing our local strategic response to drug misuse for a number of reasons, a sample of which are explained below:

Residents' views

Resident's concerns have driven the drugs agenda for a number of years and have prompted interest and investment, in treatment and enforcement, from local politicians. Tower Hamlets, as an area of high deprivation, experiences a greater impact from drug misuse than many other areas. This is understood by residents, 52% of those who responded to the Annual Resident's Survey (2010/11), said that drug misuse or dealing was a very or fairly big problem⁷. Although there has been a reduction over the last three years in the numbers of residents who perceive drug misuse as a problem; drug misuse and the impact of this remain an area of concern for the local community.

London ambulance callouts

The LASS site provides data which shows the number and ward where ambulance callouts described as dealing with drug overdose occurs. The data does not differentiate between deliberate and

accidental overdose or between different drugs. Therefore the figures may include licit as well as illicit drugs e.g. paracetamol, insulin, or OTC (Over The Counter) drugs.

The wards with the highest level of callouts for drug overdose are Bethnal Green South, East India and Lansbury, Mile End and Globe Town. Tower Hamlets has the 8th highest rate of ambulance callouts for drug overdose (8 per 10,000) in London; higher than neighbouring Hackney but lower than Newham (7 per 10,000 and 12 per 10,000 respectively).

Blood borne virus (BBV) transmission

The recent 'Shooting up'⁸ report provides information about national levels of injecting drug users BBV infections and shows that needle and syringe sharing has declined in recent years, but almost one-fifth of injecting drug users continue to share.

Infections are common among injecting drug users. Around one-half of injecting drug users have been infected with hepatitis C, one-sixth with hepatitis B, and about one-third reported a symptom of a bacterial infection (such as a sore or abscess) at an injecting site in the past year.

⁶ Reducing Demand, Restricting Supply, Building Recovery: Supporting People to Live a Drug Free Life' December 2010, HM Government

⁷ Tower Hamlets Annual Resident's Survey 2010/11

⁸ Shooting Up, Infections among injecting drug users in the UK 2009, An update: November 2010. Health Protection Agency

The prevalence of HIV among those who have injected drugs remains low and is estimated to be 1.5% overall in the UK. However, it varies across the country from 0.6% in Scotland to 4.1% in London.

Drug dealing and possession offences

Police data for the period April to July 2011 indicates that drug related offences in Tower Hamlets accounted for 12% of all notifiable offences dealt with by the police. Tower Hamlets saw the most Class A and C offences in London and was 4th highest in relation to Class B offences.

Harm caused by parental drug misuse

For some drug users being a parent may encourage them to enter treatment, stabilise their lives and seek support. For some children it may lead to harm, abuse or neglect and for others it will mean taking on inappropriate caring roles putting their health and/or education at risk.

The ACMD (Advisory Council for Misuse of Drugs) Report on 'Hidden Harm'⁹ estimates there are between 250,000 and 350,000 children of problem drug users (the former term for OCUs, opiate and crack users) in the UK; approximately one child for every problem drug user. Research into the link between parental substance misuse and child maltreatment suggests that dependence on substances is present in at least 50% of the families who come to the attention of the authorities. Children who live with substance misusing parents as part of their everyday life may run a greater risk of having mental health problems, a greater risk of substance misuse and alcohol use in adolescence, impaired intellectual function, higher levels of anxiety lower self esteem and depression¹⁰.

In Tower Hamlets out of the six Serious Case Reviews completed between

2006/07 and 2009/10 (most recent available data), two have involved parental substance misuse. A further two featured the young person's drug and alcohol misuse¹¹.

Lord Laming's Report¹² 2009 refers to the Hidden Harm report key findings and recommends: All police, probation, adult mental health and adult drug and alcohol services should have well understood referral processes which prioritise the protection and wellbeing of children. These should include automatic referral where domestic violence or drug or alcohol abuse may put a child at risk of abuse or neglect.

Further to the Laming report, the Munro Review 2011 recommends provision of early intervention services for children, young people and families and that children and young people's wishes, feelings and experiences are central.¹³

⁹ Hidden harm, responding to the needs of children of problem drug users. ACMD, 2003

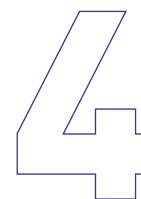
¹⁰ Identifying substance abuse in maltreating families: A child welfare challenge, Dore, Doris and Wright 1995.

¹¹ Tower hamlets Hidden harm strategy,

¹² The protection of children in England, a progress report, The Lord Laming. 2009

¹³ The Munro Review of Child Protection: Final Report A child centred-system (2011) Department for Education, HM Government

WHAT DO WE KNOW ABOUT THE USE OF DRUGS LOCALLY AND WHERE ARE THE GAPS IN OUR KNOWLEDGE?



Local data is primarily drawn from our adult and young people's substance misuse needs assessments which are produced annually. Locally and nationally, policy has focussed on those whose drug misuse causes them and their community most harm, i.e heroin and crack users. Therefore we have better data and monitoring systems for this type of drug use. The national drug strategy¹⁴ urges development of services and enforcement that addresses drug misuse of all kinds. For this reason the partnership acknowledges the need to improve monitoring and information about other drugs of choice that can be used problematically in order that services can be planned on an informed basis.

Consumption patterns are hard to determine due to the illicit nature of most drug misuse. Users are naturally reticent to be identified and counted. However we may be able to obtain a clearer picture of drug consumption in the future by cross referencing data from less obvious sources such as accident and emergency department attendances, service user surveys, etc. We need to develop a more systematic way of collecting and analysing intelligence and data that can inform our approaches.

Understanding local patterns of drug consumption behaviour

Substance misuse by young people

The Tellus survey directly informed National Indicator 115: Substance misuse by young people between 2006 and autumn 2009. The indicator measures the percentage of young people in the survey who reported being drunk or using illicit substances twice

or more in the 4 weeks prior to the survey. The responses to the questions on alcohol and drug use are combined to give a single percentage for the proportion of young people who frequently use any substance which may result in harm.

The 2010 survey findings indicated an increase between Tier 3 and Tier 4¹⁵ of 4 percentage points (ppts) to 6.7% in the proportion of young people who reported using substances frequently. This increase was greater than both the London and national average and saw LBTH exceeding the London average on this indicator by 0.2 percentage points. The percentage of young people that say they used misused substances remained below the national average of 9.8%.

¹⁴ Reducing Demand, Restricting Supply, Building Recovery : Supporting People to Live a Drug Free Life, Dec 2010, HM Government

¹⁵ Description of tiers of treatment

Tier 1 Interventions are provided from general healthcare and other services that are not specialist drugs services, for example hospital A&E departments, Pharmacies or GPs. Tier 1 services offer facilities such as information and advice, screening for drug misuse and referral to specialist drugs services.

Tier 2 provides open-access drug treatment (such as drop-in services) that does not always need a care plan and covers triage assessment, advice and information and harm reduction given by specialist drug treatment services.

Tier 3 constitutes drug treatment in the community with regular sessions to attend, undertaken as part of a care plan. Prescribing, structured day programmes and structured psychosocial interventions (counselling, therapy etc) are always Tier 3. Advice, information and harm reduction can also be Tier 3 if they are part of a care plan.

Tier 4 Equates to residential drug treatment – inpatient treatment and residential rehabilitation. Treatment should include arrangements for further treatment or aftercare for clients finishing treatment and returning to the community.

Taken from Specialist drug and alcohol services for children and young people – a cost benefit analysis. Department for Education (date of publication unavailable) – accessed 08.09.2011

Cannabis was reportedly used by 32.5% of the cohort compared to 82.5% reporting use of alcohol in contrast to findings from a review of young people's drug treatment data.

The survey also suggested that 20% of substance users had used 'other' drugs which includes class A substances and 17.5% of the group reported using volatile substances such as solvents, glue or gas.

British Crime Survey data examines the extent and trends in illicit drug use among a nationally representative sample of 16-59 year olds in households in England and Wales. It is important to be mindful of concerns regarding the applicability of the survey's findings to the Tower Hamlets population; however the most recent data (2010/11) suggests that 8.8 per cent of adults aged 16 to 59 had used illicit drugs and that 3.0 per cent had used a Class A drug in the last year¹⁶. For further details please refer to Appendix 1.

There is scant reliable data on drug consumption patterns among the Tower Hamlets population (particularly among those not known to treatment and across the full range of substances, licit and illicit) and this remains a considerable gap in our intelligence regarding local need¹⁶.

Crime related to drug use

Police data – dealing and possession

The London Analysts Support Site (LASS) provides data from the Metropolitan police service and other datasets. The LASS data shows that there has been an increase in trafficking (dealing) offences which mirrors the increased investment and assertive police operations against dealers, and a reduction in possession offences since 2009.

Acquisitive crime

There are well documented associations between dependent class A drug use and

acquisitive crime. From our DIP monitoring data we can see that this link is apparent where mandatory drug tests in police custody suites have been undertaken

The majority of those testing positive were arrested for drug possession, however the majority of the rest of offences were acquisitive crime i.e. theft, robbery and burglary.

Diversity of the drug using population and equity in treatment services

Our equity audit¹⁷ looked at the six equality strands age, gender, ethnicity, sexuality, religion and disability. It considered all OCUs (opiate and crack users, formerly PDUs an acronym for problem drug users) in the borough not just those in treatment services and generated a series of expected estimates under the 6 equality strands.

Age – 55% of OCUs were identified as being between the ages of 19-49 years old, supporting data to suggest that a large proportion of this group are naive to treatment and particularly in the 18-24 year age group.

Gender – 77% of all OCUs were estimated to be male; however, there appears to be equitable access to treatment services between males and females with 42% of males and 41% of females OCUs in treatment.

Ethnicity – the analysis shows that an estimated 71% of all OCUs in Tower Hamlets are white British however; only 24% are recorded as receiving treatment. In contrast, 85% of black OCUs and 93% of Bangladeshi OCUs were in treatment,

¹⁶ Drug misuse declared: Findings from the 2010/11 British Crime Survey England and Wales (2011) Home Office, HM Government

¹⁷ NHS Tower Hamlets, Equity audit of access to substance misuse services. Matrix consultancy, 2010.

although these groups represent only 2% and 10% of OCUs respectively. This would appear to suggest there is good access to treatment among black and Bangladeshi clients and that access is more of an issue among white British clients.

Disability – The data shows that an estimated 17% of OCUs in Tower Hamlets were estimated to have a disability or long-standing illness. Analysis suggests that there are some inequities when compared to those that do not have a disability. Only 5% of OCUs with a disability are in treatment, whereas 20% of OCUs without a disability are in treatment.

Sexuality – The vast majority of the OCU population are heterosexual (79%), of which an estimated 12% are receiving treatment. There are inequities when compared to gay or lesbian and bisexual groups - only 0.5% of gay or lesbian OCUs and 0.4% of bisexual OCUs are estimated to be in treatment.

Religion – It was not possible to investigate by religion/belief as incomplete prevalence or treatment data was available.

Equity audit analysis relied on existing estimates notably the 'Glasgow estimates' of drug use prevalence and as such should be interpreted in this context and should not be considered 100% accurate.

Understanding the profile of those in drug treatment

Adult treatment data¹⁸

The most recent 'Glasgow Estimate'¹⁹ suggests that there are around 3,795 OCUs²⁰ in Tower Hamlets; Of this number, 1,775 (47%) are estimated to be naïve to treatment. The estimate for opiate users is 2,837 33% of whom are thought to be treatment naïve. The estimate for crack users is 2,600 43% of whom are

treatment naïve. Significant numbers of OCUs are poly-drug users. Estimating the number of OCUs is a difficult task and as such these figures should be treated with some caution.

Substantial numbers of the treatment naïve population are known to the criminal justice system (36% of treatment naïve OCUs are known to DIP and prisons).

85% of OCUs identified heroin as their first drug. 56% of those that did not identify crack as their first drug identified it as their second drug

7% of those in the adult structured treatment services were aged between 18 - 24, 50% were between 25 - 34 and 43% were older than 35.

15% said they were currently injecting, with 58% saying they had never injected. Compared with other areas this represents a smaller number of injecting drug users.

Adult offenders

Clients entering the treatment system via a criminal justice route can have multiple and complex needs such as mental ill health, low/no education and homelessness²¹. Between January and December 2010, 1242 offenders received

¹⁸ Tower Hamlets substance misuse needs assessment 2011/12

¹⁹ The Glasgow Estimates are developed using a capture recapture estimation technique. This method pulls together a sample of drug users from a number of different data sources e.g. Drugs Intervention Programme (DIP), National Drug Treatment Monitoring System (NDTMS) and other Police and Prison data sources. It counts the overlap in the number of clients within each of these samples and uses this overlap count to estimate the size of the whole population.

²⁰ The acronym OCU stands for Opiate and Crack User. This term formerly replaces the acronym PDU (problem drug user).

²¹ Breaking the Cycle: Effective Punishment, Rehabilitation and Sentencing of Offenders. Ministry of Justice Dec 2010.

| Trigger arrests and positive drug tests | |
|---|------|
| Number arrested for trigger offence & drug tested | 2711 |
| Number of Tower Hamlets clients testing positive | 851 |
| % of Tower Hamlets clients testing positive | 31% |

Data Source: DIMIS reports 2010/11 & mi-case (local data)

statutory supervision by probation locally. This figure includes both those on community orders and those on licences. Of these, 45% (553) recorded drugs as a criminogenic need (OASys probation database).

In 2010/11 Criminal Justice referrals into structured treatment increased from previous years. 22% of individuals entering treatment came from a criminal justice source (19% in 2008/09 and 2007/2008) mainly from DIP.

As shown above, 30% of those who had a mandatory drug test in the police station in 2009/10 showed a positive result for cocaine and/or opiates. Around 21% were aged under 35.

The table opposite shows the 'funnel' process from drug testing through to treatment. In 2009/10 from 748 initial positive tests 268 clients started treatment.

Outcomes of treatment

Leaving treatment in 'a planned way'²² is seen as a proxy measure for a successful outcome of treatment.

With regard to the reasons for leaving treatment, 37% had a planned exit, of which 22% were referred on to another Tier 3 or Tier 4 service and 63% had an unplanned exit of which 7% went to prison.

Using the TOP outcome tool analysis we know that positive outcomes are gained from drug treatment. For example the number of individuals who have injected in the previous 28 days falls dramatically, acute housing problems and housing risks fall the longer a client is in treatment, and crime committed over the last 28 days falls the longer a client is in treatment.

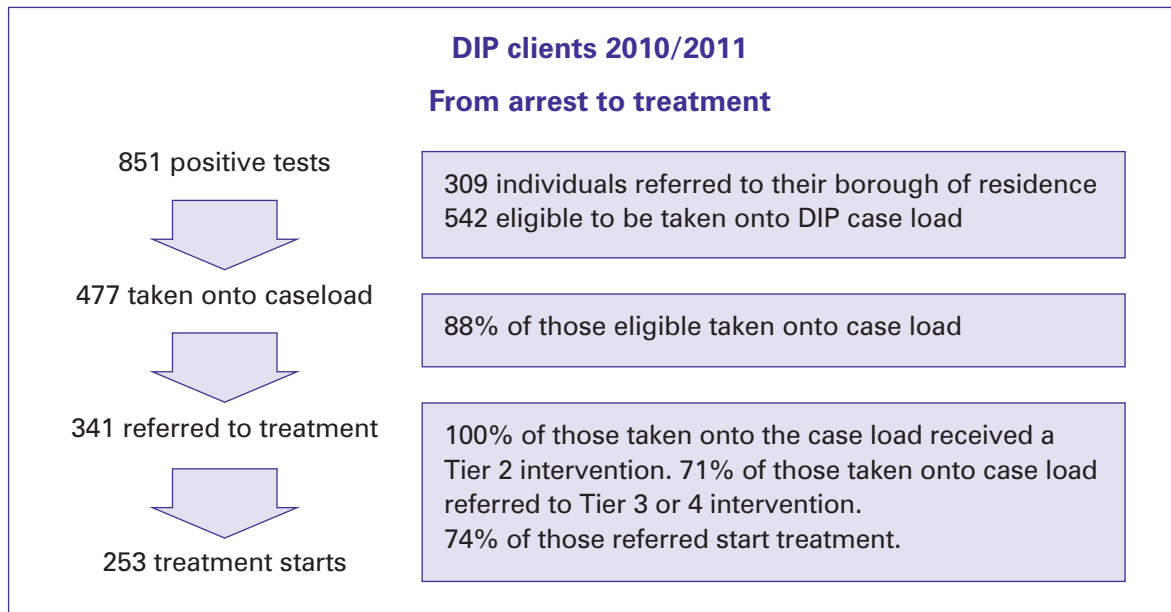
We understand that people who remain in the treatment system for a long time, (4 years plus), tend to have worse outcomes in terms of their opiate use. We need to unpick this issue and consider whether these long term clients are receiving the right treatment for them which is regularly reviewed to ensure it continues to meet their needs.

Needle exchange

Needle exchange data is a potentially rich source of information regarding clients who are either engaged at a low or intermittent level within the treatment system or who are not known to treatment services at all. We need to improve the data we gather on individuals in contact with needle exchange services in order to characterise service users and plan services that can target this group, to motivate them to engage in drug treatment and reduce/cease high risk injecting behaviour.

There are currently 5 specialist services in Tower Hamlets offering needle exchange and 4 pharmacies. Most recent available data suggests that between April 2009 and March 2010 approximately 85,000 needles were dispensed to injecting drug users. We estimate that this is insufficient to cover the level of injecting occurring in the borough. Fewer than half were returned to drug treatment agencies /

²² Leaving treatment in a planned way is defined by the NTA, in the case of adults, as leaving treatment drug free or being retained in treatment for 12 weeks



pharmacies but further investigation is required to understand the proportion of needles returned elsewhere e.g. hostels or discarded.

Parental drug misuse

51% of the total number in treatment in 2010/11 said that they were a parent (61% of women said they were a parent and 48% of men).

Young people’s drug and alcohol treatment

Local NDTMS data suggests that in 2010/11, 117 young people entered Tier 3 or Tier 4 treatment.

In Tower Hamlets, as with other Local Authorities in London, the majority of young people enter treatment for either alcohol and/or cannabis misuse. Of the 117 young people entering treatment in 2010/11, 54 were accessing treatment for alcohol misuse.

70% of young people entering treatment between 2010 and 2011 were reported as being from an “Asian or Asian British” background. This is in-line with the Asian population in Tower Hamlets, where

69.1% of young people are Asian or Asian British.

Most recent available data suggests that Tower Hamlets has an estimated benefit of £4.45 for every £1 spent on young people’s drug and alcohol treatment. This is not an immediate saving, but reflects the benefit of treatment over the long-term²³.

²³ Tower Hamlets Young people’s substance misuse needs assessment 2011/12, draft.

OUR RESPONSE: AIMS, OBJECTIVES AND STRATEGIC PRIORITIES

5

Our aims and objectives

Aims

We aim to disrupt the supply, reduce the demand and social and health harms associated with drug misuse in Tower Hamlets. We want to engage more drug users into high quality drug treatment which results in positive outcomes and supports them to recover. We want to increase the levels of drug and asset seizures and the number of individuals brought to justice for the supply of drugs. We will consult with local people about drug misuse issues and inform the public about our successes. Through this work we can also play a valuable role in contributing to a reduction in levels and perceptions or fear of crime and antisocial behaviour.

Objectives

The objectives pertaining to the Substance Misuse Strategy – drugs chapter are as follows:

- To tackle drug related crime and anti social behaviour
- To commission and deliver high quality drug education, prevention, health improvement and treatment services monitoring their uptake and outcomes across the protected characteristics
- To increase the number of drug users entering, engaging with and completing treatment and remaining drug free
- To reduce associated social and health problems via harm reduction approaches as part of a wider recovery focussed treatment system
- To deliver services that support recovering drug users to secure accommodation and employment, and to re-connect with their local communities
- To reduce the impact of drug related crime and anti-social behaviour as measured by the perception of our local communities
- To ensure that young people are able to make informed decisions about drug use, based on high quality drug education and prevention approaches, rapid access to treatment services if problems develop and access to alternative activities and opportunities
- To develop an interagency response to reduce the actual and potential effects of parental substance misuse on children, young people and vulnerable adults
- To develop systematic data and intelligence gathering processes and analysis to ensure we actively plan and commission an integrated response to substance misuse which is evidence based, cost effective and addresses local priorities
- To ensure that family based interventions are integral to treatment provision

Key indicators

Progress will be monitored using 12 key indicators. We will know we have been successful if we achieve the following:

1. Reduced perceptions of drug use or drug dealing as a problem (Source: Annual Residents' Survey)
2. Achieve a minimum of 365 sanctioned detections per year from our 'dealer a day' operations. (Source: Police performance figures)
3. Achieve a decrease in the serious acquisitive crime rate. Analysis indicates that this is strongly associated with drug related offending. (Source: Police performance figures)
4. Achieve an increase in the number of adult drug users in effective treatment. (a planned exit or at least 12 weeks retention in treatment). (NDTMS)
5. Increase the number of successful exits from the drug treatment system. (NDTMS)
6. Improve outcomes and reduce re-presentation levels to treatment services by treatment matching, good care planning and support. (Source: NDTMS/TOP/NTA)
7. Improve the numbers of recovering drug users in stable accommodation and education, training and employment. (TOP)
8. Improve uptake by drug users of BBV testing, vaccinations and treatment for viral hepatitis. (NDTMS & local data)
9. Improve coverage of needle exchange services. (local data)

10. Ensure our substance misuse services deliver an open accessible and equitable service demonstrated by an equity audit cycle against the protected characteristics.
11. Support 100% of local schools in developing and implementing drug/alcohol policies.

Our strategic priorities

The priorities for achieving the objectives are outlined below against the three pillars of the strategy: prevention and behaviour change, treatment and enforcement.

Strategic priorities – Prevention and Behaviour Change

We will reduce the demand for drugs and the harms associated with drug misuse through our drug prevention and health improvement work. We will prioritise:

- reducing the demand for drugs and the harms associated with drug misuse through our drug prevention and health improvement work
- integrating our drug campaigns with other health and wellbeing issues where appropriate, for example alcohol, mental health. This will allow us to benefit from economies of scale, share resources and skills. We will also undertake joint campaigns across the Tower Hamlets Partnership
- working with our partners to develop services that address the wider social determinants of health and wellbeing, as well as drug misuse, such as accommodation, employment, economic wellbeing and education
- supporting people to make healthy choices by providing targeted communication and community education about the harms caused by

drugs, how to minimise these and providing information about the support services available

- providing targeted outreach to at-risk young people and their parents, signposting them to appropriate support services to address wider risk factors (e.g. educational attainment) with the aim of preventing escalation of use and harm
 - exploring possibilities to support parents in addressing drug and alcohol misuse with their children
 - working in partnership with schools to provide good quality education through Social and Emotional Aspects of Learning (SEAL), Personal Social Health Education (PSHE) and pastoral care.
 - strengthening joined up working between hostels and treatment services to address the needs of hostel based clients in recognition of the high prevalence of both substance misuse and dual diagnosis amongst hostel users and ex-offenders
- Commissioners will work with treatment providers to develop a local whole systems approach to recovery. This will involve ensuring that each individual is offered:
 - A comprehensive assessment and response to individual and/or family health and social needs. This will include an integrated recovery plan that is personalised and client centred/driven offering a choice of appropriate treatment interventions, which addresses a range of health and social needs and sets goals for treatment
 - High quality assessment and integrated care planning to address the range of needs presented by each client including for example mental health issues, physical, social, or emotional issues
 - Swift and effective referral to other treatment agencies where more appropriate to the clients identified needs, as well as referral to a range of support services such as housing, employment, support to fulfil parenting roles, mental health services and services to address wider health needs
 - Co-ordinated care planning, reviews and case management for each service user to guide them through their treatment and ensure that they receive the best and most appropriate services to meet their needs at the right time
 - We will develop, sign up to and monitor performance against a Service User and Carer Engagement Charter. This will set clear criteria for service user and carer involvement in service planning, commissioning and performance monitoring. We will support the development of

Strategic priorities - Treatment

Adult treatment

- During 2011/12, we will complete a redesign of treatment services in the borough. The redesign will help us to develop our model for drug treatment in a way that fits with the current and future need of our population, and the evidence available on what works well, and will inform our commissioning intentions for 2012/13 and beyond. We intend that the redesign process will help us to work across the system to develop a "whole systems" approach to helping people to recover from drug addiction and dependency, where all providers work together to provide a seamless pathway of support for service users.

