

**Tower Hamlets Safeguarding Adults Board**

**ANNUAL REPORT 2014-15**

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## Chair's Forward

This foreword seeks both to introduce the Annual Report of Tower Hamlets Safeguarding Adults Board (SAB) for 2014 and to comment on some of the key points from 2014/15 which will continue to have relevance in 2015/16.

The focus of the SAB is unambiguous. It is to seek to prevent and protect people from abuse or harm in the various forms in which it can happen to people who are at risk, vulnerable or potentially marginalised in the community whatever way. It is about the Board being assured that all statutory partners - Council, NHS bodies and Met Police most obviously, but all other statutory, voluntary & community organisations are able and willing, individually and collaboratively with each other, to discharge their safeguarding responsibilities.

The good news is that notwithstanding the high level of need for safeguarding services in Tower Hamlets, as well as the amount of change taking place within organisations, changes of key personnel and the ever reducing resources available to services generally, the quality of inter-agency working arrangements in Tower Hamlets are as good as anywhere.

It is fair to say, however, that this really positive partnership quality is sometimes founded more on key people's good personal relationships with each other and willingness to work together collaboratively, than on as robust formal governance, assurance, performance reporting and business support processes as might be. Developing these further will be just one of the SAB's tasks in 2015/16. While it is right that I should say this in my role as Independent Chair, equally I am very mindful of the severe constraints of workload pressures and the many other competing priorities for key people - both the organisation's leaders and the practitioners working directly with users of services and the people in various caring roles.

This Annual Report sets out more about the context, contribution of some individual agency partners, and issues of quality and effectiveness. Perhaps the two biggest impacts in 2014/15 which are referred to are all the preparation which was successfully undertaken for the implementation of the Care Act 2014 in April 2015, and the almost overwhelming effects on people and organisations of the legal ruling in relation to mental capacity and deprivation of liberty. The latter is closely related to safeguarding but it could not afford to distract from all the other safeguarding responsibilities particularly on the small number of specialist staff in the statutory organisations.

Perhaps the most outstanding achievement of the SAB in 2014/15 was to complete the Board wide (not just NHS as it might just have been) self-assessment audit of each's safeguarding performance and to subject themselves to a peer challenge session. I am particularly grateful to Toynbee Hall, CVS, POhWER, Providence Row, Housing (both Council and Housing Association) and Community Safety colleagues who volunteered to take part alongside Council Adult Social Care, NHS & Police partners. Inevitably many areas and ideas for further improvement were identified, all in a strong collaborative spirit.

2014/15 saw good progress on many of the 14 items identified in its Work Plan / Business Plan for the year, most especially in monitoring the interface between safeguarding processes and other systems (e.g. NHS serious incidents, domestic violence, police incident investigation) and in the analysis of outcomes from reviews and audits. Tower Hamlets CCG

successfully established a Safeguarding Adults Committee in which they call all NHS providers to account and which includes attendance for the Council's safeguarding professional lead person. The effect of this though is to call into question the ways in which all the other aspects of performance data, trends, comparisons with other places and identification of potential concerns are undertaken and presented for scrutiny either to the SAB as a whole, the smaller Strategic Group of the SAB or a Quality and Performance Sub-group.

It will be obvious that from this Foreword commentary so far that there is no self-satisfaction or complacency within the SAB or any of its partner organisations. There are a number of things in this report which give indication of what the SAB must and will seek to address in 2015/16. Of particular additional concern are aspects of how the SAB communicates to others about itself and what is expected of others, how it really knows about the experiences of people who need to use safeguarding services, what people feel about the experiences of intervention and what the SAB can learn from this. In 2015/16 it is important that we work more closely with Healthwatch, Real and other groups and organisations across the cultural diversity of Tower Hamlets who are able to contribute valuable feedback.

I would like to make special mention of the significant contribution of Housing colleagues in Tower Hamlets, and the part the Tower Hamlets Community Housing representative has played with his housing colleagues. I have appreciated the support to the Board from the able professional leaders for safeguarding in the Council - Melba Gomes initially and subsequently Alan Tyrer, and to Lipi Begum prior to her maternity leave from December 2014 for her administrative support. Focussing on the Council as the lead statutory organisation for safeguarding, it is particularly pleasing to me to welcome the interest of the Acting Head of Paid Service, Luke Addams as the new Head of Service for Adult Social Care and other changes taking place within the Council's Strategy and Performance function. Equally I would like to thank Richard Fradgley, Jane Callaghan, Paul James and Wendy Morgan for their strong leads from each of the other key NHS and Police statutory partners.

Two of the early tasks for the SAB in 2015/16 will be to be assured that the revised Safeguarding Risk Management Panel arrangements are working productively for all colleagues in relation to individual cases, and that two challenging Safeguarding Adult Reviews (Serious Case Reviews) progress to conclusion and useful learning. To assist the SAB going forward it has been decided to take advantage of the new Care Act 2014 responsibilities to focus in the longer term on the SAB's strategic direction and priorities over the four year term 2015/16 - 2018/19. To this end it is intended to publish a new Board Strategy in Autumn 2015. There will also be one year at a time annual Work / Business Plans with appropriate processes for monitoring, performance review, audit - and revision as needed. Most importantly, the Board will aim to ensure that the Strategy is co-produced by as many partners as possible, and represents the best interests of the people who may have need of safeguarding services. There will be greater focus on the outcomes of safeguarding interventions from the point of view of the persons involved.

For me personally it is a privilege to work with so many able and committed people in Tower Hamlets, and perhaps most of all to work in a place of both challenge and opportunity given its rich mix of heritage, ethnicity, cultures, politics and organisations. At some point before long I will seek to hand over the role of Independent Chair to a new person having

undertaken the role for a number of years. However until that time there is much identified in this annual report to do - some the progression of 'unfinished business' from 2014/15, some of it new. All of this will be in the context of ever increasing challenges as the impact of funding reductions and policy changes across public services - care, welfare, housing, policing and others bite further and impacts, as ever, on the most disadvantaged people in the community.

Whatever these challenge it is the role of the Safeguarding Adults Board and all the partners working together on it, and myself as Independent Chair, to ensure that the resolve and determination to protect people from abuse and harm is maintained, and that we strive to be as effective in our role as we possibly can. Everybody in Tower Hamlets can be assured of this. The Board is very clear as to its duties, responsibilities and priorities.

**Brian Parrott**

**Independent Chair**

**Tower Hamlets Safeguarding Adults Board**

## **Cabinet Member for Health and Adult Services forward**

As the new Cabinet Member for Health and Adult Services, I welcome this report comprised of contributions from various organisations involved in safeguarding vulnerable adults in Tower Hamlets. Our borough has high levels of adult vulnerability – linked to poverty, unemployment, poor health and housing – meaning the risks of abuse and neglect are acute. As such, strong mechanisms for preventing, detecting and responding to abuse and neglect, overseen by a robust Adult Safeguarding Board, are vital.

I am therefore impressed to see good progress in compliance with the new safeguarding provisions of the Care Act 2014, both for the SAB itself and across all agencies. While Tower Hamlets has had a SAB for some years, the Care Act sees the SAB become statutory for the first time (effective from April 2015). In line with the Act, membership of the SAB is broad and I note that attendance has been strong, facilitating robust cooperation and oversight of safeguarding adults across agencies. More work is in train to further embed the Care Act changes, including through rolling out new Pan-London safeguarding policy and procedures. I also look forward to working with the SAB to develop its new strategic plan, to be published in autumn 2015.

This report seeks to demonstrate how the SAB is working to improve the lives of people who need our support most. I note there has been good progress in a number of areas, with generally positive responses from people using adult social care services about how this support helps them feel safe, and a comprehensive training programme equipping staff from all partner agencies with skills and confidence. Each of the partners sets out in detail how they have met the SAB's priorities during 2014-15.

A particular area of focus in 2014-15 has been on deprivation of liberty safeguards (DoLS), which make sure people in care homes, hospitals and supported living, who lack mental capacity to make decisions about their care or treatment, are looked after in a way that does not inappropriately restrict their freedom. Recent efforts to raise awareness of DoLS across partner organisations in Tower Hamlets, coupled with case law significantly extending the scope of the DoLS regime, has led to a twenty fold increase in the number of requests for DoLS authorisations to be made by the council: from 28 in 2013-14 to 585 in 2014-15. Whilst this poses an ongoing challenge for our resources, it means a significant improvement in this area of safeguarding.

Nevertheless, there remain areas of concern and challenge for the council and our partners. As the Chair identifies, there is more work to do to improve formal processes and performance reporting and ensure the SAB is more rooted in the views and experiences of service users, carers and a range of community groups. I am pleased this report commits the SAB to interrogate why our overall referral numbers have decreased slightly, whether any groups are over or underrepresented in safeguarding referrals, particularly in terms of ethnicity, and why there are a significantly lower proportion of safeguarding investigations within care homes locally, compared with the England average. Given the scale of potential risk in Tower Hamlets, it is crucial we also understand the level of hidden need for safeguarding interventions.

As the report outlines, there remain significant challenges ahead, not least the need to raise awareness of adult safeguarding with the public and professionals, to ensure our community can spot, prevent and respond to risks, abuse and neglect promptly and appropriately. This is particularly crucial given the level of need is only likely to rise as our population grows, people live for longer and with increasingly complex conditions, and welfare reforms and public spending cuts continue. As such, we need to build the profile of adult safeguarding to make sure it becomes everyone's business. The Mayor and I are committed to playing our part in this, through active political leadership on safeguarding and delivering on the Mayoral strategic plan's objective to "keep vulnerable children, adults and families' safer, minimising harm and neglect". We look forward to working with our partners through the SAB and other Strategic Boards to take this agenda forward.

**Councillor Amy Whitelock- Gibbs**

**Cabinet Member for Health and Adults Services**

## Living in Tower Hamlets- Local Context

Whilst geographically small, Tower Hamlets is the second most densely populated borough in London, with approximately 260,000 residents (ONS population estimate.) The borough saw the fastest population growth of any council area in the UK between 2001 and 2010, and over the next 10 years, the population is expected to increase by a further 20%<sup>1</sup>.

### **Adults in Tower Hamlets**

Tower Hamlets is a relatively young population, with 50% of residents aged 20-29 compared to 36% across London. The number of older residents (over 65) declined between the 2001 and 2010 censuses, bucking the national trend.

Almost 69% of the borough's residents are from minority ethnic groups, with 43% of the population born outside the UK. English is not a main language in 19% of households. The Census 2011 shows that the single largest ethnic group is the Bangladeshi population, although this group has decreased slightly as a proportion from 2001. The profile of the borough changes according to age, and overall for persons aged 65 and over, 63% are white and 23% are from a Bangladeshi ethnic background.

Tower Hamlets is the 7<sup>th</sup> most deprived borough in the country. 17% of families in Tower Hamlets have a household income of less than £15k, compared to 15% in London. The unemployment rate is 14% compared to 9% in London. It is estimated that half of older people live below the poverty line in Tower Hamlets.

