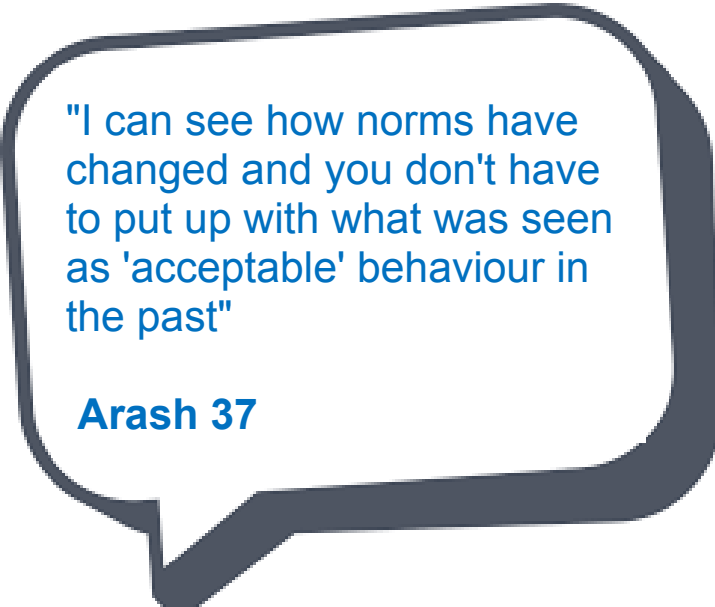



Tower Hamlets Safeguarding Adults Board

Annual Report 2015/16

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"I can see how norms have changed and you don't have to put up with what was seen as 'acceptable' behaviour in the past"

Arash 37

A dark blue speech bubble with a white background, containing text and a name.

"After going through the policy it made me feel more confident in what I can do to report abuse"

Hana 52

Tower Hamlets Safeguarding Adults Board Annual Report

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Independent Chair's Foreword

Any annual review report is in part reflection on and accountability for what has happened in the year just ended (here up to end March 2016), and importantly some commentary about the prospects for the new year (2016/17).

In the case of Tower Hamlets Safeguarding Adults Board (THSAB) the end of 2015/16 coincided with the departure of myself after 6 years as the Board's Independent Chair, and the beginning of 2016/17 with the arrival of Christabel Shawcross as the newly appointed Independent Chair. I was pleased that (i) Christabel and I were able to plan a good 'handover' from both our own perspectives and also in the interests of continuity for some of its key matters, and (ii) having extended my own plan to stand down by a further year from March 2015, the latter part of 2015/16 was marked by some very key leadership changes, particularly within Tower Hamlets Council and Barts NHS Trust, after extended periods of leadership uncertainty in both. They can only serve well for the future interests of those people whose safety and wellbeing in the borough the SAB exists to serve.

It is because of this Independent Chair transition that the foreword to this Annual report is in effect a joint product of two of us. For myself I would make the following observations:

A strength of TH SAB over all the recent years has been the huge amount of goodwill and personal commitment from individual people representing not just the main local authority, NHS and police statutory partners but also other public protection, housing, voluntary and advocacy organisations in an inclusive way on the SAB. Sometimes the capacity of all organisations, all themselves under many other pressures, to deliver on the organisational leadership, change implementation and service delivery expectations in relation to safeguarding adults has been a challenge to them, and is likely to continue to be. The implications of implementing the Care Act 2014 from April 2015 were, and are, hugely significant in both their statutory imperative and public symbolism for multi-agency safeguarding adults arrangements. The benefits will accrue over time, especially in making safeguarding more 'personal' and sensitised to the safeguarding needs and wishes of individual people.

Notwithstanding this note of caution, almost all the Board organisations willingly and constructively contributed to the scrutiny and learning opportunities of the SAB self-

assessment and audit process in the last quarter of 2015/16. The outcome of this now gives a number of objectives for both single agency and multi-agency developments and improvements in 2016/17. It is important though to note that the SAB conducted two safeguarding adults reviews in 2015/16 concerning two tragic, unforeseen and should have been avoidable deaths of people in the previous year, in both of which weaknesses were identified from the independent external overview reports. There are actions plans across organisations now in place, and being reviewed, to ensure necessary improvements are made.

Elsewhere in this annual review report year you will see some of positive achievements in 2015/16: for the first time a 4 year SAB strategic plan from 2015/16; linked with this, the first of one year at a time business plans; and the beginnings of a much more robust multi-agency performance information reporting framework. It is helpful for the future that all of these fit well with the new Pan London Safeguarding Adults Policies & Procedures agreed for implementation from April 2016, which were 'signed off' in time for the new year by all London Councils Directors of Adult Social Services, NHS England and the Metropolitan Police.

There is much in this annual review report which I hope gives organisations and the public confidence in what the safeguarding adults arrangements in Tower Hamlets are trying to achieve on their behalf, as well as identification of continued areas for development. There is continued important need to explore how to know more about the experiences, wishes and feelings of people for whom safeguarding arrangements are initiated. Also there is a need to strengthen the links with other partnership bodies in Tower Hamlets, including - Health and Wellbeing, Community Safety, Safeguarding Children and others, and to rationalise the work programmes of each where appropriate.

I would like to conclude my part of this foreword, and my last annual review report, by thanking so many people who over the years supported me in my role as Independent Chair. This is many people across many public sector and voluntary/community organisations. I was especially pleased that in terms of the ethnic diversity of Tower Hamlets I was at last able to make a private visit to Bangladesh in 2015 from which I learned so much. I would like to recognise three people who have 'been there' supportively from my appointment six years ago - Alan Tyrer from Tower Hamlets Council, Paul James from East London NHS Foundation Trust and John Wilson from Providence Row Housing Association. All have offered wise and helpful feedback and advice at many points. From the past year I would particularly want to mention the energy and leadership given to safeguarding adults by Luke Addams in his role of Acting Director of Adult Social Services and Peter Davis as interim lead SAB professional officer, as well as the very welcome new political leadership and engagement with safeguarding adults by the Council's Lead Councillor Cabinet Member. From April 2016 the SAB's work will undoubtedly be strengthened by the newly appointed 'permanent' Council Director, Denise Radley and by Barts new Director of Nursing, Caroline Alexander. Both have huge relevant experience for their new roles which have safeguarding adults at their core. Obviously I wish Christabel Shawcross all the very best as the Independent Chair, and not least the refreshing change of style, personality and gender she will bring to the leadership of multi-agency safeguarding adults arrangements.

Most importantly, as I also said in my foreword a year ago, whatever the challenges to everybody working in Tower Hamlets, it is the role of the SAB to ensure that the absolute resolve and determination to protect people from abuse and harm in Tower Hamlets is maintained, and that the SAB strives to be as effective as it possibly can. In my view everybody in Tower Hamlets can be assured into 2016/17 that the Board is very clear as to its important duties, responsibilities and priorities.

Brian Parrott
Independent Chair
Tower Hamlets Safeguarding Adults Board
(Up to March 2016)



Incoming Independent Chair's Foreword

In April 2016 I was delighted to be appointed as Independent Chair for the Tower Hamlets Safeguarding Adults Board (SAB). My thanks to the previous Chair Brian Parrott, for a detailed handover and leaving the Board on a good footing for the challenges ahead. Previous annual reports and the current SAB Strategy show significant progress in the work of all member agencies to promote adult safeguarding with the Care Act changes. I relish the opportunity to take this work forward to build on what has already been achieved. My first priority for 2016/17 has been to review the SAB functioning, seeking all partners' views. This has resulted in a new approach to engage partners in driving the agenda and setting up an Executive Group to take a proactive approach as statutory partners, to agree new ways of preventing abuse and improving outcomes for residents. A key priority is to consider how to ensure the user's voice is heard by the board to help Make Safeguarding Personal. The review of the business plan to define desired outcomes will ensure that we deliver on the Care Act and MSP. The SAB Strategy and Business Plan continue to be built around the six key principles of Safeguarding defined by the Care Act 2014:

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

Key Priorities for 2016/17 are as follows:

- To improve quality assurance and service user engagement and develop service user feedback mechanisms for adults involved in the safeguarding process.
- Improve access to safeguarding awareness training for voluntary sector staff
- A continued focus on monitoring adults with learning disabilities who are admitted to assessment and treatment units.
- Participation in the NHS England LD Mortality Review project to improve quality of health care.
- Better partnership working in the collection, challenge and analysis of safeguarding data.
- Improved understanding of why certain disadvantaged groups are under-represented in safeguarding referrals and actions to increase awareness.
- Ensuring learning from SARs is embedded in partnership working.

