

TOWER HAMLETS HEALTH AND WELLBEING BOARD



Monday, 8 October 2018 at 5.00 p.m.

Aberfeldy Neighbourhood Centre, Aberfeldy Street, London, E14 0NU

This meeting is open to the public to attend.

Name

Cllr Denise Jones

Chair and Cabinet Member for Health and Adult Services

Dr Sam Everington

Vice Chair and Chair of the THCCG

Cllr Danny Hassell

Cabinet Member for Children's Services

Cllr Sirajul Islam

Cabinet Member for Housing

Cllr Candida Ronald

Cabinet Member for Resources

Dr Somen Banerjee

Director of Public Health

Debbie Jones

Corporate Director of Children's Services

Denise Radley

Corporate Director of Health Adults & Community

Simon Hall

Managing Director NHS THCCG

Randall Smith/Dianne Barham

Chair/CE of Healthwatch

Eve McQuillan

Labour Party

Co-opted:

Ann Sutcliffe

Director of Place

Chris Banks

Chief Executive GP Care Group

Sarah Williams

Legal LBTH

Alison Robert

THCVS Development Manager

Simon Walton

Tower Hamlets Housing Forum

Stephen Dudeney

Borough Commander -London Fire Brigade

Sue Williams

Borough Commander – Met Police

Isabel Hodkinson

Chair of Tower Hamlets Together

Dr Ian Basnett

Public Health Director – Barts NHS Health Trust

Dr Navina Evans

Chief Executive East London NHS Foundation Trust

Jackie Sullivan

Managing Director of Hospitals – Barts Health Trust

Fahimul Islam

Young Mayor

Stakeholders:

Andrew Wood

Conservative Leader

Christabel Shawcross

Chair of the Safeguarding Adults Board

Stephen Ashley

Chair of the Safeguarding Children's Board

Kahar Chowdhury

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The quorum of the Board is a quarter of the membership including at least one Elected Member of the Council and one representative from the NHS Tower Hamlets Clinical Commissioning Group.

Questions

Before the formal business of the Board is considered, up to 15 minutes are available for public questions on any items of business on the agenda. Please send questions to the Officer below by **5pm the day before the meeting**.

Contact for further enquiries:

Committee Services Officer - Rushena Miah
1st Floor, Mulberry Place, Town Hall, 5 Clove Crescent, E14 2BG
Tel: 0207364 5554
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Web: <http://www.towerhamlets.gov.uk/committee>

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Role of the Tower Hamlets Health and Wellbeing Board.

- To encourage integrated working between persons who arrange for the provision of any health or social services in Tower Hamlets for the advancement of the health and wellbeing of the people in Tower Hamlets.
- To identify needs and priorities across Tower Hamlets and publish and refresh the Tower Hamlets Joint Strategic Needs Assessment (JSNA) so that future commissioning/policy decisions are based on evidence.
- To prepare the Joint Health and Wellbeing Strategy.
- To be involved in the development of any Clinical Commissioning Group (CCG) Commissioning Plan that applies to Tower Hamlets and to give its opinion to the CCG on any such proposed plan.
- To communicate and engage with local people on how they could achieve the best possible quality of life and be supported to exercise choice and control over their personal health and wellbeing. This will involve working with Local HealthWatch to make sure there's a continuous dialogue with the public to ensure services are meeting need.
- To carry out new functions as requested by the Secretary of State and as advised in guidance issued from time to time.

Public Information

Attendance at meetings.

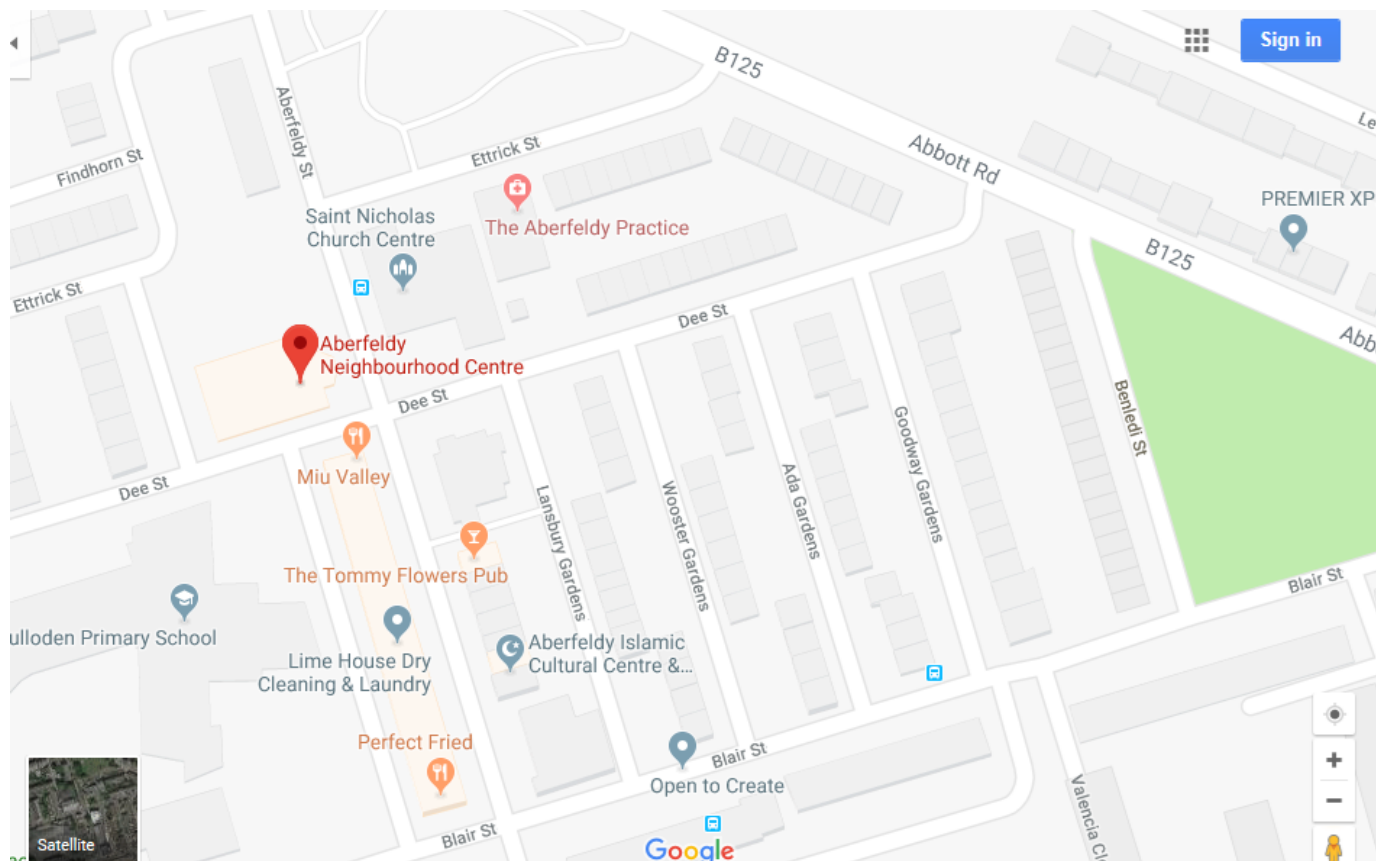
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QR code for smart phone users.

1 .1 Welcome, Introductions and Apologies for Absence

To receive apologies for absence and subsequently the Chair to welcome those present to the meeting and request introductions.

1 .2 Minutes of the previous meeting, Actions and Matters Arising

7 - 14

To confirm as a correct record the minutes of the meeting of the Tower Hamlets Health and Wellbeing Board held on. Also to consider previous actions and matters arising.

1 .3 Declarations of Disclosable Pecuniary Interests

15 - 18

To note any declarations of interest made by members of the Board.
(See attached note of Monitoring Officer).

ITEMS FOR CONSIDERATION:

2. MENTAL HEALTH IN TOWER HAMLETS, 2019-2024

19 - 24

Presented by Carrie Kilpatrick, Deputy Director Mental Health and Joint Commissioning.

This will be an extended session covering the foundations of mental health, headline indicators for Tower Hamlets, the spectrum of mental health conditions, current plans and approach to new strategy/plan. The Board is asked to discuss their thoughts on priorities for the strategy/plan.

5.10-6.00pm (50 mins)

3. SAFEGUARDING CHILDREN'S BOARD ANNUAL REPORT 2017-18

25 - 64

Presented by Stephen Ashley, Chair of the Local Safeguarding Children's Board.

The LSCB under the Children's Act 2004 has a duty to publish an annual report to set out progress, achievements and learning over the previous year, 2017-18.

6.00-6.20pm (20 mins)

4. SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2017-18

65 - 86

Presented by Christabel Shawcross, Independent Chair of SAB.

The Safeguarding Adults Board (SAB) under the Care Act 2014 has a duty to publish an annual report to set out progress, achievements and learning over the previous year, 2017-18.

6.20-6.40pm (20 mins)

5. SUICIDE PREVENTION STRATEGY

87 - 114

Presented by Chris Lovitt, Associate Director of Public Health.

This report provides an update on progress in implementing the Tower Hamlets Suicide Prevention Plan, adopted by the Health and Wellbeing Board on 20 December 2017.

6.40-6.50pm (10 mins)

6. CONNECTING LIVES - DEVELOPING A TASKFORCE TO ADDRESS LONELINESS IN TOWER HAMLETS

115 - 120

Presented by Somen Banerjee, Director of Public Health.

At the Board Meeting on the 17 July 2018, it was agreed that establishing the loneliness taskforce should be one of the 2018/19 deliverables of the Communities Driving Change priority of the Health and Wellbeing Strategy. This paper will inform the approach for 2018/19.

6.50-7.00pm (10mins)

7. TOWER HAMLETS TOGETHER (THT) - COMMISSIONING INTENTIONS UPDATE

121 - 152

Presented by Warwick Tomsett, Joint Director of Integrated Commissioning.

The item is an update on the commissioning intentions process that has been taking place through the Tower Hamlets Together Partnership over the summer. It is for information and noting.

7.00-7.15pm (15 mins)

8. ANY OTHER BUSINESS

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

7.15-7.30pm (15 mins)

9. DATE OF NEXT MEETING

Monday, 14 January 2019 at 5.00 p.m. Venue-tbc.

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LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE TOWER HAMLETS HEALTH AND WELLBEING BOARD

HELD AT 5.30 P.M. ON TUESDAY, 17 JULY 2018

MP701 - TOWN HALL MULBERRY PLACE

Members Present:

Councillor Denise Jones	Chair HWB - Cabinet Member for Adults Health and Wellbeing
Dr Sam Everington	Vice-Chair of HWB, Chair of THCCG
Councillor Danny Hassell	Cabinet Member for Children, Schools and Young People
Councillor Sirajul Islam	Cabinet Member for Housing
Councillor Candida Ronald	Cabinet Member for Resources and the Voluntary Sector
Councillor Eve McQuillan	Mayoral Advisor for Tackling Poverty & Inequality
Simon Hall	Managing Director Tower Hamlets NHS CCG
Dr Somen Banerjee	Director of Public Health
Denise Radley	Corporate Director, Health, Adults & Community
Randal Smith	Chair of TH Healthwatch
Vicky Clarke	Divisional Director Growth & Economic Development (Substitute for Ann Sutcliffe)

Co-opted Members Present:

Dr Ian Basnett	Public Health Director, Barts Health NHS Trust
Dr Navina Evans	Chief Executive East London and the Foundation Trust
Sue Williams	Borough Commander for Met Police
Isabel Hodkinson	GP, Principal Clinical Lead Tower Hamlets CCG
Alison Robert	Partnership Manager, Tower Hamlets CVS
Isabel Hodkinson	Chair of THT, GP Principal Clinical Lead Tower Hamlets CCG
Richard Wyatt	London Fire Brigade (Substitute for Stephen Dudeney)
Neil Ashman	Deputy Managing Director Hospitals Barts Health Trust (Substitute for Jackie Sullivan)

Others Present:

Dianne Barham	Director Healthwatch TH
Jenny Cooke	Deputy Director for Primary and Urgent Care - THCCG

Officers in Attendance:

Rushena Miah	Clerk to the Board -Democratic Services
Sarah Williams	Legal Officer LBTH
Afazul Hoque	Service Manager Corporate SPP
Chris Lovitt	Associate Director Public Health
Abigail Knight	Associate Director Public Health
Warwick Tomsett	Joint Director of Integrated Commissioning

Apologies:

Debbie Jones	Corporate Director, Children's
Ann Sutcliffe	Acting Corporate Director, Place
Stephen Dudeney	Borough Commander - London Fire Brigade
Jackie Sullivan	Managing Director Hospitals Barts Health Trust
Andrew Wood	Conservative Group Leader

1. STANDING ITEMS OF BUSINESS:

1.1 Welcome and Introductions

Following the April 2018 meeting, the Chair introduced new attendees to the Board. These were: Councillor Candida Ronald, Councillor Eve McQuillan, Isabel Hodgkinson - Chair Tower Hamlets Together and Warwick Tomsett – Joint Director of Integrated Commissioning.

1.2 Minutes of the Previous Meeting and Matters Arising

The following amendments were recorded:

- Page 1 - That the time of the meeting was 6.30pm not 8.08am.
- Page 7 - In the apologies section Simon Hall's title should be listed as Managing Director of NHS THCCG not Chief Executive of GP Care Group.
- Page 9 - There was a correction to the spelling of Abigail Knight's name, no 'e' at the end.

Matters arising:

The Board were reminded that the housing conference mentioned at the end of the minutes would be taking place next week on the 24 July 2018.

The Chair congratulated Dr Ian Basnett for being awarded an OBE for services to public health in East London.

RESOLVED:

- i. To approve the minutes of the meeting held on the 26 April 2018, further to the above amendments.

1.3 Declarations of Disclosable Pecuniary Interests

There were no declarations of pecuniary interests.

1.4 TERMS OF REFERENCE

It was confirmed that the Terms of Reference in the pack had incorporated the changes agreed at the Boards April 2018 meeting.

RESOLVED:

- i. To note the Board's Terms of Reference.

1.5 Dates of meetings 2018/19

In order to ensure meetings were quorate, the Chair announced that Board meetings for the rest of the year would take place on a Monday evening. Isabel Hodgkinson explained that this would be difficult due to clinical hours. The Chair asked Members to ensure that they arrange for a substitute if they could not attend meetings.

RESOLVED:

- i. To note new Board meeting dates 2018/19.

1.6 FORWARD PLAN

A proposed Forward Plan with items for the October 2018 meeting was presented. There was a request to include an update on the Health and Housing Conference at the next Board meeting.

RESOLVED:

- i. To note the Forward Plan.

2. LONDON HEALTH AND SOCIAL CARE DEVOLUTION

Dr Somen Banerjee, Director of Public Health, made a presentation on the London Devolution Health and Social Care Memorandum of Understanding (MoU). It was noted that the devolution programme aimed to explore the delegation of certain functions or resources in order to make healthcare more integrated and efficient at the local level. The MoU explored three themes, these were:

1. NHS Estates
2. Integration
3. Prevention

During 2016 five pilots on these themes took place in: Barking & Dagenham (integration), Hackney (integration), Lewisham (integration), North Central London (Estates) and Haringey (Prevention).

It was noted that the Health and Wellbeing Board Strategy closely aligned with the Devolution Programme therefore there were opportunities for involvement. Dr Banerjee asked the Board to discuss the implications and opportunities in relation to the Programme.

Discussion points:

- It was noted that the devolution programme had synergies with the Healthy Borough programme established in 2010.
- The Board recognised that the devolution programme was at a developing stage. They thought it would be useful to get further information on the programme as it emerges in London and Manchester.
- Utilisation of the sugar levy.

- Overall, whilst recognising that devolution was an emerging agenda, it was agreed that it was an important asset and that it was useful to be engaged in the Health and Social Care Devolution Programme.
- Dr Banerjee agreed to feedback the discussion at the Health and Wellbeing Board to London leads working on the devolution programme.

RESOLVED

- i. To note the report.

3. THE TOWER HAMLETS PLAN 2018-23

The Board received a presentation from Afazul Hoque, Head of Corporate Strategy and Performance, on the Tower Hamlets Plan 2018-2023.

Mr Hoque explained that The Tower Hamlets Strategic Partnership had developed a new five year plan. Key objectives of the plan included:

- Tackling inequality
- A better deal for young people
- Strong resilient and safe communities
- Better health and wellbeing

Due to the thematic cross over in health, it was advised that the Tower Hamlets Plan should be aligned with the Health and Wellbeing Strategy.

Discussion points:

- A Member asked how the framework would be delivered at an operational level and who was responsible for managing it. Mr Hoque explained that the Plan and Framework were intended as strategic documents, it would be up to the thematic boards to produce action plans.
- Members asked how the Board would be able to collectively keep track of the Plan.
- The Board approved the general approach of the Plan but requested clarification on envisaged communication channels between partners involved in delivering the work.
- The Chair requested this item come back to a future meeting with more detailed information on action and implementation. Afazul Hoque, Somen Banerjee and Simon Hall agreed to follow up.

RESOLVED:

- i. To approve the Tower Hamlets Plan 2018-23, with a request for clarification on communication channels between partners.
- ii. To agree to the Framework of Delivery, with a request for more detailed information on action and implementation.

4. TOWER HAMLETS TOGETHER HEALTH AND WELLBEING BOARD STRATEGY 2017-20 - PROPOSED PRIORITIES FOR 2018/19

Dr Somen Banerjee, Director of Public Health, presented proposed actions for 2018/19 with regard to the Health and Wellbeing Strategy (2017-2020). He asked Members for comments and how they would like to be involved in taking actions forward.

Discussion points:

- There should be synergy between the Health and Wellbeing Strategy and the Tower Hamlets Plan.
- There was a suggestion to ensure that the strategy linked with the Poverty and Inequality Board's action plan.
- There was a request to include housing for people with learning disabilities into the strategy.
- Noted the synergy between the Health and Wellbeing Strategy and the Devolution Programme.
- Timescales to be added to the actions in the Strategy.
- The DWP works across a wider geography than Tower Hamlets but the Council would work to ensure that the delivery is best for Tower Hamlets residents.
- Board Partners were asked to commit to the Strategy and Action Plan. In order to progress the work planning discussions would take place in the board champion groups.
- Members indicated their preferences for champion groups at the April 2018 meeting. New Members and those who sent substitutes to the meeting were advised to confirm their preference for champion groups. Dr Banerjee agreed to establish and co-ordinate the board champion groups for 2018/19 with the support of Denise Radley and Simon Hall.

RESOLVED:

- i. To discuss and provide comment on the proposed actions.
- ii. To take the Strategy's actions forward.

5. COMMISSIONING INTENTIONS

The Committee received a verbal update from Warwick Tomsett, Joint Director of Integrated Commissioning, on commissioning intentions.

It was noted that a commissioning process across the Tower Hamlets Together partnership was being developed and that a paper on this would be presented at the October 2018 Board meeting. The proposals had been discussed at the Tower Hamlets Together Board and work is being carried out with the life course groups in order to provide data to inform commissioning.

RESOLVED:

- i. To note the commissioning intentions update.

6. GP REGISTRATION WEBSITE DEMONSTRATION

The Committee received a demonstration from Jenny Cooke, Deputy Director for Primary and Urgent Care, on a new GP registration website that would provide a single online point of access for GP registration in the borough.

Key points:

- The GP Care Group and THCCG worked in partnership on the website.
- It was estimated that approximately 20% of the Tower Hamlets population were not registered with a GP.
- Data would be gathered via a web form.
- Protected characteristics would be collected to build a needs assessment.
- Patients would receive a prompt to join a patient participation group.
- The web form would provide greater consistency across GP surgeries.
- The website would be smartphone enabled.
- There would be a paper version for those without internet access at the GP practice.
- The website would go live in October 2018. Address would be: www.towerhamletsgpreg.nhs.uk

Discussion points:

- It was noted that the majority of GP surgeries had signed up to the programme.
- In order to prevent the frustration of entering the same data multiple times, it was recommended that the form should be able to link to other systems.
- In the longer term there may be an opportunity to tie the website into the Council's Customer Access Programme.

RESOLVED:

- i. To note the website demonstration.
- ii. To promote the website to wider contacts.

7. ANY OTHER BUSINESS

None.

8. DATE OF NEXT MEETING

Monday 8 October 2018, 5pm, Committee Room 1, First Floor, Town Hall Mulberry Place, London E14 2B.

The meeting ended at 7.30 p.m.

Chair, Councillor Denise Jones
Tower Hamlets Health and Wellbeing Board

Health and Wellbeing Board (HWB) Action Log

Open Actions

No.	Reference	Action	Assigned to:	Due Date	Response
1.	HWB 17/07/2018 Item 1.6	To report back on the July Health and Housing Conference and on the outcome of a Council motion to adopt working with Thrive London.	Somen Banerjee	8 October 2018	Health and Housing conference took place on the 23rd July - partners developed pledges around working together - these will come as a substantive agenda item to the next Board Thrive London is part of the Strategic Plan of the Council and an action plan has been developed which will link into the Mental Health Plan refresh
2	HWB 17/07/2018 Item 2	Devolution: To feedback HWB discussions on devolution to the London wide Devolution Group and provide updates at future HWB meetings.	Somen Banerjee	8 October 2018	The minutes of the HWBB session have been sent to the London Devolution team and the DPH has updated verbally.
3	HWB 17/07/2018 Item 3	The Tower Hamlets Plan – to come back to the meeting with: Further clarification on communication channels between partners involved in the delivery of the Plan. Further detail on action and implementation.	Afazul Hoque, Somen Banerjee, Simon Hall	8 October 2018	The Tower Hamlets Plan 2018 -23 sets out the Tower Hamlets Partnership's five year vision for the borough, articulating local aspirations, needs and priorities. It informs all other strategies and delivery plans of the partnership, including the council's Strategic Plan and Health and Wellbeing Strategy. The Tower Hamlets Health and Wellbeing Board will meet the plans expectations by delivering priorities set out in the Health and Wellbeing Strategy 2017-20". The Partnership Executive Group will also invite the HWBB to its meeting to discuss progress and support needed to deliver the priorities set out in the Tower

Health and Wellbeing Board (HWB) Action Log

					Hamlets Plan.
4	HWB 17/07/2018 Item 4	Health and Wellbeing Strategy: For timescales to be included alongside actions in the HWB Strategy.	Somen Banerjee	8 October 2018	This will be put on the Health and Wellbeing Board website
5	HWB 17/07/2018 Item 4	To establish and co-ordinate board champion groups for 2018/19.	Somen Banerjee, Denise Radley, Simon Hall.	8 October 2018	Board champions identified. Officer lead for each HWBS priority to contact them to explore how they would like to be engaged.

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Closed Actions

No	Reference	Action	Assigned to:	Due Date	Update/Deadline
1.					

DECLARATIONS OF INTERESTS - NOTE FROM THE MONITORING OFFICER

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

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

Interests and Disclosable Pecuniary Interests (DPIs)

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

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

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

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

Effect of a Disclosable Pecuniary Interest on participation at meetings

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

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

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

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

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

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

Further advice

For further advice please contact:-


Asmat Hussain, Corporate Director, Governance & Monitoring Officer,
Telephone Number: 020 7364 4800

APPENDIX A: Definition of a Disclosable Pecuniary Interest

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

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

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<p>Non-Executive Report of the:</p> <p>Health and Wellbeing Board</p> <p>Monday 8 October 2018</p>	
<p>Report of: Denise Radley, Corporate Director Health Adults & Community</p>	<p>Classification: Unrestricted</p>
<p>Proposal to develop a Mental Health Strategy, 2019-24</p>	

<p>Originating Officer(s)</p>	<p>Joanne Starkie, LBTH, Head of Strategy and Policy, Health Adults and Community</p> <p>Jack Kerr, LBTH, Strategy and Policy Officer, Health Adults and Community</p>
<p>Wards affected</p>	<p>All wards</p>

Executive Summary

This report sets out proposals to develop a Mental Health Strategy 2019-24, replacing the existing strategy that expires in March 2019. The strategy will provide a high-level framework setting out how Tower Hamlets Council, Tower Hamlets Clinical Commissioning Group and its partners will work to improve outcomes for people with a mental health issue between 2019 and 2024.

The report sets out the timescales and action to be taken in order to develop the strategy. It also sets out a number of key issues that will shape the development and content of the strategy.

Recommendations:

The Health and Wellbeing Board is recommended to:

1. Agree the proposal to develop a 2019-24 Mental Health Strategy using the timescales outlined in section 3.2.10
2. Agree to the following proposed aspects of the strategy in particular:
 - Having a Mental Health Strategy as a higher level, 'plan on a page' document as opposed to a full, detailed strategy.
 - Keeping the focus of this work on adults, recognising that work on children and young people is being picked up through CAMHS transformation work and the Tower Hamlets Together workstream work plan.
 - Ensuring consistency with the Ageing Well strategy in relation to dementia, noting that the issue is covered in-depth in this document.
 - Using the Mental Health Strategy as a vehicle for articulating our local approach to Thrive London and the NHS Five Year Forward View for

Mental Health.

- That development of the Mental Health Strategy be overseen by the Mental Health Partnership Board

1. REASONS FOR THE DECISIONS

- 1.1 Tower Hamlets 2014-2019 strategy is coming to an end in March 2019. A new, high-level strategy would be useful in providing a framework in which key actions and service priorities are identified in order to improve outcomes for people with a mental health issues.

2. ALTERNATIVE OPTIONS

- 2.1 The strategy could come to an end in 2019 and not be refreshed. However, it should be noted that refreshing and relaunching the Mental Health Strategy was one of the Mayor's 2018 manifesto commitments.
- 2.1 A more 'traditional' and detailed strategy could be developed, rather than the proposed 'plan on a page'. The main advantage of having a more traditional approach is that this will provide a detailed explanation of where we are and where we need to get to. This must be weighed against the advantage of having a clear, brief and accessible 'plan on a page' that sets out where we want to go and is much less resource-intensive to develop.

3. DETAILS OF THE REPORT

- 3.1 This report sets out proposals to develop a Mental Health Strategy 2019-24, replacing the existing strategy that expires in March 2019. The strategy will provide a high-level framework setting out how Tower Hamlets Council, Tower Hamlets Clinical Commissioning Group and its partners will work to improve outcomes for people with a mental health issue between 2019 and 2024.

3.2 Key Issues

2.1.1 Mayoral Pledges

Refreshing and relaunching the Mental Health Strategy was one of the Mayor's 2018 manifesto commitments.

2.1.2 Age

The existing 2014-19 Mental Health Strategy covers children, young people and adults. It is proposed that the new, refreshed strategy focus on adults only. This is because plans for children and young people are being addressed through CAMHS transformation work and the Tower Hamlets Together workstream work plan. Links can be made to ensure that the new strategy is consistent with equivalent work and strategies looking at mental health in children and young people. Indeed, it may be that two complementary 'plans on a page' are developed for children and for adults.

2.1.3 NHS Five Year Forward View for Mental Health

The new Mental Health Strategy will need to articulate our local approach to the national NHS Five Year Forward View for Mental Health¹. The document sets out the following priorities for the NHS by 2020/21:

- I. A 7 day NHS – right care, right time, right quality
- II. An integrated mental and physical health approach
- III. Promoting good mental health and preventing poor mental health– helping people lead better lives as equal citizens
 - Prevention at key moments in life
 - Creating mentally healthy communities
 - Building a better future

2.1.4 Thrive London

Thrive London is a programme of work supported by the Mayor of London and the London Health Board which aims to improve Londoners' health and wellbeing. One of the Mayoral Pledges is to support the Thrive campaign and explore the possibility of establishing a Thrive “hub” in the borough. It is proposed that our local approach in relation to Thrive be articulated in the Mental Health Strategy, being mindful to utilise existing resources and avoid duplication.

2.1.5 Dementia

Dementia theoretically falls across the remit of both the Mental Health Strategy and existing Ageing Well Strategy. The issue is covered in-depth in the Ageing Well Strategy, so links will need to be made between this and the Mental Health Strategy.