The 2011 Census found that 19,356 residents provided some level of unpaid care in the borough, which accounted for 7.6% of all Tower Hamlets residents.

### **Health**

Although it is improving, life expectancy in Tower Hamlets remains below national averages at 76.7 years for males (78.9 years nationally) and 81.9 years for females (82.9 years nationally.) The gap between life expectancy in the most and least deprived areas of the borough is high at 12 years for males and 5.4 years for females. Healthy life expectancy, the estimate of how long people are expected to live in good health, is in the bottom 10% of boroughs nationally.

There is a slightly higher rate of disability in working age adults in Tower Hamlets than the London average (4.1% compared to 3.4 %.). Similarly, 56% of 65-84 year olds report long term limiting illness compared to 48% nationally. There are high admissions to hospital for mental health issues, and the fourth highest incidence in London of serious mental illness.

Smoking prevalence, problem drinking and drug use are relatively high and there are low levels of reported healthy eating in the borough.

### **Socio- environmental factors**

40% of the population live in social rented accommodation compared to 24% in London and 35% are in overcrowded conditions, compared to 22% in London.

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<sup>1</sup> All statistics quoted from Tower Hamlets Joint Strategic Needs Assessment summary document, unless otherwise referenced

Welfare reform is expected to have a major impact as 77% of housing benefit claims in the private rented sector are above the new local housing allowance cap, and 1,700 families will be affected adversely by the introduction of Universal Credit.

Over 5,500 people aged 65 and over live alone in Tower Hamlets (around 37%)<sup>2</sup> and significant numbers of adults report social isolation and loneliness: In a recent survey sent to adult social care users, 26% said they did not have enough social contact or felt isolated, compared to an England average of 22%<sup>3</sup>.

There are signs of a healthy economy, with the number of businesses trading in the borough increasing at a time when London as a whole has seen a decrease.

Crime and antisocial behaviour is a major concern for residents with 46% perceiving high levels of antisocial behaviour compared to 27% in London<sup>4</sup>.

### ***What does this mean for the Safeguarding Adults Board?***

The range of information about our residents' points to high levels of adult vulnerability, and with it higher scope for abuse and/ or neglect of those individuals. High levels of deprivation also mean that there is likely to be a higher reliance on public and voluntary sector services for support.

This all means that the need to provide robust responses to safeguarding incidents, as well as effective preventative work, is at a higher premium than it might be elsewhere, and will need high investment from SAB partners.

In developing its four year strategy, the SAB will have regard to the range of indicators summarised in this annual report to ensure that we respond effectively to the needs of the population.

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<sup>2</sup> Mayhew Harper Associates, 2010.

<sup>3</sup> 2013-14 Adult Social Care Survey

<sup>4</sup> Tower Hamlets Annual Residents Survey

## Statutory, legislative and national context

2015-16 sees a significant change in the statutory context for adult safeguarding with the first phase of implementation of the Care Act 2014.

The safeguarding provisions of the Care Act were introduced from 1 April 2015. They require councils to:

- Make enquiries if it is believed that an adult is at risk of abuse or neglect
- Set up a Safeguarding Adults Board
- Arrange for independent advocacy for certain adults that are the subject of safeguarding enquiries
- Co-operate with relevant partners

The Act also requires certain 'relevant partners' to co-operate with the council on adult safeguarding. The relevant partners that are named in the statutory guidance are:

- NHS England
- Clinical Commissioning Groups
- NHS Trusts and NHS Foundation Trusts
- Job Centres
- The Police
- Prisons
- The Probation Service

Alongside the Act there is an expectation in the statutory guidance that safeguarding activity should take a person-centred approach, ensuring that the views and experience of the person being subjected to abuse is central to the process. This approach is known as 'Making Safeguarding Personal,' and means that safeguarding enquiries must ensure that the person involved has been given an opportunity to express what outcomes they want from the enquiries and that these desired outcomes inform any action taken.

The Care Act guidance sets out six key principles underpinning safeguarding adults work:

- Empowerment
- Prevention
- Proportionality
- Protection
- Partnership
- Accountability

### ***The Care Act provisions for safeguarding adults boards***

As set out above, the Care Act introduces a statutory requirement to form an adult safeguarding board (SAB)- the first time these boards have been put on a statutory footing that is equivalent to safeguarding children boards.

The Act requires the following organisations to be represented on the board:

- The local authority which set it up

- The NHS Clinical Commissioning Group(s) in the area
- The local Police force

In addition there is an expectation that a much wider range of organisations are represented to ensure that there is effective co-operation in safeguarding adults.

The Act requires SABs to:

- Publish a strategic plan each year
- Publish an annual report
- Arrange Serious Adults Reviews (SARs) when an adult dies as a result of abuse or neglect

### ***Implementation of the Care Act in Tower Hamlets***

The Council has established a Health and Care Reform programme to ensure that the new statutory requirements are effectively implemented.

We are using the Care Act as an opportunity to improve social work practice through a new Practice Framework. This will build on previous work to introduce a truly person-centred approach to social care provision.

In Tower Hamlets the SAB has met the core requirements of the Care Act for some time. However the introduction of the Act does mean that there will be some change to safeguarding processes in the area to ensure that we are meeting requirements. We will be implementing new processes alongside the new Practice Framework following the introduction of the new pan-London Adult Safeguarding Procedures from autumn 2015.

### ***Mental Capacity Act 2005(MCA) and Deprivation of Liberty Safeguards (DoLS)***

Under the MCA, depriving a person without mental capacity of their liberty in a care home or hospital has to be authorised by local authorities. The number of DoLS authorisation requests has increased significantly since a Supreme Court judgement against Cheshire West Council in 2014, which dramatically increased the scope of the DoLS regime. Dealing with the resulting increase in workload is a national issue for local authorities, and in Tower Hamlets the number of referrals for DoLS increased from 28 in 2013-14 to 585 in 2014-15.

### ***The Prevent Programme***

The government's Prevent programme is a key part of the government's counter-terrorism strategy aimed at stopping people getting drawn towards violent extremism. This programme is high on the national agenda, recognises that the current threat from terrorism can involve the exploitation of vulnerable adults. As explored later in this report, a key feature of our Prevent work in Tower Hamlets has been to embed our work with vulnerable individuals within our existing safeguarding structures. This enables us to respond to individual needs whilst also addressing Prevent in the context of wider social, physiological and safety factors.

## **Governance and accountability arrangements**

The Safeguarding Adults Board is chaired by Brian Parrott, who is independent of the council and all of the statutory and voluntary organisations in Tower Hamlets, and has held the position since 2010. Whilst it is not a requirement under the Care Act to have an independent chair, this is in line with what the statutory guidance suggests is good practice, and ensures that the board can act effectively in its oversight role. The Chair reports directly to the local authority's Head of Paid Service and meets regularly with the Service Head for Adult Social Care and other key partners for example Tower Hamlets Clinical Commissioning Group, Bart's Health, East London Foundation Trust and Metropolitan Police.

The Council will be introducing a new role to provide full time support to the Board and its business with additional support from the wider Policy, Programmes and Community Insight service for Adults and Children Services. This strengthening of support will ensure that the Board is able to confidently meet the enhanced requirements of the Care Act.

Attendance at Board meetings is consistently good. The full Board membership at the time of writing this report is attached at Appendix 1, and meets the Care Act requirements. We have used the opportunity of the Care Act implementation to review membership and as a result will be inviting additional members in 2015-16 to ensure that the Board continues to act effectively and represent all key stakeholders.

### ***Financial Arrangements***

The Board and its support arrangements are funded from the Council's core revenue budget. There are contributions from partner agencies of resources 'in kind' such as provision of officer time, venues for meetings, and training budgets.

The Care Act introduces the ability for setting up a pooled budget with contributions from all agencies to support the work of the board. The financial strategy for the work of the board, including the possibility of setting up such a fund to reflect the actual cost of delivering the work of the board, will be investigated over 2015-16.

### ***Relationship with other Strategic Boards***

#### **Health and Wellbeing Board**

Health and Wellbeing Boards (HWBB) were established by the Health and Social Care Act 2012 and functioned in shadow form until this year. HWBBs are intended to be a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities.

The Tower Hamlets Health and Wellbeing Strategy is a key commissioning strategy for the delivery of services to children and adults across the borough and so it is critical that, in compiling, delivering and evaluating the strategy, there is effective interchange between the HWBB and both the Adult and Children's Safeguarding Boards. Specifically there needs to be formal interfaces between the Health and Wellbeing Board and the Safeguarding Boards at key points including:

- The needs analyses that drive the formulation of the Health and Wellbeing Strategy and

- The Safeguarding Boards' annual business plans. This needs to be reciprocal in nature assuring that Safeguarding Boards' needs analyses are fed into the Joint Strategic Needs Analysis (JSNA) and that the outcomes of the JSNA are fed back into safeguarding boards' planning;
- Ensuring each Board is regularly updated on progress made in the implementation of the Health and Wellbeing Strategy and the individual Board plans in a context of mutual challenge;
- Annually reporting evaluations of performance on plans to provide the opportunity for scrutiny and challenge and to enable Boards to feed any improvement and development needs into the planning process for future years' strategies and plans.

Following on from consultation between the Chairs of the HWBB, the SAB and the Safeguarding Children Board, a protocol has been agreed which sets out the expectations and interrelationships between health and safeguarding, making explicit the need for Boards to share plans and strategies and offer challenge to each other. The SAB will therefore take its annual report to the HWBB and ensure that the Chair of the HWBB has sight of its Business Plan on an annual basis. The HWBB will bring its strategy to the SAB on an annual basis. The Independent SAB Chair is an identified stakeholder of the HWBB, receiving agendas and newsletters relating to the HWBB, in addition to attending the HWBB to present the annual report, and attending meetings to ensure synergy of work and challenge to the partnership to ensure safeguarding is prioritised.

### **Community Safety Partnership**

The Tower Hamlets Community Safety Partnership (CSP) is a multi-agency strategic group set up following the Crime and Disorder Act 1998. The partnership approach is built on the premise that no single agency can deal with, or be responsible for dealing with, complex community safety issues and that these issues can be addressed more effectively and efficiently through working in partnership. The CSP is made up of both Statutory Agencies and Co-operating Bodies within the borough and supported by key local agencies from both the Public and Voluntary Sectors. Registered Social Landlords (RSLs) have a key role to play in addressing crime and disorder in their housing estates. Partners bring different skills and responsibilities to the CSP. Some agencies are responsible for crime prevention while others are responsible for intervention or enforcement. Some have a responsibility to support the victim and others have a responsibility to deal with the perpetrator. Ultimately the CSP has a duty to make Tower Hamlets a safer place for everyone.

The CSP 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. The SAB actively contributes to this wide reaching consultation process.