In 2016/17 the SAB will focus more on themes such as Preventing abuse and what as partners, we can do better together, and enable residents to have more information on what they can do to protect themselves and others. The Partners will also work to have more connections with those on the frontline through workshops, and to build more integrated approaches with the Local Safeguarding Children's Board. There will be a focus on the Think Family Approach, to deliver support for carers and people with learning disability or mental health problems in the Transition from children's to adults' services.

We also recognise the key part the SAB partners have to play as leaders, promoting Community Safety and recognising the high incidence of Domestic Violence and we will review partnership work activities to improve outcomes.

We also want to improve the engagement with local communities recognising the under representation of Black Minority Ethnic groups in referrals and will work with key housing and voluntary sector partners on the board to support this work. This will also be analysed by a LA Community Insight Research Report to help understand the current position and causes for the under representation so we can all increase engagement. I particularly welcome the lead member's absolute commitment focus on this to support us.

Statutory services such as the Police, Health, Fire Service and London Ambulance Service have strengthened their commitment as key partners to prevent abuse and learn lessons when things go wrong. There have been some fundamental failures of multi-agency work and everyone is committed to developing practice and ensuring lessons are learnt for the Safeguarding Adults Reviews summarised in this report.

As the new Independent Chair, one of my first tasks was to chair a Workshop introducing the new Pan London Safeguarding Guidelines and I welcomed the new Borough Commander Sue Williams and Director of Adults Denise Radley, whose commitment to working with frontline staff was evident. I will ensure we build on this in the coming year. I am confident that the Tower Hamlets SAB is in a good position with the new business plan to deliver on our ambition for 2016/17. I look forward to working with the partner organisations to ensure that **Safeguarding is Everybody's Business**.

Christabel Shawcross
Independent Chair
Tower Hamlets Safeguarding Adults Board



Cabinet Member for Health and Adult Services Foreword

I am pleased to endorse the Safeguarding Adults Board (SAB) annual report and acknowledge the strong commitment of many local partners to keeping our residents safe from harm, abuse and neglect.

We are acutely aware in Tower Hamlets of the particular challenges we face arising from a fast-growing, densely-populated borough with significant health inequalities, deprivation, unemployment, housing issues and a high proportion of adults living with disabilities, health conditions and complex needs. Combined with welfare reforms and continuing reductions in Government funding, these factors lead to high levels of adult vulnerability, with higher scope for risk of abuse, neglect and self-neglect.

It is therefore crucial that through the SAB, local partners can coordinate to deliver preventative safeguarding work and respond robustly to concerns and incidents. I was pleased to participate in a multi-agency workshop in May where the level of dedication and ambition to do more to keep local people safe and raise awareness that safeguarding is everyone's business was evident, with a range of ideas to strengthen partnership, awareness, and service user engagement (section 2.7).

This report sets out a number of achievements across partners under the 6 core principles of empowerment, prevention, proportionality, protection, partnership and accountability. In particular I would highlight the encouraging feedback from the ADASS peer review of the council's social care practice, the range of training carried out by partner organisations for both users and staff, development of a hoarding policy responding to the new self-neglect provisions in the Care Act, and the local launch of the Pan-London policy and procedures, supported by local processes which promote a more person-centred and outcome-focused approach.

It is also positive to see that 90% of adults at risk said they were satisfied with the safeguarding process and outcome, with the proportion of service users saying "I feel as safe as I want" continuing to rise slightly each year.

Nevertheless, there is still much to do across the partnership to ensure we are preventing, identifying and responding to abuse, harm and neglect as thoroughly and promptly as we need to. This report summarises two Safeguarding Adults Reviews where neglect or self-neglect contributed to the tragic deaths of two vulnerable adults who needed support and protection, which should have been avoided. The reviews identified a number of crucial lessons for a range of partners, with action plans already implemented, and I know there is strong commitment from partners to embed this learning into practice and to push ourselves to be ever more vigilant.

There are other areas where we need to see improvement, such as ensuring robust and consistent monitoring and performance information, and interrogating why we see lower referral rates locally from care homes and from particular ethnic groups.

Finally, I would like to formally thank Brian Parrott for his years of service to the SAB and the Tower Hamlets community, and to welcome Christabel Shawcross who has already brought new perspectives and ideas to the challenges we face. I look forward to working with her and with partners across the SAB to maintain a robust focus on keeping adults safe in our community.

Cllr Amy Whitelock Gibbs

Section 1: Governance and Accountability Arrangements

1.1 Board Membership

The London Borough of Tower Hamlets Safeguarding Adults Board (SAB) presently consists of 18 member organisations. To ensure compliance with the Care Act 2014 this includes Tower Hamlets Clinical Commissioning Group (CCG), the Police and Tower Hamlets Council. As a result of local health commissioning arrangements, East London NHS Foundation Trust and Barts NHS Trust are also key members of the SAB. A full membership list is provided in Appendix 1. Notable additions to the SAB in 2015/16 were representation from the G.P. Care Group and the membership of the Directors of Nursing from the local hospitals (Barts).

1.2 Governance Arrangements

In 2015/16 the SAB was chaired by Brian Parrott, who is independent of the Council and all of the statutory and voluntary organisations in Tower Hamlets. Having held the position since 2010 Brian Parrott stood down as Chair at the end of March 2016 and Christabel Shawcross was appointed as his successor.

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 Chief Executive and meets regularly with the Director of Adult Services and other key partners, for example Tower Hamlets CCG, Bart's Health, East London Foundation Trust and the Metropolitan Police.

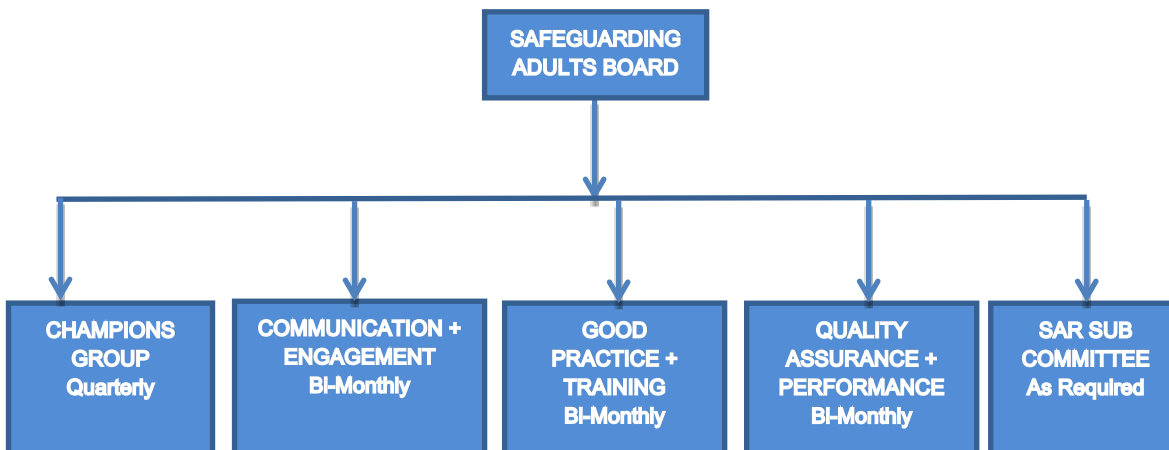
Appointment of an Interim Strategic Manager for Adult Safeguarding in the local authority has enabled a further review of membership to ensure that the Board continues to act effectively and represent all key stakeholders. This strategic manager post sits within the Policy, Programmes and Community Insight service for Adults' and Children's Services. The post is designed to ensure a strengthening of support that will ensure that the Board is able to confidently meet the enhanced requirements of the Care Act and deliver better outcomes for vulnerable residents.