2.1.6 Adult Mental Health Wellbeing, Recovery and Employment Services

The contract for the Recovery and Wellbeing Services and the Recovery College is due to expire in July 2019, and work has already started to look at options for redesigning these services. The new Mental Health Strategy can be informed by this work, and development of the strategy can similarly influence the final shape and design of the service.

2.1.7 Areas of focus

It is proposed that the Mental Health Strategy be a high-level document covering a five-year period. The strategy can be supplemented by a more detailed annual action plan, overseen by the Mental Health Partnership Board. Initial feedback is that the new strategy may need to keep some of the overarching aims of the existing strategy, but may not need the same level of detail if a yearly action plan is to be produced. Some of the provisional issues identified by staff that could be picked up in the strategy include:

- Improving employment outcomes for people with a mental health issue
- Raising awareness and reducing stigma around mental health
- Looking at resilience as it applies to mental health and wellbeing for the wider population.

¹ <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

2.1.8 Interdependent strategies

As well as the Health and Wellbeing Strategy, there are a number of local strategies being developed in tandem with the Mental Health Strategy. It will be important that synergies and consistencies are made. Key amongst these are:

- The Violence Towards Women and Girls Strategy
- The Substance Misuse Strategy
- The Safeguarding Adults Strategy.

2.1.9 Needs Assessment

The Mental Health Strategy will need to be informed by a detailed needs assessment. This can be based on existing Joint Strategic Needs Assessments from 2011 and 2016, supplemented by more recent evidence and other JSNAs that are relevant to mental health.

2.1.10 Timescales

Action	Date
Needs assessment carried out (<i>date for updated Mental Health Joint Strategic Needs Assessment to be confirmed</i>)	Autumn 2018
Engagement and coproduction with partner agencies, residents and stakeholders on strategy development	November – March 2019
Draft circulated and updated following feedback	March 2019
Final draft submitted to LBTH governance structures for approval, as well as relevant partner agency governance structures as appropriate	April – June 2019

2.1.11 Governance and oversight

It is proposed that the strategy be overseen by the Mental Health Partnership Board whilst it is in development. The final draft Strategy will then be submitted through the local authority governance structure ending at Cabinet, the Joint Commissioning Executive and the Health and Wellbeing Board for approval. Partner agencies will be asked to submit the strategy through their own governance structures for approval as appropriate.

4. EQUALITIES IMPLICATIONS

- 4.1 The strategy will be developed to ensure that it does not adversely affect any different communities or groups of people, and will opportunities to support them positively now and in the future. It is proposed that an Equality Impact Assessment (EIA) is completed for the delivery of the strategy and any subsequent commissioning intentions required achieving the objectives identified in the strategy. No specific variations to services are proposed at present.

5. OTHER STATUTORY IMPLICATIONS

- 5.1 This section of the report is used to highlight further specific statutory implications that are either not covered in the main body of the report or are required to be highlighted to ensure decision makers give them proper consideration. Examples of other implications may be:
- Best Value Implications,
 - Consultations,
 - Environmental (including air quality),
 - Risk Management,
 - Crime Reduction,
 - Safeguarding.
- 5.2 To date, consultation has been limited to key staff working in mental health commissioning and public health. The proposal to develop a new Mental Health Strategy was discussed at the LBTH Health, Adults, and Community Directorate Management team meeting on 17th September and at the Joint Commissioning Executive on the 21st September.
- 5.3 It is proposed that a detailed programme of coproduction be carried out to drive the strategy. A great deal of evidence on local people's views and experiences related to mental health are already available, so it is proposed that this evidence be fully utilised. Any gaps in knowledge can be filled, making use of the involvement structures that exist in services (e.g. the Working Together Groups in the East London NHS Foundation Trust). The Mental Health Partnership Board has service users, carers, staff and stakeholders. It is proposed that the Board oversee the development of the strategy.

6. COMMENTS OF THE CHIEF FINANCE OFFICER

- 6.1 There are no direct financial implications arising from this report. Any service expenditure incurred in the development of the Mental Health Strategy will be funded through existing resources.

7. COMMENTS OF LEGAL SERVICES

- 7.1 Section 116A of the Local Government and Public Involvement in Health Act 2007 places a duty on the Health and Wellbeing Board to prepare a joint strategic health and wellbeing strategy in respect of the needs identified in the Joint Strategic Needs Assessment. The duty to prepare this plan falls on local authorities and the Clinical Commissioning Group, but must be discharged by the Health and Wellbeing Board. The proposal to develop a Mental Health Strategy 2019-2024 complies with the Board's duties.
-

Linked Reports, Appendices and Background Documents

Linked Report

- NONE

Appendices

- NONE

Local Government Act, 1972 Section 100D (As amended)


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

List any background documents not already in the public domain including officer contact information.

- NONE

Officer contact details for documents:

Joanne Starkie – Head of Strategy and Policy, Health Adults and Communities, LBTH joanne.starkie@towerhamlets.gov.uk / 020 7364 0534

<p>Non-Executive Report of the:</p> <p>Health and Wellbeing Board</p> <p>Monday 8 October 2018</p>	 <p>Tower Hamlets Health and Wellbeing Board</p>
<p>Report of: Debbie Jones, Corporate Director for Children's Services, LBTH</p> <p>Stephen Ashley, LSCB Independent Chair, LBTH</p>	<p>Classification: Unrestricted</p>
<p>Tower Hamlets Safeguarding Children Board Annual Report 2017-18</p>	

Executive Summary

This report and its appendix set out the annual report of Tower Hamlets' Local Safeguarding Children Board (LSCB), which is a statutory requirement under the Children Act 2004 and Working Together to Safeguard Children Guidance 2018.

The annual report sets out the Board's current governance arrangement, key safeguarding information, and progress made following Ofsted's Inspection of Children's Social Care and the separate Review of the LSCB in February 2017 and examples of partnership work and achievements.

Recommendations:

The Health and Wellbeing Board is recommended to:

1. Note content of the Safeguarding Children Annual Report 2017-18
2. Consider any implications arising from this report for the HWBB and its work programme.

1. REASONS FOR THE DECISIONS

- 1.1 The Local Safeguarding Children Board (LSCB) is required to publish an annual report on the effectiveness of child safeguarding arrangements and promoting the welfare of children in its locality, to ensure the annual report is available within the professional and public domain. The LSCB annual report, which fulfils this responsibility, is appended to this paper.
- 1.2 The content of the Annual Report has been developed and agreed by the Tower Hamlets Local Safeguarding Children's Board.

2. ALTERNATIVE OPTIONS

- 2.1 There are no alternative options. It is a statutory requirement for the LSCB to report to the leader of the council (Mayor) along with the Chief Executive, the Borough Commander, the Crime and Policing Commissioner and Chair of the Health and Wellbeing Board on an annual basis. Although the content and format of the Annual Report can be revised in line with feedback

3. DETAILS OF THE REPORT

- 3.1 Working Together to Safeguard Children Guidance 2018 requires LSCBs to ensure that local children are safe, and that agencies work together to promote children's welfare:
- 3.2 *"The chair of the LSBC must publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area. The annual report should be published in relation to the preceding financial year*

The report should be submitted to the Chief Executive, Leader of the Council, the local Police and Crime Commissioner, and the chair of the Health and Wellbeing Board who should note its findings and inform the Independent LSCB Chair of actions they intend to take in relation to the findings and priorities"

- 3.3 Since the Ofsted inspection, there has been a focus on improvement with a view to a much improved position within Children's Social Care at the time of the next inspection. There has been a strong focus on improvements to the front door and recent Ofsted monitoring visits have confirmed that the process in these areas is much safer and more effective. Subsequent Ofsted visits have focused on the response to the most vulnerable children as well as those in our care.
- 3.4 Performance management arrangements have been significantly improved. A significant data cleansing exercise was undertaken by Children's Services which has enabled access to real time, child level data. This data is also much more reliable which ensures that it is used to manage performance and

address any deterioration or interagency working difficulties as quickly as possible.

3.5 The content of this report is structured as follows:

- a) Executive Summary consolidates the borough profile, performance information and priorities.
- b) A description of the current legislative and local governance framework of Tower Hamlets LSCB is set out in section 1.
- c) Local statistical and safeguarding information providing context for safeguarding work in the borough is contained in section 2.
- d) Section 3 sets out the improvements and progress made by the LSCB and Children's Social Care in response to the Ofsted Inspection and Review. Some of the key improvements are in relation to the development and launch of an early help strategic sub-group which will be a crucial in supporting the development and implementation of the new Early Help Strategy. Another key development has been the launch of the multi-agency Exploitation Team, which brings together staff from Children's Social Care and the Police to provide a coordinated response to children who are at risk of all forms of exploitation.
- e) Priorities for 2018-19 are set out in section 4 and they continue to be linked to the improvement journey of Tower Hamlets Children's Social Care and the LSCB. The four priorities are:
 - Learning through an enhanced quality assurance framework that identifies our safeguarding areas for improvement (continuing priority)
 - Sustain situational awareness during LSCB transition to a new multi-agency safeguarding partnership arrangement (continuing priority)
 - An improved early help service is available to children and young people and results in positive outcomes
 - Vulnerable children who go missing or who are at risk of child sexual, criminal, ideological exploitation and serious youth violence are protected by effective multi-agency arrangements.

3.6 The LSCB is in its penultimate year. In June 2019, the LSCB is required to publish its new safeguarding arrangements setting out how the tri-partnership (LA, Police and CCG) will:

- Work together as a strategic body to safeguard children
- Work with other relevant agencies a
- Share joint responsibility for resourcing the local arrangements

3.7 As per the 2018 update of Working Together, Local Safeguarding Children Boards will cease to exist and be replaced by alternative safeguarding partners' arrangements. The partners (Local Authority, Police and CCG) must make arrangements to work with relevant agencies to safeguard and protect the welfare of children in the area. An external consultant has been

commissioned to undertake a review and support with the decision as to the model to replace the current LSCB.

- 3.8 The LSCB must publish their agreed arrangements by the 29th June 2019 and go live by the 29th September 2019.

4. EQUALITIES IMPLICATIONS

- 4.1 The LSCB Priorities are designed to ensure that all children have access to early help support and statutory intervention when required to keep them safe from harm, at home and in the community, and to tackle the challenges they face individually or as a family unit to help them grow in to healthy adults.

5. OTHER STATUTORY IMPLICATIONS

- 5.1 Safeguarding has an important interface with crime and disorder. Effective safeguarding means that children and young people are safe from harm caused by crime, for example abuse, violence, radicalisation and exploitation. The report sets out the partnership links with that of the Community Safety Partnership through the vulnerable young people and exploitation work strand.
- 5.2 The LSCB maintains a Risk and Issues Register, capturing risks identified by a partner agency or the LSCB Independent Chair. The LSCB chair and Executive Board members monitor the risks, mitigation and remedial actions.
- 5.3 The LSCB chair escalates risks causing serious partnership concern or interagency working difficulties to the chief executive or senior officer of the relevant agency. The LSCB chair updates the council's chief executive of the LSCB risk register at quarterly one-to-one meetings.

6. COMMENTS OF THE CHIEF FINANCE OFFICER

- 6.1 The 'inadequate' rating of Children Services by Ofsted meant LSCB partner agencies worked towards an improvement plan which resulted in cost increases from the previous year. The total expenditure in 2016-17 was circa. £99K whilst in 2017-18, it was £167K.
- 6.2 By June 2019, LSCB will cease to exist and will be replaced by 'Safeguarding Partners'. Joint resourcing responsibilities of the new partnership will fall on Tower Hamlets Council (LBTH), Tower Hamlets Clinical Commissioning Group (THCCG), and the Police.
- 6.3 Funding discussion between the three organisations should happen prior to June 2019. Currently, LBTH is the largest financial contributor responsible for about ninety percent of LSCB's annual budget.

7. COMMENTS OF LEGAL SERVICES

- 7.1 The Council has established the LSCB in accordance with its current obligation under section 13 of the Children Act 2004. Section 14A of the Children Act 2004 requires the LSCB Chair to publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area. The annual report should be published in relation to the preceding financial year and should fit with local agencies' planning, commissioning and budget cycles. The report should be submitted to the Chief Executive, Mayor, the local Police and Crime Commissioner and the Chair of the Health and Wellbeing Board.
- 7.2 The annual report should provide a rigorous and transparent assessment of the performance and effectiveness of local services. It should identify areas of weakness, the causes of those weaknesses and the action being taken to address them as well as other proposals for action. It is therefore appropriate that the report addresses the concerns raised in respect of the LSCB in the Ofsted Review and action plan to improve child safeguarding practice. The report should include lessons from reviews undertaken within the reporting period. The appended report complies with these requirements.
- 7.3 The Children and Social Work Act 2017 comes into force in June 2019. This will make replace the LSCB with a Safeguarding Partnership, comprised of the Council, Police and Clinical Commissioning Group. By 29 June 2019, the Safeguarding Partners must agree and publish their local multi-agency safeguarding partnership arrangements, which must then be implemented within 3 months. The work to be carried out to prepare for this transition is set out in the body of the report.

Linked Reports, Appendices and Background Documents

Linked Report

- None

Appendices

- Appendix 1 - Tower Hamlets Safeguarding Children Board Annual Report 2017-18

Local Government Act, 1972 Section 100D (As amended)

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

List any background documents not already in the public domain including officer contact information.

- None

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Tower Hamlets LSCB

Annual Report 2017-18



Safeguarding is everyone's responsibility

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Chair's Foreword



Thank you for taking the time to read this year's annual report from the Tower Hamlets Local Safeguarding Children Board (THLSCB).

Last year Tower Hamlets' Children's Services were graded as 'inadequate' by Ofsted; the government inspectorate. As a result, all of the agencies engaged in safeguarding children in Tower Hamlets have been working on an improvement plan.

Since the initial inspection there have been three further Ofsted monitoring visits; the latest report is on the LSCB website (May 2018). Ofsted have reported a steady but significant improvement in children's services over this period. Whilst there is still considerable work to be undertaken, the quality of safeguarding is now reaching an acceptable standard and the aim will be to be graded by Ofsted as 'good' by this time next year.

Of course, protecting our children and young people is not just the job of children's services. All of the partners who form the board have been working together to improve services.

A good example of this work involves the formation of a multi-agency Exploitation Team. This team is co-located and deals with all aspects of exploitation that our young people may be exposed to. It focusses on protecting our most vulnerable young people. In particular: those that go missing regularly; are at risk of becoming part of a gang; being subject to radicalisation; or being sexually exploited. This team has already been able to demonstrate considerable success in supporting those young people and dealing with offenders.

The continued rise in serious youth violence will be a priority for all partners over the next year. There has been significant work across a range of agencies but this has not been sufficient to see a reduction in the levels of violence. This is a problem for all of us from parents through to teachers, youth workers, health professionals and the police. The voluntary sector has been particularly important in providing support. The board will continue to work with all of those that can help in this area and push agencies to invest in resources that are proven to be effective.

This will be the last annual report produced by the LSCB. The Children and Social Work Act 2017 is changing the way in which partners

work together. By June next year the board will have gone and will be replaced by the 'Safeguarding Partners' who will be the Local Authority, Clinical Commissioning Group and the Police. They are required to publish 'Safeguarding Arrangements' which will lay out the way in which they will work together to safeguard our children. They will also be required to produce an annual report and there will be independent oversight of their work.

Lastly, I would like to thank all of those that are engaged in safeguarding our children. Professionals that I meet are passionate and committed to their work and this gives me considerable hope for the future. Without those that work in the voluntary sector those professionals would be unable to effectively protect our children so I would like to specifically thank them for all their work.

I am glad to be able to report this year that children's safeguarding services have improved this year and I am confident they will continue to do so.

Stephen Ashley

Independent Chair
Tower Hamlets Safeguarding Children Board

KEEPING CHILDREN SAFE IN TOWER HAMLETS 2017-18

The Local Safeguarding Children Board is here to help keep children and young people free from abuse or neglect.



POPULATION

300,943

Fastest growing local authority in the UK – first time it has exceeded **300,000** since World War II

32% Bangladeshi and **31%** White British make up our top two groups

12.4% of White Other (Eastern/Western Europeans) is the third largest and fastest growing ethnic minority group



20% of our population are under 16

26.6% of households have dependent children

43% children continue to live in poverty, the highest in London

EDUCATION

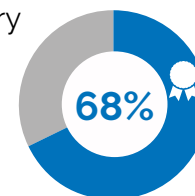


9 in 10 pupils attending school are from an ethnic minority group



35% were eligible for free school meals making it the highest in the country

68% achieved a good level of development at age 5



68% achieve expected KS2 standard in reading, writing and maths at the end of primary school - above the national average of 62%

47.2 is average attainment 8 score in 2017 – above national average of 46.4

VULNERABLE CHILDREN



Most children grow up safe, happy and well. However, a small number of children and young people face some serious challenges in their lives.

37 young people were referred to multi-agency sexual exploitation panel

420 incidents of children missing from care

140 incidents of children missing from home

21 potential victims of trafficking were identified

21 child deaths reported this year of which the majority were expected (life limiting illness) and under the age of 1

CHILDREN PROTECTED

1,283 child protection investigations were carried out

292 children were subject to a child protection plan at the end of March 2018 under the following categories:

Sexual Abuse - 18

Emotional Abuse - 114

Neglect - 83

Physical Abuse - 70

Multiple Abuse - 7



Children living with domestic abuse continue to be the most common reason why children become subject to child protection plans under the category of emotional abuse.

5 children remained subject to child protection plans lasting 2 years due to neglect at home

CHILDREN LOOKED AFTER

290 children were looked after by the local authority



39 were under 5

42 were aged 5 to 9

110 were aged 10 to 15

99 were aged 16 to 17

7 children live in private fostering

LAC average attainment 8 score was **22.1** above national average score of **19.3**

KEEPING CHILDREN SAFE IN TOWER HAMLETS 2017-18

The Local Safeguarding Children Board is here to help keep children and young people free from abuse or neglect.



ACTIVITY OVER THE LAST YEAR

EARLY HELP SUPPORT WITH PARENTS/CARERS

187 parent/carers attended the Annual Parent Conference on 'keeping our children safe and well'



557 parent/carers accessed advice/information to support their child's school transition

128,342 unique visits to the Local Offer website

27 Parent Ambassadors were trained and actively delivering healthy eating sessions in schools

8,598 contacts made with the Family Information Service

265 plus members on the Parent and Carer Council regularly contribute to help shape council services for families

PRIORITIES FOR 2018-2019

It is critical that the future priorities for the LSCB focus on those areas that will directly impact on frontline practice and the support given to families and children.

RATIONALE FOR CONTINUING PRIORITIES:

Targeted ambition for children and young people aims to address the areas for improvement which were identified during the Ofsted Inspection. We know we have gaps in our knowledge and strategic oversight for children receiving the right type of help at the right time.

CONTINUING PRIORITIES:

Priority 1

Learning through an enhanced Performance and Quality Assurance Framework that identifies our safeguarding areas for improvement

Priority 2

Sustain Situational Awareness during LSCB transition to a new Multi-agency Safeguarding Partnership Arrangement

NEW PRIORITIES:

Priority 3

An improved Early Help Service is available to children and young people and results in positive outcomes

Priority 4

Vulnerable Children who go missing or at risk of child sexual, criminal, ideological exploitation and serious youth violence are protected by effective multi-agency arrangements

Section One

Introduction

Legislation¹ requires LSCBs to ensure that local children are safe, and that agencies work together to promote children's welfare. The LSCB has a duty² to prepare an annual report on its findings of safeguarding arrangements in its area:

"The chair of the LSBC must publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area. The annual report should be published in relation to the preceding financial year"

The report should be submitted to the Chief Executive, Leader of the Council, the local Police and Crime Commissioner, and the chair of the Health and Wellbeing Board who should note its findings and inform the Independent LSCB Chair of actions they intend to take in relation to the findings and priorities"

The annual report is published on the LSCB Website.

The content of this report is structured as follows:

Executive Summary	Consolidates our borough profile and performance information to provide a snapshot summary of this report.
Section 1	Describes the legislative and local governance framework of Tower Hamlets LSCB.
Section 2	Provides local statistical and safeguarding information providing context for our work in the borough.
Section 3	Sets out the improvements and progress made by the LSCB and Children's Social Care in response to the Ofsted Inspection and Review.
Section 4	Signposts our direction of travel for the coming year. Priorities for 2018-19 continue to be linked to the improvement journey of Tower Hamlets Children's Social Care and the LSCB as it evolves.

¹ Children Act 2004 | ² Working Together to Safeguard Children 2015

Governance

Legal Context

In April 2006, Tower Hamlets LSCB was established in response to statutory requirements under the Children Act 2004. It set out the core objectives as:

- To co-ordinate what is done by each person or body represented on the board for the purposes of safeguarding and promoting the welfare of children in the area of the authority.
- To ensure the effectiveness of what is done by each person or body for that purpose.

Page 3
In April 2017, the Children and Social Work Act received Royal Assent, which abolished LSCBs and all sections of the Children Act 2004 that relate to it. This meant that relevant statutory guidance, policies and procedures have had to be revised to reflect the changes.

Following a period of consultation in October 2017, the DfE published the revised Working Together to Safeguard Children Guidance 2018, which sets out what organisations and agencies which have functions relating to children must and should do to safeguard and promote the welfare of all children and young people under the age of 18 in England.

In addition, further statutory guidance was made available to support the transitional arrangements for LSCBs, setting out the changes needed to support the new system of multi-agency safeguarding arrangements established by the Children and Social Work Act 2017.

LSCBs will be replaced by 'Safeguarding Partners' who are made up of the Local Authority, Clinical Commissioning Group (Health) and the Police.

By 29 June 2019, the Safeguarding Partners must agree and publish their local multi-agency safeguarding partnership arrangement that make clear how they will:

- Work together to co-ordinate their safeguarding services; act as a strategic leadership group in supporting and engaging others; and implement local and national learning including from serious child safeguarding incidents
- Work with any relevant agencies they consider appropriate should work with them to safeguard and promote the welfare of children in their area.
- Share joint responsibility for supporting the local safeguarding arrangements.

Following publication of their arrangements, safeguarding partners have up to three months to implement the arrangements. The implementation date should be made clear in the published arrangements. The DfE has made it explicit that all new local arrangements must be implemented by 29 September 2019 at which point the LSCB for the local area will cease to exist.

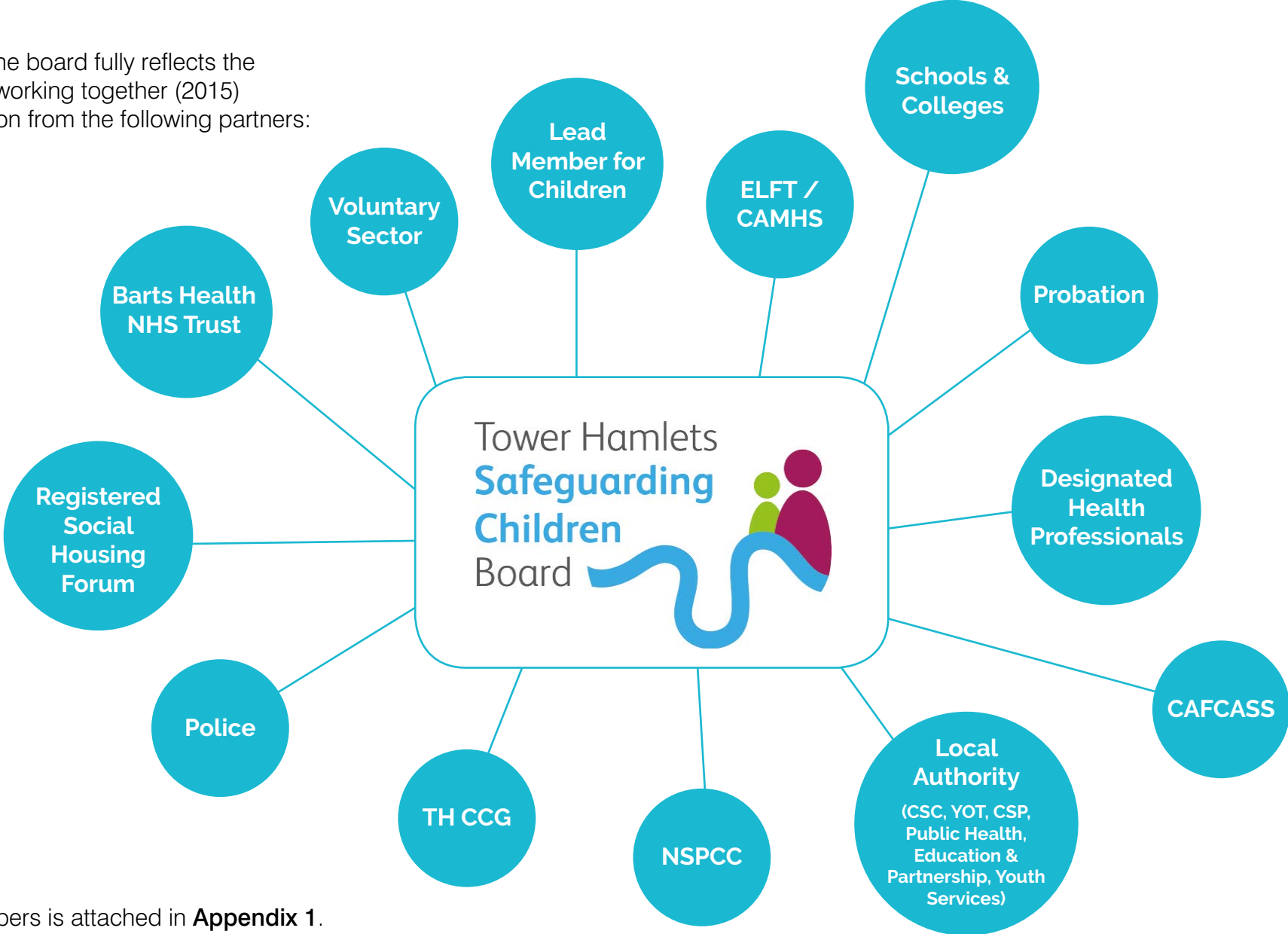
Chairing and Support

The LSCB is chaired independently by Stephen Ashley who was appointed in November 2016 and reports directly to the Chief Executive of the Local Authority.

The LSCB Business Unit consists of full-time manager, board coordinator, performance analyst (temporary arrangement) and child death single point of contact officers. Barts Health NHS Trust funds the latter. Additional support is also provided by the strategy, policy and performance function in the council.