The CSP recognises that it has a responsibility to address all areas of crime, disorder, anti-social behaviour, substance misuse and re-offending as part of its core business. However, it also recognises that there are a few particular areas, which have a greater impact on the people of Tower Hamlets and their quality of life. For this reason, it has agreed that it will place an added focus on these areas and forms the 2013-16 priorities. These are:

- Gangs and Serious Youth Violence
- Anti-Social Behaviour (including Arson)

- Drugs and Alcohol
- Violence (with focus on Domestic Violence)
- Hate Crime and Cohesion
- Killed or Seriously Injured
- Property / Serious Acquisitive Crime
- Public Confidence
- Reducing Re-offending

The Council's Head of Community Safety is a member of the SAB to ensure that there is a formal link between the work of the two boards. This has ensured that the perspective of community safety is integral to the work of the SAB and vice versa, with examples of joint working such as addressing the risk of radicalisation for vulnerable adults, and our newly constituted Adults Risk Management Panel.

### **Safeguarding Children Board**

The chairs of both the Local Safeguarding Children Board (LSCB) and the SAB meet together to ensure that there is collaborative working on both agendas. The new Care Act duties for SABs are in many ways aligned to those for LSCBs, and to maximise the joint working opportunities, the Council has recently restructured to align the support for both boards within its Policy, Programmes and Community Insight service. This will further strengthen the existing formal arrangements for joint working.

Both boards continue to have a focus on adult mental health, preventing violent crime and domestic abuse as this affects both vulnerable adults and children. An additional area of joint focus over the last year has been safeguarding people from the risks associated with radicalisation.

### **The Learning Disability Partnership Board**

Learning Disability Partnership Boards (LDPBs) were set up in all local authority areas following publication of the Valuing People White Paper in 2001. The Board is a multi-agency strategic group which oversees the implementation of the aims of Valuing People and other local objectives with a view to improving the lives of people with learning disabilities in Tower Hamlets. This includes a focus on health, housing, choice, employment, challenging behaviour and safety.

The LDPB aims to “ensure that all service users feel safe and know how to ask for help<sup>5</sup>”. An issue that is closely linked to this aim is Winterbourne View: This 2011 BBC Panorama programme exposed abuse at a residential hospital in Bristol, leading to a number of recommendations to safeguard people with a learning disability going forward. Ten key recommendations were published in a “Winterbourne View: Time for Change” report in November 2014. These recommendations are being introduced in Tower Hamlets in two phases, overseen by the Learning Disability Partnership Board.

The Council's Head of Adult Social Care and Head of Community Learning Disability Service are members of both the LDPB and SAB to ensure there is a formal link between the work of the two boards. This has enabled joint working on key areas, including work related to

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<sup>5</sup> LDPB Tower Hamlets Terms of Reference

Winterbourne View. The new role being introduced by the Council to support the SAB will also support the LDPB, further strengthening the ties between the two boards.

## Progress on SAB priorities

The SAB set three overarching priorities for development in 2014—15:

### ***Priority 1- Care Act 2014 implementation***

Strong progress has been made in this area. The SAB itself is compliant with the Care Act:

- Membership is compliant with statutory guidance
- This report meets the annual report requirement
- A strategic plan for 4 years from 2015-16 is being worked on and will be signed off in mid-2015-16
- A serious adults review subgroup is in existence to oversee any reviews. There are currently two in progress.

A new Practice Framework is being rolled out which ensures that social care services are in line with the new Act. All partner agencies have participated in the training programme, and a recent stocktake undertaken by the SAB confirmed that Care Act compliance across all agencies has been achieved. We are continuing to develop practice to ensure that these changes are embedded, which will include rolling out the new Pan London procedures in autumn 2015.

### ***Priority 2- Making Safeguarding Personal***

The new Practice Framework has person-centred working as a central principle, and all agencies report strong progress in this area.

Adult social care users tell us that care and support has a positive impact on how safe they feel: In a 2014/15, 87% of respondents said that care and support services help them to feel safe (significantly higher than 2013/14 London and England averages<sup>6</sup>). 60% of service users “feel as safe as they want” and 76% of carers<sup>7</sup> report having no worries about their personal safety.

Adult social care users also report positive experiences when it comes to choice, control and being treated with respect – all central to taking a person-centred approach. In the 2014/15 Service User Survey, 72% of adult social care users said they feel in control of their daily lives, an increase of two percentage points on the previous year. 87% per cent said care and support helps them to have control in their daily lives (higher than 2013/14 London and England averages<sup>8</sup>). More than three-quarters (78%) said they feel treated with respect by the people assessing their needs for social care, and more than half (57%) said they can choose the support they receive.

All agencies report strong progress against this priority.

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<sup>6</sup> 2014/15 Tower Hamlets Service User Survey. London and England results for 2014/15 are due to be released in August 2015. London result for 2013/14: 77%. England: 79%

<sup>7</sup> 2014/15 Tower Hamlets Carer Survey

<sup>8</sup> 2013/14 London result: 84%, England: 87%

***Priority 3- Ensuring that staff are competent in their working knowledge of adult safeguarding, Mental Capacity Act and Deprivation of Liberty Safeguards***

The Board continues to oversee a comprehensive training programme, with strong attendance from all partner agencies. Staff surveys suggest that staff feel confident in their competency as a result of this training.

The Safeguarding Adults and Mental Capacity Act Team continues in its role to offer advice, guidance and support to staff and the wider Tower Hamlets community. Members of the team support and attend a range of forums including MARAC, Prevent and MAPPA. The team has input into the Domestic Violence Forum, Hate Crime Forum and Tower Hamlets Prostitution Panel.

The Good Practice and Training SAB sub-group continued work to establish a multi-agency training strategy, including having role in ensuring that staff are competent and current in their working knowledge of safeguarding and related issues.

Tower Hamlets Learning and Development have provided courses for Safeguarding Adult Managers and Safeguarding Investigators, as well as ongoing Mental Capacity Act Training and Best Interest Assessor refresher training, including DoLS signatory training for Managers. A cohort of 10 workers successfully completed the Middlesex University Best Interest Assessor course for DoLS for in-house staff.

11 Safeguarding Adults Briefing Sessions were delivered over the year to providers in the borough, with over 100 people attending overall. These sessions backed by Monitoring Officers who monitor most commissioned service providers.

The Champions sub-group continued to engage a range of partners to promote knowledge in adult safeguarding work by sharing good practice, advice and information. For example, sessions were held on the Care Act 2014 along with presentations from Domestic Violence and Hate Crime over the course of the year. This group has expanded in number throughout the year and continues to be well attended.

The following section gives more detail about how each individual SAB member agency has made progress against the priorities agreed at the Board.

## The work of SAB partners

This section of the report sets out the work of the SAB member organisations in relation to safeguarding adults.

### ***London Borough of Tower Hamlets***

#### **Development of safeguarding practice and promoting the welfare of adults at risk of, or experiencing abuse or neglect**

As part of its Health and Care Reform programme, the Council has been designing and implementing a new adult social care Practice Framework. At the heart of the new framework is an increased focus on person-centred work in line with our priority to 'make safeguarding personal'. We have revised our structures and business processes in line with this new framework. A programme of training is being rolled out to practitioners in the Council and partner agencies to embed this approach into their work, which has included briefings on safeguarding practice. We have extended the role of the Principal Social Worker so that it now covers Adults as well as Children, which has strengthened capacity for continuous development of practice and joint learning. As part of the Principal Social Worker's work we are embedding Signs of Safety as an approach for Adults Safeguarding processes. This will be revised in autumn 2015 in line with the revised Pan London procedures and we have been preparing for this work through our staff training programme.

The Council has the lead role in setting up and developing the work of the SAB. We have strengthened our support for the Board to ensure that it is effective in its role in oversight and development of safeguarding practice across local agencies.

To address issues of performance in managing safeguarding enquiries, the Council has made dramatic improvements in management reporting and oversight resulting in improved performance in relation to timescales in the Pan London procedure. We know that there is further room for improvement and this remains a priority for the Adults Social Care service, with additional oversight and support from our corporate Performance Review Group.

The Council has raised awareness of Adult Abuse through advertisements in our weekly newspaper, East End Life. We are working to improve this work through a more comprehensive communications strategy over the coming year.

A key feature of our work on Prevent in Tower Hamlets has been a commitment to embed our work with vulnerable individuals within our existing safeguarding structures. In this we have deviated slightly from national guidance which stipulates that local authorities should form a dedicated 'Channel panel' to assess and monitor individuals considered at risk of exposure to extremism. Locally we chose to instead work within our existing multi-agency safeguarding arrangements which meet the needs of these individuals. This approach ensures that the expertise of a range of professionals is brought to bear on responding to individual needs, but also allows us to address Prevent in the context of wider social, physiological and safety factors. The SAB retains strategic oversight of this as it relates to vulnerable adults.

In addition, the Council and partners have been working to respond to a dramatic increase in Deprivation of Liberty Safeguards (DoLS) authorisations in the wake of the Supreme Court judgement which widened the scope of DoLS. The number of authorisation referrals in 2014-15 was 585, a twenty fold increase from 2013-14. We have strengthened our structures and processes to respond to this increase and now have an internal team of qualified Best Interest Assessors.

### **Evaluation of effectiveness**

Monitoring our safeguarding processes is an integral part of our performance management framework. There has been a slight decrease in safeguarding investigations, with 492 completed in 2014-15 compared to 522 in 2013-14. We are working on an improved communications strategy to ensure that awareness of safeguarding and how to make a referral is maximised.

As set out above, our monitoring data shows that there have been improvements in our management of investigations with the proportion meeting timescale targets increasing.

To supplement our robust performance monitoring, we carry out regular case audits to check the quality of practice. The results of these audits are encouraging and suggest the quality of our practice is high. For example, an audit carried out in May 2015 found that the risk of abuse was fully explored and addressed in 99% of 130 cases audited.

Our Social Work Health Check in 2014 included adults' social work for the first time. This survey is an important check on how our social workers experience working for the Council. The health check revealed a confident workforce who feel well equipped to do their jobs, with highly regarded line management support. 53% of adult social workers surveyed were aware of the work of the SAB, which although encouraging given the early stages of development of the Board, suggests that there is room for improvement in ensuring that the work of the Board translates into making a difference to practice.

Finally our survey of Adult Social Care service users and carers gives us important feedback about the extent to which vulnerable adults feel safe in the borough<sup>9</sup>. Tower Hamlets results in 2014-15 reveal that 60% of our users feel safe as they want and 76% of carers have no worries about their personal safety. Follow up work established that the main reason for people reporting safety concerns related to concerns about mobility (e.g. a fear of falling) or a fear of crime in the local area. The latter is a continuing focus of the Community Safety Partnership. 87% of service users say that care and support services help them to feel safe, which is above London and England averages for 2013-14<sup>10</sup>.

### **Progress in priority 1- Care Act 2014 implementation**

As the lead agency for Care Act implementation we have been making good progress through our Health and Social Care reform programme. Compliance with the first phase of Care Act requirements has been met (more detail has already been provided above), with good progress towards Phase 2 implementation in April 2016.