In 2015/16, the SAB also implemented a new Joint Quality Assurance and Performance Framework which is designed to enable the Board to ensure that local safeguarding arrangements are effective and deliver improved safety and outcomes for the people of Tower Hamlets. The Quality Assurance Framework acts as the mechanism by which the SAB will hold local agencies to account for their safeguarding work, including prevention and risk management. It also provides collaborative leadership for safeguarding whilst ensuring proportionality and balance in the safeguarding system. It promotes personalised safeguarding and places a focus on outcomes as well as targets.

The work of the SAB, including the work contained within the Business Plan is undertaken by the sub-groups of the SAB with oversight by the SAB and the SAB Strategy Group.

Following a review of the sub-group structure in 2015, the sub-group structure is illustrated below:

Tower Hamlets SAB Sub-Group Structure



1.3 Relationships with other Strategic Boards

1.3.1 Health and Wellbeing Board

The Care Act expects SABs to establish effective relationships and protocols with a variety of key boards. Health and Wellbeing Boards (HWBB) were established by the Health and Social Care Act 2013. HWBBs are a statutory requirement for local authorities and are intended to be a Board where key leaders from health and care commissioning agencies 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 Local Safeguarding Children Board (LSCB), 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 present its annual report to the HWBB and to enable the HWBB to incorporate SAB priorities in its own strategy. The HWBB will bring its strategy to the SAB on an annual basis to further support the SAB with the development of its strategy and Business Plan. 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 as appropriate to ensure synergy of work and challenge to the partnership to ensure safeguarding is prioritised.

1.3.2 Community Safety Partnership

The Tower Hamlets Community Safety Partnership (CSP) is a multi-agency strategic group led by the council, and 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 the CSP will place an added focus on these areas which will be the priorities for 2013-16.

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.

1.3.3 Safeguarding Children Board

The Local Safeguarding Children Board (LSCB) is a statutory requirement set out in the Children's Act 2004 which gives duties to ensure that all agencies work together for the welfare of children. The main responsibilities of the LSCB are set out in section 14 of the Children Act 2004 and include the requirement to co-ordinate and quality assure the safeguarding children activities of the member agencies.

The independent chairs of both the 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 restructured to align the support for both boards within its Policy, Programmes and Community Insight service. This has further strengthened 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 as detailed in the Business Plan.

1.3.4 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". An issue that is closely linked to this aim is Winterbourne View: This 2011 BBC Panorama programme exposed abuse at an Assessment and Treatment Unit in South Gloucestershire, 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 have been introduced in Tower Hamlets in two phases, overseen by the Learning Disability Partnership Board. This

includes working with the CCG on health-funded placements and assuring the quality of care for those in residential and supported living placements both in and outside of LBTH.

The Council's Director of Adult Services, Service Head for Adult Social Care and Service Head for Commissioning and Health are all 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 Winterbourne View. The new Strategic Manager for Safeguarding post which supports the SAB, also supports the LDPB, further strengthening the ties between the two boards.

1.4 Budget

The Board and its support arrangements are funded from the Council's core revenue budget. There are financial contributions from partner agencies, together with contributions 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. Whilst the SAB budget continues to be managed solely by the local authority, key partner agencies make annual contributions to the budget together with ad-hoc payments to support special projects or events such as conferences.

1.5 National and Legal Context

Following the implementation of the Care Act 2014, the SAB is now a statutory requirement in line with arrangements for a LSCB.

In line with its statutory responsibilities, in 2015/16 the SAB produced an annual report for 2014/15 and a strategy with associated business plan, linked to the six key principles of safeguarding defined by the Care Act. Additionally the SAB has undertaken two Safeguarding Adults Reviews in accordance with statute.

Aside from these three key duties, the Department of Health Guidance Notes for the Care Act identify a range of roles and responsibilities for the SAB and these have been incorporated into the SAB's revised terms of reference.

1.6 Local Background and Context

All demographic statistics in Section 1.4 come from the Joint Strategic Needs Assessment, July 2015.

1.6.1 Adults in Tower Hamlets

The estimated resident population of Tower Hamlets is 284,000. Over recent years, the borough has seen some of the fastest population growth in the country. Tower Hamlets remains a relatively young borough, with almost half of the recent population rise concentrated in the 25-39 age range. The profile of the borough is one of increasing diversity, with 43% of the population born outside of the UK. There are sizeable Bangladeshi

(32%) and White British communities (31%) and an increasing number of smaller ethnic groups in the resident population.

Tower Hamlets is the third most densely populated borough in London, and the daytime population increases to 396,000 during the day. Over 100,000 commuters head to work in Canary Wharf each day, and major tourist attractions like the Tower of London draw in over four million visitors each year.

The population of Tower Hamlets is diverse, but there are many active communities who get on well together, with a thriving community and voluntary sector. Community facilities such as Idea Stores and leisure facilities are well-loved and well-used. The borough has seen unprecedented educational success, opening up more opportunities to the young people coming through our schools, and employment rates are rising.

Despite all this change and success, Tower Hamlets still has challenges to face. Too many residents have significant health problems. High housing costs and low incomes mean that homes are unaffordable for many. Too many residents are not in work and struggle to make ends meet, especially as reforms erode the welfare state and costs of living rise. One of the biggest challenges the borough faces is ensuring that the benefits of growth and prosperity reach all parts of our community, with a fairer distribution of wealth and income across Tower Hamlets.

Life expectancy is lower than the rest of the country but is improving. Presently it is 77.5 years for males (compared to a national figure of 79.4 years); and 82.6 years for women (compared to a national figure of 83.1 years). The gap between life expectancy in the most and least deprived areas of the borough has reduced compared to the data presented in the last annual report and now stands at 6.9 years for males and 3.3 years for females.

Tower Hamlets is the 7th most deprived borough in the country and 70% of the population live in the 20% most deprived areas in England.

21.5% of families in Tower Hamlets have a household income of less than £15k, compared to 18% in London. The unemployment rate is 10.3% compared to 7% 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. The provision of unpaid care is skewed towards the provision of higher levels of care (20+ hours per week).

1.6.2 Health

Reducing the inequalities in health and wellbeing experienced by many Tower Hamlets residents is one of the biggest challenges facing the borough. Although life expectancy has risen over the last decade it continues to be lower than the London and national averages, and significant health inequalities persist. We know that people in Tower Hamlets tend to become ill at an earlier age and this is reflected in the 'healthy life expectancy' figure which is lower than the national averages. The life expectancy gap between Tower Hamlets and England as a whole is 1.9 years for men and 0.5 years for women. 13.5% of residents have a health condition or disability which limits their daily activities, and Tower Hamlets has a

higher number of residents with a severe disability compared with London and England, despite our relatively young population. Tower Hamlets has some of the highest death rates due to cancer, cardiovascular disease and chronic lung disease in the country. Tower Hamlets also has amongst the highest infection rates of HIV, tuberculosis and sexually transmitted infections in London. Tower Hamlets has one of the highest proportions of years spent in disability, in the country, for males and females.

The relationship of the SAB and health partners, both commissioning and providing, is critical if we are to have an impact on improving the lives of adults.