Membership

Membership of the board fully reflects the requirements of working together (2015) with representation from the following partners:



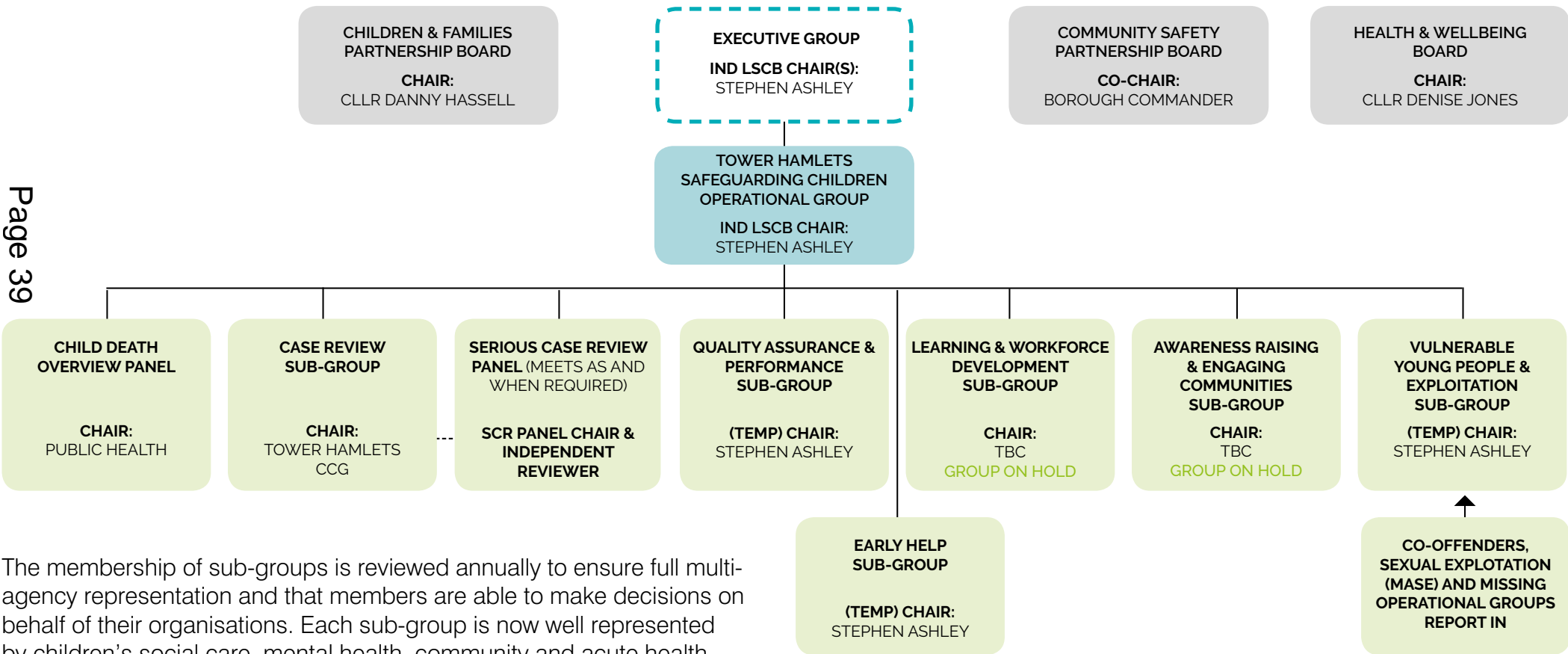
A full list of members is attached in **Appendix 1**.

Structure

The Operational Group meets every two months. Attendance at the LSCB meetings has been less consistent compared to last year with a number of agency representatives being replaced. The LSCB no longer has lay members.

The Executive Board also meets bi-monthly.

The LSCB has seven subgroups delivering the key functions of the LSCB, two new subgroups were introduced part way through the year whilst a further two had ceased to operate. The new safeguarding partnership arrangement will redefine the future structure and subgroup areas.

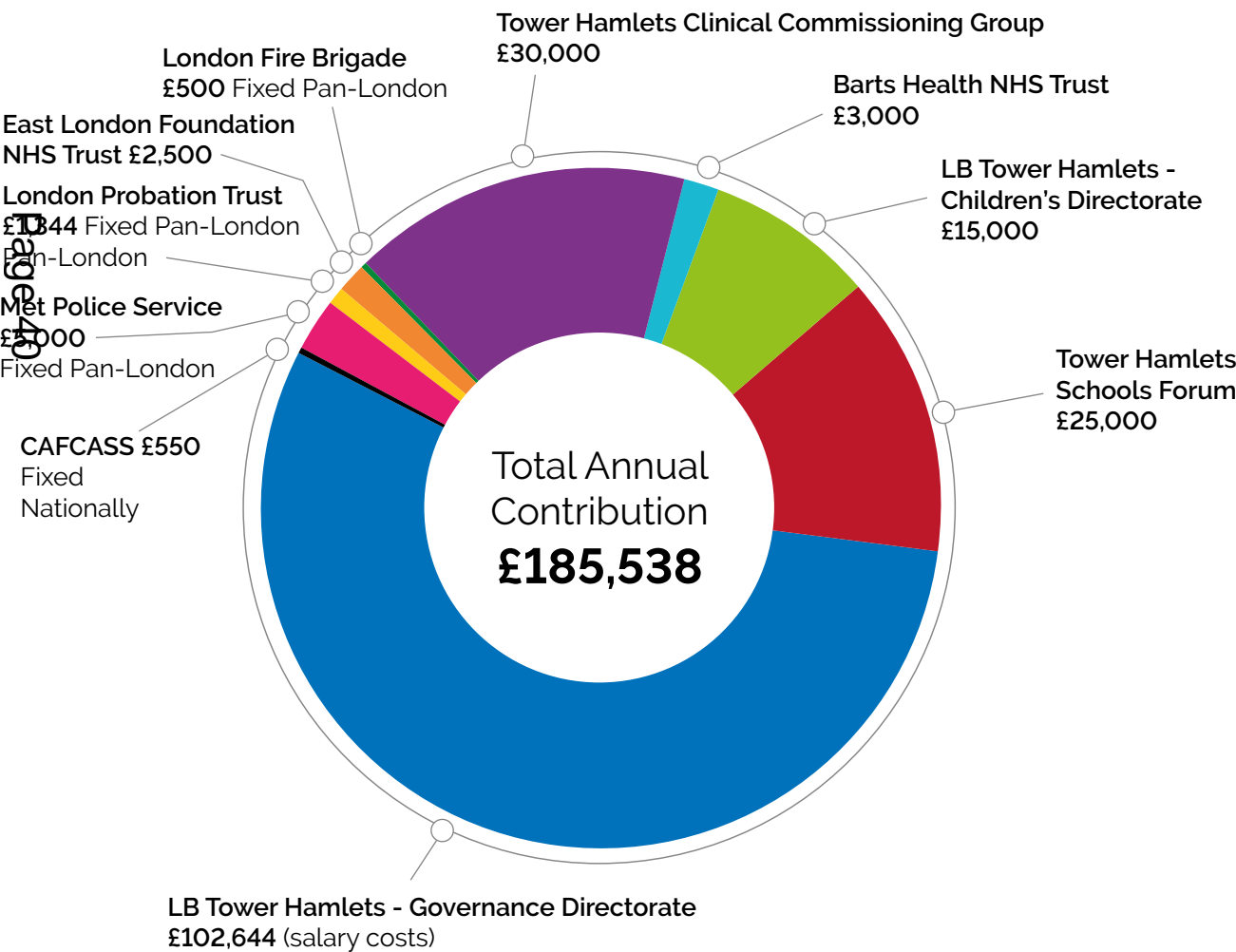


The membership of sub-groups is reviewed annually to ensure full multi-agency representation and that members are able to make decisions on behalf of their organisations. Each sub-group is now well represented by children’s social care, mental health, community and acute health services, police, education and the voluntary sector.

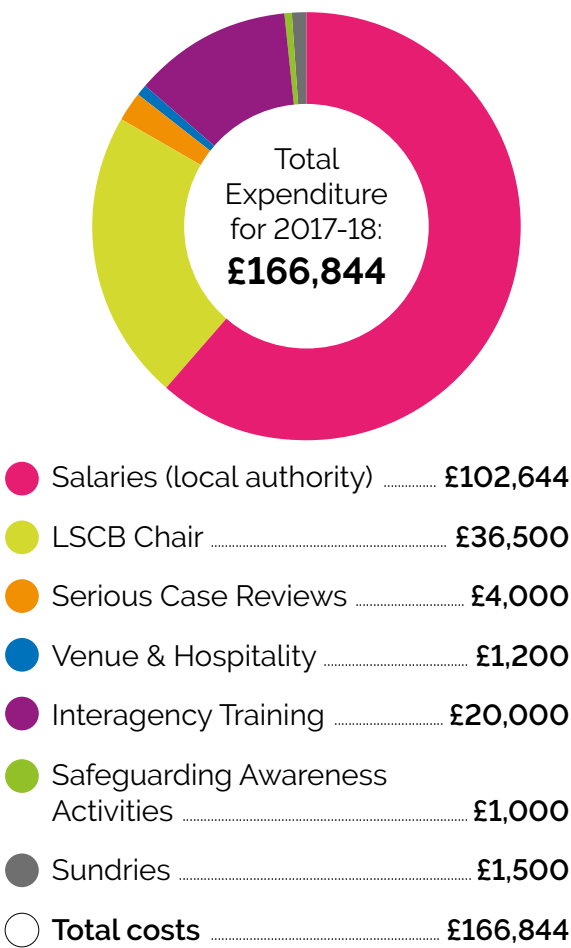
Budget

The LSCB budget consists of contributions from a number of key statutory partners and is managed by the London Borough of Tower Hamlets (LBTH).

The following table shows contributions to the LSCB for 2017-18:



Total Expenditure for 2017-18:



The largest financial contributor continues to be the Local Authority funding just over two-thirds of the overall LSCB budget.

Unforeseen overspend is largely dependent on the number of serious case and other independent reviews conducted in the year.

Safeguarding is everyone's responsibility

Section Two

Local background and safeguarding context in Tower Hamlets

Population

Based on revised mid-year population estimates published by the Office of National Statistics (ONS) in March 2018, Tower Hamlets borough's population:



Reached **300,943** in June 2016

This is the first time the area's population has exceeded **300,000** since World War II

Between June 2015-2016, the borough gained **9,600** additional residents



Drivers for this are twofold: natural and migration changes. More birth than deaths and international immigration has increased our growth.



Has a relatively young population, placed fourth youngest in the UK with a median age range of **30.6**



Our proportion of under-16s at 20% is similar to that of London and England (**20%** and **19%** respectively)



Doubled in the past **30 years**, making it the **fastest growing Local Authority in the UK**.

Local population growth rate (**40%**) has doubled that of London (**16%**) and four times that of England (**8%**)



Gender of our residents comprises of **52.2% male** and **47.8% female**

Making it the fourth highest proportion of male residents in the UK, more than London as a whole (**49.8%**) and England (**49.4%**). There are 13,300 more males than females.

Conversely, Tower Hamlets has proportionally one of the **fewest older residents** compared with other areas



9% are over **60** compared to London (**16%**) and England (**23%**)

Diversity

The most recent Census in 2011 shows that Tower Hamlets has one of the most diverse populations in the country, home to many communities. Our ethno-demographic profile remains relatively unchanged since we last reported in 2016-17; the next census is due in 2021.

Bangladeshi's remain the largest ethnic minority group at 32%, the largest in the country, followed by

White British at 31%; this group has decreased from 42.9% since the 2001 census.



The third largest ethnic group is other white (**12.4%**) consisting largely of eastern and western Europeans, Australians and Americans. This is the fastest growing ethnic group and has almost doubled between the 2001 and 2011 Census.

At least **90 different languages** being used in the borough



66% of our residents use English as their main language and **18%** use Bengali, making it the fourth most linguistically diverse area in England and Wales.

Households have grown by **28.9%** since 2001 with an extra **22,727**, the highest growth seen within London.



A breakdown of households comprises of single person (**34.6%**), married or civil partner couples (**23.7%**), cohabiting couples (**9.5%**), lone parents (**10.6%**), other households with more than one family residing together (**19.6%**) and households with full time students (**1.9%**).

There are **26,916** (**26.6%**) households with dependent children.



This is lower than London (**30.9%**) and England (**29.1%**). Of this, half live with two parents (**49.1%**) and a quarter (**27.2%**) live within a lone parent household.

The 2011 Census found **9%** of our residents aged 16 plus, a total of **18,311** adults, had low levels of English proficiency in England.



It is substantially higher than the average across London (**4%**) and England (**2%**). Only Newham was placed higher than Tower Hamlets.

Diversity - School Population

While two thirds of the borough's population are from an ethnic minority group (i.e. non-White British), nine in 10 pupils attending school in Tower Hamlets are from an ethnic minority group. The majority of pupils are from a Bangladeshi Background (63%).

In the Spring School Census 2018³, the Department for Education (DfE) now collects information on a pupil's country of birth. However, it should be cautioned that data was missing for a significant proportion of pupils. In 25% of all records the country of birth is missing. This can be in part due to voluntary information provided by parents in fear of how the information could be misused for other purposes i.e. enforcing immigration regulations.

Tower Hamlets Pupil Population by country of birth – Spring 2018

	No of pupils	% of pupils
Born in the UK	30,721	90.9
Not Born in the UK	3,074	9.1
Africa	208	0.6
The Americas & the Caribbean	98	0.3
Asia	1,107	3.3
Bangladesh	900	2.7
Other Asian Countries	207	0.6
Europe	1,597	4.7
Italy	980	2.9
Spain	123	0.4
Other EU countries	418	1.2
Other non-EU countries	76	0.2
Middle East	49	0.1
Oceania/Australasia	15	0.0
Missing Data	11,040	-
Total	44,836	100

³ Source: Tower Hamlets School Census, spring 2018. Notes: Figures include pupils of all age groups: nursery, primary, secondary and post-16. Figures exclude dual registered pupils. Percentages are based on valid data only (excluding records with missing data).

People and Place

Healthy life expectancy is considerably lower than the London and national averages at 61.3 years for men and 55.6 years for women, a difference of 2.2 years for men and 8.8 years for women between the London average and Tower Hamlets. The life expectancy gap between Tower Hamlets and London as a whole is 1.7 years for men and 1.8 years for women. The population is young, ethnically diverse, and mobile. There is widespread deprivation, and many residents will be adversely affected by changes to the welfare system.

Air quality is poor across the borough, particularly around the main thoroughfares. There is a lack of open and green space. There is insufficient housing for the needs of the population.



Pregnancy and Being Born in Tower Hamlets

More babies are born with low birth weight than the national average. One in 10 pregnancies is complicated by diabetes. There are relatively few teenage pregnancies. Infant mortality is significantly higher than the London average.



Growing up in Tower Hamlets – Early Years

A greater number of children are growing up in low income families in Tower Hamlets than elsewhere in London, and Tower Hamlets has the second highest proportion of children living in poverty than anywhere else in London. Around a fifth of reception age children are overweight or obese. The percentage of children achieving a good level of development at the end of reception (age 4-5) is lower than the average for London or England. There are high levels of dental decay at 4-5 years old. The rate of hospital admissions of 0-4 year olds for unintentional and deliberate injuries in children is significantly lower (77/10,000) than London rates (94.8/10,000).

Growing up in Tower Hamlets – Children and Young People

30.6% of young people under 20 are growing up in low income families in Tower Hamlets compared to 19.2% in London and 16.6% in England. Around two fifths of children are overweight or obese at the end of primary school.



The proportion of young people not in education, employment, or training locally is higher than in London but lower than in England. Tower Hamlets has amongst the highest rates of first time entry to the youth justice system in the country (653.2/100,000).

Being an adult in Tower Hamlets

There are generally high mortality rates from cardiovascular disease, respiratory disease, and cancers and obesity, smoking, alcohol and drug use, and infectious diseases are all significant problems in the borough.



Older People in Tower Hamlets

More older people have a long-term limiting illness than the national average. Half of all older people live in poverty, and more live alone than in the UK as a whole.

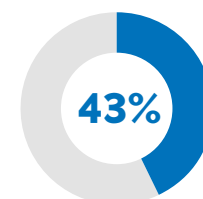
The relationship between the LSCB and health partners, both commissioning and providers, is critical if we are to have an impact on improving the lives of vulnerable children and young people.



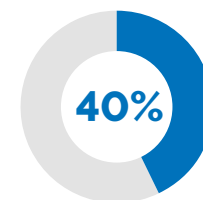
Child Poverty

From the latest available population estimates, there were an estimated 73,675 children and young people aged 0 to 19 living in Tower Hamlets, representing approximately 25% of the total population. The young population in the borough is projected to rise in line with the general population growth.

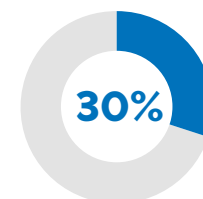
- The latest available child poverty data dated 2017⁴ shows that 43% of children and young people in the borough live in poverty. This is the highest child poverty rate in London, despite recent falls in line with the rest of the capital. In the same year, 40% of pupils were eligible for free school meals in state-funded secondary schools, which is the highest level in the country. This level of disadvantage is likely to have lifelong negative effects on the health and wellbeing of children.
- Almost a third 30.6% of all children aged 0-19 live in households reliant on Child Tax Credit with income less than the median income; or are in receipt of out-of-work benefits.
- The rate of homelessness acceptances currently 3.6 per 1,000 households has been falling where the London average has been around the 5.0 per 1,000 households mark for the last four years. Similarly, the rate of people in temporary accommodation has been falling and is currently 17.0 per 1,000 households. This is higher than the London average at 15.1 per 1,000 households, and has been rising over the last four years.



43% of children and young people in the borough live in poverty



40% of pupils were eligible for free school meals in state-funded secondary schools



30.6% of all children aged 0-19 live in households reliant on Child Tax Credit with income less than the median income.



⁴ 2017 London's Poverty Profile, <https://www.trustforlondon.org.uk/data/boroughs/tower-hamlets-poverty-and-inequality-indicators/>

Education and Employment

In 2017, 68% of children achieved a good level of development at the age of five compared to a national average of 71%. Despite steady improvement over the last four years, this indicates that the issues highlighted above, in relation to child poverty, are continuing to impact on children in the early years.

Despite this disadvantage, at school, children do well. In 2017, 68% of children achieved the expected Key Stage 2 level in reading, writing & maths by the end of primary school.

This figure was above the national average of 65%. In 2017 GCSE results revealed that the average Attainment 8 Score was 47.2 in Tower Hamlets which was above the average figure of 46.4 for state funded schools in England.

At the age of 16, the proportion of young people who are not in education, employment or training is relatively high, although this figure drops to below the London average for those aged 18.

Level 3 (A-Level or equivalent) results are below the London and national average, although the gap continues to reduce each year.

Children in need of help and protection

To fulfil its statutory function under Regulation 5⁵ an LSCB should use data and, as a minimum, assess the effectiveness of the help provided to children and families, including early help. Based on our local safeguarding data for 2017-18.

There were **5,176 total referrals to children's social care in 2017-18** of which **763** were repeat referrals. This has increased compared to the previous year **2,626** referrals of which **328** were repeats

1,290 contacts were progressed to early help teams/hub representing 9.7% which is an increase on only 2.5% in 2016-17.

1,283 child protection investigations (s47) were undertaken.

169 allegations (88%) against adults working with children were resolved within the 30 day DfE target in the period 1st September 2016 to 31st August 2017. Of these, **18** were subject to child protection plans for two years or more. The main reason was neglect.



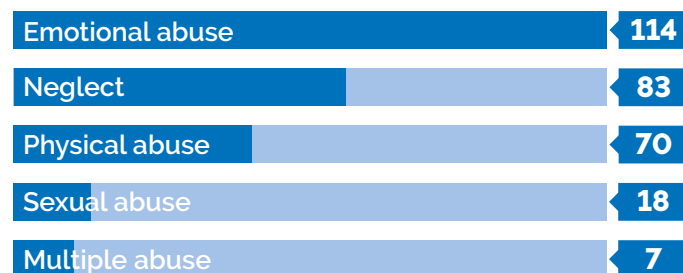
As of March 2018, **292 children were subject to a child protection plan.**

Of these, **30 were subject to child protection plans for two years or more.** The main reason was for neglect.

27 Children were on a child protection plan for a second or subsequent time, within 2 years of the previous plan.

⁵ LSCB Regulation 2006

Category of Abuse



Emotional abuse continues to be the most common reason for children becoming subject to a child protection plan. These are mainly children who have experienced living with domestic abuse at home.

290 children were looked after by the Local Authority at the end of March 2018

Children Looked After by age		
Age at 31 March	Boys	Girls
Under 1:	8	7
1 - 4:	9	15
5 - 9:	21	21
10 - 15:	57	53
16 - 17:	58	41
TOTAL	153	137
Total of Children Looked After at the end of March 2018:	290	

113 children were subject to a court application (including care and supervision orders)

135 out of 212 children looked after continuously for more than one year, received their annual health and dental check

89 out of 219 young care leavers are not in employment, education or training. This is based on the group of young people (aged 19-24) who were looked after at age 16

7 children live in private fostering arrangement

37 young people were referred to the multi-agency sexual exploitation panel and are mainly young girls at an average age of 14

560 return home interviews were undertaken children missing from home or care of which:

Missing children from care 420

Children from care return home interviews conducted **259**

Children from care return home interviews declined **161**

Missing from home 140

Missing from home return interviews conducted **105**

Missing from home return interviews declined **35**

Young people who are missing are sometimes trafficked internally for the purposes of criminal and sexual exploitation. The National Referral Mechanism (NRM) is a framework for identifying victims of human trafficking or modern slavery and ensuring they receive the appropriate support. The Modern Slavery Human Trafficking Unit (National Crime Agency) collates data nationally. This information contributes to building a clearer picture about the scope of human trafficking and modern slavery victims in the UK.

21 “potential victims of trafficking” were referred to the National Crime Agency

28 child deaths were reported in the year of which 10 were unexpected deaths

The child death overview panel reviewed 21 child deaths of which, 13 were recorded as expected deaths (life limiting illness) and **8 were unexpected deaths**. 19 of the 21 child deaths were under the age of 12 months. The number of neo-natal deaths and those under the age of 1, were the biggest group

680 professionals received safeguarding training provided by the LSCB in 2017/18 compared to 639 in 2016/17 which is a 6% increase

Early Help Support with Parents/Carers

The Local Authority's Parental Engagement Service provide a range of support to parents in schools and other settings such as parenting programmes, awareness events, survey, information and advice.

6449 families engaged in level 1 services
5804 families engaged in level 2 services
590 families engaged in level 3 services
69 families engaged in level 4 services

Level 1 ▶ Needs met through Universal Services
 Level 2 ▶ Needs met through Early Help Targeted Services
 Level 3 ▶ Threshold met for Statutory Child in Need Intervention
 Level 4 ▶ Threshold met for Statutory Child Protection Intervention

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2279 families attended parenting courses in 2017/18 which was a 64% increase on 2016/17

27.6% of Supporting Stronger Families (SSF) who had an intervention were turned around, which is an increase compared to the 11.6% in the previous year

187 parents/carers attended the Annual Parent Conference

882 Early Help Assessments and 905 Early Help Reviews, a decline of 10.6% in the previous year

94% of parents responded that they were satisfied with Children Centre services (**1426** respondents to the Annual Children Centre Survey)

557 parents/carers accessed information and advice sessions to support school transition

128,342 unique visits to the Local Offer website

8,598 calls/drop-ins made to the Family Information Service

27 Healthy Families Parent Ambassadors are trained and active – delivering healthy eating sessions for parents in schools

Annual Parent Carer Survey indicated that a quarter (26%) report that their children have been bullied in the past year and nearly six in ten (58%) say they often worry about their children's health and well-being

There are more than **265** active members on the Parent & Carer Council who regularly contribute to the borough wide forum and help shape council services for families



Section 11 (Children Act 2004)

Section 11 of the Children Act places a statutory requirement on key organisations to ensure arrangements are in place to discharge their duty to safeguard and promote the welfare of children. A biennial self-assessment is usually undertaken by the LSCB partners to assess the effectiveness of the local safeguarding arrangements at a strategic and operational level. The next section 11-audit exercise was due to take place at the end of 2017, however a decision was taken to put this on hold to allow the LSCB partners to focus on supporting the post inspection improvement work.

Section Three

Improvements made since Ofsted's Review of the LSCB

In February/March 2017, Ofsted undertook a **Review of the Effectiveness of the LSCB** in conjunction with the Children's Social Care Inspection of services for children in need of help and protection; children looked after and care leavers. Ofsted judged Tower Hamlets LSCB to be **'inadequate'** as it found that we were not effectively discharging all of our statutory functions. In addition, Ofsted also cited:

- The board was excessively large therefore limiting meaningful debate and effective decision-making
- The lead member had not exercised their responsibility as a participating observer, weakening scrutiny of the board
- The board had not ensured timely oversight of key practice areas
- Insufficient monitoring of the quality of front line practice meant the board was not aware of the failings of children's social care to protect children

Tower Hamlets LSCB accepted the judgement and recommendations made by Ofsted and has implemented changes in response to the five recommendations:

Ofsted Recommendation	Progress Update
Urgently review monitoring and governance arrangements to ensure the board is fulfilling its statutory functions	<p>The LSCB Chair undertook a review of the governance arrangement and strengthened the scrutiny and challenge function of the LSCB from practice through to strategic oversight.</p> <p>The new structure consists of an Executive Board that reflects the three Safeguarding Partners model. An Operational Group that:</p> <ul style="list-style-type: none"> • Resolves multiagency performance and audit issues • Provides situational awareness of the safeguarding environment, sharing intelligence and resolving obstacles • Ensures safeguarding messages reach professionals and the public • Interfaces with other partnership forums to enhance safeguarding children's work across the wider spectrum

Improvements made since the Ofsted's Review of the LSCB

Tower Hamlets LSCB accepted the judgement and recommendations made by Ofsted and has implemented changes in response to the five recommendations:

Ofsted Recommendation	Progress Update
<p>Prioritise multi-agency monitoring of frontline practice to ensure that the board has effective awareness of the quality of practice and its impact on outcomes for vulnerable children</p>	<p>The LSCB was realigned with the Local Authority's Children's Services Improvement Board. This has allowed direct sight of frontline practice, monitoring outcomes from quality assurance activities. The LSCB was able to assure itself that improvements being reported for children were corroborated by partner agency experience and in turn the reliability of performance information.</p> <p>The LSCB has developed a new child-level performance dataset to provide a detailed understanding of frontline practice. However, the ability to triangulate the core safeguarding data provided by CSC has been inhibited by the lack of relevant partner information. The LSCB recognises it needs to identify a solution that goes beyond looking at quarterly performance data retrospectively. This approach does not provide a current assessment of safeguarding performance. Further work is being undertaken to ensure the LSCB is able to monitor and act on 'live' information.</p>
<p>Ensure the business management capacity of the board is sufficient to meet the need</p>	<p>This will be reviewed as part of the transition work from the LSCB to the new safeguarding partnership arrangement. Additional resource has been allocated around multi-agency performance development.</p>
<p>Ensure the board prioritises the response of the partnership to the issues of youth violence and gang activity and their relationship to child sexual exploitation, including the development of a comprehensive problem profile</p>	<p>The LSCB has established a strategic Vulnerable Young People and Exploitation subgroup that brings together information from frontline practice in the areas of child, criminal and ideological exploitation that also includes children who go missing and those involved in county lines. An exploitation analyst has been employed by the local authority who is working towards developing a local problem profile and systems to drill down to specific cohorts of children e.g. those involved in criminal exploitation or gangs and attending non-mainstream education settings.</p> <p>The establishment of a joint Exploitation Team between the local authority and the police has seen significant improvement in the identification of children at risk of exploitation and disruption activities. The work of the co-located team has also provided substantial intelligence to inform our local knowledge-bank.</p>
<p>Ensure the effectiveness of multi-agency training is monitored and evaluated, including training for staff in recognising and assessing risks to sexually exploited children</p>	<p>This area continues to remain a challenge for the LSCB. The responsibility for multi-agency training evaluation sits with the local authority's workforce development team and the quality of support to the LSCB partnership is dependent on their capacity and available resources.</p>

What we have done over the past year

Held the annual Safeguarding Month in November 2017 to raise awareness of:

- Child sexual exploitation including promoting a video developed by the Youth Council on 'Keeping Safe when using Social Media'
- Understanding the risks presented by vulnerable young people and how best to support them
- Support available for parents and carers through provision of information stalls at various locations around the borough

Page 51
Operation Makesafe, a police led initiative targeting taxi firms, hotel and other business premises to help staff to recognise child sexual exploitation and how to report concerns

Relaunched revised Multi-agency Safeguarding Threshold Guidance and trained approximately 650 frontline staff across the children's workforce.

Set up an Early Help Strategic Subgroup to ensure support is provided to children and young people as soon as need emerges. This group maintains an overview that the Threshold Guidance is embedded and used appropriately to access early help and statutory intervention at the right time.