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<sup>9</sup> The annual service user survey is sent out each February to all service users eligible to receive adult social care (formerly known as "FACS eligible") in Tower Hamlets. In 2014/15, 837 responses were received, which represents a 24% response rate.

<sup>10</sup> London and England results for 2014/15 are due to be released in August 2015. London result for 2013/14: 77%. England: 79%

### **Progress in priority 2- Making Safeguarding Personal**

Person-centred working, including making safeguarding personal, is a core part of our new Practice Framework. Training has delivered to the majority of our staff and we are monitoring implementation closely. We are also preparing for the implementation of the new Pan London processes from Autumn 2015.

### **Progress in priority 3- Ensuring that staff are competent in their working knowledge of adult safeguarding, Mental Capacity Act and Deprivation of Liberty Safeguards**

Our training programme has ensured that staff are competent and this is evidenced by the feedback through the Social Work Health Check as set out above. Our focus for the coming year is to strengthen how we evaluate the effectiveness of our training programmes.

### ***NHS Tower Hamlets Clinical Commissioning Group***

#### **Development of safeguarding practice and promoting the welfare of adults at risk of, or experiencing abuse or neglect**

During the last year, the CCG has established a Safeguarding Adults Committee of the Governing Body, the terms of reference of which explicitly include safeguarding adults, domestic violence, the Mental Capacity Act and Prevent. This Committee, which includes local authority and provider partners, formally reports into the Safeguarding Adults Board on NHS provider performance and has oversight of delivery improvement within NHS provider partners. The CCG has initiated work with City & Hackney, Newham and Waltham Forest CCG's to develop a safeguarding adult dashboard, incorporating MCA and Prevent, which is being incorporated within provider contracts for 2015/16. The CCG Safeguarding Adults Committee has considered the draft Accountability and Assurance Framework, and will be responsible for its implementation.

The CCG is highly proactive in its approach towards quality improvement in safeguarding adults, and the broader responsibilities of the CCG Safeguarding Adults Committee. For example, in 2014/15, the CCG has:

- Commissioned a three year pilot of the IRIS programme to improve the detection of domestic violence in primary care
- Commissioned a project within East London NHS Foundation Trust to improve Mental Capacity Act practice, which has seen a significant improvement in MCA practice
- Provided training on safeguarding adults, MCA and Prevent to over 70 GP's and 40 other primary care professionals
- Led on the development of a safeguarding adults dashboard across east London to be inserted into provider contracts in 2015/16
- Participated in the panel of the DHR that is currently underway in the borough, and commissioned additional conduct disorder capacity to meet NICE guidance within ELFT as a partial response
- Fully participated in the Tower Hamlets SAB, including the establishment of panels for two impending SAR's, and in the 2014/15 SAB audit process

- Overseen provider performance on MCA, safeguarding adults and Prevent, and reported the same to the SAB
- Carried out a number of quality visits to provider services, which have included a focus on safeguarding where appropriate
- Developed joint monitoring arrangements with the local authority to oversee care home performance, which have included a focus on safeguarding where appropriate.

In 2015/16, the CCG intends to work with partners to deliver some of the key elements of the Care Act, most notably the scope of safeguarding (incorporating self-neglect) and Making Safeguarding Personal.

### **Evaluation of effectiveness**

Our effectiveness is monitored via the safeguarding adults committee (minutes), SAB led audit process, and working with peers across east London.

### **Progress in priority 1- Care Act 2014 implementation; priority 2- Making Safeguarding Personal and priority 3- Ensuring that staff are competent in their working knowledge of adult safeguarding, Mental Capacity Act and Deprivation of Liberty Safeguards**

The CCG is working closely with the London Borough of Tower Hamlets through the Tower Hamlets Safeguarding Adults Board to deliver the system change required to deliver the Care Act and associated statutory guidance. The Tower Hamlets SAB is already in many ways working on the footing that is consistent with the requirements of the Care Act, but is regardless working on changes in several important areas. In particular, the CCG will, following the impending publication of the revised London Procedures, work with partner agencies, to redefine the scope of safeguarding adults in line with the Care Act requirements, and to roll out to provider organisations. The CCG is also working with partner agencies to develop and commission practice in line with the principles of Making Safeguarding Personal.

During 2014/15, the CCG has worked with East London NHS Foundation Trust to dramatically improve Mental Capacity Act (including DOLs) practice and leadership in inpatient wards, developing 16 MCA Advisors on the wards, who have trained 176 staff. In 2015/16, this leadership development approach will be rolled out across the whole organisation, including community and integrated care structures in Tower Hamlets, and will also include further research into current practice and the development of internal systems and processes. We also intend to use a high value CQUIN with Bart's Health to incentivise the Trust to further develop its Mental Capacity Act practice. This will also focus on training and leadership development, as well as developing a better understanding of current practice through audits.

The above programmes are supporting development in terms of the requirements of the MCA. In 2015/16 we will also undertake a formal assurance process using the Commissioning for Compliance guide (published by NHS England in August 2014) of ELFT, Bart's Health and voluntary sector providers that regularly care for people who may lack capacity to make decisions about their care. This will include scrutiny of compliance with DOLs as an integral component of the MCA.

## ***Bart's Health NHS Trust***

### **Development of safeguarding practice and promoting the welfare of adults at risk of, or experiencing abuse or neglect**

Bart's Health was placed into special measures by the NHS Trust Development Authority in March 2015 as a result of the Care Quality Commission's report from their inspections at Whipps Cross Hospital in November 2014 and January 2015.

We are, and always have been, fully committed to ensuring the safety and welfare of every one of our patients across all our sites and services and a number of measures have now been put in place to strengthen the leadership teams and quality of care in our hospitals.

Our partners in health and social care have been fully involved in helping us to accelerate positive change which includes the work we will undertake to ensure we protect the rights of vulnerable people who use our services.

To develop the model for safeguarding in place at Bart's Health, we have commissioned a review of our policies and procedures; capacity and resource and training strategy. The review will be undertaken by external experts and the findings will provide the framework for a safeguarding summit involving partners and stakeholders in the development of our model for safeguarding across Bart's Health.

We have been consulting with Tower Hamlets commissioners on the development of a single dashboard of metrics for safeguarding that is to be used by health organisations to report performance to safeguarding adults' boards and regulators which is now in final draft.

Safeguarding concerns, MCA and DoLS are key aspects of care that are raised and discussed at the daily 'safety huddles', attended by sisters and charge nurses at each of the hospitals. This provides an opportunity to share and learn from practice, challenge each other and support staff in improving care.

Two aspects of the safeguarding agenda have grown significantly during the last year - the *Prevent* Strategy and Deprivation of Liberty Safeguards (DoLS).

As the main healthcare provider for three of the highest risk boroughs in the country, engaging with the *Prevent* network is a key priority for Barts Health. The principles of the Strategy are included in our Safeguarding Adults policy and mandatory training, and we are also a member of the North East London *Prevent* Network. Because of the Home Office's withdrawal of an approved training package for the Strategy, training implementation did not progress further during the year. However, new training is now available and the national leads for *Prevent* within NHS England will be providing training to 20 leaders across Bart's Health in the coming year.

### **Evaluation of effectiveness**

Bart's Health reports on the numbers, themes and outcomes of safeguarding enquiries within the organisation and externally to partners and regulators.

The Internal structure for providing assurance is supported by a safeguarding operational group that reports to an assurance committee. The assurance committee is chaired by the deputy chief nurse and is a sub-group of trust board. We are reviewing the effectiveness of

both these groups in order to strengthen the assurances received from clinical services reporting to the committee.

The safeguarding adults and children's teams produce an annual report which is reviewed by the Trust board and, in addition, this year, we delivered a seminar to the Trust board to inform them about the expanding safeguarding agenda.

There has been a substantial increase in the number of safeguarding incidents reported by and about services at Bart's Health during 2014/15. This is likely to be a consequence of increased knowledge and awareness of adult safeguarding across the Trust and the improved reporting system we put in place last year.

Only a small number of enquiries made about safeguarding concerns for patients in our care are found to require further action. However, the time lines for the completion of investigations continue to be challenge.

The 2 themes arising from substantiated safeguarding enquiries are

- the quality of discharge from hospital
- concerns about care whilst using hospital transport.

These aspects of care are the focus of ongoing improvement work

The learning from investigations is shared through the patient safety team learning from incidents bulletin, and the service governance structures. However developing a more robust system for learning from safeguarding enquires will be a focus for the Trust this year.

This year we have worked with carers to co-produce a carer's policy, launched during Carers Week in May 2015.

We have begun focused improvement work with our partners who provide patient transport for our patients; worked with expert nurses and others to reduce the incidence of pressure injuries across the health economy in NE London as well as improving the reporting of safeguarding concerns in relation to this.

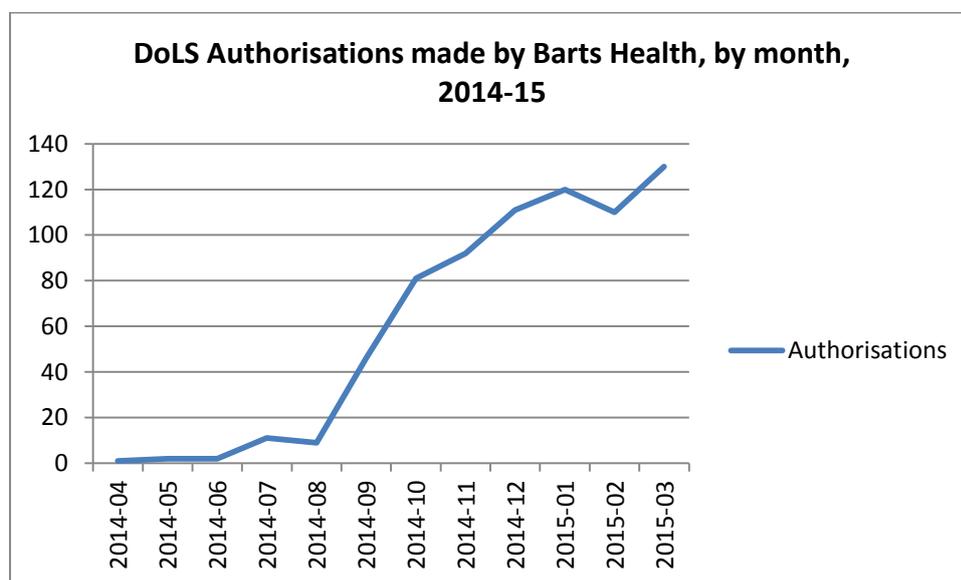
**Progress in priority 1- Care Act 2014 implementation; priority 2- Making Safeguarding Personal and priority 3- Ensuring that staff are competent in their working knowledge of adult safeguarding, Mental Capacity Act and Deprivation of Liberty Safeguards**

We have appointed a lead for MCA, DoLS Prevent and Mental Health and over the last year we undertook the following activity to ensure we are compliant and that our patients are protected:

- Developed detailed guidance, flowcharts and decision-making aids which are available to all staff together with electronic information and resources
- Developed a range of training packages covering the practical aspects of DoLS compliance, and updated material relating to DoLS in our statutory and mandatory training booklets
- Delivered face to face training on MCA/DoLS to 578 clinical and management staff, through one to one coaching, ward based teaching, whole service events and open access sessions.
- Liaised with partner organisations locally to ensure a cohesive approach

- Commissioned high level expert training through our partner mental health organisations. Members of our safeguarding team undertook this training in September 2014
- Developed streamlined systems for making, submitting, recording, monitoring and following up DoLS applications in line with statutory requirements
- Worked intensively with staff in all hospitals, particularly in services treating a large number of patients without capacity, to promote the appropriate use of DoLS authorisations.