- peer support/mentors and service user recovery champions. Furthermore we will ensure all treatment services sign up to and display, an agreed service user and carer charter
- We have focussed on improving successful treatment completions for some time. As the formula for calculating the Pooled Treatment Budget is changing next year from numbers entering treatment to successful completions, we will redouble our efforts to focus resources to improve the proportion of successful treatment completions, drug free outcomes and reduction in re-presentation rates
 - Hidden harm can be understood as the impact of parental drug or alcohol misuse on children. The hidden harms associated with alcohol and drugs are profound. Accordingly, we have worked to improve the identification, response and support to children affected by parental substance misuse. Treatment services must include whole family interventions to support affected family members and break intergenerational cycles of addiction. Affected family members, carers and partners should be able to access support services in conjunction with or independently from the substance misuser
 - We will further develop our treatment and children's services to improve our response to the needs of children of drug misusers. We will embed good practice into everyday assessment and casework by developing and implementing a jointly owned referral protocol between children's services and treatment providers, train workers in addressing 'hidden harm' and support staff to identify and respond to drug using parents and their children
 - We will work with stakeholders to develop a clinical governance framework that addresses the entire treatment system including primary care. The Department of Health Operating Framework 2010/11 sets quality as the guiding principle of the NHS²⁴. Clinical governance is usually thought of as a framework containing a number of domains to be addressed that impact on the quality and safety of care. The Darzi review²⁵ found that for the NHS, quality should include the following aspects:
 - Patient safety
 - Patient experience
 - Effectiveness of care
- These three areas are known as quality dimensions and cover issues such as: adherence to NICE guidelines, Serious Untoward Incidents, service user involvement, etc
- We will identify and nurture links with wraparound support services that address education, training and employability (ETE) and wider needs of the family. We will continue to implement the protocol between Job Centre Plus and drug treatment services to access support and we will support service users to become actively involved in development of ETE opportunities for those in, and exiting treatment
 - We will target treatment naïve drug misusers e.g. through our work with hostels in order to motivate them towards engaging in more structured treatment and progress towards recovery

²⁴ The NHS operating framework for England for 2010/11 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_110107

²⁵ Quality and the NHS Next Stage Review, Lancet.

- The Olympics in 2012 will see the arrival of workers, tourists, spectators and athletes. The potential impact for services and clients will be considered and planned for ahead of the games

Young people's substance misuse services

- Our approach will combine universal prevention activity through schools and youth services with a commitment to intervening early. We will offer targeted support to vulnerable groups of young people at increased risk of substance misuse
- We will implement a new treatment model for young people which will devolve responsibility for lower level and threshold services to generic front line youth services. The new model will require clearer care pathways, and a strong interface with more specialist support and treatment services, information sharing and workforce development
- We will ensure there is rapid access to intensive specialist support for those young people whose substance misuse is already starting to cause harm and, for the most vulnerable young people this will include locally delivered multi agency packages of care with the aim of preventing escalation
- We will review referral pathways into specialist services to ensure that all young people with a need access treatment with a particular focus on looked after children and those attending accident and emergency services for drug and alcohol related issues
- We will monitor the trend in the increasing number of re-presenting young people in treatment and undertake further research/analysis into

the reasons for high re-entry and focus on ways that services might be better provided to ensure services are responsive to the needs of all young people

- We will work with young people's services to ensure support for the whole family and encourage family support for the young person
- We will work with providers to develop rational outcome targets with which to monitor and measure the effectiveness of our treatment services for young people

Strategic priorities - Enforcement

We will disrupt the supply of drugs through effective enforcement. This will involve:

- Continuing to invest in primary policing enforcement via the 'dealer-a-day' initiative to target street drug dealers and crack houses in the borough. Additionally we will tackle mid-tier dealers and those who supply the mid-tier. These operations will involve making the maximum possible use of our enforcement powers including closure orders, injunction and eviction. The mayor of Tower Hamlets is making considerable investment in policing, specifically to tackle drug related anti-social behaviour and crime, alongside his additional investment in drug treatment. We will evaluate our enforcement campaigns to measure effectiveness in terms of reducing complaints about drug dealing by undertaking 'before and after' surveys with local residents. We will include information on these enforcement operations in our communications with the public
- Beginning in 2011/12 a dedicated task force will provide a holistic multi-agency approach to drug related offending and anti-social behaviour. This will include

targeting PPOs with drug misuse problems and known offenders linked to acquisitive crime. The task force will also target venues such as pubs and clubs where there is suspicion of drug misuse. There will be increased patrols at known hotspots. The task force aims to provide an enhanced level of intervention to address drug-related anti-social behaviour and crime and fits into the Integrated Offender Management model. The intended outcome of the task force is the reduction in the drugs problems that bother local people the most

- We will implement a results-focused Integrated Offender Management (IOM) programme to ensure drug misusing offenders:
 - Receive a holistic support package aimed at stopping offending and drug dependence
 - Are supported by criminal justice agencies to access treatment voluntarily
 - Have effective pathways between services, including between those in prison and those in the community
 - Where appropriate are assertively identified and managed to ensure compliance with legal requirements

This will be developed on the basis of a clear framework setting out specific roles and responsibilities, and the use of available resources in a co-ordinated fashion to produce better and more sustainable outcomes.

- We will develop the Drug Intervention Programme (DIP) to increase the number of drug misusing offenders engaging in the structured treatment system. We will deliver targeted

outreach to encourage drug misusing adults (generic and CJS clients) into or back into treatment alongside a more robust approach to breaches and compliance for DIP/DRR clients

- We will target treatment naive probation clients by supporting the probation service to identify drug misusing clients and effectively address their treatment needs by ensuring the probation workforce have appropriate training, support and are consulted in the development of our new treatment service model
- We will work with social, and where possible commercial, landlords to tackle the use of premises in the borough used for the manufacture and distribution of drugs by identifying drug-related activities and pressing for prosecution
- We will work alongside community groups e.g. CADAA (Communities Against Drugs & Alcohol Abuse) to support them in providing an impetus for sustained, coordinated action aimed at reducing drug related crime and strengthening community resilience against drugs
- We will improve our understanding and intelligence about local drugs markets, distribution and trafficking networks develop and operate e.g. mapping the local market and measuring the effects of any interventions by surveying local residents
- We will respond to and reduce community concerns about drug use and drug dealing through:
 - On-going dialogue, gathering information and intelligence; and
 - The effective communication of successful operations to the public

CURRENT RESPONSES



Appendix 5 describes in detail the actions we are currently taking to address drug use across the three pillars.

UNDERPINNING THE FOUNDATIONS



Use of data, intelligence and surveillance

In order to accurately assess the needs of the population in Tower Hamlets in relation to ALL drug misuse we need to improve our analysis of health surveillance information and data e.g. health issues such as local rates of BBV infections, hospital admissions, accident and emergency department attendances, primary care data. We also need to look more closely at our treatment outcomes data and benchmark this against regional performance so we can measure how effective our services are. Equity audits should be carried out in our treatment system and reported as part of the annual needs assessment.

In addition we need to build our knowledge base around non-PDU drug use e.g. steroid use, emerging trends of 'legal highs' and use of OTC (over the counter) drugs and prescribed medicines.

Furthermore gathering intelligence about drug markets, distribution and trafficking will inform enforcement and community interventions.

Our analysis needs to be carried out in a structured and ongoing manner, which informs and cross references with the Joint Strategic Needs Assessment.

We need to ensure that the data, analysis and intelligence is prioritised by the Partnership and ensure that this underpins decisions on future provision and any review of DAAT structures.

Implementation, monitoring and review

The DAAT board, reporting to both the Safe and Cohesive Community Plan Delivery Group and the Health and Well Being Board, will oversee the progress of the Substance Misuse strategy and take reports from working groups that are responsible for implementing the respective action plans.

Responsibility for developing and implementing the children and young people's substance misuse plan is with Tower Hamlets Children and Families Trust, representatives of which sit on the DAAT board.

There will be a comprehensive programme to review progress from the previous year, assessing developing needs and gaps and setting out how the DAAT partnership will meet its targets and objectives.

APPENDIX 1: NATIONAL PREVALENCE OF DRUG MISUSE

The British Crime Survey (BCS)²⁶ provides estimates of illicit drug use among adults aged 16 to 59 within the general household population in England and Wales.

The 2009/10 BCS estimates that 8.6 per cent of adults had used illicit drugs (almost three million people) and that 3.1 per cent had used a class A drug in the last year (around a million people). 41% of these are frequent drug users (that is, using a drug more than once a month on average in the last year).

Last year use of any illicit drug by 16 to 59 year olds in 2009/10 was at its lowest level since measurement began (1996), falling from 11.1 per cent in the 1996 BCS (and from 10.1% in 2008/09) to 8.6 per cent in the 2009/10 BCS, mainly due to successive declines in the use of cannabis since 2003/04.

Use of any illicit drug among young people (16 – 24) in the last year has fallen since 1996 (29.7%) and since 2008/09 (22.6%), in large part due to a decline in cannabis use.

The economic and social costs of class A drug use in England and Wales have been estimated at £15.4 billion²⁷.

²⁶ Drug Misuse Declared: Findings from the 2009/10 British Crime Survey, England and Wales, Jacqueline Hoare and Debbie Moon (Editor), July 2010 13/10

²⁷ Gordon, L., Tinsley, L., Godfrey, C. and Parrott, S. (2006) The economic and social costs of Class A drug use in England and Wales, 2003/04, In Singleton, N., Murray, R. and Tinsley, L. (eds) 'Measuring different aspects of problem drug use: methodological developments.' Home Office Online Report 16/06

APPENDIX 2: NATIONAL POLICY FRAMEWORK

The development of the Tower Hamlets Substance Misuse Strategy is taking place during a time of profound political and economic change. Some of the national policies and agendas that are impacting or will impact on this agenda are set out below.

National Drug strategy

The new national drug strategy 'Reducing Demand, Restricting Supply, Building Recovery: Supporting People to Live a Drug Free Life'²⁸ has three main themes.

Reducing demand, restricting supply and building recovery into communities; and two overarching aims:

1. Reduce illicit and other harmful drug use; and
2. Increase the numbers recovering from their dependence

The strategy covers how the Government will address trafficking and dealing, prevention, education and information and how treatment outcomes will be improved. For the first time the strategy covers treatment for drug use as well as serious alcohol dependency.

Some of the most relevant points of the strategy locally in terms of enforcement are:

- Developing further integrated local enforcement with local neighbourhood police gathering intelligence on local dealers and providing a visible deterrent. Strengthening partnerships between police and local partners. Where non class A drugs (cannabis, steroids, ecstasy or others) are a problem locally, partnerships will be supported to test new ways to address them.
 - Integrated Offender Management (IOM) brings together the police, probation service, youth offending teams, DIP, local authorities and voluntary and community groups. Together they will identify, support and manage priority offenders, including drug misusing offenders and PPOs, and divert them away from drug use and crime.
- In terms of prevention the strategy commits to establishing a 'whole-life' approach to preventing and reducing the demand for drugs by:
- breaking inter-generational paths to dependency by supporting vulnerable families;
 - providing good quality education and advice so that young people and their parents are provided with credible information to actively resist substance misuse;
 - encouraging individuals to take responsibility for their own health; and
 - intervening early with young people and young adults;
- The introduction of Police and Crime Commissioners (PCCs), bringing local democratic accountability to the police and who will be responsible to local people for reducing crime and disorder, including drug related crime.

²⁸ Reducing Demand, Restricting Supply, Building Recovery : Supporting People to Live a Drug Free Life, Dec 2010, HM Government

Key points of the strategy for us locally in terms of drug treatment are:

- The White Paper proposal that local Directors of Public Health based in the local authority, will have oversight and commissioning of drug and alcohol treatment services as a core part of their work.
- 'Payment By Results' pilot schemes will be initiated.
- The strategy encourages treatment services to become more ambitious in terms of full recovery for service users. Recovery activities and therapies will therefore need to be made available and become part of all treatment care plans. Substitute prescribing will still have a key role to play within a recovery focussed system.
- A new framework for treatment delivery will be published, to replace the 'Models of Care 2006 update'.

Defining recovery can be difficult as it means different things to different people and covers a range of processes from harm reduction to abstinence based treatment options. A useful definition has been provided by the Scottish Government below:

"What do we mean by recovery? We mean a process through which an individual is enabled to move on from their problem drug use, towards a drug-free life as an active and contributing member of society. Furthermore, it incorporates the principle that recovery is most effective when service users' needs and aspirations are placed at the centre of their care and treatment. In short, an aspirational, person-centred process."

The road to recovery: A new approach to tackling Scotland's Drug Problem, The Scottish Government, May 2008

The National Treatment Agency business plan 2010/11

The key themes of the NTA 2010/11 Business Plan are also relevant locally. The NTA's key priorities are:

- Improving outcomes for those in treatment; focussing on sustained recovery and outcomes. Performance will be measured based on outcomes, measured by the TOP (Treatment Outcome Profile) tool and NDTMS. Centrally allocated resources will be allocated based on performance. Tower Hamlets DAAT therefore has the opportunity to increase future allocation of resources by improving performance. in relation to successful completion rates and reducing representations.
- Providing better value for money from central investment; aiming to get more for less. In Tower Hamlets we will be utilising the NTA 'Value for Money' tool to benchmark our performance.
- Championing abstinence-focussed treatment; there will be new guidance on substitute prescribing in line with the evidence base which will aim to steer patients and practitioners away from long term maintenance prescribing.
- Re-balancing the system to ensure a consistent approach to commissioning community and residential rehabilitation. A set of criteria will be developed which will assist in determining appropriate care pathways and treatment matching.
- A new recovery-oriented blueprint for the treatment system will be published by the NTA to replace the current framework, Models of Care for Treatment of Adult Drug Misusers (update 2006).
- Practitioner skills will be developed further with a skills development framework and programme to underpin the cultural and structural shift towards recovery/abstinence focussed treatment.

Breaking the cycle green paper, 2010²⁵

This consultation paper focuses on locally developed Integrated Offender Management solutions and assisting offenders to 'get off drugs for good' and payment by results for both adult and youth offenders services. As such, it is a driver to increasingly co-ordinate services around offenders and ex-offenders and to prevent youth drug misuse.

NHS white paper 'Equity and excellence: Liberating the NHS' July 2010

Key components of the paper which will be aligned within NHS ELC and DAAT partnership treatment plans are:

- **Putting patients and public first**
Further developing service user involvement and choice and personalisation of treatment and support,
- **Improving healthcare outcomes**
Improving outcomes for those in treatment and developing outcomes targets.
- **Autonomy, accountability and democratic legitimacy**
The developing GP consortia will have responsibility for most local health commissioning mechanisms although, it is proposed, drug treatment will be overseen by Public Health.
- **Cutting bureaucracy and improving efficiency**
Efficiency savings within the NHS will be reinvested to support improvements in quality and outcomes; reduction of management costs which will be reinvested in the 'front line'.

Public health white paper 'Healthy people, healthy lives' November 2010

The paper responds to the Marmot report 'Fair society, healthy lives' which advocates a 'life course' approach to improving public health, from early years onwards, emphasising personalised, preventative services and focussing on outcomes.

The paper emphasises localism and local authority's responsibility being the heart of improving health and wellbeing on issues such as drug and alcohol misuse whilst retaining a national lead on health protection where appropriate.

The paper proposes a 'radical new approach' which incorporates a focus on key outcomes, demonstrated through a new public health outcomes framework. A commitment to 'what works' is given and use of the evidence base to achieve behaviour change.

There is an emphasis on personal responsibility and promotion of healthy choices using a 'ladder of interventions' to minimise intrusion and avoid regulation.

No health without mental health, Feb 2011²⁶

This cross-governmental strategy recognises the close links between substance misuse, mental health and homelessness and recommends improved co-ordination of services. As with other policy areas it promotes localisation of services, personalisation of care, diversification of supply and a focus on outcomes.

APPENDIX 3: TOWER HAMLETS POLICY CONTEXT

Drug misuse is a cross-cutting issue and as such this strategy aligns itself with key local strategic policy documents and partners to ensure our priorities are addressed in the most effective and cost effective way. Key areas of alignment are highlighted in the following local strategy documents:

- Tower Hamlets community plan. This is the main partnership plan which has four key priorities for making Tower Hamlets :
 1. a great place to live,
 2. a prosperous community,
 3. a safe and cohesive community
 4. a healthy and supportive community.
- The second chapter of the Substance Misuse Strategy, consisting of the alcohol harm reduction technical document
- Stronger and Safer communities, Tower Hamlets Partnership, Outline crime and drugs reduction strategy and Safe and cohesive delivery plan 2011/12
- Tower Hamlets Children and Young People's Plan.
- Improving Health and Wellbeing in Tower Hamlets, a strategy for primary and community care services 2006-16.
- Integrated Offender Management Plan (in development)

APPENDIX 4: WHAT ARE THE BENEFITS TO THE LOCAL COMMUNITY OF DRUG TREATMENT?

Costs and benefits of drug misuse and treatment

In Tower Hamlets we fund a comprehensive treatment system for drug misuse and we can show the difference it makes using the NTA Value For Money (VFM) tool. The VFM tool helps partnerships to measure the cash benefits of drug treatment versus the costs of drug misuse.

Using the VFM tool we can estimate how many drug related crimes can be prevented as a result of drug treatment if the numbers in treatment remain static as per the table below.

The VFM tool shows significant benefits in terms of the numbers of acquisitive crimes prevented, increasing yearly.

The VFM tool also allows us to estimate the cash benefits in terms of spend on treatment versus cash benefits to local partnerships. It shows for every £1 spent on treatment £3.95 is saved on health and crime costs.

National Indicator 38

NI38²⁹ measures and drives local performance in reducing offending by (class A) drug misusers identified in the course of their contact with the criminal justice system. The measure is a proxy measure which monitors the level of proven offending by known (class A) drug misusing individuals who have been identified through their contact with the Criminal Justice system and subsequently have a proven conviction for any offence.

In 2009/10 LBTH had a cohort of 182 individuals (102 DIP and 80 Probation) who were monitored and their proven offending was measured against their actual offending. LBTH was the fourth best performing London borough re-offending was just 57% of that that was expected.

²⁹ Proven reoffending of identified offenders

| | | |
|---|----------|-------|
| Numbers in effective treatment 2010/11 | | 1,599 |
| Mean time in effective treatment in one year | | 69% |
| Number of successful completions for those in effective treatment | | 170 |
| Number of unsuccessful completions for those in effective treatment | | 243 |
| Sustaining recovery rate for those in effective treatment | | 40% |
| Clients sustaining recovery | New | 166 |
| | Existing | 671 |

| Crimes prevented | | | | |
|--|-----------------------------|---------|---------|---------|
| An estimate of crimes prevented if numbers in drug treatment remain static | | 2008/09 | 2009/10 | 2010/11 |
| | Robbery | 274 | 307 | 346 |
| | House burglary | 137 | 154 | 173 |
| | Business burglary | 867 | 973 | 1094 |
| | Theft of a vehicle | 228 | 256 | 288 |
| | Theft from a vehicle | 684 | 768 | 864 |
| | Shoplifting | 16924 | 18994 | 21370 |
| | Bag snatch | 319 | 358 | 403 |
| | Cheque or credit card fraud | 365 | 410 | 461 |

APPENDIX 5: CURRENT OPERATIONAL RESPONSES TO TACKLE DRUG MISUSE AND FURTHER ACTIONS REQUIRED

The Tower Hamlets Partnership have commissioned, developed and delivered a raft of services, operations and projects to address local needs. The sections below summarise current responses and areas where further action is required.