GP patient registers reveal that Tower Hamlets has one of the highest rates of depression in London, at a rate of 10% (2010/11). Incidence of Serious Mental Illness (such as schizophrenia and bi-polar disorder) in Tower Hamlets, is the fourth highest in London, with the seventh highest rates of admission to hospital for mental health in London.

Tower Hamlets has slightly higher rates of severe disability in the working age population than the national average (4.1% compared to the national average of 3.6%).

1.6.3 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.

Welfare reform remains one of the biggest challenges facing Tower Hamlets, in terms of both the economic wellbeing of residents as well as the financial impact on the Council and housing providers. Led by Tower Hamlets Council, the Welfare Reform Task Group was created in 2011 to coordinate the work of local partners in responding to the changes by monitoring the impact of welfare reform on local people, supporting residents to respond positively and, where possible, helping to mitigate its effects.

The welfare reform agenda introduced under the Coalition Government was wide-ranging and affected in and out-of-work benefits as well as needs based entitlements (such as disability and housing benefit). Over 600 households in Tower Hamlets were impacted by the annual £26,000 'Benefit Cap', whilst 2,300 households lost income due to the introduction of the "bedroom tax". Locally commissioned research estimates that the cumulative impact of all welfare reforms to date has resulted in claimant households losing an average of £1,670 per year, or £32 per week in Tower Hamlets.

The government is committed to developing welfare reform further, with significant additional risk to Tower Hamlets residents and the local authority. The 'Benefit Cap' will be reduced to £23,000 per annum in autumn 2016, which is anticipated to negatively impact on over 1,000 households locally and the continued freeze of Local Housing Allowance (LHA) rates is driving growing levels of homelessness, with increasing numbers of households being placed in 'out of borough' temporary accommodation. In addition, the re-assessment of all claimants on Disability Living Allowance and Incapacity Benefit for transition to replacement benefits (Personal Independence Payments and Employment & Support Allowance) continues - resulting in significant emotional distress and anxiety for those affected.

To date, partners on the Welfare Reform Task Group have worked collaboratively to implement an ambitious 'Action Plan' to help residents affected by these changes. A series of projects have secured positive outcomes for 'at risk' residents, for example:

- 800 people have received one-to-one advice and support;
- £2.7 million provided via Discretionary Housing Payments (DHP) to help people maintain tenancies;
- An Integrated Employment Service has been developed to support those furthest from the labour market into work;
- A number of Digital Inclusion projects have been commissioned to support residents get on-line and develop their digital skill-set.

Going forward, the Welfare Reform Task Group will be reviewing its approach to take account of the emerging needs of the affected claimant population (more complex and harder to reach) and significant changes in the operating environment, with shrinking public resources likely to limit the breadth and effectiveness of mitigation interventions that can be undertaken by the statutory sector.

Over 5,500 people aged 65 and over live alone in Tower Hamlets (around 37%) and significant numbers of adults continue to report social isolation and loneliness. 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. At the same time there is concern about the high numbers of fast food outlets and the expansion of betting shops, pawnbrokers and payday loan shops.

Crime and antisocial behaviour remain major concerns for residents with 46% perceiving high levels of antisocial behaviour compared to 27% in London.

1.6.4 The Impact on Adult Safeguarding in Tower Hamlets

The range of information about the residents of Tower Hamlets indicates that there are high levels of adult vulnerability, and higher scope for risk of abuse, neglect and self-neglect. High levels of deprivation also mean that there is likely to be a higher reliance on public and voluntary sector services for support. This is a challenge at a time when statutory and non-statutory services experience continued pressure to achieve financial efficiencies and challenging performance targets.

The SAB must therefore ensure that all member organisations are co-ordinated in providing a robust response to safeguarding concerns, as well as effective preventative work, in accordance with the Care Act 2014.

In 2015/16 the SAB produced a strategy and associated business plan for the next four years, that not only has regard for the indicators summarised in this annual report but which also addresses the six key principles of safeguarding defined in the Care Act 2014. The strategy was benchmarked against those of five other authorities and whilst regarded as challenging by SAB members is also robust in supporting the SAB to deliver its objectives. Part of the purpose of this annual report will be to record the progress in completing the priorities for action associated with each of the six key principles of safeguarding.

Section 2: Progress on SAB Business Plan

The SAB Business Plan is structured around the Six Key Principles of safeguarding as defined by the Care Act 2014. The following section therefore highlights the work and achievements of the SAB and its member organisations over the past year in relation to the six key principles.

2.1 Priority 1 – Empowerment

2.1.1 The Association of Directors of Adult Social Services (ADASS) Peer Review was conducted in November 2015. The review was preceded by a casefile audit of local authority social care service user records in Framework-i. The audit and the subsequent review concluded that in terms of empowerment, there was clear evidence of good practice in relation to the 'Making Safeguarding Personal' agenda in some social work practice casework. It was also concluded that this practice could be recorded more easily by redesigning the safeguarding recording forms on Framework-i. The review team also concluded that staff who were interviewed showed a good understanding of person-centred and outcome-focused practice. A more detailed overview of the Peer Review is included in section 3.2. Local procedures and safeguarding recording forms have been developed to promote the recording of good practice in relation to making safeguarding personal. Social Work practice is expected to develop further through the use of the Practice Framework, which promotes a strengths-based and assets-based approach to working with vulnerable adults.

2.1.2 The local authority has created a Safeguarding Awareness and Communication Plan and toolkit and this will lead to a forthcoming public awareness raising poster campaign in November 2016 which will be repeated during Safeguarding Month in November.

2.1.3 The development of an overarching Quality Monitoring Framework will help Adult Services' Commissioners to make better use of the wealth of information and intelligence with providers so that we can work with them on improvements more proactively. The easy to use tools within the framework are specifically designed to empower individuals in their relationships with service providers.

2.1.4 The Metropolitan Police prevent and reduce the risk of significant harm to vulnerable adults from abuse or other types of exploitation while supporting individuals to maintain control over their lives. Each call to the service will allow a trained officer to interact with the individual where they will be supported and encouraged to make their own decisions, this will be fully documented within a safeguarding report (MERLIN) and consent from the individual requested to share the information. Two dedicated officers look at the Adult Safeguarding Merlins and pass them on to Adult Social Care and other relevant agencies. These two officers also feedback any qualitative issues to the creating officers. In Tower Hamlets supervisors are routinely expected to conduct dip samples, and identify if they believe an Adult Safeguarding Merlin should have been created and request the officer to do this, if it has not already been done. In the case of a crime, the Merlin reference needs to be added to the Crime Reporting System report. If there isn't one, this is followed up with the relevant officer and one is created. All reports entered onto Metropolitan Police Service systems, whether relating to missing persons, crime, anti-social behaviour or intelligence are

supervised, ensuring issues are picked up. From 01/01/16 to 23/06/16 a total of 1727 Adult Safeguarding Merlins were completed.

2.1.5 Safeguarding Adults at Risk Offenders in the Community with Care and Support Needs NPS Practice guidance (Jan 2016): Encourages staff to “Think Safeguarding Adults” at all stages of involvement with an offender from the PSR stage at Court through to community supervision, APs, Prisons. Links between Safeguarding Adults and domestic abuse, extremism, hate crime.

2.1.6 Safeguarding Month in November 2015 included presentations to service user groups in Sheltered Housing Accommodation to provide information about adult abuse and neglect and how to raise alerts.

2.1.7 The Fire Service has increased its provision of fire retardant bedding which helps to support many vulnerable people who can continue to live in their own homes, thereby promoting independence.

2.1.8 In November 2015 Barts NHS Trust implemented a new “Capacity to Consent to Admission and Treatment” form, for all admitted adult patients. The form is used across all Barts’ sites. Performance in relation to compliance with Deprivation of Liberty Safeguards has been the subject of an audit which reviewed 120 in-patient cases with diagnoses indicative of a possible mental disorder. Of these, it was found that 87 met the formal criteria for DoLS, and that DoLS applications had been made for 84 (97%) of cases. This compares with a compliance rate of just 73% which was found in the course of an earlier baseline audit.

