

# OVERVIEW & SCRUTINY COMMITTEE

Tuesday, 2 September 2014 at 7.15 p.m., Room C1, 1st Floor, Town Hall, Mulberry Place, 5 Clove Crescent, London, E14 2BG

This meeting is open to the public to attend.

**Members:**

**Chair:** Councillor Joshua Peck

**Vice Chair:**

Councillor John Pierce	(Scrutiny Lead for Communities, Localities and Culture)
Councillor Mahbub Alam	
Councillor Asma Begum	(Scrutiny Lead for Adult Health and Wellbeing)
Councillor Peter Golds	(Scrutiny Lead for Law Probity and Governance)
Councillor Denise Jones	(Scrutiny Lead for Children's Services)
Councillor Abjol Miah	(Scrutiny Lead for Resources)
Councillor Md. Maium Miah	(Scrutiny Lead for Development and Renewal)
1 Vacancy	

**Co-opted Members:**

1 Vacancy	(Parent Governor Representative)
Nozrul Mustafa	(Parent Governor Representative)
Rev James Olanipekun	(Parent Governor Representative)
Dr Phillip Rice	(Church of England Representative)
1 Vacancy	(Roman Catholic Representative)

**Deputies:**

Councillor Khales Uddin Ahmed, Councillor Craig Aston, Councillor Julia Dockerill, Councillor Sirajul Islam, Councillor Rachael Saunders, Councillor Andrew Wood, Councillor Suluk Ahmed, Councillor Mohammed Mufti Miah and Councillor Muhammad Ansar Mustaqim

[The quorum for this body is 3 voting Members]

**Contact for further enquiries:**

Angus Taylor, Democratic Services  
1st Floor, Town Hall, Town Hall, Mulberry Place, 5 Clove Crescent,  
London, E14 2BG  
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Web: <http://www.towerhamlets.gov.uk/committee>

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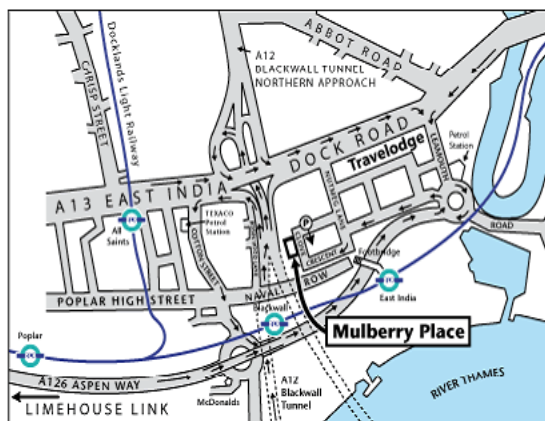
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**1. APOLOGIES FOR ABSENCE**

To receive any apologies for absence.

**2. DECLARATIONS OF DISCLOSABLE PECUNIARY INTEREST****1 - 4**

To note any declarations of interest made by Members, including those restricting Members from voting on the questions detailed in Section 106 of the Local Government Finance Act, 1992. See attached note from the Interim Monitoring Officer.

**3. UNRESTRICTED MINUTES**

To confirm as a correct record of the proceedings the unrestricted minutes of the meeting of the Overview and Scrutiny Committee held on 22<sup>nd</sup> July 2014 (To follow).

**4. REQUESTS TO SUBMIT PETITIONS**

To receive any petitions (to be notified at the meeting).

**5. UNRESTRICTED REPORTS CALLED-IN**

To consider and adjudicate on the 'Call In' relating to the decision of the Mayor in Cabinet held on 23<sup>rd</sup> July 2014 and Called In on 31<sup>st</sup> July 2014 detailed at agenda item 5.1 below.

To consider and adjudicate on the 'Call In' relating to the decision of the Mayor outside Cabinet – (Mayoral Executive Decision published on 14<sup>th</sup> August 2014 and Called In on 22<sup>nd</sup> August 2014) detailed at agenda item 5.2 below.

**5.1 Call-In of Cabinet Decision: Drug and Alcohol Action Team (DAAT) Commissioning Intentions****5 - 46**

**5.2 Call-in of Mayoral Executive Decision 063: Contract Award - Direct Payment Support Service (To Follow)**

**6. SCRUTINY SPOTLIGHT - SOCIAL HOUSING PROVIDER**

To receive an oral presentation from Mick Sweeny, Group Chief Executive One Housing Group, with a focus on performance.

**7. UNRESTRICTED REPORTS FOR CONSIDERATION**

**7.1 Medium Term Financial Plan**

**47 - 118**

To consider the update report “Strategic and Resource Planning 2015-16” presented to Cabinet on 23<sup>rd</sup> July 2014 (contained in the OSC agenda pack for information) and to receive an oral presentation from Mr Chris Holme, Acting Corporate Director Resources, with a focus on progress in 2015/16, and future challenges/opportunities.

**7.2 Appointment to INEL JHOSC (Oral Report)**

To appoint a Member drawn from its membership or that of the Health Scrutiny Panel to the remaining vacancy to represent the authority on the Inner North East London Standing Joint Health Overview and Scrutiny Committee (INEL SJHOSC) for the 2014/15 municipal year.

The OSC will receive an oral report on the nomination received from the political group Tower Hamlets First, made in accordance with the political proportionality rules as set out in INEL JHOSC Terms of Reference. No nomination was made at the last OSC meeting (22 July 2014) and therefore the appointment remains vacant.

**7.3 Appointment of Scrutiny Leads - Update (Oral Report)**

The OSC will receive an update following the revised allocation of places agreed by the full Council (30<sup>th</sup> July 2014) following the review of proportionality.

**7.4 Overview and Scrutiny Committee Outline Work Programme 2014/15 (To Follow)**

To consider and agree the 2014/15 outline OSC Work Programme to be tabled at the OSC meeting.

**8. VERBAL UPDATES FROM SCRUTINY LEADS**

To receive an oral update from each of the Scrutiny Lead Members.

**9. PRE-DECISION SCRUTINY OF UNRESTRICTED CABINET PAPERS**

To consider and agree pre-decision scrutiny questions/comments to be presented to Cabinet.

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

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

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

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

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

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

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

**12. EXEMPT/ CONFIDENTIAL MINUTES**

Nil items.

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

There were no decisions of the Mayor in Cabinet (23<sup>rd</sup> July 2014) in respect of exempt/ confidential reports on the agenda, and therefore none eligible for 'Call In'.

Whether any recent exempt/ confidential decisions of the Mayor outside Cabinet, taken under executive powers, were "Called In" will be notified at the meeting.

**14. PRE-DECISION SCRUTINY OF EXEMPT/ CONFIDENTIAL) CABINET PAPERS**

To consider and agree pre-decision scrutiny questions/comments to be presented to Cabinet.

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

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

**Next Meeting of the Overview and Scrutiny Committee**

Tuesday, 30 September 2014 to be held in Room C1, 1st Floor, Town Hall, Mulberry Place, 5 Clove Crescent, London, E14 2BG

# Agenda Item 2

## **DECLARATIONS OF INTERESTS - NOTE FROM THE INTERIM MONITORING OFFICER**

This note is for guidance only. For further details please consult the Members' Code of Conduct at Part 5.1 of the Council's Constitution.

Please note that the question of whether a Member has an interest in any matter, and whether or not that interest is a Disclosable Pecuniary Interest, is for that Member to decide. Advice is available from officers as listed below but they cannot make the decision for the Member. If in doubt as to the nature of an interest it is advisable to seek advice **prior** to attending a meeting.

### **Interests and Disclosable Pecuniary Interests (DPIs)**

You have an interest in any business of the authority where that business relates to or is likely to affect any of the persons, bodies or matters listed in section 4.1 (a) of the Code of Conduct; and might reasonably be regarded as affecting the well-being or financial position of yourself, a member of your family or a person with whom you have a close association, to a greater extent than the majority of other council tax payers, ratepayers or inhabitants of the ward affected.

You must notify the Interim Monitoring Officer in writing of any such interest, for inclusion in the Register of Members' Interests which is available for public inspection and on the Council's Website.

Once you have recorded an interest in the Register, you are not then required to declare that interest at each meeting where the business is discussed, unless the interest is a Disclosable Pecuniary Interest (DPI).

A DPI is defined in Regulations as a pecuniary interest of any of the descriptions listed at **Appendix A** overleaf. Please note that a Member's DPIs include his/her own relevant interests and also those of his/her spouse or civil partner; or a person with whom the Member is living as husband and wife; or a person with whom the Member is living as if they were civil partners; if the Member is aware that that other person has the interest.

### **Effect of a Disclosable Pecuniary Interest on participation at meetings**

Where you have a DPI in any business of the Council you must, unless you have obtained a dispensation from the authority's Interim Monitoring Officer following consideration by the Dispositions Sub-Committee of the Standards Advisory Committee:-

- not seek to improperly influence a decision about that business; and
- not exercise executive functions in relation to that business.

If you are present at a meeting where that business is discussed, you must:-

- Disclose to the meeting the existence and nature of the interest at the start of the meeting or when the interest becomes apparent, if later; and
- Leave the room (including any public viewing area) for the duration of consideration and decision on the item and not seek to influence the debate or decision

When declaring a DPI, Members should specify the nature of the interest and the agenda item to which the interest relates. This procedure is designed to assist the public's understanding of the meeting and to enable a full record to be made in the minutes of the meeting.

Where you have a DPI in any business of the authority which is not included in the Member's register of interests and you attend a meeting of the authority at which the business is considered, in addition to disclosing the interest to that meeting, you must also within 28 days notify the Interim Monitoring Officer of the interest for inclusion in the Register.

**Further advice**

For further advice please contact:-

Meic Sullivan-Gould, Interim Monitoring Officer, 0207 364 4801

John Williams, Service Head, Democratic Services, 020 7364 4204



## APPENDIX A: Definition of a Disclosable Pecuniary Interest

(Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012, Reg 2 and Schedule)

Subject	Prescribed description
Employment, office, trade, profession or vacation	Any employment, office, trade, profession or vocation carried on for profit or gain.
Sponsorship	<p>Any payment or provision of any other financial benefit (other than from the relevant authority) made or provided within the relevant period in respect of any expenses incurred by the Member in carrying out duties as a member, or towards the election expenses of the Member.</p> <p>This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.</p>
Contracts	<p>Any contract which is made between the relevant person (or a body in which the relevant person has a beneficial interest) and the relevant authority—</p> <p>(a) under which goods or services are to be provided or works are to be executed; and</p> <p>(b) which has not been fully discharged.</p>
Land	Any beneficial interest in land which is within the area of the relevant authority.
Licences	Any licence (alone or jointly with others) to occupy land in the area of the relevant authority for a month or longer.
Corporate tenancies	<p>Any tenancy where (to the Member's knowledge)—</p> <p>(a) the landlord is the relevant authority; and</p> <p>(b) the tenant is a body in which the relevant person has a beneficial interest.</p>
Securities	<p>Any beneficial interest in securities of a body where—</p> <p>(a) that body (to the Member's knowledge) has a place of business or land in the area of the relevant authority; and</p> <p>(b) either—</p> <p>(i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or</p> <p>(ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the relevant person has a beneficial interest exceeds one hundredth of the total issued share capital of that class.</p>

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# Agenda Item 5.1

<b>Committee:</b> Overview & Scrutiny	<b>Date:</b> 2nd September 2014	<b>Classification:</b> Unrestricted	<b>Report No.</b>
<b>Report of:</b> Service Head, Democratic Services  <b>Originating Officer(s):</b> Angus Taylor, Principal Committee Officer, Democratic Services		<b>Title:</b> Cabinet Decision Called In: Drug and Alcohol Action Team (DAAT) Commissioning Intentions <b>Wards:</b> All	

## 1. SUMMARY

- 1.1 The attached report “Drug and Alcohol Action Team (DAAT) Commissioning Intentions” was considered by the Mayor in Cabinet on 23<sup>rd</sup> July 2014 and has been “Called In” by Councillors Rachael Saunders, Shiria Khatun, Danny Hassell, Sirajul Islam and Clare Harrisson. This is in accordance with the provisions of rule 16 of the Overview and Scrutiny Procedure Rules in Part 4 of the Council’s Constitution.

## 2. RECOMMENDATION

- 2.1 That the OSC consider the contents of the attached report, review the Mayor in Cabinet’s decision (provisional, subject to Call In) arising; and
- 2.2 Decide whether to accept the decision refer the matter back to the Cabinet with proposals, together with reasons.

### **3. BACKGROUND**

- 3.1 The request (dated 31<sup>st</sup> July 2014) to “call-in” the Mayor in Cabinet’s decision published on 25<sup>th</sup> July 2014 was submitted under rule 16 of the Overview and Scrutiny (OSC) Procedure Rules. It was considered by the Interim Monitoring Officer who has delegated responsibility for calling in Cabinet and Mayoral decisions in accordance with agreed criteria.
- 3.2 The Call-In request fulfilled the required criteria and the decision is referred to OSC in order to consider whether or not to refer the matter back to the Cabinet for further consideration.
- 3.3 Implementation of the Cabinet decision is suspended whilst the “Call In” is considered.

### **4. THE MAYOR IN CABINET’S PROVISIONAL DECISION**

- 4.1 The Mayor in Cabinet, after considering the report attached, at Appendix 1, provisionally decided:-

#### **“DECISION**

1. To agree to the re-procurement of drug / alcohol treatment services in Tower Hamlets
2. To agree Option 3 as the preferred option for re-procurement subject to the Cabinet Members for Resources and Community Safety being given a strategic and design oversight of the proposals.
3. To agree to a consortium approach to commissioning to ensure local third sector partners can be properly engaged.
4. To agree the timescales detailed in the report
5. To note the risks detailed in the report and the mitigating actions.”

#### **4.2 Reasons for Decisions**

- 4.2.1 The report stated that decision was based on the following reasons:-

The Treatment system must be re-procured for three reasons:

- Most services have not been subject to a competitive tender for a number of years.
- Current performance is declining across many providers
- There is a request to reduce the amount of Public Health Grant allocated to drug / alcohol services by £1.06m

### 4.3 Alternative Options Considered

4.3.1 The Cabinet report at Appendix 2 also sets out Alternative Options at paragraphs 3.12. These are

- Option **One**: Standstill (23 contracts) (leave the treatment system largely as it is) but with a single point of system entry, triage and comprehensive assessment with onward referral to provider services.
- Option **Two**: Main treatment provider for Tier 3 treatment (all drugs and alcohol) with separate recovery/support contracts (10-15 contracts). Therefore combine the main treatment provision for tier 3 treatment (opiate, non-opiate and alcohol) into one contract including treatment entry, assessment, pharmacological and psychosocial interventions. This would work with targeted access points into treatment and additional recovery providers offering the full menu of recovery support.
- Option **Three**: Two drug + alcohol treatment contracts; one for treatment and one for recovery (2 contracts). Single drug treatment provider for all Tiers 2-3 treatment, this option should coexist with a separate commissioned recovery agency, targeting their work solely on recovery activity.
- Option **Four**: Single integrated drugs and alcohol service contract. (1 contract).

## 5. REASONS AND ALTERNATIVE COURSE OF ACTION PROPOSED FOR THE 'CALL IN'

5.1 The Call-in requisition signed by the five Councillors listed gives the following reason for the Call-in:

5.1.1 From the outset we must make clear that we do not oppose DAAT re-commissioning, nor the principle of consortium commissioning with local providers. This call in is to seek further clarification from the Mayor and Cabinet Members for Resources and Community Safety as to their remit as agreed at Cabinet.

5.1.2 At Cabinet a proposal was agreed that gave Cllrs Choudhury and Ahmed responsibility for developing the commissioning's strategic direction and encouraging a consortium approach that involves local providers.

5.1.3 The Mayor has previously spoken of his desire to uphold the "*highest standards of probity and transparency*" in this regard we hope that this call in is welcomed as an opportunity to further clarify the details of this decision.

- 5.1.4 Whilst we support the principle of local providers being engaged and bought on-board it is unclear what remit is being given to Cllr Choudhury and Ahmed given that this approach, of multiple providers, is effectively the opposite of the officer recommendation that the service providers be reconciled from 23 currently to just two.
- 5.1.5 It is important to work closely with local voluntary sector groups, however it is equally important that the process of procurement, and the reasons behind that process, is clear to all potential providers.
- 5.1.6 We also have to be careful to avoid any perception of inappropriate interference in a commissioning process, especially in light of recent concerns. This call in will give the Mayor opportunity to fully explain his plan for the re-commissioning of DAAT services, and for members to further understand the basis of the Cabinet members' role.

## **5.2 Alternative action proposed:**

- 5.2.1 That the Mayor fully explain his strategic vision for the re-commissioning of DAAT services and the basis on which he made his decision.
- 5.2.2 That the Mayor clearly sets out the role he has mandated the Cabinet Members for Resources and Community Safety to have in the re-commissioning of DAAT services.

## **6. CONSIDERATION OF THE "CALL IN"**

- 6.1 Having met the "Call In" request criteria, the matter is referred to the OSC in order to determine the "Call In" and decide whether or not to refer the matter back to Cabinet for further consideration.
- 6.2 The following procedure is to be followed for consideration of the "Call In":
- (a) Presentation of the "Call In" by one of the "Call In" Members followed by questions from members of OSC.
  - (b) Response from the Lead Member/officers followed by questions from members of OSC.
  - (c) General debate followed by OSC decision.

**N.B. In accordance with the OSC Protocols and Guidance adopted by the Committee at its meeting on 4<sup>th</sup> June, 2013, any Member(s) who present(s) the "Call In" is(are) not eligible to participate in the general debate.**

- 6.3 It is open to the OSC to either resolve to take no action (which would have the effect of endorsing the original Mayoral decision/s), or to refer the matter back to the Mayor for further consideration setting out the nature of its concerns and possibly recommending an alternative course of action.

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

7.1 The comments of the Chief Financial Officer are incorporated in the attached report

## **8. LEGAL COMMENTS**

8.1 The Mayor in Cabinet's decision has been called-in in accordance with the Overview and Scrutiny Procedure Rules set out in the Council's Constitution. The alternatives presented in paragraph 2.2 of the recommendations in this report are options available to the Committee under the Overview and Scrutiny Procedure Rules.

8.2 Legal comments relevant to the Mayor's decision and to the review by the Overview and Scrutiny Committee are set out in the report on which the decision was based.

## **9. APPENDICES**

- Appendix 1 - "Call In" Requisition
- Appendix 2 – Cabinet Report DAAT Commissioning 23 July 2014

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### **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

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**From:** XXXXX XXXXXXXXX (political advisor)

**Sent:** 31 July 2014 13:51

**To:** JohnS Williams; Matthew Mannion; Joshua Peck

**Cc:** Rachael Saunders; shiriakhatun; Danny Hassell; Danny Hassell; Sirajul Islam; Clare Harrisson

**Subject:** Call In - Drug and Alcohol Action Team commissioning

**Importance:** High

### **O&S Call in: DAAT Commissioning**

We the undersigned hereby call in the Mayor's decision in Cabinet with regard to the re-procurement of Drug and Alcohol Action Team services.

From the outset we must make clear that we do not oppose DAAT re-commissioning, nor the principle of consortium commissioning with local providers. This call in is to seek further clarification from the Mayor and Cabinet Members for Resources and Community Safety as to their remit as agreed at Cabinet.

At Cabinet a proposal was agreed that gave Cllrs Choudhury and Ahmed responsibility for developing the commissioning's strategic direction and encouraging a consortium approach that involves local providers.

The Mayor has previously spoken of his desire to uphold the "*highest standards of probity and transparency*" in this regard we hope that this call in is welcomed as an opportunity to further clarify the details of this decision.

Whilst we support the principle of local providers being engaged and bought on-board it is unclear what remit is being given to Cllr Choudhury and Ahmed given that this approach, of multiple providers, is effectively the opposite of the officer recommendation that the service providers be reconciled from 23 currently to just two.

It is important to work closely with local voluntary sector groups, however it is equally important that the process of procurement, and the reasons behind that process, is clear to all potential providers .

We also have to be careful to avoid any perception of inappropriate interference in a commissioning process, especially in light of recent concerns. This call in will give the Mayor opportunity to fully explain his plan for the re-commissioning of DAAT services, and for members to further understand the basis of the Cabinet members' role.

### **Alternative recommendations:**

- That the Mayor fully explain his strategic vision for the re-commissioning of DAAT services and the basis on which he made his decision.
- That the Mayor clearly sets out the role he has mandated the Cabinet Members for Resources and Community Safety to have in the re-commissioning of DAAT services.

Signed:

**Cllr Rachael Saunders**


**Cllr Shiria Khatun**

**Cllr Danny Hassell**

**Cllr Sirajul Islam**

**Cllr Clare Harrisson**

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<b>Cabinet Decision</b> 23/07/14	 <b>TOWER HAMLETS</b>
<b>Report of:</b> Stephen Halsey, Corporate Director CLC and Head of Paid Services	<b>Classification:</b> Unrestricted
<b>Drug and Alcohol Action Team (DAAT) Commissioning Intentions</b>	

<b>Lead Member</b>	<b>Cllr Ohid Ahmed</b>
<b>Originating Officer(s)</b>	Andy Bamber, Rachael Sadegh
<b>Wards affected</b>	All wards
<b>Community Plan Theme</b>	<b>Safe and Cohesive, Healthy and Supportive</b>
<b>Key Decision?</b>	Yes

### Executive Summary

The Drug and Alcohol Action Team (DAAT), within CLC, currently commissions drug / alcohol treatment interventions via 23 individual contracts with statutory and third sector providers. There is now an urgent need to re-procure this provision for three reasons:

- i) Most services have not been subject to a competitive tender for a number of years.
- ii) Current performance is declining across many providers
- iii) There is now a request from ESCW to reduce the amount of Public Health Grant allocated to drug / alcohol services by £1.06m (from £8.8m to £7.74m, including £865k for in-house Drug Intervention Programme provision).

The need to re-procure drug/alcohol treatment services presents an opportunity to procure a more recovery-orientated service delivering improved performance and better value for money. Options for re-procurement have been developed, including a standstill option, and have been reviewed by the DAAT Board, ESCW and CLC DMTs and CMT. It should be noted that this report is only concerned with contracts commissioned via the DAAT.

### Recommendations:

The Mayor in Cabinet is recommended to:

1. Agree to the re-procurement of drug / alcohol treatment services in Tower Hamlets
2. Agree a preferred option for re-procurement
3. Agree the timescales detailed in the report
4. Note the risks detailed in the report and the mitigating actions.

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

The Treatment system must be re-procured for three reasons:

- 1.1 Most services have not been subject to a competitive tender for a number of years.
- 1.2 Current performance is declining across many providers
- 1.3 There is a request to reduce the amount of Public Health Grant allocated to drug / alcohol services by £1.06m

## **2. ALTERNATIVE OPTIONS**

- 2.1 Current recommendations from DAAT Board, CLC / ESCW DMTs and CMT suggest option 3 is the preferred option of the four options presented.

## **3. DETAILS OF REPORT**

- 3.1 Prior to the implementation of the Health and Social Care Act, most drug / alcohol contracts were funded via NHS held monies. Funding was provided directly to services or via Section 256 agreements specifying the services to be contracted by LBTH. In 2012, a project was initiated to redesign the treatment system to ensure fitness for purpose and better value for money. Unfortunately this was delayed due to the impending implementation of the Health and Social Care Act and transfer of Public Health responsibilities to Local Authorities. On 1st April 2013 Public Health responsibilities were transferred and since that date, LBTH have been responsible for delivering a number of public health interventions which include drug / alcohol interventions.
- 3.2 The drug / alcohol treatment service contracts previously funded via the Primary Care Trust were transferred from the NHS to the DAAT in April 2013. Contracts were given for the period up until 31.03.13 (following Cabinet agreement to extend the PCT contracts for a year). As previously reported the small number of contracts held directly by LBTH expired some time ago (with these services operating longer than the original contract term). As such, TH Legal Services advised that all DAAT contracts should not be extended any further and be re-commissioned to be legally compliant.
- 3.3 However, due to the legal and technical complexity of the process, and the lack of national guidance until quite late in the process, numerous delays materialised. This resulted in the original re-procurement deadline being unachievable. As a consequence, the DAAT sought Mayoral Executive Approval (January 2014) to extend the contract renewal timeline to January 2015 to enable resources to focus on the re-commissioning process. This opportunity to re-procure all drug / alcohol treatment services presents an opportunity to align service configuration to local need.
- 3.4 The extension of current provision was approved on the basis that a robust DAAT procurement plan be developed to:

- Mitigate the risk due to possible legal challenge
  - Enhance performance
  - Improve value for money
  - Ensure better service alignment to need
  - Improve the capability of partnership and providers
  - Facilitate a review of resource across the whole system and deliver local economic benefits
- 3.5 Procurement plans began immediately but a proportion of the activity could not take place during the pre-election period due to the decisions required, hence the current timetable.
- 3.6 Current contractual arrangements have been extended until the end of December 2014 as there is a commitment within the Mayor's Decision paper to agreeing mobilisation dates for new contracts by that date. There is now an immediate need to begin procuring/re-procuring drug/alcohol treatment services.

### **Need for Re-procurement**

- 3.7 There has been a corporate request for 10% savings to be generated from the Public Health Grant in 2015/16. Public health have specified that £1m of these savings should come from the adult drug/alcohol commissioning budget and £60k from DAAT salaries and savings proposals will be presented to the Mayor. It would not be possible to re-procure the current model of provision with such a budget reduction.
- 3.8 This presents an opportunity to examine what is currently procured and procure an integrated treatment system which will deliver improved recovery outcomes. The case for changing the provision currently procured is outlined below.