Prevention and Behaviour change

Current responses:

- The DAAT coordinate a drug awareness week campaign which involves targeted campaigns on BME media such as Channel S and local Ramadan radio. The total number of people reached through direct contact during the campaign in 2010 is calculated to be just over 1,000 with 15,000 reached indirectly
- We have invested in a Tower Hamlets Drug and Alcohol Outreach Team who work closely with Tower Hamlets Enforcement Officers (THEOs) providing targeted street based brief interventions to those involved in street based activity and supporting vulnerable adults to enter formal treatment and other services where appropriate
- As part of the schools Strengthening Families programme, drug education and awareness sessions have been delivered to parents in schools settings. More in-depth training sessions are also delivered to youth workers, front-line workers, residents etc
- Nafas deliver educational drug awareness sessions in schools across the borough and, in 2010/11, delivered workshops to 2156 pupils
- The Tower Hamlets Healthy Lives Team provides central training (open to all staff from all schools across The Borough) on good practice in Drug Education and Drug Education and Incidents Policy development for schools. In 2010-2011, 37 primary teachers and 15 secondary teachers attended central training on Drug Education (policy support is in the near future)
- Individual school INSET / staff meetings on good practice in Drug Education are also provided by Healthy Lives. In 2010-2011, 220 school staff received this training. The team also moderating schools' Drug Education and Incident Policies to make sure they are adequate and up to date
- Healthy Lives has developed a resources website (Fronter) that provides access to schemes of work and lesson plans on drug education for schools and teachers; advice/guidance on drug policy development; links to external agencies and resources
- THDAAT and Nafas work closely with imams and mosques across the borough to deliver drugs focussed khutbahs and provide culturally appropriate advice and education for drug users

Further action required:

- We need to ensure our prevention and health promotion work around drug misuse is integrated with other health and wellbeing areas to improve coverage, make best use of limited resources and improve effectiveness
- We need to encourage and support schools to uniformly prioritise drug education, some find difficulty fitting it in due to competing priorities and time constraints
- Youth Services are taking on responsibility for the provision of Tier 2 services for young people. We need to ensure our targeted support through the Integrated Youth Support Services acts as the focal point for early interventions with vulnerable young people and groups and support delivery through capacity building youth services and actively monitoring delivery activity
- We will prioritise the retention of specialist drug and alcohol work within the YOT and ensure appropriate support for young people within the youth justice system with clear referral mechanisms to specialist support and treatment where appropriate
- We need to work in partnership with children and family services to break intergenerational cycles of disadvantage and minimise the harm caused by parental substance misuse. This will involve:
 - Ensuring that the gains we have made with regard to the hidden harm agenda are not lost and development of working protocols between treatment and family services
 - Working in partnership with family services to ensure a comprehensive whole-family response to drug misuse whenever possible
 - Continuing to develop the effective partnership between children's social care and treatment providers by building skills, developing pathways and protocols to ensure the safeguarding of the children of those with drug problems and embedding safeguarding and substance misuse into everyday assessment and casework practice
 - Seeking funding sources to continue to provide parenting programmes that support substance misusing parents

Treatment**Current responses:**

An overview of the treatment services available in LBTH is outlined below:

- Primary care services are a key element of the treatment system in Tower Hamlets. A Local Enhanced Service is commissioned from GPs to provide treatment to clients, from local GP surgeries supported by specialist drug treatment services
- Health E1 offers primary care services to homeless people and employs specialist nurses and doctors who prescribe and undertake keyworking for drug users under their care. Needle exchange and BBV services are also available from HE1
- Needle exchange – following reconfiguration of harm reduction services, needle exchange is now available at Health E1, CDT, Isis, SAU, Dellow Day Centre and four

community pharmacies (one of which operates for 100 hours per week)

- Blood Borne Virus Team – the BBV team offer a wide range of interventions including access to BBV screening, immunisation and treatment, wound care, safe injecting, advice and sexual health screening. The team operate from a range of locations including; CDT, Health E1, SAU, Isis, Aldgate Hostel and Dellow Day Centre
- The Island Day Programme (IDP) - community based drug treatment programme based on the principles of the Twelve Step fellowships of Narcotics Anonymous (NA) and Alcoholics Anonymous (AA). This programme is abstinence based and support includes one-to-one and group sessions, lectures, assignments and aftercare
- Tower Hamlets Specialist Addiction Unit (SAU) - this is a multidisciplinary service which provides structured drug treatment to adults with complex drug related needs, including physical health, mental health, and chaotic drug or alcohol use
- NAFAS – a Tier 3 service which also provides a culturally sensitive structured day programme, structured counselling, and referral to prescribing services. Nafas carries out extensive work with the families and friends of drug users from the Bangladeshi community and has worked closely with the Harbour Recovery Centre since it opened. The Abstinence Support Network (ASN) programme supports recovering drug users who are abstinent to develop life skills and engage in ETE programmes
- Tower Hamlets Community Drug Team (CDT) – key working, shared care prescribing, structured counseling, group work, complimentary therapies and access to community care assessment for in-patient detoxification and residential rehabilitation
- Health E1 – NHS homeless person's medical centre providing a range of services to drug users
- City Roads (tier 4) - provides in-patient detoxification for drug users in crisis and structured group programmes. City Roads offers a maximum 3 week stay and can refer on to residential rehabilitation
- Harbour Recovery Centre - provides in-patient detoxification for non-injecting male drug users with non-complex needs who are primarily Bangladeshis under the age of 30. The partnership commissioned this service following consultation with the Bangladeshi community
- The Drug Intervention Programme (DIP) acts as a 'bridge' for offenders to gain access to the drug treatment system. DIP can access tier 4 interventions directly where appropriate. DIP will be one essential element of the new Integrated Offender Management model. DIP is composed of a range of services to meet the needs of substance misusing offenders. The main source of referrals is through the Arrest Referral Team (based in the custody suite at Police stations). Individuals arrested for certain (mainly acquisitive crime) offences are drug tested and those that test positive for opiates or cocaine have to see a drug worker for a mandatory assessment. In 2010/11 31% of those who were tested, tested positive – a total of 748 people. We are reviewing and restructuring our DIP service aligning it with best

practice guidance, integrating it into our Integrated Offender Management model and building capacity for assertive outreach to engage/re-engage clients in treatment

- The DIP Group Programme is commissioned by DAAT using pooled treatment budget funding – for criminal justice clients referred from Probation and DIP for structured psychosocial support delivered via an 8 week programme. The DIP now also hosts shared care prescribing and a comprehensive BBV service. Clients are referred from here to most other agencies across the treatment system
- Isis – Community drug service for women offering shared care prescribing, structured counselling and general health screening
- A specialist midwife service operates from the Royal London Hospital and delivers specialist care for pregnant drug and alcohol users and their babies in conjunction with the Specialist Addiction Unit, childrens services and other key professionals
- Dual Diagnosis Service – offers low threshold access to specialist mental healthcare to people with dual diagnosis issues in a wide spectrum of settings across the borough. The service does not report to NDTMS but offers triage, assessment and referral into structured treatment if required
- Tier 4 Services including local services such as Harbour and City Roads – other block contracted and spot purchased residential services widely available at treatment centres nationwide
- NACRO deliver a satellite advocacy and support service within CDT, Isis and other treatment services. The specialist worker provides practical support for drug users around accommodation, education and employment and financial needs
- In 2010/11, Intuitive Recovery were commissioned to deliver 3 programmes across the borough. The programme is focussed on recovery from addiction and received very good feedback. Results are being monitored in consideration for future commissioning
- The Dellow Day Centre employs a specialist drugs worker, funded by PTB, to promote treatment options and provide harm reduction advice and information and needle exchange. BBV interventions are also available at the Dellow Day Centre
- Drug and alcohol outreach workers work across the borough to engage with street drinkers and refer them into treatment as well as help them to find and maintain adequate accommodation. During 2010/11 the Outreach Team provided a total of 1356 interventions for individuals who were misusing substances or were involved with street lifestyles. These street based interventions offered people general harm reduction advice and information, regular ongoing support or signposting into other services (both drugs and alcohol)
- The Probation Service supports and monitors offenders in the community. The most recent available data suggests that 1589 ex-offenders were recorded as commencing supervision with Tower Hamlets Probation in 2009/10. Of these, 112 are recorded by Probation of commencing a Drug Rehabilitation Requirement which is a court order to attend treatment.

A smaller number (36 individuals) are recorded by treatment agencies as entering the treatment system in 2009/10 from Probation via other referral routes

- Practice has been standardised in terms of assessment and care planning across the borough. We have implemented a common referral, triage, assessment and care planning tool across all tiers. An Integrated Care Pathways steering group has been set up and aims to encourage provider agencies to offer a more integrated and effective treatment journey where clients transfer between treatment agencies where their needs can be most appropriately met
- There has been an emphasis on workforce development with the delivery of ongoing training to all provider agencies in relation to the pathway development. A significant amount of external training has also been commissioned to enhance practitioners competence
- Tower Hamlets has a relatively young population but 18-24 year olds are not represented in drug treatment in proportion to the population. A pilot project has been set up to assist 18-24 year olds access treatment, focused on cannabis, cocaine and experimental drug use and will take a more psychosocial approach to treatment

Service User Involvement

- The Service User Involvement Group (SURG) meets monthly and has held quarterly events in 2010/11 to discuss service user needs as well as updating on service provision in the borough. The chair has regularly attended the London Regional Users

Committee and has now been elected onto its steering committee

- A research project on unplanned discharges was undertaken by SURG working with the DAAT, and SURG members designed the research questions; carried out all research and participated in the production of the final report
- SURG is working with NHS East London and the City Tower Hamlets Public Health Department concerning an evaluation of the borough's needle exchange scheme

Children and young people service responses

- Drug Treatment for young people is commissioned by the Children, Schools and Families service and provided by Lifeline Young People's Service and the CAMHS Specialist Substance Misuse Service (CSSS). Between April 2010 and March 2011, 117 young people (i.e. under 18 years old) received structured care planned interventions via these services
- Young people's services focus on preventing the escalation of use and harm with a view to stopping young people from becoming dependent adults. The Youth Offending Team also provide a level of support to young people with substance misuse problems and the Integrated Youth Support Service will now be playing a significant role in the provision of targeted support services to young people
- Breaking the Cycle (BtC) in Tower Hamlets is a service providing support for families affected by parental or carer alcohol or substance misuse. It aims to break the generational cycle of alcohol or substance misuse within

a family by taking a holistic family approach using systemic family therapy. The main referrals that BtC receive are from Children's Social Services but there is an interface between BtC and some of the drug and alcohol providers

Hidden Harm

There has been a focus across all services on 'Hidden Harm', addressing parental substance misuse and supporting children of drug and alcohol misusers. Tower Hamlets Hidden Harm priorities are:

- Development of a coherent and coordinated approach towards hidden harm embedded in Tower Hamlets services
- The implementation of clear referral protocols and procedures between Children's Social Care Teams and adult drug and alcohol providers
- Inter-agency training to ensure the identification of children and young people affected by parental substance misuse and recognising parental substance misuse and addictive behaviour
- Clear referral pathways and guidance on when to refer
- Development of a Hidden Harm Handbook to include pathways guidance and protocols
- Delivery of Moving Parents and Children Together (M-PACT) programme to ensure that parents are able to recognise how substance misuse impacts on both their own parenting skills and family life. This eight week programme supports families affected by substance misuse

Further action required

Some basic principles

We believe that anyone experiencing a drug problem should have access to effective, evidence-based treatment. Needle exchange, Blood borne virus interventions, substitute prescribing, abstinence based programmes, detoxification services, Psycho-social interventions such as CBT based programmes, twelve step programmes, structured day services, residential rehabilitation and other services all have their part to play. It is of paramount importance to ensure that people are getting the right service for them, delivered in the right way and at the right time. There are many routes into drug problems and so there needs to be a choice of routes out of them. We will therefore promote choice in treatment services. Our treatment services should support both harm reduction and abstinence-based approaches. Our treatment providers must work with all people in treatment to assist them to (re)build their lives and move on in their recovery. Abstinence and recovery are the ultimate outcomes for drug users, when and where these are realistic and safely achievable. We are equally committed to supporting harm reduction as an appropriate goal for clients as part of their individual treatment journeys.

The system must put people first. Care pathways out of drug problems and dependency must be personalised, this means putting service users at the centre of care planning and addressing health and social needs that come along with the drug misuse. This will mean supporting clients to access a range of 'wraparound' support services such as housing, training/employment, health and fitness and peer support.

Relationships between clients and the workforce matter. As recognised in many

other fields, such as mental health, the values, skills and attitudes of our workforce in drug treatment services can be as important as the particular intervention they are delivering³⁰. We need to ensure our workforce is fit for purpose, skilled and effective.

Some people in the drug treatment system have multiple needs and damaged lives. We know that people can struggle to address a drug problem successfully if they face stigma and isolation, are not helped to address past abuse and trauma, they continue to experience homelessness and/or have no access to training, employment, or other meaningful activity. Care pathways out of addiction are about a lot more than drug treatment alone³¹.

Adults treatment

- Our equity audit highlighted inequities in treatment access for certain population groups. The recommendations of the audit report for commissioning were to review the whole treatment system using a multi-criteria decision analysis model. This would take into account cost, evidence base, targeting equity groups, and setting objectives for the treatment model. Benefit criteria would need to be identified and then services ranked/scored accordingly. Once funds have been identified, commissioning decisions can be made accordingly
 - We are committed to monitoring the equitable use (by protected characteristics) of our treatment services on an annual basis
 - Commissioners and treatment providers need to continue to work in partnership with hostels/supported housing to enable better access to harm reduction services, engagement
- into treatment and provide a supportive and conducive environment for recovery
- We need to work with our partners to ensure there are appropriate support structures in place during and post-treatment to prevent relapse, we will identify service and service user 'Recovery Champions'. 'Recovery champions' ensure recovery and reintegration activities are a central focus of service delivery and provide an ongoing challenge that ensures service improvement to meet developing service user needs³²
 - The Drug and Alcohol Outreach Team have been resourced through time limited 'You Decide' funding. In 2011/12 DIP and public health funds are being used to continue the service. Future options (2012 onwards) for an alternative funding stream need to be agreed, as well as further developing and clarifying the role and remit of the team
 - The relationship between services is important. There is great potential for improved recovery journeys across the treatment system which may be facilitated by better co-ordinated treatment pathways between treatment services given the particular needs and choices of service users. Therefore we need to further improve

³⁰ Drug treatment at the crossroads What it's for, where it's at and how to make it even better. Drugscope 2009. Available at <http://www.drugscope.org.uk/Resources/Drugscope/Documents/PDF/Good%20Practice/Drugtreatmentatthecrossroads.pdf> accessed 27/4/2011

³¹ Drug treatment at the crossroads What it's for, where it's at and how to make it even better. Drugscope 2009. Available at [http://www.drugscope.org.uk/Resources/Drugscope/Documents/PDF/Good%20Practice/Drugtreatmentatthecrossroads.p df](http://www.drugscope.org.uk/Resources/Drugscope/Documents/PDF/Good%20Practice/Drugtreatmentatthecrossroads.pdf) accessed 27/4/2011

³² Commissioning for recovery. Drug treatment, reintegration and recovery in the community and prisons: a guide for drug partnerships. 2010 NTA.

and monitor use of treatment pathways between treatment services

- SURG will become involved in monitoring of service delivery in the different service providers. To build the capabilities of both the service user representatives and service users, skills based training will need to be provided
 - There is a need to monitor new and emerging drug trends, uptake of treatment, unmet needs and non-PDU drug use, so that the partnership can provide services that are able to intervene
 - A training needs analysis is needed to ascertain the competence of the workforce to deliver the recovery agenda (treatment, primary care, probation, DIP) across the borough. This will inform a strategic approach to training and development making use of shared resources and skill sharing. The training needs analysis should be a part of the wider review of the treatment system
 - Completion and implementation of the DIP review will identify DIP service priorities. We will develop the recovery agenda and ensure the workforce has the skills to increase levels of treatment uptake, reducing attrition and improving outcomes. We will clarify and streamline pathways into treatment from the CJS, strengthening our partnership work with criminal justice partners. Outreach services will be embedded in DIP and will provide an assertive approach to following up clients who have disengaged
 - DIP will develop managed pathways from YOT services for young adults in transition between young peoples and adults services
 - There is a need to address the high level of re-presentation to treatment services, improve rates of successful treatment completion and improve outcomes. We need to ensure our workforce is skilled in assessment, treatment matching, care planning, delivery of psychosocial interventions and addressing social problems which impact on treatment
 - Treatment providers need to consider the needs of clients who spend long periods in treatment services (2 years plus) and how these needs might be best met
 - Our substance misuse needs assessment suggests a particular focus is needed on improving access to treatment for Bangladeshi women and sex workers we therefore need to address the needs of these two groups in our new service model
 - We need to improve our data and intelligence about drug users who are non-PDU i.e. not using crack and opiates. This will enable us to ensure appropriate treatment interventions are provided. This group would include those who misuse prescription drugs, legal highs, steroids, khat etc
 - The 18-24 year olds pilot project work needs to be evaluated and potentially built upon should it be shown to be successful at attracting this under-represented group
 - We need to maximise the number of probation clients who access and engage with drug treatment services
- Young people – further action required**
- A 'safeguarding children of drug misusing parents audit' was completed in April 2011. It has

allowed us to acknowledge our strengths and identify our weaknesses in this area. We will build our plans to incorporate actions that will address the gaps. These gaps include the development of a joint referral protocol between children's and drug treatment services, strengthening workforce skills around children's risks and resilience, as well as including safeguarding actions in our commissioning processes

Enforcement

Current responses:

We have disrupted the supply of drugs in the borough by delivering the following enforcement approaches:

- Locally drugs related enforcement which aims to disrupt drug supply, has been prioritised through the 'Dealer-a-day' initiative. This has been funded by the Council and delivered by the Police. Activities undertaken include:
 - The execution of warrants
 - Proactive operation targeting known offenders
 - Sniffer dog operations
 - Police overtime to undertake the covert / overt operations
 - Hire of vehicles, automatic number plate recognition and other resources
 - Forensics investigations
 - Seizure of drugs, money and property belonging to offenders

The target of arresting 365 drug dealers during 2010/11 has been

exceeded with 404 arrests made during this period for Class A or Class B offences

- We have seen a consistent reduction in perceptions of drug use or dealing as a problem (National Indicator 42) between 2006-07 and 2010/11 as measured by our Annual Residents' Survey
- Drug enforcement activity has resulted in a number of seizures of cash, vehicles and property, as well as considerable prison sentences
- The THEOs (Tower Hamlets Enforcement Officers) are a uniformed civil enforcement team whose primary role is to deal with low level anti-social behaviour and environmental concerns with powers delegated by the Metropolitan Police. The drug and alcohol outreach team work closely with enforcement officers to identify and work proactively to motivate and support drug or alcohol using offenders into treatment services
- The Joint Deployment Group brings together front-line services, including the THEOs, to understand and identify hotspots and emerging trends in drug related antisocial behaviour and crime. Decisions are then taken to deploy appropriate resources in response to such issues
- The council's domestic violence team co-ordinates a programme of work across the Partnership in preventing domestic violence, a significant proportion of which is drug or alcohol related; protecting and supporting victims and bringing perpetrators to justice
- The community safety care plan service identifies individuals who live in hostels who may come to the

attention of enforcement agencies. Attempts are made to support them into treatment by the outreach team

Further action required

We underpin our strategy with a strong focus on enforcement. The Council and Police will use existing enforcement powers to target anti-social behaviour around particular premises and establishments. Local partners will be bringing together their enforcement resources to ensure that effort is targeted where it is most needed in a co-ordinated way to achieve maximum impact.

Shared crime data will be used to analyse crime trends and develop better initiatives to target crime hotspots. The Partnership will use the VOLT (Victim, Offender, Location, Time) model to identify priorities and target resources effectively.

This strong enforcement approach is coupled with interventionist support to address the socio-economic causes of crime and anti social behaviour. Poverty, deprivation, poor parenting and a lack of positive activities often lead people, particularly young people, into anti-social and criminal activities. Providing support for those at risk of criminal activity and effective treatment for substance and alcohol misusers, including housing and employment support for ex-offenders, will help prevent crime and social exclusion³³.

- Tower Hamlets has an excellent record as a trailblazer in the field of Integrated Offender Management, winning a Beacon award for Reducing Re-offending in 2008/09. However funding reductions have meant the loss of some core programmes. As such the borough is reviewing its approach to this area as part of the development of the Integrated Offender Management model. This process is being led by the Police.

Integrated Offender Management (IOM) brings together the police, probation service, youth offending teams, local authorities and voluntary and community groups. Together they identify, support and manage priority offenders, including drug misusing offenders, and divert them away from drug use and crime

- Implementation of the dedicated drugs task force team to provide an enhanced response to drug related offending
- We need to make our enforcement targets more outcome based e.g. numbers of sanctioned detections, use of local residents survey before and after operations

This page is intentionally left blank

*NB: Actions for NHS EL&C to be agreed and follow

| Prevention and Behaviour Change | | |
|--|------------------|---|
| Action | Timeframe | Measure / Key Performance Indicator |
| <p>PBC1</p> <p>Develop a multi-agency communications plan for adults and young people with a focus on:</p> <ul style="list-style-type: none"> - harm reduction and safe drinking levels, targeting communities with high levels of alcohol related harm - drug related harm and treatment services available - supporting parents to address drug and alcohol misuse with their children. | March 2012 | <ul style="list-style-type: none"> • Communications plan developed and agreed by partners • Heightened awareness of services and referral pathways along continuum of need |
| <p>PBC2</p> <p>Support young people to receive substance misuse education and drive delivery of whole school approach with regards to drugs / alcohol in all schools.</p> | Ongoing | <ul style="list-style-type: none"> • Tailored support provided to schools across the borough • Uptake of teachers' training in delivery of substance misuse lessons • Information regarding treatment and access to services along continuum of need available to pupils, teachers and parents • School adherence to NICE guidance on school based interventions on drugs / alcohol • Increased referrals into young people treatment services |
| <p>PBC3</p> <p>Understand local trends in alcohol/ drug consumption to inform target work</p> | December 2012 | <ul style="list-style-type: none"> • Healthy Lifestyles Survey repeated to include population level patterns of alcohol consumption within 5 years time • Annual analysis of GP data |
| <p>PBC4</p> <p>Substance misuse has profile in other relevant strategies including:</p> <ul style="list-style-type: none"> - tobacco control - cardiovascular disease - sexual health - mental health - teenage pregnancy | Ongoing | <ul style="list-style-type: none"> • Substance misuse integrated in cross-cutting strategies of relevance |

TREATMENT

| | Action | Time Frame | Measure or Key performance indicator |
|----|---|-------------------|--|
| T1 | Review provision and configuration of drug / alcohol treatment for adults <ul style="list-style-type: none"> - redesign treatment provision - facilitate widespread consultation - conduct equalities impact assessment | Sep 2012 | <ul style="list-style-type: none"> • Development of new model of drug / alcohol service provision • Improved referral rates • Improved treatment outcomes |
| T2 | Improve primary care responses to substance misuse <ul style="list-style-type: none"> - Evaluation of local enhanced service in primary care - Provision of ongoing training to primary care providers in SBI and community detoxification | March 2012 | <ul style="list-style-type: none"> • Increased no. of alcohol screens • Increased referrals into structured drug / alcohol treatment |
| T3 | Improve the uptake of services by difficult to engage groups through effective interagency work <ul style="list-style-type: none"> - Outreach teams to operate across the borough to support individuals into structured treatment, particularly street drinkers - Hostel provision to be linked to treatment services to support individuals into structured treatment - Treatment agencies to be tasked with developing strategic approaches to attract treatment naïve drug users and re-engage those who have disengaged | | <ul style="list-style-type: none"> • Increased numbers accessing treatment • Reduced re-offending rates for drug users • Improved outcomes from treatment |

| | | | |
|----|--|--|---|
| T4 | Embed the work of the alcohol nurse specialists in identification and delivery of brief interventions throughout the acute hospital Trust | Dec 2012 | <ul style="list-style-type: none"> Alcohol champions in each hospital department Hospital alcohol strategy with buy in from range of stakeholders SBI protocol disseminated to each hospital department All wards and departments have access to and implement guidance and policy on the appropriate and effective management of alcohol dependent patients and of management of withdrawal from alcohol among these |
| T5 | Increase professional awareness of treatment services and pathways <ul style="list-style-type: none"> map treatment pathways and distribute widely deliver training to appropriate professionals | Aug - Dec 2012 (in preparation for and post treatment system redesign) | <ul style="list-style-type: none"> Increased referral rates from a wide range of front line services |
| T6 | Ensure identification and brief advice is routinely undertaken on adult clients across a range of frontline services including: <ul style="list-style-type: none"> hostels social services sexual health services patients with long term conditions patients in mental health services Plan and deliver a course of training sessions to frontline professionals and implement reporting systems to capture data | Ongoing | <ul style="list-style-type: none"> Increased number of screens and brief interventions Improved uptake of treatment services |
| T7 | Implement new model of service provision for young people's intervention <ul style="list-style-type: none"> Model and implementation plan for young people's targeted intervention in place Youth services produce alcohol/drug policy addressing training for staff and addressing alcohol/drug related incidents 2 x annual training provided by Lifeline in identification, alcohol brief interventions and referrals onwards to youth service workers | Mar 2012 | <ul style="list-style-type: none"> Improved awareness of alcohol problems amongst youth services Improved referrals into young peoples treatment services |

| | | | |
|-----|---|----------|--|
| T8 | Improve offenders' (including young offenders') access to treatment | Mar 2013 | <ul style="list-style-type: none"> • Demonstrable greater enforcement of Alcohol Treatment Requirement Orders • YOT and Lifeline deliver targeted drug / alcohol interventions for YOT clients where alcohol is feature of offending behavior • Increased use of CAF by treatment services • Increased referrals between social services and treatment services • Earlier intervention in parental substance misuse |
| T9 | <p>Improve response to parental substance misuse</p> <ul style="list-style-type: none"> - Launch treatment service and social services handbooks for parental substance misuse - Monitor referrals between services - Implement CAF across treatment services - Embed family interventions in the treatment system - Deliver an annual drug awareness training programme for social services staff | Mar 2012 | <ul style="list-style-type: none"> • Increased referrals into structured treatment |
| T10 | <p>Improve follow up response for young people presenting to A&E with substance misuse presentations</p> <ul style="list-style-type: none"> - Healthy Lives to investigate possible links between A&E and TIPs in schools to ensure intervention and follow up conducted with young people - CSS and Lifeline to provide A&E clinical staff with information regarding referral pathways/protocols and thresholds to their services | Jun 2012 | <ul style="list-style-type: none"> • Respected and active champion in place |
| T11 | Appoint a therapeutic recovery champion to support and drive therapeutic recovery across the borough | Mar 2012 | <ul style="list-style-type: none"> • Respected and active champion in place |

| | | | |
|-----|--|------------|--|
| T12 | <p>Support drug / alcohol users to access wrap around services</p> <ul style="list-style-type: none"> - Ensure pathways to education / employment are included in the redesigned treatment system - Maximise links with Jobcentre Plus, Ideas Store Learning and other providers to develop support programmes for drug / alcohol users - Inform the hostels strategy and the procurement of hostel services to ensure the needs of drug / alcohol users are reflected with regards to accommodation needs. | Ongoing | <ul style="list-style-type: none"> • Advice and support given to all service users regarding access to education, employment, training, housing, finance and health including BBV, sexual health and primary care – where appropriate • Improved uptake of education / employment / volunteering opportunities by drug / alcohol users in treatment • Improved accommodation outcomes for drug / alcohol users in treatment |
| T13 | <p>Embed a recovery focus into all treatment services to enable recovering drug / alcohol users to re-integrate into their communities</p> <ul style="list-style-type: none"> - Implement the outcome star model across all treatment services - Develop structured pathways from treatment services to services that offer support around accommodation, financial health, education and employment | March 2012 | <ul style="list-style-type: none"> • Improved percentage of planned (drug free) exits from treatment. • Improved, measurable outcomes from treatment services |