2.1.9 In East London NHS Foundation Trust (ELFT) the Associate Director role includes giving advice to staff on individual cases where there is a degree of risk to service users. This can be wide ranging concerns from domestic violence, financial abuse, or Prevent (responding to service users who may be at risk of being radicalised into terrorism) or appropriate signposting to either legal, support services or other appropriate channels.

2.1.10 London Ambulance Service (LAS) has encouraged staff to have complex, challenging or difficult conversations with patients prior to making referrals, so that they are aware and included in that decision-making. This has been done to make the process more person-centred and to promote the objectives of “Making Safeguarding Personal”. This has resulted in an increase not only in the number of referrals made, but also an increase in the number of referrals made with the knowledge and consent of patients.

2.1.11 Toynbee Hall is a voluntary organisation that works to tackle poverty, and has conducted a series of eight workshops for service users in day services, sheltered housing and mental health project centres. 45 service users have participated in total. The sessions have promoted discussions and learning, so that participants become empowered to make decisions, and seek support where necessary. This work has been expanded to include people with learning disabilities. A key concern for many people with learning disabilities has been problems around finance and a better understanding around recognising financial abuse has enabled participants to recognise that it is abuse and should not be tolerated.

Similarly, Providence Row Housing Association delivered safeguarding briefing sessions to service users, including those being trained in volunteering roles within the organisation.

2.2 Priority 2 – Prevention

2.2.1 Adult Services in the Council have worked on strengthening the content of contracts for care services to improve clarity around the Council's expectations of providers with regard to safeguarding. In addition, the Council has been committed to running provider forums on quality and safety throughout the year in order to promote better partnership working, and to ensure timely information sharing in relation to changes affecting adult safeguarding.

2.2.2 Toynbee Hall have been running safeguarding awareness training to service users through the Dignify project. This has resulted in greater understanding amongst those who have attended and has generated examples of peer-to-peer information sharing and advice between service users. In one instance an attendee of a workshop was observed explaining financial abuse to another service user with a learning disability.

2.2.3 Tower Hamlets Clinical Commissioning Group (CCG) has provided training on safeguarding adults, Mental Capacity Act (MCA) and Prevent to over 70 GP's and other primary care professionals.

2.2.4 In relation to the Mental Capacity Act and DoLS, Barts has undertaken to develop awareness and understanding by training and educating the workforce. Barts therefore set training targets as part of their Commissioning for Quality and Innovation Scheme (CQUIN). These targets were exceeded. The Trust has delivered face to face training on MCA-DoLS to 2,800 staff since the Cheshire West ruling in 2014, with 2,100 of these receiving either initial or update training during the CQUIN period. Furthermore, to raise the profile of DoLS and increase understanding amongst staff a special awareness raising week which took place from 23rd November to 1st December 2015. It included implementation of a Trust wide screensaver promoting the 5 key principles of the MCA; distribution of mouse mats featuring the key principles of the MCA; canteen-based stalls held over lunchtime in each of the hospital sites, distributing information about DoLS and MCA in various formats, including posters, leaflets and information sheets. A high level open lecture on legal issues relating to DoLS was delivered by a partner from the Trust's external solicitors and a DoLS/MCA focused prize crossword in which all the answers could be found by reading a summary article on DoLS was designed. There were also additional open teaching sessions on MCA, implementation of an on-line DoLS/MCA competency assessment to complement training and study material relating to the week, including an interview with the Safeguarding Team MCA/DoLS lead, were published on the intranet.

2.2.5 The metropolitan Police Service uses a multi-agency partnership process through MASH to implement strategies to prevent harm and abuse from occurring or reoccurring, working with other agencies to identify those at risk at the earliest opportunity. Where necessary, referrals are made to the relevant forum (e.g. SAB, MARAC, ASB).

2.2.6 NPS London has produced a guide for probation staff working with suicide and Intentional Self-Injury. It gives frontline guidance for frontline probation staff on effective ways of working with individuals who are suicidal or intentionally injuring themselves. There

is a network of Safeguarding Adult Single Point of Contacts/leads within each cluster across the division. There are quarterly meetings for this group to discuss best practice and developments.

2.2.7 The London Fire Service has increased the number of Home Fire Safety Visits to 3449 in 2015/16 compared to 3351 in the year before. The Serious Outstanding Risk flowchart has also been embedded in practice to identify those most at risk.

2.2.8 ELFT's induction training for all staff covers Level 1 & 2 of the new NHS Intercollegiate document and therefore gives the widest possible access for early identification of any safeguarding concerns either internal or external to services.

2.2.9 Providence Row Housing Association has continued with the progressive implementation of multi-agency risk assessments in its services, to help identify risks that may be associated with abuse or neglect, to ensure proactive approach to prevention.

2.2.10 London Ambulance Service (LAS) has identified and taken action to address the difficulty that staff have whilst dealing with potential safeguarding concerns. These difficulties predominantly related to differentiating between safeguarding and general welfare concerns. LAS and now have a support system in place both for support in decision-making with regards to safeguarding, from senior clinicians within the organisation who are able to advise on difficult situations and the best course of action; as well as a dedicated group of staff who take details for safeguarding referrals over the phone. This means that staff can make 24/7 referrals from the scene of the incident if required and there is no need for them to travel to find a fax machine to send these through, as they are sent from a central location. This has again seen an improvement in the quality and number of referrals made. It has also increased the number of experienced staff able to answer questions if required. LAS has also provided each staff member with a specially designed pen, with a pull out section regarding the Care Act principles, to promote understanding and to improve practice.

2.3 Priority 3 – Proportionality

2.3.1 The local authority has been successful in recruiting, training and retaining Best Interest Assessors. A further 10 practitioners commenced training in November 2015 and the staffing in this area has ensured that the council's Adult Services Directorate can provide an effective and proportionate response to the growing demand for Best Interest Assessments.

2.3.2 The Council's Adult Service's commissioners have undertaken a review of all reported incidents to ensure a consistent and proportionate response across all supported housing provision. Commissioners also take a risk-based approach to monitoring using tracking reports, information from CQC and other sources.

2.3.2 To inform good practice in relation to hoarding, a review of hoarding policies by other boroughs has been conducted and a Hoarding Policy has been written, involving a practitioner toolkit with extensive guidance. The policy has been presented to the Good Practice sub-group and will be presented to the SAB for sign-off in 2016/17. This was done

to ensure robust arrangements for addressing hoarding which is defined as a type of self-neglect under the terms of the Care Act 2014.

2.3.4 The CCG has commissioned a project within East London NHS Foundation Trust to improve Mental Capacity Act practice, which has seen a significant improvement in MCA practice. During 2014/15, the CCG worked with East London NHS Foundation Trust to 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 has been rolled out across the whole organisation, including community and integrated care structures in Tower Hamlets, and included further research into current practice and the development of internal systems and processes.

2.3.5 The CCG have also used a high value CQUIN with Bart's Health to create an incentive for the Trust to further develop its Mental Capacity Act practice. This focuses on training and leadership development, as well as developing a better understanding of current practice through audits.

2.3.6 Providence Row Housing Association has developed practice amongst staff to working with challenging service users in the area of self-neglect, balancing support with the need for enforcement in their duty as landlords.

2.3.7 Training in ELFT ensures that staff are aware that not all risks require the implementation of the safeguarding procedures, in particular where a service user has mental capacity to understand and decide for themselves about any risks to their health and safety and in line with the personalisation agenda.