### **Future service options**

- 3.9 The need to re-procure all adult substance misuse provision is now unavoidable. However the decision regarding exactly what to procure has yet to be made.
- 4.10 Following Mayoral Approval key workstreams were initiated to serve as the evidence base for the future treatment system – these included:
- A Needs Assessment to identify local needs (Appendix 1)
  - An independent Service Review (to assess the extent to which the borough treatment system currently addresses need and identify any gaps)

This work identified a number of pressing priorities for the Tower Hamlets treatment system which have largely stemmed from an organic growth of the treatment system over many years – resulting in a highly complex arrangement. As such, the borough system has evolved, rather than being

holistically planned, and is a treatment system that is focused on Opiate substitution therapy and addressing presentation through the Criminal Justice System. The key priorities highlighted through the needs assessment and the service reviews were to:

- Maintain Opiate priorities within the system
- Expand non-Opiate and alcohol provision
- Integrate drugs and alcohol services
- Rationalise and reduce the number of service contracts
- Regularly review and scrutinise substitute prescribing
- Increase psychosocial interventions
- Build stronger recovery capital of clients
- Reduce client key worker ratios and support the role of key workers
- Increase 1-1 and group counselling/work
- Increase client readiness for structured treatment and maximise the outcomes from inpatient detox (drugs and alcohol) and residential rehabilitation
- Review information management systems to better understand how best they serve strategic and service level needs
- Maintain a client focused services fit for purpose that encompasses strong client involvement and peer led recovery outcomes

A previous attempt to reconfigure the treatment system and address the same issues was started in 2011 but this work was terminated due to the announcement that all substance misuse services and the associated funding streams would transfer to the Council in April 2013.

- 3.11 The Home Office Drugs Strategy 2010 moved the focus of treatment towards long term goals of recovery and reintegration for drug users, whilst maintaining provision that minimises harm to both the individual and the community. This is now measured within the Public Health Outcomes Framework (PHOF2.15) as the number of drug users who successfully leave treatment and do not re-present to services within 6 months. Whilst the treatment system in Tower Hamlets has been successful in engaging large numbers of clients in effective treatment, successful completions of treatment are low and decreasing, and re-presentations are increasing. There have been numerous strategies for improving this performance over recent years and a new action plan will be implemented for 2014/15. However, significant improvements within the same treatment system structure are unlikely.
- 3.12 An Options Appraisal has been developed to establish which potential future service arrangements could best meet the identified local needs. In total, four structural options have been considered reflecting the key points in the treatment journey from treatment entry, through various treatment interventions and ultimately successfully exiting treatment (a structural diagram of each option is presented in Appendix 2). The four potential options developed are as follows:

**OptionOne:** Standstill (23 contracts) (leave the treatment system largely as it is) but with a single point of system entry, triage and comprehensive assessment with onward referral to provider services.

**Option Two:** Main treatment provider for Tier 3 treatment (all drugs and alcohol) with separate recovery/support contracts (10-15 contracts). Therefore combine the main treatment provision for tier 3 treatment (opiate, non-opiate and alcohol) into one contract including treatment entry, assessment, pharmacological and psychosocial interventions. This would work with targeted access points into treatment and additional recovery providers offering the full menu of recovery support.

**OptionThree:** Two drug + alcohol treatment contracts; one for treatment and one for recovery (2 contracts). Single drug treatment provider for all Tiers 2-3 treatment, this option should coexist with a separate commissioned recovery agency, targeting their work solely on recovery activity.

**Option Four:** Single integrated drugs and alcohol service contract. (1contract).

Alongside all of these options would be a referral/outreach contract to focus on engaging targeted groups into treatment and re-engaging individuals who have dropped out of treatment. There is also an ongoing need for an element of (re-specified) shared care provision and a service at Health E1 (homeless GP practice).

- 3.13 On 8th April 2014 these options were presented to the DAAT Board who unanimously recommended Option 3 as the most appropriate borough service arrangement to take forward – given it addressed the key concerns and requirements highlighted in both the Needs Assessment and Service Review while also offering the potential to deliver improved performance efficiencies.

### **Procurement plan**

- 3.14 It is intended that all borough substance misuse services will be re-procured and be fully mobilised in April 2015.

- 3.15 The procurement approach will be guided by the seven imperatives outlined by LBTH and will incorporate these imperatives within the tender process and the final service specifications. In particular we will be keen to deliver budget efficiencies, value for money and local employment and training opportunities within the context of a highly specialised service.

- 3.16 To mitigate the risk of a successful procurement challenge a robust project plan has been developed (see appendix 3). The plan highlights the timeline

for the various phases of re-procurement process including contract initiation, planning, re-procurement and mobilisation to replace all the DAAT contracts over the next 8 months or so. Key dates are listed below:

- Consultation (June)
- EQIA (June)
- Spec and tender material development (Apr-June)
- Decisions prior to tender (July-Sep)
- Tendering and Evaluation (July-Nov)
- Decision ratification (Oct-Dec/Jan)
- Contract sign off and mobilisation dates set (Jan/Feb)

3.17 There has been extensive consultation undertaken regarding treatment provision in Tower Hamlets with commissioners, providers, service users and other stakeholders. This has been in conjunction with previous plans for remodelling as well as the recent needs assessment and service review. When a proposed model for procurement is agreed, there will be further consultation as well as an equality assessment.

3.18 Following discussion of these proposals at MAB on 18<sup>th</sup> June, service specifications for contracts to be procured will be shared with the Mayor prior to publication.

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

4.1. There is currently budget provision of £8.8m from the Public Health allocation. This currently commissions £7.9m drug and alcohol treatment interventions (DAAT) including salaries. The balance of the provision supports the £865k in-house Drugs Intervention Programme (DIP).

4.2. A savings reduction of 10% has been specified from the Public Health grant for 2015/16. A savings target of £1.06m has been requested from the DAAT budget. There is the expectation that £1m of the savings target will be delivered from the drug /alcohol commissioning budget of £7.4m reducing the commissioning provision to £6.4m. The remaining savings of £60k is to come from a reduction in the staffing budget of £566k reducing to £506k.

4.3. The report provides four options for consideration. Option 1 provides a standstill position and does not relinquish any savings. The other three options all provide an element of restructuring and consolidation, Option 2 (10-15 contracts), Option 3 (2 Contracts) and Option 4 a single contract. The recommendation of the DAAT board is that Option 3 be considered as the most appropriate borough service arrangement. The reduction in the Public Health allocation suggest that Option 3 and 4 are the most likely options that would deliver the £1.06m reduction and provide for sufficient resources to commission contracts.

4.4. The procurement strategy detailed within this paper is aimed at the Option agreed being fully mobilised April 2015. It is likely that an extension would be required to the current contracts post January 2015. There is sufficient



provision within the existing budget envelope to manage any contracts extension.

## **5. LEGAL COMMENTS**

- 5.1. Following the passing of the Health and Social Care Act 2012 by parliament the Council received both the power and the obligation to provide services from 1 April 2013 of the types detailed in the body of this report.
- 5.2. The Council has a duty under the Local Government Act 1999 to ensure that it achieves Best Value in the purchases it makes and therefore must subject these purchases to competition. This is to ensure that the expenditure secures “continuous improvement in the way in which the Council’s functions are exercised”.
- 5.3. As the level of spend is above the OJEU threshold, the Public Contracts Regulations 2006 will apply to this procurement exercise. The extent of their application is limited because of the services being ‘Part B’ in nature, though it does include the requirement to undertake a “reasonable” level of advertising and place a final award notice in OJEU.
- 5.4. Due to the application of the Public Contracts Regulations 2006, the Public Services (Social Value) Act 2012 requires the Council to consider:
  - i. How what is proposed to be procured might improve the economic, social and environmental well-being of the area in which it exercises its functions and to which the proposal relates; and
  - ii. How, in conducting the process of procurement, it might act with a view to securing that improvement.

The Council will also need to consider whether consultation on these issues is required. The requirements of the Act apply to the pre-procurement stage which, in this case, is the period up to the publishing of an advert.

- 5.5. If local benefits are being sought as part of this procurement exercise, these may account for up to a maximum of 5% of the evaluation criteria for quality (in line with Counsel’s opinion) and will then form part of the contractual obligations to which winning bidder(s) are committed.
- 5.6. The current contracts have been extended up to 31 December 2014 by mayoral decision and arrangements will therefore need to be made in due course to further extend the contracts on an interim basis in order for the procurement exercise to be undertaken and contract award in accordance with the procurement plan proposed.

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

- 6.1. The current treatment system within Tower Hamlets has been successful in attracting a wide range of individuals into treatment across the equality strands. Within the large number of services commissioned there are

specialist services for BME clients (with a focus on Bangladeshi and Somali individuals), female clients, pregnant clients and clients with mental health issues. Commissioning a simplified structure would mean fewer specialist provisions. However, within the procurement process there will be requirements for providers to determine how best they will incorporate the needs of such populations. Providers will be encouraged to form consortia or sub-contract with other providers and provide services in a flexible manner from a wide range of venues to ensure specialism is incorporated into their service offer. Once contracts are awarded there will be performance targets for engaging targeted populations based upon the equality strand data that has been collected over the last three years.

- 6.2. Whilst the current treatment system has been successful in engaging known populations of drug / alcohol users, there are still a number of groups not engaging in treatment. For example, it is well documented that problematic drug / alcohol use is more prevalent within populations such as homosexual men, Chinese, Eastern Europeans, students / young adults, high earning individuals, than the demand presented to our current services. In the current financial situation, it will not be possible to initiate specialist services for each new population that demonstrates a demand for treatment services and therefore a more flexible approach should be developed to target emerging population needs.
- 6.3. A full equality analysis is underway now that the election is over and we may fully engage stakeholders in consultation.

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

- 7.1 There are no major environmental implications within this proposal but bidders for services will be requested to demonstrate their commitment to contributing to a sustainable environment.

## **8. RISK MANAGEMENT IMPLICATIONS**

- 8.1. As mentioned earlier in the report, there is now an urgent need to re-procure to avoid legal challenge with regards to current contracts. Hence the procurement project necessary to mitigate that risk.
- 8.2. If option 1 is pursued and the treatment system remains broadly the same as its current configuration, there are risks to future affordability and performance. An element of payment by results would be implemented as an additional contract management tool but this would not greatly change the client experience. This option would not relinquish any savings for this year or future years and required savings would need to be met elsewhere.
- 8.3. Options 2-4 would involve an element of restructure. A large scale restructure of any system will bring a risk of destabilisation. Potential ramifications within the treatment system are a temporary drop in numbers of individuals accessing treatment and potential risks to effective ongoing management of individual clients. In order to mitigate against this risk, a comprehensive

implementation plan will be developed to ensure handovers between services are as smooth as possible, including data, premises, client handover, communications, records transfer etc. It is highly likely that a number of staff currently engaged in services will continue to be part of the treatment system via TUPE arrangements and as many of the leases for premises are held by LBTH, many of the current service premises will be available for use in a new system.

- 8.4. There is a significant risk that the re-procurement of treatment services across the borough may not be completed prior to the end of December 2014. A timetable has been developed to complete the tender process and make recommendations for contract award by the first week in October, allowing presentation to Cabinet in December (subject to meeting schedule). However, this tight schedule requires a smooth process with no meeting cancellations and is not sufficiently robust to withstand any unforeseen issues that may delay the process. Therefore, it is highly likely that the delivery timeline will extend beyond 1st January 2015 – requiring a further extension in the later part of the re-procurement process. Legal have advised this approach would be defensible against challenge on the basis that the procurement process was being undertaken.

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

- 9.1 Problematic drug / alcohol use within the borough contributes significantly to crime and anti-social behaviour across the borough. Treatment interventions are funded on the basis that they prevent further health harm and costs associated with crime. In Tower Hamlets, it is estimated that every £1 spent on drug treatment saves £2.82 in health and crime costs. This is based upon current performance of the treatment system and a more effective system with improved outcomes would increase this cost benefit. Latest data shows that 23% of referrals into the treatment system are via criminal justice agencies (police, probation, prison).

## **10. EFFICIENCY STATEMENT**

- 10.1 The current treatment system configuration does not offer good value for money. Options for re-procurement have been developed and all four options presented have currently been developed within the same commissioning budget envelope (£7.4m) to allow direct comparison of spend and maintain the integrity of the treatment system. If spend is retained and merely distributed differently, options 2,3 and 4 would facilitate progressively lower management / admin costs which may be re-invested in frontline staff and recovery focussed services resulting in lower case loads and facilitating improved performance.
- 10.2 Options 2-4 have also been developed to demonstrate the effects of budget reductions of between 5% and 20%. Whilst this modelling gives an idea of the budgets available for individual elements of the service, there is further work to be completed on the frontline staffing impact within individual services.

- 10.3 The DAAT team is currently carrying a number of vacant posts. A restructure of the team will be carried out once the model of treatment provision to be procured is determined. A team can then be built around the requirements of the service and will generate savings of at least 10% against current establishment costs.
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## **Linked Reports, Appendices and Background Documents**

### **Linked Report**

- NONE

### **Appendices**

- Appendix 1: Needs assessment executive summary
- Appendix 2: Treatment System Options
- Appendix 3: Project timeline
- Appendix 4: Equalities Analysis Quality Assurance Checklist

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

- Options Appraisal.

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# London Borough of Tower Hamlets Substance Misuse Needs Assessment 2013/14

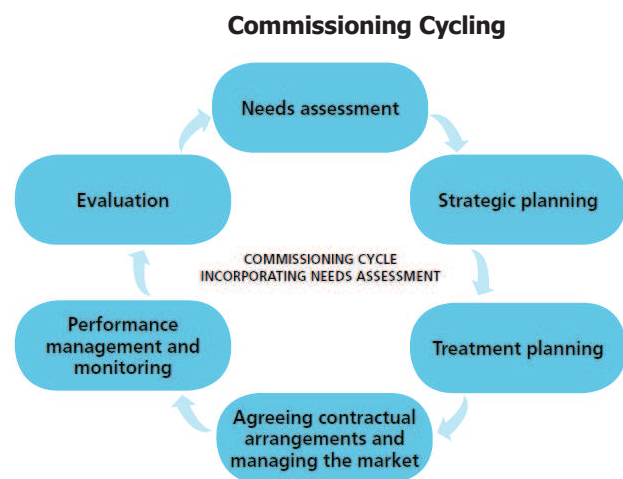
Executive Summary  
February 2014





## Introduction

1. Conducting a Substance Misuse Needs Assessment is essential to treatment planning and commissioning (see below, commissioning cycle) as it reviews service demand, offers comparison to relevant regional and national baselines and assesses local partnership performance over time. This needs assessment has reviewed the needs of the Tower Hamlets' substance misusing population to support the Drug and Alcohol Action Team (DAAT) and its wider partnership to respond to future treatment demand.



2. The Tower Hamlet's Substance Misuse treatment system has developed over time and is now one of the largest treatment systems in London. Its performance has historically been strong although in recent years there has been a decline in outcomes. Presentations to borough treatment services are heavily opiate and crack focused, with much of the resources targeted to a complex and high need client group which needs to be managed through the treatment care pathway to effective recovery.

## Approach

3. This needs assessment has been based on a range of desk research and data analysis, primary and secondary research and an assessment of service provision across the borough. The core data used to support the needs assessment was derived from the National Drug Treatment Monitoring System (NDTMS), which is critical to assessing both service need and performance and supports an

understanding of treatment demand to inform substance misuse intervention priorities for local partnerships.

4. Additional operational data was available through Mi-Case and directly provided by services across the DAAT. Partnership data was also gathered and analysed that has supported the findings of this assessment.
5. Primary quantitative and qualitative research included:
  - 200 Service Users surveys
  - 45 interviews with practitioners and stakeholders
  - 4 focus groups with 36 participants
  - 64 stakeholders engaged in workshops and presentations
6. All emerging findings were also scrutinised by an independent steering group with representatives from the project team, Public Health England (PHE), Home Office (HO) and a DAAT Coordinator from an external authority.

## Resources

7. In 2012/13 Tower Hamlets spent £9.5m on community based substance misuse treatment in the borough. All borough substance misuse services are commissioned and/or delivered by LBTH via the DAAT, the Drug Interventions Programme (DIP) and Children's Commissioning with annual funds for the DAAT (and DIP) in the region of £9.5m for 2013/14 which is derived from the PH Grant (£8.8m) and the Mayor's Office for Policing and Crime (£613k for DIP). This funding commissions 25 services to address the treatment needs of local drug users.

## Impact of commissioned services

8. There are a range of performance highlights which have emerged from the borough's treatment system. The key impacts of commissioned services are:

### Drugs

- The Borough's treatment penetration rate for opiate and/or crack users (OCU) is 34% (down 3% on the previous year). This is set

against an estimated OCU population of 3,027. The 2012/13 penetration rates are set out in the table below.

**OCU Penetration Rates 2012/13**

Tower Hamlets Glasgow Estimates	Tower Hamlets	London	National
2010/11 Estimated OCU Population	3,027	52,623	298,752
Number of OCUs in Treatment 2012/13	1,037	16,276	119,763
Penetration Rate 2012/13	34%	31%	40%

- Women are under-represented in treatment in the community (at 20%) and are below the London and national rates of presentation.
- In 2012/13 there were 833 new entries into treatment, 2,154 people in treatment and 611 people exiting the treatment system
- Treatment providers with the highest volume of clients were Lifeline CDT with 857 (40%) clients, Tower Hamlets Specialist Addictions Unit (SAU) 339 (16%), Health E1 with 257 (12%) and NAFAS 149 (7%).
- Just over a third, 217 (36%) left treatment in a planned way, successfully completing treatment (accounting for 20% of the drug treatment budget) and 233 (38%) left in an unplanned way, majority of which dropped out of treatment.
- As a percentage of the numbers in treatment 9.3% opiate clients successfully completed treatment (compared to 9.8% London and 8.7% national average). However, in September 2013 this dropped to 5.1% (compared to cluster top quartile performance range, 8% to 10%).
- Thirty-four percent of non-opiate clients successfully completed treatment (compared to cluster top quartile performance range, 49% to 63%). In September 2012/13 this dropped further to 29.5%.
- Tower Hamlets has a prevalence rate of 17 per 1,000 aged between 18 and 64 OCUs, 15 for opiate users, 16 for crack users and 4 for injecting drug users (opiate use is twice as prevalent compared to London and national averages, whilst crack use is more than three times the national rate).
- OCUs in effective treatment make up almost

the entire treatment population in Tower Hamlets which has ranged between 96% and 93% since 2008/09.

- North West Health Observatory figures indicate 30,810 at risk drinkers, with 9,168 consuming alcohol at higher risk and 16,382 binge drinkers.

**Alcohol**

- Alcohol admissions to the treatment system are growing in Tower Hamlets (with 470 alcohol referrals, 738 in treatment amongst providers and 432 treatment exits).
- Tower Hamlets is hitting a 50% successful completion rate for alcohol users with around half (46%) reporting unplanned exits.
- Alcohol related hospital admissions have risen from 986 in 2002/03 to 2,577 in 2012/13 almost tripling over this period.
- Alcohol is an increasing concern locally and one which the treatment system needs to address.

**The Performance of the Partnership**

9. In Tower Hamlets one in four clients in treatment (opiate and non-opiate) have very high complex needs (442), this is almost twice as many very high complex need clients compared to the national average.
10. Tower Hamlets opiate treatment population falls into cluster E and non-opiate treatment population into cluster D. Clusters range from A to E, with A representing the least complex treatment populations and E the most complex. Therefore the borough’s cluster comparators are the most complex opiate and the second most complex non-opiate Local Authority areas.

**Opiate Clients**

11. In September 2013 Tower Hamlets had 1,456 opiate clients in treatment, which is below cluster average placing Tower Hamlets mid-table for the size of its opiate treatment population. There has been a significant reduction in the number of opiate clients successfully completing treatment since October 2012, this means Tower Hamlets is ranked 6th lowest for the number of opiate successful from



a position of 14th highest at the 2012/13 baseline.

12. In 2012/13 one in four opiate clients had a drug using career length that spanned over 21 years, similar to cluster average. However a high proportion (43%), have been in treatment for less than one year, higher compared to cluster average of 22% and the proportion of opiate clients that have had more than four previous treatment journeys is equal to 24% (higher compared to 19% cluster and national average) which has increased from one in five in the previous year.

13. Whilst completion rates are broadly consistent with cluster average, this suggests a significant number of opiate clients are engaging and disengaging in treatment and as the number of previous attempts at treatment increase they are less likely to complete the next time they are in treatment.

14. The outcomes data suggests, in the past six months, there have been 46% less clients successfully completing treatment (138, 2012/13 baseline and 74, September 2013). The proportion of opiate clients re-presenting to treatment has fluctuated between 37% and 19% since 2010/11, with September 2013 showing 34% re-presentations.

**Non-Opiate Clients**

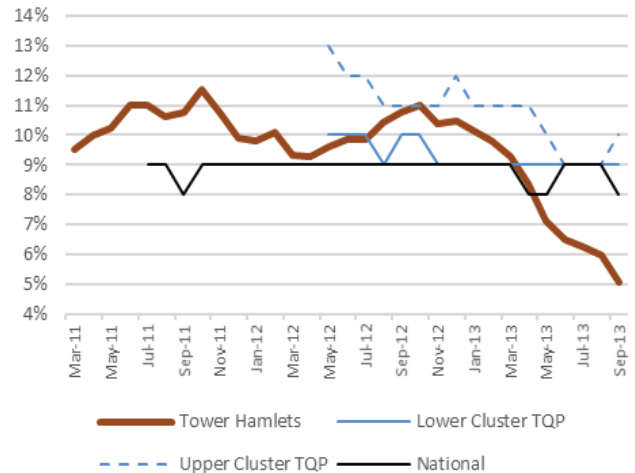
15. In September 2013 Tower Hamlets had 224 non-opiate clients in treatment, which is below cluster average and ranks Tower Hamlets 8th lowest for the size of its non-opiate treatment population. Non-opiate clients account for 13% of the total treatment population. In the past 6 months, 6% less non-opiate clients successfully completed treatment (70, 2012/13 baseline and 66, September 2013). In the latest reporting period there have been no re-presentations to treatment.

16. The distribution of non-opiate clients in treatment is broadly similar to cluster and national average, with the majority (59%) in treatment with no previous treatment journeys, however completion rates are much lower at

37%, compared to 47% cluster and 43% national average.

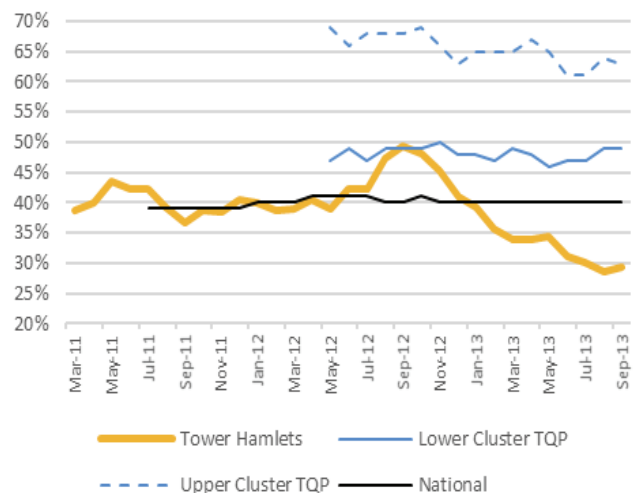
17. As a proportion of the numbers in treatment 5.1% opiate clients successfully completed treatment in September 2013, the chart below maps this trend from 2010/11 baseline against cluster and national performance.

**Partnership: Opiate % Successful Completions, Cluster and National Comparators**



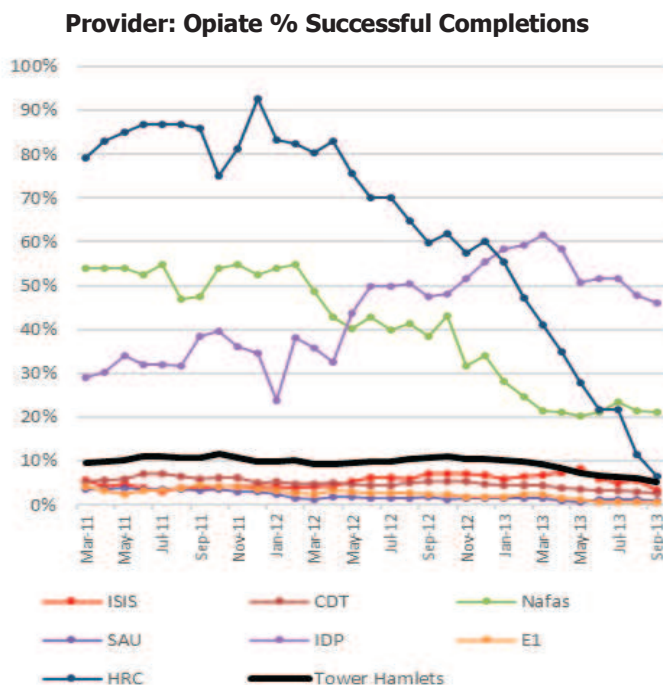
18. For the non-opiate clients, 29.5% successfully completing treatment in September 2013.

**Partnership: Non-opiate % Successful Completions, Cluster and National Comparators**



## The Performance of substance misuse treatment providers

19. Tower Hamlets has numerous providers reporting into NDTMS, however the bulk of opiate clients are distributed amongst seven main treatment providers and non-opiate clients amongst five.
20. In September 2013 the number of opiate clients in treatment across the main providers ranged from 745 to 63, Lifeline CDT having the highest number of opiate clients in treatment and RAPT Day Programme the least. Compared to 2012/13 baseline the number of opiate clients in treatment has fallen with the majority of providers. Fewer opiate clients have been successfully completing treatment at each baseline period for all providers. The reduction in the number of opiate clients in treatment was proportionately less than the reduction in the numbers successfully completing, as a result successful completions as a proportion of the numbers in treatment show a stark decline in performance, as set out in the chart below,.



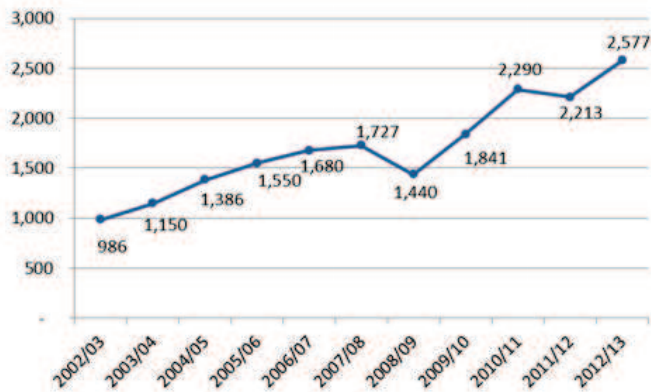
21. In addition a high proportion of clients re-presented to treatment, one third of completions resulted in client re-presentations for Lifeline CDT and NAFAS and 28% for the Harbour Recovery Centre.