ENFORCEMENT AND REGULATION

| | Action | Time Frame | Measure or Key performance indicator |
|-----|--|------------|---|
| ER1 | <p>Combat sales to underage drinkers including proxy sales</p> <ul style="list-style-type: none"> - Underage operations are supported by information/education about licensee responsibilities followed by publicity about prosecutions - Provide advice and training for traders on legal obligations | Ongoing | <ul style="list-style-type: none"> • Minimum of 2 targeted under-age sales operations per quarter by the police and trading standards teams |
| ER2 | Combat sales of counterfeit products at a retail level | March 2013 | <ul style="list-style-type: none"> • Information provided to traders regarding counterfeit alcohol products • Conduct 4 partnership operations to uncover illicit alcohol with customs and excise, police and trading standards teams • |
| ER3 | Produce regular hotspot analysis of key data (crime, drugs, alcohol, youth asb etc) to deliver targeted operations | | |
| ER4 | Work closely with police to prevent/address crime and disorder in and around licensed premises | Ongoing | <ul style="list-style-type: none"> • Fortnightly joint tasking meetings with police • Proactive use of information/intelligence including from victims |
| ER5 | Effective communication of successful operations via promotion of positive stories in East End Life and via other channels | Ongoing | <ul style="list-style-type: none"> • Improved perceptions of drug / alcohol related anti-social behaviour and crime amongst residents |
| ER6 | Improve coordination of young people's and adults outreach with anti social behavior hotspots | Ongoing | <ul style="list-style-type: none"> • Reduce antisocial behaviour by using joint tasking approach across full range of regulatory and enforcement powers • 104 outreach referrals into structured treatment annually • Minimum of 365 arrests for drug dealing offences |
| ER7 | Disrupt the supply of drugs through effective enforcement | Ongoing | |
| ER8 | Ensure drug misusing offenders receive a holistic support package aimed at stopping offending and drug dependence. | March 2013 | <ul style="list-style-type: none"> • Implementation of a results-focussed Integrated Offender Management programme • Reduced re-offending rates amongst drug users |
| ER9 | <p>Support community groups to provide an impetus for sustained, co-ordinated action aimed at reducing drug related crime</p> <ul style="list-style-type: none"> - Continue to meet with CADAA and provide support for their annual event | Ongoing | <ul style="list-style-type: none"> • Improved perceptions of drug / alcohol related anti-social behaviour and crime amongst residents • Proactive champion in place |

| | | | |
|------|--|---------|--|
| ER10 | <ul style="list-style-type: none"> - Appoint a communities recovery champion to support and drive the recovery agenda across the borough | | |
| | <ul style="list-style-type: none"> - Utilise powers available within the remit of the borough wide alcohol control zone to control alcohol related anti-social behaviour and crime - Target problem areas via joint tasking approach | Ongoing | <ul style="list-style-type: none"> • Improved perceptions of drug / alcohol related anti-social behaviour and crime amongst residents |

REPORT OF THE CABINET

11 JANUARY 2012

To receive the report of the Cabinet at its meeting held on Wednesday **11 January 2012**.

Mayor and Councillors in attendance at the meeting: -

Cabinet:

| | |
|-----------------------------|---|
| Mayor Lutfur Rahman | |
| Councillor Ohid Ahmed | (Deputy Mayor) |
| Councillor Rofique U Ahmed | (Cabinet Member for Regeneration) |
| Councillor Shahed Ali | (Cabinet Member for Environment) |
| Councillor Abdul Asad | (Cabinet Member for Health and Wellbeing) |
| Councillor Alibor Choudhury | (Cabinet Member for Resources) |
| Councillor Shafiqul Haque | (Cabinet Member for Jobs and Skills) |
| Councillor Rabina Khan | (Cabinet Member for Housing) |
| Councillor Rania Khan | (Cabinet Member for Culture) |
| Councillor Oliur Rahman | (Cabinet Member for Children's Services) |

Other Councillors:

| | |
|----------------------------|--|
| Councillor Kabir Ahmed | (Executive Advisor to the Mayor and Cabinet) |
| Councillor Stephanie Eaton | |
| Councillor Marc Francis | |
| Councillor Judith Gardiner | |
| Councillor Peter Golds | (Leader of the Conservative Group) |
| Councillor Ann Jackson | (Chair, Overview & Scrutiny Committee) |
| Councillor Bill Turner | |

1. London Local Authorities and Transport for London Act 2003 – Section 16 (CAB 060/112)

The report (attached as Appendix A to this council report) informed the Mayor and Cabinet that: -

- Section 16 of the London Local Authorities and Transport for London Act 2003 grants additional power to a highway authority to serve notice on an occupier, who takes or allows someone else to take a motor vehicle across a verge or footway where no vehicle crossing (crossover) has been constructed, requiring them to stop doing this. In cases of non-compliance with the notice, Section 16 allows the authority to take enforcement measures (e.g. erection of bollards) and to charge the owner or occupier of the premises for the works.
- Most provisions of the London Local Authorities and Transport for London Act 2003 came into effect from 1st January 2004. However, Sections 4, 5, 7 and 16 of the Act were expressly excluded from the general commencement, and instead made a matter for local determination with regard to implementation (if any) and operative dates. In 2005 a report was submitted to Cabinet in order to adopt Sections 4, 5 and 7 of the London Local Authorities and Transport for London Act 2003 but Section 16 was not included. Section 3 of the Act allows each authority to introduce the sections of the Act specified in section 1 of the

Act on different dates, subject to the necessary notification and publication requirement.

- In order for this part of the legislation to be used by the London Borough of Tower Hamlets it is necessary for a resolution to be passed by Full Council, and for a date to be published for implementation. The date of implementation can not be less than 3 months from the date of publication of the passing of such a resolution.
- The current legislative powers under the Highways Act 1980 are limited with regard to enforcement provision and the expanded powers under the London Local Authorities and Transport for London Act 2003 will allow more robust enforcement and ensure the protection of our highways and highway users. Section 5 of the report (attached at Appendix A to this council report) detail the current and proposed new enhanced powers.

Decision

1. That the enhanced powers available to the Council as Highway Authority under section 16 of the London Local Authorities and Transport for London Act 2003, concerning vehicles driving over the footway; be noted; also noting that the enhanced enforcement powers are an addition to existing powers contained in section 184 of the Highways Act 1980; and
2. Agreed that a report go forward to Full Council with a recommendation that Full Council fixes a day on which section 16 of the London Local Authorities and Transport for London Act 2003 will come into operation [in Tower Hamlets].

Officers have advised that in view of the requirement for publication of the Council's decision at least 3 months prior to the implementation date, **1st May 2012** would be the earliest practical date for implementation.

Council is therefore recommended to: -

Determine that Section 16 of the London Local Authorities and Transport for London Act 2003 will come into operation in the London Borough of Tower Hamlets on 1st May 2012.

**Lutfur Rahman
Mayor**

LOCAL GOVERNMENT ACT 1972 SECTION 100D (AS AMENDED) **LIST OF "BACKGROUND PAPERS" USED IN THE PREPARATION OF THIS REPORT**

**Brief description
of "background paper"
number of holder**

**Tick if copy
supplied**

**If not supplied,
name and telephone**

Draft Cabinet minutes
11/01/12

Angus Taylor
020 7364 4333

| | | | |
|---|--|---|----------------------------------|
| Committee/Meeting: Cabinet | Date: 11 th January 2012 | Classification: Unrestricted | Report No: CAB 060/112 |
| Report of: Steve Halsey, Corporate Director Communities, Localities, and Culture | | Title: London Local Authorities and Transport for London Act 2003 – Section 16 | |
| Originating officer(s): Azizul Goni Special Projects Officer | | Wards Affected: All | |

| | |
|-----------------------------|--|
| Lead Member | Councillor Shahed Ali, Cabinet member for Environment |
| Community Plan Theme | A Great Place to Live - |
| Strategic Priority | Improving the public realm |

1. **SUMMARY**

- 1.1. Section 16 of the London Local Authorities and Transport for London Act 2003 grants additional power to the Highway Authority to serve a notice on an occupier, who takes or allows someone else to take a motor vehicle across a verge or footway where no vehicle crossing (crossover) has been constructed and requiring them to stop doing it. Ultimately, if they do not comply with the notice, this section allows the Authority to take steps to stop it being possible to take a vehicle across the footway (e.g. erect bollards) and to charge the owner or occupier of the premises for the works.
- 1.2. In order for this part of the legislation to be used by the London Borough of Tower Hamlets it is necessary for a resolution to be passed by Full Council and for a date to be published for implementation. The date of implementation can not be less than 3 months from the date of publication of the passing of such a resolution.
- 1.3. Most provisions of the London Local Authorities and Transport for London Act 2003 came into effect from 1st January 2004. Sections 4, 5, 7 and 16 of the Act were expressly excluded from the general commencement and, instead, provision was made for local authorities to determine individually whether the sections should come into effect in their areas and, if so, to fix the date or dates on which the sections would come into operation.
- 1.4. In 2005 a report was made to Cabinet in order to adopt sections 4, 5 and 7 of the London Local Authorities and Transport for London Act 2003 but section 16 was not included in that report. This part of the legislation cannot be used until a resolution has been passed by the Council.

2. DECISIONS REQUIRED

The Mayor in Cabinet is recommended to:-

- 2.1 Note the enhanced powers available to the Council as Highway Authority under section 16 of the London Local Authorities and Transport for London Act 2003, concerning vehicles driving over the footway. The enhanced enforcement powers are an addition to existing powers contained in section 184 of the Highways Act 1980.
- 2.2 Agree that a report should go forward to Full Council with a recommendation that Full Council fixes a day on which section 16 of the London Local Authorities and Transport for London Act 2003 will come into operation.

3. REASONS FOR THE DECISIONS

- 3.1 To enable the provisions of the London Local Authorities and Transport for London Act 2003 to be implemented providing necessary enhancements to existing enforcement powers in relation to Vehicle Crossings over footways and verges to the benefit of public safety.

4. ALTERNATIVE OPTIONS

- 4.1 The proposal is to adopt Section 16 of the London Local Authorities and Transport for London Act 2003 to enhance the Council's enforcement options in relation to habitual crossings across kerbed footways or verges to access the highway.
- 4.2 The alternative is to do nothing and continue to use the powers and penalties under the Highways Act 1980. If the Highways Act notice is ignored, this gives the Council powers to install a vehicle crossover and recover its costs, either by taking the resident to Court or putting a land charge against the property. The downside to this course of action is that it can tie up a significant amount of Council resources, either in terms of money or officer time and if the matter is putting pedestrians or other highway users at risk the delays may be put lives at risk. Section 16 offers the opportunity to issue a notice requiring the crossings to cease and to back that up with prosecution.

5. BACKGROUND and BODY OF REPORT

- 5.1 Section 3 of the Act allows each authority to introduce the sections of the Act specified in section 1 of the Act on different dates, subject to the necessary

notification and publication requirement. The 'appointed day' has to be set by a resolution of the Full Council and the making of the resolution and the day chosen have to be advertised in the London Gazette and in a local newspaper with a gap of at least 3 months between publication and the day itself.

5.2 The current legislative powers under the Highways Act 1980 are limited with regard to enforcement provision and the expanded powers under the London Local Authorities and Transport for London Act 2003 will allow more robust enforcement and ensure the protection of our highways and highway users.

5.3 **Current Powers:**

5.3.1 The Highways Act 1980 (S.184) empowers the local authority to serve notice upon the occupier of any premises adjoining or having access to a highway maintainable at the public expense who habitually takes or permits to be taken a mechanically propelled vehicle across a kerbed footway or a verge in the highway to or from those premises.

5.3.2 The notice allows the local authority to either execute such works for the construction of a vehicle crossing over the footway or verge as may be specified in the notice or impose such reasonable conditions on the use of the footway or verge as a crossing as may be so specified.

5.3.3 The costs of the construction of such a crossing can be recharged to the occupier. A person who contravenes any condition imposed by the notice, or knowingly permits it to be so used; he is guilty of an offence and liable to a fine not exceeding £20 or, in the case of a second or subsequent offence, to a fine not exceeding £50.

5.3.4 A policy and procedure on Vehicle Crossovers already exists, and can be found on the Council's website:
<http://www.towerhamlets.gov.uk/default.aspx?page=754>

5.4 **New Enhanced Powers:**

5.4.1 The London Local Authorities and Transport for London Act 2003 (S.16) introduced expanded powers with regard to the cessation of taking or permitting to be taken mechanically propelled vehicles across the kerbed footway or verge.

5.4.2 The notice that can be served under this legislation allows for the execution of works by the local authority to prevent such vehicles being taken across the footway or verge.

5.4.3 This differs from the Highways Act notice with regard to the preventative measures, which in many cases would be the preferred option, but all works are still able to be recharged to the occupier without the need to take the matter to court.

- 5.4.4 The maximum fine under the London Local Authorities and Transport for London Act 2003 is also £1000 but covers the offences of:
- (a) knowingly uses a footway or verge as a crossing in contravention of a notice; or
 - (b) knowingly permits it to be so used; or
 - (c) without reasonable excuse removes, damages, alters or defaces any works executed under subsection 10 (prevention measures)
- 5.4.5 Vehicles crossing the footway without the benefit of a duly constructed vehicle crossover can cause a safety hazard to pedestrians and vehicles as sight lines may be inadequate, pedestrians and other vehicle users will have no visual references to prompt an expectation that a vehicle may emerge from the premises and it can also damage to the public highway. This damage also results in risk to pedestrians and vehicles and is an additional cost burden on residents of the Borough as it has to be repaired.
- 5.4.6 Under Section 41 of the Highways Act 1980 the Highway Authority has a duty to maintain the highway. If the Council is aware of vehicles crossing the footway without a duly constructed vehicle crossover and an accident occurs to someone due to damage caused by such action, then the Council could be deemed at least partially liable if it had not acted.
- 5.4.7 The adoption of this legislation would ensure that more effective enforcement can take place regarding vehicles crossing the footway or verge, the reducing risk to residents and other road users by allowing preventative action and reducing incidents of damage to our highways. It is therefore proposed that the London Local Authorities and Transport for London Act 2003 (S.16) be resolved to be adopted.
- 5.4.8 It should be noted that these powers will not be applied with regard to motorcycles or motability scooters.

7. COMMENTS OF THE CHIEF FINANCIAL OFFICER

- 7.1 The report requires the Council to pass a resolution to adopt Section 16 of the London Local Authorities and Transport for London Act 2003 with regard to Vehicle Crossings over footways and verges'. The cost of advertising the resolution is provided for within the Transportation and Highways budget. There are no specific financial implications emanating from this report as cost can be recharged to the occupier or fines imposed for offences.

8.1. **CONCURRENT REPORT OF THE ASSISTANT CHIEF EXECUTIVE
(LEGAL SERVICES)**

- 8.2. The report correctly identifies the need for a council resolution in order for section 16 of the London Local Authorities and Transport for London Act 2003 (“**the 2003 Act**”) to come into effect. Following such resolution, the Council must cause a notice of the resolution to be published in a local newspaper circulating in Tower Hamlets and in the London Gazette, specifying the day fixed as the day on which the resolution will take effect. The commencement day must not be earlier than three months from publication of the notice.
- 8.3. When in operation, section 16 of the 2003 Act will enable the Council to take action to prevent an occupier of premises from habitually taking or permitting a mechanically propelled vehicle to be taken across a kerbed footway or a verge in the highway to or from the premises. The section 16 power will apply in circumstances where the Council has not, as highway authority, constructed a vehicle crossing for the premises or served a notice under section 184 of the Highways Act 1980.
- 8.4. Section 16 of the 2003 Act permits the Council to serve a notice on the occupier of the premises to cease taking or permitting mechanically propelled vehicles to be taken across the kerbed footway or verge. Before issuing a notice, the council must have regard to specified matters, namely –
- The need to prevent damage to a footway or verge.
 - The need to ensure safe access to and egress from premises (so far as practicable)
 - The need to facilitate passage of vehicular traffic in and parking of vehicles on the highway (so far as practicable)
 - The need to prevent obstruction of the highway or verge.
- 8.5. A notice served by the Council under section 16 of the 2003 Act must give at least 28 days before it takes effect. The occupier has two opportunities to challenge a notice. First, the occupier may object in writing to the notice and the Council is required to consider whether it will maintain or withdraw the notice. Secondly, if the Council does not withdraw the notice, the occupier may appeal against the notice to the county court.
- 8.6. If a section 16 notice takes effect, then two consequences follow. First, the Council may carry out works to prevent vehicles crossing the highway or verge. Secondly, the Act imposes criminal sanctions relating to contravention of the notice or interference with the Council’s works. Section 16 of the 2003 Act creates three specific offences –
- Knowingly permitting a footway or verge to be used as a crossing in contravention of a notice served under section 16.
 - Knowingly using a footway or verge as a crossing in contravention of a notice served under section 16.

- Removing, damaging, altering or defacing works executed by the Council, following a notice becoming effective, to prevent mechanically propelled vehicles from crossing (without reasonable excuse).
- 8.7. The Council may take criminal proceedings against not only the recipient of the Notice but also the driver of a mechanically propelled vehicle or a person who interferes with works.
- 8.8. A section 16 notice will not, however, operate to prohibit an occupier from enjoying the benefit of: a planning permission (made at least 8 weeks before section 16 comes into operation); works covered by a certificate of lawfulness under section 191 or 192 of the Town and Country Planning Act 1990, or permitted development under the Town and Country Planning (General Permitted Development) Order 1995.
- 8.9. As the service of a section 16 notice is classed as enforcement action, then the decision to serve the Notice and any subsequent action taken in breach of the Notice should be undertaken in accordance with the Council's Enforcement Policy. The Enforcement Policy provides that the Council's approach to enforcement is to be founded on firm but fair regulation, around the principles of –
- **raising awareness** of the law and its requirements
 - **proportionality** in applying the law and securing compliance
 - **consistency** of approach
 - **transparency** about the actions of the Council and its officers
 - **targeting** of enforcement action.”
- 8.10. Before making a resolution to appoint a day for commencement of section 16, the Council must have due regard to the need to eliminate unlawful conduct under the Equality Act 2010, the need to advance equality of opportunity and the need to foster good relations between persons who share a protected characteristic and those who don't. The equality analysis that has been carried out is referred to in section 9 of the report and in the appendix.

9. ONE TOWER HAMLETS CONSIDERATIONS

- 9.1 Any enforcement carried out under section 16 of the London Local Authorities and Transport for London Act 2003 will be done according to the Council's enforcement policy. The enforcement policy was subject to an equality impact assessment prior to its adoption by Cabinet in September 2010.
- 9.2 Enforcement action that complies with the five principles expressed in the Enforcement Policy and summarised in paragraph 8.9 above should help to achieve the objectives of equality and personal responsibility inherent in One Tower Hamlets.

- 9.3 The Enforcement Policy sets out clear principles to guide officers in determining the appropriate level of enforcement action. It actively seeks to promote transparency in decision-making. To the extent that the policy provides officers with relevant considerations, it works against enforcement decisions being taken on irrelevant and unlawful considerations such as those based on protected characteristics (gender, race, disability, sexuality, age, religion or belief).
- 9.4 Targeted enforcement may in some circumstances fall disproportionately heavily on groups with protected characteristics. However, an analysis of the potential impacts of enforcement under section 16 is set out in Appendix 1 and it is not considered that there are likely to be any such impacts. The analysis makes reference to the provisions in the enforcement policy which allow officers to take into account the particular vulnerability of an individual when determining the appropriate level of enforcement.

10. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

- 10.1 N/A

11. RISK MANAGEMENT IMPLICATIONS

- 11.1 The risks of damage to the highway, accidents and associated financial costs may be reduced if the Council is able to take effective action against crossings of kerbed footways and verges. By utilising the full powers contained in section 16 of the London Local Authorities and Transport for London Act 2003, the Council will increase its options for taking action.

12. CRIME AND DISORDER REDUCTION IMPLICATIONS

- 12.1 The Offence of knowingly using a footway or verge as a crossing in contravention of any condition imposed is criminal in nature.
- 12.2 The adoption of section 16 of the London Local Authorities and Transport for London Act 2003 will allow the Council more options for enforcement. Potential offenders should be discouraged by the fines that can be handed down by a magistrate under the London Local Authorities and Transport for London Act.
- 12.3 Those that persist on breaking the law can be prevented from doing so through the ability to put in preventative measures.

13. EFFICIENCY STATEMENT

- 13.1 Being able to stop people driving over pavement where a crossover does not exist will reduce damage to the pavement structure thus reducing the cost of maintenance on the Council.
- 13.2 The ability to take action without the need to go to court will reduce the Council's cost in legal fees, and save officer time in dealing with individual cases.
- 13.3 Damage to the pavements can lead to accidents occurring, not only causing injury to residents but causing liability issues for the Council. Our ability deal with offences reported to the Council or identified by officers will reduce insurance claims arising as a result of people driving over pavements.