The impact of this work can be seen in the steep increase in the number of DoLS applications made in the Trust over the last year.



Our three main priorities for developing safeguarding adults capacity and competence in the coming year are:

- Developing a training strategy that will include provision for enhanced safeguarding adults training for senior leaders
- Embedding the principles of protecting adults at risk from harm. The first step in this process will be to hold a safeguarding summit at Whipps Cross Hospital, engaging national expertise and leaders to inspire and engage our staff in this essential area of health care work
- Consolidating and extending the work that has been done this year in relation to MCA/DoLS, and, in particular, developing and implementing procedures to ensure that mental capacity is formally assessed and recorded for all patients where the patient is suffering from conditions which may compromise their ability to consent to their admission and treatment

We have contributed to the SAB development in response to the Care Act and are contributing to a wider programme of quality improvement in patient experience across Bart's Health, which incorporates greater focus on person centred individualised care.

### ***East London NHS Foundation Trust***

#### **Development of safeguarding practice and promoting the welfare of adults at risk of, or experiencing abuse or neglect**

Staff report safeguarding concerns that occur within Trust services via the Datix reporting system. These are then responded to via Assurance team which require a full assessment and outcome to these concerns. These include amongst other concerns, pressure ulcers, restraint practices resulting in injury, and all allegations about other services users or staff members. A quarterly report is presented to the Trust Safeguarding Committee to ensure that a satisfactory outcome for the individual.

The need for information about support services has been recognised, with posters informing service users of the importance of reporting any harm been placed across all Trust services.

#### **Evaluation of effectiveness**

Trust has continued to complete the NHS England SAAF self-assessment toolkit, designed to review its overall effectiveness and give a RAG rating score. This year there were 4 Amber ratings which have been addressed throughout the year following the Safeguarding Adults Workplan. All other Ratings were assessed as Green, with no Red scores. Full details of this were published within the Trust Annual Report.

The Trust offers services to some of the most vulnerable and marginalised people in society. Recent disclosures to staff have involved the Prevent (anti-terrorism) agenda, female genital mutilation and sex trafficking. This requires a multi-agency response with specialist agencies across both adult and children's services, working together to ensure a safety plan is in place. These will need to be reviewed for their effectiveness and the Trust anticipates undertaking a Reflective exercise for some cases in the coming year.

#### **Progress in priority 1- Care Act 2014 implementation**

Induction Level 1 training revisions include the changes anticipated by the Care Act. Trust Board received Level 3 training on the increased Safeguarding Adults agenda – now including Modern Day Slavery and Self-Neglect.

#### **Priority 2- Making Safeguarding Personal**

Trust Associate Director for safeguarding continues to receive regular contacts from staff for advice balancing service user consent and managing risk. This is reflected in Datix incident responses and safety planning on an individual basis including signposting to Domestic Violence support services.

#### **Priority 3- Ensuring that staff are competent in their working knowledge of adult safeguarding, Mental Capacity Act and Deprivation of Liberty Safeguards**

An innovative and original Safeguarding Adults Level 2 staff training course was commissioned using actor based scenarios in July 2014 on making Mental Capacity Act assessments for patients over decisions for treatment and on safety in relationships. It was well received by staff from across Trust services. The Trust lead for Deprivation of Liberty

has undertaken training sessions in Tower Hamlets throughout 2014/15 as part of CCG funded project management for staff awareness and competence.

### ***London Ambulance Service***

#### **Development of safeguarding practice and promoting the welfare of adults at risk of, or experiencing abuse or neglect**

The London Ambulance Service works with 64 adult and child safeguarding boards within its operational area and endeavours to maintain relationships with all of these boards. There are robust governance arrangements in place with the Director of Nursing and Quality acting as the Accountable Executive Director for Safeguarding, a Safeguarding Committee meeting every 6 weeks, and regular reporting on safeguarding activity and progress in meeting action plans to the Clinical Safety Development Committee. The Safeguarding Adults Risk Audit Tool (SARAT) was completed in May 2014 and identified improvement actions which have been included in our Adult Action Plan. We have put considerable resource into training staff and third party contractors this year (more detail on this below.)

#### **Evaluation of Effectiveness**

Our safeguarding reports ensure that we are continuously evaluating our effectiveness. We have also implemented a number of improvements this year to our management information reporting to enable us to track patterns in safeguarding referrals and incidents.

#### **Progress in priority 1- Care Act 2014 implementation**

Our Safeguarding Adult Policy has been reviewed and amended to comply with Care Act 2014.

#### **Priority 2- Making Safeguarding Personal; Priority 3- Ensuring that staff are competent in their working knowledge of adult safeguarding, Mental Capacity Act and Deprivation of Liberty Safeguards**

Over 4,000 staff have been trained in safeguarding during 2014-15. All new staff receive level 1 training on induction, with clinical, A&E and PTS staff receiving level 2 training. We have provided refresher training to existing staff on consent, outcomes, female genital mutilation, learning disabilities, Prevent and human trafficking. Regular updates are also provided in the Safeguarding Update and Clinical News. The Trust also publishes a Safeguarding Pocketbook detailing roles and responsibilities of all staff in relation to safeguarding.

#### ***Police***

The Care Act 2014 introduced new adult safeguarding duties for local authorities and police that were effective as of 1st April 2015. Tower Hamlets PPD as with child protection procedures have implemented a policy of inter-agency co-operation and the sharing of information to ensure that any criminal allegation of abuse against vulnerable adults are investigated in a thorough and responsive manner.

Safeguarding vulnerable adults from abuse is complex but through strategic multi-agency partnerships we are focusing on the key areas of - prevention, identification, investigation, risk management and detection of offences. The role of the Police is to identify and if appropriate manage Risk. All Adult MERLIN reports will be subject to BRAG rating to replicate the processes adopted for children

The initial response around recording concerns will be through the creation of an adult A.C.N PAC that will be assessed by the MASH team who will determine if any criminal offence has taken place and whether the information is to be shared with Adult Social Care if this has not taken place already.

Any identified criminal offence against vulnerable adults will require the creation of a CRIS report, completed by MASH staff if not already done and an officer from the CSU will be assigned to investigate. All other reports that do not form a criminal investigation will still be researched.

All ACN MERLIN notifications will have a minimum of IIP and PNC research completed and included on the report where the risk assessment will be completed and a BRAG rating included.

Cases designated at level 1 BLUE will include a rationale as to why it is not suitable to pass to adult social care and the report closed.

Cases designated 2-GREEN, 3-AMBER or 4-RED will be forwarded to Adult Social Care who will decide on the level of intervention provided.

The local authority now run safeguarding adults boards at which local partners, including the police, meet to discuss how they can work together to safeguard vulnerable adults from significant harm, including financial harm. The Care Act legislates to make these boards 'statutory', which means that each area will have to operate one and the local police service will be a required partner on every board.

Tower Hamlets have been slightly ahead of the legislative measures and implemented the above processes almost 12 months ago, however this has caused a dramatic increase in recorded Adult Coming to Notice PACS within the borough, rising from 123 reports in 2013 (mainly due to change in recording from CRIS to MERLIN) to 1962 recorded incidents in 2014. With a current count at 1251 since 1st January 2015 there is a clear rise in expected responsibility for MASH teams to manage. In order to deal with the influx we are looking to appoint 2 officers to deal with vulnerable adult PACS from inception to closure inclusive of research and risk management with an emphasis on clear concise partnership working with Adult Social Care and investigating units.

### ***National Probation Service***

#### **Development of safeguarding practice and promoting the welfare of adults at risk of, or experiencing abuse or neglect**

The governance arrangements and structure for Safeguarding Adults within the National Probation Service – London has been established. James Jolly reports to the NPS London, Public Protection Sub-group, which reports to the Senior Leadership Team.

All London Clusters have a Senior Probation Officer. Stuart Webber is the Officer for Tower Hamlets acting as the Single Point of Contact lead for Safeguarding Adults.

In terms of the NPS's drive to improve safeguarding adults practice, SPOCs attend a quarterly practitioners' forum – such events have been held for Probation Services staff (both public and private sectors).

### **Evaluation of effectiveness**

Two Safeguarding Adults – Train the Trainer events have been run during both the last financial year and the current (February and April 2015 respectively). The purpose is to deliver awareness briefings, prior to the organisational split, the then London Probation Trust in Tower Hamlets rolled out a number of Safeguarding Adults training events, our Practice Development Officers liaised with colleagues in Tower Hamlets to secure relevant training materials, and delivered a number of training sessions – this increased the awareness of Probation practitioners around scenarios where vulnerable adults could be exploited or come to harm in the wider community.

Given the numbers of staff being trained, there is an increased awareness amongst practitioners and managers alike regarding this issue. MAPPA chairs, level 2 and 3 are aware of research materials, issues raised by safeguarding training and will explore these issues at MAPP meetings – in terms of developing a risk management plan. There was one case where an offender was being exploited by his sister and partner, this was explored in the MAPPA Chairs forum as to the approach staff would take to manage this issue – re interface with other partnerships.

### **Progress in priority 1- Care Act 2014 implementation**

This has been discussed at the forum.

### **Progress in priority 2- Making Safeguarding Personal**

This has been implemented through training events, case scenarios, the impacts being acknowledged of not asking questions – not challenging.

### **Progress in priority 3- Ensuring that staff are competent in their working knowledge of adult safeguarding, Mental Capacity Act and Deprivation of Liberty Safeguards**

As noted above, we are rolling out training to cover these areas. It is work in progress

## ***London Fire Brigade***

### **Development of safeguarding practice and promoting the welfare of adults at risk of, or experiencing abuse or neglect and evaluation of effectiveness**

London Fire Brigade has made good progress in developing its practice in relation to all three of the SAB priorities. Details are set out below.

### **Progress in priority 1- Care Act 2014 implementation**

Managers have been trained in the safeguarding briefing sessions provided by LBTH and by our in-house community safety teams. Our staff on fire stations have also received training in Safeguarding Procedures including the implementation of Care Act 2014.

In addition the Borough Commander has ensured all managers within the borough management team have been provided with further training on the impact of the Care Act and given materials and guidance to cascade this to their staff teams.