22. In the first 6 months of 2012/13 treatment exit outcomes show opiate clients dropping out of treatment far outweigh those successfully completing treatment. Collectively 11% left treatment in a planned way (successfully completing treatment). For all providers, with the exception of NAFAS, this ranged from 0% to 18%. NAFAS however achieved 72% planned exits. The proportion of unplanned exits resulted in almost 50% opiate clients dropping out of treatment; this is equal to 111 clients collectively.
23. Non-opiate clients ranged from 54 to 19, NAFAS having the highest and SAU the least. The number of non-opiate clients in treatment has increased slightly or remained the same across most providers. There were no re-presentations to treatment.
24. The treatment exit outcomes for non-opiate clients show higher proportion of planned exits with some providers, whilst equal for others in comparison to the proportions that dropped out of treatment. Overall the treatment outcomes for non-opiate clients are better compared with opiate clients with almost half leaving treatment having successfully completed.

## The Impact of Drugs and Alcohol in the Community

25. A wider review of partnership data shows that drugs and alcohol has a significant impact on the borough in terms of health, crime, community safety. The borough has seen increasing levels of drugs and alcohol callouts made by the London Ambulance Service, the borough has also seen increasing levels for Alcohol related admissions to hospital 986 in 2002/03 rising to 2,577 in 2012/13 and almost tripling over this period, this trend can be seen below.

**Hospital Admissions for Alcohol Related Harm (NI39)  
2002 to 2013**



26. There was an average of 256 drug offences per month in the borough, with peaks in the summer of 2012, there was a high spike of possession cases that resulted in convictions in June 2012, (associated with preparations for the Olympics). The numbers of drug trafficking offences (dealing) is lower and there has been a broadly consistent level of offences throughout this period with a spike in October 2012. The Borough Police have targeted a dealer a day as part of a local campaign and during this period there was an average of 16 arrests a month.

27. Tower Hamlets has a higher rate of recorded crime attributable to alcohol, greater than London and England; although this is falling it did see a rise in the estimate in 2009/10. With respect to violent crime Tower Hamlets also has a higher rate than London and England and once again this figure is declining broadly in line with the London and England profiles. The rate for sexual crime attributed to alcohol is however growing compared to London and England which are declining albeit very slowly. This is a concern but is likely to be affected by the club based night time economy emerging in the borough.

28. The impact and cost of drugs and alcohol on the borough is great and it is important to engage these people in treatment and to work particularly with the 'frequent flyers' of these services to ensure that treatment can be used to mitigate repeat episodes.

**Primary Research Findings**

29. A range of primary research was completed in developing this needs assessment. This included stakeholder interviews and workshops, a service user questionnaire completed by 200 respondents, four focus groups targeting opiate users, non-opiate users, women and alcohol treatment clients. The headline findings of these are set out below.

**Stakeholder interviews**

30. Interviews and workshops engaged over 50 practitioners and stakeholders in the borough. There were many themes which came out of these interviews however the main focus was:

- The treatment system lacks holistic planning and has evolved with additional services being added over time
- Heavy operational focus on opiates, low level of non-opiate engagement, but high complexity clients in deprived and challenging environment
- Volume of providers creates a situation where clients are held onto and transferred haphazardly, leading to duplication of provision, lack of mutual value and some interagency miss-trust
- Critical need to address the 'disjointedness' of treatment provision and to consolidate a clear understanding of what everyone is doing.
- Clients are often not treatment ready particularly with respect to detox and rehab
- Low levels of treatment value from clients
- Low levels of recovery focus but a priority aim of the treatment system, pockets of good practice although these are often not shared
- An overwhelming positive commitment to improve the treatment system but a clear realisation amongst providers and stakeholders that whilst this will be opportunistic for the treatment system it is likely to be a threat to them

**Service User Questionnaire**

31. Throughout the survey and its findings there was a loyal sense of support for the way the treatment system works from the majority of

the 200 respondents who took the time to complete the survey:

- 96.0% think their substance misuse negatively impacts on their life
- 78% feel optimistic about their ability to reduce dependency
- 85.8% have a good relationship with their treatment providers
- 85.8% key worker skills and abilities in interpreting their needs are good
- 71.8% felt their treatment provider was good at meeting their needs
- 74.9% have a care/recovery plan and
- 80.6% of these worked on care/recovery plan with their key worker
- Going forward they prioritised:
  - After care
  - 'After/out of hours' services
  - Better service access across the borough
  - More and better counselling, psychosocial therapies, alternative therapies
  - More access to housing, detox, rehab and aftercare
  - Better information and communication about what's available

### **Service User Focus Groups**

32. Four Focus groups were completed as part of this needs assessment. There were a range of key findings that are set out in the main body of this report and in a separate focus group report. The main themes that emerged are set out below:

- Clients felt that there is a branding issue in local treatment as many have pre-conceived perceptions of services which stigmatise provision
- Their consistent view was that Drugs and Alcohol are a common part of life for many in the borough
- Focus groups felt there was an absence of commitment and operational structures to support client recovery
- Many felt that services are incoherent and need better integration, particularly with respect to drugs and alcohol

- Most clients experience unstable housing, poor public services access and more support for ETE
- Focus Group participants do not see GPs as being part of their care team and there is concern about the quality of care received from GPs
- Clients feel there is a desperate need for more effective aftercare and recovery support
- Treatment clients felt that services need to be more patient centred
- There were also strong arguments for more Peer involvement to support recovery

### **Conclusions [Key issues emerging from the assessment]**

33. There are some clear issues for the treatment system to contend with, in particular:

- Reduction of successful completions achieved by the partnership
- Slowing down of new treatment entries across most providers
- Several bottlenecks in the system, in particular the borough's CDT
- General low levels of client readiness for the recovery journey
- Low levels of treatment compliance by clients (drop outs)
- Low levels of recovery capital in clients
- High levels of complexity and diversity within the system
- Some poor inter agency procedures and protocols to enable effective treatment transfers
- Specific operational issues within the DIP
- Clients in Shared Care arrangements in the borough tend to be stabilised but not benefiting from a strong recovery focus to their treatment

34. The role of shared care in the borough's treatment is strong with over 800 clients receiving their treatment in this way. Capacity to effectively support and treat clients in this shared approach suggests the need for a strong revamp. Particularly as this is affecting the capability of the Partnership to meet its successful completion targets set in the Public Health Outcomes Framework.

35. The difficulty in engaging clients and their lack of recovery capital prevents successful completions from emerging and fails to support clients to be treatment ready and to enable the associated benefits of recovery being realised. In short, treatment needs to actually be provided and clients and practitioners need to better distinguish between the role of substitute prescription as a method of stabilisation/maintenance and structured treatment as a support to reducing and eventually stopping their drug use.

36. Diversity and the cultural needs of different clients are also key considerations for the borough. It is vital that prospective clients from all communities are at ease with entering the treatment systems either to stabilise their substance misuse and or to begin a journey through to recovery. In Tower Hamlets there seems to be a far greater proportion of the former and far fewer of the latter.

### **Value for Money**

37. Addressing Value for Money (VFM) and cost effectiveness is a relatively inaccurate science nonetheless the NDTMS have provided tools that can support a better understanding. The VFM tool estimates that if there were no provision for drug treatment this would have a cost to Tower Hamlets of £23.7m. However based on a budget of £4.2m over the spending review period there is a net benefit of £16.9m and a cost benefit ratio of 1: £2.82.

38. The large variation in subsidy per head of providers suggests varying cost in provision, varying numbers of clients in effective treatment and potential to rationalise some of these costs against need.

### **Recommendations**

39. This needs assessment has identified a number of key priorities for the Tower Hamlets Treatment System, these are set out and addressed below:

- Develop a treatment system that meets the needs of the local community
- Develop a clear annual treatment plan
- Support the transition to an integrated drugs and alcohol service
- Better alignment of services and treatment activity
- Deliver more outcome focused treatment
- Improve the recovery capital of clients
- Develop more client facing services
- Rationalise the commissioning function and performance management of contracts
- Support the ongoing workforce development of treatment staff and stakeholders
- Use the procurement process to better clarify the roles and responsibilities and operational relationships between providers
- Better clarify the distinctions between shared care and structured treatment roles in the treatment system
- Utilise the procurement process to rebrand services

40. Aims of the Drug and Alcohol Treatment Service should be:

- To offer personalised opportunities for those using drugs and/or alcohol to move towards total cessation.
- To reduce the harm caused by substance misuse on the local community including contributing to a reduction in crime and anti-social behaviour
- To ensure that the principles of harm minimisation underpin the delivery of all interventions in order to improve the health and well-being of service users
- To deliver a non-judgemental and inclusive service which treats service users with



dignity, respecting gender, sexual orientation, age, ethnicity, physical or mental health ability, religion, culture, social background and lifestyle choice

- To deliver services which are accessible, responsive and offer greater service user choice
- To improve the outcomes for children of service users by reducing the impact of drug and alcohol related harm on family life and to promote positive family involvement in treatment
- To facilitate a co-ordinated and holistic approach to recovery which emphasises the inclusion, or re-entry into society of service users by working with a range of local partner agencies
- To reduce the impact of drug and alcohol misuse on the wider public sector economy by promoting effective treatment and harm reduction responses in a range of settings including primary and community health care, mental health and criminal justice services
- To identify and safeguard vulnerable adults and children of adults who use the services

41. A key recommendation to the DAAT Board is that they need to review a set of options going forward as to how the treatment system should be re-procured.

42. Options are emerging from this needs assessment and service review, it is recommended that the DAAT undertake an options appraisal of these treatment/procurement options and debate this issue early in 2014.

43. The borough's partnership between its providers and other statutory agencies has been well established but there is a current opportunity to improve these relationships and to build a stronger set of local commitments to drugs and alcohol. It is on this basis that the following recommendations and treatment plan priorities are made:

#### 44. Strategic Recommendations:

- Maintain the management of drugs and alcohol treatment planning, commissioning and performance management through the DAAT team within the Council
- Establish evidence based commissioning and treatment planning by using this needs assessment and set appropriate targets and performance management tools for the borough's drugs and alcohol treatment system
- Maintain the priority of drugs and alcohol treatment services through current and future changes to funding streams in Tower Hamlets
- Develop and maintain annual treatment plans which fit into the Public Health commissioning priorities to tackle addictions in the community
- The Tower Hamlets DAAT needs to maintain up to date data and to review performance against the 2014/15 treatment plan

#### 45. Key Treatment Plan Priorities:

- Tower Hamlets has seen a slow decrease in opiate presentations over the last three years. However this does not address the wider treatment naive population. Opiate users should always be a priority group within substance misuse treatment provision
- Services will need to be maintained and strengthened for non-opiate and other problematic substance misuse
- There is a clear need to plan for and target the increasing emergence of alcohol.
- Increase the numbers of those entering the treatment system to maintain a steady client flow through
- Undertake a more dynamic approach to sourcing new clients and or targeting ex-clients who may now be treatment naive
- Maximise the number of clients in effective treatment, this is currently falling and may affect future service success and impact
- Develop programmes to increase the Recovery capital available to clients
- Work to address the recovery agenda and drive forward the increase in Successful Completions for the borough

- Establish a focus on addressing the long term clients i.e. clients who have been in the treatment system for over 6 years.

#### 46. Operational Priorities:

- Set targets for the treatment provision secured through the re-procurement exercise
- Define service scope and capacity to expand the community focus of the work and to provide beyond the traditional 9-5 operational model, extending to more evening and or weekend provision where feasible
- Redefine the Borough's Shared Care system to take account of the treatment/recovery needs of clients in particular those receiving their substitute prescribing from their GP
- Review and support aftercare and consider effective options to extend aftercare services
- Support providers to work with the 'assertive' outreach services within the DIP to support re-engagement and to engage new clients
- Target non-opiate and alcohol treatment provision with associated treatment options in particular psychosocial analysis, behavioural treatment and motivational interviewing.
- Review the role and provision of community detox
- Support clients readiness for treatment
- Enhance the key worker capabilities in the borough
- Implement a comprehensive and frequent review of client treatment and care plans both from a clinical and treatment perspective.
- Improved contract management, setting recovery focused delivery targets for each provider, in part this is already in the performance management of the providers but may need revisiting and reinvigorating.
- Clear fiscal controls with all providers in contract to support treatment system benefits and to guide/influence decision making
- Contracts to be set to secure a controlled and where possible reducing subsidy level

- and increasing cost benefit ratio regarding costs of crime as nominal targets.
- Review those parts of the treatment service where there are high levels of expenditure but which do not contribute to performance targets or indicator
- Develop Annual workforce development plan
- Work with partners to secure effective up to date data exchange on; A&E admissions, drugs and alcohol Hospital admissions, Ambulance service call outs and maintain a working review of Policing, drug and alcohol crime and Integrated Offender management (IOM) and Probation client data.

## **Acknowledgements**

In compiling this Needs Assessment we would like to thank those who have supported us in this work and in particular we would like to acknowledge the support from:

Andy Bamber, Rachael Sadegh, Mark Edmunds, Sarah Khalifeh, Noormuz Zaman, Cliff Askey, Anna Hemmings, Dayo Agunbiade, Alex Verner, Tarlok Boyton-Singh, Gabriella Ndenecho, Nuno Albuquerque, Monica Geraghty, James Parker, Tohel Ahmed, Harun Miah, Paula McGranaghan, Gill Burns, Anna Livingston, Richard Fragley, Chris Lovitt, Elizabeth Hamer, Diane Monk, Abdul Azad, Somen Banerjee, Peter Buchman, Phil Greenwood, George Gallagher, Mandie Wilkinson, Bianca Horn, Amanda Troughton, Penny Louch, Rebecca Pritchard, Peter Bentley, Deborah Moonsammy, Georgina Gilmartin.

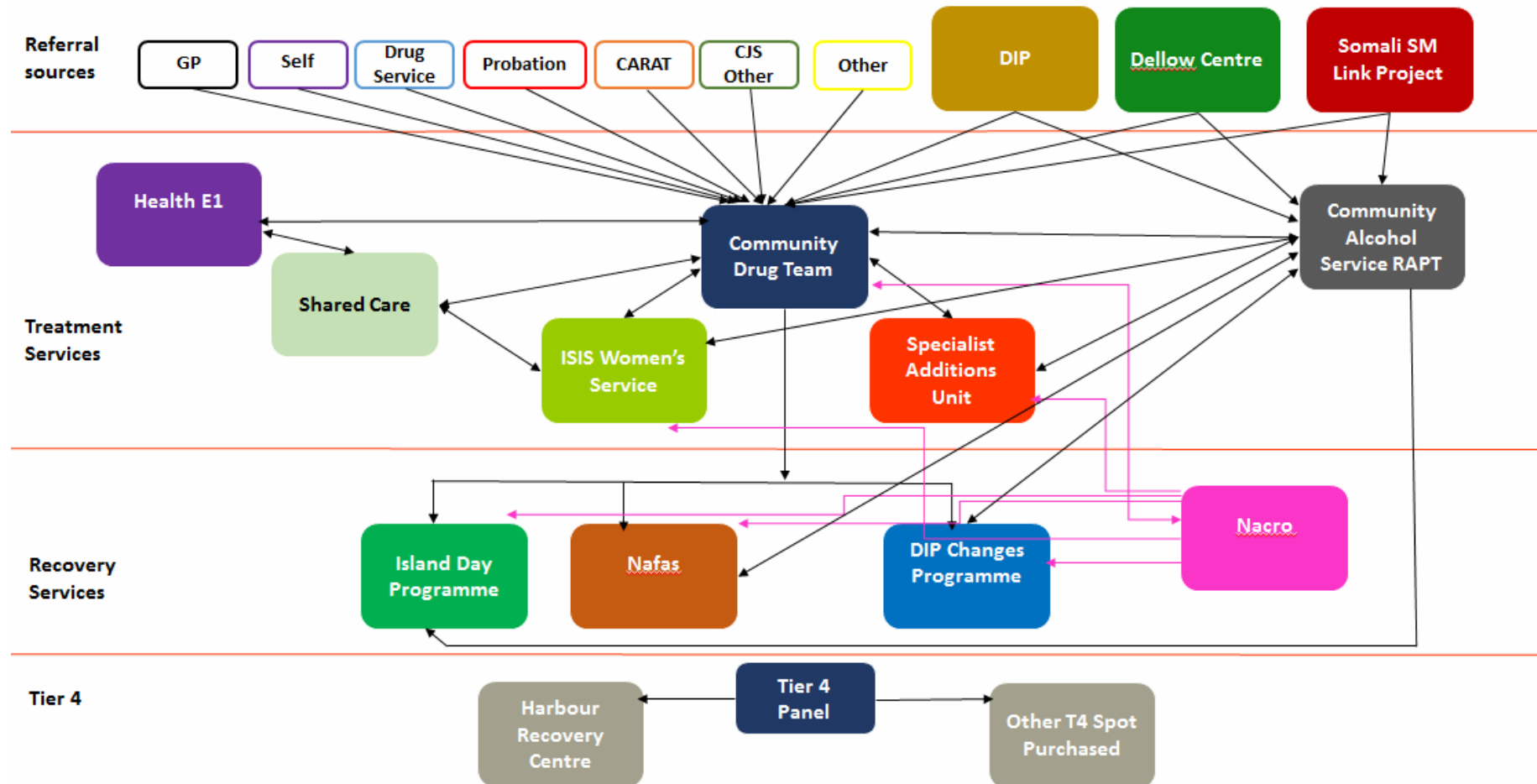
We would also like to thank those service users who completed surveys and service provider teams that supported our research. We also would like to thank service users for their involvement in focus groups and staff teams from CDT and SAU for their involvement in PHE Recovery Workshops.

For further information about Drugs and Alcohol Services, please contact the Drugs and Alcohol Action Team (DAAT) on 020 7364 3176