14. APPENDICES

Appendix 1 – EqIA Test of Relevance and Initial Screening Document

**Local Government Act, 1972 Section 100D (As amended)
List of "Background Papers" used in the preparation of this report**

None

N/A

Appendix 1:

Test of Relevance and Initial Screening Document

Equalities Analysis

Combined Test of Relevance and Initial Screening Document

This document is to be used for:-

- Establishing whether an EQIA needs to be undertaken for the policy, function or strategy.
(Based on Section 4 around Impacts)
- Reviewing existing equality analysis (eqia) to ascertain whether the original EQIA needs revising.
(N.B the revision of an equality analysis (eqia) is proportionate to the amount of change in relation to the policy, function, strategy. It is good practice that an analysis is reviewed every three years)

Section 1 – General Information

| |
|--|
| Name of the Policy or Function London Local Authorities and Transport for London Act 2003 – Section 16 |
| Service area Public Realm |
| Team name Clean and Green |
| Service manager Simon Baxter |
| Name and role of the officer completing the TOR <i>(Explain why these people were selected i.e. the knowledge and experience they bring to the process)</i> Azizul Goni, Special Projects Officer, author of the report. Previously attended EqIA training |

Section 2 - Information about the Policy or Function

| | | |
|--|---------------------------------|--------------|
| Is this a policy or function? | Policy <input type="checkbox"/> | Function [X] |
| Is the policy or function strategic or developmental? | | |
| Strategic <input type="checkbox"/> | Developmental [X] | |
| Is this a new or existing policy or function? | New <input type="checkbox"/> | Existing [X] |
| If for a new policy or function, please indicate the date this form was undertaken | | |
| If for an existing policy or function, what was the original date(s) the equality analysis (TOR or EQIA) was undertaken <i>(please attach a copy of any previous equality analysis)</i> Issuing of Statutory Notices is covered in the Council's Enforcement Policy. | | |
| What are the main aims and objectives of the Policy or Function The London Local Authorities and Transport for London Act 2003 introduced a power to the highway authority to prevent the use of kerbs and verges to gain access to private property, i.e. | | |

as if the verge/kerb were a crossover. A Notice will be served requiring the owner/occupier to stop taking motor vehicles across the verge or footway. The Act also makes provision for the appropriate authority to undertake works preventing the use of the kerb or verge as a vehicle crossing and to charge the owner or occupier for such works. This means that the Council will now be able to prevent drivers driving over a footway to park on a forecourt in circumstances where permission for a vehicle crossing (footway crossover) has been refused.

Who are the main stakeholders

Authorised Enforcement Officers within the Communities, Localities, and Culture Directorate.
Residents and users of the Borough's highways.

Is this policy/function associated with any other policy or function of the Council
(*i.e. Community Plan, One Tower Hamlets etc*)

A Great Place to Live - Improving the public realm

Section 3 – Information about Existing Policies and, or Changes to Functions.

Has there been any 'significant' change to the Policy or Function?

Yes No

If yes, Please indicate what the change will be and what has brought about this change to the policy or function?

Section 4 – The Impact

(Briefly assess the potential impact that the policy/function could have on each of the target groups. The potential impact could be negative, positive or neutral. If you have assessed negative potential impact for any of the target groups you will need to also assess whether that negative potential impact is high, medium or low). Please also indicate if there is any link to Community Cohesion.

Identify the potential impact on the following groups and:

| | | | |
|---------------------|-----------------|------------------------------------|--|
| Gender | Positive | Negative | Reason (inc any brief initial evidence) Neutral: The offences are criminal in nature and apply to all. Reasonable defence is contained within the legislation. Any issuing of Notice or subsequent enforcement action will be carried out in accordance to the Council's Enforcement Policy. |
| Trans Gender | Positive | Negative | Reason (inc any brief initial evidence) Neutral: The offences are criminal in nature and apply to all. Reasonable defence is contained within the legislation. Any issuing of Notice or subsequent enforcement action will be carried out in accordance to the Council's Enforcement Policy. |
| Race | Positive | Negative | Reason (inc any brief initial evidence) Neutral: The offences are criminal in nature and apply to all. Reasonable defence is contained within the legislation. Any issuing of Notice or subsequent enforcement action will be carried out in accordance to the Council's Enforcement Policy. |
| Disability | Positive | Negative Negative | Reason (inc any brief initial evidence) Low: The offences are criminal in nature and apply to all. Reasonable defence is contained within the legislation. Any issuing of Notice or subsequent enforcement action will be carried out in accordance to the Council's Enforcement Policy. It should be noted that these powers will not be applied with regard to motorcycles or motability scooters as the pavements are built to withstand the weight of these vehicles. A driver with disability has the option to apply for a dropped curve to the Highways department. If an application was to be rejected and they have chosen to ignore any warning issued by the Council, ultimately the driver is knowingly breaking the law. Should adverse impact be evident in relation to disability or older people with reduced mobility, enforcement officers are likely to choose not to take enforcement action and this would be supported by the enforcement policy. |

| | | | |
|------------------------------|-----------------|-----------------|--|
| Age | Positive | Negative | Reason (inc any brief initial evidence) Neutral: The offences are criminal in nature and apply to all. Reasonable defence is contained within the legislation. Any issuing of Notice or subsequent enforcement action will be carried out in accordance to the Council's Enforcement Policy. |
| Sexual Orientation | Positive | Negative | Reason (inc any brief initial evidence) Neutral: The offences are criminal in nature and apply to all. Reasonable defence is contained within the legislation. Any issuing of Notice or subsequent enforcement action will be carried out in accordance to the Council's Enforcement Policy. |
| Religious Belief | Positive | Negative | Reason (inc any brief initial evidence) Neutral: The offences are criminal in nature and apply to all. Reasonable defence is contained within the legislation. Any issuing of Notice or subsequent enforcement action will be carried out in accordance to the Council's Enforcement Policy. |
| Socio-economic status | Positive | Negative | Reason (inc any brief initial evidence) Low: The offences are criminal in nature and apply to all. Reasonable defence is contained within the legislation. Any issuing of Notice or subsequent enforcement action will be carried out in accordance to the Council's Enforcement Policy. Opportunity to comply without punitive action is the first process; compliance at this stage will not incur any socio-economic problem. |
| Community Cohesion | Positive | Negative | Reason (inc any brief initial evidence) Low: The offences are criminal in nature and apply to all. Reasonable defence is contained within the legislation. Any issuing of Notice or subsequent enforcement action will be carried out in accordance to the Council's Enforcement Policy. The Council's ability to take effective enforcement action will lead to improved community cohesion. |

If you have identified a LOW impact or, there has been NO SIGNIFICANT amendments to an existing policy/function there is no need to continue to a full equalities analysis (full EQIA). This must be agreed by the One Tower Hamlets team
(If a full equalities analysis is not to be undertaken the Relevance Form must be signed off by the relevant Head of Service to show Equality and Diversity has been considered. Please send this form to the One Tower Hamlets team

Please explain why an EQIA is NA

The Council co-sponsored the London Local Authorities and Transport for London Act 2003 in 2002. The Act, received royal assent on 30 October 2003, and the powers contained in the Act generally came into force two months after Royal Assent, on 30 December 2003. However, some of the powers, specifically relating to enforcement of vehicular crossing, need to be introduced on an "appointed day" with an associated public notice process. It is the responsibility of individual local authorities to set this "appointed day" when these specific provisions will be introduced.

The Council's enforcement teams already have powers under section 184 of the Highways Act 1980, the London Local Authorities and Transport for London Act 2003 enhances the enforcement powers contained in the Highways Act.

If you have assessed the potential impact as MEDIUM or HIGH you will now need to complete a full equalities analysis (full EQIA) - building upon the findings of the initial impact assessment (section 4)

Signed – Lead Officer – date

Azizul Goni
16/06/2011

Signed – Service Head – date


16/11/11

This page is intentionally left blank

Agenda Item 9.3

| | | | |
|---|--|---------------------------------------|------------|
| Committee General Purposes Committee | Date 17th January 2012 | Classification Unrestricted | Report No. |
| Report of: Assistant Chief Executive (Legal Services) | Title: Proposed Amendments to the Constitution | | |
| Originating Officer(s): John S. Williams, Service Head, Democratic Services | Ward(s) affected: All | | |

REASONS FOR LATENESS AND URGENCY: This report was not circulated with the Committee agenda as it was not possible to compile the information required before that time. The report is nevertheless recommended for consideration at this meeting as it is necessary for the proposed amendments to the Constitution to be submitted to the next ordinary meeting of the Council (25th January 2012) in order to take effect before the Budget Council meeting.

1. Summary

- 1.1 Council on 29th November amended the terms of reference of the General Purposes Committee to include consideration of proposed amendments to the Council's Constitution.
- 1.2 Prior to this the Constitution Working Party was established to give informal, cross-party consideration to Constitutional matters, including making recommendations as part of the annual review of the Constitution undertaken by the Assistant Chief Executive (Legal Services).
- 1.3 The 2011/12 Constitution review commenced on 12th September 2011 and the Constitution Working Party subsequently met again on 19th October. A range of matters were discussed in respect of which work will continue and a report be brought back to the General Purposes Committee in due course.
- 1.4 However, there are a number of matters which are either very straightforward or on which an urgent decision is required and these are set out in the attached report. The most pressing matter for consideration at this stage relates to clarification of certain procedures to be followed at the Budget Council Meeting, which is scheduled to take place on 22nd February 2012.

2. Recommendations

2.1 That the Council be recommended:-

- a) To amend the Budget Council Procedure Rules at paragraph 4.2 of Part 4.1 of the Constitution as proposed at section 4 of this report;
- b) To amend the Budget and Policy Framework Procedure Rules at Part 4.3 of the Constitution as proposed at section 5 of this report;
- c) To re-designate the Deputy Chair of Council as 'Deputy Speaker'; and
- d) To amend paragraph 27.1 of the Council Procedure Rules as proposed at section 7 of this report to facilitate the trial period of recording Council meetings.
- e) To authorise the Assistant Chief Executive (Legal Services) to amend the text of the Constitution as necessary to give effect to the agreed changes.

3. Review of the Constitution 2011/12

- 3.1 The Constitution Working Party 2011/12 convened on 12th September 2011 to begin the annual review of the Council's Constitution. The Working Party met on two occasions and considered a range of matters proposed by officers and Members in relation to possible amendments to enhance the efficient operation of the Constitution.
- 3.2 Further work is required on some of the detailed proposals and this will continue. However, in respect of a number of proposed amendments it is possible to bring forward proposals at this stage. An early decision is required in particular on proposed amendments to the Budget Council Meeting Procedure Rules so that the changes can be in place ahead of the Budget Meeting which is scheduled for 22nd February.
- 3.3 On 29th November 2011 the Council made the consideration of amendments to the Council's Constitution a responsibility of the General Purposes Committee. The recommended changes to be made at this stage are therefore set out below.

4. Budget Council Meeting Procedure Rules

- 4.1 The budget making process in February/March 2011 was the first such process in Tower Hamlets under the Mayoral form of executive. The procedures to be followed at the Budget Council Meeting(s), particularly in relation to any proposed amendment of the Mayor's proposals, are substantially governed by statutory provisions. Within this however, a number of potential amendments have been identified to the Council's own

procedure rules to clarify and improve the process, building on the experience of 2011.

(a) Deadline for amendments

- 4.2 Currently any amendments for the Budget Meeting must be submitted by noon on the day before the meeting. Officer comments are then drafted and circulated with the amendments. However if the amendments are extensive, the comments can take some time to prepare so the amendments may not be made available to Councillors until just before the meeting.
- 4.3 It is suggested that the deadline for amendments should be brought forward by 24 hours to noon on the second working day before the meeting and the amendments and officer comments should be circulated to the Mayor and all Councillors, with any officer comments that are available, at least 24 hours before the meeting.

(b) Timing of amendments/extension of meeting

- 4.4 The rules provide that, other than amendments notified in advance as above, no further substantial amendment may normally be moved at the budget meeting. However it is important that there is some opportunity at the first budget meeting only for Members to move new amendments, to ensure that the final outcome of the debate reflects the wishes of the majority of Members - for example by omitting, or agreeing a different combination of, elements of any amendments that are already on the table. The rules therefore enable the Council to agree, subject to the advice of the Monitoring Officer, Section 151 Officer and Head of Paid Service, that an amendment without notice can be debated.
- 4.5 The normal 'guillotine' procedure at Council Procedure Rule 9.2 applies equally to the Budget meeting. Under this procedure, at the expiry of the time limit for the meeting, any amendments and motions still on the table are put to the vote and determined without further debate.
- 4.6 However, the budget debate must not be curtailed if there are still matters that have not been adequately discussed and/or Members who have not had the opportunity to speak. In particular the Council must have adequate time to debate any amendment that is moved and accepted for debate. This may be problematic if an attempt is made to move a new amendment close to the end of the allocated time for the meeting.
- 4.7 The Speaker will remind the Council at the start of the meeting of the importance where possible of all amendments being moved at the beginning of the debate or as soon as the need for the amendment is identified; and before moving to the 'right of reply' and voting stage of the meeting will give a final invitation for any further amendments. No new amendment may be proposed once the call for the vote has commenced.

4.8 In addition it is proposed that the Constitution be amended as follows:-

- At the first Budget Council meeting, if a new amendment is moved during the final 30 minutes of the time allocated for the meeting, the meeting will automatically be extended by up to 30 minutes to enable that amendment to be debated before the guillotine procedure comes into operation. This will apply even if a previous extension has already been agreed.
- At the end of the 30 minutes if the debate is not complete, the guillotine process will come into operation in the normal way and the vote will proceed on the amendments and substantive motion the meeting will conclude, unless the Monitoring Officer and Section 151 officer advise the Speaker that the matter has not been sufficiently discussed – in this case the meeting will continue to consider any outstanding amendment(s) and any further amendments that may arise directly as a consequence of those amendments only.
- Nothing in the above provisions should extend the meeting beyond a total duration of five hours, at which point the guillotine process shall come into operation.

5. Policy Framework

5.1 The Local Authorities (Functions and Responsibilities) (England) Regulations 2000 issued under Section 13 of the Local Government Act 2000 list a number of plans and strategies, the adoption of which is reserved to full Council. The Regulations also empower a Council to specify other plans and strategies, not included in the mandatory list, that shall also be reserved to the Council to adopt. The mandatory and discretionary plans and strategies specified are collectively known as the 'Policy Framework' and special rules apply to their development and adoption:-

- The adoption or approval of the plan or strategy is the responsibility of the full Council;
- The Mayor and Executive have responsibility for preparing the draft plan or strategy for submission to the full Council; and
- If the Council wishes to amend the Mayor's proposals, the Local Authorities (Standing Orders) (England) Regulations 2001 set out the dispute resolution procedure to be followed. The Council must inform the Mayor of any objections which it has to his proposals (i.e. the amendments it wishes to agree) and must give the Mayor at least five working days to reconsider his proposals and re-submit them (amended or not, with reasons) to a further Council meeting. If at this further meeting the Council still wishes to amend the Mayor's revised proposals, such a decision requires a two-thirds majority of the Members present and voting. If no valid amendment at the further meeting receives two-

thirds support, the Mayor's proposals are deemed adopted in accordance with the regulations.

- 5.2 On 29th November 2011, the Council agreed to add four discretionary strategies to the Tower Hamlets 'Policy Framework':-
- The Employment Strategy;
 - The Enterprise Strategy;
 - The Waste Strategy; and
 - The Open Space Strategy.
- 5.3 It is proposed that the Budget and Policy Framework Procedure Rules at Part 4.3 of the Constitution be updated to reflect that fact that the procedures set out at paragraph 5.1 above now apply to these four strategies as to the Budget proposals and the other mandatory and discretionary items included in the Council's Policy Framework.

6. Deputy Speaker

- 6.1 The Council on 29th November 2011 agreed that the position of Chair of Council would be re-designated as 'The Speaker of Council'. The Speaker is designated as the Borough's First Citizen.
- 6.2 No change was agreed at that time in respect of the designation of the Deputy Chair of Council.
- 6.3 For the avoidance of doubt it is now proposed that the position of Deputy Chair of Council be re-designated Deputy Speaker.

7. Recording of meetings

- 7.1 The Council on 29th November 2011 also agreed that for a trial period of three months, all meetings of the Council will be audio recorded and stored.
- 7.2 Currently the Council Procedure Rules do not allow for recording of the Council meeting without the express permission of the Speaker. In order to facilitate the trial period agreed by the Council it is proposed that Council Procedure Rule 27.1 should be amended to state:-

'No photography or video or audio recording of any kind by Members, guests or members of the public may take place at any Council meeting without the express permission of the Speaker. The Council may determine that the proceedings of the Council Meeting shall be audio recorded by the officers and those recordings stored in accordance with a policy agreed by the Council.'

8. Comments of the Chief Financial Officer

8.1 This report proposes amendments to the Constitution as detailed in sections 4 to 7 above. There are no direct costs arising from the proposals.

9. Concurrent report of the Assistant Chief Executive (Legal Services)

9.1 The legal implications have been incorporated into the body of this report.

10. Implications for One Tower Hamlets

10.1 The Constitution provides for efficient, accountable and transparent decision-making to the benefit of all local residents and communities.

11. Anti-poverty implications

11.1 There are no direct anti-poverty implications arising from the recommendations in this report.

12. Implications for the reduction of crime and disorder

12.1 There are no direct implications for the reduction of crime and disorder arising from the recommendations in this report.

13. Strategic Action for a Greener Environment (SAGE)

13.1 There are no direct SAGE implications arising from the recommendations in this report.

LOCAL GOVERNMENT ACT, 2000 (SECTION 97)

LIST OF "BACKGROUND PAPERS" USED IN THE PREPARATION OF THIS REPORT

| Brief description of "background paper" | Name and telephone number of holder and address where open to inspection |
|--|---|
| Notes of Constitution Working Party meetings September/October 2011 | John Williams 020 7364 4204 |

Agenda Item 11.1

| | | | |
|--|--|----------------|------------|
| COMMITTEE | DATE | CLASSIFICATION | REPORT NO. |
| Council | 25 January 2012 | Unrestricted | |
| REPORT OF: Corporate Director-Resources | TITLE: TREASURY MANAGEMENT STRATEGY STATEMENT, MINIMUM REVENUE PROVISION POLICY STATEMENT AND ANNUAL INVESTMENT STRATEGY 2011/12 | | |
| ORIGINATING OFFICER(S): Oladapo Shonola – Chief Financial Strategy Officer | Ward(s) affected: All | | |

| | |
|----------------------|-----------------------------------|
| Lead Member | Cllr Alibor Choudhury – Resources |
| Community Plan Theme | All |
| Strategic Priority | One Tower Hamlets |

1. **SUMMARY**

1.1 The Annual Investment Strategy is one of three strategy documents that the Council is obliged to produce in relation to its treasury management arrangements in line with Communities & Local Government (CLG) and the CIPFA Treasury Management Code of Practice (The Code). The three statements are :

- A Treasury Management Strategy which sets out the Council's proposed borrowing for the financial year and establishes the parameters (prudential and treasury indicators) within which officers under delegated authority may undertake such activities;
- An annual Investment Strategy which sets out the Council's policies for managing its investments and for giving priority to the security and liquidity of those investments; and
- A policy statement setting out the basis on which provision is to be made in the revenue accounts for the repayment of borrowing – Minimum Revenue Provision (MRP) Policy Statement.

1.3 All of these documents are regularly reviewed, but particularly so for the Investment Strategy to ensure that investment returns are maximised within the constraints of the Council's risk criteria. These reviews are undertaken to ensure that the Strategy is adapted to take advantage of new/emerging opportunities in the financial markets whilst still maintaining effective control over risk.

2. **DECISIONS REQUIRED**

Council is recommended to adopt:-

- 2.1 The Treasury Management Strategy Statement set out in sections 6-10 of **Appendix 1**.
- 2.2 The Revised Annual Investment Strategy set out in section 11 of **Appendix 1**.
- 2.3 The Minimum Revenue Provision Policy Statement set out in section 12 of **Appendix 1**.

3 REASONS FOR DECISIONS

- 3.1 It is consistent with the requirements of treasury management specified by CIPFA, to which the Council is required to have regard under the Local Government Act 2003 and regulations made under that Act, for the Council to produce three strategy statements to support the Prudential Indicators which ensure that the Council's capital investment plans are affordable, sustainable and prudent. The three documents that the Council should produce are:
- Treasury Management Strategy, including prudential indicators;
 - Investment Strategy; and
 - Minimum Revenue Provision Policy Statement.
- 3.2 The Treasury Management/Investment Strategies are continually reviewed to ensure that returns are being maximised within set credit risk criteria. Following recent meetings with the Council's treasury management advisors, Sector,, further opportunities to increase investment returns without significantly increasing the credit risk criteria have been identified. Legislation requires Council to approve the Treasury Management/Investment Strategies and any amendments there to.

4 ALTERNATIVE OPTIONS

- 4.1 The Council is bound by legislation to have regard to the CIPFA requirements for treasury management. If the Council were to deviate from those requirements, there would need to be some good reason for doing so. It is not considered that there is any such reason, having regard to the need to ensure that the Council's capital investment plans are affordable, sustainable and prudent.
- 4.2 The strategies and policy statement put forward in the report are considered the best methods of achieving the CIPFA requirements. Whilst it may be possible to adopt variations of the strategies and policy statement, this would risk failing to achieve the goals of affordability, sustainability and prudence.

5 BACKGROUND

- 5.1 Full Council approved the current Treasury Management Strategy Statement, Minimum Revenue Provision Policy Statement and the Annual Investment Strategy in February 2011.
- 5.2 Officers have operated within the boundaries of the approved treasury management policies and statements and the Audit Committee continue to receive regular reports as outlined in the reporting framework also approved at Full Council in February 2011 and detailed in Appendix 1 of this report.
- 5.3 Although investment returns are in line with the budget for 2011-12, and having regard for the current uncertainties in the financial markets, the Council's treasury management advisors, Sector, recommended some changes to the current Annual Investment Strategy that would increase investment returns without any significant increase in the level of risk exposure.

5.4 The recommended changes are detailed in Section 6 below and have been incorporated in the amended Treasury management Strategy Statement and Annual Investment Strategy attached as Appendix 1.

6 PROPOSED CHANGES

6.1 The Investment Strategy for 2011/12 was put together in recognition of the recent relative recovery in the financial sector following the banking crisis that led to a global recession. Money markets in the UK have become more stable although Bank of England base rate is still being held at the historical low rate of 0.50%.

6.2 In 2009, the Corporate Director-Resources in response to market uncertainties implemented interim credit criteria which restricted term investments to UK institutions which had support guarantees from the British Government. But this policy is unsustainable in the long term which was why Members were asked to remove this restriction in February.

6.3 The current Strategy does not restrict investment in UK Government instruments or UK Government supported institutions (such as RBS and Lloyds Groups), but it dictates that investment can only be placed with institutions with high credit quality in countries with the highest sovereign ratings (AAA).

6.4 Officers are continually reviewing the Investment Strategy to ensure that returns are maximised within agreed risk parameters. Following meetings with the Council's treasury management consultants, it was suggested that a revision of the Investment Strategy could lead to higher returns being achieved without significantly increasing the credit risk criteria approved by Council in February 2011.

6.5 In reviewing the investment strategy, officers along with the Council's treasury advisers are looking to balance risk and reward in a way that result in a balanced and optimised investment portfolio for the Council. Therefore, it is proposed that;

- the individual/group limit for investment in an institution or group that is wholly/partly owned by the UK government is increased to £45m (currently £30m). This measure does not increase the portfolio risk profile.
- up to £25m (previously £12m) of available cash balances may be invested for periods over 364 days and up to 3 years. Although, only £15m can be invested between 2 to 3 years maturity. This change is proposed to reflect the higher level of cash balances currently held compared to the original cash flow forecasts, and
- the Strategy allows investment in structured products within current limits/restrictions to facilitate lock in to premium rates from day one of an investment being made.

The detailed credit criteria are set out in section 11.5.5 of **Appendix 1** and it is recommended that these criteria be adopted.

6.6 A summary of the credit criteria is detailed in the tables below..

Specified Investments:

(All such investments will be sterling denominated, with maturities up to maximum of 1 year, meeting the minimum 'high credit' quality criteria where applicable). The council will continue its policy of lending surplus cash to counterparties that have high credit ratings, defining 'high credit rating' as being F1+ Fitch short-term and AA- long-term credit rating.