Set up a joint Exploitation Team bringing together police and children services staff to respond to children who go missing or are at risk of exploitation. This team has already demonstrated positive outcomes for vulnerable young people through this shared approach to tackling concerns of exploitation:

- Arrests have been made for human trafficking, inciting sexual activity and grooming
- Located a number of high-risk missing children
- Issued several exploitation warnings to potential offenders preventing them from continuing contact with children
- Implemented Operation Care Watch which identifies hotels that allow room-bookings for young people and adults. This has led to a number of premises receiving education on child sexual exploitation and preventative action they can take.

Undertaken two new serious case reviews which will be published in autumn 2018 and participated in a SCR initiated by another borough on safeguarding children who are taken out of school during term time and removed from the UK.

Promoted the Escalation Policy in conjunction with an updated case review protocol. This has led to an increased number of children's cases being considered for a multiagency review. In total, the LSCB has agreed to undertake two local learning reviews in addition to the existing serious case reviews.

Focused on improving attendance and contribution from multi-agency professionals (health and police) at statutory meetings. This is paying dividends with improved systems in place and better engagement ensuring decisions about children is collaborative.

Agency Recruitment Policies reviewed indicating overall compliance with DBS (police-checks) although regularity of re-checks is disparate. Majority of agencies are checking their existing staff every three years as a minimum requirement. Good practice suggests this should be done on an annual basis.

What we have done over the past year

Reviewed our training offer and introduced new courses, including a rolling programme of the Multi-agency Threshold Guidance to reach new staff to the borough.

Undertaken an audit to understand why there appears to be low referrals from health visiting service to CSC. The findings suggested further work is done to ensure the Early Help System is better understood and used to support children.

Increased the number of trained health safeguarding supervisors and improved supervision compliance.

Launched the Joint Working Procedure between Adult Mental Health and the local authority.

Delivered 'Empowering Young Minds Project' to improve health staff competency with families around the emotional health of young people.

Anti-knife crime projects (Spectre) rolled out by the borough police in particular during school holidays. Enforcement officers are more visible in the community.

Merged the gangs and high-risk panels to ensure the police, CSC, health and education consider and put in place a multi-agency response for the cohort of young people involved in criminal activity. Many are victims of serious youth violence who move on to become perpetrators. Our most challenging group is 16-17 year olds who are also in the transitionary phase to adult services where there is limited support currently available to them. Further early intervention work is required to disrupt and break the cycle of violence in addition to statutory response including working with parents in the community.

Undertaken a mapping exercise to understand if there are links between serious youth violence and children and young people who attend pupil referral units. We found no correlation but further work will be undertaken to cross reference with data held across the partnership.

Reviewed licensing requirements and where safeguarding issues emerge actions are taken appropriately and effectively.

Increased the number of trained health safeguarding supervisors and improved supervision compliance.



Children's Social Care's response to Ofsted Inspection Findings

The Ofsted inspection report was published on 7 April 2017. This report examined Children's Services and the effectiveness of the LSCB and rated both as **'inadequate'**. The inspection findings and recommendations were accepted in full, and as a result a number of changes have been made to improve outcomes for children and families in Tower Hamlets and ensure that they are safe and able to achieve to their full potential. This section covers the period April 2017 – July 2018 to ensure that the most up to date information is available.

A number of common themes emerged from the inspection. These included:

Compliance

There was a lack of compliance with both statutory and internal processes.

Drift and delay

Cases were often left open for long periods without significant change being achieved. Children were not seen as regularly as they should have been and it became increasingly difficult to effect change.

Unreliable data

The use of "workarounds" in different areas of the system meant that it was nearly impossible to accurately understand what the data was showing. The data would often indicate strong performance in areas where closer examination showed a very different picture.

As a result of the inspection, an improvement plan was developed which is overseen by an independently chaired Improvement Board. This board, chaired by Sir Alan Wood CBE is attended by the senior corporate and political leadership including the Chair of the LSCB. The improvement plan was provided to Ofsted in advance of being submitted to the DfE, who considered that it addressed all of the recommendations contained within the inspection report.

The improvement plan covers all of the recommendations from the Ofsted inspection, and is based around four broad themes.

- leadership, management and governance
- a robust model of social work practice
- a sufficient and skilled workforce
- quality assurance and audit

Children's Social Care's response to Ofsted Inspection Findings

Leadership, management and governance – some key achievements

- Senior corporate and political leaders are much more engaged with the issues surrounding Children's Services and have prioritised and actively driven forward the improvement agenda.
- A new team of permanent service managers are in post taking over from a team of interim managers.

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Monthly reports are provided to the Corporate Leadership Team and Operational Group with quarterly reporting at Cabinet level.

- Increased use of child level performance data by operational managers including regular performance surgeries ensure any deterioration in performance is quickly identified and addressed. This use of performance data has assisted in driving forward practice, and ensuring improvements in the timeliness of interventions with families.
- All social work staff have completed a "Back to Basics" training course
- The workforce has begun to implement the new model of social work "Restorative Practice". Social workers are currently receiving training with plans to roll this out to the wider partnership.
- The recent appointment of a permanent divisional director, who will lead the council on phase two of the improvement journey.

A robust model of social work practice – some key achievements

- Child Protection Chairs and Independent Reviewing Officers are providing more robust oversight in respect to vulnerable children. This includes raising alerts to team and service managers where appropriate.
- We regularly achieve 100% compliance of Initial Child Protection Conferences within 15 days of the initiation of a s.47 investigation.
- The Pre-Proceedings process is completed within 12 weeks in all but exceptional cases. This is a significant improvement on the situation at the time of the inspection where these cases would often drift for long periods of time.
- A new threshold document was launched with over 650 attendees from across the partnership attended training.
- The vast majority of contacts and MASH episodes are completed within 24 hours with clear rationale provided for those where this is not possible.
- Multi-agency attendance at strategy meetings has improved with the support of the LSCB Chair.
- Management oversight is clearly and consistently recorded on all cases at least every eight weeks and usually more frequently. Children's Social Care has consistently achieved over 90% performance in this area with a focus on any team that does not achieve this.
- Robust arrangements are in place for the most vulnerable children including those who regularly go missing, are victims of sexual or criminal exploitation or involved in gang activity. The new multi-agency Exploitation Team has been launched, initially staffed by police officers and children's social care staff but with plans for wider partnerships. LSCB partner agencies have commented that this joint, co-located approach has significantly assisted the quality of the responses to vulnerable young people.
- The response to children who go missing have significantly improved with Return Home Interviews taking place out of hours where necessary.

Children's Social Care's response to Ofsted Inspection Findings

A sufficient and skilled workforce

- Arrangements for children who are privately fostered have been reviewed and assurance sought that these are fully compliant with current legislation.
- The LSCB recognises and supports the work being undertaken by the council to develop a Social Work Academy. This initiative is innovative and ground breaking and represents a clear long term commitment to ensure practitioners working with vulnerable children have the appropriate skills and support to provide high quality work.

Quality Assurance and audit

- New quality assurance framework is now in embedded in practice.
- Practice weeks have taken place with senior political and corporate leadership involved in frontline practice.
- Audits of case files are now undertaken on a regular basis, and the themes from audits are routinely reviewed by senior managers. The audits are shared with Ofsted at the monitoring visits. This process of both internal and external critical challenge has been and will remain a key element of the continued improvement journey.

Ofsted monitoring visits – what they said

When a Children's Service department is judged to be inadequate, Ofsted visit regularly to monitor progress and ensure that there remains a strong focus on the improvement journey. So far, Ofsted have visited on four occasions: August and December 2017, May 2018 and most recently in August 2018. The initial visit highlighted that there were early signs of progress, more so than would have been expected at such an early stage, however it was essential that these changes were embedded and sustained. Subsequent visits have confirmed that changes have been maintained although it is acknowledged that there is still work to be done.

There is no complacency and the expectation is that the second year of the improvement journey will be as difficult if not more so. The pace of change has been rapid and Ofsted have commented that they will need to be convinced that these changes are embedded and will be sustained over the long term.

The Department for Education appointed Lincolnshire County Council (LCC) as "Intervention Advisor". This support focused on distinct areas such as Early Help, Looked After Children and Legal process. Following the third positive monitoring visit, the DfE agreed with the joint recommendation by LBTH and LCC that this work should come to an end. However, both the Council and the LSCB recognise the value of maintaining improvement partnerships that continue to assist with the developing requirements of the improvement journey. Therefore the council in consultation with the DfE has recently agreed partnerships with Leeds and Islington Councils that will provide support for phase two of the improvement journey which will focus on development of front-line managers, the promotion and development of practice and support on the continued development of our "Restorative Practice" model.

Section Four

Priorities for 2018-2019

It is critical that the future priorities for the LSCB focuses on those areas that will directly impact on frontline practice and the support given to families and children. It will need to be easily adaptable to the new statutory arrangements as we move forward:

Continuing PRIORITY 1

Learning through an enhanced Performance and Quality Assurance framework that identifies our safeguarding areas for improvement

We will develop a focused analysis of live child protection intelligence to identify emerging safeguarding issues

We will promote a culture of constructive challenge so there is effective inter-agency scrutiny

We will monitor the quality of front line practice through case audits and thematic deep-dive

Continuing PRIORITY 2

Sustain Situational Awareness during LSCB transition to a new multi-agency Safeguarding Partnership Arrangement

We will create systems leadership to drive safeguarding strategy and practice across the three Safeguarding Partners – Local Authority, Health and Police

We will improve our scrutiny role through improved governance to ensure risks and blockages are identified and resolved during the transitional phase

We will review all multi-agency policies/protocols to reflect the changes in legislation

PRIORITY 3

An improved Early Help Service is available to children and young people and result in positive outcomes

We will monitor the implementation of the Early Help Strategy and its impact to ensure children are being safeguarded through the early help process using outcome based accountability framework

We will review how well the Threshold Guidance is embedded in practice across organisations through quality assurance and performance monitoring

We will continue providing learning opportunities on the Threshold Guidance to ensure the multiagency workforce is equipped to recognise when there is a need for early intervention

We will continue to promote and support the development of the Early Help Hub to ensure that all partners are able to contribute to early interventions and prevent escalation of concerns.

PRIORITY 4

Vulnerable children who go missing or are at risk of child sexual, criminal, ideological exploitation and serious youth violence are protected by effective multi-agency arrangements

We will have strategic oversight of the issues affecting vulnerable young children and develop a multiagency response to emerging trends and problems.

We will monitor the impact the multiagency exploitation team has had on protecting at risk children through its specialist case work intervention

We will know who our most concerning children at risk are and ensure a coordinated response is provided to safeguard and protect them from significant harm

The LSCB will continue to monitor and support the multi-agency work being provided through the new Exploitation team.

Section Five

Appendices

Appendix 1 – Membership List

Name	Job title
Alex Nelson	Voluntary Sector Children & Youth Forum Coordinator
Alexandra Law	Nursery School Heads Forum Representative (Harry Roberts Nursery)
Alice Smith	CAFCASS Rep
Ann Corbet	Service Head - Safer Communities – LBTH
Christine McInnes	Divisional Director, Education and Partnerships - LBTH
Claire Belgard	Interim Service Head – Youth & Community Service – LBTH
Clare Hughes	Lead Named Nurse for Safeguarding Children - BHT
Debbie Jones	Corporate Director, Children's Services – LBTH
Rebecca Scott / Emma Tukmachi (Drs)	GP Representative Tower Hamlets CCG
Hanspeter Dorner	East London Foundation Trust, CAMHS
Jan Pearson	Associate Director for Safeguarding Children - ELFT
DI Jason Keen	Met Police – Child Abuse Investigation Team
Lynn Torpey	Designated Nurse for Safeguarding Children & LAC

Name	Job title
Julia Hale (Dr)	Designated Doctor, Barts Health NHS Trust
Layla Richards	Head of Children's Services Strategy and Policy - LBTH
Lucy Marks	Chief Executive, Compass Wellbeing CIC
Judy Cole	Primary School Heads Forum Rep
Nancy Meehan	Divisional Director – CSC, LBTH
Nick Steward	Director of Student Services Tower Hamlets College
Pauke Arrindell	Voluntary Sector Rep Home Start
Lucie Butler	Director of Midwifery & Nursing (RLH), Barts Health NHS Trust
Stuart Webber	Head of Safeguarding Hackney, City of London and Tower Hamlets - National Probation Service
DCI Ingrid Cruickshank	Met Police Tower Hamlets
Stephen Ashley	Independent LSCB Chair
Tom Strannix	Voluntary Sector Representative – Manager, Place2Be
Tracey Upex	Deputy Borough Director – Tower Hamlets, ELFT

Appendix 2 – LSCB Performance Data 2017-18

The early 2017 inspection of children's social care identified a number of issues with recording practice and compliance that undermined the accuracy of the data being used to inform decision-making. The data quality issues have been significantly improved so the underlying data is now more reliable. This ensures that social care managers and staff are able to access up to date, child level data in real time and are able to identify and address any deterioration quickly. In 2017/18, a revised child-centred performance management process has been put in place, which focuses on the needs of the child and demands a much higher level of compliance with all recording standards.

Children in Need

There was a higher rate of referrals into children's social care services per 10,000 of the children & young people population than the national and statistical neighbour group averages. Extensive work has gone into the threshold document which has increased the referrals into the "front door" and necessary training of staff and partners has taken place to help ensure the right cases are being referred. This is similarly reflected in higher rates of assessments completed compared to statistical neighbours.

Source	Description	2013/ 2014	2014/ 2015	2015/ 2016	2016/ 2017	2017/ 2018	England Average	Statistical Neighbours
LOCAL1	Referral rate per 10,000 of the children & young people (C&YP) population	431.7	443.8	512.8	309.9	770.4	548.2	621.5
APA SS6	Percentage of Referrals that were repeat referrals	10.6%	10.0%	8.8%	13.7%	14.7%	21.9%	16.6%
N07	Rate of assessments per 10,000 of the C&YP population	410.8	331.8	336.0	326.3	738.4	515	573
N14	Assessments completed within 45 days or less from point of referral (CIN Census methodology)	75.8%	85.1%	87.1%	75.6%	74.1%	82.9%	78.1%

Child Protection

There were high rates of activity in relation to formal child protection enquiries (section 47s) and initial child protection case conferences but rates of children subject to a child protection plan were in line with national and statistical neighbour averages. The proportion of child protection plans lasting over two years has been stable over the last three years and there is a comparatively lower proportion of 'repeat' child protection plans (where children become subject to child protection plans for a second or subsequent time) when compared to national and statistical neighbour averages.

Performance in relation to timeliness of Initial Child Protection Conferences has improved since the previous year and is below national average but above statistical neighbour average. The proportion of children visited in line with the timescales set out in their plan has vastly improved, and the proportion of children receiving a timely review of their child protection plan increased and is now in line with statistical neighbour average and well above national average.

Source	Description	2013/ 2014	2014/ 2015	2015/ 2016	2016/ 2017	2017/ 2018	England Average	Statistical Neighbours
	Rate of Children Subject of a Child Protection Plan per 10,000 at 31 March	55.6	50.9	45.9	56.7	43.5	43.3	42.9
N08	Section 47 (child protection) enquiries rate per 10,000 C&YP population	167.0	162.1	191.7	161.9	191.0	157.4	184.3
N13	Initial Child Protection Case Conferences – rate per 10,000 C&YP population	57.4	62.4	56.9	66.8	75	65.3	70.9
N15	Initial Child Protection Case Conferences convened within 15 days from point Child Protection Strategy meeting held	52.2%	58.2%	69.5%	63.0%	69.0%	77.3%	66.2%
N17 (Formerly NI 64)	Percentage of Child Protection Plans lasting two years or more at 31 March and for child protection plans which have ended during the year.	7.1%	11.4%	7.0%	5.6%	6.0%	3.4%	4.6%
N18	Percentage of children becoming the subject of Child Protection Plan for a second or subsequent time	17.9%	15.2%	19.3%	12.2%	6.5%	18.7%	15.5%
N20 (6 months Rolling Year)	Percentage of cases where the lead social worker has seen the child in accordance with timescales specified in the CPP.	65.4%	54.5%	51.0%	69.9%	94.9%	N/A	N/A
NI 67	Percentage of Child Protection Reviews carried out within statutory timescale	97.6%	95.3%	99.5%	91.2%	96.3%	92.2%	96.0%
APA SS13	Percentage of children with CP plans who are not allocated to a Social Worker	0.3%	0.0%	1.0%	0.0%	0.0%	N/A	N/A
LOCAL2	Percentage of LADO cases resolved in 30 days or less	69.6%	69.0%	67.0%	64.9%	88.0%	N/A	N/A

Looked After Children

The number of looked after children per 10,000 of children & young people population, at 42.5, was below the England and statistical neighbour averages. Long term placement stability, an important factor in maintaining good levels of wellbeing, is below comparator group performance and has decreased over the last five years. Short term placement stability was worse than comparator groups and is at a higher level than over the previous four years.

An improved focus and better recording of children missing from care data has driven the increase in the percentage of children who went missing from care at some point during the year. This is reflected nationally and in the statistical neighbour group averages. There was increased participation, and the timeliness of Children Looked After reviews is better than the previous year. There were variable outcomes for Children Looked After regarding immunisations, health and dental checks when compared to the previous year and were below comparator group averages.

Source	Description	2013/ 2014	2014/ 2015	2015/ 2016	2016/ 2017	2017/ 2018	England Average	Statistical Neighbours
Page 60	Rate of Looked After Children per 10,000 as at 31st March	53.0	44.0	47.0	50.0	42.5	60.0	62.9
	LACP01 (Formerly NI 62)	11.0%	12.0%	8%	13%	13%	10%	11.4%
	LACP02 (Formerly NI 63)	79.0%	78%	75%	73%	62%	70%	69.9%
	LACP04	-	5.1%	15%	15%	17%	10%	10.8%
	PAF C63	88.6%	92.4%	89.4%	86%	93%	N/A	N/A
	NI 66	89.9%	85.5%	65.0%	54.1%	81.1%	N/A	N/A
	APA SS(LAC)5	98.2%	99.3%	98.3%	99.1%	100%	N/A	N/A
	PAF C19	-	-	85%	86%	83%	89%	95%
	PAF C19	-	-	80%	66%	81%	83%	91%
	PAF C19	91.5%	89.8%	83%	59%	82%	86.4%	90.7%
	PAF C19	78.5%	88.2%	77%	70%	60%	84%	93%

Care Proceedings

Timeliness of care proceedings has declined over the last year with the latest average of 35 weeks. This is above the England and statistical neighbour averages; and short of the 26 week national target.

Source	Description	2013/ 2014	2014/ 2015	2015/ 2016	2016/ 2017	2017/ 2018	England Average	Statistical Neighbours
A08	Average length of care proceedings locally (weeks)	42	35	29	29	35	31	30.7

Leaving Care

Outcomes for children leaving care remain positive compared to England and statistical neighbour group, with more care leavers entering employment, education or training, and living in suitable accommodation.

Source	Description	2013/ 2014	2014/ 2015	2015/ 2016	2016/ 2017	2017/ 2018	England Average	Statistical Neighbours
LACLC02 (Formerly NI 148)	The proportion of care leavers in education, employment or training (aged 19-21)	-	-	61%	58%	59%	50%	51.3%
LACLC03 (Formerly NI 147)	The proportion of care leavers in suitable accommodation (aged 19-21)	-	-	83%	82%	84%	84%	79.3%

Appendix 3 – LSCB Operational Board – Agency Representative Attendances for 2017-18

Agency represented	Date of meeting			
	21.06.17	13.09.17	22.11.17	26.02.18
LSCB – Independent Chair				
LSCB Lead – Governance Manager				
LSCB Performance Analyst	/	/		
LSCB Co-Ordinator (minute taker)				
Children's Social Care - LBTH	A		A	
Public Health - LBTH		A		
Youth & Community Services - LBTH		A		
Youth Justice and Family Interventions - LBTH		A		A
Youth and Commissioning - LBTH	/	/		
Education & Partnership - LBTH		D	D	D
Community Safety - LBTH		A		D
Strategy Policy & Performance - LBTH	A			
Primary School Head Forum				
CAFCASS		A		A
Barts Health Trust				
Lay Member		/	/	/
ELFT		A		
ELFT - CAMHS				A
ELFT – Specialist Services			D	
Tower Hamlets CCG				
Tower Hamlets Housing Forum				A

Agency represented	Date of meeting			
	21.06.17	13.09.17	22.11.17	26.02.18
NSPCC		A	/	/
Compass Wellbeing				D
National Probation Service			A	
Voluntary Sector Rep	A			
MET Police	A			
MET Police - CAIT	A			
Tower Hamlets College/New City College	A			

Key

Attended	
Deputy attended	D
Apologies given	A
Did not attend – no apologies	
Not a member of the Board at date of meeting	/

Appendix 4 - Glossary

BHT	Barts Health Trust
CA04	Children Act 2004
CAF	Common Assessment Framework
CAG	Clinical Academic Group
CAIT	Child Abuse Investigation Team
CAMHS	Child and Adolescent Mental Health Service
CCG	Clinical Commissioning Group
C&F ACT 2014	Children & Families Act 2014
C&	Child & Adolescent Mental Health Project
CLA	Children Looked After
CME	Children Missing from Education
CPS	Crown Prosecution Service
CSC	Children's Social Care
CSE	Child Sexual Exploitation
CSP	Community Safety Partnership
CQC	Care Quality Commission
DCOS	Disabled Children Outreach Service
DHR	Domestic Homicide Review
DV&HCT	Domestic Violence and Hate Crime Team
ED	Emergency Department (A&E)


ELFT	East London Foundation NHS Trust
FGM	Female Genital Mutilation
FNP	Family Nurse Partnership
IPST	Integrated Pathways & Support Team
LAC	Looked After Child
LADO	Local Authority Designated Officer
LCS	Leaving Care Services
LSCB	Local Safeguarding Children Board
MARAC	Multi-Agency Risk Assessment Conference
MASE	Multi-Agency Sexual Exploitation (Panel)
MASH	Multi-Agency Safeguarding Hub
MPS	Metropolitan Police Service
NICE	National Institute for health and Care Excellence
NSPCC	National Society for the Prevention of Cruelty to Children
NTDA	National Trust Development Agency
PFSS	Parent and Family Support Service
PVE	Preventing Violent Extremism
RLH	Royal London Hospital

SAB	Safeguarding Adults Board
SCR	Serious Case Review
SEND	Special Education Needs and Disabilities
SI	Serious Incident
SIP	Social Inclusion Panel
SoS	Signs of Safety
TH	Tower Hamlets
THSCB	Tower Hamlets Safeguarding Children Board
VAWG	Violence Against Women and Girls
WT15	Working Together 2015

LSCB contact details

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Tower Hamlets
**Safeguarding
Children**
Board



<p>Non-Executive Report of the:</p> <p>Health and Wellbeing Board</p> <p>Monday 8th October 2018</p>	 <p>Tower Hamlets Health and Wellbeing Board</p>
<p>Report of: Denise Radley – Corporate Director Health, Adults and Community Directorate, LBTH</p> <p>Christabel Shawcross, Independent Chair of Safeguarding Adults Board, LBTH</p>	<p>Classification: Unrestricted</p>
<p>Safeguarding Adults Board Annual Report 2017-18</p>	

Executive Summary

The Safeguarding Adults Board (SAB) has a statutory duty under the Care Act 2014 to publish an annual report to set out progress, achievements and learning over the previous year. The attached Annual Report for 2017-18 is presented to CLT for sign-off. It will then proceed to MAB and Cabinet in October. Once agreed, the Annual Report will be published on the council website and promoted as part of National Safeguarding Week in November 2018.

Recommendations:

The Health and Wellbeing Board is recommended to:

1. Note and comment on the Safeguarding Adults Board Annual Report 2017-18
2. Consider any implications arising from this report for the HWBB and its work programme.

1. REASONS FOR THE DECISIONS

- 1.1 It is a statutory requirement to publish a Safeguarding Adults Board annual report. 2014 Care Act statutory guidance states that one of the three core duties of a Safeguarding Adults Board is:

“It must publish an annual report detailing what the SAB has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy as well as detailing the findings of any safeguarding adults reviews and subsequent action¹”.

- 2.2 The content of the Annual Report has been developed and agreed by the Tower Hamlets Safeguarding Adults Board.

2. ALTERNATIVE OPTIONS

- 2.1 The content and format of the Safeguarding Annual Report can be revised in line with feedback.

3. DETAILS OF THE REPORT

- 3.1 The Safeguarding Annual Report sets out the progress, achievements and learning over the previous year. It begins with an “infographic” summary of activity, performance and priorities. It goes on to describe:
- Local demographics in order to provide context and background
 - Performance data for 2017-18
 - Key achievements from partners over the previous year
 - Progress against last years’ priorities
 - Information on Safeguarding Adult Reviews carried out in 2017-18
 - Priorities for 2018-19
 - Background information on the structure and membership of the Board.

4. EQUALITIES IMPLICATIONS

- 4.1 The Annual Report includes a detailed analysis of 2017-18 referrals according to gender, ethnic background, age and disability on page 6. Compared to the borough profile, there is an overrepresentation of women, people over the age of 65, people of a white ethnic background and people with physical support needs. The profile of people being referred is more in line with the profile of adult social care users.

5. OTHER STATUTORY IMPLICATIONS

- 5.1 Safeguarding has an important interface with crime and disorder. Effective safeguarding means that vulnerable adults are safe from harm caused by crime, for example abuse, violence, radicalisation and exploitation. The report sets out the partnership links with that of the Community Safety Partnership.

¹ Section 14.136 <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#safeguarding-1>

- 5.2 The Chair of the Safeguarding Adults Board escalates risks causing serious partnership concern or interagency working difficulties to the chief executive or senior officer of the relevant agency.

6. COMMENTS OF THE CHIEF FINANCE OFFICER

- 6.1 The gross expenditure budget for the administration of the Safeguarding Adults Board in 2017-18 was £51k. There are no direct financial implications arising from the Annual Report.

7. COMMENTS OF LEGAL SERVICES

- 7.1 The Care Act 2014 places the Council's duties in respect of safeguarding adults with care needs who are at risk of abuse or neglect on a statutory basis. The requirements in respect of establishing a Safeguarding Adults Board (SAB) are set out in Sections 43-45 and Schedule 2 of the 2014 Act. As with all of the Council's duties under the Act, the duty to promote wellbeing applies to the Council's safeguarding duties.
- 7.2 The Care and Support Statutory Guidance sets out further detail in respect of the requirement to publish the SAB strategic plan and annual reports, at paragraphs 14.155-14.161 of the Guidance. The 2017-18 annual report complies with those requirements.

Linked Reports, Appendices and Background Documents

Linked Report

- None

Appendices

- Appendix 1 - Safeguarding Adults Board Annual Report 2017-18

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

- NONE

Officer contact details for documents:

Joanne Starkie – Head of Strategy and Policy, Health Adults and Communities, LBTH joanne.starkie@towerhamlets.gov.uk / 020 7364 0534

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Safeguarding Adults Board

Making Safeguarding Personal



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Annual Report 2017-18

Safeguarding is everyone's responsibility



INVESTORS
IN PEOPLE | Silver



METROPOLITAN
POLICE

TOTAL POLICING



Tower Hamlets
Clinical Commissioning Group

KEEPING ADULTS SAFE IN TOWER HAMLETS 2017-18

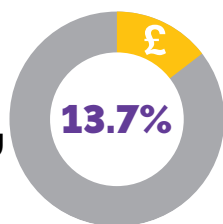
The SAB is a multi-agency board that oversees safeguarding arrangements for adults in the borough.



POPULATION

304,900

We have the fastest growing population in the country



49.7% of older people live below the poverty line

13.7% of families have a household income of less than £15K

HEALTH



78.1 years – life expectancy for a man versus 79.6 years national average



82.5 years – life expectancy for a woman versus 83.2 years national average



Severe mental illness is the **fifth** highest in London

ACHIEVEMENTS IN 2017-18

A Keeping Safe in Tower Hamlets event for people with a learning disability in July 2017 raised awareness of safeguarding.

More than 80,000 households in London had a Home Fire Safety visit – a key way of protecting vulnerable people safe from the risk of fire.