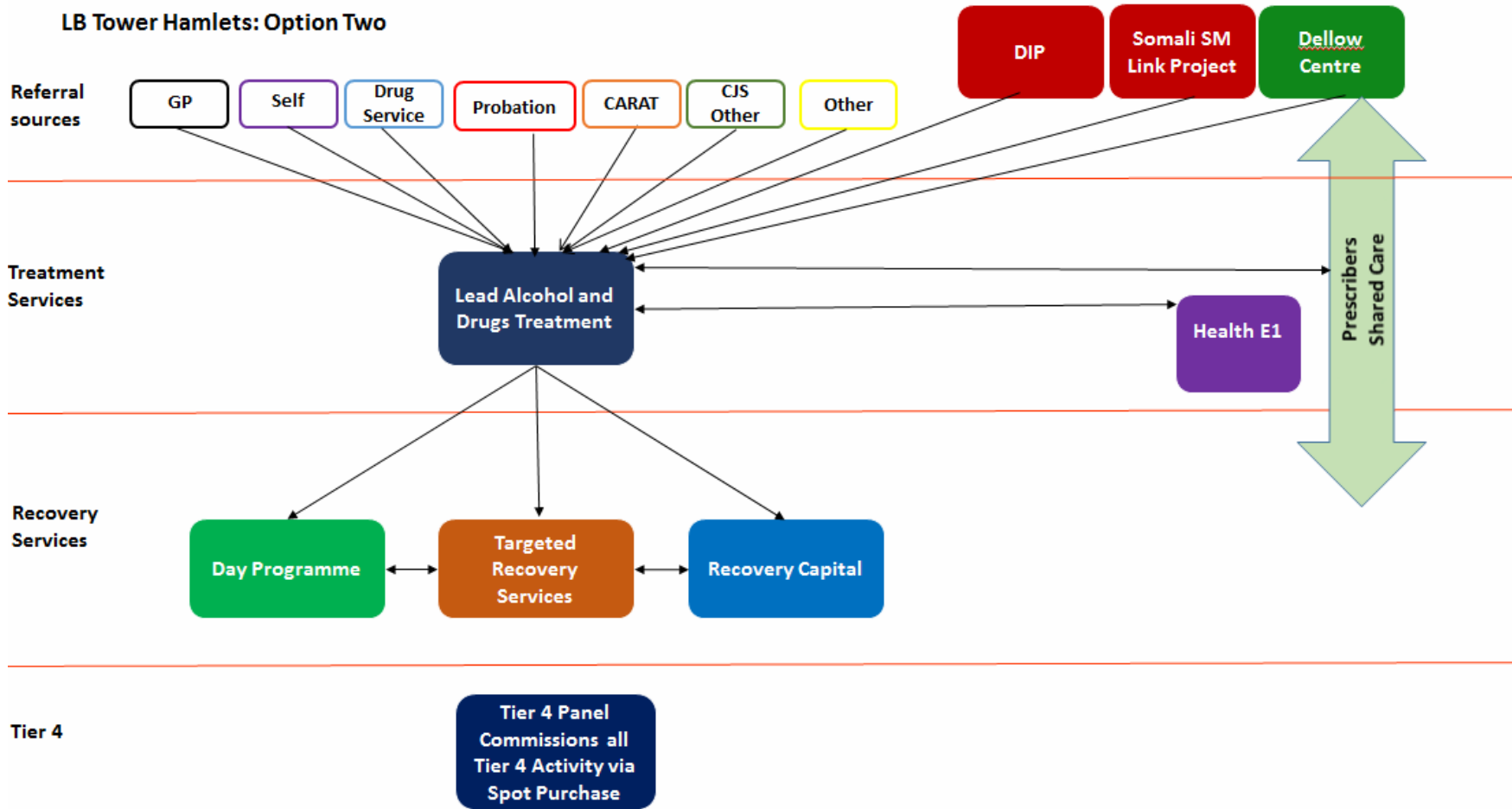


## Appendix 2: LBTH DAAT Treatment Service Options (1 to 4)

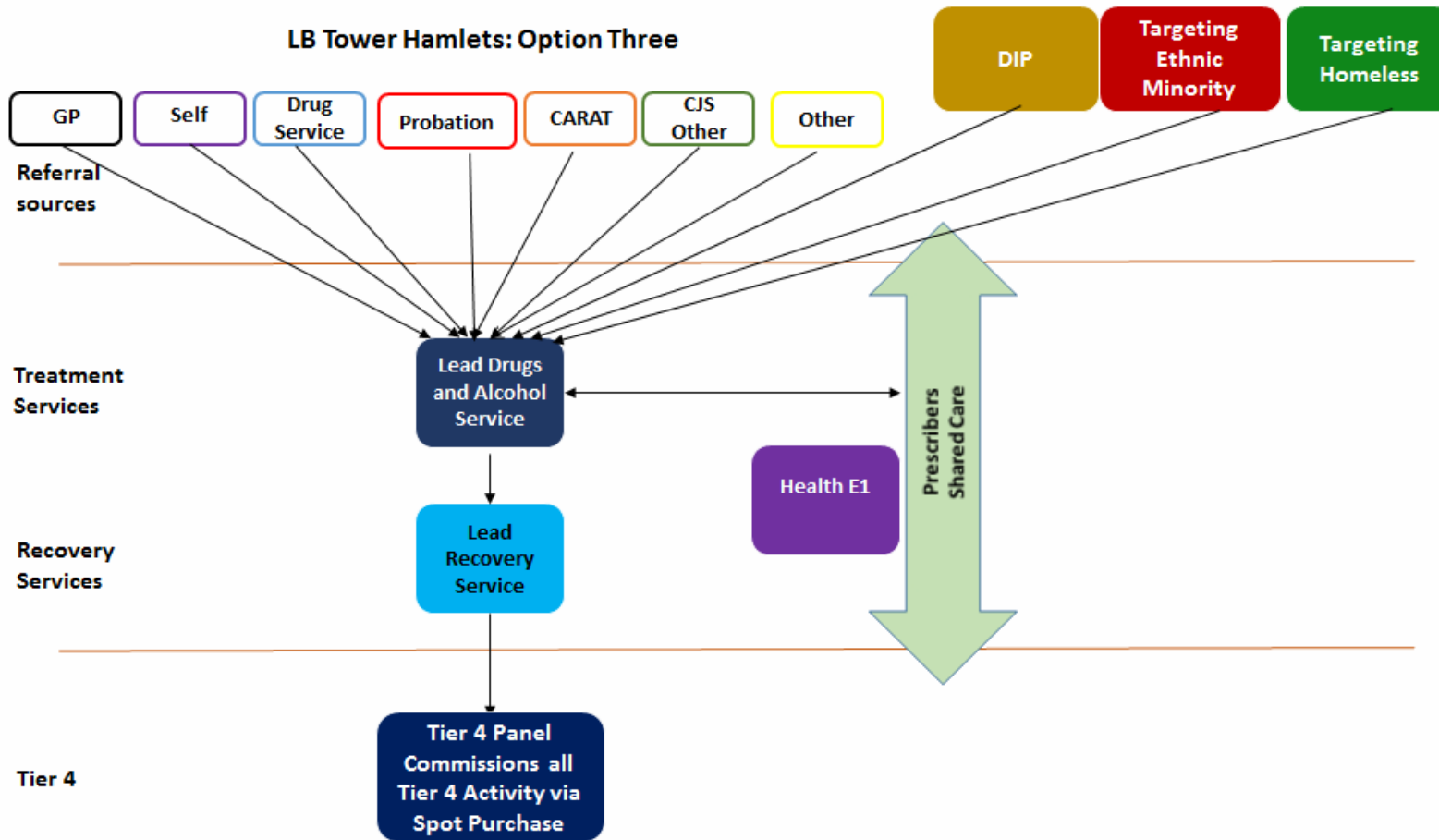
### LB Tower Hamlets: Option One



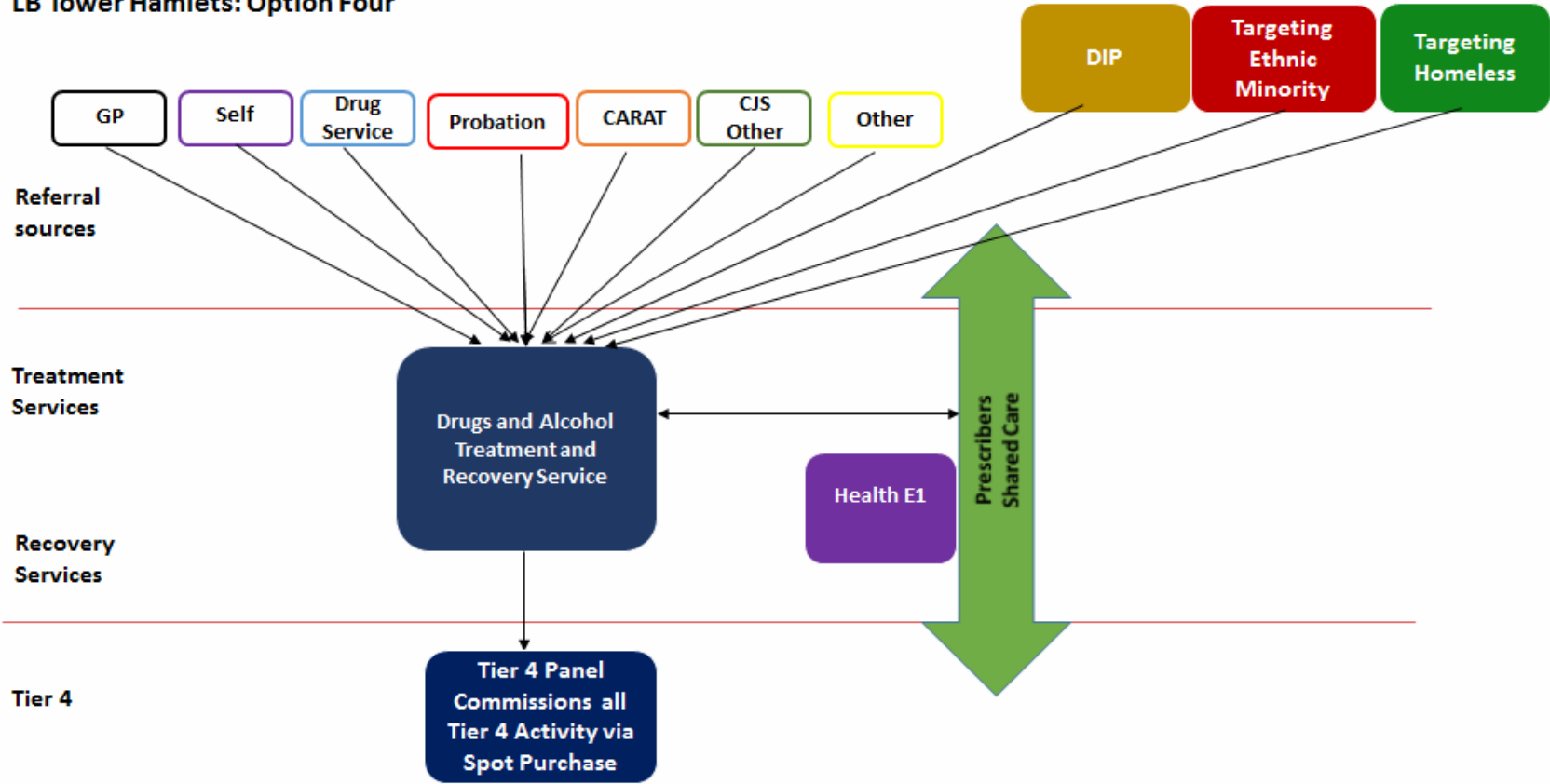
### LB Tower Hamlets: Option Two



### LB Tower Hamlets: Option Three



LB Tower Hamlets: Option Four



DAAT Contract Procurement Timetable

Target dates week commencing

KEY MEETING  
COMPLETE

Phase task unique identifier	Phase 1:	Work Stream [Theme]	Responsibility	Critical Dates/Decisions	Status	Activity	Lead Officer	20-Jan	27-Jan	03-Feb	10-Feb	17-Feb	24-Feb	03-Mar	10-Mar	17-Mar	24-Mar	31-Mar
1.1	Phase 1: Project initiation	Project Preparation	DAAT/OSM		Complete	Finalise Needs Assessment												
1.2	Phase 1: Project initiation	Project Preparation	OSM		Complete	Prepare short presentation (4 slides)												
1.3	Phase 1: Project initiation	Project Preparation	AB/BPH/RS		Complete	Present Needs Assessment to S.Halsey			28/01/2014				25/02/2014					
1.4	Phase 1: Project initiation	Project Preparation	OSM		Complete	Finalise Service Review												
1.5	Phase 1: Project initiation	Project Preparation	OSM/DAAT		Complete	Finalise Options paper section of the service review												
1.6	Phase 1: Project initiation	Project Preparation	DAAT		Complete	Emergency DAAT Board												
1.7	Phase 1: Project initiation	Project Preparation	DAAT/OSM		Complete	Options defined												
1.8	Phase 1: Project initiation	Project Preparation	DAAT/OSM		Complete	Cost impact of options												
1.9	Phase 1: Project initiation	Project Preparation	AB/BPH/RS		Complete	Present Needs Assessment to Lead Members												
1.10	Phase 1: Project initiation	Project Preparation	DAAT		Complete	Disseminate Needs Assessment												
1.11	Phase 1: Project initiation	Project Preparation	OSM/DAAT		Complete	Options Appraisal												Draft 1
1.12	Phase 1: Project initiation	Project Preparation	OSM/DAAT		Complete	Outline re-procured treatment structures												

Phase	Work Stream [Theme]	Responsibility	Critical Dates/Decisions	Status	Activity	Lead Officer	07-Apr	14-Apr	21-Apr	28-Apr	05-May	12-May	19-May	26-May
1.13	Phase 1: Project initiation	Project Administration	DAAT		Emergency DAAT Board		08.04.14							
1.14	Phase 1: Project initiation	Project Administration			Establish Project Board and Project Working Groups									
1.15	Phase 1: Project initiation	Project Administration			Agree Project Delivery Team									
1.16	Phase 1: Project initiation	Project Administration			Establish Meeting dates for Relevant Boards and Team Meetings									
2.1	Phase 2: Project planning	Procurement	OSM/DAAT		Outline service procurement priorities									
2.2	Phase 2: Project planning	Project Consultation			Develop Engagement Plan	NZ								
2.3	Phase 2: Project planning	Project Consultation	DAAT		Provider & Service user Consultation on preferred model	NZ								
2.4	Phase 2: Project planning	Service Premises			Review Treatment Services' Premises Contracts to establish premises strategy & termination notice period required, if necessary & identification of new Service locations									
2.5	Phase 2: Project planning & development	Service Premises			Identify other premises if required									
2.6	Phase 2: Project planning & development	IT			Agree suitable local Service data system and reporting requirements									
2.7	Phase 2: Project planning & development	Contract Development			Agree Contract and specification content requirements									
2.8	Phase 2: Project planning & development	Contract Development	DAAT		Develop Financial Frameworks within agreed budget									
2.9	Phase 2: Project planning & development	Project Administration			Establish project delivery budget & identify financial risks									
2.10	Phase 2: Project planning & development	Contract Development	DAAT		Finalise procurement packages									
2.11	Phase 2: Project planning & development	Contract Development			> Finalise Treatment Option Packages									
2.12	Phase 2: Project planning & development	Contract Development			> Finalise Tier 4 Arrangements									
2.13	Phase 2: Project planning & development	Contract Development			> Finalise Share Care Model									
2.14	Phase 2: Project planning & development	Contract Development	Legal/DAAT		Legal Tests									
2.15	Phase 2: Project planning & development	Contract Development	Pro/DAAT		Procurement Tests									
2.16	Phase 2: Project planning & development													
2.17	Phase 2: Project planning & development	n/a			Purdah									Election
2.18	Phase 2: Project planning & development													
2.19	Phase 2: Project planning & development	Contract Development	DAAT/OSM		Draft Specifications									
2.20	Phase 2: Project planning & development	Contract Development			Develop Method Statements									
2.21	Phase 2: Project planning & development	Contract Development			Develop Performance Monitoring & Reporting Requirements									
2.22	Phase 2: Project planning & development	Contract Development	DAAT/L/P		Verify Specifications and Draft T&C with Legal and Procurement									
2.23	Phase 2: Project planning & development	Project Reporting	DAAT		> Draft report to CMT/DMT/MAB/PAP/Cabinet									
2.24	Phase 2: Project planning & development	Project Reporting			> Draft EqlA for attachment									
2.25	Phase 2: Project planning & development	Project Reporting			> Report to Andy for Clearance					07.05.14				
2.26	Phase 2: Project planning & development	Project Reporting			> Report to DMT Clerk [Publication]							12.05.14		
2.27	Phase 2: Project planning & development	Project Reporting	DAAT		DMT: DAAT Commissioning Intentions							15.05.14 M		
2.28	Phase 2: Project planning & development	Project Reporting			> Report to Robin							15.05.14		
2.29	Phase 2: Project planning & development	Project Reporting			> Report to HoPS [Publication]							n/a		
2.30	Phase 2: Project planning & development	Project Reporting	DAAT		CMT: DAAT Commissioning Intentions									27.05.14 M

Phase	Work Stream [Theme]	Responsibility	Critical Dates/Decisions	Status	Activity	Lead Officer	02-Jun	09-Jun	16-Jun	23-Jun	30-Jun	07-Jul	14-Jul	21-Jul
2.31	Phase 2: Project planning & development	Project Consultation			> Consultation Published									
2.32	Phase 2: Project planning & development	Project Consultation			> Formal Consultation Period [21 Days]									
2.33	Phase 2: Project planning & development	Project Consultation			> Draft Results									
2.34	Phase 2: Project planning & development	Contract Development			Revisions to Model following formal consultation									
2.35	Phase 2: Project planning & development	Project Consultation	DAAT/OSM		Consultation on Model Complete									
2.36	Phase 2: Project planning & development	Project Procurement			Proceed to Procurement Phase									
2.37	Phase 2: Project planning & development	Project Reporting			Competition Board [Runs alongside Cabinet approval process]									
2.38	Phase 2: Project planning & development	Project Procurement	DAAT		Tender Advert and Paperwork Drafted									
2.39	Phase 2: Project planning & development	Project Reporting	DAAT		Papers prepared for Competitions Planning Forum and Board				16.06.14					
2.40	Phase 2: Project planning & development	Project Reporting			Complete tollage 1 form for sign off by Competition Board									
2.41	Phase 2: Project planning & development	Project Procurement			Tender & PQQ Panels Established									
2.42	Phase 2: Project planning & development	Project Procurement			Develop Evaluation Criteria & Scoring Matrix for PQQ									
2.43	Phase 2: Project planning & development	Project Procurement			Advertise Intention to Tender with relevant Materials & PQQ									
2.44	Phase 2: Project planning & development	Project Procurement			Develop Consortium Guidelines									
2.45	Phase 2: Project planning & development	Project Reporting	DAAT		Competition Planning Forum (TG1)				23.06.14					
2.46	Phase 2: Project planning & development	Project Reporting	DAAT		Strategic Competition Board (TG1) - INDEPENDENT DATE FROM CABINET							07.07.14		
2.47	Phase 2: Project planning & development	Project Reporting	DAAT		Cabinet Approval Process									
2.48	Phase 2: Project planning & development	Project Reporting	DAAT		> Report to Andy/Robin/Steve Adams		22.05.14							
2.49	Phase 2: Project planning & development	Project Reporting	DAAT		> Report Deadline to CFO & Legal		02.06.14							
2.50	Phase 2: Project planning & development	Project Reporting	DAAT		> Report Deadline to HoPS									
2.51	Phase 2: Project planning & development	Project Reporting	DAAT		> Report Deadline for Publication			12-13.06.14						
2.52	Phase 2: Project planning & development	Project Reporting	DAAT		MAB: Commissioning Intentions				18.06.14 M					
2.53	Phase 2: Project planning & development	Project Reporting	DAAT		> Report to Andy/Robin/Steve Adams		05.06.14							
2.54	Phase 2: Project planning & development	Project Reporting	DAAT		> Report Deadline to CFO & Legal				16.06.14					
2.55	Phase 2: Project planning & development	Project Reporting	DAAT		> Report Deadline to HoPS				19-20.06.14					
2.56	Phase 2: Project planning & development	Project Reporting	DAAT		> Report Deadline for Publication					26-27.06.14				
2.57	Phase 2: Project planning & development	Project Reporting	DAAT		PAP MEETING 2 July 14						02.07.14			
2.58	Phase 2: Project planning & development	Project Reporting	DAAT		Health & Wellbeing Board: 8 July 14: Commissioning Intentions							08.07.14		
2.59	Phase 2: Project planning & development	Project Reporting	DAAT		Cabinet: Commissioning Intentions							10.07.14 [Deadline: Report]		23.07.14

CRITICAL DATE  
[To allow next

	Phase	Work Stream [Theme]	Responsibility	Critical Dates/Decisions	Status	Activity	Lead Officer	28-Jul	04-Aug	11-Aug	18-Aug	25-Aug	01-Sep	08-Sep	15-Sep	22-Sep	29-Sep	06-Oct	
3.1	Phase 3: Tender & procurement Process	Project Procurement	DAAT			Advert Placed (all packages)	DAAT												
3.2	Phase 3: Tender & procurement Process	Project Procurement	DAAT			Tendering period (P1 PQQ)	DAAT												
3.3	Phase 3: Tender & procurement Process	Project Procurement	DAAT			Tendering period (P2 Full tender)	DAAT												
3.4	Phase 3: Tender & procurement Process	Project Procurement	DAAT/L/P			Tender evaluation	DAAT/L/P												
3.5	Phase 3: Tender & procurement Process	Project Procurement				Panel Tender Approval & Contract Award Recommendation													
3.6	Phase 3: Tender & procurement Process	Project Reporting	DAAT			Draft Tollgate 2 form in preparation for Competition Planning Board													
3.7	Phase 3: Tender & procurement Process	Project Consultation	DAAT/L/P			Interviews/contract assessment meetings/inc service user engagement	DAAT/L/P												

	Phase	Work Stream [Theme]	Responsibility	Critical Dates/Decisions	Status	Activity	Lead Officer	20-Oct	27-Oct	03-Nov	10-Nov	17-Nov	24-Nov	01-Dec	08-Dec	15-Dec	22-Dec	29-Dec	
4.1	Phase 4: Contract Award & Mobilisation	Project Reporting	DAAT			Mayor and lead member updated	DAAT												
4.2	Phase 4: Contract Award & Mobilisation	Project Reporting	DAAT			Competition Planning Forum (TG2)	DAAT		27/10/2014										
4.3	Phase 4: Contract Award & Mobilisation	Project Reporting	DAAT			Strategic Competition Board (TG2)	DAAT				10/11/2014								
4.4	Phase 4: Contract Award & Mobilisation	Project Reporting	DAAT			DMT: Decision Report: approval to move forward	DAAT	16.10.14	30.10.14										
4.5	Phase 4: Contract Award & Mobilisation	Project Reporting	DAAT			CMT: Decision Report: approval to move forward	DAAT		28.10.14	11.11.14									
4.6	Phase 4: Contract Award & Mobilisation	Project Reporting	DAAT			MAB: Decision Report: approval to move forward						19.11.2014							
4.7	Phase 4: Contract Award & Mobilisation	Project Reporting	DAAT			Cabinet: Decision Report: approval to move forward													07/01/2015
4.8	Phase 4: Contract Award & Mobilisation	Project Procurement				Stand Still / Call in													
4.9	Phase 4: Contract Award & Mobilisation	Project Procurement	DAAT/L/P			Contract Award	DAAT/L/P												
4.10	Phase 4: Contract Award & Mobilisation	Project Procurement	Providers			Mobilisation date set	Providers												
4.11	Phase 4: Contract Award & Mobilisation	Project Procurement	DAAT/Providers			Contract commencement	DAAT/Providers												

**Other associated activities**


	Work stream IT	Phase 5	Responsibility	Critical Dates/Decisions	Status	Activity	Lead Officer												
5.1						Agree Service Data Requirement & Systems													
5.2						Ensure premises is IT Ready													
5.3						Service Data Transfer													
	Work stream HR	Phase 6	Responsibility	Critical Dates/Decisions	Status	Activity	Lead Officer												
6.1						TUPE Process Initiated													
6.2						TUPE Arrangements Finalised													
	Work stream Communication & Marketing	Phase 7	Responsibility	Critical Dates/Decisions	Status	Activity	Lead Officer												
7.1						Develop Communication Strategy													
7.2						Agree Treatment Service Branding													
7.3						Develop Launch Strategy													







## EQUALITY ANALYSIS QUALITY ASSURANCE CHECKLIST

<b>Name of 'proposal' and how has it been implemented</b> (proposal can be a policy, service, function, strategy, project, procedure, restructure/savings proposal)	<b>DAAT Commissioning Intentions</b>
<b>Directorate / Service</b>	<b>CLC, Safer Communities, DAAT</b>
<b>Lead Officer</b>	<b>Rachael Sadegh, DAAT Coordinator</b>
<b>Signed Off By (inc date)</b>	<b>Andy Bamber</b>
<b>Summary – to be completed at the end of completing the QA (using Appendix A)</b> (Please provide a summary of the findings of the Quality Assurance checklist. What has happened as a result of the QA? For example, based on the QA a Full EA will be undertaken or, based on the QA a Full EA will not be undertaken as due regard to the nine protected groups is embedded in the proposal and the proposal has low relevance to equalities)	<p><b>Example</b></p> <p> <b>Proceed with implementation</b></p> <p>As a result of performing the QA checklist, this report does not appear to have any adverse effects on people who share <i>Protected Characteristics</i> and no further actions are recommended at this stage.</p> <p>After a proposed model for procurement is agreed, further consultation will take place and an Equality Analysis will be attached to a report regarding DAAT re-procurement.</p>

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Stage	Checklist Area / Question	Yes / No / Unsure	Comment (If the answer is no/unsure, please ask the question to the SPP Service Manager or nominated equality lead to clarify)
<b>1</b>	Overview of Proposal		

a	Are the outcomes of the proposals clear?	Yes	The report seeks the approval of MAB to endorse the approach set out regarding the re-procurement of all substance misuse treatment provision. The report asks for MAB to consider the recommendation made by the DAAT Board regarding Option 3 and indicate a MAB preferred option.
b	Is it clear who will be or is likely to be affected by what is being proposed (inc service users and staff)? Is there information about the equality profile of those affected?	Yes	The report asks for MAB to consider the recommendation made by the DAAT Board regarding Option 3 and indicate a MAB preferred option. The indication of a preferred option will inform the re-procurement process, which will include stakeholder consultation.  Further equalities consideration will take place during the development of the re-procurement process.
<b>2</b>	<b>Monitoring / Collecting Evidence / Data and Consultation</b>		
a	Is there reliable qualitative and quantitative data to support claims made about impacts?	N/A	The report asks for MAB to consider the recommendation made by the DAAT Board regarding Option 3 and indicate a MAB preferred option. Further equalities consideration will take place during the development of the re-procurement process.
	Is there sufficient evidence of local/regional/national research that can inform the analysis?	Yes	The service has data on the current service users' equalities data (all 9 protected characteristics). The planned consultation will provide further equalities data of stakeholders.
b	Has a reasonable attempt been made to ensure relevant knowledge and expertise (people, teams and partners) have been involved in the analysis?	Yes	There has been extensive consultation undertaken regarding treatment provision in the Borough with commissioners, providers, service users and other stakeholders. When a proposed model for procurement is agreed, there will be further consultation and equality assessment.
c	Is there clear evidence of consultation with stakeholders and users from groups affected by the proposal?	Yes	When a proposed model for procurement is agreed, there will be further consultation and equality assessment.
<b>3</b>	<b>Assessing Impact and Analysis</b>		
a	Are there clear links between the sources of evidence (information, data etc) and the interpretation of impact	N/A	When a proposed model for procurement is agreed, there will be further consultation and equality assessment.

	amongst the nine protected characteristics?		
b	Is there a clear understanding of the way in which proposals applied in the same way can have unequal impact on different groups?	Yes	The service is aware that a number of groups require the service, in addition to the groups that have been successfully engaged. A more flexible approach, which may be achieved by re-procurement, may respond to the needs of the emerging groups.
<b>4</b>	<b>Mitigation and Improvement Action Plan</b>		
a	Is there an agreed action plan?	N/A	A procurement project timetable is attached to the report (Appendix 2). MAB is requested to note the timescale.
b	Have alternative options been explored	Yes	The report includes 4 options. Option 3 was unanimously recommended by the DAAT Board.
<b>5</b>	<b>Quality Assurance and Monitoring</b>		
a	Are there arrangements in place to review or audit the implementation of the proposal?	Yes	After a proposed model for procurement is agreed, re-procurement will be overseen by competition Board and the DAAT Board.  The procurement project timetable (Appendix 2) identifies the re-procurement process.
b	Is it clear how the progress will be monitored to track impact across the protected characteristics??	Yes	A procurement project timetable is attached to the report (Appendix 2).
<b>6</b>	<b>Reporting Outcomes and Action Plan</b>		
a	Does the executive summary contain sufficient information on the key findings arising from the assessment?	N/A	

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# Agenda Item 7.1

<b>Cabinet</b> 23 July 2014	 <b>TOWER HAMLETS</b>
<b>Report of:</b> Chris Holme, Interim Corporate Director of Resources	<b>Classification:</b> Unrestricted
<b>Strategic and Resource Planning 2015-16</b>	

<b>Lead Member</b>	<b>Cllr Alibor Choudhury (Cabinet Member for Resources)</b>
<b>Wards affected</b>	<b>All</b>
<b>Community Plan Theme</b>	<b>One Tower Hamlets</b>
<b>Key Decision?</b>	<b>Yes</b>

## **1 SUMMARY**

- 1.1 On 6 March 2014, the Council agreed a balanced budget for 2014/15 and a Medium Term Financial Plan (MTFP) that showed a budget gap of £28.4m in 2015/16 and a further £39.0m in 2016/17.
- 1.2 In the first quarter of the financial year, the position for 2014/15 is projected to be broadly balanced, although cost pressures relating to adult social care have been identified and are being contained. Agreed savings targets for 2014/15 are on schedule to be delivered.
- 1.3 This report reviews the assumptions around the 2015/16 financial position with particular focus on:
  - the level of savings required to deliver a balanced budget;
  - progress to date in identifying savings opportunities
  - next steps in the process to deliver a balanced budget
- 1.4 The Outline Strategic Plan for 2014/15 was agreed by Cabinet in January 2014. The more detailed delivery plan for 2014/15 has now been developed to reflect the budget agreed in March and the manifesto commitments of Mayor Lutfur Rahman elected in May. This Strategic plan 2014/15 is attached as Appendix 1 to this report.
- 1.5 There have been no new government announcements or internal issues that require a change to the 2015/16 budget position, therefore the MTFP requires that savings of £28.4m will need to be identified to deliver a balanced budget. These assumptions will be constantly reviewed as the MTFP is further refined and reported to Cabinet over the coming months.

- 1.6 The 2013 spending review (SR13) set out government spending plans up to 2015/16; however, despite signs of continued economic recovery, deficit reduction plans are likely to be extended and austerity measures are projected to continue until the end of the decade. This is likely to mean further annual savings in the region of £25m-£40m from 2016/17 onwards. As a result, work is also underway to review, update and extend the current MTFP to 2018/19 and this will be reported back to Cabinet in the autumn.

## **2 RECOMMENDATIONS**

The Mayor in Cabinet is recommended to:

- 2.1 Note the budget position for 2014/15.
- 2.2 Agree the Strategic Plan for 2014/15 (Appendix 1).
- 2.3 Note that the financial outlook for 2015/16 remains unchanged from what was reported in March 2014 and savings of £28.4m will be required to deliver a balanced budget for that year.
- 2.4 Note that the financial position is subject to volatility and that developments in Government policy and their implications on MTFP planning assumptions will be monitored closely and reported back at regular intervals during the financial year as part of the budget process.
- 2.5 Note that current budget assumptions will be refreshed and that the MTFP will be extended to include projections for 2017/18 and 2018/19 as further iterations are reported to Cabinet.

## **3 REASONS FOR THE DECISIONS**

- 3.1 The authority is under a duty to set a balanced and sustainable budget and needs to plan the use of resources in such a way that it can deliver its statutory responsibilities and priorities as well as meeting local people's aspirations.
- 3.2 A Medium Term Financial Plan is required to enable financial pressures and risks to be modelled, allowing resourcing decisions to be made in a planned and structured manner. This is especially pertinent when overall resources are reducing, and unaffordable spending commitments need to be avoided.

## **4 ALTERNATIVE OPTIONS**

- 4.1 The authority has no practical alternative other than to deliver services within available resources while ensuring value for money in the use of these resources and managing risks through effective financial planning. Any decision not to develop options to address future spending reductions would have serious ramifications for the Council. The authority can take alternative approaches to how it sets about the process, for example of finding savings or providing in the budget for possible risks.

## **5 BACKGROUND**

- 5.1 The medium term financial planning process is an essential part of the authority's resource allocation and strategic service planning framework. The MTFP integrates strategic and financial planning over a three year period. It translates the Strategic Plan priorities into a financial framework that enables the Mayor and officers to ensure policy initiatives can be delivered within available resources, and can be aligned to priority outcomes.

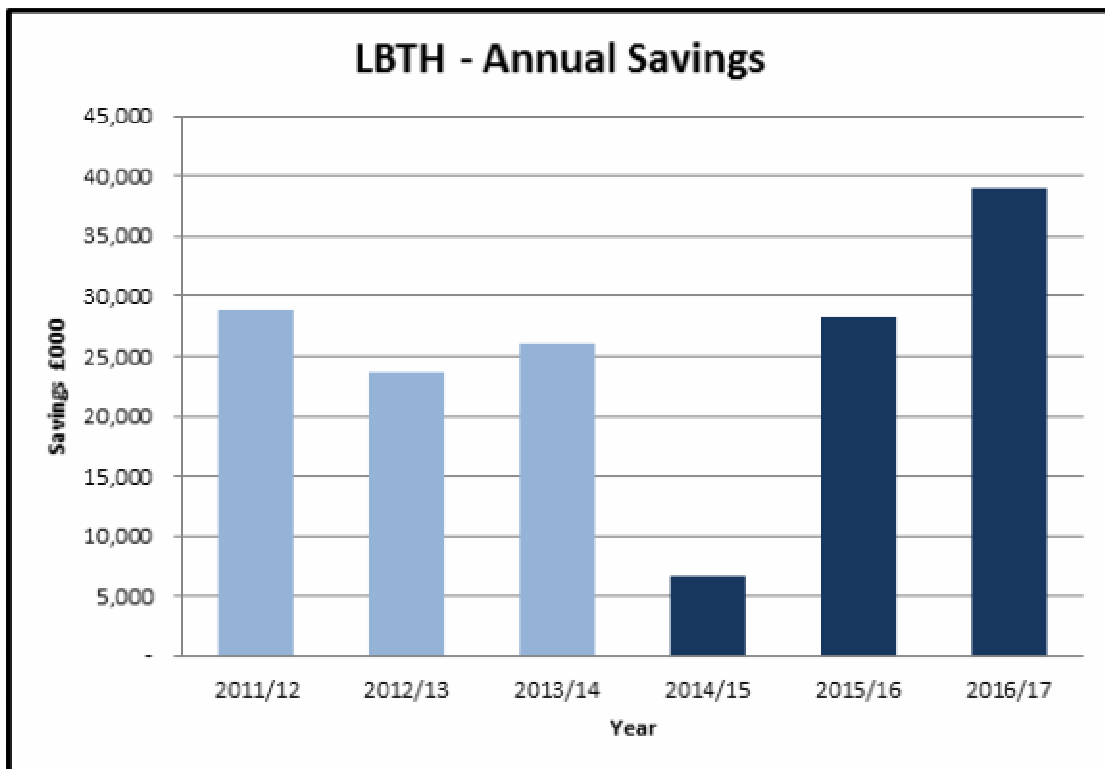
5.2 The drivers for the Council's financial strategy are:

- To set a balanced budget over the life of the MTFP whilst protecting residents from Council Tax increases as far as possible.
- To fund priorities agreed within the Strategic Plan and Mayor's Manifesto, ensuring that service and financial planning delivers these priorities.
- To deliver a programme of planned reviews and savings initiatives designed to keep reductions to service outcomes for residents to a minimum
- To maintain and strengthen the authority's financial position so that it has sufficient reserves and balances to address any future risks and unforeseen events without jeopardising key services and delivery of service outcomes for residents.
- Ensuring the Council maximises the impact of its spend to deliver priority outcomes.