Table 1

| Institution | Minimum High Credit Criteria | Use | Limit |
|---|----------------------------------|----------|--------|
| Debt Management Office (DMO) Deposit Facility | Not applicable | In-house | £100m* |
| Term deposits – Other Local Authorities | Not applicable | In-house | £10m** |
| Term deposits – banks and building societies | Short-term F1+, Long-term AA- | In-house | £30m |
| Institutions with Government guarantee on ALL deposits by high credit rated (sovereign rating) countries. | Sovereign rating | In-house | £30m |
| UK Government Gilts | Long Term AAA | In-house | £20m |
| Institutions with UK Government support. | Sovereign rating | In-house | £30m |
| Institutions that are owned/part owned by the UK Government | Sovereign rating | In-house | £45m |
| Collective Investment Schemes structured as Open Ended Investment Companies (OEICs) | | | |
| Money Market Funds | AAA rated | In-house | £10m |

Definitions of credit ratings are attached at [Appendix 2](#).

* Although limit has been set at £100m for the DMO, in reality there is no restriction on placement with the UK government.

** The group limit for local authorities has been set at £100m.

Non-Specified Investments:

All investments that do not qualify as specified investment are termed non-specified investments. The credit criteria for non-specified investments are detailed in the below table.

Table 2

| Institution | Minimum High Credit Criteria | Use | Limit |
|---|---|----------|-------|
| Term deposits – Banks and Building Societies | Sovereign rating AAA Short-term F1+, Long-term AA- | In-house | £25m |
| Structured Deposits: Fixed term deposits with variable rate and variable maturities | Sovereign rating AAA Short-term rating F1+ Long-term rating AA- | In-house | £25m |
| UK Government Gilts | Long Term AAA | In-house | £25m |

6.7 The Council uses Fitch ratings (or equivalent from other agencies if Fitch does not provide a rating) to derive its counterparty criteria, but will take into consideration ratings from all three main credit ratings providers when compiling its counterparty list. The Council will take an overall view on its counterparties so that an organisation could be removed from

the list if the predominant view of the organisation is pessimistic. Where the overall view of the three main ratings agency is pessimistic, the Council is likely to adopt the most pessimistic of the available ratings.

7 COMMENTS OF THE CHIEF FINANCIAL OFFICER

- 7.1 The comments of the Chief Finance Officer have been incorporated into the report.

8 CONCURRENT REPORT OF THE ASSISTANT CHIEF EXECUTIVE (LEGAL SERVICES)

- 8.1 The Local Government Act 2003 provides a framework for the capital finance of local authorities. It provides a power to borrow and imposes a duty on local authorities to determine an affordable borrowing limit. It provides a power to invest. Fundamental to the operation of the scheme is an understanding that authorities will have regard to proper accounting practices recommended by the Chartered Institute of Public Finance and Accountancy (CIPFA) in carrying out capital finance functions.
- 8.2 The Local Authorities (Capital Finance and Accounting) (England) Regulations 2003 require the Council to have regard to the CIPFA publication "Treasury Management in the Public Services: Code of Practice and Cross-Sectoral Guidance Notes" ("the Treasury Management Code") in carrying out capital finance functions under the Local Government Act 2003. If after having regard to the Treasury Management Code the Council wished not to follow it, there would need to be some good reason for such deviation.
- 8.3 It is a key principle of the Treasury Management Code that an authority should put in place "comprehensive objectives, policies and practices, strategies and reporting arrangements for the effective management and control of their treasury management activities". Treasury management activities cover the management of the Council's investments and cash flows, its banking, money market and capital market transactions, the effective control of risks associated with those activities and the pursuit of optimum performance consistent with those risks. It is consistent with the key principles expressed in the Treasury Management Code for the Council to adopt the strategies and policies proposed in the report.
- 8.4 The report proposes that the treasury management strategy will incorporate prudential indicators. The Local Authorities (Capital Finance and Accounting) (England) Regulations 2003 requires the Council to have regard to the CIPFA publication "Prudential Code for Capital Finance in Local Authorities" ("the Prudential Code") when carrying out its duty under the Act to determine an affordable borrowing limit. The Prudential Code specifies a minimum level of prudential indicators required to ensure affordability, sustainability and prudence. The report properly brings forward these matters for determination by the Council. If after having regard to the Prudential Code the Council wished not to follow it, there would need to be some good reason for such deviation.
- 8.5 The Local Government Act 2000 and regulations made under the Act provide that adoption of a plan or strategy for control of a local authority's borrowing, investments or capital expenditure, or for determining the authority's minimum revenue provision, is a matter that should not be the sole responsibility of the authority's executive and, accordingly, it is appropriate for the Cabinet to agree these matters and for them to then be considered by Full council.

9 ONE TOWER HAMLETS CONSIDERATIONS

- 9.1 Capital investment will contribute to achievement of the corporate objectives, including all those relating to equalities and achieving One Tower Hamlets. Establishing the statutory policy statements required facilitates the capital investments and ensures that it is prudent.

10 SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

- 10.1 There are no sustainable actions for a greener environment implication.

11 RISK MANAGEMENT IMPLICATIONS

- 11.1 There is inevitably a degree of risk inherent in all treasury activity.
- 11.2 The Investment Strategy identifies the risk associated with different classes of investment instruments and sets the parameters within which treasury activities can be undertaken and controls and processes appropriate for that risk.
- 11.3 Treasury operations are undertaken by nominated officers within the parameters prescribed by the Treasury Management Policy Statement as approved by the Council.
- 11.4 The council is ultimately responsible for risk management in relation to its treasury activities. However, in determining the risk and appropriate controls to put in place the Council has obtained independent advice from Sector Treasury Services who specialise in Council treasury issues.

12 CRIME AND DISORDER REDUCTION IMPLICATIONS

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

13 EFFICIENCY STATEMENT

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

14. APPENDICES

Appendix 1 – Revised Treasury Management Strategy Statement, Minimum Revenue Provision Policy Statement and Annual Investment Strategy 2011/12

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

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

| Brief description of “background papers” | Name and telephone number of holder and address where open to inspection. |
|---|--|
|---|--|

None

Revised Treasury Management Strategy Statement, Minimum Revenue Provision Policy Statement and Annual Investment Strategy 2011/12

1. SUMMARY

- 1.2 The Council is required by legislation and guidance to produce three strategy statements in relation to its treasury management arrangements. . The three statements are :
- A Treasury Management Strategy which sets out the Council’s proposed borrowing for the financial year and establishes the parameters (prudential and treasury indicators) within which officers under delegated authority may undertake such activities;
 - An annual Investment Strategy sets out the Council’s policies for managing its investments and for giving priority to the security and liquidity of those investments; and
 - A policy statement on the basis on which provision is to be made in the revenue accounts for the repayment of borrowing – Minimum Revenue Provision (MRP) Policy Statement.
- 1.2 The Department of Communities and Local Government has issued revised investment guidance which came into effect from 1 April 2010. There were no major changes required over and above the changes already required by the revised CIPFA Treasury Management Code of Practice 2009.
- 1.3 The Council is required to have regard to the Chartered Institute of Public Finance and Accountancy’s (CIPFA) Code of Practice on Treasury Management (revised November 2009) which requires the following:
- A Treasury Management Policy Statement which sets out the policies and objectives of the Council’s treasury management activities
 - Treasury Management Practices which set out the manner in which the Council will seek to achieve those policies and objectives
 - Approval by the full Council of an annual Treasury Management Strategy Statement - including the Annual Investment Strategy and Minimum Revenue Provision Policy, and prudential indicators - for the year ahead, a Mid-year Review Report and an Annual Report (stewardship report) covering activities during the previous year.
 - Clear delegated responsibility for overseeing and monitoring treasury management policies and practices and for the execution and administration of treasury management decisions. For this Council the delegated body is the Audit Committee. The scheme of delegation for treasury management is attached at **Appendix 5**
- 1.4 The Council has formally adopted the revised Code and defined its Treasury Management Policy Statement. These are set out **Appendices 3 and 4** this report.
- 1.5 Officers will report details of the council’s treasury management activity to the Audit Committee at each of its meetings during the year. Additionally, a mid year and full year report will be presented to Council. Full reporting arrangement is attached at **Appendix 6.**

2. DECISIONS REQUIRED

Cabinet is requested to:-

2.4 Recommend that Full Council adopt:

2.4.1 The Treasury Management Strategy Statement set out in sections 6-10 of this report.

2.4.2 The Annual Investment Strategy set out in section 11 of this report.

2.4.3 The Minimum Revenue Provision Policy Statement set out in section 12 of this report, which officers involved in treasury management must then follow.

2.5 Delegate to the Corporate Director-Resources after consultation with the Lead Member for Resources authority to vary the figures in this report to reflect decisions made in relation to the Capital Programme prior to submission to Budget Council.

3 REASONS FOR DECISIONS

3.1 It is consistent with the requirements of treasury management specified by CIPFA, to which the Council is required to have regard under the Local Government Act 2003 and regulations made under that Act, for the Council to produce three strategy statements to support the Prudential Indicators which ensure that the Council's capital investment plans are affordable, sustainable and prudent. The three documents that the Council should produce are:

- Treasury Management Strategy, including prudential indicators
- Investment Strategy; and
- Minimum Revenue Provision Policy Statement.

3.2 The Treasury Management/Investment Strategies are continually reviewed to ensure that returns are being maximised within set credit risk criteria. Following recent meetings with the Council's treasury management consultants, further opportunities to achieve additional return on investments with similar credit risk criteria to that approved by Council in March 2011 have been identified.

4 ALTERNATIVE OPTIONS

4.1 The Council is bound by legislation to have regard to the CIPFA requirements for treasury management. If the Council were to deviate from those requirements, there would need to be some good reason for doing so. It is not considered that there is any such reason, having regard to the need to ensure that the Council's capital investment plans are affordable, sustainable and prudent.

4.2 The strategies and policy statement put forward in the report are considered the best methods of achieving the CIPFA requirements. Whilst it may be possible to adopt variations of the strategies and policy statement, this would risk failing to achieve the goals of affordability, sustainability and prudence.

5 BACKGROUND

- 5.1 The Local Government Act 2003 Act requires the Council to establish a treasury strategy for borrowing, and an investment strategy for each financial year, which sets out the Council's policies for managing its investments and for giving priority to the security and liquidity of those investments.
- 5.2 The strategy for 2011/12 encompasses elements of the treasury management function and incorporates the economic forecasts provided by the Council's treasury advisor. It specifically covers:
- Treasury limits in force which will limit the treasury risk and activities of the Council;
 - Prudential and Treasury Indicators;
 - The current treasury position;
 - The borrowing requirement;
 - Prospects for interest rates;
 - The borrowing strategy (including policy on borrowing in advance of need);
 - Debt Rescheduling;
 - The Investment Strategy;
 - Credit Worthiness Policy;
 - Policy on use of external service providers; and
 - The Minimum Revenue Provision strategy

6 TREASURY LIMITS FOR 2011/12 TO 2013/14

- 6.1 The Council must have regard to the Prudential Code when setting an Authorised Limit for borrowing (the level of borrowing to fund capital investment that is affordable), which essentially requires it to ensure that total capital investment remains within sustainable limits and, in particular, that the impact upon its future council tax and council rent levels is affordable for taxpayers and tenants.
- 6.2 The Authorised Limit is to be set on a rolling basis, for the forthcoming financial year and two successive financial years. Details of the Authorised Limit and other indicators are attached at **Appendix 1**.
- 6.3 The Prudential Code requires that the Council set a series of indicators on a three year time frame, which are classified in two main categories; prudential and treasury indicators. It should be noted that these indicators are not for comparison with other local authorities, but are a means to support and record local decision-making.
- 6.4 The prudential indicators are there to demonstrate that the Council can afford the proposed capital programme in addition to the borrowing undertaken to fund expenditure in the past and that such expenditure is sustainable and prudent going forward. Also it highlights the impact of capital investment decisions on council tax and housing rents. The Council has set the following prudential indicators, which are detailed at **Appendix 1** of this report as prescribed by the Code:
- **Capital Expenditure** – the amount the Council will spend

- **Ratio of Financing Costs to Net Revenue Stream** – Financing cost as a percentage of revenue budget, to ensure that borrowing does not overwhelm the capacity for other expenditure.
- **Net Borrowing Requirement** – Amount of external borrowing that will be required in the year.
- **In Year Capital Financing Requirement** – The amount of borrowing required in year
- **Capital Financing Requirement** – Overall capital financing required for all capital expenditure
- **Incremental Impact of Capital Investment Decisions** – Measures the impact of capital investment decisions on council tax and housing rents.

6.5 Treasury indicators are about setting parameters within which officers can take treasury management decisions. The Council has set the following treasury indicators, which are detailed at **Appendix 1** of this report as prescribed by the Code:

- **Authorised Limit for External Debt** – The upper limit on the level of gross external permitted. It must not be breached without Full Council approval.
- **Operational Boundary for External Debt** – Most likely and prudent view on the level of gross external debt requirement.
- **Actual External Debt** – This is the actual gross external debt that the Council currently has, which will not be comparable to the operational boundary or authorised limit, since the actual gross external debt will reflect the actual position at any one point in time.
- **Maturity Structure for Borrowing** – Profile of when loans in the Council’s portfolio of debt are expected to mature

7 CURRENT PORTFOLIO POSITION

7.1 The Council’s borrowing and investments as at the 30 November 2010 are as set out in Table 1. The Council’s external borrowing total £354m. Investments currently total £151m.

Table 1

| Type of Borrowing | Principal Amount £m | Total Principal Amount £m | Average Rate % | Total Average Rate % |
|---------------------------------|------------------------|------------------------------|-------------------|-------------------------|
| Fixed Rate Borrowing | | | | |
| PWLB (Public Works Loans Board) | 257.173 | | 7.786 | |
| Market | 13.000 | | 4.370 | |
| | | 270.173 | | 7.633 |
| Variable Rate Borrowing | | | | |
| PWLB and Market | 64.500 | | 1.134 | |
| | | | | 1.134 |
| Total Debt | | 353.673 | | 6.448 |

| Investments | | |
|-------------------------------|----------------|--|
| Debt Management Office | 0 | |
| UK Banks & Building Societies | 143.761 | |
| Overseas banks | 0 | |
| Other UK Institutions | 7.000 | |
| Total Investments | 150.761 | |

8 PROSPECTS FOR INTEREST RATES

- 8.1 The borrowing and investment strategy is in part determined by the economic environment within which it operates.
- 8.2 The Council has appointed Sector Treasury Services as treasury adviser and part of the service they provide is to assist the Council to formulate a view on interest rates. The following table gives Sector's overall view on interest rates for the next three years.

Table 2

| | Q4 2010 | Q1 2011 | Q2 2011 | Q3 2011 | Q4 2011 | Q1 2012 | Q2 2012 | Q3 2012 | Q4 2012 | Q1 2013 | Q2 2013 | Q3 2013 | Q4 2013 |
|-----------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| Bank Rate | 0.50% | 0.50% | 0.50% | 0.75% | 1.00% | 1.00% | 1.25% | 1.50% | 1.75% | 2.25% | 2.75% | 3.00% | 3.25% |
| 5Yr PWLB Rate | 3.41% | 3.30% | 3.30% | 3.40% | 3.50% | 3.60% | 3.80% | 3.90% | 4.10% | 4.30% | 4.60% | 4.80% | 4.90% |
| 10Yr PWLB Rate | 4.64% | 4.40% | 4.40% | 4.40% | 4.50% | 4.70% | 4.80% | 4.90% | 5.00% | 5.10% | 5.20% | 5.30% | 5.40% |
| 25Yr PWLB Rate | 5.29% | 5.20% | 5.20% | 5.20% | 5.30% | 5.30% | 5.40% | 5.40% | 5.40% | 5.50% | 5.50% | 5.60% | 5.70% |
| 50Yr PWLB Rate | 5.21% | 5.20% | 5.20% | 5.20% | 5.30% | 5.30% | 5.40% | 5.40% | 5.40% | 5.50% | 5.50% | 5.60% | 5.70% |

- 8.3 Sector's current interest rate projections are based on moderate economic recovery and moderate Bank of England Monetary Policy Committee concerns about the outlook for inflation.
- 8.4 Sector projects that Bank Rate:-
- will hold steady at 0.50% until the end of Q3 2012
 - will start to rise from 0.50% in Q4 2012 reaching 3.25% by the end of Q2 2014; and
 - long term (50 Year) PWLB rates to steadily increase reaching 5.70% by end of Q4 2013
- 8.5 At the time of writing, the Bank of England base rate stands at 0.5%. Inflation has remained above the Bank of England Monetary Policy Committee's (MPC) 2% target, and has recently been increasing. However, the MPC is confident that inflation will fall back under the target over the next two years. At present the council's treasury advisor's view is that there is unlikely to be any increase in Bank Rate until the end of 2012.

9 BORROWING STRATEGY

- 9.1 The Council will continue to borrow for the following purposes where it is deemed affordable, sustainable and prudent to do so:
- Supported Capital Expenditure Allocations
 - Repayment of Maturing Debt (net of Minimum Revenue Provision)
 - Unsupported (Prudential) Borrowing Capital Expenditure
 - Short Term Cash Flow Financing
- 9.2 The Corporate Director-Resources under delegated powers will determine the timing, term, type and rate of new borrowing to take into account factors such as:
- Expected movements in interest rates
 - Current maturity profile
 - The impact of borrowing on the council's Medium Term Financial Plan
 - Approved prudential indicators and limits
- 9.3 Officers will continue to monitor interest rate movements closely and adopt a pragmatic approach to changing circumstances. For example, the following potential scenarios would require a reappraisal of strategy:
- A significant risk of a sharp rise in long and short term rates, perhaps arising from a greater than expected increase in world economic activity or further increases in inflation, then the portfolio position will be re-appraised with the likely action that fixed rate funding will be drawn whilst interest rates were still relatively cheap
 - A significant risk of a sharp fall in long and short term rates, due to e.g. growth rates weakening, then long term borrowings will be postponed, and potential rescheduling from fixed rate funding into short term funding will be considered.
- 9.4 The Council will not borrow more than or in advance of its needs purely in order to profit from the investment of the extra sums borrowed. Any decision to borrow in advance will be considered carefully to ensure value for money can be demonstrated and that the Council can ensure the security of such funds.
- 9.5 In determining whether borrowing will be undertaken in advance of need the Council will;
- ensure that there is a clear link between the capital programme and maturity profile of the existing debt portfolio which supports the need to take funding in advance of need
 - ensure the ongoing revenue liabilities created, and the implications for the future plans and budgets have been considered
 - evaluate the economic and market factors that might influence the manner and timing of any decision to borrow
 - consider the merits and demerits of alternative forms of funding
 - consider the alternative interest rate bases available, the most appropriate periods to fund and repayment profiles to use.

10 DEBT RESCHEDULING

- 10.1 The Corporate Director-Resources will continue to consider options to reschedule and restructure the Council's debt portfolio, having due regard for the broad impact of such exercises on the following:
- The maturity profile – council will only undertake debt restructuring where it benefits the maturity profile
 - Ongoing revenue savings will be achieved
 - The effect on the HRA
 - The impact of premiums and discounts has been fully considered; and
 - The impact on prudential indicators.

11 ANNUAL INVESTMENT STRATEGY

- 11.1 The Investment Strategy for 2011/12 has been put together in recognition of the recent relative recovery in the financial sector following the banking crisis that led to a global recession. Money markets are becoming more stable although Bank of England base rate is still being held at the historical low rate of 0.50%.
- 11.2 In 2009, the Corporate Director-Resources in response to market uncertainties implemented interim credit criteria which restricted term investments to UK institutions which had support guarantees from the British Government. This policy is however difficult to sustain in the long term because of the limited number of counterparties and the relatively low returns obtainable given historically low interest rates being offered by UK institutions.
- 11.3 Following meetings with the Council's treasury management consultants, it was agreed that a revision of the Investment Strategy could lead to additional returns being achieved with similar credit risk criteria to that approved by Council in March 2011.
- 11.4 In reviewing the investment strategy, officers along with the Council's treasury advisers are looking to balance risk and reward in a way that result in a balanced investment portfolio for the Council. It is proposed that;
- the individual/group limit for investment in an institution or group that is wholly/partly owned by the UK government is increased to £45m (currently £30m). This measure does not necessarily increase the portfolio risk profile given the UK government limit within current Strategy is only a notional limit - the individual/group limit for all other institutions will remain at £30m,
 - up to £25m (previously £12m) of available cash balances may be invested for periods over 364 days and up to 3 years. Although, only £15m can be invested between 2 to 3 years maturity. This change is necessary to reflect the higher level of balances currently held, and
 - the Strategy allows investment in structured products within current limits/restrictions to facilitate lock in to premium rates from day one of an investment being made.

The detailed credit criteria are set out in section 11.5.5 and it is recommended that these criteria be adopted.

11.5 Investment Policy:

11.5.1 The Council will have regard to the Department of Communities and Local Government's (DCLG) Guidance on Local Government Investments ("the Guidance") issued in March 2004 and CIPFA's Treasury Management in Public Services Code of Practice and Cross Sectoral Guidance Notes ("the CIPFA Treasury Management Code"). The Council's investment priorities are:

- The security of capital;
- The liquidity of investments to ensure that the Council has cash available to discharge its liabilities as necessary; and that;
- Within these priorities, the Council will also aim to achieve the optimum return on its investments commensurate with appropriate levels of security and liquidity; and
- All investments will be in Sterling.

11.5.2 To achieve these objectives, the Council is required to classify investment products as either "specified" or "non-specified" as defined within the guidance.

11.5.3 Specified investments comprise investment instruments which the Council considers offer high security and liquidity. These instruments can be used with minimal procedural formalities. The guidance issued by the Government considers that specified investments have the following characteristics: -

- Denominated in Sterling and have a term of less than one year
- Have "high" credit ratings as determined by the Council itself.

11.5.4 All other investments are termed non-specified investments. These involve a relatively higher element of risk, and consequently the Council is required to set a limit on the maximum proportion of their funds which will be invested in these instruments. The Strategy should also specify the guidelines for making decisions and the circumstances in which professional advice is obtained.

11.5.5 Investment instruments identified for use in the financial year are listed below under the 'Specified' and 'Non-Specified' Investments categories. Counterparty limits will be as set through the Council's Treasury Management Practices – Schedules.

11.5.5.1 **Specified Investments:**

(All such investments will be sterling denominated, with maturities up to maximum of 1 year, meeting the minimum 'high credit' quality criteria where applicable). The council will continue its policy of lending surplus cash to counterparties that have high credit ratings, defining 'high credit rating' as being F1+ Fitch short-term and AA- long-term credit rating.

Table 3

| Institution | Minimum High Credit Criteria | Use | Limit |
|---|----------------------------------|----------|--------|
| Debt Management Office (DMO) Deposit Facility | Not applicable | In-house | £100m* |
| Term deposits – Other Local Authorities | Not applicable | In-house | £10m** |
| Term deposits – banks and building societies | Short-term F1+, Long-term AA- | In-house | £30m |

| | | | |
|---|------------------|----------|------|
| Institutions with Government guarantee on ALL deposits by high credit rated (sovereign rating) countries. | Sovereign rating | In-house | £30m |
| UK Government Gilts | Long Term AAA | In-house | £20m |
| Institutions with UK Government support. | Sovereign rating | In-house | £30m |
| Institutions that are owned/part owned by the UK Government | Sovereign rating | In-house | £45m |
| Collective Investment Schemes structured as Open Ended Investment Companies (OEICs) | | | |
| Money Market Funds | AAA rated | In-house | £10m |

Definitions of credit ratings are attached at **Appendix 2**.

* Although limit has been set at £100m for the DMO, in reality there is no restriction on placement with the UK government.