### **Progress in priority 2- Making Safeguarding Personal**

The LFB has been rolling out its leadership strategy to ensure we adopt a Person Centred approach for managers and front-line staff. The senior management team within the borough review every Safeguarding referral to ensure the quality of information passed and give advice and guidance to front line staff. Each referral is then subject of a case review to

ensure any learning points are communicated to all staff. This will provide better evidence of personalising all safeguarding referrals.

### **Progress in priority 3- Ensuring that staff are competent in their working knowledge of adult safeguarding, Mental Capacity Act and Deprivation of Liberty Safeguards**

Following the training of managers through the briefing sessions from LBTH and LFB, managers monitor staff to ensure that the learning is positively affecting our service delivery.

Detailed knowledge and understanding packs are carried on all fire appliances to ensure front line staff have access to information packs and correct referral process 24 hours a day.

### ***Tower Hamlets Council for Voluntary Services***

#### **Development of safeguarding practice and promoting the welfare of adults at risk of, or experiencing abuse or neglect**

THCVS is an umbrella organisation supporting Voluntary, Community, Faith and social enterprise organisations in the Tower Hamlets. Many of the organisations supported by THCVS deliver services to children and vulnerable adults, although we do not deliver these services directly.

THCVS undertake a number of different activities to support voluntary sector organisations to develop their safeguarding practices. This includes:

- Providing training on Safeguarding of vulnerable adults. There is a small fee for attending the training, very small groups are not charged.
- Providing training to VCS groups on developing their safeguarding policies.

We aim to run at least one of these training courses each year, and they are delivered in conjunction with Volunteer Centre Tower Hamlets.

We also provide one to one development and capacity building support to charities in the borough, which includes help developing safeguarding policies and practices. We work particularly with new groups to help them ensure they have the right safeguarding practices in place.

THCVS supports and facilitates the Tower Hamlet's voluntary sector health and wellbeing forum. THCVS are active members of the forum and the steering group, which is a strategic body setting the agenda and overall work plan for the forum. We also administer the running of the forum and have a large network of voluntary sector health and social care providers. THCVS send regular health and social care e-bulletins to around 900 VCS recipients. The Chair of THCVS is the voluntary sector representative on the Health and Wellbeing Board.

#### **Evaluation of effectiveness**

Our training courses are all evaluated by the attendees. Feedback is positive and people report an increase in their knowledge following the course. We are looking at ways in which we can better assess the impact of the training on their work and how organisations have amended their Safeguarding practice as a result of the training we provide.

Our development and capacity building support is spot checked and we have PQASSO accreditation, a nationally recognised leading quality standard for the Charity sector. We are in the process of applying for NAVCA accreditation, an externally audited evaluation of the services offered to voluntary and community groups by local infrastructure organisations.

### **Progress in priority 1- Care Act 2014 implementation**

The implantation and implications of the Care Act have been discussed with our member organisations and the wider sector through the Health and Wellbeing Forum, and we have included information in our regular health and social care e-bulletin.

### **Progress in priority 2- Making Safeguarding Personal**

Information on Making Safeguarding Personnel will be disseminated to the sector via the forum and by THCVS e-bulletins.

### **Progress in priority 3- Ensuring that staff are competent in their working knowledge of adult safeguarding, Mental Capacity Act and Deprivation of Liberty Safeguards**

Training and e-bulletins have been delivered as outlined above.

### ***Toynbee Hall***

#### **Development of safeguarding practice and promoting the welfare of adults at risk of, or experiencing abuse or neglect**

Toynbee Hall has continued to provide its Dignify project raising awareness of safeguarding and abuse issues amongst local people - older people and those with mental health issues. It has secured funding to develop its work moving in to the learning disability client group

Toynbee Hall has reviewed its policy and procedure and commissioned Impact Training to train front line staff, including those in Advice as well as those in the Wellbeing services who work with adults.

#### **Evaluation of effectiveness**

After the audit, Toynbee Hall ensured that 'safeguarding' appeared as a standing agenda point on Team Meetings and staff supervisions, and staff visits team meetings to ensure awareness is raised around this issue and staff are given time to discuss and explore any concerns

Since the training staff have been discussing and raising concerns (in this case City of London services) demonstrating their raised awareness.

### **Progress in priority 1- Care Act 2014 implementation**

Staff have attended a number of Care Act briefings

### **Progress in priority 2- Making Safeguarding Personal**

Reviewing policy and procedure, and ensuring the clients' voice is heard within the Policy and Procedure

### **Progress in priority 3- Ensuring that staff are competent in their working knowledge of adult safeguarding, Mental Capacity Act and Deprivation of Liberty Safeguards**

Impact Training was commissioned to conduct staff training in Safeguarding and Child Protection.

Front line social care staff have received Prevent training from City of London, and I am now exploring Prevent training for Advice staff from Tower Hamlets

## ***Tower Hamlets Housing Forum***

### **Development of safeguarding practice and promoting the welfare of adults at risk of, or experiencing abuse or neglect**

As a result of membership of the Safeguarding Adults Board the representative of the Housing Forum has been able to raise the profile of Safeguarding Adults issues directly with the Chief Executive/ Managing Director level of the leading social housing landlords in Tower Hamlets, through his bi-monthly reports on the work of the Safeguarding Adults Board.

This in turn has led to safeguarding adults being given priority within the social housing landlords

The social landlords represented on the Tower Hamlets Housing Forum (Circle, EastendHomes, East Homes, Gateway, Genesis, One Housing Group, Peabody, Poplar HARCA, Southern, Swan, Tower Hamlets Homes, and Tower Hamlets Community Housing) now have safeguarding policies and training of frontline staff to raise awareness.

### **Evaluation of effectiveness**

This is an area for improvement which will be raised at the Forum.

### **Progress in priority 1- Care Act 2014 implementation; priority 2- Making Safeguarding Personal and priority 3- Ensuring that staff are competent in their working knowledge of adult safeguarding, Mental Capacity Act and Deprivation of Liberty Safeguards**

In all three of these priority areas the members of the Tower Hamlets Housing Forum have ensured that they now have safeguarding policies in place, undertaken training on Safeguarding, Mental Capacity Act and Deprivation of Liberty Safeguards and awareness of the Care Act.

## ***Providence Row Housing Association***

### **Development of safeguarding practice and promoting the welfare of adults at risk of, or experiencing abuse or neglect**

Providence Row has undertaken a review of its safeguarding policy and procedure during the last 12 months, particularly in preparation for the implementation of the Care Act 2014. This was sent for approval to our board.

We routinely review all incidents involving safeguarding. These are reported to our commissioners and reviews are also reported as well. Commissioners are copied in to all safeguarding alerts to Adult Social Care and informed of outcomes.

In the last 12 months we have run an awareness course for service users in our largest hostel and hope to extend this to our other services in the coming year.

All staff job descriptions now specifically state the requirement to safeguard service users in line with internal and local authority policies and procedures.

### **Evaluation of effectiveness**

All incidents involving safeguarding are reviewed by the Safeguarding Lead (now DASMS – designated adult safeguarding manager). This is conducted quarterly with the Monitoring Officer as part of the report to commissioners and our governing board.

Our services are audited internally twice a year and include participation by service user representatives. Each service is given an action plan to ensure issues arising from the audit are addressed.

Our services are also reviewed by commissioners and are required to provide evidence of all serious incidents, including those involving safeguarding and how they have been managed, particularly in dealing with risks to service users

### **Progress in priority 1- Care Act 2014 implementation**

Managers have been trained in the safeguarding briefing sessions provided by LBTH. Our DASM has been one of the trainers delivering the sessions.

In addition all managers have been provided with training on the implementation of the Care Act and given materials and guidance to cascade this to their staff teams.

The organisation supported the DASM in attending a conference in February on the role of Housing in Safeguarding Vulnerable Adults. This has improved contacts and networking with other representatives of housing associations and organisations involved in safeguarding, including membership of SABs.

### **Progress in priority 2- Making Safeguarding Personal**

The organisation has invested in Person Centred Training for managers and key front-line staff as part of implementation of Psychologically Informed Environments in our services. Currently we are reviewing our support planning documents to incorporate these changes in our services. This will provide better evidence of personalising all safeguarding referrals.

### **Progress in priority 3- Ensuring that staff are competent in their working knowledge of adult safeguarding, Mental Capacity Act and Deprivation of Liberty Safeguards**

Following the training of managers through the briefing sessions from LBTH, they are monitored to ensure that the learning is cascaded to staff. Additionally, the DASM has conducted training sessions in-house for new staff and services which have joined Providence Row as a result of re-commissioning.

## ***Real***

### **Development of safeguarding practice and promoting the welfare of adults at risk of, or experiencing abuse or neglect**

Real has taken part in LBTH cascade training for managers, subsequently we have delivered this to our staff and volunteer teams. We have also provided this training to the steering group of our user engagement project called Local Voices.

Staff all have the opportunity to talk about safeguarding issues either at meetings or in individual supervision.

### **Evaluation of effectiveness**

All safeguarding issues are collected centrally and reported to other agencies as part of our contract monitoring requirements. These then get discussed with us at the quarterly monitoring meetings on Real. We recognise there is more work to do on evaluating the effectiveness of our safeguarding interventions.

As the lead organisation in a consortium of nine providers we have requested each partner also attends the cascade training and delivers this to their teams. All of these other organisations are local third sector organisations. Not all of them would have been attending this training otherwise so this challenge will have promoted greater awareness. We will be following up whether or not they attended at our next site visits

**Progress in priority 1- Care Act 2014 implementation; Progress in priority 2- Making Safeguarding Personal; Progress in priority 3- Ensuring that staff are competent in their working knowledge of adult safeguarding, Mental Capacity Act and Deprivation of Liberty Safeguards**

As well as the information outlined above, we have done extensive work on Priority 1 – Care Act 2014 implementation. We have led a project over six months working with Tower Hamlets Council and our Local Link consortium partners to renegotiate the service specification of our information, advice and advocacy contract to cover the new Care Act responsibilities. We are rolling out Care Act training for staff and volunteers.

We now provide an advice line for professionals on the new Care Act duties around advocacy and we are the support organisation for the public named on the LBTH website.

***POhWER***

POhWER are contracted by London Borough of Tower Hamlets to provide advocacy services, meeting the requirements of the Care Act 2014. Our new advocacy provision has been piloted since 1 April 2015 and we will be evaluating its effectiveness later this year.

## Quality and Effectiveness of Safeguarding Adults arrangements In Tower Hamlets

This section of the report presents provisional information for 2014-15 in relation to safeguarding adults. The Council, in its lead role for safeguarding, has an overview of all safeguarding alerts received within the area, and as such we have used data from the Council's case management systems to inform this section of the report. It gives an overview of referrals that have been received and the investigations that have been concluded. The data to support this narrative is presented in charts as Appendix 2 to this report.

### ***Safeguarding adult referrals***

#### **Number of referrals**

- In 2014-15, 492 safeguarding referrals were recorded in Tower Hamlets<sup>11</sup>.
- The number of referrals has decreased slightly compared to the previous year when 522 referrals were made in Tower Hamlets. The figure amounts to 231 per 100,000 of the population, which is slightly below the England figure.