5.3 Since 2011/12 in face of unprecedented reductions in Government funding and increasing demand on services, the need to make savings has dominated the Council's financial planning process.

5.4 During the three financial years from 2011/12 to 2013/14 the Council has successfully delivered savings in the region of £25m each year to ensure it has a balanced budget. Fiscal consolidation at a national level through deficit reduction policies (austerity) is set to continue for the foreseeable future and the estimated savings requirement in 2015/16 and beyond, even after planned use of general reserves, is expected to be significantly higher with £29m forecast for 2015/16 and up to £40m per year thereafter.

5.5 This extensive prolonged reduction in resources, with the commensurate requirement to deliver year on year savings, means that effective long term financial planning is essential to ensure that decisions on priorities and savings proposals can be developed and agreed. The chart below shows the councils savings programme between 2011/12 and 2016/17:



- 5.6 The Council agreed a balanced budget for 2014/15 and a Medium Term Financial Plan (MTFP) that showed a budget gap of £28.4m in 2015/16 and a further £39.0m in 2016/17, after use of £24.3m and £14.1m from general reserves in these respective years.
- 5.7 This report confirms the budget position for 2014/15 and begins to explore and address the challenges facing 2015/16. It also attempts to look ahead into 2016/17 and beyond with a commitment to report a more granular analysis by November cabinet.

## **6 STRATEGIC APPROACH**

- 6.1 The Council has a well-embedded approach to strategic and resource planning (SARP). Key priorities are agreed with residents and partners in the Community Plan and these are reflected in a set of strategic objectives in the Council's Strategic Plan, which is annually refreshed.
- 6.2 The Strategic Plan sets out the Council's approach to delivering the key Community Plan priorities of achieving:
- A Great Place to Live
  - A Healthy and Supportive Community
  - A Prosperous Community
  - A Safe and Cohesive Community; and
  - One Tower Hamlets
- 6.3 Notwithstanding the need to manage within a very challenging financial context, the Council remains focused on delivering these key priorities. Specifically the Mayor has made clear those priorities that he wishes to see reflected in the allocation of Council resources, namely:
- Improving the condition of social housing



- Increasing the supply of affordable social housing
  - Maintaining the provision of services for young people
  - Delivering programmes of skills development, employment and enterprise activity
  - Maintaining support to vulnerable adults
  - Minimising the impact on resident household budgets
  - Protecting investment in activity that promotes community safety
- 6.4 In addition to this, the Mayor has also asked officers to fundamentally challenge how the Council delivers its business so that the following principles are embedded in the way we work:
- Employ a workforce that fully reflects the community it serves
  - Ensure its staff are never paid below the London living wage
  - Minimise job losses and promote career development
  - Fully open its supply chain to local suppliers
  - Support the work of our community partners in the delivery of services
- 6.5 In bringing forward his budget for 2014/15, the Mayor set the following principles, which builds on the priorities set in the previous three budgets:
- Protecting the vulnerable and the services residents rely on;
  - Reducing the cost of living for residents;
  - Creating Growth and regeneration
- 6.6 In addition, the Mayor made a number of commitments in his election manifesto, some of which are new since the Outline Strategic Plan was agreed in January, and which are now reflected in the Strategic Plan where they require new action in 2014/15. Recommendations and actions from the Fairness Commission, agreed by Cabinet in April, are now also incorporated within the Strategic Plan.
- 6.7 Key proposed activities for 2014/15 within the context of these key principles and the manifesto commitments are set out in full in the Strategic Plan at Appendix 1 to this report, include:
- Ongoing delivery of affordable family housing and decent Council homes
  - Regeneration and improvement in Robin Hood Gardens, Whitechapel and Poplar
  - Ensuring access to affordable fuel through the Tower Hamlets Energy co-operative
  - Exploring options for increased regulation to improve conditions in the private rented sector
  - Improving parks, open spaces, leisure centres and play facilities
  - New initiatives to enhance resident engagement, particularly at local ward and neighbourhood level
  - Providing free school meals for all primary school children

- Expanding free early education for 2 year olds and raising attainment in early years
- Continuing to increase the number of young people getting 5 good GCSEs and going on to university
- Maintaining investment in youth services and provision for young people
- Maximising adoption opportunities for children in care
- Investing in preventative services to enable more older people to live independently at home
- Assisting more people into work, including through extending our temporary employment agency and through use of our planning and procurement activity
- Working with partners to maintain and improve community safety and reduce anti-social behaviour
- Working with the health service to join up health and social care to improve outcomes for our most vulnerable residents
- Maximising incomes for local people through implementing key recommendations of the Fairness Commission and continuing to mitigate the impact of welfare reform
- Reducing the number of council homes that fall below a decent standard
- Increasing household waste sent for re-use, recycling and composting
- Supporting local businesses and further improving our markets and town centres
- Supporting sustainable local transport, including cycle improvements
- Working in partnership to improve our public realm

6.8 The Strategic Plan presented with this report demonstrates how these key activities will be delivered during 2014/15.

## **7 BUDGET POSITION for 2014/15**

7.1 On 6 March 2014 Full Council agreed a balanced budget for 2014/15. This comprised a net General Fund budget of £293.9m with provisions for growth, inflation, savings and the use of general reserves as follows:

- £7.1m allocated for in year growth pressures
- £4.8m allocated to cover inflationary pressures on contracts
- Savings of £6.7m approved as part the 2013/14 budget process
- A further £2.1m allocated from general reserves to avoid the need for any further savings in 2014/15 and to ensure the budget remains balanced

7.2 During the first quarter, the outlook for 2014/15 remains broadly balanced, although pressures have been identified relating to the increasing cost of adult social care packages combined with a loss of joint care funding from the NHS.

- 7.3 Current projections assume that this pressure can be contained within Directorate cash limits. The position is being closely monitored and any issues will be reported to Cabinet as part of the budget monitoring regime and included in futures updates of the MTFP.
- 7.4 Allocations for Growth and Inflation are being held centrally and will be awarded to directorate budgets as they materialise. The assumptions remain that growth and inflation can be contained within current provisions.
- 7.5 The savings programme is also being closely monitored and is currently reported to be on track to deliver agreed proposals for 2014/15. Any deviation from this position will be reported through the in-year budget monitoring process.

## **8 CURRENT OUTLOOK for the 2015/16 BUDGET**

- 8.1 The Government's autumn statement and subsequent Local Government Finance Settlement announced draft proposals for local government funding in 2015/16. These were incorporated into the MTFP projections for 2015/16 presented to Council on 6 March 2014.
- 8.2 The reported 2015/16 position makes the following key planning assumptions:
- A continued reduction in revenue support grant from 2015/16
  - Local tax base income to increase by approximately 2% over the period of the MTFP
  - Appropriate utilisation of general reserves to mitigate the impacts of the Spending Round whilst ensuring they do not fall below £20m
- 8.3 The summary position for 2015/16, including provisions for other growth and inflation, is detailed in the table below:
- 8.4 The net estimated general fund requirement for 2015/16 is £311.545m with a total funding envelope of £258.859m available through RSG, Council Tax and Business Rates.

<b>Summary Draft Budget 2015-16</b>	<b>2015-16 £'000</b>
<b>Net Service Costs</b>	293,933
Growth	4,271
Inflation	5,500
Other Adjustments	7,841
<b>Total Funding Requirement</b>	311,545
Government Funding	(86,595)
Retained Business Rates	(104,872)
Council Tax	(67,392)
<b>Total Funding</b>	(258,859)
<b>Budget Gap (excluding use of Reserves)</b>	52,686
<b>Use of General Fund Reserves</b>	(24,310)
<b>Savings Required</b>	28,376
	<b>31/03/2016</b>
Balance on General Fund Reserves	34,135

- 8.5 The above and other demographic and service risk assumptions will be reviewed in more detail over the coming months and any significant changes identified, together with appropriate analysis and mitigating actions.
- 8.6 Since there have been no new government announcements affecting 2015/16 and no additional internal pressures identified/confirmed since March 2014 that would necessitate a change to the position above, our working assumption remains that savings of £28.4m will be required to deliver a balanced budget for 2015/16.
- 8.7 As a result, work to identify appropriate savings opportunities continues using the principles and approach detailed in the March budget papers which involves work by directorate management teams, the Think Tank and Corporate Programme Office and under the themes of;
- A leaner workforce through management delayering and other staffing efficiencies
  - Smarter Working and Service Reconfigurations
  - Better use of Assets
  - Income Optimisation
  - Better Buying and contract efficiencies
- 8.8 Further efficiency opportunities to meet the funding gap have been developed for 2015/16. Cabinet is not being asked for a decision to approve these savings at this moment in time, as further work is required in order to gauge the extent and impact of the proposals on residents and other stakeholders. Consultation, including equalities impact assessments, will take place over the summer, and the details will be brought to Cabinet for decision in the autumn.
- 8.9 It is proposed to undertake a programme of public engagement during August and September on the savings proposals and, more generally, on residents' views about local priorities and how the Council can continue to deliver these priorities with a reducing budget. This will feed into the refresh of the Community Plan later this year and final proposals will be brought forward in the 2015/16 budget. The consultation will seek views on savings proposals and their likely impact on services, in particular those with potential impact on groups with protected equality characteristics. The findings of this consultation activity will be presented back to Cabinet to inform final decision making.
- 8.10 The unprecedented scale of government funding reductions will inevitably mean that staffing efficiencies will be a necessary part of any budget strategy for 2015/16, in accordance with existing lean principles.
- 8.11 The proposed timetable for reporting MTFP, Strategic Plan and Budget to Cabinet is as follows:

Month	Activity
October/November	Update planning assumptions Extend MTFP to 2018/19 Provide EQIAs for specific savings opportunities and seek approval for their further development

December/January	2015/16 budget report Outline Strategic Plan 2015/16 Final options for filling the 2015/16 gap
February	Budget setting and report to Full Council
March	Strategic Plan Delivery Plan 2015/16 to Cabinet

## **9 MTFP 2016/17 to 2018/19**

- 9.1 The autumn statement did not provide any detail on spending plans beyond 2015/16, other than an indication that fiscal consolidation will continue until around 2020. This is understandable, as there will be a general election in May 2015, and the next spending review will be conducted immediately afterwards. The current MTFP assumptions are based on government funding reducing on the same trajectory as the past three years, along with projecting Council Tax and NNDR in line with previous trends.
- 9.2 RSG is expected to reduce by approximately 30% year on year, and it is estimated that if this trend continues, RSG could disappear as a funding stream by 2020.
- 9.3 2020 will also see the reset of the business rates base. Unless the way in which the baseline is calculated is changed fundamentally, there is a real danger that Tower Hamlets could lose business rates that had previously been retained, as well as becoming a tariff authority rather than remaining a top-up authority.
- 9.4 Furthermore, there are a number of other factors which could significant impact on the MTFP in 2016/17 and beyond and these include:

### Negative Variables:

- Demographic growth, particularly concerning school pupil numbers and social care client numbers;
- Further reductions in government grant funding
- Implementation of the Care Bill
- Ongoing cost to the Authority of the Welfare reform programme particularly homelessness services.
- Children and Families Bill; will extend the Local authorities responsibility to ensure access to education for young people with SEN from current age limit of 19, up to the age of 25.
- Potential increases in the bank of England base rate, which would increase the cost of borrowing

### Potential positive variables:

- Continued Growth in the borough's domestic and business tax base as a result of on-going development in the borough

### Neutral variables (those which equally may be positive or negative):

- Funding distribution between local authorities, which could either be positive or negative
- Economic variables such as inflation and pay awards, which could go up

or down

- 9.5 These assumptions and their potential impact are currently being reviewed, particularly in relation to 2016/17. They are also being extended to cover 2017/18 and 2018/19 to ensure we continue to have a 3 year MTFP. The outcome of this early stage review will be reported to cabinet by November.

## **10 CAPITAL PROGRAMME AND HOUSING REVENUE ACCOUNT**

- 10.1 During the financial year, the council through its Asset Management Board will review the asset and capital strategy in the context of significant demographic, service and financial changes that are likely between now and 2020. The Key driver for the revised asset strategy is a requirement to consider the long term location of the Town Hall.

## **11 EQUALITIES**

- 11.1 As the budget process develops and plans are presented to Cabinet for approval, appropriate equality impact assessment will be carried out and the results reported.

## **12 COMMENTS OF THE CHIEF FINANCIAL OFFICER**

- 12.1 The comments of the Chief Financial Officer have been incorporated into this report.

## **13 LEGAL COMMENTS**

- 13.1 The report proposes consideration of a revised medium term financial plan. This is a matter that informs the budget process and may be viewed as a related function. It is, in any event, consistent with sound financial management and the Council's obligation under section 151 of the Local Government Act 1972 for the Council to adopt and monitor a medium term financial plan.
- 13.2 The report provides information about risks associated with the medium term financial plan and the budget. This is, again, consistent with the Council's obligation under section 151 of the Local Government Act 1972 to make proper arrangements for the management of its financial affairs. It is also consistent with the Council's obligation under the Accounts and Audit (England) Regulations 2011 to have a sound system of internal control which facilitates the effective exercise of the Council's functions and which includes arrangements for the management of risk. The maintenance and consideration of information about risk, such as is provided in the report, is part of the way in which the Council fulfils this duty.
- 13.3 The Council has a duty as a best value authority under section 3 of the Local Government Act 1999 to "make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness". The Council is required to consult for the purposes of deciding how to fulfil its duty. The consultation proposed in relation to development of the medium term financial plan and budget proposals needs to be carried out having regard to these obligations.
- 13.4 It is proposed that Cabinet agrees the strategic plan for 2014/15. The action plan contains more than 70 targets and hundreds of milestones. The headline targets appear capable of being carried out within the Council's statutory functions, but it will be for officers to ensure that each target is delivered within

those functions, taking advice as necessary.

- 13.5 When considering the medium term financial plan and any savings proposals and the strategic plan, the Council must have due regard to the need to eliminate unlawful conduct under the Equality Act 2010, the need to advance equality of opportunity and the need to foster good relations between persons who share a protected characteristic and those who don't (the public sector equality duty).
- 13.6 The report sets out how equality impacts are going to be addressed in relation to savings proposals in order to ensure that due regard is given in accordance with its public sector equality duty.

#### **14 ONE TOWER HAMLETS CONSIDERATIONS**

- 14.1 The Mayor's priorities to support vulnerable people; delayer management; develop a workforce that more closely reflects our community and; tackle the issues which drive inequality in the Borough, including poor housing, employment and community safety, have shaped the approach officers have taken to identifying savings options. Throughout the process of developing options, officers have and will continue to assess the potential for these proposals to affect equality between people, both residents and staff, through:
- Completing an initial screening assessment of all savings proposals to identify those which are likely to have a direct impact on services received by residents or on the number or grade of staff in a specific service
  - Undertaking an equality analysis of those savings proposals which the screening suggested could have an impact on residents or staff to identify the effect of the proposed changes on equality between people from different backgrounds. These will be completed before Cabinet are asked to agree individual savings proposals.
- 14.2 The steps outlined above have been adopted to ensure that the Council's commitment to tackling inequality informs decision making throughout the strategic and resource planning process and to support transparency. The process also fulfils the Council's obligations under the Equality Act 2010 to show due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people who share specific protected characteristics, including age, disability, gender, marriage and civil partnership, pregnancy and maternity, race, religion/belief, sexual orientation and transgender identity.
- 14.3 The Strategic Plan 2014/15 incorporates the council's Single Equality Framework (SEF) priorities. These priorities were drawn from the Borough Equality Analysis (an annually updated document which draws on research, data from services and the outcome of consultation with local stakeholders to identify the known areas of inequality for people from each of the protected characteristic groups in the borough). Actions to address each of these priorities have been incorporated into the Strategic Plan and supporting key corporate strategies. The full 2014/15 Single Equality Framework (which sets out the action to be taken in relation to each of SEF priorities) will be considered by Cabinet in September.

#### **15 SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT**

- 15.1 The sustainable action for a greener environment implications of individual

proposals in the budget are set out in the papers relating to those proposals.

## **16 RISK MANAGEMENT IMPLICATIONS**

16.1 Managing financial risk is of critical importance to the Council and maintaining financial health is essential for sustaining and improving service performance. Setting a balanced and realistic budget is a key element in this process. Specific budget risks will be reported to Cabinet as the budget process develops.

## **17 CRIME AND DISORDER REDUCTION IMPLICATIONS**

17.1 The crime and disorder implications of individual proposals in the budget are set out in the papers relating to those proposals.

## **18 EFFICIENCY STATEMENT**

18.1 The Council is required to consider the value for money implications of its decisions and to secure best value in the provision of all its services. It is important that, in considering the budget, Members satisfy themselves that resources are allocated in accordance with priorities and that full value is achieved. The information provided by officers on committed growth and budget options assists Members in these judgments.

## **19 APPENDICES**

Appendix 1 – Strategic Plan 2014/15

Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012

LIST OF “BACKGROUND PAPERS” USED IN THE PREPARATION OF THIS REPORT

Brief description of “Background Paper”

None

**Appendix 1**



# Strategic Plan 2014/15

## **Introduction: the 2014/15 context**

This outline Strategic Plan describes the council's overall aims, objectives and the outcomes we want to deliver. The Strategic Plan action plan details the milestones planned in 2014/15 to achieve those outcomes.

The Strategic Plan is informed by the Mayor's key priorities to

- Increase affordable family-sized housing;
- Improve attainment and invest in out of school activities;
- Reduce crime and ASB;
- Tackle worklessness;
- Improve cleanliness and the public realm.

The Strategic Plan 2014/15 takes into account the continued impact of the government's reductions in funding to local authorities. A key area of focus in 2014/15 will be working to design and deliver savings that will be required in future years. The council continues to prioritise front-line services.

### **National Context**

The Coalition Government is continuing to implement significant changes to the services which our local residents rely on. This includes:

- Significant reform of welfare, including reduced entitlements to housing benefit and increased conditions placed upon those seeking to claim unemployment benefits. A key focus for the government in 2014/15 will be working on the implementation of Universal Credit.
- A reduction in local authority remit in key areas, such as education with the continuing encouragement of free schools and academies.
- New expectations and requirements in a range of areas, for example in relation to supporting carers, helping tenants to buy their council property and rights of community groups in relation to planning.

### **Council Finances**

The prolonged real term reduction in public spending faced by local authorities has been a continuing challenge for the council. The 2010 Spending Review and subsequent statements from the Office for Budget Responsibility have seen extensive reductions in central government funding - both revenue and capital. The council has already made good progress in achieving savings, however further cuts now mean that there is a budget reduction of between £93.4 and £108.4 million to achieve in the next three years. The protection of the quality of front line services is a fundamental principle for the Mayor and council.

The council will continue to explore innovative ways in which it can deliver quality services with fewer resources. So far, we have achieved savings through activities such as through greater partnership working, shared services and working more closely with the third sector, as well as investigating revenue raising opportunities.

## **Population growth and change**

The estimated resident population of Tower Hamlets is 263,000. Over recent years, the borough has seen the highest population growth in the country.

Tower Hamlets remains a relatively young borough, with almost half of the recent population rise concentrated in the 25-35 age range. The profile of the borough is one of increasing diversity, with 41% of the population born outside of the UK. There are sizeable Bangladeshi (32%) and White British communities (31%) and an increasing number of smaller ethnic groups in the resident population.

## **Employment and the economy**

Tower Hamlets is one of the highest economic and employment growth areas in the country. There are already over 240,000 jobs in the borough: equating to 1.3 jobs for every working age resident. The economy has important financial, communication and retail sectors with 81% of all employment in the borough based in Canary Wharf and the City Fringe.

Supporting residents to benefit from the borough's strong economy is still a key challenge. Only 15% of jobs within the borough are taken by local people.

Although the borough's employment rate is the highest it has been for ten years, Tower Hamlets remains significantly below London averages on key employment indicators. Maintaining effective employment services, to support more local residents into employment, will be central to maintaining an upward trend in local employment.

Work with local business, including small and medium enterprises (SMEs), to create growth remains an important priority. This will be supported by a range of measures including business engagement events, town centre development, marketing campaigns and local procurement initiatives.

## **Education**

Outcomes for local children and young people continue to improve. Local Key Stage 2 and GCSE results are now consistently above national averages. The Mayor's Education Award has helped more young people continue in education post 16 and A Level grades are getting better year-on-year.

## **Housing and Environment**

A fast growing population, low income levels for many households and high house prices makes housing a key challenge for the borough. The borough has a strong track record of building large numbers of affordable homes for residents – amongst the best in the country.

Despite this, housing need and demand continue to increase. For example, there are around 20,000 households on the housing waiting list with over 7,500 of these overcrowded. On average around 2,200 properties become available each year.

In addition, the Government's welfare reform changes are really taking effect. Many households have had their income reduced and there has been a rise in residents seeking advice: both to understand how the changes will affect them, and to get support in mitigating the impact of the reforms.

The Local Development Framework sets out the extensive physical renewal that is planned to meet the needs of the borough's growing population in the medium and longer term. Innovative developments are planned for the borough, which include housing and new facilities such as schools, transport links and parks.

### **Health and Care**

Despite strong progress in recent years, improving healthy life outcomes for residents remains a key priority in the Strategic Plan. Eight out of ten residents report that their health is good or very good; however, the proportion citing poor health is the fourth highest in London.

Health inequalities begin early and Tower Hamlets has one of the highest rates of childhood obesity in the country. The successful integration of public health functions into the council during 2012/13 provides a strong platform for further health improvements across all ages.

Social care is a strong local and national priority. In recent years, Tower Hamlets has focused on safeguarding and transforming social care services by giving users more choice and control. Nationally, the Care Bill sets out a number of significant changes the council will need to focus upon including reform of how support is accessed and funded. Work to support the further integration of health and care locally will be taken forward by the Health and Wellbeing Board.

### **Inequality and fairness**

Underpinning the objectives of the Strategic Plan is the theme of One Tower Hamlets – reducing inequality, fostering community cohesion and supporting strong local leadership.

The effects of the economic downturn, coupled with the loss of funding for many public services, means that the council is operating in an environment in which there are risks that inequality will grow rather than reduce in the borough. In 2012 the council established an independent Fairness Commission. The Commission reported in September 2013 and made a number of recommendations focused upon issues of inequality relating to money, jobs and homes.

The Commission recommended several ways of tackling the underlying causes of inequality in the borough, in order to make Tower Hamlets fairer. The challenge for the council and its partners, over the next year, is to work together to develop actions and approaches to take these recommendations forward.

### **Single Equality Framework**

The Strategic Plan 2014/15 incorporates the council's Single Equality Framework (SEF) priorities. The SEF sets out the council framework for tackling inequality and promoting cohesion and incorporates an analysis of inequality in the borough.

To ensure that we are able to track performance against our equality objectives for 2014/15 we have identified a set of equality performance measures. These include existing performance measures that relate to equality and measures which will be disaggregated by specific equality strands where we need to narrow the gap in terms of outcomes for specific groups. This approach demonstrates that we are meeting the requirements of the Public Sector Equality Duty to prepare and publish objectives which demonstrate how the organisation will meet the aims of the Duty. The SEF

measures are highlighted with an \*.

## **From vision to performance**

The Mayor and our partners have a clear vision for the borough *to improve the quality of life for everyone living and working in Tower Hamlets*. It is a vision that has been agreed by partners in the Tower Hamlets Partnership.

As part of this vision the Mayor developed a set of pledges which are articulated through the **Five Themes** of the Community Plan:

**A Great Place to Live** - Tower Hamlets will be a place where people live in quality affordable housing, located in clean and safe neighbourhoods served by well-connected and easy to access services and community facilities.

**A Prosperous Community** - Tower Hamlets will be a place where everyone, regardless of their background and circumstances, has the aspiration and opportunity to achieve their full potential through education and vibrant local enterprise.

**A Safe and Cohesive Community** - Tower Hamlets will be a safer place where people feel safer, get on better together and difference is not seen as threat but a core strength of the borough.

**A Healthy and Supportive Community** - Tower Hamlets will be a place where people are supported to live healthier, more independent lives and the risk of harm and neglect to vulnerable children and adults is reduced.

**One Tower Hamlets** – Tower Hamlets will be a place where everyone feels they have an equal stake and status. We are committed to reducing inequalities, supporting cohesion and providing strong community leadership.

## **Strategic Priorities**

Sitting underneath the Strategic Plan's five themes are the council's strategic priorities. These priorities set out more explicitly the organisation's key objectives for the next year.