** The group limit for local authorities has been set at £100m.

11.5.5.2 **Non-Specified Investments:**

The Council revised its investment strategy in the wake of the banking crisis in 2007. This led to wide ranging restriction being placed on the counterparty list. As part of the strategy review in 2007, a temporary cessation of investment with overseas institutions and all investment restricted to a term of less than 365 days until stability returned to the banking sector, globally. The situation has now settled enough for clear decisions to be made on whether the council should return to investing with overseas banks.

It is recommended that the Council should make non-specified investment as outlined in below table.

Table 4

| Institution | Minimum High Cred Criteria | Use | Limit |
|---|---|------------|--------------|
| Term deposits – Banks and Building Societies | Sovereign rating AAA Short-term F1+, Long-term AA- | In-house | £25m |
| Structured Deposits: Fixed term deposits with variable rate and variable maturities | Sovereign rating AAA Short-term rating F1+ Long-term rating AA- | In-house | £25m |
| UK Government Gilts | Long Term AAA | In-house | £25m |

11.6 The Council uses Fitch ratings (or equivalent from other agencies if Fitch does not provide a rating) to derive its counterparty criteria, but will take into consideration ratings from all three main credit ratings providers when compiling its counterparty list. The Council will take an overall view on its counterparties so that an organisation could be removed from the list if

the predominant view of the organisation is pessimistic. Where the overall view of the three main ratings agency is pessimistic, the Council is likely to adopt the most pessimistic of the available ratings.

11.7 The minimum credit rating required for an institution to be included in the Council's counterparty list is as follows:

Table 5

| Agency | Long-Term | Short-Term | Individual | Support |
|------------------|-----------|------------|------------|---------|
| Fitch | AA- | F1 | C | 1 |
| Moodys | Aa3 | P-1 | N/A | C |
| Standard & Poors | AA- | A-1 | N/A | N/A |

| | |
|------------------|-----|
| Sovereign Rating | AAA |
|------------------|-----|

| | |
|-------------------|-----|
| Money Market Fund | AAA |
|-------------------|-----|

11.8 The Council will only use approved counterparties from countries with minimum sovereign credit rating of AAA from Fitch as outlined above. The following countries are currently rated AAA:

- Canada
- Denmark
- Finland
- France
- Germany
- Luxembourg
- Netherlands
- Norway
- Singapore
- Sweden
- Switzerland
- United Kingdom
- United States of America

11.9 All credit ratings will be monitored on at least a monthly basis and the Council is alerted to changes in ratings through its use of the Sector creditworthiness service.

- If a downgrade results in the counterparty/investment scheme no longer meeting the Council's minimum criteria as outlined in 11.5, its further use as a new investment will be withdrawn immediately.

- If a body is placed on negative rating watch (i.e. there is a reasonable probability of a rating change and the likelihood of that change being negative) and it is currently near the floor of the of the minimum acceptable rating for placing investments with that body as outlined in 11.5, then no further investments will be made with that body.
- 11.10 The credibility of credit ratings providers has been called into question because they failed to identify the potential problems with Icelandic Banks prior to the Icelandic Banking Crisis. In order to further improve the security of council funds and in line with CIPFA guidance, the Council as well as using credit rating agencies will now also use financial press, market data, information on government support for banks and the credit ratings of that government support when compiling its counterparties list.
- 11.11 Institutions with which the Council can place funds are as follows:
- Bank of England Debt management Office (DMO).
 - The institutions that were included in the UK Government's permanent capital investment and short-term liquidity support programme.
 - Other UK institutions meeting our minimum credit rating criteria
 - UK AAA rated Money Market Funds
 - Other local authorities
 - Overseas institutions (falling within the Council's minimum credit criteria) from countries with sovereign ratings of AAA from all rating agencies
- 11.12 The Council anticipates its fund balances in 2011/12 to average approximately £175m. Although the actual amount available for investment at any one time will fluctuate as a result of timing of significant items such as:
- Expenditure on capital projects
 - Council tax, business rates, council house rent income
 - Receipt of government grants
 - Capital receipts in respect of major asset sales
- 11.13 It is proposed that the Council adopts a prudential indicator limit of £25m for 2011/12 for term deposits over 365 days (but no more than 3 years). Although, only £15m can be invested between 2 to 3 years maturity.
- 11.14 Investment Strategy:
- 11.14.1 **In-house funds:** The Council's in house investments are principally related to cashflow. Investments will accordingly be made with reference to the core balance and cash flow requirements and the outlook for short-term interest rates.
- 11.14.2 **Interest rate outlook:** Bank of England Base Rate has remained at 0.50% since the initial tumble down from a high of 5.75% in November 2007 to the current rate in March 2009. The council's treasury advisors forecast that interest rates will start to rise steadily from Q4 of 2012 and would have risen to 3.25% by Q4 of 2014.
- 11.14.3 The pace of the economic recovery has slowed and the outlook for global economy is for slow/flat growth in the medium term. There remains a distortion in the inter-relationships between money market rates and bank rate. The 2011/12

budget has been set to take account of low interest rates, but officers will continue to invest to maximise returns in line with the Council's counterparty criteria.

12 MINIMUM REVENUE PROVISION POLICY STATEMENT 2010/11

- 12.1 The Council is required to provide an annual amount in its revenue budget to provide for the repayment of the debt it has incurred to finance its General Fund capital investment. The calculation of this sum termed the Minimum Revenue Provision (MRP) was previously prescribed by the Government.
- 12.2 The Department of Communities and Local Government (DCLG) now require Councils to establish a policy statement on the MRP and has published guidance on the four potential methodologies to be adopted.
- 12.3 The guidance distinguishes between supported borrowing which relates to assumed borrowing which is incorporated into the Governments Formula Grant calculation and consequently has an associated amount of government grant and unsupported borrowing. Unsupported borrowing is essentially prudential borrowing the financing costs of which have to be met by the Council locally.
- 12.4 The DCLG guidance provides two options for the calculation of the MRP associated with each classes of borrowing.
- 12.5 The two options for the supported borrowing are variants of the existing statutory calculation which is based on 4% of the aggregate assumed borrowing for general fund capital investment - termed the Capital Financing requirement (CFR). The two options are:
- **Option 1 (Regulatory Method):** To continue the current statutory calculation based on the gross CFR less a dampening factor to mitigate the impact on revenue budgets of the transition from the previous system. This calculation is further adjusted to repay debt transferred to the Council when the Inner London Education Authority (ILEA) was abolished.
 - **Option 2 (Capital Financing Requirement Method):** The statutory calculation without the dampener which will increase the annual charge to revenue budget.
- 12.6 The options purely relate to the timing of debt repayment rather than the gross amounts payable over the term of the loans. The higher MRP payable under option 2 will accelerate the repayment of debt.
- 12.7 It is recommended that because of budget constraints in the medium term the existing statutory calculation with the ILEA adjustment be adopted as the basis of the Councils MRP relating to supported borrowing.
- 12.8 The guidance provides two options for the MRP relating to unsupported borrowing. The options are:-
- **Option 3 (Asset Life Method):** To repay the borrowing over the estimated life of the asset with the provision calculated on either an equal instalment or annuity basis. This method has the advantage of simplicity and relating repayments to the period over which the asset is providing benefit.

- **Option 4 (Depreciation Method):** A calculation based on depreciation. This is extremely complex and there are potential difficulties in changing estimated life and residual values.

12.9 It is recommended that option 3 is adopted for unsupported borrowing.

12.10 The Council is required regulation 28 of the Local Authorities (Capital Finance and Accounting) (England) (Amendment) Regulations 2003 to determine for each financial year an amount of minimum revenue provision which it considers to be prudent. It is proposed that the Council makes Minimum Revenue Provision using Option 1 (Regulatory Method) for supported borrowing and Option 3 (Asset Life Method) for unsupported borrowing.

13. APPENDICES

Appendix 1 – Prudential and Treasury Indicators

Appendix 2 – Definition of Credit Ratings

Appendix 3 – Adoption of the revised CIPFA Treasury Management Code of Practice 2009

Appendix 4 – Treasury Management Policy Statement

Appendix 5 – Treasury Management Scheme of Delegation

Appendix 6 – Treasury Management Reporting Arrangement

PRUDENTIAL AND TREASURY MANAGEMENT INDICATORS

| Prudential indicators | 2009/10 | 2010/11 | 2011/12 | 2012/13 | 2013/14 |
|---|---------|---------------------|----------|----------|----------|
| | Actual | Probable Outturn | Estimate | Estimate | Estimate |
| | £'000 | £'000 | £'000 | £'000 | £'000 |
| Capital Expenditure | | | | | |
| Non – HRA | 88,878 | 149,876 | 134,012 | 83,159 | 50,656 |
| HRA | 50,497 | 47,587 | 37,636 | 36,911 | 30,000 |
| TOTAL | 139,375 | 197,463 | 171,648 | 120,070 | 80,656 |
| Ratio of financing costs to net revenue stream | | | | | |
| Non – HRA | 2.98% | 2.62% | 2.51% | 2.55% | 2.43% |
| HRA | 16.91% | 18.75% | 19.39% | 19.9% | 20.31% |
| Net borrowing requirement | | | | | |
| brought forward 1 April | 322.198 | 354.250 | 303.764 | 308.079 | 315.622 |
| carried forward 31 March | 354.250 | 303.764 | 308.079 | 315.622 | 322.424 |
| in year borrowing requirement | 32.052 | -50.486 | 4.315 | 7.543 | 6.802 |
| In year Capital Financing Requirement | | | | | |
| Non - HRA | 1.352 | 0 | 0 | 0 | 0 |
| HRA | 15.500 | 15.500 | 6.000 | 6.000 | 6.000 |
| TOTAL | 16.852 | 15.500 | 6.000 | 6.000 | 6.000 |
| Capital Financing Requirement as at 31 March | | | | | |
| Non - HRA | 161.570 | 160.784 | 152.599 | 146.142 | 139.944 |
| HRA | 276.480 | 292.480 | 298.480 | 304.480 | 310.480 |
| TOTAL | 438.050 | 453.264 | 451.079 | 450.622 | 450.424 |
| Incremental impact of capital investment decisions | £ p | £ p | £ p | £ p | £ p |
| Increase in Council Tax (band D) per annum | 8.46 | 4.27 | 0 | 0 | 0 |
| Increase in average housing rent per week | 0 | 0 | 0 | 0 | 0 |

| TABLE 4: Treasury management indicators | 2009/10 | 2010/11 | 2011/12 | 2012/13 | 2013/14 |
|---|----------------|-----------------------------|-----------------|-----------------|-----------------|
| | Actual | Probable Outturn | Estimate | Estimate | Estimate |
| | £'000 | £'000 | £'000 | £'000 | £'000 |
| Authorised Limit for external debt - | | | | | |
| borrowing | 483,,050 | 498,264 | 496,079 | 495,424 | 495,424 |
| other long term liabilities | 0 | 0 | 0 | 0 | 0 |
| TOTAL | 483,,050 | 498,264 | 496,079 | 495,424 | 495,424 |
| Operational Boundary for external debt - | | | | | |
| borrowing | 463,050 | 478,264 | 476,079 | 475,424 | 475,424 |
| Other long term liabilities | 0 | 0 | 0 | 0 | 0 |
| TOTAL | 463,050 | 478,264 | 476,079 | 475,424 | 475,424 |
| Actual external debt | | | | | |
| Upper limit for fixed interest rate exposure | | | | | |
| expressed as either:- | | | | | |
| Net principal re fixed rate borrowing / investments | 100% | 100% | 100% | 100% | 100% |
| Upper limit for variable rate exposure | | | | | |
| expressed as either:- | | | | | |
| Net principal re variable rate borrowing / investments | 20% | 20% | 20% | 20% | 20% |
| Upper limit for total principal sums invested for over 364 days (per maturity date) | 0 | 0 | 12,000 | 12,000 | 12,000 |

| TABLE 5: Maturity structure borrowing during 2011/12 | Upper Limit | Lower Limit |
|---|--------------------|--------------------|
| under 12 months | 10% | 0% |
| 12 months and within 24 months* | 30% | 0% |
| 24 months and within 5 years* | 40% | 0% |
| 5 years and within 10 years | 80% | 0% |
| 10 years and above | 100% | 0% |

* This upper limit has been increased to allow for the risk of lenders option being exercised on the Council's debt portfolio in 2012/13. It is not anticipated that this will happen.

Appendix 2: Definition of Credit Ratings

Support Ratings

| Rating | |
|--------|---|
| 1 | A bank for which there is an extremely high probability of external support. The potential provider of support is very highly rated in its own right and has a very high propensity to support the bank in question. This probability of support indicates a minimum Long-term rating floor of 'A-'. |
| 2 | A bank for which there is a high probability of external support. The potential provider of support is highly rated in its own right and has a high propensity to provide support to the bank in question. This probability of support indicates a minimum Long-term rating floor of 'BBB-'. |
| 3 | A bank for which there is a moderate probability of support because of uncertainties about the ability or propensity of the potential provider of support to do so. This probability of support indicates a minimum Long-term rating floor of 'BB-'. |
| 4 | A bank for which there is a limited probability of support because of significant uncertainties about the ability or propensity of any possible provider of support to do so. This probability of support indicates a minimum Long-term rating floor of 'B'. |
| 5 | A bank for which external support, although possible, cannot be relied upon. This may be due to a lack of propensity to provide support or to very weak financial ability to do so. This probability of support indicates a Long-term rating floor no higher than 'B-' and in many cases no floor at all. |

Short-term Ratings

| Rating | |
|--------|---|
| F1 | Highest credit quality. Indicates the strongest capacity for timely payment of financial commitments; may have an added "+" to denote any exceptionally strong credit feature. |
| F2 | Good credit quality. A satisfactory capacity for timely payment of financial commitments, but the margin of safety is not as great as in the case of the higher ratings. |
| F3 | Fair credit quality. The capacity for timely payment of financial commitments is adequate; however, near-term adverse changes could result in a reduction to non-investment grade. |

Long-term Ratings

| Rating | Current Definition (August 2003) |
|------------|---|
| AAA | Highest credit quality. 'AAA' ratings denote the lowest expectation of credit risk. They are assigned only in case of exceptionally strong capacity for timely payment of financial commitments. This capacity is highly unlikely to be adversely affected by foreseeable events. |
| AA | Very high credit quality. 'AA' ratings denote a very low expectation of credit risk. They indicate very strong capacity for timely payment of financial commitments. This capacity is not significantly vulnerable to foreseeable events. |
| A | High credit quality. 'A' ratings denote a low expectation of credit risk. The capacity for timely payment of financial commitments is considered strong. This capacity may, nevertheless, be more vulnerable to changes in circumstances or in economic conditions than is the case for higher ratings. |
| BBB | Good credit quality. 'BBB' ratings indicate that there is currently a low expectation of credit risk. The capacity for timely payment of financial commitments is considered adequate, but adverse changes in circumstances and in economic conditions are more likely to impair this capacity. This is the lowest investment-grade category |

Individual Ratings

| Rating | |
|----------|--|
| A | A very strong bank. Characteristics may include outstanding profitability and balance sheet integrity, franchise, management, operating environment or prospects. |
| B | A strong bank. There are no major concerns regarding the bank. Characteristics may include strong profitability and balance sheet integrity, franchise, management, operating environment or prospects |
| C | An adequate bank, which, however, possesses one or more troublesome aspects. There may be some concerns regarding its profitability and balance sheet integrity, franchise, management, operating environment or prospects. |
| D | A bank, which has weaknesses of internal and/or external origin. There are concerns regarding its profitability, substance and resilience, balance sheet integrity, franchise, management, operating environment or prospects. Banks in emerging markets are necessarily faced with a greater number of potential deficiencies of external origin. |
| E | A bank with very serious problems, which either requires or is likely to require external support. |

Adoption of the revised CIPFA Treasury Management Code of Practice 2009

INTRODUCTION

The CIPFA Code of Practice on Treasury Management in Local Authorities was last updated in 2001 and has been revised in 2009 in the light of the default by Icelandic banks in 2008. The revised Code requires that a report be submitted to the council, board or other appropriate body, setting out four amended clauses which should be formally passed in order to approve adoption of the new version of the Code of Practice and Cross-Sectoral Guidance Notes.

The revised Code also includes an amended version of the treasury management policy statement (TMPS) incorporating just three clauses and a revised definition of treasury management activities. The Code does not require this statement to be approved by the council, board or other appropriate body.

RESOLUTIONS

CIPFA recommends that all public service organisations adopt, as part of their standing orders, financial regulations, or other formal policy documents appropriate to their circumstances, the following four clauses.

1. This organisation will create and maintain, as the cornerstones for effective treasury management:
 - a treasury management policy statement, stating the policies, objectives and approach to risk management of its treasury management activities
 - suitable treasury management practices (TMPs), setting out the manner in which the organisation will seek to achieve those policies and objectives, and prescribing how it will manage and control those activities.

The content of the policy statement and TMPs will follow the recommendations contained in Sections 6 and 7 of the Code, subject only to amendment where necessary to reflect the particular circumstances of this organisation. Such amendments will not result in the organisation materially deviating from the Code's key principles.

2. This organisation (i.e. full council) will receive reports on its treasury management policies, practices and activities including, as a minimum, an annual strategy and plan in advance of the year, a mid-year review and an annual report after its close, in the form prescribed in its TMPs.
3. This organisation delegates responsibility for the implementation and regular monitoring of its treasury management policies and practices to Cabinet, and for the execution and administration of treasury management decisions to The Corporate Director-Resources, who will act in accordance with the organisation's policy statement and TMPs and if he/she is a CIPFA member, CIPFA's Standard of Professional Practice on Treasury Management.
4. This organisation nominates Audit Committee to be responsible for ensuring effective scrutiny of the treasury management strategy and policies.

Treasury management Policy Statement

The London Borough of Tower Hamlets defines the policies and objectives of its treasury management activities as follows: -

1. This organisation defines its treasury management activities as:
“The management of the authority’s cash flows, its banking, money market and capital market transactions; the effective control of the risks associated with those activities; and the pursuit of optimum performance consistent with those risks”.
2. This organisation regards the successful identification, monitoring and control of risk to be the prime criteria by which the effectiveness of its treasury management activities will be measured. Accordingly, the analysis and reporting of treasury management activities will focus on their risk implications for the organisation.
3. This organisation acknowledges that effective treasury management will provide support towards the achievement of its business and service objectives. It is therefore committed to the principles of achieving best value in treasury management, and to employing suitable performance measurement techniques, within the context of effective risk management.”

Treasury Management Scheme of Delegation

1. Full Council / Cabinet

- receiving and reviewing reports on treasury management policies, practices and activities
- approval of annual strategy.

2. Cabinet /Section 151 Officer

- approval of/amendments to the organisation's adopted clauses, treasury management policy statement
- budget consideration and approval
- approval of the division of responsibilities
- approving the selection of external service providers and agreeing terms of appointment.

3. Audit Committee

- reviewing the treasury management policy and procedures and making recommendations to the responsible body.
- receiving and reviewing regular monitoring reports and acting on recommendations

Treasury Management Reporting Arrangement

| Area of Responsibility | Council/Committee/Officer | Frequency |
|--|---------------------------------|---|
| Treasury Management Strategy Statement/ Annual Investment Strategy/ Minimum Revenue Provision Policy | Full Council | Annually before the start of the financial year to which policies relate |
| Treasury Management Strategy Statement/ Annual Investment Strategy/ Minimum Revenue Provision Policy | Full Council | Mid year of financial year to which policies relate |
| Updates or revisions to the Treasury Management Strategy Statement/ Annual Investment Strategy/ Minimum Revenue Provision Policy | Full Council | |
| Annual Treasury Outturn Report | Audit Committee | Annually by 30 September after the year end to which the report relates |
| Treasury Management Practices | Corporate Director-Resources | |
| Scrutiny of Treasury Management Strategy Statement | Overview and Scrutiny Committee | Annually before the start of the financial year to which the report relates |
| Scrutiny of Treasury Management Performance | Audit Committee | Quarterly |

This page is intentionally left blank

LONDON BOROUGH OF TOWER HAMLETS

COUNCIL MEETING

WEDNESDAY 25TH JANUARY 2012

**MOTIONS SUBMITTED BY
MEMBERS OF THE COUNCIL**

**REPORT OF THE SERVICE HEAD,
DEMOCRATIC SERVICES**

SUMMARY

1. Seventeen motions have been submitted by Members of the Council under Council Procedure Rule 13 for debate at the Council meeting on Wednesday 25th January 2012.
2. In accordance with the protocol agreed by the Council on 21st May 2008, the order in which the motions are listed is by turns, one from each group, continuing in rotation until all motions submitted are included. The rotation starts with any group(s) not reached at the previous meeting.
3. Motions must be about matters for which the Council has a responsibility or which affect the Borough. A motion may not be moved which is substantially the same as a motion which has been put at a meeting of the Council in the previous six months; or which proposes that a decision of the Council taken in the previous six months be rescinded; unless notice of the motion is given signed by at least twenty Members.
4. There is no specific duration set for this agenda item and consideration of the attached motions may continue until the time limit for the meeting is reached. The guillotine procedure at Council Procedure Rule 9.2 does not apply to motions on notice and any of the attached motions which have not been put to the vote when the time limit for the meeting is reached will be deemed to have fallen. A motion which is not put to the vote at the current meeting may be resubmitted for the next meeting but is not automatically carried forward.

MOTIONS

Set out overleaf are the motions that have been submitted.

12.1 Public transport and unaffordable fares

Proposer: Councillor Fozol Miah

Seconder: Councillor Harun Miah

This Council notes that:

- 1) the importance of encouraging use of public transport to limit pollution in London and to save on use of fossil fuels which increase global warming
- 2) people on lower incomes are particularly dependent on public transport to ensure they can gain access for themselves and their families of the benefits of living in London
- 3) many people have seen or are seeing no rise in their incomes despite the fact inflation is over 5% and this is cutting their living standards
- 4) Tory Mayor of London Boris Johnson is committed to raising fares on public transport in London year on year by 1% above inflation, despite falling living standards for many, particularly on lower incomes across the capital and in Tower Hamlets in particular
- 5) Ken Livingstone, the only candidate who realistically can be expected to replace the Tory mayor Boris Johnson in elections in May 2012, has promised to reduce fares by 5% if elected with no increase in fares in 2013

This Council believes that:

- 1) the rise in fares proposed by the Tory Mayor Boris Johnson will have a severe effect on the living standards in London particularly of those on lower incomes
- 2) the rise in fares proposed by Tory Mayor Boris Johnson will discourage use of public transport
- 3) a reduction in fares rather than an increase is both affordable and desirable

This Council supports the plans announced by Ken Livingstone to reduce fares if elected next May

12.2 Warm & dry flats

Proposer: Councillor Judith Gardiner

Seconded: Councillor Helal Uddin

This Council notes:

1. Climate change, caused by anthropogenic CO₂ emissions, is an urgent problem for the whole world, killing 300,000 per year at the moment according to the Kofi Annan Foundation.
2. Bangladesh is one of the countries most affected by the effects of climate change, so our borough's links with the country give us particular impetus to act.
3. Cold housing is unpleasant and dangerous for vulnerable people. Well insulated homes are warmer and safer, and reduce fuel poverty.
4. This branch welcomes the mayor's announcement that Decent Homes works will be accelerated in the borough. Although this is sometimes ignored, one Decent Homes standard is that properties offer a reasonable standard of insulation.
5. Under Ed Miliband's stewardship, the DECC instigated various funding streams to insulate and so save CO₂ emissions from homes. These include the Community Emissions Reduction Target (CERT) and the Community Energy Savings Programme (CESP). These are funded from levies on energy companies and targeted at deprived communities, e.g. Tower Hamlets.
6. Works to insulate homes can be done during Decent Homes projects to minimise disruption and cost. These funding streams can top up Decent Homes funding to ensure the housing ends up healthy, warm, and with the lowest CO₂ emissions reasonably possible.
7. Poplar HARCA are already undertaking a CESP-funded insulation project.