#### **Who is being referred?**

- Most safeguarding referrals relate to individuals 'already known to the Local Authority'. 12% were not known to us in 2014-15, similar to the figure of 11% last year.
- 55% of 2014-15 referrals related to women, down five percentage points compared with the previous year. The proportion of the borough's adult population who are female is 48%, suggesting a slight over representation of women in referrals. This is similar to the national pattern.
- 57% of 2014-15 referrals related to older people (over 65), up five percentage points compared with the previous year. This reflects the profile of social care service users, 59% of whom are over 65.
- 56% of 2014-15 referrals related to people from a 'white' ethnic background. This has reduced by five percentage points compared with the previous year. The 2013-14 figure is lower than the England average for 2013-14 (85%) but is higher when compared against the overall profile of the borough (45% 'white' in the last Census). However, 63% of the older population in Tower Hamlets are white and as noted above, most safeguarding referrals come from this group. More work is needed to understand if there are any issues of over or under representation in safeguarding referrals based on ethnic background.
- 53% of 2013-14 safeguarding referrals related to people with a physical disability, frailty or sensory impairment. This compared with 51% in England. In Tower Hamlets, 22% of referrals related to individuals with learning disabilities and 18% related to individuals with mental health issues. This compares with 18% and 24% in England. The classifications used to report this information changed in 2014/15 and list people's health condition in more detail. Provisional data suggests that "physical long-term health condition: other" is the biggest single group being referred at 23%.

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<sup>11</sup> It should be noted that this is provisional data based on the LBTH Safeguarding Adults Return

## **Safeguarding Investigations**

579 adult safeguarding cases were investigated and concluded in 2014-15<sup>12</sup>, a significant increase when compared to the figure of 396 for 2013-14.

### **Where abuse takes place**

Based on concluded safeguarding investigations, the majority of safeguarding issues take place in the alleged victims own home. The figure is 62% in Tower Hamlets, similar to the 2013-14 result of 63% and higher than the 2013-14 England average of 42%. A smaller group of people are in care homes: This figure was 15% for 2014-15 and 16% in 2013-14. The England 2013-14 figure is 36%. More work is needed to understand the difference in figures between Tower Hamlets and the England average.

### **Types of abuse**

Physical abuse was the largest single type of abuse investigated in Tower Hamlets in 2014-15 at 30%. This marks a six percentage point increase on 2013-14. The England average for 2013-14 was 27%. Neglect accounted for 27% of investigations in Tower Hamlets in 2014-15 and has remained static when compared to last year. Financial abuse accounted for 25% of cases last year but has decreased to 21% this year. In 2013-14, Tower Hamlets had higher rates of financial investigations and slightly lower rates of neglect investigations compared to the England average (18% and 30% respectively), although the pattern in 2014-15 more closely reflects England averages.

### **Mental capacity and advocacy**

74% of individuals were assessed as 'not lacking capacity' and thus unable to make decisions in the safeguarding process in 2014-15. For those individuals identified as 'lacking capacity', 84% were effectively provided with support or were represented by an advocate, family member or friend. This figure compares with 82% in 2013-14 in Tower Hamlets and 49% in England.

### **The outcome of investigations**

- 39% of safeguarding investigations could not be substantiated in 2014-15, as the alleged types of abuse were either unclear, unfounded or disproved. This is an increase of three percentage points on the previous year and is higher than both the 2013-14 England average of 30% and London average of 34.5%.
- There has been a decrease in the proportion of cases where no further action was taken, from 39.9% in 2013-14, to 33.3% in 2014-15. This is now just below the national average. The proportion of cases where action has resulted in the reduction or removal of risk has also increased. This suggests an improvement in our response to safeguarding cases.

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<sup>12</sup> The discrepancy between referral and investigation figures is likely to be explained through referrals being made in 2013-14 and being concluded in 2014-15

## ***User experience***

In our monitoring of user experience at the end of safeguarding investigations, 77% of adults at risk said they were satisfied with both the safeguarding process and their safeguarding outcome in 2013-14.

Adult social care users tell us that care and support has a positive impact on how safe they feel: In a 2014/15, 87% of respondents said that care and support services help them to feel safe (significantly higher than 2013/14 London and England averages<sup>13</sup>). 60% of service users “feel as safe as they want” and 76% of carers<sup>14</sup> report having no worries about their personal safety.

Adult social care users also report positive experiences when it comes to choice, control and being treated with respect – all central to taking a person-centred approach. In the 2014/15 Service User Survey, 72% of adult social care users said they feel in control of their daily lives, an increase of two percentage points on the previous year. 87% per cent said care and support helps them to have control in their daily lives (higher than 2013/14 London and England averages<sup>15</sup>). More than three-quarters (78%) said they feel treated with respect by the people assessing their needs for social care, and more than half (57%) said they can choose the support they receive.

## ***Serious Adults Reviews***

There have been no Serious Adults’ Reviews in 2014-15 although there are two in process and due to report in 2015-16.

## ***Deprivation of Liberty Safeguards (DoLS)***

The number of DoLs authorisations processed in 2014-15 was 585, a twenty fold increase from 2013-14. This follows an awareness raising campaign and training programme to address previously low numbers of DoLS authorisation requests, and a Supreme Court judgement in March 2014 which dramatically increased the scope of the DoLS provisions and has increased referrals by 8 times nationally. The higher increase in Tower Hamlets is evidence of the success of our awareness raising activity and means that there are improvements in our safeguarding of adults without mental capacity to consent from being deprived of their liberty unless this is in their best interests.

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<sup>13</sup> 2014/15 Tower Hamlets Service User Survey. London and England results for 2014/15 are due to be released in August 2015. London result for 2013/14: 77%. England: 79%

<sup>14</sup> 2014/15 Tower Hamlets Carer Survey

<sup>15</sup> 2013/14 London result: 84%, England: 87%

## Issues and Challenges

This section sets out some of main issues and challenges relating to the work of the Safeguarding Adults Board going forward. These issues and challenges will be addressed in the SAB's Strategic Plan, to be published in autumn 2015.

### ***Raising Awareness***

Whilst the level of safeguarding referrals in Tower Hamlets is similar to national and London averages, there has been a slight decrease in 2014-5. Numbers will be closely monitored to ensure that this is not a continuing trend of concern. There is a continued need to raise awareness of adult safeguarding amongst the public and professionals to ensure that people are better equipped to prevent abuse and act quickly when it occurs. Public awareness-raising is perhaps a particularly pertinent issue in Tower Hamlets given that we have a high rate of population turnover. We recognise that a significant number of vulnerable adults have specific communication needs (for example, language or literacy problems) and that these need to be addressed when we carry out awareness-raising activity.

### ***Meeting Demand***

The number of vulnerable adults in the borough and those requiring social care is expected to rise in future. The reasons behind this include a population that is growing, one that is living longer and for a longer time with poor health and one where survival rates of young people with profound learning disabilities and other complex needs are improving. High levels of deprivation may be further impacted by things like welfare reform, which in turn may exacerbate people's vulnerability. This anticipated increase in the number of vulnerable adults in Tower Hamlets combined with activity to raise awareness of adult abuse and neglect is likely to result in a future increase in safeguarding referrals going forward. The resources needed to meet this increase in future will need to be considered going forward, alongside an ongoing commitment to prevention.

### ***Improving the Quality and Effectiveness of Safeguarding***

A number of the issues highlighted in the last section will be investigated and addressed so ensure our safeguarding processes are effective and inclusive. The key issues to highlight are:

- We know that most safeguarding referrals in Tower Hamlets relate to women, those aged 65 or over, people from a 'white' ethnic background and people who have a physical disability or frailty. Whilst this reflects national patterns and/ or the local context, we are carrying out follow-up work to understand more fully if any groups are over or underrepresented, particularly in terms of ethnic background.
- We know that a significantly lower proportion of safeguarding investigations take place in care homes in Tower Hamlets compared with the England average. We are looking at reporting processes and referrals with our commissioning service to understand this figure and the reasons behind it.

### ***Making Safeguarding Personal***

We will continue to develop our approach to safeguarding so that it is truly person-centred and outcome-focused. The 2014 "Making Safeguarding Personal" report recognises that there is room for improvement in this area across England and highlights areas of good

practice carried out by different local authorities and the lessons learned. We will build on these findings to ensure our work culture, practice and processes are focused on improving outcomes for, and the experience of, people who are referred to the service.

***Deprivation of Liberty Safeguards (DoLS)***

As previously noted, the number of DoLS authorisation requests has increased significantly since a Supreme Court judgement against Cheshire West Council in 2014, which dramatically increased the scope of the DoLS regime. This is a positive development as more adults lacking mental capacity to consent, are being safeguarded from inappropriate deprivations of their liberty. However, dealing the resulting increase in workload is a national issue for local authorities, and in Tower Hamlets the number increased from 28 in 2013-14 to 585 in 2014-15. Although we have strengthened our structures and processes to respond to this increase and now have an internal team of qualified Best Interest Assessors, we anticipate this high level of demand continuing to be a challenge going forward.

## Appendix 1

### **SAB membership**

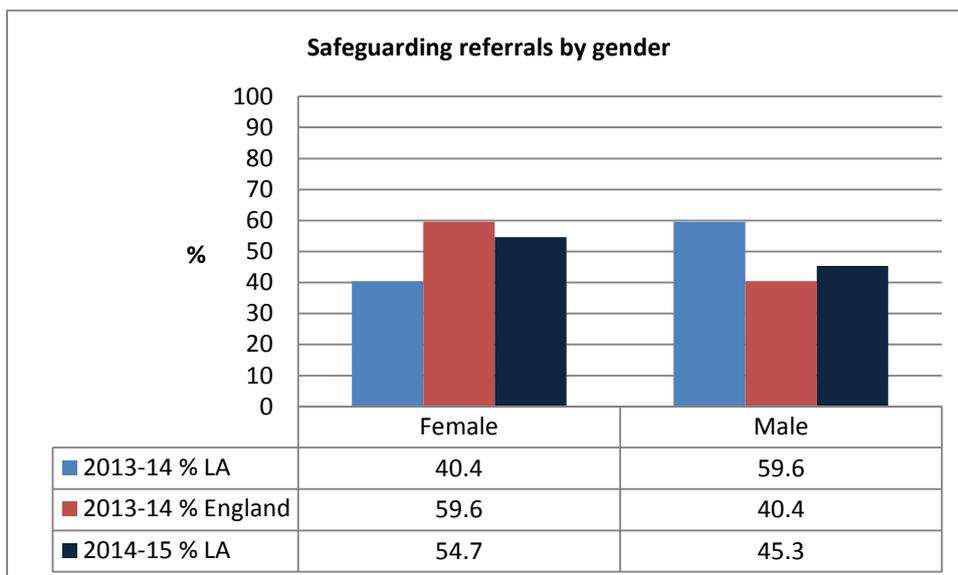
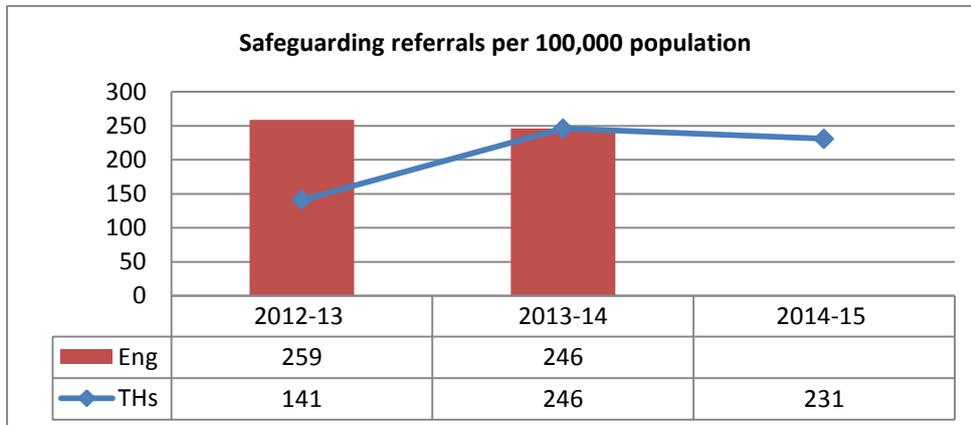
The following table shows membership for the period covered by this report, i.e. until April 2015.