63.5% of adult social care users said in February 2018 that they felt as safe as they wanted to, compared to 63% the year before.

New processes have been put in place to hear the views and experiences of people experiencing a safeguarding investigation.

SAFEGUARDING ENQUIRIES

699 safeguarding enquiries were conducted by adult social care teams to establish whether abuse has occurred

In **62%** of cases risks to the person were reduced and in **30%** of cases the risk was completely removed

61% of safeguarding issues occur in the adult's own home

13% of safeguarding issues occurred in care homes



The most common types of abuse investigated were:

32% neglect

22% financial abuse

18% physical abuse

SAFEGUARDING ADULTS BOARD

Making Safeguarding Personal



6 key principles of safeguarding:

Empowerment

Prevention

Proportionality

Protection

Partnership

Accountability

“Going through the safeguarding process has made me feel stronger and I know now that I am not as vulnerable as people make me out to be.”

Safeguarding adults is everyone's responsibility

PRIORITIES FOR 2018-19

We will focus awareness-raising activity on financial scamming and modern slavery.

We will learn from Safeguarding Adult Reviews at a national and regional level to understand local implications.

Minimise repeat safeguarding issues.

We will learn from health reviews (LeDeRs) in relation to the death of individuals with a learning disability.

We will continue to focus on making safeguarding personal.

We will continue to ensure effective holding to account of agencies.

Foreword Independent Chair Christabel Shawcross



I am pleased to present the Tower Hamlets Safeguarding Adults Report for 2017-2018 to set out our achievements and what more needs to be done.

We succeeded in

achieving a number of ambitions over the last year. We raised awareness of under-reported hate crime in partnership with the Community Safety Partnership. A highly successful 'Keeping Safe' event for more than 70 people with learning disabilities took place in summer 2017, learning in an interactive way how to keep safe and report abuse.

A learning event organised by our lead GP, was attended by over 100 health and social care staff, focusing on self-neglect and hoarding, modern slavery and human trafficking. The feedback from frontline staff was really positive, and it was clear that staff want more learning on these issues. This is a key priority for us in 2018, and across the partnership staff training on safeguarding remains a high priority.

Adult social care undertook qualitative audits last year. From this, they recognised the need to deepen understanding of Making Safeguarding Personal across all agencies, and a learning workshop on this issue was subsequently held for the Board. Our performance dashboard was improved this year, although changes in key personnel meant this happened later than we would have liked.

A key challenge for Safeguarding Adult Boards is to consider when multi-agency work appears not to be working. The Safeguarding Adult Reviews (SARS) we commissioned over the last year look at the unexpected deaths of those with learning disabilities, financial abuse, and cases where people have taken their own lives. At a regional level, the Board learnt from the London Review of SARS. Many reflect local learning on the sharing of information, mental capacity assessments, professional curiosity and tenacity. In recognition of the highly challenging environment for staff and communities, a community multi-agency High Risk Panel has been formed in adult social to prevent escalation of safeguarding risks.

A key concern for SABs in ensuring residents are safeguarded is the commissioning of local services. The new commissioning of domiciliary care in Tower Hamlets is intended to improve quality and will be a priority in 2018 for the Board to review. Tower Hamlets has a small number of care homes: The Board was pleased to have one rated 'excellent' by the Care Quality Commission. Another was rated inadequate, and good work was done with the provider to improve this.

A priority for this year will be to focus more on preventing abuse, as well as ensuring protection is proportionate and appropriate. We want to be ambitious and will be ensuring multi-agency approaches are promoted to ensure frontline staff are equipped to respond and reduce abuse.

If you are concerned about an adult being abused or neglected, call the safeguarding adults hotline on 020 7364 6085.

**Joint foreword by Mayor of Tower Hamlets, John Biggs and
Councillor Denise Jones, Cabinet Member for Health and Adult Services**



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BE UPDATED

Local Demographics

The estimated resident population of Tower Hamlets is

304,900



Over recent years, the borough has seen some of the fastest population growth in the country.

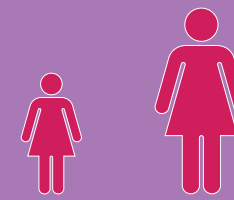
Tower Hamlets is the **10th most deprived** borough in the country.



Lowest disability-free life expectancy rates in London



56.9%
men



56.4%
women

Highest rate of social care need among older residents in England: **12,235 users per 100,000 population**



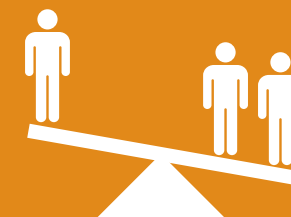
The profile of the borough is one of increasing diversity, with



43% 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.

Reducing inequalities in health and wellbeing experienced by many Tower Hamlets residents is one of the biggest challenges facing the borough. Although life expectancy has risen over the last decade, it continues to be lower than the London and national averages, and significant health inequalities persist.



Safeguarding adults performance data

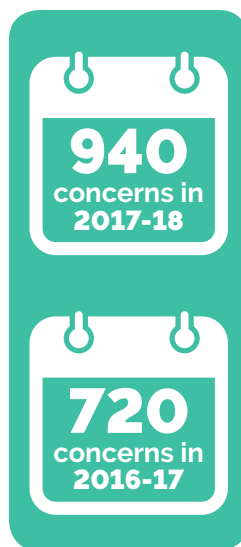
This section of the report presents information for 2017-18 in relation to safeguarding adults. It gives an overview of the number of safeguarding concerns that have been received, and the number and type of enquiries (i.e. investigations) that have been concluded. The council, in its lead role for safeguarding, has an overview of all safeguarding concerns received within the area. As such, data from the council's system has been used to inform this section.

Number of safeguarding concerns

In 2017-18, 940 concerns were recorded in Tower Hamlets.

- This represents a 31% per cent increase on the number of concerns received the year before.

Whilst this increase may appear to be negative, we think it reflects an increased awareness of adult abuse and neglect amongst residents and staff. The figure is also likely to be impacted by the high rate of population growth in the borough.

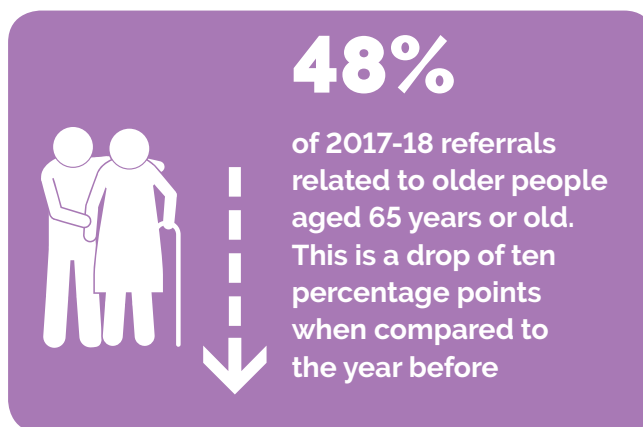


Who is being referred?

- 55% of 2017-18 referrals related to women, which is up three percentage points from last year. The proportion of the borough's adult population who

are female is 48%, suggesting an over representation of women in referrals.

- 48% of 2017-18 referrals related to older people aged 65 years or old. This is a drop of ten percentage points when compared to the year before, and it is different to the age profile of adult social care users, 62% of whom are over 65.



- 54% of 2017-18 referrals related to people from a 'white' ethnic background, which is in line with previous years. This figure is higher when compared against the overall profile of the borough (45%)

'white' in the last Census). However, the proportion of people from a 'white' ethnic background is higher for residents aged 65 years or older, and as previously noted, a significant proportion of safeguarding referrals come from this group.

- 52% of 2017-18 safeguarding concerns related to people who need physical support, down from 59% last year. 17% related to people with a learning disability, which is similar to last year. 19% related to individuals with a mental health issue – up from 13% last year.



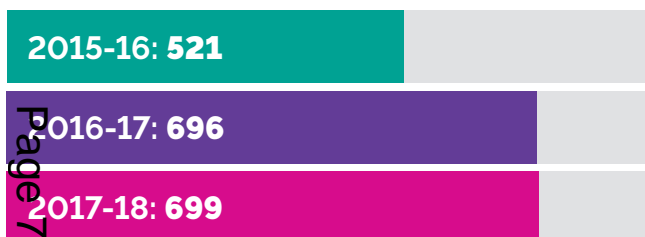
Safeguarding adults performance data

Safeguarding adults enquiries

Safeguarding adults enquiries are concerns received that have proceeded to a safeguarding investigation.

699 safeguarding adults enquiries were undertaken and concluded in 2017-18; similar to the figure of 696 the year before.

Number of safeguarding enquiries



Where the abuse takes place

Based on concluded safeguarding investigations, the majority of safeguarding issues take place in the alleged victim's own home. The figure is 61% in Tower Hamlets – up from 58% last year and 54% the year before. 13% of enquiries related to people in care homes, which is similar to previous years. The low proportion of enquiries from care homes has historically been much lower than the national average, which we think reflects the small number of homes in the borough.

Types of abuse

Neglect was the largest single type of abuse investigated in Tower Hamlets in 2017-18 at 32%. Whilst this marks a decrease of 4 percentage points compared to last year, it is worth noting that self-neglect has increased this year from 3% to 7%. Financial abuse accounted for 22% of investigations, up from 20% last year. Physical abuse accounted for 18%, down from 20% last year.



Safeguarding inquiries outcomes - managing risk

Safeguarding can be a complex process with a number of factors that will render a person or situation being at risk. Where risk cannot be completely removed, strategies are in place to monitor and inform the individual of what services are available to support them

In 63% of safeguarding enquiries the risk to the individual was reduced. In 28% of cases it was removed. It remained in 8% of cases. These figures are similar to last year.

Deprivation of Liberty Safeguards performance data

The Deprivation of Liberty Safeguards is an amendment to the Mental Capacity Act 2005 (amended in 2007). The Mental Capacity Act allows restraint and restrictions to be used but only if they are in a person's best interests and they lack capacity to make decisions about their care or treatment. The Deprivation of Liberty Safeguards (DoLS) can only be used if the person will be deprived of their liberty in a care home or hospital. In other settings the Court of Protection can authorise a deprivation of liberty.

We think the closure of a service in the borough had a short-term impact on DoLS activity last year. This year, we are putting a particular focus on community-based DoLS as we know that this area requires attention.

	2017/ 18	2016/ 17
Total DoLS requests received	714	*1076
DoLS Authorised	191	660
DoLS Not Authorised	40	106
DoLS Withdrawn	341	247

* this figure includes 63 DoLS cases pending authorisation

Safeguarding is everyone's responsibility

Funding arrangements for SAB

Funding of Tower Hamlets Safeguarding Adults Board is received both in monetary terms and in kind. It is acknowledged that every organisation faces financial challenges each year; therefore it is with appreciation that partner members give their time and resources to support the functioning of the board.

The following table sets out the budget for 2017/18.

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	Staffing	£37,000
	Safeguarding adult reviews	£14,000
	Total	£51,000

	Contributions from partner agencies	£12,800
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Training - Adults Safeguarding

Tower Hamlets provides a range of safeguarding adults training for staff at all levels. It ranges from basic awareness-raising training to training for managers of staff undertaking investigations. Bespoke training is provided on topics including domestic abuse, hoarding, human trafficking and female genital mutilation. Partner agencies also provide a range of training for their staff.

Safeguarding adults basic awareness e-learning is a web based training portal and is available to all Tower Hamlets staff and those working in the private, independent sectors, carers and volunteers working with adults. Training is provided free of cost to the recipient.

“A high number of safeguarding concerns relate to adult social care users. In a survey carried out in February 2018, 63.5% of respondents said they felt as safe as they wanted to, compared to 63% the year before. 86% said that care and support helps them to feel safe.”

“The service user found that the discussion and actions agreed at the safeguarding planning meeting made her feel as though that other people cared and she now knew where she could get help from.”



Tower Hamlets Safeguarding Adults Board Achievements over 2017-18

The priorities for 2017-18 came from the SAB annual workshop in May 2017 where partner agencies agreed the priorities for the forthcoming year. Each priority was built into the business plan relating to the six principles of safeguarding. The importance of supporting people in a personalised way runs throughout these principles. This is monitored by SAB and work undertaken via the sub groups. Each partner agency has worked to ensure their organisation continues to provide a service and that the workforce receives safeguarding training and understand how to recognise abuse respond to it. Here is a summary of work carried out.

EMPOWERMENT

Our Goals

People being supported and encouraged to make their own decisions and give informed consent.

Outcomes for Adults in Tower Hamlets

"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."

What we achieved

East London NHS Foundation Trust: "We have developed 'Making Safeguarding Personal' evaluation forms with service users, for service users"

Providence Row Housing Association: "We have recruited peer mentors, and have included safeguarding within their role"

Tower Hamlets Clinical Commissioning Group: "We have explored the issue of empowerment with health colleagues, following recent work on a serious incident"

National Probation Service: "We are piloting new tools for working with adults with a learning disability"

Adult Social Care: "We are looking at person-centred working and use of advocates as areas for development, following an audit of safeguarding cases"

Metropolitan Police: "We have reinforced the expectation that officers take the wishes of vulnerable victims into account in training. We have carried out a survey to understand gaps in knowledge"

PREVENTION

Our Goals

It is better to take action before harm occurs.

Outcomes for Adults in Tower Hamlets

"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."

What we achieved

Tower Hamlets Clinical Commissioning Group and primary care: "The proportion of adults with a learning disability having an annual health check has increased from 36% to 74%"

Toynbee Hall: "68 of our 70 staff and 40 volunteers have undertaken safeguarding training. We delivered 19 safeguarding awareness training sessions to around 200 attendees"

East London NHS Foundation Trust: "Over 90% of our staff have attended "level 1" safeguarding training, and over 80% have attended basic Prevent training"

National Probation Service: "There is mandatory safeguarding e-learning which all staff are expected to attend and classroom training for practitioners and first line managers."

London Fire Brigade: "We have an agreed Memorandum of Understanding between ourselves and the council to develop preventative work. We carry out more than 80,000 Home Fire Safety Visits across London each year. We have developed a safeguarding training package for all personnel"

Tower Hamlets Safeguarding Adults Board Achievements over 2017-2018

PROPORTIONALITY

Our Goals

The least intrusive response appropriate to the risk presented.

Outcomes for Adults in Tower Hamlets

"I am sure that professionals will work in my best interests as I see them, and professionals will only get involved as much as needed."

What we achieved

East London NHS Foundation Trust: "We have developed evaluation forms for service users, which will enable the service to respond to people's experience of the safeguarding process"

Providence Row Housing Association: "We have embedded our programme of person-centred support and care planning"

National Probation Service: "We are developing a new safeguarding action plan and are reviewing our policy, practice guidance and process map"

East London NHS Foundation Trust: "We have revised our Safeguarding Adults Policy in line with the 2014 Care Act and Pan-London procedures"

London Fire Brigade: "We have reviewed our internal safeguarding policy and updated this in line with the Care Act and Pan-London procedures"

PROTECTION

Our Goals

Support and representation for those in greatest need.

Outcomes for Adults in Tower Hamlets

"I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."

What we achieved

Adult Social Care: "We have started a High Risk Transition Panel and a High Risk Panel to consider and support agencies to manage risk when service users are transitioning between services, and when there is a high-risk safeguarding case"

East London NHS Foundation Trust: "Safeguarding is always part of staff monthly supervision discussions. Our Director produces quarterly reports on safeguarding concerns and reviews"

Providence Row Housing Association: "We have expanded the membership of our staff 'Safeguarding Good Practice' group: we have included the Peer Mentoring Coordinator, who is a former service user, and plan to include service users within the group"

National Probation Service: "We are producing a new risk register"

Metropolitan Police: "Tower Hamlets Police now host a dedicated Domestic Violence Protection Order case worker who provides support to vulnerable victims and helps officers in obtaining these orders against perpetrators"

Tower Hamlets Safeguarding Adults Board Achievements over 2017-2018

PARTNERSHIP

Our Goals

Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

Outcomes for Adults in Tower Hamlets

"I am confident that professionals will work together, with me and my network, to get the best result for me. I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary."

What we achieved

London Fire Brigade: "As a result of a recommendation from a Safeguarding Adult Review the Brigade are delivering a project with London Ambulance Service to provide home fire safety visits to high risk hoarders"

Toynbee Hall: "We have delivered four safeguarding training sessions to partner organisations"

Tower Hamlets Clinical Commissioning Group: "The newly appointed a Joint Senior Strategic Safeguarding Adults sits on a number of multi-disciplinary groups, enabling better partnership working"

Providence Row Housing Association: "We took part in an event with housing providers to understand how we compared and share best practice"

Metropolitan Police: "We maintained our commitment to the One Stop Shop at Whitechapel Idea Store where members of the public can raise concerns about domestic abuse and get guidance in confidence"

ACCOUNTABILITY

Our Goals

Accountability and transparency in delivering safeguarding.

Outcomes for Adults in Tower Hamlets

"I understand the role of everyone involved in my life and so do they."

What we achieved

Adult Social Care: "We have carried out a programme of in-depth qualitative auditing of safeguarding cases and audited work around Deprivation of Liberty Safeguards. Learning from these audits is being taken forward"

London Fire Brigade: "Safeguarding concerns are audited by our safeguarding lead on a daily basis. The Brigade has undertaken a two-part safeguarding auditing process by MOPAC"

Providence Row Housing Association: "We completed our own internal audit of safeguarding. We are an active member of the London-wide Housing Care and Support Group in safeguarding"

Tower Hamlets Clinical Commissioning Group: "We hold bi-monthly Safeguarding Adults Committee meetings to provide assurance that the CCG has discharged its statutory duty to safeguard adults across commissioned health services"

East London Foundation Trust: "We commissioned an independent review of safeguarding services. The review highlighted the need to provide additional resource for the service. The findings are now being considered and taken forward"

Metropolitan Police: "We have developed a safeguarding dashboard and have a central auditing framework"

EMPOWERMENT PREVENTION PROPORTIONALITY PROTECTION PARTNERSHIP ACCOUNTABILITY

Summary of achievements by the Safeguarding Adults Board and partner agencies

Last year's priorities

What we have done

Professionals to take a person centred and holistic approach to safeguarding

We provided training to staff and have better understood our approach through auditing and service user feedback

Ensure there is advocacy for people who lack mental capacity or have difficulty in decision-making

Advocacy was provided by an advocate, friend or family member in 95% of investigations where a person lacked mental capacity

Minimise repeat safeguarding issues

183 people had a repeat safeguarding concern in 2017-18, which represents 19.1% of all individuals - similar to the year before

Carry out robust risk assessments involving adults, their families and carers

Starting in adult social care, we are revamping forms so that risk is documented at the start of the process

Improve data analysis to measure outcomes

Performance information is received from key agencies and will continue to be developed

Increase engagement with adults

A successful Keeping Safe event to engage with adults with a learning disability took place in July 2017

Effectively hold agencies to account

The Board has sought and gained assurance that there are robust systems in place to monitor the quality of home care and care homes

Safeguarding Adults Review

Section 44 of the Care Act 2014 places a duty on Safeguarding Adults Boards to arrange a Safeguarding Adults Review (SAR), in cases where an adult has died or experienced significant harm or neglect.

Over 2017-18, five SARs started or were ongoing and one SAR was published.

On conclusion of the SAR, an action plan will be drawn up to ensure the recommendations of the findings are implemented.

The executive summary of each SAR will be available on the council webpage and a full report is available on request from the Safeguarding Adults Board Coordinator.

The purpose of the SAR is to:

- Establish what lessons are to be learnt from a particular case in which professionals and organisations work together to safeguard and promote the welfare of adults at risk.
- Identify what is expected to change as a result, to improve practice.
- Improve intra-agency working to better safeguard adults at risk.
- Review the effectiveness of procedures, both multi-agency and those of individual organisations.

In 2017-18, one Safeguarding Adult Review was published

The Safeguarding Adults Board completed a review of Mrs Q in July 2017. The review investigated the events leading to Mrs Q being left without personal care services for several days. The review found that if there had been better communication between agencies, this would not have occurred. Working practices and operational procedures of key staff were reviewed as a result and in-depth learning events took place. Recommendations were agreed and are being put into place. The review and findings were also described in last year's Annual Report, and full details of the SAR can be found on our website using the following link or by searching "Tower Hamlets Safeguarding Adult Review":

https://www.towerhamlets.gov.uk/ignl/health_social_care/safeguarding_adults/Safeguarding_Adults_Review.aspx

In 2017-18, five Safeguarding Adults Reviews commenced or were ongoing

Two of these involve people taking their own lives. Two of these relate to the unexpected death of individuals with a learning disability. The fifth involves financial abuse of an individual with a learning disability. These Safeguarding Adults Reviews have been or are expected to be completed and published in 2018-19.

To view the current set of published Safeguarding Adult Reviews, please visit our website by using the following link or by searching "Tower Hamlets Safeguarding Adult Review":

https://www.towerhamlets.gov.uk/ignl/health_social_care/safeguarding_adults/Safeguarding_Adults_Review.aspx

Our Priorities for 2018-19

Our priorities over 2017-18 reflect the priorities in our 2015-19 strategy. As we approach 2019 we will start work on our next Safeguarding Adults Strategy, focusing in on what our priorities need to be to prevent and tackle adult abuse over the next five years.



Other areas for development and implementation

We will continue to monitor and act on any emerging areas of concern, including financial scamming, modern slavery and other forms of exploitation. We will also continue to focus on areas that require attention, such as ensuring that staff are taking a person-centred and personalised approach to safeguarding.

Tower Hamlets Safeguarding Adults Board Governance and Accountability arrangements

The Care Act 2014, requires all local authorities to set up a Safeguarding Adults Board (SAB) with other statutory partners: the Police and Clinical Commissioning Group (CCG). Tower Hamlets Safeguarding Adults Board continues to work with partners to embed the requirements of the overarching Care Act to:

- Assure that local safeguarding arrangements are in place as defined by the Act
- Prevent abuse and neglect where possible
- Provide timely and proportionate responses when abuse or neglect is likely or has occurred.

The legal framework for the Care Act 2014 is supported by statutory guidance which provides information and guidance on how the Care Act works in practice. The guidance has statutory status which means there is a legal duty to have regard to it when working with adults with care and support needs and carers.

The SAB takes the lead for adult safeguarding across Tower Hamlets to oversee and co-ordinate the effectiveness of the safeguarding work of its members and partner organisations.

The SAB concerns itself with a range of matters which can contribute to the prevention of abuse and neglect such as:

- Safety of patients in local health services
- Quality of local care and support services
- Effectiveness of prisons in safeguarding offenders and approved premises
- Awareness and responsiveness of further education services

Safeguarding Adults Boards have three core duties, they must:

- Develop and publish an Annual Strategic Plan setting out how they will meet their strategic objectives and how their members and partner agencies will contribute.
- Publish an annual report detailing how effective their work has been.
- Arrange safeguarding audit reviews for any cases which meet the criteria for such enquires, detailing the findings of any safeguarding adult review and subsequent action, (in accordance with Section 44 of the Act).

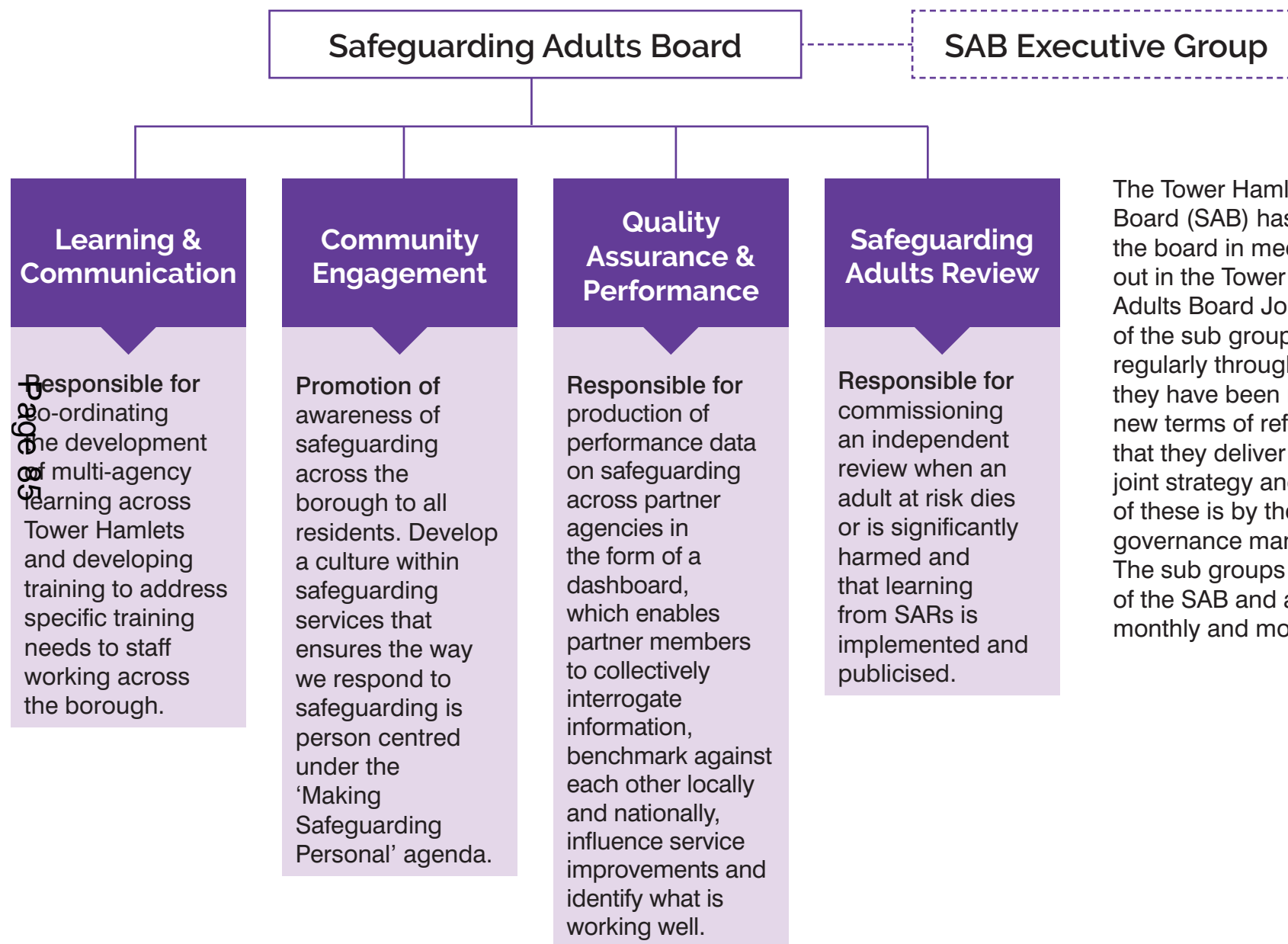


Tower Hamlets Safeguarding Adults Board partner members



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Safeguarding Adults Board Structure



The Tower Hamlets Safeguarding Adults Board (SAB) has four sub groups that assist the board in meeting its obligations as set out in the Tower Hamlets Safeguarding Adults Board Joint Strategy 2015-19. Some of the sub groups have not been held regularly throughout the year, and as a result they have been revised and redesigned with new terms of reference with the expectation that they deliver specific key aspects of the joint strategy and business plan. Monitoring of these is by the joint strategy and governance manager who reports to the SAB. The sub groups are chaired by members of the SAB and are expected to meet bi-monthly and more frequently where required.

These are the strategic boards linked to the Safeguarding Adults Board

The Health and Wellbeing Board

Having a Health and Wellbeing Board is a statutory requirement for local authorities. The board brings together the NHS, the local authority and Health Watch to jointly plan how best to meet local health and care needs, to improve the health and wellbeing of the local population, reduce health inequalities and commission services accordingly.