2.3.8 Toynbee Hall tailor the workshops described in section 2.1 according to the needs of different service user groups to help promote participation and engagement. This improves self-esteem and confidence so people are not needlessly scared about abuse. Care is also taken to discuss safety proportionally alongside risk, to support positive risk taking in developing service user independence.

2.3.9 There is a nominated lead for Safeguarding Adults in the National Probation Service in London, with a strong commitment to engaging in issues of abuse and neglect. This includes having senior managers as portfolio leads across a range of public protection areas – safeguarding children, adults, domestic abuse, Serious Group Offending (Gangs) and Central Extremism Unit. Senior managers are involved in a number of multi-agency forums regarding public protection.

2.4 Priority 4 – Protection

2.4.1 The Adult Service's commissioning management team are all DoLS signatories which means they are all authorised to sign-off deprivation of liberty authorisations. The management team review all assessments to ensure that service users are appropriately placed and protected in line with legislation.

2.4.2 To improve access to safeguarding services for all service users, a piece of community insight research was conducted at the end of 2015/16 to examine referral rates for

safeguarding amongst different ethnic groups. The research report and its findings will be presented to the SAB in 2016/17 together with recommendations for action by the SAB. However, in summary it was found that people from non-white ethnic groups are under-represented in safeguarding referrals, whilst conversely, the white British population is over-represented.

The table below compares the figures for the Asian/Asian British Population with the figures for London as a whole.

	LBTH Asian/Asian British Population	London Asian/Asian British Population
% of Total Population	41%	18%
% of all service users	30%	12%
% of Safeguarding Alerts	23%	9%

This shows that the level of under representation of Asian/Asian British people amongst service user users and safeguarding referrals is very comparable to the proportions of under representation for London as a whole. However, the under representation of such a large percentage of the total population of LBTH is of significant concern as the total number of people potentially affected is far higher.

2.4.3 During 2015/16 the CCG implemented Care and Treatment Reviews (CTR's) for people with learning disabilities and/or autism, with mental health conditions or behaviour that challenges. CTRs have been developed as part of NHS England's commitment to improving the care of people with learning disabilities and/or autism and with the aim of reducing admissions and unnecessarily lengthy stays in hospitals. CTRs bring together those responsible for commissioning services for individuals who are at risk of admission or who are inpatients in specialist mental health or learning disability hospitals, with independent clinical opinion and the lived experience of people with learning disabilities and/or autism and their families.

2.4.4 The CCG has also co-produced the Community Learning Disabilities Health Services Redesign. Incorporating safeguarding compliance into the coproduced patient outcomes framework the redesign requires the delivery of key outcomes related to supporting healthy and safe lifestyles, risk management and preventing harm.

2.4.5 Within Barts NHS Trust the CQUIN has demonstrated that the trust has been able to provide assurance that there is sufficient safeguarding/MCA DoLS leadership (including establishment of MCA-DoLS champions) to support MCA and DoLS. Together with the training and awareness raising described in section 2.2 above performance has improved with an increase of over 30% in the number of capacity assessments being conducted, and DoLS applications being made for 97% of eligible patients (CQUIN target of 95%).

2.4.6 This year ELFT has introduced the Routine Enquiry Domestic Violence training course for frontline staff who are given the opportunity to practice their skills in asking questions about a service user's experience of abuse or violence. This is for both victims and perpetrators to share information and be able to signpost appropriately.

2.4.7 London Ambulance Service has worked with staff to remind them that as they often attend people's homes on an unscheduled basis, they may be the only professionals with evidence and information which may prove to be vital safeguarding cases. In addition, LAS has made the referral process easier for mobile crew staff, which is predicted to result in an increase in referral rates in 2016/17.

2.4.8 Providence Row Housing Association has been introducing the use of money management agreements in a service which supports adults with varying mental capacity as a result of high level drug and alcohol dependency. These agreements help to provide consistency in approach in working with vulnerable adults and enables service users to adhere to the decisions that they make when they have capacity.

2.4.9 Safeguarding Adults is included in the NPS London Business Plan for 2016-17. There is a network of Senior Probation Officer and practitioner safeguarding adult single points of contact (SPOCs) within each cluster/business area. There are a number of policy documents and processes, and some in development which reflect the organisations commitment to safeguarding adults. These include: a NPS National Partnerships Framework for Safeguarding Adults Board, June 2015. *Safeguarding Adults – A quick guide* has been issued to all staff which reminds them of their responsibilities regarding safeguarding adults.

2.5 Priority 5 – Partnership

2.5.1 Following the publication of The London Multi-Agency Adult Safeguarding policy and procedures in February 2016, local procedures have been written for the Council's social care staff reflecting the changes associated with the London procedures. These will be implemented in 2016/17 together with the implementation of the revised safeguarding recording forms on Framework-i.

2.5.2 The Ensuring Quality framework within Adult Services' Commissioning and Personal Assistant e-learning project are both partnership developments that involve five other east London boroughs. Both projects offer opportunities to work in partnership with NHS Tower Hamlets CCG as the Council continues to work to develop an Integrated Personal Commissioning offer for individuals with more complex needs. The Council is, for example, discussing how the scope of the Personal Assistant e-learning package can be extended to provide training in the safe delivery of various health interventions. The Council is working with partners, members, CQC on further improving sharing information.

2.5.3 The Council is carrying out a joint commissioning review to deliver good quality, safe services across health and social care for the population of the borough.

2.5.4 The decision to renew the contract for the Kwango e-learning programme will enable staff from all partner agencies to access safeguarding awareness and alerter training. This will facilitate the training of large numbers of frontline staff who have historically had difficulties in accessing classroom training. The new version of Kwango will be available in 2016/17.

2.5.5 The terms of reference for the SAB have been revised and an exercise was undertaken resulting in the re-design of the sub-group structure of the SAB. The new sub-group structure has been designed to ensure that every item on the business plan is allocated to at least one sub-group to deliver on the priorities of the SAB.

2.5.6 As part of a Multi-Agency Support network the Metropolitan Police Service works in partnership with the individual, family, carers and other partner agencies to ensure best consented outcome for the individual. All action is documented through both Merlin and crime reports where there is a responsibility to adhere to the victim code of practice around regular contact

2.5.7 The Safeguarding Adults Lead for the CCG is a partner member of both the Community Safety Partnership and the SAB. Of note, is the fact that the Mental Health Commissioning Post, which incorporates the safeguarding responsibility, is a Joint Commissioning Post with the Local Authority.

2.5.8 Effective interagency working is also demonstrated by the CCG through the inclusion of the Adults Lead in the review panel for 2 Safeguarding Adults Reviews currently underway which have been commissioned by the local authority under the instruction of the SAB; and with the Mental Health Commissioning Post retaining a lead responsibility for the authorisation of Deprivation of Liberty Assessments for the Local Authority.

2.5.9 Following a serious incident in a Providence Row Hostel a service level agreement has been set up between Providence Row and the CMHT to promote partnership working in high risk cases. This is applied to all cases where hostel residents are subject to the Care Programme Approach (CPA). Although the agreement was initiated between Providence Row and the CMHT, this good practice has now been extended to all hostel providers. In particular the agreement promotes good information sharing and participation and engagement in CPA meetings.

2.5.10 In 2015/16 Toynbee Hall conducted its service user workshops in a range of locations including sites operated by other service providers. There are plans to expand the delivery of workshops on a wider range of sites in 2016/17.

2.5.11 ELFT has supported the sub-group structure of the SAB by chairing the Good Practice and Training sub-group throughout 2015/16.