### **A Great Place to Live**

- 1.1: Provide good quality affordable housing
- 1.2: Maintain and improve the quality of housing
- 1.3: Improve the local environment and public realm
- 1.4: Provide effective local services and facilities
- 1.5: Improve local transport links and connectivity
- 1.6: Develop stronger communities

### **A Prosperous Community**

- 2.1: Improve educational aspiration and attainment
- 2.2: Support more people into work
- 2.3: Manage the impact of welfare reform on local residents
- 2.4: Foster enterprise and entrepreneurship

### **A Safe and Cohesive Community**

- 3.1: Focus on crime and anti-social behaviour
- 3.2: Reduce fear of crime
- 3.3: Foster greater community cohesion

### **A Healthy and Supportive Community**

- 4.1: Reduce health inequalities and promote healthy lifestyles
- 4.2: Enable people to live independently
- 4.3: Provide excellent primary and community care
- 4.4: Keep vulnerable children, adults and families' safer, minimising harm and neglect

### **One Tower Hamlets**

- 5.1: Reduce inequalities
- 5.2: Work efficiently and effectively as One Council

## **Key Activities and Initiatives**

The next section of this outline plan sets out the key activities and initiatives we propose to carry out in 2014/15 to enable us to deliver our vision and strategic priorities. The Strategic Plan Action Plan sets out further detail on these activities, including the more specific milestones planned in 2014/15.

## **A Great Place to Live**

A Great Place to Live reflects the Council's continuing ambition to make Tower Hamlets a place where people are proud to live, work and visit.

In 2014/15 we will endeavour to maximise the number of new affordable homes delivered, increase the number of existing homes that meet the Decent Homes Standard and tackle fuel poverty. We will also continue to focus on securing transparent service charges for leaseholders and ensuring that Registered Providers deliver on their service agreements.

The council will maintain its leading role on significant regeneration developments, including at Blackwall Reach and in Whitechapel. Improving our public realm and maintaining our rich heritage for future generations will remain a key focus. The council will also take further steps to enhance its library and lifelong learning service, as well as our leisure facilities.

A key priority is to respond effectively to continuing housing and welfare reform, including homelessness prevention, as we seek to mitigate the impact on our residents.

### **In 2014/15 our priorities are to:**

#### *Provide good quality affordable housing:*

- Increase the availability of affordable family sized housing
- Deliver regeneration at Robin Hood Gardens and the Ocean Estate
- Lead regeneration in Poplar
- Deliver housing, a leisure centre and community facilities at Poplar Baths / Dame Colet house
- Seek to mitigate homelessness and improve housing options
- Plan effectively to deliver high volumes of affordable housing and funding for infrastructure (including provisions for healthcare and education)

#### *Maintain and improve the quality of housing:*

- Reduce the number of council homes that fall below a decent standard
- Improve the quality of housing services
- Identify and target sub-standard homes and work with landlords, or enforce where required, to improve conditions
- Offer affordable fuel options through the Tower Hamlets Energy Community Power (Energy Cooperative)

#### *Improve the local environment and public realm:*

- Progress the Carbon Reduction Plan for council buildings
- Protect and improve the local environment
- Work in partnership to improve our public realm
- Increase household waste sent for reuse, recycling and composting
- Improve our parks, playgrounds and open spaces

*Provide effective local services and facilities:*

- Manage national planning changes effectively to deliver local priorities
- Further improve our markets
- Adopt the Tower Hamlets local Community Infrastructure Levy (CIL)
- Deliver the Whitechapel Masterplan
- Deliver a multi-faith burial ground

*Improve local transport links and connectivity:*

- Support sustainable local transport including cycle improvements

*Develop stronger communities:*

- Engage residents and community leaders in policy and budget changes
- Implement a framework for engagement of borough-wide equality forums in the Partnership
- Deliver locally appropriate services through the 4 Locality Hubs
- Develop further the Local Community Ward Forums and the Community Champions Programme



## A Prosperous Community

We aim to create a Tower Hamlets in which everyone, regardless of their background and circumstances, has the aspiration and opportunity to achieve their full potential.

Tower Hamlets aims to maintain its excellent performance in school improvement, supported by a strong local education authority and active parents and governors. The council will continue to invest in supporting young people across all ages.

Fostering enterprise and employment is a key priority for the council. It is important that we continue to drive local economic growth by working effectively with business, including small and medium enterprises. Supporting more local people into jobs through effective employment services is also essential.

As the Government seeks to introduce its Universal Credit system, the council will maintain its support to residents through national welfare reform. An extensive programme of information and awareness raising, supported by employability and other assistance for residents, will remain important throughout 2014/15.

### **In 2014/15 our priorities are to:**

#### *Improve educational aspiration and attainment:*

- Ensure sufficient places are provided to meet the need for statutory school places
- Expand free early years education places of high quality for disadvantaged two-year-olds
- Raise attainment and narrow the gap between the lowest 20% and the median of all children at the end of the Early Year's Foundation Stage Profile (EYFSP)
- Increase the number of children achieving 5 A\*-C grades including English and maths grades at GCSE
- Bring A Level results above the national average
- Embed a Child Rights Approach in all of our commissioning for 2014-15
- Assist more people into further education and to university, and continue to deliver the Mayor's Educational Allowance (MEA) and the Mayor's Higher Education Award (MEHEA)
- Maintain investment in youth services and provision for young people
- Provide effective support for parents and governors

#### *Support more people into work:*

- Support residents into jobs through employment and skills programmes
- Provide high quality support and training to assist young people into sustainable employment
- Maximise local employment and economic benefits from the council's procurement and planning processes
- Support English for Speakers of Other Languages (ESOL)

#### *Manage the impact of welfare reform on local residents and maximising incomes:*

- Implement the Welfare Reform Temporary Accommodation Support Fund
- Optimise use of existing funding and maximise prospects for future funding
- Drive the ongoing partnership wide programme around welfare reform

*Fostering enterprise and entrepreneurship:*

- Support local businesses
- Work collaboratively across London to enhance investment and opportunity

## Safe and Cohesive Community

Ensuring that everyone feels safe and confident in their homes and on the streets of Tower Hamlets remains a key Mayoral priority. There will be a continued focus on crime and anti-social behaviour, with effective and visible enforcement.

The council will continue to invest in Police Officers and uniformed THEOs. We also recognise the need to go beyond simply tackling crime and ASB to also address people's fear of crime and perceptions of personal safety through better information, community engagement and an improved local environment.

Tower Hamlets is rightly proud of its diversity. The council remains committed to bringing all of its communities together to foster understanding, support cohesion and build 'One Tower Hamlets'. Supporting events which celebrate the diversity of the borough and its people plays an important role in this respect.

### **In 2014/15 our priorities are to:**

#### *Focus on crime and anti-social behaviour:*

- Deliver the partnership 'Violence Against Women & Girls (VAWG) programme
- Manage the night time economy
- With our partners, deliver the Partnership Community Safety Plan
- Work with the Police and Mayor for London to maintain and improve enforcement, CCTV and deployment of local people to improve community safety, including deployment of a mobile police centre

#### *Reduce fear of crime by:*

- Improve the responsiveness and visibility of our ASB services

#### *Foster greater community cohesion:*

- Celebrate our diversity with community events every month
- Deliver the Mayor's One Tower Hamlets fund scheme

## A Healthy and Supportive Community

Our aim is to support residents to live healthier, more independent lives and reduce the risk of harm and neglect to vulnerable children and adults.

Within this theme, a key emphasis is on promoting healthy lifestyles and ensuring fewer residents require long-term care for avoidable health needs. The council is also committed to protecting the interests of residents in the context of significant health reforms. The successful transfer of public health responsibilities to the council during 2013/14 provides a solid foundation on which to build.

The council is committed to ensuring that Tower Hamlets is one of the top performing councils in the country with responsibility for social services. We will continue to support our most vulnerable residents; Tower Hamlets is the only borough in England that still provides free homecare for example.

### **In 2014/15 our priorities are to:**

#### *Reduce health inequalities and promote healthy lifestyles:*

- Develop and implement a Women and Health employment programme focusing on the priority of Maternity and Early Years
- Support young people to live healthy lives
- Embed integrated governance arrangements through the Tower Hamlets Health and Wellbeing Board to maximise health and wellbeing outcomes
- Use Public Health expertise within a Council and Partnership-wide approach to reduce health inequalities for all sections of the community
- Invest in the borough's leisure centres and playing pitches
- Deliver free school meals for all primary pupils in the borough through supplementing the government's Universal Infant Free School Meals programme
- Work with people with drug and alcohol dependencies to break the cycle of substance misuse

#### *Enable people to live independently:*

- Improve support to carers
- Improve the customer journey by embedding the principles of choice and control
- Enable personalised support for the borough's most vulnerable residents

#### *Provide excellent primary and community care:*

- Deliver integrated working between health and social care

#### *Keep vulnerable children, adults and families' safer, minimising harm and neglect:*

- Work together to protect vulnerable adults
- Provide proportionate support to vulnerable children and families
- Introducing improvements to the adoption system

## One Tower Hamlets

Underpinning the Community Plan vision is the aspiration to build One Tower Hamlets – a borough where everyone feels they have an equal stake and status. We are committed to reducing inequalities, fostering cohesion and supporting strong community leadership.

The over-arching aim of One Tower Hamlets takes on added importance in the context of considerable budget reductions. As part of this, we will work with partners to help address the recommendations arising from the recent Fairness Commission.

This theme also reflects the key projects we are delivering to make our council more lean, flexible and citizen-centred. Over the next year, we intend to better use our assets, work smarter and buy better. The council is developing its partnership arrangements, including a new localised Partnership structure.

### **In 2014/15 our priorities are to:**

#### *Reduce inequalities by:*

- Employ a workforce that fully reflects the community it serves
- Double the number of apprenticeships at the council for disabled residents from 10 to 20 each year
- Coordinate and support the implementation of the recommendations arising from the Tower Hamlets Fairness Commission
- Refresh our strategies around diversity and cohesion
- Ensure that ‘every voice matters’

#### *Work efficiently and effectively as One Council by:*

- Work with managers to improve and reduce staff sickness absence
- Develop the strategic ICT partnership
- Improve revenue collection
- Develop Progressive Partnerships to further the Mayor’s social objectives
- Improve customer satisfaction and value for money
- Make better use of our buildings and other public assets
- Tackle misuse of public assets and generate income from pro-active anti-fraud work
- Prioritise frontline services whilst delivering the council’s budget strategy during a period of declining resources

## Measuring our Performance

We use a basket of performance measures to track whether we are delivering on our strategic priorities. The proposed measures are set out below.

### A Great Place to Live

- Number of affordable homes delivered
- Number of affordable social rented housing completions for families (gross)\*
- Level of homeless prevention through casework\*
- Number of overcrowded families rehoused\*
- Percentage of overall housing stock that is not decent
- Satisfaction with parks and open spaces
- Percentage of household waste sent for reuse, recycling & composting
- Improved street & environmental cleanliness
- Satisfaction with local neighbourhood

### A Prosperous Community

- Early Years Achievement - Percentage of children achieving a Good Level of Development\*
- Percentage of children achieving Level 4+ in Reading, Writing and Maths at Key Stage 2\*
- Achievement of 5 or more A\*- C grades at GCSE or equivalent including English and Maths\*
- Average Point Score per A Level Student (FTE)\*
- Percentage of young people not in education, employment or training (NEET)\*
- Employment rate (gap v London)\*
- Jobseekers Allowance Claimant Count (gap v London)\*
- Number of job starts for Tower Hamlets residents\*
- Child Poverty rate\*

### A Safe and Cohesive Community

*(MPOAC 7 and Community Safety Partnership priority measures – to be confirmed through the CSP planning process)*

- MOPAC 7 crimes (total)
- Burglary Offences
- Robbery Offences
- Theft of a Motor Vehicle Offences
- Theft from a Motor Vehicle offences
- Theft from the Person Offences
- Total number of Violence with Injury Offences (Total, DV only\* and Exc. DV)
- Number of Police ASB CAD (101 & 999) Calls
- Number of Total Notifiable Offences
- Local concern about ASB and Crime
- Number of people killed or seriously injured
- Number of children killed or seriously injured
- Satisfaction with the Police and Community Safety Partnership\*
- Proportion of residents who believe people from different backgrounds get on well together in their local area\*

## **A Healthy and Supportive Community**

- Life expectancy at birth (male/female)\*
- Smoking prevalence (overall)
- Smoking cessation\*
- Under 18 conception
- Excess weight in 4-5 year olds\*
- Percentage of CAF reviews with an improved score
- Proportion of people using social care who receive self-directed support, and those receiving direct payments\*
- Social care-related quality of life\*
- Average time between a child entering care and moving in with its adoptive family
- Percentage of ethnic minority background children adopted\*

## **One Tower Hamlets**

- Proportion of staff that are LP07 or above who have a disability\*
- Proportion of staff that are LP07 or above who are from an ethnic minority\*
- Proportion of staff that are LP07 or above that are women\*
- Working days lost due to sickness absence
- Customer access satisfaction
- Proportion of residents that agree the council involves residents when making decisions
- Proportion of residents that agree the council is doing a good job
- Percentage of council tax collected
- Percentage of non-domestic rates collected

*\*denotes SEF action or performance measure*

<b>A Great Place to Live</b>		
Strategic Priority 1.1: Provide good quality affordable housing		
<b>Activity</b>	<b>Lead Member, Lead Officer and Directorate</b>	<b>Deadline</b>
Increase the availability of affordable family sized housing	Cllr Rabina Khan Jackie Odunoye (D&R)	31/03/2015
<b>Milestone</b>	<b>Lead Officer</b>	<b>Deadline</b>
Meet with developing RPs twice, to agree the number, location, size and timing of their schemes	Jackie Odunoye (D&R)	30/09/2014
Ensure that each planning application has as close to a policy compliant offer of affordable family sized homes	Jackie Odunoye (D&R)	31/03/2015
Meet quarterly with the GLA to discuss progress on grant funded schemes and future bids by RPs/developers in Tower Hamlets	Jackie Odunoye (D&R)	31/03/2015
Participate at all ELHP Chief Officer Groups and the ELHP Board	Jackie Odunoye (D&R)	31/03/2015
Support RPs grant applications to the GLA ensuring that quantum of family homes is maximised and rents are affordable	Jackie Odunoye (D&R)	31/03/2015
Work with RPs and Planning to increase the delivery of affordable housing with the aim of completing 5500 new affordable homes by May 2018	Jackie Odunoye (D&R)	31/03/2015



<b>Activity</b>	<b>Lead Member, Lead Officer and Directorate</b>	<b>Deadline</b>
Deliver regeneration at Robin Hood Gardens and the Ocean Estate	Cllr Rabina Khan	31/03/2015
	Jackie Odunoye (D&R)	
<b>Milestone</b>	<b>Lead Officer</b>	<b>Deadline</b>
Blackwall Reach - Secure reserved matters planning application approval for development phase 1b	Jackie Odunoye (D&R)	31/07/2014
Ocean DH & Newbuild - Manage refurbishment contract defects period and notation of contracts from East Thames	Jackie Odunoye (D&R)	30/09/2014
Blackwall Reach - Ensure completion of 98 new homes on development phase 1a	Jackie Odunoye (D&R)	31/03/2015
Ocean Redevelopment Phase 2 - Progress land assembly, including tenant decants and acquisitions to achieve vacant possession for transfer to East Thames	Jackie Odunoye (D&R)	31/03/2015
<b>Activity</b>	<b>Lead Member, Lead Officer and Directorate</b>	<b>Deadline</b>
Lead regeneration in Poplar	Cllr Rabina Khan	01/03/2015
	Owen Whalley (D&R)	
<b>Milestone</b>	<b>Lead Officer</b>	<b>Deadline</b>
Produce new Ailsa SPD draft for consultation	Owen Whalley (D&R)	01/10/2014
Adopt the Ailsa Street SPD	Owen Whalley (D&R)	01/03/2015
Complete a Masterplan scoping exercise for South Poplar	Owen Whalley (D&R)	01/03/2015

<b>Activity</b>	<b>Lead Member, Lead Officer and Directorate</b>	<b>Deadline</b>
Deliver housing, a leisure centre and community facilities at Poplar Baths / Dame Colett House	Cllr Rabina Khan	31/03/2015
	Ann Sutcliffe (D&R)	
<b>Milestone</b>	<b>Lead Officer</b>	<b>Deadline</b>
6 month review of progress against programme targets	Ann Sutcliffe (D&R)	30/09/2014
Monitor delivery of 100 socially rented housing units	Ann Sutcliffe (D&R)	31/03/2015
Delivery of leisure centre - commencement on site	Ann Sutcliffe (D&R)	31/03/2015
Delivery of a new youth / community centre - commencement on site	Ann Sutcliffe (D&R)	31/03/2015
Complete first phase of housing (milestone / deadline subject to Financial Close)	Ann Sutcliffe (D&R)	31/03/2015
Open youth / community facilities (milestone / deadline subject to Financial Close)	Ann Sutcliffe (D&R)	31/03/2015
<b>Activity</b>	<b>Lead Member, Lead Officer and Directorate</b>	<b>Deadline</b>
Seek to mitigate homelessness and improve housing options	Cllr Rabina Khan	31/03/2015
	Jackie Odunoye, Colin Cormack (D&R)	
<b>Milestone</b>	<b>Lead Officer</b>	<b>Deadline</b>
Improve housing options in the private rented sector - scope project and agree project plan	Jackie Odunoye (D&R)	30/04/2014
Develop proposals for consideration informed by evidence and legal advice	Jackie Odunoye (D&R)	30/06/2014
Produce and publish the Homeless Statement Action Plan	Colin Cormack (D&R)	31/07/2014
Submit Cabinet report setting out options and budgetary requirements in relation to the private rented sector	Jackie Odunoye (D&R)	30/09/2014
Support the London Living Rent Campaign and work with the GLA's London Rental Scheme and London Landlord Accreditation Scheme to improve regulation in the Private Rented Sector producing a scoping report by September 2014	Jackie Odunoye (D&R)	30/09/2014

Produce the service change specification for an enhanced Housing Options Service as defined by the No Wrong Door project	Colin Cormack (D&R)	31/03/2015
<b>Activity</b>	<b>Lead Member, Lead Officer and Directorate</b>	<b>Deadline</b>
Plan effectively to deliver high volumes of affordable housing and funding for infrastructure (including provision for healthcare and education)	Cllr Rabina Khan, Cllr Rofique Ahmed	31/03/2015
	Owen Whalley (D&R)	
<b>Milestone</b>	<b>Lead Officer</b>	<b>Deadline</b>
Represent Tower Hamlets at Judicial Review into London Plan affordable housing policy	Owen Whalley (D&R)	31/05/2014
Consult on draft South Quay Masterplan	Owen Whalley (D&R)	30/09/2014
Adopt South Quay Masterplan	Owen Whalley (D&R)	31/02/2015
Maximise opportunities for the provision of childcare space in new developments	Owen Whalley (D&R)	31/03/2015
Secure new affordable homes at rental levels which are genuinely affordable for those in housing need in Tower Hamlets	Jackie Odunoye (D&R)	31/03/2015
Develop new financial and delivery model as options for securing investment in delivering affordable housing on specific Council owned sites	Jackie Odunoye (D&R)	31/03/2015
<b>Strategic Priority 1.2: Maintain and improve the quality of housing</b>		
<b>Activity</b>	<b>Lead Member, Lead Officer and Directorate</b>	<b>Deadline</b>
Reduce the number of Council homes that fall below a decent standard	Cllr Rabina Khan Jackie Odunoye (D&R)	30/03/2015
<b>Milestone</b>	<b>Lead Officer</b>	<b>Deadline</b>
Commence Year 4 DH Programme using five contractors	Jackie Odunoye (D&R)	30/04/2014
Make 3109 homes decent	Jackie Odunoye (D&R)	31/03/2015
Ensure delivery of local community benefits targets	Jackie Odunoye (D&R)	31/03/2015

<b>Activity</b>	<b>Lead Member, Lead Officer and Directorate</b>	<b>Deadline</b>
Improve the quality of housing services	Cllr Rabina Khan	31/12/2014
	Jackie Odunoye (D&R)	
<b>Milestone</b>	<b>Lead Officer</b>	<b>Deadline</b>
Ensure sign up to P120 (provision of appropriate family sized wheelchair accessible homes) by all RP partners, developers and the GLA	Jackie Odunoye (D&R)	31/05/2014
Implement efficiency savings by re-structuring the Service	Jackie Odunoye (D&R)	31/10/2014
Complete audits of leaseholder service charges and implement recommendations	Jackie Odunoye (D&R)	31/12/2014
Examine options for leaseholder dispute resolution	Jackie Odunoye (D&R)	31/12/2014
Agree and monitor the Tenant Federation Action Plan and provide appropriate support for their 'Cards on the Table' scrutiny activities	Jackie Odunoye (D&R)	31/03/2015
<b>Activity</b>	<b>Lead Member, Lead Officer and Directorate</b>	<b>Deadline</b>
Identify and target sub-standard homes and work with landlords or enforce where required to improve conditions	Cllr Rabina Khan / Deputy Mayor, Cllr Oliur Rahman	31/03/2015
	Andy Bamber (CLC)	
<b>Milestone</b>	<b>Lead Officer</b>	<b>Deadline</b>
Gather necessary evidence, explore data and consider options for taking forward a landlord licensing scheme	Andy Bamber (CLC)	31/03/2015
Proactively locate substandard homes and bring them up to standard	Andy Bamber (CLC)	31/03/2015
Increase the number of Houses of Multiple Occupation that are compliant with licensing requirements by 10%	Andy Bamber (CLC)	31/03/2015

Activity	Lead Member, Lead Officer and Directorate	Deadline
Offer affordable fuel options through Tower Hamlets Energy Community Power (Energy Cooperative)	Cllr Rabina Khan / Cllr Alibor Choudhury Jackie Odunoye (D&R)	31/03/2015
Milestone	Lead Officer	Deadline
Deliver the energy use awareness programme, including home energy efficiency advice and short term loans of energy monitoring devices, to help residents recognise their current energy use and identify potential savings	Jackie Odunoye (D&R)	30/09/2014
Provide tailored home energy efficiency advice and energy packs to 250 households in the borough, focused on those at risk of fuel poverty including vulnerable residents and over 75s	Jackie Odunoye (D&R)	31/12/2014
Implement the Fuel Poverty Plan and produce an annual report on progress and achievements	Jackie Odunoye (D&R)	31/03/2015
Continue with resident sign-up for the collective energy switching scheme and hold at least two auctions in the year to secure cheaper tariffs for residents	Jackie Odunoye (D&R)	31/03/2015

Strategic Priority 1.3: Improve the local environment and public realm

Activity	Lead Member, Lead Officer and Directorate	Deadline
Progress the Carbon Reduction Plan for Council buildings	Cllr Alibor Choudhury / Cllr Shahed Ali	31/03/2015
	Jackie Odunoye (D&R)	
Milestone	Lead Officer	Deadline
Tender for Re:FIT programme for Council buildings	Jackie Odunoye (D&R)	30/09/2014
Secure approval of the Salix loan application for 300 LED streetlights. The works will save £25,000 and 135 tonnes of CO2 per annum	Jackie Odunoye (D&R)	30/09/2014
Complete installation phase for Re:FIT programme. The programme will save 312 tonnes of CO2 and £60,000 per annum	Jackie Odunoye (D&R)	31/03/2015
Deliver second phase of staff engagement programme and publish energy costs and carbon emissions quarterly	Jackie Odunoye (D&R)	31/03/2015
Complete the Schools Saving strategy and delivery plan	Jackie Odunoye (D&R)	31/03/2015

<b>Activity</b>	<b>Lead Member, Lead Officer and Directorate</b>	<b>Deadline</b>
Protect and improve the local environment	Cllr Shahed Ali	31/03/2015
	Andy Bamber, Jamie Blake (CLC)	
<b>Milestone</b>	<b>Lead Officer</b>	<b>Deadline</b>
Manage continued improvement in reducing traffic disruption through the Street Works Permit scheme for utilities and road works, with an annual report produced in May 2014	Jamie Blake (CLC)	31/05/2014
Enact dog control orders (subject to consultation) to improve the Council's response to dog control issues	Andy Bamber (CLC)	30/09/2014
Deliver projects towards improving air quality under the Air Quality Strategy programme: 1. Expand the zero emissions network in Shoreditch, working with small businesses 2. Deliver and evaluate a pilot No-idling project at Tower Bridge 3. Design and deliver the clean air awareness project with the Barts Trust	Andy Bamber (CLC)	31/03/2015
Continue to liaise with Crossrail delivery companies and contractors to ensure that the impact on the environment and local residents is minimised	Andy Bamber (CLC) and Jamie Blake (CLC)	31/03/2015
Plan and develop proposals for a boroughwide 20mph limit, including consultation with TfL	Jamie Blake (CLC)	31/03/2015

<b>Activity</b>	<b>Lead Member, Lead Officer and Directorate</b>	<b>Deadline</b>
Work in partnership to improve our public realm	Cllr Shahed Ali	31/03/2015
	Jamie Blake (CLC)	
<b>Milestone</b>	<b>Lead Officer</b>	<b>Deadline</b>
Undertake a borough wide deep clean	Jamie Blake (CLC)	30/06/2014
Support the development and relaunch of Find It, Fix It, Love It (FIFILI) and develop the use of direct service delivery through publicly accessible technologies	Jamie Blake (CLC)	31/08/2014
Deliver Marsh Wall resurfacing and bus improvement streetscene improvement works on site	Jamie Blake (CLC)	31/08/2014
Undertake public consultation on the Ben Johnson Road streetscene improvement scheme	Jamie Blake (CLC)	31/10/2014
Develop further the Community Volunteering programme, and deliver at least 50 projects	Jamie Blake (CLC)	31/03/2015
Integrate engagement with representative disabilities groups for all design and improvement works	Jamie Blake (CLC)	31/03/2015
Deliver the Ben Johnson Road streetscene improvement scheme phase 1 works on site	Jamie Blake (CLC)	31/03/2015
Improve street lighting in the borough by replacing 200 streetlights with brighter white LED lighting (c.50 new columns per quarter)	Jamie Blake (CLC)	31/03/2015
Deliver phase 3 of the £3m highway infrastructure improvement programme. Total 18 streets resurfaced; 6 by September 2014	Jamie Blake (CLC)	31/03/2015
Help make our borough greener by implementing a four year rolling programme of tree planting on streets, parks and open spaces	Jamie Blake & Shazia Hussain (CLC)	31/03/2015