Local Safeguarding Children Board

The Local Safeguarding Children Board is a statutory requirement set out in the Children's Act 2004 which gives duties to ensure that all agencies work together for the welfare of children. There has been more focus on the two boards to work more closely together and this has resulted in shared areas being developed to improve responses to both children and adults safeguarding.

Community Safety Partnership Board

The Community Safety Partnership Board is required by law to conduct and consult on an annual strategic assessment of crime, disorder, anti-social behaviour, substance misuse and re-offending within the borough and the findings are then used to produce the partnership's Community Safety Plan.


Learning Disability Partnership Board Mental Health Partnership Board

These two boards lead on work to drive strategic improvements for adults with a learning disability or mental health issue in Tower Hamlets. The views and experiences of adults with a learning disability or mental health issue are fed into the work of the board.



Prevent Board

The Prevent Board is a multi-agency board that meets regularly to work together to prevent and respond to radicalisation. The Counter Terrorism & Security Act 2015 places a legal duty on NHS Trusts and Foundation Trusts to consider the Prevent Strategy when delivering their services. The Counter-Terrorism and Security Act 2015 contains a duty on specified authorities to have due regard to the need to prevent people from being drawn into terrorism. This is also known as the Prevent duty.

<p>Non-Executive Report of the:</p> <p>Health and Wellbeing Board</p> <p>Monday 8 October 2018</p>	
<p>Report of: Somen Banerjee, Director of Public Health</p>	<p>Classification: Unrestricted</p>
<p>Tower Hamlets Suicide Prevention Action Plan 1st Year Update</p>	

Originating Officer(s)	Chris Lovitt, Associate Director of Public Health
Wards affected	All wards

Executive Summary

This report update on progress on implementing the Tower Hamlets Suicide Prevention Plan adopted by the Health and Wellbeing Board (HWB) on the 20th December 2017.

A multi-agency partnership suicide prevention steering group was set up to develop the original strategy and has continued to meet throughout 2018 in order to progress actions at a borough sub regional, regional and national level. The report details actions taken against the following areas from the original strategy:-

- Early intervention and prevention
- Improving help for those in crisis
- Identifying the needs of vulnerable people
- Addressing training needs
- Communications and awareness

Recommendations:

The Health and Wellbeing Board is recommended to:

1. Note progress made on the original themes.
2. Comment on any areas which are felt to need additional actions or a different approach.
3. Agree to recommendations for metrics to be developed to enable progress to be tracked in the second year.

1. REASONS FOR THE DECISIONS

- 1.1 Local Authorities are required to have Suicide Prevention Plans. The Tower Hamlets plan was developed by a multi- agency steering group and formally adopted by the HWB in December 2017.
- 1.2 The Tower Hamlets Suicide Prevention Plan has been well received both locally and in other areas and used as a model of good practice. All East London boroughs now have similar strategies.
- 1.3 Since developing the Tower Hamlets Strategy the East London and Health and Care Partnership Mental Health Workstream and also the Mayor of London's Thrive Programme have both identified areas of work that would be best taken forward at a sub-regional or regional level. These have included the near real time reporting and sharing of information on location and means of suicide attempts to enable actions to be taken to reduce means and improve crisis information. As such it is proposed that these aims of the local strategy would be best met by the work being undertaken at sub regional and regional level.

2. ALTERNATIVE OPTIONS

- 2.1 Not accept the progress update.
- 2.2 Request amendments to the report.
- 2.3 Require corrections or amendments to the report.
- 2.4 Request or direct the Suicide Prevention Steering Group to take a different approach.

3. DETAILS OF THE REPORT

- 3.1 Working together across the Partnership significant progress has been made in implementing actions of the Suicide Prevention Plan agreed by the Health and Wellbeing Board at the end of 2017.
- 3.2 A multi-agency steering group has met three times since with a huge amount of work having taken place among partners, to reduce the risk of and increase access to services for persons at risk or in crisis, of all ages. This is alongside changes to both national and regional policy that will see more people receiving and accessing perinatal and child and adolescent mental health services when they may most need it.
- 3.3 Locally a wide range of services have made improvements to better support people in crisis and reduce suicides these include:- a) The Accident and Emergency Department at the Royal London Hospital, where most people in crisis will present, have made multiple improvements to the patient environment and to the provision of appropriate support for young people requiring a psychological intervention and b) The Homeless housing service

and the Jobcentre who have started to improve staff knowledge and understanding and to develop processes that will identify and direct persons at risk to appropriate support. In the next few months residents attending the Idea Store, will be supported to identify services tailored to their individual needs, reducing barriers to access.

- 3.4 Although we have made good progress there is still more we plan to do for 2019/20 especially for Children and Young People (CYP). We are planning to provide increased support in schools and the youth services, with agencies working collaboratively to ensure that provision is targeted, universal and appropriate to need.
- 3.5 The suicide prevention steering group will be working to learn lessons both from serious case reviews and also information and intelligence from the blue light services on areas where suicides are most likely to take place. Data sharing between blue light services and local public health teams remains challenging. However, by working closely with key partners such as Thrive LDN, on pan London suicide prevention approaches work is taking place on putting places protocols to enable data sharing at a sub-regional and regional level.
- 3.6 Training is an important part of the action plan and over 460 people working and living in the borough, are now trained in suicide prevention and so building a network of individuals that can potentially prevent suicide and who feel more confident to take appropriate action.
- 3.7 In 2019/20 further training is planned and this will increase the number of people trained by a further 250 people with further training planned. Ensuring the training is reaching those who need it most on the frontline, such as in housing and/or primary care, will require some further thought, planning and targeted action.
- 3.8 More work needs to be undertaken across the broad partnership to increase the reach and capacity of national campaigns on suicide prevention, and publicise local opportunities for training on suicide prevention. In the next year to the Suicide Prevention Plan and Action Plan will be reviewed to ensure they continue to focus on local priorities whilst making the best use of regional and national opportunities.
- 3.9 Further work will be undertaken on developing metrics to monitor progress against objectives so that in future, tangible results can be presented to the Board, to aid understanding and provide a benchmark for improvement.

4. EQUALITIES IMPLICATIONS

- 4.1 There is national evidence that some people from groups with protected characteristics may have higher rates of suicide. Reducing suicide rates and addressing risk factors will help meet the objectives of One Tower Hamlets and reduce health inequalities.

- 4.2 Data on suicides has been analysed in terms of the nine protected characteristics where possible.

5. OTHER STATUTORY IMPLICATIONS

- 5.1 A number of safeguarding reports have identified recommendations in relation to suicide prevention. These are in the process of being reviewed and lessons learned will inform the work of the suicide prevention action plan.

6. COMMENTS OF THE CHIEF FINANCE OFFICER

- 6.1 There are no direct financial implications arising from this report. Any service expenditure incurred to deliver the Suicide Prevention Plan will be funded through existing resources including the Public Health grant.

7. COMMENTS OF LEGAL SERVICES

- 7.1 This is an update on progress against the Suicide Prevention Strategy adopted by the HWB in December 2017, which reflects the priorities and matters identified within the National Strategy for Suicide Prevention. The work being undertaken by Thrive London to put in place data sharing procedures will need to be reviewed locally to ensure it is compliant with GDPR Regulations. There are no other legal implications associated with this report.

Linked Reports, Appendices and Background Documents

Linked Report

- Tower Hamlets Suicide Prevention Strategy
<https://www.towerhamlets.gov.uk/Documents/Public-Health/THsuicidePreventionStrategy2018.pdf>
- Public Health England: Suicide prevention: resources and guidance
<https://www.gov.uk/government/collections/suicide-prevention-resources-and-guidance>
- Preventing suicide in community and custodial settings
<https://www.nice.org.uk/guidance/NG105>

Appendices

- Appendix 1 - Tower Hamlets Suicide Prevention Strategy: Action Plan update 2017/8

Local Government Act, 1972 Section 100D (As amended)

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

- NONE

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Tower Hamlets Suicide Prevention Strategy

Action Plan update 2017/18

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1. Summary/overview

Working together across the Partnership significant progress has been made in implementing actions of the Suicide Prevention Plan agreed by the Health and Wellbeing Board at the end of 2017. A multi agency steering group has met three times with a huge amount of work having taken place among partners to reduce the risk of and increase access to services for persons of all ages at risk or in crisis. This is alongside changes to both national and regional policy that will see more people receiving and accessing perinatal, child and adolescent mental health services.

Locally a wide range of services have made improvements to better support people in crisis and reduce suicides these include:- The Accident and Emergency Department at the Royal London Hospital, where most people in crisis will present, have made multiple improvements to the patient environment and to the provision of appropriate support for young people requiring a psychological intervention. The Homeless housing service and the Jobcentre have started to improve staff knowledge and understanding and to develop processes that will identify and direct persons at risk to appropriate support. In the next few months residents attending the Idea Store, will be supported to identify services tailored to their individual needs, reducing barriers to access.

Although we have made good progress there is still more we plan to do for 2019/20 especially for Children and Young People (CYP). We are planning to provide increased support in schools and the youth services, with agencies working collaboratively to ensure that provision is targeted, universal and appropriate to need. The suicide prevention steering group will be working to learn lessons both from serious case reviews and also information and intelligence from the blue light services on areas where suicides are most likely to take place. Data sharing between blue light services and local public health teams remains challenging. However, by working closely with key partners such as Thrive LDN, a pan London approach is being developed to enable data sharing between organisations both regionally and locally to address risk factors for suicides.

Training is an important part of the action plan and over 460 people working and living in the borough, are now trained in suicide prevention. We are now building a network of individuals that can potentially prevent suicide and who feel more confident to take appropriate action. In 2018/19 further training is planned to increase the number of people trained by a further 250+ with additional training planned. Ensuring the training is reaching those who need it most on the frontline, such as in housing and/or primary care, will require some further work, planning and targeted action.

More work needs to be undertaken across the broad partnership to increase the reach and capacity of national campaigns on suicide prevention, and publicise local opportunities for training on suicide prevention. In the next year the Suicide Prevention Plan and Action Plan will be reviewed to ensure they continue to focus on local priorities whilst making the best use of regional and national opportunities. Further work will be undertaken on developing metrics to monitor progress against objectives so that in future, tangible results can be presented to the Board, to aid understanding and provide a benchmark for improvement.

2. Introduction

The priorities of the Tower Hamlets Suicide Prevention Strategy were identified by a multi-agency steering group and the plan formally adopted by the Tower Hamlets Health and Well Board in December 2017. The strategy underpins the approach of the steering group who are working together to implement the local plan and in doing so exceed the national target of a reduction in suicide of 10% by 2021.

The Tower Hamlets strategy is based on the premise that suicide is not inevitable, and that by working collaboratively to build resilience in the community and increasing access to help, suicide can be prevented.

3. Outline of priority areas

The Tower Hamlets Suicide Prevention Strategy identified five priority areas for action:

- Early intervention and prevention
- Improving help for those in crisis
- Identifying the needs of vulnerable people
- Addressing training needs
- Communications and awareness



4. Priority 1 – Early intervention and prevention

Suicide is often the culmination of a complex array of risk factors, mental ill-health, and distressing life events. Working to reduce exposure to risk factors and supporting people to cope is vital in suicide reduction.

What are the short term objectives?

- To improve specialist mental health services for targeted groups, in line with the Mental Health Five Year Forward View, with a view to improving mental health and wellbeing in children and young people.
- To improve the signposting of our existing preventative work.

4.1 Improving specialist mental health services for targeted groups – Progress update

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Perinatal

In line with national policy, Tower Hamlets CCG is working with other Clinical Commissioning Groups (CCGs) to employ more staff and see more women in the year before and after childbirth - targeting a group who are at high risk of mental health problems.

The North East London (NEL) perinatal mental health (PNM) project will increase the numbers of women accessing the service from 929 in 2016 to 1682 (81%) by 2021.

The project will increase the availability of specialist PNM services including:

- lower-level perinatal mental health services, delivered by primary care/midwifery/health visiting/IAPT (Improving Access to Psychological Therapies);
- higher-level inpatient support from the East London Foundation Trust (ELFT) 12-bedded Mother and Baby Unit (MBU);
- Diagnosis-specific services e.g. personality disorders/dual diagnosis.

Additionally 22.25 staff will be recruited to meet the demand. This follows a successful bid by the East London Health and Care Partnership (ELHCP) to NHS England to increase capacity of key staff in perinatal services across the seven CCGs, with the aim to see more women by 2021.

Child and Adolescent Mental Health Services (CAMHS)

In line with national policy, local mental health services will see 40% more children and young people in 2021 than in 2015. Therefore, more of those who need help will receive it - a major step in reducing suicide risk.

CAMHS have also recruited a safeguarding transition worker to support children and young people known to services as they transition to adult services.



Schools

Tower Hamlets has put forward a bid to be a trailblazer for the national schools and mental health pilot in 2018, building on CAMHS schools training and other local work.

The pilot will involve creating mental health (MH) support teams that will deliver 500 contacts per year for every 8,000 children. The pilot will encompass whole school approaches to primary prevention, low level non specialist mental health support as well as provide services for children with higher needs.

Adolescence

Safe East Compass is an integrated children and young people's (CYP) health and wellness service and they have recently launched a drug intervention programme for CYP in custody.

CAMHS Training provision in schools

CAMHS will be developing it's training provision in relation to mental health in secondary schools, building on a commissioned program (2017-18). This will include signs and symptoms, promoting emotional intelligence and staff wellbeing. An enhanced link worker system will support schools develop whole school and targeted well-being interventions, access Specialist CAMHS and work with pupils with complex/challenging needs.

Community navigators

The council will be training and installing community navigators in four Idea Store's in Tower Hamlets in the spring of 2019. The community navigators will use an assessment tool to support individuals to identify health and wellbeing needs and signpost to local services. The intention is to remove barriers to mental wellbeing and build resilience in people who may be at risk of depression anxiety and suicide.

Keepsafe connections

A list of contacts to signpost to when a person is suicidal or in need of support was developed by the Tower Hamlets Community Education Provider Network (CEPN) for each borough in the ELHCP. This information is provided to every attendee to the suicide prevention training. To date over 460 persons have been trained in suicide prevention in Tower Hamlets.




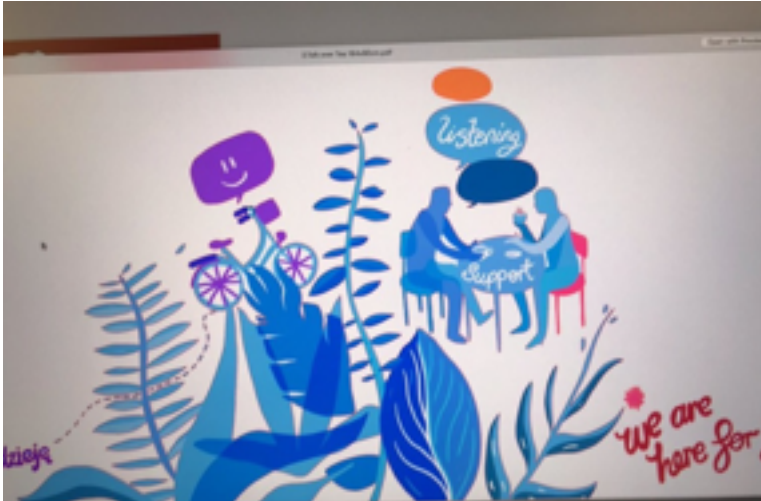
4.3 What more needs to be done/what will we do next?

- Continue to receive updates on work to improve access to CAMHS and perinatal services.
- To review the findings of the trailblazer pilot (if awarded), lessons learned and the influence on future commissioning intentions.

5. Priority 2 – Improving help for those in crisis

Many people experiencing a mental health crisis will seek or be taken to emergency clinical help. Service providers have raised concerns that there are too few options for referral in these circumstances with patients regularly taken or referred to Accident and Emergency (A&E), a busy environment not well suited to those in distress and which may also make them feel worse.

Nationally, 68% of patients who die by suicide have a history of self-harm. However, only half of patients who attend A&E through self-harm receive a psychosocial assessment.

What are the short term objectives?	<ul style="list-style-type: none">> To examine the specific needs of people attending A&E who have attempted suicide, self-harmed, or who are in mental health crisis> To map the current crisis referral pathway, address any gaps, and make the results available to all relevant bodies> To work with schools to ensure students receive appropriate support following traumatic events
<div>5.1 Examining the specific needs of persons attending A&E – Progress Update</div> <div></div>	<div>The Hope Wall</div> <div>The Royal London Hospital have partnered with an artist who collaborated with service users to visually transform an area of A&E for persons experiencing mental distress. The 'Hope Wall' was opened in July 2018 by Barts Health Trust and East London NHS Foundation Trust.</div> <div></div>



A&E Audit

For the month of Dec 2017, The Rapid Assessment Interface and Discharge Service (RAID) service undertook an internal audit of referrals to RAID on A&E attendances, examining both the reason for attendance and outcome.

In one month the service saw 220 patients, 37% who fit the criteria for self-harm or suicidal ideation. The audit has provided much needed insight into patient need and onward referral routes.

RAID database

The service is in the process of establishing an electronic database, to enable the service to monitor trends and improve support for persons attending A&E in mental health crisis.

CYP Crisis Pilot

A pilot service has been set up across East London which provides specialist crisis support to CYP attending A&E and in the community. The service will be available at A&E from 1100 to 2300 weekdays, and 1000 to 1430 weekends (similar to City and Hackney and Newham). Thus, extending CAMHS hours and providing access to persons aged 16 and 17 to specialist services for children and young people.

Health Based Place of Safety

ELFT and TH CCG are reviewing the current arrangements for a Health Based Place of Safety as part of the London Healthy Partnership's strategy to improve service quality and reduce waiting times. A new specification is being introduced for both section 136 assessment suites and staffing (section 136 of the Mental Health Act gives the police powers to remove a person who appears to be suffering from mental distress from a public place to a place of safety).

5.2 Mapping the crisis referral pathway – what has been achieved so far?

Pathways mapping

The Crisis Care Concordat Steering Group is mapping both adult and child crisis pathways, to identify gaps and promote collaborative working. Findings will be shared with wider partners in the autumn 2018 with an updated Crisis Care Concordat Declaration by the end of the year.

111 suicide and crisis pathway

NEL CSU is in the process of establishing a clinical pathway via 111 to direct persons experiencing MH crisis to a place of safety (currently A&E).

Crisis Line

East London Foundation Trust (with the support of the CCG) have set up a new local crisis line 24/7 in line with national guidelines. Mental health crisis calls to 111 services will be via warm transfer, where the Health Adviser keeps the caller on the line until the call is put through. This service was launched in August 2018 in Tower Hamlets/Hackney and Newham as part of a London wide achievement.

School trailblazer pilot bid

This trailblazer pilot for schools (see 4.1) aims to improve access to therapeutic support for children in schools.

Thrive LDN & TH Schools

CEPN in collaboration with Thrive LDN, are supporting local delivery of a national programme to provide Youth Mental Health First Aid training to teaching staff. The Youth Mental Health First Aid (YMHFA) will provide learners with the skills and confidence to spot signs of mental ill health in young people, offer first aid and guide them towards the support they need.

Public Health are similarly working with Thrive LDN to deliver the national programme of workshops by Time to Change addressing MH stigma.

School Health and Wellbeing Service

The recently re-commissioned school nursing service will support the emotional health and wellbeing as part of a school health and wellbeing programme. This includes; identifying CYP who require support for more specialist services such as educational psychology or CAMHS and includes liaison with primary care on the child's behalf given the appropriate consent.

5.3 Working with schools to ensure student receive appropriate support following traumatic events – what has been achieved so far?

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Educational Psychology Crisis (EPS) Support Service

The EPS Crisis Support Service works with schools in the wake of a traumatic or critical incident. Critical incidents can include the unexpected death or suicide of a member of the school community, pupils witnessing a serious accident or violent crime, and the impact of terrorism and war in the wider world. Educational Psychologists help school staff to plan a response, communicate key information and screen children and young people who may need longer term support. EPs may also debrief staff working directly with vulnerable children and young people who have been significantly affected by a traumatic incident.

5.4 What more needs to be done/what will we do next?

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- To establish a process for regular updates on strategic priorities by the Crisis Care Concordat group.
- RAID to establish an electronic system for recording adult mental health crisis attendance. In future data will be available to analyse the support needed for persons attending A&E.
- To work with ELFT/RAID to establish measures for monitoring of feedback on A&E attendance and numbers patients leaving prior to assessment, to establish baseline.
- To explore with ELFT/RAID the collection of data on self-harm and proportion that receives a psychosocial assessment.
- To determine if the intended pilots for schools will increase access to support for students following traumatic events and identify any gaps.

6. Priority 3 – Identifying the needs of vulnerable people

Staff in frontline services such as the housing team and job centres often see service users experiencing multiple social stressors, but may not be trained to recognise or manage signs of mental illness or suicidal behaviour. Children and young people often face unique social pressures. In particular, concerns have been raised about the risk of exam stress, and self-harming behaviours promoted via online content.

A number of safeguarding issues have been identified in young adults who have been housed in temporary accommodation. It is not always clear where the health and social care responsibilities lie for people who move across borough boundaries.

People who are bereaved through suicide are known to be at a higher risk of suicide themselves. Effective bereavement support is vital following a suicide.


What are the short term objectives?	<ul style="list-style-type: none">➤ Lessons learnt from safeguarding reviews will be collated and widely shared amongst service providers, so we can improve services➤ To improve practice in non-clinical statutory services, and provide increased support for frontline staff➤ Follow up arrangements and responsibility for service users housed in temporary accommodation or outside the borough will be clear amongst service providers.
1 Lessons learned from safeguarding reviews shared amongst service providers – Progress update	Serious case reviews Serious case reviews are published on the LBTH website. The steering group is committed to reviewing the lessons learned from all serious case reviews that have occurred as a result of suicide.
	Trust review Steering group members are sharing lessons learned from internal reviews, such as sudden death with the Adult Safeguarding Board. Further work may be required to establish a process for the sharing the learning from internal reviews between organisations, at the appropriate level of governance.

<p>6.2 Improving practice in non-clinical settings – Progress update</p>	<p>Jobcentre support</p> <p>The jobcentre have taken a number of steps aimed at improving practice and support for frontline staff. These are:</p> <ul style="list-style-type: none"> ➤ A six point plan to identify persons at risk ➤ Employed staff to provide specialist support to clients with mental health needs ➤ 10 Department of Work and Pensions staff members have attended safeTALK suicide prevention training. <hr/> <p>HOST Housing</p> <p>The Homeless Options and Support Team (HOST) have ensured that four of their team have been ASIST trained.</p>
<p>6.3 Follow up arrangements and responsibility for service users housed in temporary accommodation or outside the borough – what has been achieved so far?</p>	<p>HOST partnerships</p> <p>HOST partnered with local service providers, including East London Foundation Trust, Health E1 and Inspire, to improve the support available to vulnerable adults seeking housing through their service.</p> <hr/> <p>Personal Housing Plan</p> <p>In line with the new Hopelessness Reduction Act 2017, HOST will include in the Personal Housing Plan (PHP) appropriable key agencies that Homeless persons housed temporarily outside of the borough can contact in case of crisis.</p> <p>A communication route with Health E1 is established and on ongoing regular meetings will be held with Inspire.</p>
<p>6.4 What more needs to be done/what will we do next?</p>	<ul style="list-style-type: none"> ➤ To review the lessons learnt from all safeguarding reviews that result following suicide and agree actions. ➤ To review if action take to date to establish follow up arrangements and responsibilities for service users housed in temporary accommodate outside the borough are clear amongst service providers. ➤ To review HOSTs plan for supporting service users housed outside the borough ➤ To establish regular reporting on self-harm incidents and deaths in temporary accommodation with HOST to monitor improvements. ➤ To use the data collected by RAID via the new database to determine if there has been a reduction in vulnerable persons being directed to A&E.

7. Priority 4 – Addressing training needs

Effective training ensures we support staff and provide the best service to residents.

Non-clinical frontline staff have not always felt adequately equipped to manage service users expressing suicidal ideas. Many patients leave hospital before being seen by specialist staff, therefore it is vital that all clinical staff are capable of performing mental health assessments.

What are the short term objectives?	<ul style="list-style-type: none"> > We will provide the first phase of suicide prevention training to frontline staff in the housing office. > We will address general mental health training needs.
<div> <div>7.1 Suicide prevention training to frontline housing staff - Progress update</div> <div> <div>Page 105</div>  </div> </div>	<div> <div>Suicide prevention training</div> <p>Public Health initially supported a bid by CEPN to Health Education England, delivered suicide prevention training to frontline staff. Nine people were trained to deliver training on suicide prevention. CEPN have since broadened the scope of delivery to train frontline staff across East London. To date, over 700 frontline staff in East London are safeTALK trained and 150+ trained in ASIST, with a further 120 to be trained by March 2019.</p> <hr/> <div>460 persons trained in TH</div> <p>Over 300+ persons working in Tower Hamlets have received safeTALK training, and over 160+ have been trained in ASIST.</p> <hr/> <div>40 trained in housing</div> <p>40 persons in the housing sector have attended safeTALK (Housing; in the broadest term of public, private and charitable), and five ASIST trained, four of whom work for HOST housing.</p> </div>
<div>7.2 Addressing general mental health training needs – Progress update</div>	<div> <div>Challenges</div> <p>Staff in general practice in particular GPs are a key audience for this training. However, identifying the right training and obtaining space for delivery in protected learning time is challenging.</p> <p>Other challenges are that the workforce is in continual churn, requiring re-training of new staff and the knowledge and awareness on suicide prevention needs to be incorporated into induction and ongoing professional development.</p> </div>



Queen Mary Mental Health First Aid

Queen Mary have trained 128 Academic and professional staff in MHFA, as part of a wider programme of mental health support for students.

730 MHFA trained in TH

730+ persons working and living in Tower Hamlets have been trained in MHFA, with a further 280 having received the MFHA Lite training (a half day mental health awareness training).

Suicide Prevention and Management of Self Harm

Protected Learning Time programme by the GP Care Group, a training session titled 'Suicide Prevention and Management of Self Harm in Young People' was run at the Education Academy at Mile End Hospital on Tuesday 16th January 2018. There were 88 participants who attended.

Beyond Trauma

In April 2017, 50 participants attended an interagency 'Beyond Trauma' training for frontline staff working with children and young people (funded by NHS England) and 28 attended a repeat training in February 2018 – in both cases, participants had the opportunity to take part in a follow up session.

Thrive LDN & Youth MFHA

CEPN has partnered with Thrive LDN to increase access to Youth Mental Health First Aid training for teachers and other eligible persons that work with children aged 8-18.

Three trainers from Tower Hamlets will be trained to deliver Youth MFHA training in the autumn, with plans to roll out the training in the spring 2019.

Thrive LDN and Time to Change

Public Health are working with Thrive LDN to provide anti stigma workshops by Time to Change targeting persons who work with children and young people in the borough.

7.3 What more needs to be done/what will we do next?

- To establish a forum/support network for persons that have received mental health training in TH, to share learning, problem solve and embed good practice more firmly into the TH workforce.
- To understand more clearly the impact of the training on suicide prevention and general mental health by examining who has been trained, the impact of the training and plans for sustaining the training beyond the life of the initial funding by HEE.
- To review the training offer to primary care staff on suicide prevention and explore opportunities for training delivery in protected learning time.
- To review approach for increasing uptake of training offer by housing staff.
- To support the implementation and evaluation of training in schools on mental health and work with partners to ensure programmes are aligned.
- To publicise achievements and outcomes of the training using the local authority media and other relevant channels.

8. Priority 5 – Communications and Awareness

There is evidence that the effective use of media can combat the stigma around people feeling suicidal and may help prevent ‘copycat’ behaviour. Although there are national guidelines for the media on responsible reporting of suicide, a recent study has shown that almost 9 in 10 online news stories relating to suicide fails to meet at least one of these standards. There are services and projects in the borough which could be better publicised to residents.