2.5.12 When Probation officers consider that offenders may fall under the remit of the Care Act, they will refer them to the Safeguarding and Mental Capacity Team in Tower Hamlets. A recent MAPPA level 3 case being managed by NPS between two boroughs (including Tower Hamlets) required the involvement of the Safeguarding and Mental Capacity Lead for Tower Hamlets. As a result of NPS's request for the attendance of this professional a referral

to a neighbouring borough's CMHT has been facilitated via the offender's GP for an assessment for Aspergers/Autism to ease access to support services and assessment resettlement plans. Like MARAC, some of the actual or potential perpetrators of abuse and neglect may be subject to Multi- Agency Public Protection Arrangements (MAPPA). These are arrangements to manage the risk posed by serious sexual or violent offenders, including those who may also be the subject of a MARAC or an abuser within safeguarding processes. Practitioners and managers involved in safeguarding adults cases in NPS are expected to be familiar with the existing MAPPA strategy as found on our intranet NPS sites.

2.6 Priority 6 – Accountability

2.6.1 The SAB clearly recognises the need to be visible, and engage with frontline teams. On that basis, a clear reporting pathway has been created between the SAB and frontline social care teams in the form of quarterly visits to frontline teams by the strategic safeguarding manager to provide updates and question and answer sessions. The full SAB strategy and business plan have been presented to teams, and teams have been briefed that the direct point of contact for matters relating to the SAB and safeguarding strategy is the strategic safeguarding manager.

2.6.2 A new Quality Assurance framework for the SAB was drafted in September 2015 and agreed by the SAB in December 2015. The framework is designed to enable the SAB to ensure that local safeguarding arrangements are effective and deliver improved safety and outcomes for the people of Tower Hamlets. The framework will be used to hold local agencies to account for their safeguarding work including prevention and risk management.

2.6.3 A review of standard agenda items for the SAB was conducted in December 2015, and this will be reviewed again in 2016/17 following the appointment of the new SAB Independent Chair.

2.6.4 A full review of the membership of the SAB was conducted by the SAB Independent Chair and strategic safeguarding manager in October 2015. The aim of the review was to ensure that members were of sufficient seniority within their organisation to make decisions relating to the SAB and achieve a better balance of representation between the member organisations, reducing over representation by the local authority. The revised membership is reflected in the Terms of Reference.

2.6.5 As detailed below (section 3.1), 12 member organisations of the SAB participated in the annual self-audit and peer review challenge.

2.6.6 The SAB Strategy for 2015-2019 was drafted and subsequently agreed by the SAB. The strategy has an associated business plan and all items from the business plan have been allocated to at least one sub-group to ensure delivery of the plan. The business plan is updated once a month as a minimum to ensure progress is recorded.

2.6.7 Governance arrangements for the SAB have been recorded in the strategy, the annual plan for 2014/15 and in this annual report in Section 1.2. The annual report for 2014/15 was written in accordance with the requirements of the Care Act and the business plan.

2.6.8 The Safeguarding Adults Associate Director for ELFT delivered a presentation to the Trust Board this year to update them on the changes responsibilities following the implementation of Care Act. There continue to be bi-monthly Trust Safeguarding Adults Committee meetings to be aware of safeguarding incidents and to make appropriate decisions.

2.6.9 The CCG holds health care providers to account through regular reviews of safeguarding adults arrangements, activity and governance. This is done through the CCG's regular contractual quality assurance meetings, and the CCG has key performance indicators to monitor Mental Capacity Act/DoLS activity as part of the contracts for 2015/16.

2.6.10 Over the course of this year, we have worked with providers to implement the recommendations of Clinical Treatment Reviews; in 2015/16 there were no people with a learning disability funded by the CCG placed in an assessment and treatment centre, or long stay hospital placement.

2.6.11 The Metropolitan Police Service ensures that records are kept of interaction between the vulnerable and the agencies tasked to protect and safeguard them, creating accountability for actions and ownership. MERLIN reports of each incident are created, researched and shared when appropriate allowing for full transparency of police involvement and decision making.

2.6.12 Providence Row Housing Association has amended its safeguarding procedures to include a duty of candour in relation to the reporting of safeguarding concerns.

2.6.13 Providing meaningful statistics in respect of Safeguarding Adults is being reviewed as part of the NDelius Offender contacts database the NPS uses. Some contacts are being tested, such as contact details, registrations and flags. NPS will be holding thematic case audits focusing on Safeguarding Adult cases, and will specifically review referrals during the latter half of 2016, once we have meaningful data. The NPS's organisational culture supports reflective practice, case auditing, and in ensuring lessons are learnt and best practice shared internally and externally. The findings from Serious Further Offences, MAPPA Serious Case Reviews are shared internally and where appropriate with external partners.

2.7 Priorities for 2016/17

On 11th May 2016, the SAB convened a workshop to support the launch of the Pan-London Procedures. As part of the workshop, participants were asked to give views on priorities for 2016/17. In addition, member organisations were invited to give views on priorities when submitting their returns for this report. These are detailed below and categorised according to how they relate to each of the six principles of safeguarding, and will be built into the business plan:

2.7.1 Empowerment

- To develop and improve service user engagement and service user feedback mechanisms.

- The 'I' statements in the Real plan should be the focus, coming from this point of view will encourage and ensure appropriate engagement with people, and interaction within meetings, more focus on gathering people's views at all levels
- Raising public awareness by the provision of accessible information and advice to help adults, families and carers prevent abuse or neglect from happening.

2.7.2 Prevention

- Care providers should equip their staff with a checklist of what to look for and a flowchart of what action to follow if they consider one of their clients is in need of a Home Fire Safety Visit or additional measures to ensure that person is safe from the dangers of fire within their own home.
- Keep a stock of fire retardant bedding within the offices of social services to ensure the most vulnerable people in our community have access to this product immediately a need is identified. This stock can then be replenished by the LFB once all protocols and a business plan for after care have been established.
- THCVS think there is a clear requirement for better training for voluntary and community groups on safeguarding. At the moment access to training is difficult, particularly for smaller groups and groups not receiving council funding.
- The provision of PREVENT training is a key priority and further guidance in devising policies and procedures for each partner on the SAB.
- A review of safeguarding training programmes in all member organisations, and sharing the learning between agencies and multi-agency training

2.7.3 Proportionality

- A continued focus on adults with learning disabilities admitted to assessment and treatment units, expanding this to those at risk of admission which is more of an issue for Tower Hamlets.
- In the light of the Care Act and subsequent revision of the Pan London Procedures, it is important that all partner organisations have a clear and shared ownership regarding the definition of safeguarding and who meets the criteria.

2.7.4 Protection

- Provide all carers with a laminated visual guide to what constitutes hoarding

2.7.5 Partnership

- Sharing learning between agencies and multi-agency training
- Embedding close working relationships across the partner agencies following any recent new members.

- The Board meetings cover a vast amount of business, and in light of the Audit findings, there might not be enough understanding of what everyone actually does in their day job, and if there could be time to explore this, it can lead to more partnerships being developed. E.g. hearing more from the Fire Service about their findings, and how best to link with them to support them and the individuals they find who they identify at risk.
- Developing a partnership approach to the collection and analysis of quality & performance data. Develop systems that allow the identification of patterns and trends including low level concerns, and promote learning from Safeguarding Adults Reviews.
- Developing the local partnership approach to the PREVENT programme through improved integrated and joint working.

2.7.6 Accountability

- Require care providers to instruct all their staff in the protocols surrounding what constitutes a Fire Risk (cigarette burns in carpets, overflowing ashtrays, unattended cooking etc.).
- To develop a multi-agency performance dashboard in collaboration with other local authorities.
- Carry out quality control checks to ensure their staff have a copy of the guide and a copy of the flow chart for HFSV referral.
- Understand better the referral patterns into the safeguarding process, including areas of potential under representation, and ensure that any issues emerging from this understanding are addressed robustly by all SAB partners.

Section 3: Scrutinising the Effectiveness of Safeguarding Adults

3.1 Self-Audits

The annual self-audit challenge was completed using the Safeguarding Adults at Risk Audit Tool. The tool was developed by the London Chairs of Safeguarding Adults Boards (SABs) network and NHS England London. It reflects statutory guidance and best practice. The aim of the audit tool is to provide all organisations in the borough with a consistent framework to assess, monitor and/or improve their safeguarding adults arrangements. In turn this supports the SAB in ensuring effective safeguarding practice across the borough.