<b>Activity</b>	<b>Lead Member, Lead Officer and Directorate</b>	<b>Deadline</b>
Increase household waste sent for reuse, recycling & composting	Cllr Shahed Ali	31/03/2015
	Jamie Blake (CLC)	
<b>Milestone</b>	<b>Lead Officer</b>	<b>Deadline</b>
Develop a 'Lifecycle' media campaign to promote awareness of reuse, recycling & composting arrangements and opportunities	Jamie Blake (CLC)	31/08/2014
Complete a Census-based project to determine future demand profiles for waste and recycling services	Jamie Blake (CLC)	31/08/2014
Complete an evaluation of waste generation for estate based communities to support targeted interventions for improved recycling levels	Jamie Blake (CLC)	01/10/2014
<b>Activity</b>	<b>Lead Member, Lead Officer and Directorate</b>	<b>Deadline</b>
Improve our parks, playgrounds and open spaces	Cllr Shafiqul Haque	31/03/2015
	Shazia Hussain (CLC)	
<b>Milestone</b>	<b>Lead Officer</b>	<b>Deadline</b>
Commence delivery of the capital improvements to Bartlett Park Phase 1	Shazia Hussain (CLC)	31/03/2015
Develop consultation on the draft Masterplan for the King Edward Memorial Park, with local stakeholder meetings by December 2014	Shazia Hussain (CLC)	31/03/2015

Strategic Priority 1.4: Provide effective local services and facilities		
Activity	Lead Member, Lead Officer and Directorate	Deadline
Manage national planning changes effectively to deliver local priorities	Cllr Rabina Khan	31/03/2015
	Owen Whalley (D&R)	
Milestone	Lead Officer	Deadline
Cabinet determine third round of applications for Neighbourhood Forums	Owen Whalley (D&R)	30/09/2014
Publish Stage 2 Tower Hamlets Neighbourhood Planning Guidance	Owen Whalley (D&R)	31/10/2014
Cabinet determine fourth round of applications for Neighbourhood Forums	Owen Whalley (D&R)	31/03/2015
Undertake an initial options review to assess delivery of the Mayor's parking commitments	Owen Whalley (D&R) / Jamie Blake (CLC)	31/03/2015
Activity	Lead Member, Lead Officer and Directorate	Deadline
Further improve our markets	Deputy Mayor, Cllr Oliur Rahman	31/03/2015
	Jamie Blake (CLC)	
Milestone	Lead Officer	Deadline
Undertake public consultation on Bethnal Green streetscene improvements	Jamie Blake (CLC)	30/06/2014
Outline design developed for the Wentworth Street market area street improvement scheme	Jamie Blake (CLC)	31/12/2014
Deliver the Bethnal Green Town Centre improvement scheme to improve the market area - commence work on site	Jamie Blake (CLC)	31/03/2015
Deliver public consultation on the Wentworth Street market area street improvement scheme	Jamie Blake (CLC)	31/03/2015

<b>Activity</b>	<b>Lead Member, Lead Officer and Directorate</b>	<b>Deadline</b>
Adopt the Tower Hamlets local Community Infrastructure Levy (CIL)	Cllr Rabina Khan Owen Whalley (D&R)	31/03/2015
<b>Milestone</b>	<b>Lead Officer</b>	<b>Deadline</b>
Full Council Adoption of LBTH CIL	Owen Whalley (D&R)	30/09/2014
Complete training programme for all Planning staff on the new CIL	Owen Whalley (D&R)	31/03/2015
<b>Activity</b>	<b>Lead Member, Lead Officer and Directorate</b>	<b>Deadline</b>
Deliver the Whitechapel Masterplan	Cllr Rabina Khan Owen Whalley (D&R)	31/12/2014
<b>Milestone</b>	<b>Lead Officer</b>	<b>Deadline</b>
Define the Interim Delivery approach for the Masterplan	Owen Whalley (D&R)	31/07/2014
Prepare briefing paper for the Interim Delivery Team	Owen Whalley (D&R)	30/09/2014
Complete project handover	Owen Whalley (D&R)	31/12/2014
<b>Activity</b>	<b>Lead Member, Lead Officer and Directorate</b>	<b>Deadline</b>
Deliver a Multi-Faith burial ground	Mayor Lutfur Rahman Ann Sutcliffe (D&R)	31/05/2015
<b>Milestone</b>	<b>Lead Officer</b>	<b>Deadline</b>
Partner to secure planning consent for Multi-Faith burial ground	Ann Sutcliffe (D&R)	31/12/2014
Commence marketing of cemetery provision	Ann Sutcliffe (D&R)	31/01/2015
Completion of setting out of grounds	Ann Sutcliffe (D&R)	31/05/2015

Strategic Priority 1.5: Improve local transport links and connectivity		
Activity	Lead Member, Lead Officer and Directorate	Deadline
Support sustainable local transport including cycle improvements	Cllr Shahed Ali / Deputy Mayor, Cllr Oliur Rahman	31/03/2015
	Jamie Blake (CLC)	
Milestone	Lead Officer	Deadline
Review TfL safety improvement designs for Cycle Superhighways 2 and 3	Jamie Blake (CLC)	31/07/2014
Undertake consultation on the Council's sustainable local transport improvements (Cycle Superhighways 2&3 and Aldgate / Whitechapel Connections Strategy)	Jamie Blake (CLC)	30/09/2014
With the London Legacy Development Corporation (LLDC), design creation of a new north/south Riverside Walk link	Jamie Blake (CLC)	30/11/2014
Commence Cycle Superhighway 2 and 3 enabling works with TfL	Jamie Blake (CLC)	31/12/2014
Deliver first phase of Aldgate / Whitechapel Connections Strategy - works on site	Jamie Blake (CLC)	31/01/2015
Develop Stepney Schools Cycle Partnership to support cycling in the area and continue the free adult and children cycling training programmes	Jamie Blake (CLC)	31/03/2015
Deliver Phase One of the Leaway Walk in conjunction with the LLDC	Jamie Blake (CLC)	31/03/2015
Create 1,000 more parking spaces over the next four years (i.e. to 2018), delivering 250 new spaces this year	Jamie Blake (CLC)	31/03/2015

Strategic Priority 1.6: Developing stronger communities

<b>Activity</b>	<b>Lead Member, Lead Officer and Directorate</b>	<b>Deadline</b>
Engage residents and community leaders in policy and budget changes	Mayor Lutfur Rahman / Cllr Alibor Choudhury	31/03/2015
	Shazia Hussain (CLC)	
<b>Milestone</b>	<b>Lead Officer</b>	<b>Deadline</b>
Consult residents as part of the development of the Community Plan	Louise Russell (LPG)	31/12/2014
Hold an annual Mayor's Budget congress	Robin Beattie (CLC)	28/02/2015
Further develop and deliver a resident budget communications plan	Chris Holme (RES) / Takki Sulaiman (LPG)	28/02/2015
<b>Activity</b>	<b>Lead Member, Lead Officer and Directorate</b>	<b>Deadline</b>
Implement a framework for engagement of borough-wide equality forums in the Partnership	Mayor Lutfur Rahman	31/12/2014
	Louise Russell (LPG)	
<b>Milestone</b>	<b>Lead Officer</b>	<b>Deadline</b>
Develop proposals to Partnership Executive for engagement of borough wide equality forums	Louise Russell (LPG)	30/06/2014
Present implementation report to Partnership Executive	Louise Russell (LPG)	31/12/2014
<b>Activity</b>	<b>Lead Member, Lead Officer and Directorate</b>	<b>Deadline</b>
Deliver locally appropriate services through the 4 locality Hubs	Mayor Lutfur Rahman	31/03/2015
	Shazia Hussain (CLC)	
<b>Milestone</b>	<b>Lead Officer</b>	<b>Deadline</b>
Complete negotiations with the Police regarding co-location	Robin Beattie (CLC)	31/07/2014
Develop a corporate wide strategy for locality co-location	Robin Beattie (CLC)	31/12/2014

Activity	Lead Member, Lead Officer and Directorate	Deadline
Develop further the Local Community Ward Forums and the Community Champions Programme	Mayor Lutfur Rahman	31/03/2015
	Shazia Hussain (CLC)	
Milestone	Lead Officer	Deadline
Use the LCWFs to support the scoping of the 'Play Streets' scheme in the borough	Shazia Hussain (CLC)	31/12/2014
Establish and implement three additional Local Community Ward Forums following the implementation of ward boundary changes	Shazia Hussain (CLC)	31/03/2015
Implement a 3rd round of Community Champions recruitment with targeted recruitment of under-represented groups	Shazia Hussain (CLC)	31/03/2015
Develop a Community Champions Framework	Shazia Hussain (CLC)	31/03/2015

<b>A Prosperous Community</b>		
Strategic Priority 2.1: Improve educational aspiration and attainment		
<b>Activity</b>	<b>Lead Member, Lead Officer and Directorate</b>	<b>Deadline</b>
Ensure sufficient places are provided to meet the need for statutory school places	Cllr Gulam Robbani Kate Bingham (ESW)	31/03/2015
<b>Milestone</b>	<b>Lead Officer</b>	<b>Deadline</b>
Review annual projections and adjust short, medium and long term planning accordingly	Kate Bingham (ESW)	30/09/2014
Review land and asset options to plan for growth of primary and secondary provision, including provision for children with SEN, and report to Cabinet on progress and further plans for implementation	Kate Bingham (ESW)	30/09/2014
Complete implementation of existing expansion schemes and any temporary schemes to provide sufficient primary places	Kate Bingham (ESW)	31/03/2015
Plan for implementation of future expansion schemes, working with D&R on land and funding matters where required, and plan for use of capital resources (including s. 106 and CIL funds) to implement schemes	Kate Bingham (ESW)	31/03/2015
Develop proposals for new school sites, including working with developers/owners and seeking school proposers as required	Kate Bingham (ESW)	31/03/2015
Develop medium and long term strategy to meet projected pupil growth to 2024, taking into account any new free schools agreed by DfE	Kate Bingham (ESW)	31/03/2015

<b>Activity</b>	<b>Lead Member, Lead Officer and Directorate</b>	<b>Deadline</b>
Expand free early education places of high quality for disadvantaged two-year-olds	Cllr Gulam Robbani Anne Canning (ESW)	31/03/2015
<b>Milestone</b>	<b>Lead Officer</b>	<b>Deadline</b>
Develop access routes to support the expansion of early learning places for eligible 2 year olds	Anne Canning (ESW)	30/09/2014
Use capital and trajectory building allocation from Dedicated Schools Grant to develop new, and expand existing, provision for eligible 2 year olds	Anne Canning (ESW)	31/03/2015
Work with identified settings to ensure that they are of high enough quality to provide places for eligible 2 year olds - promoting shared use of buildings where possible	Anne Canning (ESW)	31/03/2015
<b>Activity</b>	<b>Lead Member, Lead Officer and Directorate</b>	<b>Deadline</b>
Raise attainment and narrow the gap between the lowest 20% and the median of all children at the end of the Early Years Foundation Stage (EYFS)	Cllr Gulam Robbani Anne Canning (ESW)	31/07/2014
<b>Milestone</b>	<b>Lead Officer</b>	<b>Deadline</b>
Roll out second year of Every Tower Hamlets Child a Talker (ECaT) Programme	Anne Canning (ESW)	31/07/2014
Roll out of the mathematics programme, including by appointing a skilled teacher who can work with both schools and MPVI settings; beginning the programme in the summer term and using QA and review processes as for ECaT	Anne Canning (ESW)	31/07/2014
Work with targeted schools, including by allocating a development worker to each school; agreeing a programme of work incorporating support for leadership skills, assessment, assessing using the characteristics of learning and planning for progress; reviewing EYFSP outcomes for each school	Anne Canning (ESW)	31/07/2014



<b>Activity</b>	<b>Lead Member, Lead Officer and Directorate</b>	<b>Deadline</b>
Increase the number of children achieving 5 A* to C grades including English and maths grades at GCSE	Cllr Gulam Robbani Anne Canning (ESW)	30/09/2014
<b>Milestone</b>	<b>Lead Officer</b>	<b>Deadline</b>
Identify the distribution of underperformance across the borough schools at all key stages, with a particular focus on White UK pupils and Looked After Children; offer feedback to the schools; identify key schools to work with to improve the attainment levels of the underachieving pupils	Anne Canning (ESW)	31/07/2014
Undertake identification of specific barriers to achieving such as family issues, SEN, attendance, health and motivation	Anne Canning (ESW)	30/09/2014
Offer targeted Key Stage 4 support to the worst performing schools to support improvement, including learning and family support interventions especially for Looked After Children	Anne Canning (ESW)	30/09/2014
<b>Activity</b>	<b>Lead Member, Lead Officer and Directorate</b>	<b>Deadline</b>
Bring A Level results above the national average	Cllr Gulam Robbani Anne Canning (ESW)	31/03/2015
<b>Milestone</b>	<b>Lead Officer</b>	<b>Deadline</b>
Support all sixth forms to use ALPS data effectively in their planning to target support to Year 12 students	Anne Canning (ESW)	30/09/2014
Offer targeted Key Stage 5 support to the worst performing schools to support improvement, including learning and family support interventions	Anne Canning (ESW)	30/09/2014
Fund and support the development of academic literacy, by providing one to one tuition for students and support for teachers which schools can access	Anne Canning (ESW)	31/03/2015

<b>Activity</b>	<b>Lead Member, Lead Officer and Directorate</b>	<b>Deadline</b>
Embed a Child Rights Approach in all of our commissioning for 2014/15	Cllr Gulam Robbani	28/02/2015
	Anne Canning, Deborah Cohen (ESW)	
<b>Milestone</b>	<b>Lead Officer</b>	<b>Deadline</b>
Ensure all our key partners sign up to the Mayor's Charter of Child Rights	Anne Canning (ESW)	30/04/2014
Children and Families Partnership Board agree the joint child rights based commissioning framework	Anne Canning, Deborah Cohen (ESW)	30/06/2014
Provide training for colleagues undertaking commissioning in 2014-15	Anne Canning, Deborah Cohen (ESW)	31/12/2014
Procurement processes completed	Anne Canning, Deborah Cohen (ESW)	28/02/2015
<b>Activity</b>	<b>Lead Member, Lead Officer and Directorate</b>	<b>Deadline</b>
Assist more people into further education and to university, and continue to deliver the Mayor's Education Allowance (MEA) and Mayor's Higher Education Award (MHEA)	Cllr Gulam Robbani / Cllr Alibor Choudhury	31/02/2015
	Anne Canning (ESW)	
<b>Milestone</b>	<b>Lead Officer</b>	<b>Deadline</b>
Hold information sessions for parents about aspirational progression routes for young people leaving school, college or university	Anne Canning (ESW)	31/07/2014
Hold the annual Mayor's Education Achievement Awards to recognise the achievements of young people in the borough	Anne Canning (ESW)	30/11/2014
Undertake publicity and advertise the MEA and MHEA schemes	Anne Canning (ESW)	31/12/2014
Apply the MEA and MHEA policy to determine applications	Anne Canning (ESW)	31/12/2014
Make payments	Anne Canning (ESW)	31/01/2015

<b>Activity</b>	<b>Lead Member, Lead Officer and Directorate</b>	<b>Deadline</b>
Maintain investment in youth services and provision for young people	Deputy Mayor, Cllr Oliur Rahman	03/03/2015
	Andy Bamber (CLC)	
<b>Milestone</b>	<b>Lead Officer</b>	<b>Deadline</b>
Redesign and implement a new grant allocation process	Andy Bamber (CLC)	31/08/2014
Review Youth Service provision following the implementation of the restructure	Andy Bamber (CLC)	31/10/2014
Undertake a review of administrative support functions	Andy Bamber (CLC)	31/03/2014
<b>Activity</b>	<b>Lead Member, Lead Officer and Directorate</b>	<b>Deadline</b>
Provide effective support for parents and governors	Cllr Gulam Robbani	31/03/2015
	Anne Canning (ESW)	
<b>Milestone</b>	<b>Lead Officer</b>	<b>Deadline</b>
Provide training in relation to governors' financial responsibilities including new responsibilities related to teachers' pay, to improve the governance framework	Anne Canning (ESW)	31/03/2015
Ensure new governors in community schools undertake induction training; 50% of governors newly appointed in 2013/14 to attend the course within one year of being appointed	Anne Canning (ESW)	31/03/2015
Monitor the equality profile of governors and encourage the recruitment of under-represented groups	Anne Canning (ESW)	31/03/2015

Strategic Priority 2.2: Support more people into work

Activity	Lead Member, Lead Officer and Directorate	Deadline
Support residents into jobs through employment and skills programmes	Deputy Mayor, Cllr Oliur Rahman / Cllr Abdul Asad	31/03/2015
	Andy Scott (D&R), Bozena Allen, Deborah Cohen (ESW)	
Milestone	Lead Officer	Deadline
Support 750 Tower Hamlets residents into jobs	Andy Scott (D&R)	31/03/2015 and quarterly
Monitor and report the equalities profile of residents securing jobs to steer provision to targeted equality groups	Andy Scott (D&R)	31/03/2015
Establish a commercial recruitment agency for Tower Hamlets	Andy Scott (D&R)	31/03/2015
Create a new internal partnership arrangement based on a broad SLA with key partners including Job Centre Plus and other Economic Taskforce members	Andy Scott (D&R)	31/08/2014
Progress the first phase of the development of a new integrated employment centre	Andy Scott (D&R)	31/03/2015
Deliver integrated employment support services from each of the Idea Stores	Shazia Hussain (CLC)	31/03/2015
Support more people aged 18-69 with learning disabilities and mental health needs into employment	Bozena Allen (ESW)	31/03/2015

<b>Activity</b>	<b>Lead Member, Lead Officer and Directorate</b>	<b>Deadline</b>
Provide high quality support and training to assist young people into sustainable employment	Deputy Mayor, Cllr Oliur Rahman / Cllr Abdul Asad	31/03/2015
	Andy Scott (D&R), Diana Warne (ESW), Andy Bamber (CLC)	
<b>Milestone</b>	<b>Lead Officer</b>	<b>Deadline</b>
Increase and improve the labour market information provided to young people, schools and parents, focusing on growth areas	Dianna Warne (ESW), Andy Scott (D&R)	31/07/2014 and quarterly
In partnership with TH EBP, develop a clear and high quality standard of work experience for young people in school for employers to sign up to	Dianna Warne (ESW)	30/09/2014
Provide a minimum of 2 job fairs during the year for NEETs	Andy Bamber (CLC)	31/03/2015
Provide a Level 2 Award in Leadership for 200 young people	Andy Bamber (CLC)	31/03/2015
<b>Activity</b>	<b>Lead Member, Lead Officer and Directorate</b>	<b>Deadline</b>
Maximise local employment and economic benefits from the Council's procurement and planning processes	Deputy Mayor, Cllr Oliur Rahman	31/03/2015
	Andy Scott (D&R)	
<b>Milestone</b>	<b>Lead Officer</b>	<b>Deadline</b>
Introduce cross-Council coordination of reporting on employment and enterprise agenda	Andy Scott (D&R)	30/09/2014
Review existing contracts list to identify and secure additional benefits	Andy Scott (D&R)	31/12/2014
Introduce coordinated processes to increase and capture opportunities from procurement and planning processes	Andy Scott (D&R)	31/03/2015
Continue to embed London Living Wage as a requirement in contracts, throughout the Council's supply chain.	Chris Holme (RES)	31/03/2015

<b>Activity</b>	<b>Lead Member, Lead Officer and Directorate</b>	<b>Deadline</b>
Support English for Speakers of Other Languages (ESOL)	Cllr Gulam Robbani / Deputy Mayor, Cllr Oliur Rahman Shazia Hussain (CLC)	31/03/2015
<b>Milestone</b>	<b>Lead Officer</b>	<b>Deadline</b>
Develop the performance framework to enhance monitoring arrangements for the uptake and performance of Idea Stores Learning ESOL provision	Shazia Hussain (CLC)	30/09/2014
Carry out a review of funding options for ESOL in the borough and implement a new structure for the delivery of a sustainable ESOL programme	Shazia Hussain (CLC)	31/12/2014
Strategic Priority 2.3: Manage the impact of welfare reform on local residents and maximising incomes		
<b>Activity</b>	<b>Lead Member, Lead Officer and Directorate</b>	<b>Deadline</b>
Implement the Welfare Reform Temporary Accommodation Support Fund	Cllr Rabina Khan Colin Cormack (D&R)	31/10/2014
<b>Milestone</b>	<b>Lead Officer</b>	<b>Deadline</b>
Report on fund's 6-month spend, using this data to assess fund's likely duration and number of households involved	Colin Cormack (D&R)	30/04/2014
Report on measures requiring adoption to prevent over-spend of fund	Colin Cormack (D&R)	30/06/2014
Delivery of adopted measures for all capped households	Colin Cormack (D&R)	31/10/2014
<b>Activity</b>	<b>Lead Member, Lead Officer and Directorate</b>	<b>Deadline</b>
Optimise use of existing funding and maximise prospects for future funding	Mayor Lutfur Rahman Dave Clark (D&R)	30/03/2015
<b>Milestone</b>	<b>Lead Officer</b>	<b>Deadline</b>
Refine and develop grant management systems to improve productivity, management information and effectiveness of contract compliance monitoring	Dave Clark (D&R)	30/09/2014
Develop the Main Stream Grants future funding programme	Dave Clark (D&R)	31/03/2015

Launch round 3 of the European Social Fund community grants programme	Dave Clark (D&R)	31/03/2015
<b>Activity</b>	<b>Lead Member, Lead Officer and Directorate</b>	<b>Deadline</b>
Drive the ongoing partnership wide programme around welfare reform	Cllr Rabina Khan / Cllr Alibor Choudhury Louise Russell (LPG)	31/10/2014
<b>Milestone</b>	<b>Lead Officer</b>	<b>Deadline</b>
Complete research into impact of welfare reform on local people	Louise Russell (LPG)	31/07/2014
Increase supply of specialist welfare benefits advice provision to support residents affected by changes in welfare benefits.	Andy Scott (D&R)	31/08/2014
Develop proposals to respond to Local Support Services Framework	Louise Russell (LPG)	31/10/2014
Develop a partnership approach to promote digital inclusion including provision of free WIFI areas	Louise Russell (LPG), Andy Scott (D&R)	31/12/2014
Take forward recommendations of welfare reform research	Louise Russell (LPG)	31/01/2015
<b>Activity</b>	<b>Lead Member, Lead Officer and Directorate</b>	<b>Deadline</b>
Support local businesses	Deputy Mayor, Cllr Oliur Rahman Andy Scott (D&R)	31/03/2015
<b>Milestone</b>	<b>Lead Officer</b>	<b>Deadline</b>
Interim report on 'fit to supply' provision	Andy Scott (D&R)	01/09/2014
Increase local business database entries to 3500	Andy Scott (D&R)	30/09/2014
Increase local business database entries to 7000	Andy Scott (D&R)	01/03/2015
Develop forward plan for 'fit to supply' provision and business start-up initiatives	Andy Scott (D&R)	01/03/2015
Distribute 3 quarterly e-newsletters via Tower Hamlets business database	Andy Scott (D&R)	31/03/2015
Deliver Business Forum event and three further targeted events	Andy Scott (D&R)	31/03/2015

<b>Activity</b>	<b>Lead Member, Lead Officer and Directorate</b>	<b>Deadline</b>
Work collaboratively across London to enhance investment and opportunity	Cllr Alibor Choudhury	31/03/2015
	Andy Scott (D&R)	
<b>Milestone</b>	<b>Lead Officer</b>	<b>Deadline</b>
Secure inward investment by delivering contractual arrangements with organisations across borough boundaries or external to the borough	Andy Scott (D&R)	30/09/2014
Engage with, and promote the 6 Growth Boroughs unit, to bring benefits for Tower Hamlets	Andy Scott (D&R)	30/03/2015
Engage with and develop appropriate proposals for growth alongside the emerging London Local Enterprise Panel	Andy Scott (D&R)	30/03/2015



<b>A Safe and Cohesive Community</b>		
Strategic Priority 3.1: Focus on crime and anti-social behaviour		
<b>Activity</b>	<b>Lead Member, Lead Officer and Directorate</b>	<b>Deadline</b>
Deliver the partnership 'Violence Against Women & Girls' (VAWG) programme	Cllr Ohid Ahmed Andy Bamber (CLC)	31/03/2015
<b>Milestone</b>	<b>Lead Officer</b>	<b>Deadline</b>
Develop and analyse new performance indicators to support the anti-VAWG partnership work of the Council	Andy Bamber (CLC)	30/04/2014
Ensure that female residents have continued access to in-borough provision of Rape Crisis Services (Advice, Counselling and Advocacy)	Andy Bamber (CLC)	30/04/2014
Implement a multi-agency strategic approach to training and awareness raising in the borough for existing (VAWG) professionals	Andy Bamber (CLC)	31/03/2015
Develop a dedicated curriculum and VAWG training programme for young people in schools	Andy Bamber (CLC)	31/03/2015
<b>Activity</b>	<b>Lead Member, Lead Officer and Directorate</b>	<b>Deadline</b>
Manage the night time economy	Deputy Mayor, Cllr Oliur Rahman Andy Bamber (CLC)	31/03/2015
<b>Milestone</b>	<b>Lead Officer</b>	<b>Deadline</b>
Develop an options paper for the implementation of Late Night Levies	Andy Bamber (CLC)	30/06/2014
Complete a detailed review of the costs and benefits of the adoption of early morning restriction orders	Andy Bamber (CLC)	31/03/2015
Develop a community alcohol partnership scheme to reduce sales of high strength drinks	Andy Bamber (CLC)	31/03/2015