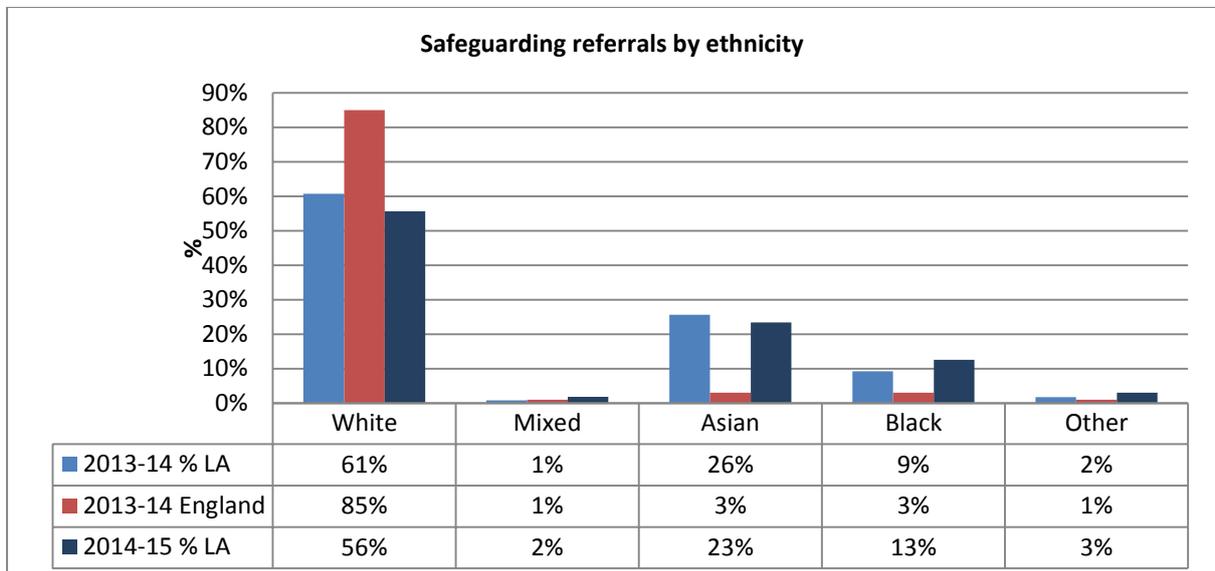
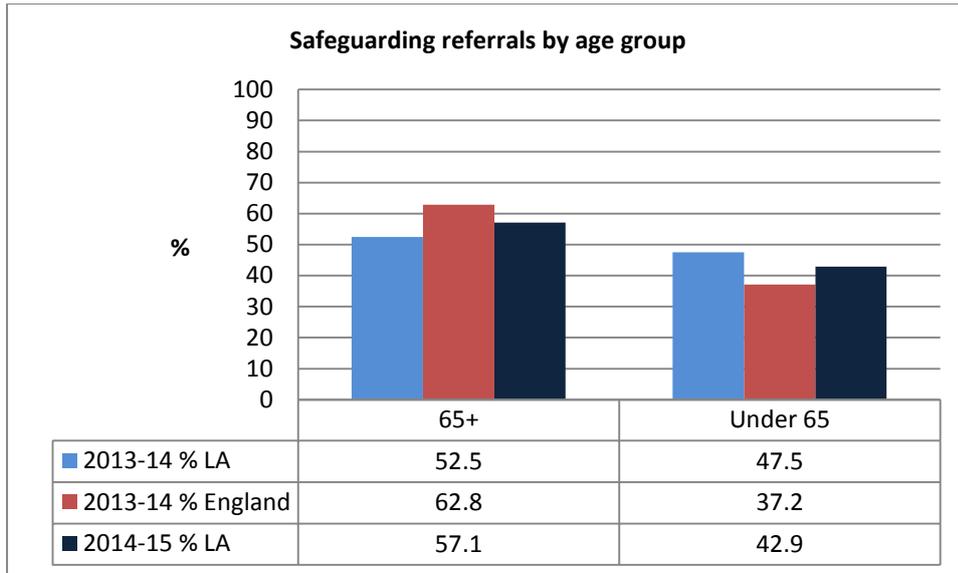
<b>Organisation</b>	<b>Name</b>
<b>Independent Chair</b>	Brian Parrott
<b>LBTH</b>	
Councillor	Abdul Asad
Safeguarding team	Alan Tyrer
Safeguarding team	Joy Calladine
Corporate Director, Education Social Care and Wellbeing Directorate	Robert McCulloch-Graham
Policy, Programmes and Community Insight	Anthony Walters
Commissioning	Dorne Kanareck
Adult Social Care	Bozena Allen Luke Addams
Community Learning Disability Services	Giuseppe Di Martino
Community Safety	Emily Fieran-Reed
Children's Social Care	Paul McGee
Housing	Colin Cormac
<b>Bart's Health</b>	Jane Callaghan
<b>East London Foundation Trust</b>	Paul James Janet Boorman
<b>CCG</b>	Richard Fradgley Sandra Moore
<b>Police</b>	Wendy Morgan Kelly Willis Simon Dilkes
<b>Probation Service</b>	Stuart Webber Linda Neimantas Yannik McKenzie
<b>London Fire Service</b>	Bruce Epsly Paul Hobbs
<b>London Ambulance Service</b>	Tanya Lee
<b>Providence Row Housing Association</b>	John Wilson
<b>Tower Hamlets Community Housing</b>	Michael Tyrell
<b>Tower Hamlets Council for Voluntary Services</b>	Kirsty Connell
<b>POhWER</b>	Martin Humes
<b>Toynbee Hall</b>	Kate Lovell Dave Barnard
<b>Real</b>	Karen Linnane Mike Smith

## Appendix 2

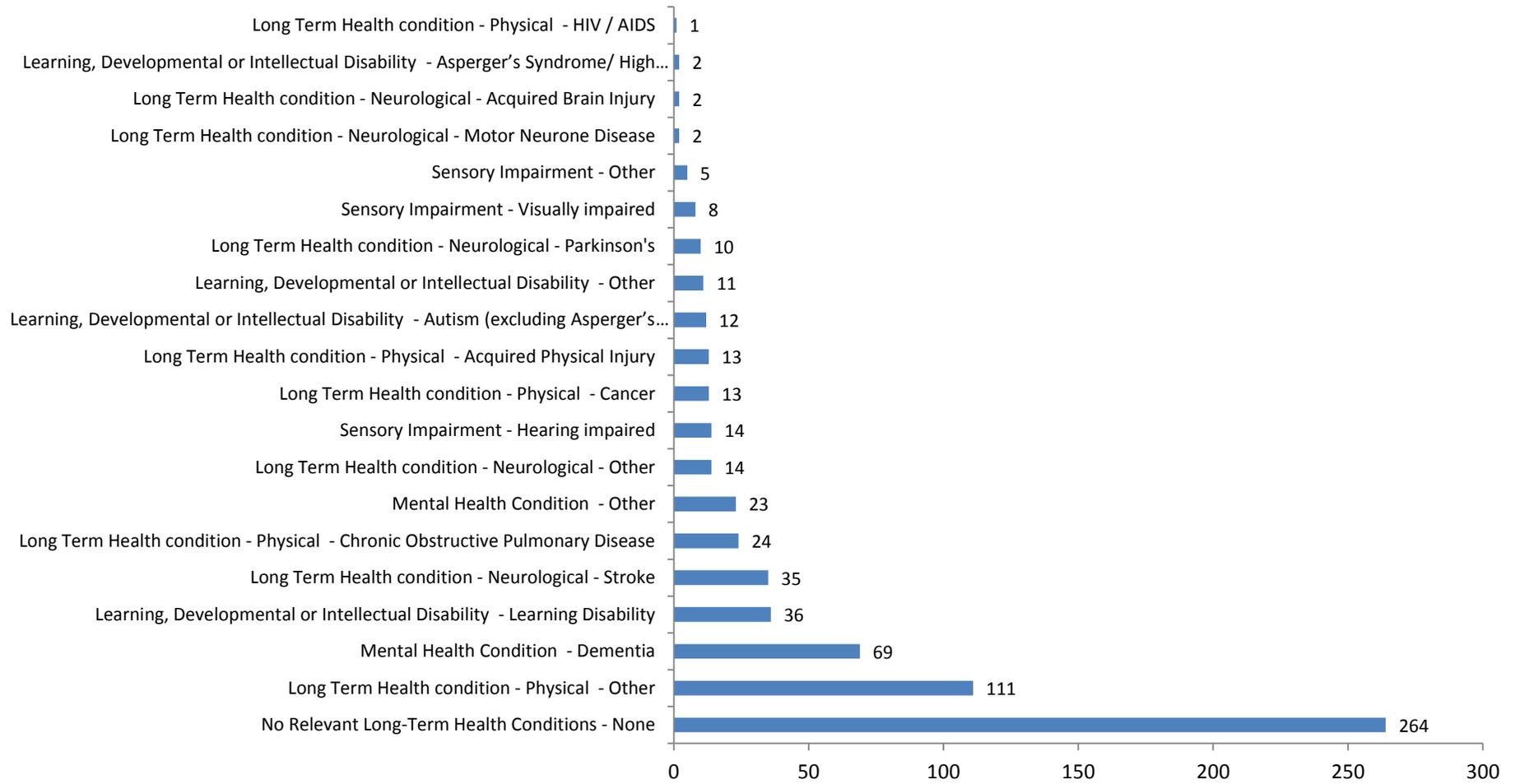
### Data charts

#### Referrals





### Safeguarding referrals by health condition



## Investigations