<div>What are the short term objectives?</div>	<div><div>> We will identify sites where suicides or attempted suicides have taken place and install signs giving information on crisis services.</div><div>> Social media will be used to foster publicly visible links between statutory and third sector services.</div><div>> We will support national and regional suicide prevention campaigns.</div><div>> We will work with the police and the fire and rescue service to respond quickly to suspected suicides or suicide attempts to help ensure lessons are learnt and victims and the bereaved are better supported.</div></div>
<div>01 Identifying sites where suicides occur and installing signs for crisis services – Progress update</div> <div></div>	<div><div>Identifying sites in TH</div><div>Installing signage in a public place has been delayed whilst a data sharing agreement between Met Police and Public Health on section 136 in a public place is developed.</div></div> <div><div>Signage at hotspots</div><div>Data is provided by the British Transport Police on a frequent basis. In 2018, as in previous years, fatalities have occurred at both Mile End and Bethnal Green Underground Stations. The suicide prevention steering group will work with key partners, including: British Transport Police and Transport for London to review the current signage at these stations.</div></div>

Figure 2: Signage for Samaritans at Mile End London Underground Station



Figure 3: Samaritans sign at Mile End LUL underground station



8.2 Learning from others areas on installing signage

City of London Bridge Project

The City of London receive data from the coroner on at risk sites, as well as monthly data reports from City of London Police on section 136 of mental health incidents in a public place. The City of London's suicide prevention plan is a joint plan with the City of London Police which improves communication and data sharing arrangements.

8.3 Using social media to foster publically visible links between statutory and third sector services – Progress update

The council routinely provide information on statutory and third sector services via the council website and on social media.

Health and Wellbeing campaigns provide opportunity to signpost the public to local services via the local authority channels of communication.

8.4 We will support national and regional suicide prevention campaigns – Progress update	<p>The council has worked to promote Suicide Prevention Day annually. This will include information for the public on local events and opportunities for suicide prevention. Opportunities for all partner agencies to promote Suicide Prevention Day should be explored.</p>
8.5 To work with the police and fire and rescue service to respond quickly to suicide attempts – Progress update	<p>Data sharing agreements</p> <p>A rapid response to suicide attempts would require some form of data sharing agreement between public health or London Ambulance Service with the agreements of local blue light services to provide information and support to relatives that are attended following suicide. Although there has been some initial discussion to establish this further work is needed.</p> <hr/> <p>Thrive LDN and real time data</p> <p>Thrive LDN are seeking to establish a pan-London information sharing hub in 2018/19, that will pool data from London partners including the MET, BTP, LAS, and others on suspected suicides. The information from the hub will support local prevention planning approaches for bereavement support, identifying high risk locations and improve multi agency working.</p>
8.6 What more needs to be done/what will we do next?	<ul style="list-style-type: none"> ➤ To work with Transport for London (TFL) to review the signage at Mile End and Bethnal Green Station where suicides have occurred and explore what more can be done reduce suicide risks at these stations. ➤ For the steering group to work together to increase the reach and impact of national and regional suicide prevention campaigns. ➤ To obtain data for incidents in the community so we can identify areas to install crisis signs, reduce access or implement other measure to reduce suicide risks. ➤ To ensure that the right conditions are in place for responsible media reporting within the local media. ➤ To work with LBTH communications to develop a Partnership communications strategy that promotes local work and supports relevant national campaigns. ➤ To strengthen the links with police, fire and rescue and ambulance service to improve support for persons that are bereaved by suicide. ➤ To identify the relevant services for suicide prevention, establish a baseline and monitor increase in self-referral.

Local priorities that are not current objectives of the TH strategy

There are priorities for suicide prevention that are not identified objectives of the local strategy but are being taken forward in other strategies. Two areas in particular:

- The New Substance Misuse Strategy for 2019 onwards is currently in development. This will include consideration on how to increase access to alcohol and substance misuse treatment services and in doing so reduce their role in suicides.
- Prevention work on self-harm among all persons but in particular children and young people. These are included in the work programme of the Children and Families Plan.

The Suicide Prevention Steering Group will work to identify the actions that are already included in these plans and include as part of the local suicide prevention approach.

Further work will be undertaken on developing metrics to monitor progress against objectives so that in future, tangible results can be presented to the Board, to aid understanding and provide a benchmark for improvement.

The Suicide Prevention Steering Group will also review the guidelines by NICE on preventing suicide in community and custodial settings, and identify locally relevant priorities.

<https://www.nice.org.uk/guidance/ng105/resources/preventing-suicide-in-community-and-custodial-settings-pdf-66141539632069>


List of abbreviations and acronyms

A&E	Accident and Emergency
ASIST	A two day training course to directly apply an intervention to prevent suicide.
CAMHS	Child and Adolescent Mental Health Service
CCG	Clinical Commissioning Group
CEPN	Community Education Partner Network http://thcepn.com/what-is-cepn/
CYP	Children and Young People
ELFT	East London Foundation Trust
ELHCP	East London Health and Care Partnership
HEE	Health Education England
HOST	Homeless options and support team
IAPT	Improving Access to Psychological Therapies service
LAS	London Ambulance Service
MHFA	Mental Health First Aid
NHSE	National Health Service E
PHE	Public Health England
RAID	Rapid Assessment Interface and Discharge Service
SafeTALK	A half day suicide prevention awareness course
TH	Tower Hamlets
Thrive LDN	Thrive London https://www.thriveldn.co.uk/
LBTH	London Borough of Tower Hamlets
5YFV	Five Year Forward View

Appendix 1 – Impact measures

	How will we know if it's working? (define the measures)	How measured?	Organisation	Status	RAG
1	There will be an increased uptake to the Improving Access to Psychological Therapies (IAPT) service.	Metric of 5YRFV - part of CCG reporting arrangements	CCG	agreed	
1	An increased number of children and young people will be diagnosed with a mental health condition and be under the care of mental health services.	Metric of 5YRFV - part of CCG reporting arrangements	CCG	agreed	
1	An increased number of perinatal women will receive specialist mental health care.	Metric of 5YRFV - part of CCG reporting arrangements	CCG	agreed	
1	The number of suicide attempts will decrease	Thrive LDN	Met Police/Thrive LDN	Not established	
2	There will be improved feedback from those attending A&E in crisis		ELFT/RAID	Not established	
2	Fewer patients leaving (A&E) before assessment.	Audit	ELFT/RAID	Not established	
2	More prominent signposting will be provided on a range of services for people in crisis.	Number of signs fitted in sites identified	TFL, LBTH, Housing Associations etc.	Not established	
3	Fewer deaths and self-harm incidents will occur in temporary housing	by report to steering group	HOST	Not established	
3	Fewer vulnerable people will be sent to A&E		ELFT/RAID		
4	We will have a network of staff and residents trained in suicide prevention	uptake to training data (CEPN)	LBTH	agreed	

4	Staff will be able to recognise people at risk of suicide, and apply the four-step suicide alertness model TALK – tell, ask, listen, keep safe.	post intervention evaluation data (CEPN)	LBTH	agreed	
4	Staff will formulate a suicide prevention plan in collaboration with the at-risk person.	6 week post training survey (CEPN)	LBTH/CCG	agreed	
5	Local reporting of suicide will be in a sensitive manner and meet national guidelines	by exception	LBTH	Not established	
5	Local services will be publicised effectively	no baseline established		LBTH	
5	There will be an increase in self-referrals to relevant services	no baseline established		LBTH	

<p>Non-Executive Report of the:</p> <p>Health and Wellbeing Board</p> <p>Monday 8th October</p>	
<p>Report of: Somen Banerjee, Director of Public Health</p>	<p>Classification: Unrestricted</p>
<p>Connecting lives - Developing a taskforce to address loneliness in Tower Hamlets</p>	

Originating Officer(s)	Somen Banerjee, Director of Public Health
Wards affected	All wards

Executive Summary

This paper connects to a discussion on loneliness in Tower Hamlets at the meeting of the Health and Wellbeing Board on the 20th of February.

Since then, the Mayor of Tower Hamlets has stated a commitment to establishing a taskforce on addressing loneliness.

At the Board meeting on the 17th of July it was agreed that establishment of the taskforce should be one of the 18/19 deliverables of the Communities Driving Change priority of the Health and Wellbeing Strategy.

The paper sets out background, context and proposed next steps

Recommendations:

The Health and Wellbeing Board is recommended to:

1. Discuss the approach set out for 2018/19
2. To provide advice on who could represent the organisation/department represented at the proposed Taskforce Steering Group

1. REASONS FOR THE DECISIONS

- 1.1 The purpose of the taskforce is to drive collective action address loneliness in Tower Hamlets

2. ALTERNATIVE OPTIONS

- 2.1 If the taskforce was not established there is a risk that approaches to addressing loneliness in the borough would not be strategic and opportunities for sharing good practice and using resources wisely would be lost

3. DETAILS OF THE REPORT

What is the issue?

- 3.1 The Board discussed the issue of loneliness in Tower Hamlets at the meeting on the 20th of February. This prompted a rich discussion of how organisations represented around the table could contribute to addressing loneliness in Tower Hamlets¹.
- 3.2 The impact of loneliness is also highlighted in the Mayor's manifesto which set out a commitment to set up a taskforce on addressing loneliness.
- 3.3 At the Board Meeting on the 17th of July it was agreed that establishing the loneliness taskforce should be one of the 18/19 deliverables of the Communities Driving Change priority of the Health and Wellbeing Strategy.
- 3.4 Addressing loneliness links to a number of 'I statements' in the Tower Hamlets Together shared outcomes framework including 'I play an active part in my community', 'I have a good level of happiness and wellbeing' and 'I feel safe from harm in my community'.
- 3.5 The Jo Cox Foundation² and the Campaign to End Loneliness³ have highlighted at national level the importance of connection in peoples' lives and the levels of loneliness in our society.
- 3.6 The Great Get Together⁴ in June 2018 provided evidence of how people enjoy connecting with each other across generations and societal divides when the conditions are in place.

Why is this important?

- 3.7 Feeling connected is a core human need. When this is not met it impacts profoundly on physical and mental health and wellbeing. This is a particular

¹ <http://democracy.towerhamlets.gov.uk/ieListDocuments.aspx?CId=632&MIId=7582>

² <https://www.jocoxfoundation.org/>

³ <https://www.campaigntoendloneliness.org/>

⁴ <http://www.greatgettogether.org/>

issue for Tower Hamlets where there is a higher level of risk factors for loneliness: living alone, ethnicity, poor health and income deprivation.

- 3.8 Most importantly, through collective action we can do more to help people who are experiencing loneliness become more connected in their lives. This is evident both through local experience and the emerging evidence base nationally.

What are we doing currently?

- 3.9 A joint strategic needs assessment on loneliness was completed in 2016 summarising the local data and evidence base at the time⁵.
- 3.10 A community participatory project exploring the experience of older people in the borough that engaged with 600 local residents was also published in 2016⁶.
- 3.11 A project addressing loneliness in care homes was conducted between 2015 and 2016 in which volunteers and school student were paired with residents⁷. The evaluation identified positive impacts on wellbeing of both volunteers and residents.
- 3.12 A stakeholder event was conducted in November 2017 bringing together the findings of this work and exploring next steps⁸.
- 3.13 Reducing isolation and loneliness is a key theme of the Ageing Well Strategy⁹. This highlights the role of existing services, particularly in the voluntary and community sector, to reduce isolation and loneliness as well as of specific programmes such as the outreach element of Link Age+.

What else do we need to do?

- 3.14 The work outlined above highlights that through collective action we have the power to make an impact. It has provided evidence of the appetite for action from a wide range of partners and communities. This is an issue that people want to talk about and work together to address. The challenge is how we harness these assets to make a tangible difference to people's lives.

⁵ https://www.towerhamlets.gov.uk/Documents/Public-Health/JSNA/Loneliness_and_Isolation_in_older_people.pdf

⁶ https://www.towerhamlets.gov.uk/Documents/Public-Health/Community_Perspective_on_Loneliness.pdf

⁷ https://www.towerhamlets.gov.uk/Documents/Public-Health/Magic_Me_Action_On_Loneliness_in_Care_Homes_Public_Report.docx.pdf

⁸ https://www.towerhamlets.gov.uk/Documents/Public-Health/Report_on_findings_from_Tackling_loneliness_social_isolation_event_14.11.17_final.pdf

⁹ https://www.towerhamlets.gov.uk/Documents/Adult-care-services/Supporting-adults/Ageing_Well_Strategy.pdf

What are the next steps?

3.15 The proposed next steps are as follows:

1. Discussion at Health and Wellbeing Board - focus on what a taskforce would look like who would need to be involved? (October)
2. First meeting of taskforce (December) - focus on reflection on work so far and planning summit
3. Summit on addressing loneliness (Jan/Feb) - how can Tower Hamlets be a place where people can connect more easily to improve their quality of life?

Questions for Board Member

1. **What are your thoughts on this approach?**
2. **If there is one person from your organisation/department who could provide great representation at the taskforce who would that be?**

4. EQUALITIES IMPLICATIONS

- 4.1 This proposal is about addressing deep drivers of health inequalities in Tower Hamlets. The risk factors for loneliness are highest in the most deprived neighbourhoods in the borough.

5. OTHER STATUTORY IMPLICATIONS

- 5.1 The proposal links to making the best use of partnership resources and assets. It also links to agendas such as crime and fear of crime as well as safeguarding issue as well as social cohesion.

6. COMMENTS OF THE CHIEF FINANCE OFFICER

- 6.1 There are no direct financial implications arising from this report. Any service expenditure incurred in delivering the proposed next steps will be funded through existing resources.

7. COMMENTS OF LEGAL SERVICES

- 7.1. S.195 of the Health and Social Care Act 2012 requires the HWB to encourage those who arrange for the provision of any health or social care services in their area to work in an integrated manner. Section 1 of the Care Act 2014 places a general duty on the Council when exercising its functions under the Care Act to promote that individual's well-being relating to a number of areas including participation in work, education, training or recreation; social and economic well-being; and domestic, family and personal relationships. The

recommendation to discuss the approach and membership of the taskforce to address loneliness within the Borough is consistent with these duties.

Linked Reports, Appendices and Background Documents

Linked Report

Online links to related resources are set out in footnotes.

Appendices

- NONE

Local Government Act, 1972 Section 100D (As amended)

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

List any background documents not already in the public domain including officer contact information.

- NONE

Officer contact details for documents:

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2019/20 High Level Planning and Commissioning Intentions Update

Health & Wellbeing Board

Warwick Tomsett, Joint Director of Integrated Commissioning
Damian Panesar-Gipson, Head of CCG PMO
October 2018

**TOWER HAMLETS
TOGETHER**

*Delivering better health
through partnership*

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Agenda Item 7

- Tower Hamlets Together (THT) is a partnership of commissioners and providers working towards the shared aim of improving the health and wellbeing of people in Tower Hamlets
- THT has developed three life course workstreams which have been delegated the task of developing collective, system wide commissioning intentions for 2019/20 and beyond
- The CCG and the local authority are forging ahead with integrated commissioning, as the best means of meeting the financial challenges ahead and this is supported by the appointment of a Joint Integrated Director of Commissioning to lead this process
- THT are beginning to move to the alignment of system wide planning and commissioning processes as an enabler to developing integrated system intentions
- The priority for THT in developing 2019/20 commissioning intentions is to take a collaborative, co-development approach to removing costs out of the system, joining up service delivery, improving quality and moving away from the commissioner-provider split
- It is acknowledged that this is a developmental year for the THT workstreams in moving towards a system wide joint process to planning and commissioning.

- In addition to the local THT system commissioning priorities development, the North East London Commissioning Alliance (NELCA) are developing a commissioning strategy across NEL
- The strategy will be outlining the overarching vision, strategic priorities and scope of the 2019/20 process to cover NEL, WELC and dovetailing with local commissioning priorities
- The strategy will outline the 13 main workstreams across NELCA* that will need to have synergy with our local plans
- The strategy is expected to outline a 'collaborative framework' approach to commissioning with the major providers across North East London – something which THT has already started with the multiagency workstreams tasked with developing commissioning plans
- Individual Boroughs should ensure that local commissioning development is in alignment with the overarching NEL commissioning strategy and its 13 work streams, whilst allowing for local interpretation, collaboration and innovation
- It is anticipated that the commissioning strategy will be coming to the THT Board in October for engagement

** The 13 workstreams are summarised on slide 26*

Scene Setting: High Level Principles for THT System Wide Commissioning

The following principles were agreed by THT in June to support the workstreams to develop commissioning ideas. The following commissioning intentions outlined in this paper should be developed with these 5 principles in mind. Work streams should return to the principles to help prioritise which intentions are taken forward for development

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1. All money is public money and that all staff work for the benefit of our local population

2. Every penny counts, that there is no duplication of services between different agencies

3. Services meet the identified needs of our local population

4. We will review and reconfigure services and budgets where necessary to ensure that we achieve the maximum health and care improvements from our collective resources.

5. Start with ensuring that money in the system is being efficiently utilised as there is no new investment and we are expect to see reductions in budgets.

High Level THT Commissioning Intentions – Life Course Work Stream Output Summary

- The following slides outline the high level draft commissioning intentions outputs from the 3 life course work streams and the cross cutting, enabler themes
- These have been developed during July - Sept. The first draft was presented at the August THT Board
- It is clearly acknowledged that this is a snap shot of progress so far and that more work refining and development is needed during the next few weeks
- This interaction separates out those schemes that could be considered 'savings' from those intentions that are more of a strategic review
- In summary, the following commissioning intentions include:
 - 8 Cost reduction/Savings proposals (1 LA, 7 CCG) – circa £2m
 - 12 'Invest to Save' proposals (5 LA, 7 CCG)
 - 2 Cost Pressure schemes (1 LA, 1 CCG)
 - 19 Priority strategic reviews
 - 9 Longer term/lower priority reviews

Life Course Work Stream Outputs:

Savings

Invest to save

Cost Pressures

Born Well and Growing Well – High Level Plans 2019/20

Identified Savings Schemes (Savings, ‘Invest to Save’ + Cost Pressures)

Title	High level description	Saving Type	Status	Next Step	Comment
Care Confident refresh	BWGW currently undertaking a review of Care Confident materials which were developed in the Vanguard programme.	Cost Pressure	Active	LA PID	Refresh materials in light of the evolving health education and social care offer
Tier 3 audiology	To augment the existing T1/2 CHS audiology service we will be looking to market test for an audiologist led – T3 service with consultant input as required.	Invest to save	Active	CCG PID	There is a need to augment existing provision with a nurse led Tier 3 service with consultant input as required across the borough.
Asthma 18/19 QIPP	Coordinate the care of children with asthma/ with a focus on reducing admissions to hospital for children with asthma and prescribing costs. through strengthened pharmacy and other MDT provision	Invest to save	Active	LA PID refresh	Evaluation of 18/29 to determine Y2 impact
Coordinate the care of children with eczema	Focus on reducing admissions to hospital for children with eczema and prescribing costs. through strengthened pharmacy and other MDT provision	Invest to save	New	CCG PID	
Early Years language acquisition project	Develop the early years language acquisition offer for children in an integrated early years language service offer. Locate Barts Speech and Language Therapists in children’s centres for an agreed period Addresses gap in coverage from age 2 to 6 and allows earlier intervention to support language acquisition/ identification and treatment of more sever/ending needs without four year gap in service offer.	Invest to save	New	LA PID	
Community Dietetics 18/19 QIPP	A service development to target inappropriate or prolonged use of enteral feeding and specific feed mixes of high cost where it is appropriate to do so.	Invest to save	Active	CCG PID refresh	Review 18/19 performance and refresh 19/20 impact

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Living Well – high level plans 2019/20

Identified Savings Schemes (Savings, ‘Invent to Save’ + Cost Pressures)

Title	High level description	Saving Type	Status	Next Step	Comment
Dermatology	Review secondary care dermatology pathway, increase capacity at Barts Health and explore triage options through ERS and RAS	CCG Saving	Active	CCG PID	PID to include benchmarking TH dermatology spend against WEL CCGS (Possible link with BWGW Dermatology review?)
Direct Access MRI	Reduce the number of direct access MRIs	CCG Saving	New	TST PID	This might be an WEL/NELCA wide project
Virtual Biologics Clinic	Implement a virtual MDT model in the biologics clinic	CCG Invest to save	New	Barts PID	Change to existing pathway
Outpatients 18/19 TST QIPP	Reduce the number of outpatient appointments through increased use of RAS and Advice & Guidance, and reduce follow up appointments through improved use of technology	CCG Saving	Active	TST PID	WEL OP transformation led by the TST programme who are currently modelling impact for 19/20
Blood Borne Virus case finding in A & E	Implement HIV, Hep. B and C blood testing when blood tests undertaken as part of diagnostics and connection to treatment	Invest to save	New	LA PID	Increase in testing within A&E and initial increase in diagnosis of Hep B, C and HIV

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Promoting Independence – high level plans 2019/20

Identified Savings Schemes (Savings, ‘Invent to Save’ + Cost Pressures)

Title	High level description	Saving Type	Status	Next Step	Comment
Personalisation	Continued implementation of the personalised care programme, working with 4 cohorts: adults with learning disabilities/mental health needs/long term conditions and children and young people with special educational needs and disabilities	Cost Pressure?	Active	CCG PID	
Co-ordinate my care (CMC) 18/19 QIPP	Continued roll out of co-ordinate my care (CMC) in primary care, a tool to support care planning and management for individuals at the end of life	CCG Saving ~25k	Active	PID refresh	Started in 18/19. Savings plan for year 2 currently being compiled
Respiratory pharmacist 18/19 QIPP	Continued implementation of a borough based specialist respiratory pharmacist to: <ul style="list-style-type: none"> - Deliver enhanced respiratory review clinics, targeting individuals with moderate to severe asthma (adults and children) and COPD (adults) - Train and support general practice and community health services 	CCG Saving ~200k	Active	PID refresh	Started in 18/19. Savings plan for year 2 to be verified
Homelessness	Implementation of Paramedic / Nurse Practitioner model to support hostels in meeting people’s healthcare needs (Health Scrutiny Review recommendation)	Invest to save	New	LA PID	Impact modelling needed. Link to Primary care homeless transformation
Homelessness	Introduce specialist MH Nurse (AMHP) to provide outreach care and treatment to people living in hostels with chaotic / complex lifestyles	Invest to save ~175k 68k invest	New	LA PID	Potential system saving spread across health and social care system
Continuing healthcare (CHC)	Block contracting of nursing care home beds (with LBTH) in borough to secure an adequate supply of CHC bed provision (including for discharge to assess D2A)	Invest to save 47k invest	Active	LA PID	More work needed to understand potential impact on LoS and D2A
Recovery and wellbeing transformation	Review of existing day services, and information and advice community services including recovery college, well-being and recovery and mental health user led grants; review to inform future model and pattern of services. Procurement required for new services to be in place by July 1st 2019	LA Saving	Active	LA PID	Proposal in advanced sign off status

Cross Cutting (Urgent and Primary Care) – high level plans 2019/20

Identified Savings Schemes (Savings, ‘Invent to Save’ + Cost Pressures)

Title	High level description	Saving Type	Status	Next Step	Comment
Urgent Care – RLH front door redesign 18/19 QIPP	Implement a 24/7 Urgent Treatment Centre, co-located in ED with streaming , redirection, assessment and treatment services	CCG Saving ~£1.3 m	Active	Refresh PID	Service launch Dec 18. Full year effect expected for 19/20.
Physician Response Unit (PRU) WGL Model	Mobile rapid response service despatched by LAS to retain patients in the community and avoid conveyance to hospital.	CCG Invest to save	Active	Barts PID	Service to be remodelled for 19/20. Expansion to pilot across WEL
Ambulatory Emergency Care (WEL model)	Develop service to safely manage adult patients requiring emergency care, on the same day, without admission to a hospital	CCG Saving	Active	Refresh PID	Joint specification being worked up across WEL
Frequent Attenders	Develop interventions to identify, manage and co-ordinate care for high intensity users	CCG Invest to save	New	CCG PID	Expansion of pilot to (Newham, Waltham Forest)

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Life Course Work Stream: Strategic Review Proposals

Born Well and Growing Well – High Level Plans 19/20

Strategic Reviews (SR 1 – Current/Immediate/Short term priority. SR2 Lower priority/Longer term/to be defined)

Title	High level description	Review Type	Status	Potential Saving	Next Step	Comment
Looked After Children Service review	A revised Looked After Children service offer that meets the need of young people in a timely and efficient way , eliminates delays meets or exceeds statutory guidelines and maximises available resources to support vulnerable young people.	SR1	Active	LA Invest to save	NEL Review	NEL CSU review of LAC across NEL. Ofsted inspection recommendations to follow
Maternity and Neonatal system transformation	In addition to supporting sector level works of the Local Maternity System on the Maternity Transformation Programme and the key lines of enquiry, WEL commissioning of the Maternity Voices Partnership will focus attention on patient experience and involvement in transformation.	SR1	Active	TBC	NELCA Led	
Hospital at Home links with SEND and CCNT services	Development of a Hospital at Home offer to integrate care between CCNT/Inpatient and Outpatient care to prevent unwarranted attendances at emergency department/admissions and reduce length of stay.	SR1	New	Cost Neutral	LA PID	
Child Death Review System Development	Local, and regional works will be required to ensure the evolution of the local Child Death Overview Programme in line with the Children and Social Work Act requirements to reframe local systems and deliver wider footprints for delivery of Child Death Review.	SR1	New	TBC	LA PID	Statutory requirement – we have to have a new system in place by summer 2019
Continuing Health Care/personal Budgets	Works are proposed to ensure alignment with the adults pathway and deliver on the personal health budgets agenda. Focus of this work via BWGW will be 0 to 25	SR1	New	TBC	NELCA Led	NELCA and local strategic developments are underway
Strengthening the impact of voice of the voice of the young	There is a need to review and strengthen the mechanisms through which the voice of children and young people, parents carers and communities is captured and used to inform service development and delivery.	SR2	New	Cost Pressure	WSTD	

Born Well and Growing Well – High Level Plans 19/20

Strategic Reviews (SR 1 – Current/Immediate/Short term priority. SR2 Lower priority/Longer term/to be defined)

Title	High level description	Review Type	Status	Potential Saving	Next Step	Comment
ED Attendances 0 to 5	A review of ED attendances to be undertaken to understand what can be done to avoid unwarranted attendances and tackle repeat presentations and develop an offer that supports appropriate use of NHS services and empowers parents and carers to make informed choices of when and how to access health services.	SR2	New	TBC	WSTD	
Transition from services (end of service offer AND life course stage transition)	Develop a nuanced and comprehensive transitional arrangement offer targeting general transitions, CYP with long term conditions, mental health and SEND requirements, complex care	SR2	New	TBC	WSTD	
Digital Native Offer	Tailored to young people, gender sensitive and responsive, age appropriate, place based and care at the point of need. Embracing technology – anonymous messenger to specialist (“Health chat” – GPCG has licence but has narrow scope, possibly widen to include MDT options) alongside potential alignment with digital consultation template “eConsult “ for primary care consultations as this is rolled out nationally.	SR2	New	TBC	WSTD	
Healthy Weight Healthy Lives strategy	There is a need to develop a Healthy Weight Healthy Lives pathway addressing the service delivery gaps between provision of general advice and referral for surgery across the system.	SR2	New	Cost Pressure	WSTD	
Adolescent Health Hub	Development of an adolescent health hub - with input across a range of existing public health education and social care service offers, primary care and other service input	SR2	New	Invest to save	WSTD	Inspired by the Well Centre this would initially consist of embedding a GP in a current youth service.
Mental Health and Wellbeing - CAMHS	Place holder for local CAMHS transformation programme	SR1	Active	TBC	CCG PID	

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Living Well – High Level Plans 19/20

Strategic Reviews (SR 1 – Current/Immediate/Short term priority. SR2 Lower priority/Longer term/to be defined)