This Council further notes:

1. Damp and the mould it causes, is a serious issue causing severe respiratory problems and makes asthma very much worse.
2. Most damp is caused by condensation: moisture from breathing, cooking and washing condensing on cold surfaces. Overcrowded families suffer more from condensation, with more people in the flat creating moisture.
3. When flats have double-glazing installed, but no other insulation undertaken, the coldest places will be the external walls and top-floor ceiling, so condensation and mould will form there. This could be seen clearly in the recent BBC documentary Poor Kids. This has happened in some Decent Homes projects in Tower Hamlets, increasing the health risks from mould to residents.

4. If walls and roofs are properly insulated, they will generally not be cold enough for condensation to form, so the flats will be free of mould. Cavity wall insulation is inexpensive, and Tower Hamlets have pioneered innovative installation methods, like abseiling down tower blocks squirting it in as they go. Insulation for solid walls is more expensive, costing about the same as double-glazing a flat, however because walls are bigger than windows, typically more energy is saved.
5. Proper ventilation is also necessary to banish mould. As noted by Lewisham council, humidistat controlled extraction for kitchens and bathrooms, and heat-recovery ventilation (where the outgoing warmth is transferred from the old wet air to the fresh dry air) are the best, most economical solutions.
6. Independent specialists who are not being contracted to undertake the work will be able to offer advice without profiting from the measures they recommend.

This Council Resolves

1. To ensure Decent Homes client organisations get the maximum benefit from CERT and CESP schemes.
2. To ensure that Decent Homes works do not put residents at greater risk of mould-related illnesses. The order of precedence of works should be such that condensation within the home is not increased.
3. To encourage Decent Homes client organisations to consider taking independent technical advice about the issue when appropriate.

12.3 Motion on Cllr Shelina Aktar (AKA Shelina Akhtar)

Proposer: Councillor Peter Golds

Seconded: Councillor Tim Archer

This Council Notes:

- That incidents of fraud and dishonesty in public life in the United Kingdom are relatively rare and that when proven both political parties and the relevant body, whether it be national or local take appropriate action, as was seen in the recent expenses scandal where all parties suspended recalcitrant members.
- That Councillor Shelina Aktar, who as a matter of record altered the spelling of her name following her election to the council in 2010, was in July 2010 convicted of benefit fraud, under the name of Shelina Akhtar.
- In January 2012 she pleaded guilty to further fraud and is to be sentenced in February 2012.

This Council Believes:

- That it is wrong for such a person to vote on matters that would affect the lives and well being of the overwhelmingly law abiding citizens of this borough.
- That according to time sheets and other information, that Cllr Aktar is a regular attendee of group meetings involving the Independent mayoral supporting members and regularly attends “mayoral engagements” including six hours of such engagements in December 2011.

This Council Requests:

- Councillor Aktar to leave the meeting and resign the trust placed in her as a Councillor.

This Council calls upon the Mayor to disassociate himself from Cllr Aktar and confirm publicly that she will not be invited to join him on further “mayoral engagements”.

12.4 The lack of local benefit from the Olympic Games 2012

Proposer: Councillor Harun Miah

Secunder: Councillor Fozol Miah

This Council notes that:

1) the reason the former Mayor of London supported London's bid for the Olympic Games was to help with regeneration in East London, including the creation of homes and lasting jobs for the residents of East London

2) the plans for the Olympic Games as implemented under the current Tory Mayor have failed to live up to the hopes for regeneration, homes and jobs

3) in particular, the number of jobs for people resident in East London as a whole and Tower Hamlets in particular directly generated by the construction of the Olympics site has been pitifully small

4) most of the homes in the Olympic Village will not be given over to social housing after the Olympics, despite the millions of pounds of public money that has been poured into the project

5) residents of East London are now promised an unprecedented security clampdown limiting their freedom of movement.

6) security at the Olympics site may involve foreign nationals carrying firearms in East London and the deployment of missile batteries

7) David Cameron has absurdly decided to double spending, despite the austerity cuts being inflicted on many people in Tower Hamlets and beyond, on the opening ceremony to £81 million and this will have no beneficial effect on sports anywhere in this country

8) residents in East London also face massive inconvenience as roads are closed and priority is given to luxury limousines ferrying the multiplicity of Olympics officials, hangers on and corporate sponsors

This Council believes urgent measures need to be taken to persuade residents of East London that the two week Olympic Games will bring lasting benefit to East London residents in terms of jobs, homes and regeneration

This Council has no confidence the current Tory Mayor and his administration will take the necessary measures to ensure that the potential benefits from the Olympic Games will accrue to the residents of East London

12.5 Defending local NHS services

Proposer: Councillor Rachael Saunders

Seconded: Councillor Lesley Pavitt

The Council notes:

- The proposed merger between Barts and the London, Newham and Whipps Cross acute trusts.
- That the three hospital trusts have been forced by Conservative government policy to consider a merger to protect local services.
- That clinicians are also seeking to use the opportunity to drive up clinical standards.
- That proposals for savings beyond back office mergers have not yet been made.

This Council believes:

- That it is a matter of significant concern that services could move out of Tower Hamlets to Whipps Cross or Newham, as public transport links are poor.
- That the proposed merger will mean significant change at the same time as the Royal London hospital is moving into its new building and there are major changes in NHS structures, locally and nationally.
- That there is concern that a much bigger merged organisation would find it more difficult to keep in touch with the needs of local people.
- That it is likely that a merged organisation would seek to make savings through reshaping services in the future.

This Council resolves:

- To campaign to keep NHS acute services in Tower Hamlets
- To call on the Mayor to support the Labour Party in ensuring the voices of local people are heard in their NHS.
- To campaign for a holistic, not purely clinically led, approach to care for our local communities.
- To campaign for representation of local people and locally elected councillors at every level of decision making in any new organisation.

12.6 Education in Tower Hamlets

Proposer: Councillor Zara Davis

Seconder: Councillor Dr Emma Jones

This Council notes:

- That the Secretary of State for Education has recently approved the creation of three new free schools in Tower Hamlets which will be run by The Constable Education Trust, the Wapping and Shadwell Secondary Education Trust and City Gateway, all of which will open free schools in September 2012
- That the severe shortage of school places in Tower Hamlets is such that:
 - § According to the borough's own projections, at primary school level an additional 16 form entries are required in Tower Hamlets primary schools between the academic year 2011/12 and 2012/13 to cope with the projected increase in population in the borough [1]
 - § At secondary school level, the number of students will increase from 12,987 (2009/10 roll number) to 16,314 by 2020, thereby requiring an additional 110 form entries.[2]
 - § It is already the case that for 301 children in Tower Hamlets, the nearest school available to them is so far away that the Council has to provide them with Home-School transport. [3]
 - § The number of children requiring Home-School transport on distance grounds has trebled in the last two years, and it is forecasted to increase to 500 pupils in the next three years.[4]

This Council believes:

- That giving schools independence helps to raise standards, as recognised by a recent OECD report which states: "where schools have greater autonomy over what is taught and how students are assessed, students tend to perform better"[5]
- That free schools will therefore help to raise standards in Tower Hamlets, both in the free schools themselves as well as in neighbouring schools which will be spurred on to achieve higher standards
- That free schools will increase the choice available to parents and pupils, with the three new free schools in Tower Hamlets going far beyond the National Curriculum, e.g. the Constable Education Trust Primary School with modern foreign languages; Wapping High will offer an extended school day with 34 hours of teaching a week and the opportunity for a variety of enrichment activities etc.
- That free schools will also help to alleviate some of the pressure on school places in Tower Hamlets

Therefore, this Council resolves:

- To welcome and support the creation of free schools in Tower Hamlets, which will be attended by hundreds of pupils from our borough
- To actively co-operate with and support free schools on matters such as finding premises.

12.7 Opposing cuts to the provision of Legal Aid

Proposer: Councillor Stephanie Eaton

Seconder: Councillor Kabir Ahmed

This Council notes that:

Access to legal advice and representation makes it more likely that everyone is treated fairly under the law. Legal aid helps vulnerable, poor and powerless people in Tower Hamlets to reach fair financial settlements; exercise their human rights; and challenge decisions in areas of dispute such as medical negligence, access to children in family disputes, divorce, housing, employment and welfare.

Part 1 of The Legal Aid, Sentencing, and Punishment of Offenders bill which is currently going through parliament will limit the availability of legal aid for welfare benefits cases, including for people appealing against government decisions, for example about entitlement to disability benefits.

This Council believes that:

Access to independent advice and representation on legal matters is essential to achieve justice for all;

The proposed reduction in spending on legal aid, through restrictions in the scope and eligibility of aid and the cut in the fee paid to providers of legal services, will have a detrimental effect on access to justice and on provision of legal safeguards for individuals and families involved in disputes;

The Ministry of Justice has proposed a number of alternatives to legal aid funding but these are not suitable, available or affordable for many people in Tower Hamlets as:

- A community legal advice telephone helpline cannot replace face-to-face advice and communication in all cases
- Legal costs insurance is not widely held and carries exclusions.
- Voluntary sector advice agencies can help with early intervention but do not have the training and experience to deal with complex legal cases and court representation.

This Council:

Shares the concern about the changes to legal aid expressed by a broad range of legal and advice agencies, trades unions, charities, politicians, community groups and members of the public;

Requests the Mayor of Tower Hamlets and political party leaders in the Borough to write jointly to the Secretary of State for Justice, the Rt Hon. Ken Clarke to express this Council's concern over the legal aid changes proposed in the Bill and their potential impact on residents of Tower Hamlets.

12.8 Troubled Families

Proposer: Councillor Tim Archer

Seconder: Councillor David Snowdon

This Council Notes:

- The Coalition Government plans to deal with Troubled Families is a much welcomed step in the right direction.
- Currently the government spends £9 billion a year on Troubled Families, with only £1 billion a year going to turning Troubled Families around.
- Each Troubled Family costs £75,000 a year.
- The London Borough of Tower Hamlets has 1,120 Troubled Families, the highest of any London Borough.
- This means £84 million is spent each year on Troubled Families in the London Borough of Tower Hamlets.

This Council Believes:

- The creation of a new Troubled Families team at the Department for Communities and Local Government.

This Council Resolves:

- To support the setting up of a national network of Troubled Families 'Trouble Shooters'.
- To work with the Coalition government on this plan and to start to turn around the lives of London Borough of Tower Hamlets residents who live in Troubled Families.

12.9 Support Ken Livingstone's fair deal for transport

Proposer: Councillor Rabina Khan

Seconder: Councillor Shafiqul Haque

This Council notes:

1. That from January 2012 there has been a steep rise in bus, tube and rail fares under Tory Mayor Boris Johnson
2. That under the Tory mayor the cost of a single bus ticket has risen by a massive 50 per cent since 2008, whilst the price of a monthly zone 1-2 Travelcard is up 21% costing £230.40 per year more, and the price of zones 1-6 Travelcard is up a fifth.
3. That a key part of the "One Tower Hamlets" Community Plan is to tackle poverty and protect the environment and peoples' health.
4. That increases in public transport fares can adversely impact on social inclusion, mobility and people's economic well being, particularly for poorer sections of our community.
5. That increases in bus, tube, train and DLR fares can also encourage more people to use cars rather than public transport and therefore contribute to increased congestion and poorer air quality.

This Council believes:

1. That Boris Johnson's transport policies are hurting our residents.
2. That we should support initiatives that seeks to reduce the costs of using public transport.
3. That Ken Livingstone's manifesto pledge to cut fares immediately by 7%, to freeze them the next year and saving the average London Transport user £1000 over 4 years is good news for residents in Tower Hamlets and to be welcomed.

This Council resolves:

To support Ken Livingstone's campaign to make fares affordable for Londoners.

12.10 History Teaching And the English Baccalaureate

Proposer: Councillor David Snowdon

Seconder: Councillor Peter Golds

This Council notes:

- Only 11.7% of Tower Hamlets school children passes GCSE History at grades A*-C. This is the fifth lowest number in England, ahead of only Knowsley, Newham, Kingston-Upon-Hull and Manchester.
- Over three times more school children achieve A*-C GCSE History in the top performing council in the country, Hammersmith and Fulham.
- That the new gold standard of English secondary education, the English Baccalaureate, requires school children to have A*-C passes in Maths, English, two sciences, a modern language and history or geography. Only 5.9% of children achieved this, in part due to the low number of history GCSEs entered.
- Tower Hamlets has the ninth lowest number of children passing A-Level History in England.

This Council believes:

- That the study of history allows our school children to develop high level analytical skills, and helps them to more fully appreciate the world around them. This in turn promotes civic and community engagement.
- That in order to increase the number of Tower Hamlets school children achieving the English-Baccalaureate we need to increase the provision of History teaching in our schools. Not achieving this standard threatens to limit the educational opportunities available to our school children.

This Council resolves:

- To instruct officers to write to all head teachers of schools within the Borough to make them aware of the Council's support for a higher provision of History teaching.
- To instruct officers to contact schools to see what barriers exist to a higher level of provision of history teaching, and report back to full council within six months.
- To ask the Mayor to champion the case of history teaching in Tower Hamlets, and investigate what he can do to promote this objective

12.11 Remembering Stephen Lawrence

Proposer: Councillor Abdul Asad

Seconder: Councillor Kabir Ahmed

This Council notes:

1. That after eighteen years the Stephen Lawrence case has finally seen some resolution with two men convicted for his murder.
2. The dignity with which the Lawrence family have led their campaign.
3. That Stephen Lawrence's murder highlights that there are people, albeit a tiny minority, who harbour a deep racism and may even be capable of terrible, violent acts.
4. The fact that Tower Hamlets is a multi cultural, multi racial borough, where the overwhelming majority of people work and live together happily, should not allow for any complacency.
5. That the Stephen Lawrence case also highlights the insidious nature of racism and how it can infect and distort the workings of institutions.
6. That among the findings of the Macpherson Inquiry was a clear conclusion about the existence of institutional racism in the police service and other public sector organizations.
7. That the Stephen Lawrence Centre in Deptford is facing closure due to lack of funding.

This Council believes:

That we owe it to the legacy of Stephen Lawrence and the hard work of the Lawrence family to strengthen our commitment to tackling institutional discrimination and exclusion and confronting all prejudices, inequalities and unfair treatment whether as a result of gender, sexuality, age, race, disability, religious affiliation, belief or class.

This Council resolves:

1. To write to the Lawrence Family on behalf of all councillors in an expression of support and solidarity.
2. To continue to campaign against all forms of discrimination and hatred.
3. To explore all we can do to help the Stephen Lawrence Centre to continue its important work.

12.12 Government policies are increasing child poverty

Proposer: Councillor Oliur Rahman

Seconded: Councillor Rania Khan

This Council notes:

1. The report from the Campaign to End Child Poverty that more than half the children in the inner London boroughs live in poverty and 52% of children in Tower Hamlets are living in poverty.
2. The warning from the Institute for Fiscal Studies that child poverty will rise by 400,000 children by 2015 unless the government takes a "more progressive" approach to tackling the deficit. The total could exceed three million children by 2021.
3. Growing child poverty costs the economy around £25 billion a year as society picks up the pieces of damaged lives and unrealised potential.

This Council believes:

1. That the borough's long standing problems of child poverty have been massively compounded by government spending cuts which are hitting the poorest families hardest and women and children worst, and curtailing economic growth and job creation.
2. That the borough's long standing problems of child poverty have been worsened by government breaking its promise to increase Child tax Credits above inflation.
3. That the government flagship 'free schools' policy is accentuating social segregation and divisions and undermining education options for poorer families to break out of poverty. For example, Canary Wharf College has only 1.7% on Free School Meals - compared to 48% in the local area.
4. That government economic policies are driving more and more families into poverty. Instead of stripping demand out of the economy, the government should be investing for growth and job creation.
5. That child poverty arises from a multitude of factors including lack of affordable housing, poor educational opportunities and low parental employment.

This Council resolves:

1. To lobby central government to review new policies and benefit changes, including to Child Tax Credits and Housing Benefit which will have a negative impact on Child Poverty.
2. To continue to build more affordable family-sized homes.
3. To continue to tackle the problem of rogue landlords charging extortionate rents.
4. To continue to demand that council and partner projects deliver local jobs for local people.
5. To continue to boost educational opportunities by means of innovative measures such as the Mayor's Education Award.

12.13 Dow Chemical, Bhopal and the Olympic Park

Proposer: Councillor Lutfa Begum

Seconder: Councillor Maium Miah

This meeting notes:

1. That on December 12 2011 Mayor Lutfur Rahman, Cllr Josh Peck (Labour Group), Fozol Miah (Respect Group) and Stephanie Eaton (Lib Dem) sent a joint letter to Lord Sebastian Coe, Chairman of the London Organising Committee of the Olympic Games and Paralympic Games (LOCOG) expressing concern over its decision to accept sponsorship for the Olympic Games from Dow Chemical, in light of its associations with the Union Carbide/Bhopal disaster.
2. That in a reply to that letter Lord Coe stated 'Dow is an industry leader in terms of operating with the highest standards of ethics and sustainability' and that LOCOG 'stand behind' Dow 'both as a worldwide sponsor of the Olympic movement and as a supplier to LOCOG'.
3. That Lord Coe also stated that Dow Chemical had no responsibilities in relation to the Bhopal disaster as 'they did not own or operate the Union Carbide India Limited Plant that was the site of the 1984 disaster'.
4. That due to campaign pressure Dow Chemical has agreed to remove all its branding from Britain's Olympic stadium.

This meeting believes:

1. That when Dow Chemical bought Union Carbide they knew that Union Carbide were wanted on criminal charges pertaining to the Bhopal disaster.
2. That Dow therefore has a responsibility to the victims of the Bhopal disaster.
3. That any association with Dow tarnishes the name and reputation of the Olympics.

This meeting resolves:

To maintain pressure on LOCOG to drop Dow Chemical as a partner for the 2012 Olympics.

12.14 Sexual Exploitation

Proposer: Councillor Rania Khan
Seconded: Councillor Ohid Ahmed

This Council notes:

1. That despite the abolition of slavery over 200 years ago, modern forms of trading in human beings continue, particularly for the purposes of sexual exploitation, forced labour, domestic slavery or organised crime.
2. That 80,000 people are trafficked each year, 80% of which are women and children.
3. That in the UK many thousands of individuals are bought and sold as commodities and forced into modern-day slavery.
4. That Tower Hamlets Safeguarding Children Board (LSCB) does excellent work focussing on the protection and welfare of children and young people.
5. That the Metropolitan Police have set up a Trafficking Helpline, working with some local authorities to launch raids and closing down brothels, gathering intelligence on known trafficking gangs/groups and working with their home countries.

This Council believes:

1. That schools should be encouraged to incorporate the topic into their curricula to raise awareness among students.
2. That the efforts made by individuals, business, organisations, the police, government and educational institutions to raise awareness of human trafficking and to oppose such trafficking actively; are to be commended

This Council resolves:

1. To express its support for the work that ECPAT UK (End Child Prostitution, Child Pornography and the Trafficking of Children for Sexual Purposes) is doing around the UK to promote the rights of children and for the measures the organisation is taking to protect them from commercial and sexual exploitation and abuse.
2. To acknowledge the potential impact of the 2012 Olympic and Paralympic Games on trafficking, in the context of a possible increase of people entering the UK due to human trafficking, and to work with LOCOG, other Olympic agencies and the police to counteract this.

12.15 Commemorate Holocaust Memorial Day

Proposer: Councillor Alibor Choudhury

Seconder: Councillor Aminur Khan

This meeting notes:

1. That 27 January is Holocaust Memorial Day (HMD), which marks the murder of six million Jews, and millions of others, by the Nazis and their collaborators.

2. That in addition to Jews, the targeted groups included Slavic peoples, Romany people, the mentally ill, the Deaf, the physically disabled and mentally retarded; homosexual and transsexual people; political opponents and religious dissidents alongside many others regarded not part of the 'Aryan race'.

3. That HMD provides an opportunity for everyone to learn lessons from the Holocaust, Nazi persecution and subsequent genocides and which enables us to create a safer, better future.

4. That on HMD we share the memory of the millions who have been murdered in the Holocaust and subsequent genocides in Cambodia, Rwanda, Bosnia and Darfur in order to challenge hatred and persecution in the UK today.

5. The theme for HMD 2012 asks us all to **Speak Up, Speak Out** against injustice, discrimination and exclusion in order to create a safer, better future. The theme asks us to think about the rights, responsibility and duty we all have to speak up when we see or hear something which we believe to be wrong. It challenges us to learn about what happens when we don't speak out and what can happen when we do use our voice.

6. To mark Holocaust Memorial Day the Mayor is speaking at an event in January in Nelson Street synagogue.

This Council resolves:

1. To advertise and promote participation in Holocaust Memorial Day.

2. To organise its own event to mark next year's Holocaust Memorial Day.

12.16 Innocent victims of private colleges

Proposer: Councillor Shahed Ali

Seconder: Councillor Oliur Rahman

This Council notes:

1. International students bring billions of pounds of trade and education revenue to the UK each year.
2. Cuts in funding mean that universities and colleges are more dependent than ever on the fees paid by international students to keep courses open and education provision intact.
3. 40% of international students start at private colleges before going on to Universities.
4. In the last year, thousands of international students were left stranded without a college when their government accredited colleges went out of business. Many students have lost up to £8,000 in tuition fees with no means to recoup these funds.
5. The UK Border Agency's 60 day rule - which gives international students in such situations just 60 days to find another educational provider offering the same or similar course – is a major worry for students who fear it provides insufficient time to find a new college or university, organise funds and apply for a new visa.
6. The warning from UK Universities that government failure to properly regulate education providers, combined with the introduction of the 60 Day rule, has resulted in an 11,000 drop in international students and risks damaging Britain's reputation in education abroad.

This Council resolves:

1. To lobby government for greater protection for all students, including international students, who find themselves victims of unscrupulous private education providers.
2. To lobby government for an extension of the 60 day rule in order that students who have already suffered at the hands of unscrupulous education providers have the time to make the most informed decision about their next education choices.
3. That international students who are required to re-apply for a visa as a result of being forced to seek a college transfer should be permitted to carry-over existing visa conditions such as permitted hours of work.
4. To explore, with highly-trusted educational institutions like Tower Hamlets College, the possibilities of introducing measures that might facilitate students in '60 day' situations and benefits students and colleges alike.

12.17 Energy suppliers are failing poorest families

Proposer: Councillor Ohid Ahmed

Secunder: Councillor Rofique Ahmed

This Council notes:

1. Save the Children have launched the 'No Child Left in the Cold campaign' in response to the fact that government schemes to help with household energy bills are reaching fewer than 3% of eligible families.

2. 800,000 of the poorest families who get cold weather payments should also qualify for a £120 discount on fuel bills under the Warm Homes Discount scheme, but a huge funding shortfall means only 25,000 families will get it.

3. The No Child Left in the Cold campaign is calling on energy companies and the government to fill this funding gap, so more families are given the fuel discount.

This Council resolves:

1. To support the No Child Left in the Cold Campaign.
2. To explore ways to promote discounted energy deals.
3. To support the Mayor's decision to explore the use of an energy Coop to bring discounted energy to all residents.

This page is intentionally left blank