<b>Activity</b>	<b>Lead Member, Lead Officer and Directorate</b>	<b>Deadline</b>
With our partners, deliver the Partnership Community Safety Plan	Cllr Ohid Ahmed	31/03/2015
	Andy Bamber (CLC)	
<b>Milestone</b>	<b>Lead Officer</b>	<b>Deadline</b>
Complete the strategic review and equality analysis of Crime and ASB	Andy Bamber (CLC)	28/02/2015
Annual review of the Community Safety Plan	Andy Bamber (CLC)	31/03/2015
Ensure that the Integrated Offender Model is embedded within the Community Safety Partnership Plan	Andy Bamber (CLC)	31/03/2015
Increase the number of hate crime pledges signed, and the number of reports made by hate crime third party reporting sites	Andy Bamber (CLC)	01/03/2015
<b>Activity</b>	<b>Lead Member, Lead Officer and Directorate</b>	<b>Deadline</b>
Work with the Police and Mayor for London to maintain and improve enforcement, CCTV and deployment of local police to improve community safety, including deployment of a mobile police centre	Cllr Ohid Ahmed	31/03/2015
	Andy Bamber (CLC)	
<b>Milestone</b>	<b>Lead Officer</b>	<b>Deadline</b>
Implement and embed a new ASB tasking and coordination process with the police for assigning community safety resources	Andy Bamber (CLC)	30/04/2014
Continue the commitment to provide additional uniformed Police presence through the continuation of funding for Partnership Task Force resources and 20 additional officers; 1 per Ward, maintaining the focus on the Dealer a Day programme.	Andy Bamber (CLC)	30/09/2014
Launch a mobile Police centre so residents can report crimes and raise concerns face to face with police officers	Andy Bamber (CLC)	30/10/2014
Deliver 6 joint safer transport operations between April to December 2014	Andy Bamber (CLC)	31/12/2014
Deliver 10 Joint Automatic Number Plate Recognition CCTV operations	Andy Bamber (CLC)	31/03/2015

Strategic Priority 3.2: Reduce fear of crime

Activity	Lead Member, Lead Officer and Directorate	Deadline
Improve the responsiveness and visibility of our ASB services	Cllr Ohid Ahmed	31/03/2015
	Andy Bamber (CLC)	
Milestone	Lead Officer	Deadline
Implement the new ASB 'Trigger' process in line with new legislation and MOPAC guidance	Andy Bamber (CLC)	31/10/2014
Revise ASB Landlords' policy and procedures and present them to Members	Jackie Odunoye (D&R)	31/10/2014
Review and refresh ASB Strategy to take into account new ASB legislation	Andy Bamber (CLC)	31/12/2014
Commence ASB procedures review	Andy Bamber (CLC)	31/01/2015
Work with RSLs to develop and implement agreements for the provision of additional THEO resources to tackle estate based ASB	Andy Bamber (CLC)	31/03/2015

Strategic Priority 3.3: Foster greater community cohesion		
Activity	Lead Member, Lead Officer and Directorate	Deadline
Celebrate our diversity with community events every month	Cllr Shafiqul Haque	31/03/2015
	Shazia Hussain (CLC), Louise Russell (LPG)	
Milestone	Lead Officer	Deadline
Support and deliver 120 community events with an attendance of over 100	Shazia Hussain (CLC)	31/03/2015
Deliver a programme of events which celebrate the diversity of the local community including:	Louise Russell (LPG)	
Black History Month		30/09/2013
Interfaith Week		30/11/2013
International Day for Disabled People		31/12/2013
LGBT History Month		20/02/2014
International Women's Week		31/03/2015
Support the celebration of World Food Day on October 16th as part of the annual events programme.	Shazia Hussain (CLC)	31/12/2013
Activity	Lead Member, Lead Officer and Directorate	Deadline
Deliver the Mayor's One Tower Hamlets fund scheme	Mayor Lutfur Rahman	31/12/2014
	Louise Russell (LPG)	
Milestone	Lead Officer	Deadline
Complete evaluation of 2014 One Tower Hamlets fund and present to the Tower Hamlets Equalities Steering Group	Louise Russell (LPG)	31/10/2014
Advertise One Tower Hamlets Fund	Louise Russell (LPG)	30/11/2014
Evaluate and award funding	Louise Russell (LPG)	31/12/2014

<b>A Healthy and Supportive Community</b>		
Strategic Priority 4.1: Reduce health inequalities and promote healthy lifestyles		
<b>Activity</b>	<b>Lead Member, Lead Officer and Directorate</b>	<b>Deadline</b>
Develop and implement a Women and Health employment programme focusing on the priority of Maternity and Early Years	Deputy Mayor, Cllr Oliur Rahman / Cllr Abdul Asad	31/03/2015
	Andy Scott (D&R)	
<b>Milestone</b>	<b>Lead Officer</b>	<b>Deadline</b>
Introduce programme Steering Group monthly meetings	Somen Banerjee (Public Health)	30/06/2014
Recruit 100 women	Andy Scott (D&R)	31/01/2015
Ensure 100 training courses started	Andy Scott (D&R)	31/01/2015
Deliver 100 placements started	Andy Scott (D&R)	31/03/2015
<b>Activity</b>	<b>Lead Member, Lead Officer and Directorate</b>	<b>Deadline</b>
Support young people to live healthy lives	Cllr Gulam Robbani / Cllr Abdul Asad	31/03/2015
	Anne Canning (ESW)	
<b>Milestone</b>	<b>Lead Officer</b>	<b>Deadline</b>
Ensure 90% of Tower Hamlets schools have registered with the GLA's Healthy Schools London Award Scheme	Anne Canning (ESW)	01/03/2015
Deliver healthy eating and physical activity training to 150 school staff	Anne Canning (ESW)	31/03/2015
Provide healthy eating and physical activity support to 25 schools	Anne Canning (ESW)	31/03/2015
Support 15 schools to achieve Advanced Healthy School Status	Anne Canning (ESW)	31/03/2015
Develop a new model of Tier 2 mental health support to schools, children's centres, colleges and youth services, in partnership with Tower Hamlets CCG	Anne Canning, Richard Fradgley (ESW)	31/03/2015
Ensure the provision of focused contraception and sexual health services and the delivery of SRE in school and community settings	Somen Banerjee (Public Health)	31/03/2015

Implement the CCG review of health support services for Looked After Children and increase the proportion of LAC attending health assessments and dental checks to 90%	Steve Liddicott (ESW)	31/03/2015
<b>Activity</b>	<b>Lead Member, Lead Officer and Directorate</b>	<b>Deadline</b>
Embed integrated governance arrangements through the Tower Hamlets Health and Wellbeing Board to maximise health and wellbeing outcomes	Mayor Lutfur Rahman / Cllr Abdul Asad	31/03/2015
	Louise Russell (CE), Deborah Cohen (ESW), Somen Banerjee (Public Health)	
<b>Milestone</b>	<b>Lead Officer</b>	<b>Deadline</b>
Provide support in the embedding of the commissioned Healthwatch service	Louise Russell (CE), Deborah Cohen (ESW)	31/03/2015
Use the Tower Hamlets Health and Wellbeing Board meetings to track NHS proposals and changes that will impact Tower Hamlets residents and devise plans with health partners to mitigate adverse consequences	Deborah Cohen (ESW)	31/03/2015
Work with Tower Hamlets CCG to target the use of the Better Care Fund on preventative services that reduce unnecessary hospital admissions	Deborah Cohen, Bozena Allen (ESW)	31/03/2015
Deliver a programme of co-production with local residents initiated around type 2 diabetes and cardiovascular disease	Somen Banerjee (Public Health)	30/06/2014

<b>Activity</b>	<b>Lead Member, Lead Officer and Directorate</b>	<b>Deadline</b>
Use Public Health expertise within a Council and Partnership-wide approach to reduce health inequalities for all sections of the community	Mayor Lutfur Rahman, Cllr Abdul Asad	31/03/2015
	Louise Russell (LPG), Somen Banerjee (Public Health), Andy Bamber (CLC)	
<b>Milestone</b>	<b>Lead Officer</b>	<b>Deadline</b>
Develop, agree and implement a 'food for health' action plan	Andy Bamber (CLC)	31/07/2014
Identify roles and responsibilities across the Council for Public Health Outcomes Framework indicators and align with JSNA and Health and Wellbeing Strategy	Louise Russell (LPG), Somen Banerjee (Public Health)	31/03/2015
Support 2900 people to quit smoking.	Somen Banerjee (Public Health)	31/03/2015
Tender and award Public Health commissioned services	Somen Banerjee (Public Health)	31/06/2014
<b>Activity</b>	<b>Lead Member, Lead Officer and Directorate</b>	<b>Deadline</b>
Invest in the borough's leisure facilities and playing pitches	Cllr Abdul Asad	31/03/2015
	Shazia Hussain (CLC)	
<b>Milestone</b>	<b>Lead Officer</b>	<b>Deadline</b>
Enhance existing provision including: replacing artificial turf (Stepney Green Park and John Orwell Sports Centre), resurfacing tennis courts (St. John's Park) and replacing floodlights (Stepney Green Park, St. John's Park and John Orwell Sports Centre)	Shazia Hussain (CLC)	31/03/2015
Complete improvements at Victoria Park, including to changing rooms and cricket wickets	Shazia Hussain (CLC)	31/03/2015

<b>Activity</b>	<b>Lead Member, Lead Officer and Directorate</b>	<b>Deadline</b>
Deliver free school meals for all primary pupils in the borough through supplementing the government's Universal Infant Free School Meals programme	Cllr Abdul Asad	31/07/2014
	Kate Bingham (ESW)	
<b>Milestone</b>	<b>Lead Officer</b>	<b>Deadline</b>
Assess catering staffing needs on school by school basis (July 2014)	Kate Bingham (ESW)	31/07/2014
Recruit additional staff through Skillsmatch (July 2014)	Kate Bingham (ESW)	31/07/2014
Publicise scheme to parents of all Primary children (July 2014)	Kate Bingham (ESW)	31/07/2014
<b>Activity</b>	<b>Lead Member, Lead Officer and Directorate</b>	<b>Deadline</b>
Work with people with drug and alcohol dependencies to break the cycle of substance misuse	Cllr Ohid Ahmed	31/03/2015
	Andy Bamber (CLC)	
<b>Milestone</b>	<b>Lead Officer</b>	<b>Deadline</b>
Review the commissioned services with Public Health, taking account of any significant variation in treatment outcomes for equality groups	Andy Bamber (CLC) / Somen Banerjee (Public Health)	31/05/2014
Complete Drug & Alcohol Service re-provisioning	Andy Bamber (CLC) / Somen Banerjee (Public Health)	31/01/2015



Strategic Priority 4.2: Enable people to live independently

Activity	Lead Member, Lead Officer and Directorate	Deadline
Improve support to Carers	Cllr Abdul Asad	31/03/2015
	Bozena Allen / Deborah Cohen (ESW)	
Milestone	Lead Officer	Deadline
Complete the commissioning actions within the Carers Three Year Plan – including improving access to employment for carers	Bozena Allen, Deborah Cohen (ESW)	30/09/2014
Review the introduction of carers' budgets to give carers control over the services they choose to receive in the context of the Care Bill	Bozena Allen, Deborah Cohen (ESW)	31/03/2015
Activity	Lead Member, Lead Officer and Directorate	Deadline
Improve the customer journey by embedding the principles of choice and control	Cllr Abdul Asad	31/03/2015
	Bozena Allen / Deborah Cohen (ESW)	
Milestone	Lead Officer	Deadline
Complete the implementation of the new 'Customer Journey' for the community learning disability service	Bozena Allen, Deborah Cohen (ESW)	30/06/2014
Complete the refresh on the market position statement and approach to social care market locally in line with requirements of the Care and Support Bill	Bozena Allen, Deborah Cohen (ESW)	31/07/2014
Launch the e-marketplace to enable people to purchase health and social care services over the internet	Bozena Allen, Deborah Cohen (ESW)	30/09/2014
Implement phase 2 of the development of a Quality Standards Framework for non-regulated services	Bozena Allen, Deborah Cohen (ESW)	30/12/2014
Review take-up of self-directed and direct support in giving users control over the services they choose to receive	Bozena Allen, Deborah Cohen (ESW)	31/03/2015

Re-commission mental health services to improve their ability to enable people to live safe, independent and fulfilled lives in the community	Bozena Allen, Deborah Cohen (ESW)	30/03/2015
<b>Activity</b>	<b>Lead Member, Lead Officer and Directorate</b>	<b>Deadline</b>
Enable personalised support for the borough's most vulnerable residents	Cllr Abdul Asad Bozena Allen / Deborah Cohen (ESW)	31/03/2015
<b>Milestone</b>	<b>Lead Officer</b>	<b>Deadline</b>
Develop a strategic framework to address the issues of social inclusion and health and within this context review open access/prevention services including the Borough's network of lunch clubs and tea dance events.	Deborah Cohen, Somen Banerjee (ESW)	31/12/2014
Create an equipment demonstration centre to support independence and wellbeing	Bozena Allen (ESW)	31/12/2014
Implement the strategy on the development of new supported accommodation for people with mental health needs who need high end support	Deborah Cohen (ESW)	31/03/2015
Implement the Mental Health Strategy with emphasis on addressing mental health inequalities and establishing a life course approach to mental health	Deborah Cohen (ESW)	31/03/2015

Strategic Priority 4.3: Provide excellent primary and community care		
Activity	Lead Member, Lead Officer and Directorate	Deadline
Deliver integrated working between health and social care	Cllr Abdul Asad	31/03/2015
	Deborah Cohen / Bozena Allen (ESW)	
Milestone	Lead Officer	Deadline
Work with health partners to establish the governance for the integrated care programme and agree the role of the local authority	Bozena Allen, Deborah Cohen (ESW)	30/09/2014
Work with Tower Hamlets Health and Wellbeing Board members to implement an action plan on addressing housing as a wider social determinant of health	Bozena Allen, Deborah Cohen (ESW)	30/09/2014
Agree Council Policy on integrated care pathways	Bozena Allen, Deborah Cohen (ESW)	31/12/2014
Utilise the Better Care Fund to provide integrated health and social care services to service users	Bozena Allen, Deborah Cohen (ESW)	31/03/2015
Strategic Priority 4.4: Keep vulnerable children, adults and families safer, minimising harm and neglect		
Activity	Lead Member, Lead Officer and Directorate	Deadline
Work together to protect vulnerable adults	Cllr Abdul Asad	31/03/2015
	Bozena Allen(ESW)	
Milestone	Lead Officer	Deadline
Establish a working relationship between SAB and the HWBB; including the establishment of a written protocol	Bozena Allen(ESW)	30/09/2014
Continue to develop the Safeguarding Adults Board role in monitoring and reviewing the multi-agency response to safeguarding vulnerable adults	Bozena Allen(ESW)	31/03/2015
Ensure local agencies comply with the Winterbourne Actions	Bozena Allen(ESW)	31/03/2015

Activity	Lead Member, Lead Officer and Directorate	Deadline
Provide proportionate support to vulnerable children and families	Cllr Gulam Robbani Steve Liddicott (ESW)	31/03/2015
Milestone	Lead Officer	Deadline
Implement the revised Public Law Outline and Court Work procedures to ensure that care proceedings take an average of 26 weeks	Steve Liddicott (ESW)	30/09/2014
Implement the use of the Signs of Safety tools across all agencies to ensure that an effective risk analysis is made to enable families to receive proportionate support at an early stage	Steve Liddicott (ESW)	30/09/2014
Complete the evaluation of the impact of the Tower Hamlets Multi-Agency Safeguarding Hub (MASH) and the impact of using the thresholds identified in the revised Family Wellbeing Model	Steve Liddicott (ESW)	31/12/2014
Implement the recommendations from the Children with Disabilities Joint Strategic Needs Assessment	Steve Liddicott (ESW)	31/03/2015
Integrate the learning from the Troubled Families Programme into Service Plans for 2014/15 to achieve one or both of the following outcomes: social work assessments and plans to include evidence that wider family needs had been considered eg. community or environmental factors; a reduction in the number of different professionals working with families through collective responsibility to meet the needs of children	Steve Liddicott (ESW)	31/03/2015
Develop a Gangs strategy to keep our young people away from gang culture	Steve Liddicott (ESW)	31/03/2015

<b>Activity</b>	<b>Lead Member, Lead Officer and Directorate</b>	<b>Deadline</b>
Introduce improvements to the adoption system	Cllr Gulam Robbani	31/03/2015
	Steve Liddicott (ESW)	
<b>Milestone</b>	<b>Lead Officer</b>	<b>Deadline</b>
Reduce the number of children awaiting permanent adoption through adoption, special guardianship or long-term fostering	Steve Liddicott (ESW)	31/03/2015
Achieve an increase in the pool of adopters through contributing to the pan-London recruitment campaign	Steve Liddicott (ESW)	31/03/2015
Reduce the average number of days between Tower Hamlets receiving court authority to place a child for adoption and then deciding on a match to an adoptive family to less than 100 days	Steve Liddicott (ESW)	31/03/2015

<b>One Tower Hamlets</b>		
Strategic Priority 5.1: Reduce inequalities		
<b>Activity</b>	<b>Lead Member, Lead Officer and Directorate</b>	<b>Deadline</b>
Employ a workforce that fully reflects the community it serves	Deputy Mayor, Cllr Oliur Rahman Simon Kilbey (RES)	31/03/2015
<b>Milestone</b>	<b>Lead Officer</b>	<b>Deadline</b>
Deliver on the Workforce to Reflect the Community targets	Simon Kilbey (RES)	31/03/2015
Introduce the 'Take a Chance Scheme' new recruitment initiative	Simon Kilbey (RES)	31/03/2015
Support the Navigate programme with progression or development for 50% of participants, encouraging participation from all groups to reflect the workforce	Simon Kilbey (RES)	31/03/2015
Support 50 apprentices in vocational training by identifying placements across directorates, encouraging participation from all groups to reflect the community	Simon Kilbey (RES)	31/03/2015
Increase the proportion of temporary workers resourced from the local community by utilising Tower Hamlets in-house temporary resourcing service (ITRES) and encouraging participation from all groups to reflect the community	Simon Kilbey (RES)	31/03/2015
<b>Activity</b>	<b>Lead Member, Lead Officer and Directorate</b>	<b>Deadline</b>
Double the number of pre apprenticeships at the Council for disabled residents from 10 to 20 each year	Deputy Mayor, Cllr Oliur Rahman Simon Kilbey (RES)	31/03/2015
<b>Milestone</b>	<b>Lead Officer</b>	<b>Deadline</b>
Two recruitment campaigns to take place on an annual basis for disabled residents to support them into employment or vocational studies	Simon Kilbey (RES)	31/03/2015

<b>Activity</b>	<b>Lead Member, Lead Officer and Directorate</b>	<b>Deadline</b>
Coordinate and support the implementation of the recommendations arising from the Tower Hamlets Fairness Commission	Mayor Lutfur Rahman	31/12/2014
	Louise Russell (LPG)	
<b>Milestone</b>	<b>Lead Officer</b>	<b>Deadline</b>
Council response to the Fairness Commission recommendations presented at Cabinet	Louise Russell (LPG)	30/04/2014
Progress report on implementation of the Fairness Commission recommendations presented at Cabinet	Louise Russell (LPG)	31/12/2014
<b>Activity</b>	<b>Lead Member, Lead Officer and Directorate</b>	<b>Deadline</b>
Refresh our strategies around diversity and cohesion	Mayor Lutfur Rahman	31/12/2014
	Louise Russell (LPG)	
<b>Milestone</b>	<b>Lead Officer</b>	<b>Deadline</b>
Report on response of recommendations of the EFLG to CMT	Louise Russell (LPG)	30/09/2014
Review of our cohesion and equality strategies to CMT	Louise Russell (LPG)	31/03/2015
<b>Activity</b>	<b>Lead Member, Lead Officer and Directorate</b>	<b>Deadline</b>
Ensure that 'Every Voice Matters'	Cllr Aminur Khan	31/03/2015
	Louise Russell (LPG)	
<b>Milestone</b>	<b>Lead Officer</b>	<b>Deadline</b>
Identify areas where disabled people will be involved in co-designing responses to areas of inequality for disabled people agreed through the Local Voices work programme	Louise Russell (LPG)	30/04/2014
Present Local Voices progress report to Tower Hamlets Equalities Steering Group	Louise Russell (LPG)	31/03/2015
Refresh mechanisms for involving local LGBT residents in the design, delivery and scrutiny of local services	Louise Russell (LPG)	31/03/2014
Review mechanisms for involving local faith communities	Louise Russell (LPG)	31/03/2014

Strategic Priority 5.2: Work efficiently and effectively as One Council		
Activity	Lead Member, Lead Officer and Directorate	Deadline
Work with managers to improve and reduce staff sickness absence	Cllr Alibor Choudhury Simon Kilbey (RES)	31/03/2015
Milestone	Lead Officer	Deadline
Ensure that Directorate People Panels (DPPs) meet monthly to effectively review absence data	Simon Kilbey (RES)	31/03/2015
Support managers to review staff sickness absence statistics in conjunction with HR business partners and begin taking formal action under the policy	Simon Kilbey (RES)	31/03/2015
Work with the People Board Operations group to identify specific actions to support managers in areas of high sickness absence to ensure best practice is shared	Simon Kilbey (RES)	31/03/2015
Monitor and support managers to access the HR self-service to record sickness absence data and take appropriate action	Simon Kilbey (RES)	31/03/2015
Activity	Lead Member, Lead Officer and Directorate	Deadline
Develop the strategic ICT partnership	Cllr Alibor Choudhury Shirley Hamilton (RES)	31/03/2015
Milestone	Lead Officer	Deadline
Develop and publish a 3 year ICT Strategy (2015-2018) and Strategic Implementation Plan agreed by the Strategic Partnership Board	Shirley Hamilton (RES)	31/03/2015
Stabilise the Council's ICT environment working in conjunction with Agilisys, fully embedding the VDI system and any future migration	Shirley Hamilton (RES)	31/03/2015
Ensure compliance with the new national PSN ICT security requirements and minimise disruption to Council services	Shirley Hamilton (RES)	31/03/2015



<b>Activity</b>	<b>Lead Member, Lead Officer and Directorate</b>	<b>Deadline</b>
Improve revenue collection	Cllr Alibor Choudhury Roger Jones (RES)	31/03/2015
<b>Milestone</b>	<b>Lead Officer</b>	<b>Deadline</b>
Implement the Optimisation Programme that will focus on improving collection of debt, data management and managing growth with improved yield from the rate base and tax base	Roger Jones	31/03/2015
Implement the Council Tax Discount award scheme, to support low income households who are entitled to partial council tax support	Roger Jones	31/05/2014
<b>Activity</b>	<b>Lead Member, Lead Officer and Directorate</b>	<b>Deadline</b>
Develop Progressive Partnerships to further the Mayor's social objectives	Cllr Alibor Choudhury Zamil Ahmed (RES)	31/03/2015
<b>Milestone</b>	<b>Lead Officer</b>	<b>Deadline</b>
Introduce smarter sourcing practices to support SMEs, deliver savings and increase compliance	Zamil Ahmed (RES)	31/03/2015
Launch the local supply chain initiatives to stimulate the local economy	Zamil Ahmed (RES)	31/03/2015
Promote ethical sourcing and sustainability: aim to achieve WWF Silver Status for the purchasing of sustainable timber products	Zamil Ahmed (RES)	31/03/2015
Develop a 'Business Charter' for Tower Hamlets through which local businesses commit to 'buy local, employ local, support local'	Andy Scott (D&R)	31/03/2015

<b>Activity</b>	<b>Lead Member, Lead Officer and Directorate</b>	<b>Deadline</b>
Improve customer satisfaction and value for money	Cllr Alibor Choudhury	31/03/2015
	Keith Paulin (RES)	
<b>Milestone</b>	<b>Lead Officer</b>	<b>Deadline</b>
Develop improved transparency and reporting mechanisms in line with the Code of Recommended Practice on Data Transparency & Local Audit & Accountability Bill	Kevin Miles (RES)	31/12/2014
Improve customer satisfaction levels with reduced budget	Keith Paulin (RES)	31/03/2015
Develop self-service online options to reduce demand and cost, including implementing an online process for housing benefits and parking permits	Keith Paulin (RES)	31/03/2015
Develop methods of measuring satisfaction with automated/online services	Keith Paulin (RES)	31/03/2015
Monitor how staff are dealing with customers and provide training where appropriate	Keith Paulin (RES)	31/03/2015
<b>Activity</b>	<b>Lead Member, Lead Officer and Directorate</b>	<b>Deadline</b>
Make better use of our buildings and other public assets	Cllr Alibor Choudhury	31/03/2015
	Ann Sutcliffe (D&R)	
<b>Milestone</b>	<b>Lead Officer</b>	<b>Deadline</b>
Implement the Corporate Landlord Model	Ann Sutcliffe (D&R)	30/04/2014
Renew Asset Strategy	Ann Sutcliffe (D&R)	31/05/2014
Commence work on Civic Centre	Ann Sutcliffe (D&R)	30/06/2014
Implement client / provider structure	Ann Sutcliffe (D&R)	30/09/2014
Commence disposal strategy of surplus assets	Ann Sutcliffe (D&R)	30/09/2014
Commence soft market testing on procurement options for Civic Centre	Ann Sutcliffe (D&R)	30/09/2014
Ensure the impact on the statutory provision of childcare places is considered in the development of the Council's asset strategy	Ann Sutcliffe (D&R)	30/09/2014

<b>Activity</b>	<b>Lead Member, Lead Officer and Directorate</b>	<b>Deadline</b>
Tackle misuse of public assets and generate income from pro-active anti-fraud work	Cllr Alibor Choudhury Minesh Jani (RES)	01/03/2015
<b>Milestone</b>	<b>Lead Officer</b>	<b>Deadline</b>
Recover 40 social housing properties used fraudulently	Minesh Jani (RES)	31/03/2015
Achieve 160 sanctions and prosecute 40 cases of housing benefit fraud	Minesh Jani (RES)	31/03/2015
Develop pro-active fraud awareness campaign - focusing on reporting and data matching between services in the Council	Minesh Jani (RES)	01/03/2015
Roll out e-learning modules to all staff, including on the Bribery Act 2010	Minesh Jani (RES)	01/03/2015
Deliver the internal audit plan to ensure key strategic risks are adequately evaluated	Minesh Jani (RES)	01/03/2015
<b>Activity</b>	<b>Lead Member, Lead Officer and Directorate</b>	<b>Deadline</b>
Prioritise frontline services whilst delivering the Council's budget strategy during a period of declining resources	Cllr Alibor Choudhury Chris Holme, Richard Lungley and John Jones (RES)	30/11/2014
<b>Milestone</b>	<b>Lead Officer</b>	<b>Deadline</b>
Develop a package of deliverable efficiency opportunities to ensure a balanced budget for 2015/16	Chris Holme (RES)	30/09/2014
Review economic growth opportunities and their implication for the Council's medium term financial strategy to 2018	Richard Lungley and John Jones (RES)	30/09/2014
Maintain strong and effective financial management and control, supported by ongoing budget manager training	Richard Lungley and John Jones (RES)	30/11/2014

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