Title	High level description	Review Type	Status	Potential Saving	Next Step	Comment
Heart Failure	Reduce the number of outpatient admissions and improve care Option 1- Improve medicines optimisation for known heart failure patients Option 2- Use APL tool to find patients at risk and support these patients through medicines optimisation and other interventions	SR2	Active	CCG Invest to save	WSTD	Need to explore these options and impact as well as cost. Previous scoping work has suggested limited opportunity in this area
Community ENT	Increase the use of RAS, Advice & Guidance and other virtual models. Explore community ENT options	SR1	New	CCG Invest to save	WSTD	Priority area for the CCG. Delivery model – options to be explored.
Physical activity and nutrition in adults	Coproduction of new targeted programme to support physical activity and healthy nutrition in adults	SR1	Active	LA saving	In progress	JCE approved approach 21st Sept 18
An integrated information offer to support health and wellbeing	Work in partnership across the council, NHS and non statutory sector to align resources to provide people in Tower Hamlets with easy access to information around health and wellbeing and connection to local assets and services (including integrating SPAs and alignment to Mental health information and access processes)	SR1	Active	LA saving	Requires detailed work up	Review of information and advice provision. Develop the project brief and plan for this work stream.
A strategic approach to social prescribing	Proposal is to take a strategic view of social prescribing and align approaches across sectors (council, NHS and non statutory) – link across to Promoting Independence workstream	SR1	Active	THT Invest to Saving	CCG Develop PID	Maintained investment of £240K for social prescribing pa + £60K service redesign support (savings approx 400-500k)
A whole system approach to reproductive health	Jointly with Born Well + Growing Well to implement a lifecourse approach to improve reproductive health focusing on 1) pre-conception, 2) conception, 3) contraception (esp. access to LARC), 4) psychosexual services, 5) community gynaecology and menopause	SR1	New	THT Invest to save	Develop PID	TH identified as early adopter area with support identified from PHE to implement whole systems approach to Reproductive Health

Living Well – High Level Plans 19/20
Strategic Reviews (SR 1 – Current/Immediate/Short term priority. SR2 Lower priority/Longer term/to be defined)

Title	High level description	Review Type	Status	Potential Saving	Next Step	Comment
Outpatient and inpatient episodes coded 'digestive'	Inpatient and outpatient episodes coded 'digestive' constitute a significant proportion of all episodes Proposal is to explore further and identify if there opportunities to redesign the pathway to prevent inappropriate referral and identify potential savings	SR2	New	CCG Saving	WSTD	Work wit strategic finance to better understand opportunity
Health Checks	Review/evaluate/potentially re-scope Health Checks to see how these could be used more effectively for prevention and with a wider focus	SR1	Active	LA Saving	LA Develop PID	Phase 1 to review NHS Health Checks Future phase of this work may be extended to consider wider health checks for LD, MH and carers
Reviewing our approach to prevention and management of musculoskeletal disease in Tower Hamlets	Extend the contract for the Integrated Musculoskeletal and Pain Service for an additional 2 years. Living Well workstream to undertake strategic review of MSK services. Develop business case to extend capacity and enable redirection of all Trauma & Orthopaedic referrals through IMAPS	SR1	Active	CCG Savings	In progress	IMAPS extension in progress. Wider pathway review to be considered local + WEL priorities re: MSK
Direct Access MRI	Reduce the number of direct access MRIs	SR1	Active	CCG Savings	TST develop PID	This might be an WEL/NELCA wide project
Primary Care model for the 'mostly healthy'	To implement a new model of primary care for the 'mostly healthy' cohort that utilises digital technology to provide accessible and convenient primary care services	SR2	New	CCG Invest to save	Requires detailed work up	

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Promoting Independence – High Level Plans 19/20

Strategic Reviews (SR 1 – Current/Immediate/Short term priority. SR2 Lower priority/Longer term/to be defined)

Title	High level description	Review Type	Status	Potential Saving	Next Step	Comment
A strategic approach to social prescribing	Ensure recurrent commissioning of social prescribing, a primary care based scheme to support self-management and holistic management of individual needs, through referrals to community based support services	SR1	Active	THT Invest to Saving	Develop PID	Maintained investment of £240K for social prescribing pa + £60K service redesign support (savings approx 400k -500k)
Respiratory	Strategic review underway to understand factors contributing to respiratory non-elective admissions; findings to inform system changes for the future	SR1	Active	THT Saving	Develop PID	Analysis is underway; anticipate that a PID will be ready for Jan-Feb 2019
Care planning and care coordination	Develop and implement a standardised approach to care planning bringing together a number of projects/services as outlined in the primary care Network Incentive Scheme (NIS); care navigator roles within the Extended Primary Care Teams; a pilot project to provide psychological support to people with long term conditions and social prescribing	SR1	Active	NIL	In progress	This is a contractual commitment within the community health services (CHS) contract and is the Quality Improvement (QI) project for the Promoting Independence workstream
Review of employment pathways and outcomes	Review of existing employment services to inform future pattern or services in the context of work path and IAPT Employment advisors pilot; review to inform future model and pattern of services. Procurement required for new services to be in place by Apr- Jul 2019	SR1	Active	TBC	TBC	
Older adults pathways	Initial scoping of the opportunities for developing community provision as an alternative to the current CHC inpatient provision at Thames ward for those with more complex needs associated with dementia. This will primarily explore community support models and an enhanced nursing care offer for this small group of patients.	SR1	Active	TBC	TBC	

Key: **PID** – Project Initiation document (outline proposal document). Schemes should follow a common sense approach to scheme development and sign off. A new THT PID has been developed for health and shared savings schemes. Pure LA savings schemes can be managed by the LA process for example. It is expected that most schemes will need a PID or an outline document for sign off to progress. **Active** – generally means that something is already in place or exists in the system.

Life Course Work Stream: Primary Care and Cross Cutting

Cross Cutting Themes – Primary Care high level plans 2019/20

Title	High level description
PRIMARY CARE	
Primary Care model for the ‘mostly healthy’	To implement a new model of primary care for the ‘mostly healthy’ cohort that utilises digital technology to provide accessible and convenient primary care services
APMS Review	Review of General Practice APMS contracts
PMS Review/Reinvestment	Agree investment against released PMS funds
NIS Review	To review the NIS outcomes to ensure they align with the THT outcomes framework Stretch NIS targets to include metrics with broader system impact
Homeless Services	Implementation of the new service model for homeless services
PRIMARY CARE ESTATES	
Reduction of NHS void space to reduce direct cost to THCCG and the wider NHS	THCCG commissioners to consider estates costs (direct to the particular and indirect to the wider NHS)
Work with practices to reduce the remaining historic debt and other complications	Resolve historic debt owed to NHS Property Services by working to resolve the outstanding service charge issues at practices
Strategic and operational delivery of renewal/expansion of THCCG primary care estate	Improvement and increased cost effectiveness of primary care in TH. APMS contract renewal to consider estates issues
PRIMARY CARE ICT AND INFRASTRUCTURE	
Update the CV CoIN (N3) to HSCN	Better interoperability within services on the HSCN, greater bandwidth, upgrade the infrastructure from ADSL lines to Ethernet for future proofing of the network
S106 IT funding for GP Practices	Telephony solutions at better value which are fit for purpose Access to Ipad’s, patient online, local practice services, PODs for patient registration services, apps that support video communication
EMIS Video Consult	Enable GP’s to adopt remote working practices leading to time saved, patients with barriers accessing GP services to remotely access services equality of access

Cross Cutting Themes – Integrate THT Outcomes Framework into a streamlined contractual process

After using Tower Hamlets Together services we want residents to be able to say...

Around me	I feel safe from harm in my community
	I play an active part in my community
	I am able to breathe cleaner air in the place where I live
	I am able to support myself and my family financially
	I am supported to make healthy choices
	I am satisfied with my home and where I live
	My children get the best possible start in life
My doctors, nurses, social workers and other staff	I am confident that those providing my care are competent, happy and kind
	I am able to access the services I need, to a safe and high quality
	I want to see money is being spent in the best way to deliver local services
	I feel like services work together to provide me with good care
Me	It is likely I will live a long, healthy life
	I have a good level of happiness and wellbeing
	Regardless of who I am, I am able to access care services for my physical and mental health
	I have a positive experience of the services I use, overall
	I am supported to live the life I want



Mental Health & Learning Disabilities Commissioning Intentions

Mental Health – High Level summary plans (Promoting Independence)

	High level description
Community services review	<ul style="list-style-type: none"> Review of existing day services, and information and advice community services including recovery college, well-being and recovery and mental health user led grants to understand: Review to inform future model and pattern of services Procurement required for new services by July 1st 2019
Review of employment pathways and outcomes	Review of existing employment services to: <ul style="list-style-type: none"> Assessment of performance in securing sustained employment for those in secondary care and for those with mental health issues Pathway review to inform future pattern or services in the context of work path and IAPT Employment advisors pilot Review to inform future procurement Procurement required for new services to be in place by April/ July 2019
Older adults pathways	<ul style="list-style-type: none"> Initial scoping of the opportunities for developing community provision as an alternative to the current CHC inpatient provision at Thames ward for those with more complex needs associated with dementia. This will primarily explore community support models and an enhanced nursing care offer for this small group of patients. Like to work with those on the ward – clinical audit
Dementia Diagnosis rates – reduction to 6 weeks in the context of the Prime minister challenge 2020	Working with ELFT to understand bottlenecks from referral to diagnosis to deliver the PM challenge of referral to diagnosis within 6 weeks – current KPI is 18 weeks. Focus on earlier intervention and timely post diagnosis packages of care
Accommodation pathways (2019-2020)	<ul style="list-style-type: none"> Review of current resettlement capacity and recommendations for future model. Key deliverables to include: <ul style="list-style-type: none"> Delivery of reviews for Out Of Borough (OOB) patients Sustained pathway for those in residential care through to independence Increased number of moves from residential care through to independent housing/ supported housing Clear pathway for step down for forensic patients Updated panel processes for jointly funded packages
Review of crisis care to deliver Mental Health 5 Year Forward View requirements	<ul style="list-style-type: none"> Review of mental health crisis pathways in Tower Hamlets Investment in local crisis pathways for mental health to deliver key requirements of 5YFV Mental Health Will require realignment with other key work streams i.e.: <ul style="list-style-type: none"> Urgent care centres 111 procurement Other commissioned services

Mental Health – High Level summary plans (Living Well)

	High level description
Medically Unexplained Symptoms	Proof of Concept pilot delivered through this year. Funding from 2018/19. Run a pilot through a network with referral and case finding of patients in primary care.
Chronic Fatigue	Development of a local Chronic Fatigue Syndrome pathway. Including options for the delivery of: <ul style="list-style-type: none"> • Diagnosis • Graded exercise and • Psychological support.
Psycho sexual service	Reviewing local demand in Tower Hamlets for PS services – continued service option from 1 st April when LA no longer provide as part of the pan London psycho sexual service.
Health Based Places of Safety	Current places of safety for those detained by Police under the Mental health Act are located at The Royal London, Newham Centre for mental Health and Homerton Centre for Mental Health. Following the development of key quality standards the HLP is recommending the centralisation of current sites across London. This project will agree and implementing revised configuration for Health Based Places of Safety across the ELHP footprint.
Improving Psychological therapies	<ul style="list-style-type: none"> • Expansion to treat more people with long term physical health conditions . • Sustaining reduced waiting times for secondary care psychology • Improving access to psychological intervention for people with bi polar disorders, personality disorders and psychotic disorders • Ensuring the routine collection of outcome measures are embedded in local services
Improved physical health for those with SMI	Work with primary and secondary care Providers in considering how local initiatives might support delivery of improvements in the number of people with Serious Mental Illness receiving annual physical health checks either within primary or secondary care. We will look to develop and pilot an integrated model to deliver this from April 2019.
Review of crisis care to deliver Mental Health 5 Year Forward View requirements	<ul style="list-style-type: none"> • Review of mental health crisis pathways in Tower Hamlets • Investment in local crisis pathways for mental health to deliver key requirements of 5YFV Mental Health • Will require realignment with other key work streams i.e.: <ul style="list-style-type: none"> - Urgent care centres - 111 procurement - Other commissioned services
Perinatal	Rolling out improved perinatal services across the ELHCP footprint. reviewing whether there is benefit in moving to a centralised hub in INEL and spoke team that works across the 3 Boroughs.

Mental Health – High Level summary plans (Born Well and Growing Well)

Scheme Name	High level description
Joint CAMHS service specification and investment review	to move to a single integrated service specification for core CAMHS provision. This will clearly detail the relative investments, aligned with clear structures and delivery of performance targets and outcomes. The review will be completed and specifications agreed prior to heads of terms being agreed.
RtT 4 week waiting time pilot waiting times	Pilot a 4 week waiting time
MHST in Schools Trail blazers	Set up 2 Mental Health in schools team to deliver: Evidence based mental health interventions to CYP and their parents in schools or community settings near schools Early intervention and preventative initiatives Training and support school staff Contribute to developing schools’ strategy for joined up approach to mental health, emotional wellbeing and resilience
ELC and TH CYP MH crisis pilot	Review the ELC CYP MH crisis time-limited transformation pilot and the Tower hamlets community crisis pilot to establish sustainability requirements against effectiveness and outcomes
Health and Justice	Provide Mh liaison and diversion service for CYP in contact with the justice system
CAMHS consultant support for SEND panel	Review the function of the CAMHS Lead for SEND and EHC planning to evaluate outcomes and impact on EHC decision making processes
Eating Disorders Pathway	Review the capacity of the Eating Disorders service to deliver a NICE concordant eating disorders service that meets access and waiting times standards
Health and Justice	Provide Mh liaison and diversion service for CYP in contact with the justice system

Mental Health – High Level summary plans (Born Well and Growing Well)

Scheme Name	High level description
CAMHS consultant support for SEND panel	Review the function of the CAMHS Lead for SEND and EHC planning to evaluate outcomes and impact on EHC decision making processes
Eating Disorders Pathway	Review the capacity of the Eating Disorders service to deliver a NICE concordant eating disorders service that meets access and waiting times standards
CSA Emotional Hub	Emotional support service for CYP and families whit experience of SA, delivered jointly with paediatric assessment
MH and EWB programme for parents and under 5 children	Review the outcomes of the projects to assess value and sustainability
SDZ ADHD pathway review	work across a range of health, education and social care providers to review the Autistic Spectrum assessment and diagnostic pathway for children and young people.
Step Forward	Counselling and emotional wellbeing service for CYP 14-21
Peer led building resilience programme	programme of training co-produced with young people and delivered by young people in primary and secondary schools
CHAMP service Children social workers supporting parents with mental health illness	Review of the service to consider impact and value for money
Transition CQUIN	Details TBC
CAMHS contract	Transformation programme to be confirmed

Learning Disabilities – High Level summary plans (Promoting Independence)

	High level description
Improved health and wellbeing and reduced health inequality for adults with learning disability	<p>Health checks and screening rates for our residents with Learning Disability will continue to be an area of local and national focus. We intend to build on the progress already made and continue to increase the number of LD patients that are proactively supported with their physical health in general practice.</p> <ul style="list-style-type: none">• Sustain promotion of annual health checks and health action plans and distribution of accessible information about health improvement
Health Checker Scheme	<ul style="list-style-type: none">• Expansion of Service user led Health quality checker scheme
Help in Hospital Scheme	<ul style="list-style-type: none">• Develop a protocol so people have support from a familiar carer when they go to hospital and develop information sharing so staff understand people's needs .• Development of a refreshed hospital passport template – mote accessible.
Transforming Care Carer led Intensive Support Training	<ul style="list-style-type: none">• Training in positive behavioural support delivered across INEL TCP area in positive behavioural support. Delivered by Carers to Carers.

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NELCA Commissioning Strategy Work Stream Summary

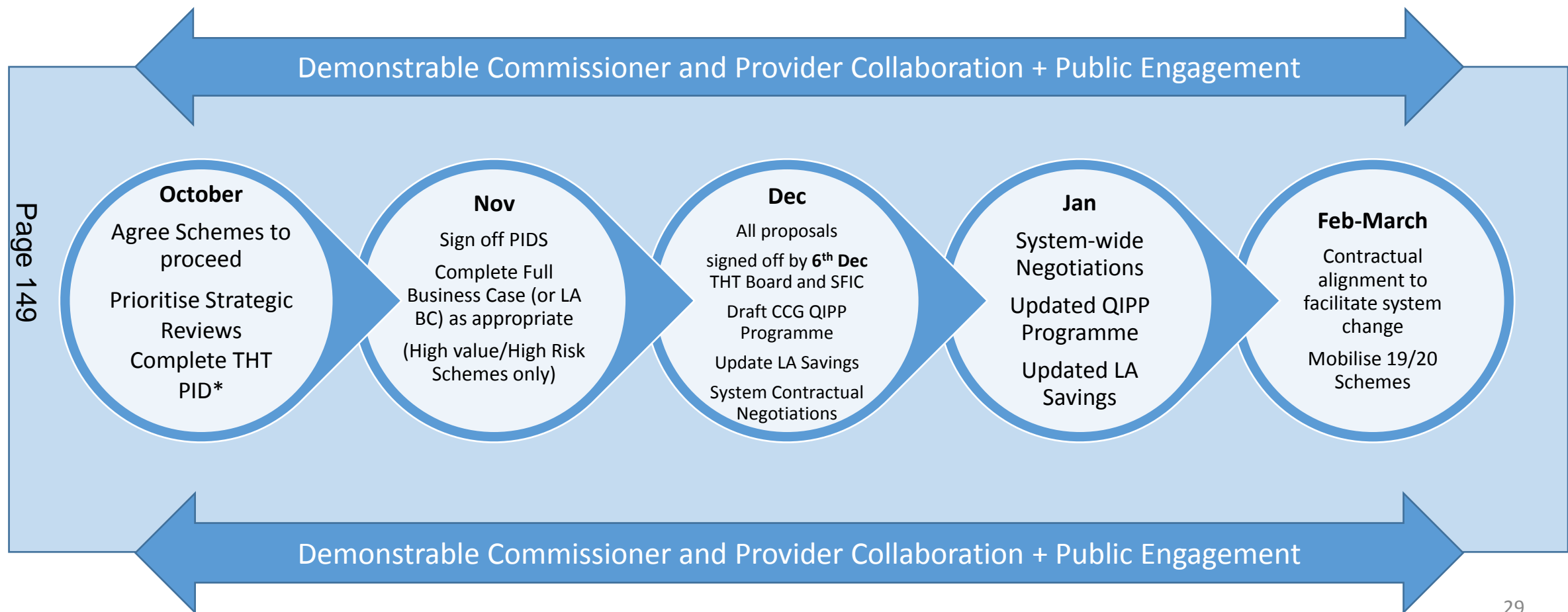
NELCA 13 Work Stream – high level summary plans

Title	High level description
1. Urgent and Emergency Care	<ul style="list-style-type: none">Urgent treatment centres; reducing extended lengths of stay; ambulatory Emergency Care; reducing minors breaches; Home Visiting Services; Winter Planning
2. Cancer	<ul style="list-style-type: none">Alliance diagnostic hub for NEL; Rapid assessment and diagnostic pathways for lung, prostate and colorectal cancers; Stratified follow up and recovery package-breast cancer; Pathway change for the management of major colorectal cancer surgery
3. Medicines Optimisation	<ul style="list-style-type: none">NEL Joint Formulary; Care Home Pharmacists; Discharge to Pharmacy; Primary Care and Secondary Care/High cost drugs
4. End of Life (EOL)	<ul style="list-style-type: none">Single Hospice at Home model; Implementation of Coordinate My Care (CMC); Improve access and uptake of EoLC education and training
5. Transforming Care	<ul style="list-style-type: none">Redesign (and potential new model of care) for the Assessment and Treatment Unit
6. Continuing Healthcare (CHC) and Personal Health Budgets (PHB)	<ul style="list-style-type: none">Alignment to national commitments and standards
7. Mental Health	<ul style="list-style-type: none">Improve Crisis & Psychosis Pathways; Improve Community Mental Health; Improve Suicide Prevention; Improve services for children and young people
8. Maternity	<ul style="list-style-type: none">PPI engagement and Maternity Voice Partnerships; Neighbourhood Midwives; Shared Maternity Specification for all maternity Providers; Shared KPIs for all providers
9. Prevention	<ul style="list-style-type: none">Childhood Obesity; Smoking Cessation; Diabetes Prevention; TB pathway review; Workplace Health
10. Workforce	<ul style="list-style-type: none">Physician Associate Training Programme; Apprentice Provider scheme; Development of integrated roles across providers; Development of workforce to meet Stepping forward (MH)
11. Digital	<ul style="list-style-type: none">Data sharing; Facilitate use of e-Referral Service; Improve clinical safety ; Improving the flow of medicines data around the system; Implementation of new systems or modules to support STP/ICS initiatives; Improve uptake and use of tools and services
12. Provider Productivity	<ul style="list-style-type: none">Bank staffing and agency caps; Improve quality and reduce cost of pathology services; Explore opportunities to consolidate mental health inpatient beds and free up estate at the Homerton for alternative use; Reduce the number of referrals and support patients to be managed in primary care
13. Primary Care	<ul style="list-style-type: none">Primary Care Data Improvements; GP Retention & New Employment Models For Newly Qualified GPs; GPN Leadership Development; Implement a sustainable NEL system wide plan for quality and efficiency; Reduce variation in quality and secure universally high performance

Business Case and Sign Off process and Timelines

Proposal Development and Business Case Process

All identified schemes that have been authorised to proceed should complete a Project Initiation Documents (PID) or appropriate Local Authority proposal paperwork as appropriate. The proposal should include an outline of the change, how the scheme will be mobilised and clearly articulated tangible financial and quality benefits (and how they will be realised). All schemes that are considered ‘High Value/High Risk’ may need to complete a more detailed Full Business Case (FBC) after the initial PID is signed off.



*All PIDS should be known to the appropriate life course group where practicable. Ideally, PIDs and FBCs would be shared with life courses groups especially as providers and stakeholders should be contributing to the scheme development (we need to be seeing providers all over the business cases development). Life course groups should take a common sense approach to monitoring business case development and take a lead in establishing how much or little they want to be involved. It is up to commissioners to ensure that the appropriate level of oversight and input has been received from the appropriate workstream group members and workstream chairs before ultimate sign off at the 5th Dec THT Board (papers due 22nd Nov) and the Dec 19th SFIC (papers due 5th December)

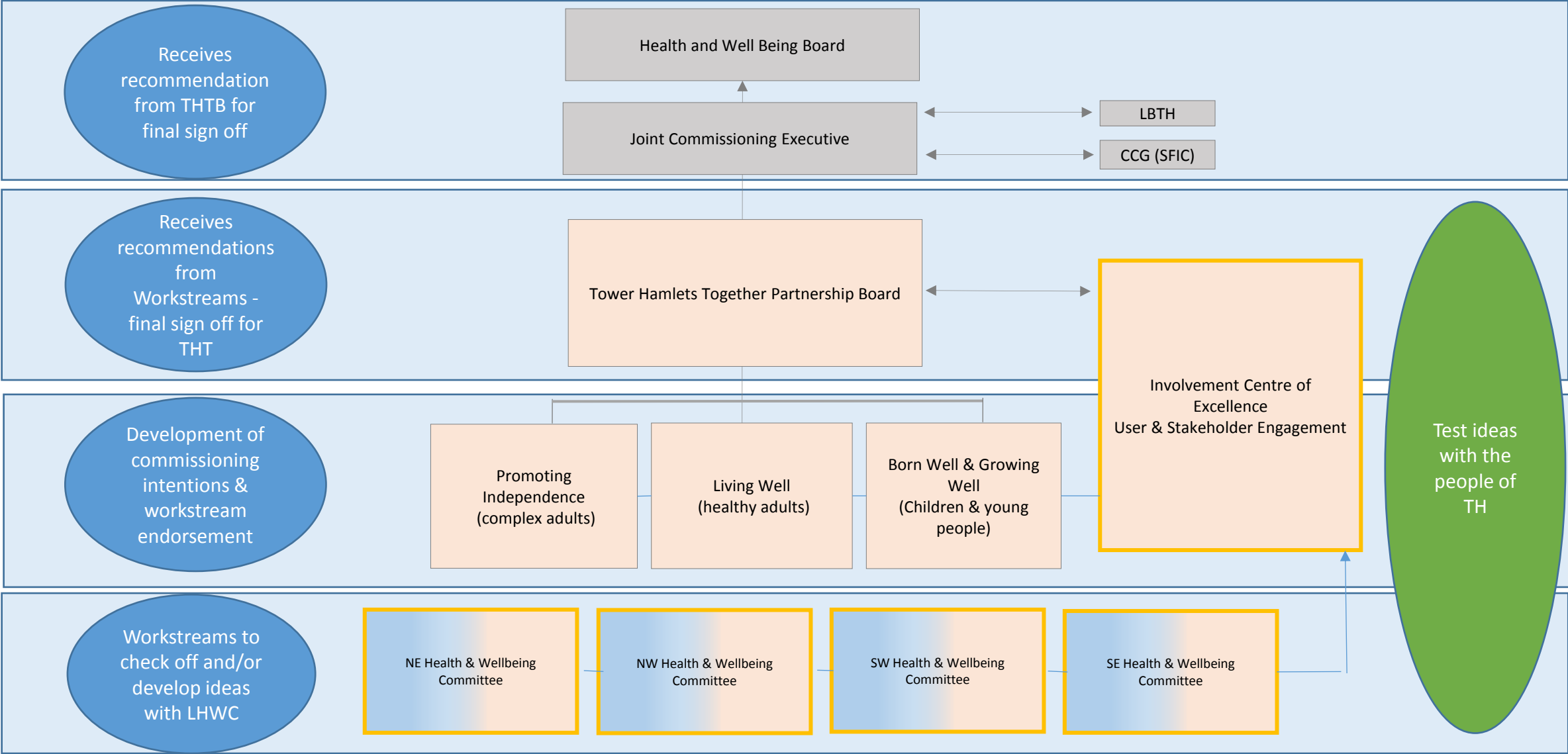
THT Commissioning Intentions – sign off and engagement timeline

Month	CI Stage	THT Board	JCE	SFIC	Born Well Growing Well	Living Well	Promoting Independence	
Commissioning Intentions Letters Sign off & Send by end of Sept Completed								
October 2018	Develop & Sign off Business Cases	11.10.18 CI UPDATE	19.10.18 CI UPDATE	17.10.18 UPDATE ON BC DEVELOPMENT	30.10.18 SUPPORT BC DEV	30.10.18 SUPPORT BC DEV	02.10.18 SUPPORT BC DEV	
Page November 2018		Initial business case proposals for savings schemes (QIPP and LA) to be progressed as appropriate						
		1.11.18 RECOMMEND BUSINESS CASE APPROVAL TO SFIC	16.11.18 REPORT ON BUSINESS CASE PROGRESS	21.11.18 SIGN OFF BUSINESS CASES	No meeting	29.11.18 REFINE 19/20 WORK PRIORITIES	06.11.18 REFINE 19/20 WORK PRIORITIES	
		Collaborative System Negotiation - Agree QIPP and LA Savings programmes and contract negotiation/changes						
December 2018		6.12.18 ALL BUSINESS CASES APPROVED	21.12.18 REPORT ON BUSINESS CASE PROGRESS	19.12.18 SIGN OFF BUSINESS CASES	4.12.18 REFINE 19/20 PRIORITIES	20.12.18 REFINE 19/20 PRIORITIES	04.12.18 REFINE 19/20 PRIORITIES	
Jan 2019	Contract Negotiations + Submit Operating plan	3.01.19 FINALISED QIPP + LA SAVINGS	18.01.19	TBA FINALISED QIPP + LA SAVINGS	4.01.19 TEST PRIORITIES	29.01.19 TEST PRIORITIES	03.01.19 TEST PRIORITIES	
Feb 2019		7.02.189	TBA	TBA	19.02.19 19/20 WORK PLAN	27.02.19 19/20 WORK PLAN	05.02.18 19/20 WORK PLAN	

Planning Governance 2019/20 - Sign off process reminder

System Management
Committee
Oversee 2018/19 delivery

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