The purpose of the tool is to provide the SAB with an overview of the safeguarding adult arrangements that are in place across the locality identifying:

- Strengths, in order for good practice to be shared

- Common areas for improvement where organisations can work together with support from the SAB
- Single agency issues that need to be addressed
- Partnership issues that may need to be addressed by the SAB.

The audit tool is a two-part process:

1. Completion of a self-assessment audit
2. A safeguarding adult board challenge and support event.

The challenge and support event took place on 7th and 8th March 2016 and saw a panel convened and chaired by the Independent Chair to discuss the content of the audit tools with SAB members from the respective organisations.

Representatives from 12 organisations attended in person for about an hour each or by telephone or submitted written reports:

- LBTH Adult Social Care
- Providence Row Housing
- Tower Hamlets CVS
- Toynbee Hall
- Barts Health NHS Trust – Acute Care and Community Health
- East London NHS Foundation Trust (Mental Health)
- London Fire Service (Tower Hamlets)
- Age UK
- Met Police
- LBTH Community Safety
- National Probation Service (Tower Hamlets)
- London Ambulance Service

Following the challenge and support event an overview report was produced identifying a range of themes. The report highlighted the fact that the majority of the written submissions were of a very high standard, although a few were somewhat lacking in detail. It was also observed that there was inconsistency in the level of seniority in terms of attendance at the challenge panel and also in the process of signing off the written submissions. The report also highlighted the need for the SAB and its members to develop their understanding of the service user/patient experience in the course of adult safeguarding work.

3.2 ADASS Sector-Led Peer Review

3.2.1 In November 2015, ADASS conducted a Sector-Led Peer Review of adult safeguarding arrangements in Tower Hamlets. The review was conducted over two days by a team of senior managers from adult social care departments in other local authorities. ADASS is a charity and the association aims to further the interests of people in need of

social care by promoting high standards of social care services and influencing the development of social care legislation and policy. The membership is drawn from serving directors of adult social care employed by local authorities. The review was undertaken as a result of a decision taken by ADASS that all London boroughs would commit to taking part in a review of an aspect of adult social care services by March 2016. The aim of the review is to be an opportunity for external challenge and critique by peers experiencing similar challenges, and reviews are considered an opportunity for sharing and mutual support. Adult safeguarding was selected as the theme of the review as Tower Hamlets Council wished to evaluate the success of the implementation of its new duties under the Care Act 2014.

3.2.2 The review was preceded by a self-assessment relating to the quality of practice based on an audit of 30 service user records. The audit concluded that overall adults in Tower Hamlets are safeguarded when referred to operational teams. With regard to the Making Safeguarding Personal agenda, the quality of recording varied considerably with some cases demonstrating excellent recording and a small number with poor recording. The audit recommended a review of the forms used to record actions to facilitate the recording of person-centred and outcome-focussed practice.

3.2.3 Similarly the peer review findings were generally positive and evidence of good practice was reported, especially in relation to the use of the Signs of Safety tool to support practice. It was concluded that staff understand person-centred and outcome-focussed practice, are committed to it and could describe how they apply it to their practice. Furthermore, the team were impressed by how well the Care Act had been implemented. Performance in relation to Deprivation of Liberty Safeguarding was praised, together with the strength of leadership and support from the Cabinet Member for Adult Social Care. Feedback from the review team was delivered via a presentation to Tower Hamlets Adult Social Care Managers and the Cabinet Member, and the recommendations have subsequently been linked to six key themes to support service development. These themes are:

1. Role and Function of the DoLS Team/Staff Resourcing
2. Performance and Quality Assurance
3. Advocacy
4. Training and Practice Development
5. Policy and Procedures
6. Communication and Engagement

3.2.4 An action plan has been drawn up to address the recommendations made by the team, and required action will be managed by the Principle Service Managers Team Meeting, led by the Service Head for Adults' Social Care. Progress will also be monitored by the Adults' Services Directorate Management Team Meeting with oversight from the SAB. The action plan will be appended to the SAB Business Plan. Practice is further expected to be improved through the Practice Framework for social care staff which promotes strengths-based and assets-based practice.

3.3 Deprivation of Liberty Safeguards (DoLS)

Deprivation of Liberty Safeguards (DoLS) came into effect on 1st April 2009. They are designed to protect the human rights of adults without Mental Capacity by providing for the lawful deprivation of liberty of those people who lack the capacity to consent to arrangements made for their care or treatment in either hospitals or care homes, but who need to be deprived of liberty in their own best interests, to protect them from harm.

The local authority has lead responsibility for administering and managing this service, and for ensuring that any deprivation is properly authorised and reviewed. Six assessments must be completed before a local authority can assure itself that the necessary requirements are met and an authorisation of the deprivation of liberty can be granted. The Local Authority has a statutory duty to ensure that where a person has no family or friends to represent them, an Independent Mental Capacity Advocate (IMCA) and Paid Representative are commissioned to support the person during the assessment process and for the length of the authorisation itself.

The Safeguarding Board has a responsibility to oversee how these duties are carried out and receive regular reports on the use of restrictions or restraints granted by the authorisation of a DoLS order by the supervisory body (the Local Authority).

3.3.1 The Supreme Court (Cheshire West) Judgement

On 19th March 2014, the Supreme Court handed down a judgment in the case of “P v Cheshire West and Chester Council and another” and “P and Q v Surrey County Council”.

The judgment clarified what is known as the test and definition for Deprivation of Liberty for adults who lack capacity to make decisions about whether to be accommodated in care. Using the acid test for a deprivation, a person is now deemed to be deprived of their liberty if they are; under continuous supervision and control, are not free to leave, and if they lack the capacity to consent to these arrangements.

The ruling also determined that people in other settings such as Supported Living environments or living in their own homes, could, in certain circumstances be deprived of their liberty. Deprivations of liberty in these settings must be authorised by the Court of Protection as opposed to using the DoLS process.

As a result of these changes a much greater number of people are now subject to a deprivation of liberty and now come under the protection of DoLS.

3.3.2 The Effect of the Cheshire West Judgement.

It is positive that a greater number of people now fall under the protection of the safeguards. However, the ruling has had a significant impact on Local Authorities and Managing Authorities (Hospitals and Care Homes) and on IMCA services across the country. Tower Hamlets saw a twenty-fold increase in the number of referrals received in 2014/15 in comparison to the previous year; receiving 585 applications as compared to 28 in 2013/14, this was significantly better than the ten-fold increase seen in most Local Authorities.

In 2015/16 overall, there have been 885 referrals, although this does include a number of short orders while awaiting for a small number of families or IMCAs to consult with. This shows a further five-fold increase in referrals over the year.

3.3.3 Number of standard and urgent applications

Total Number of DoLS referrals	Total numbers of DoLS authorised	Total numbers of DoLS not authorised	Total numbers of DoLS withdrawn	Total numbers of DoLS not authorised or withdrawn
885	613	83	189	272

In 2015/16 the Borough received a total of 885 requests for DoLS Authorisations or reviews. Of these, 613 were authorised with 83 not being authorised. Those not authorised were mainly due to the person being assessed as failing to meet the eligibility criteria i.e they had Mental Capacity to agree to being in the care home or hospital. Those withdrawn are due mainly to people being discharged from hospital, dying and in respect of the Royal London, transfer to Mile End Hospital which for the purpose of DoLS is seen as a discharge.

3.3.4 Number of DoLS referrals received: overall, from care homes, from hospital

Total Number of DoLS	Number of DoLS Referrals from care homes	Number of DoLS Referrals from hospital
885	411	474

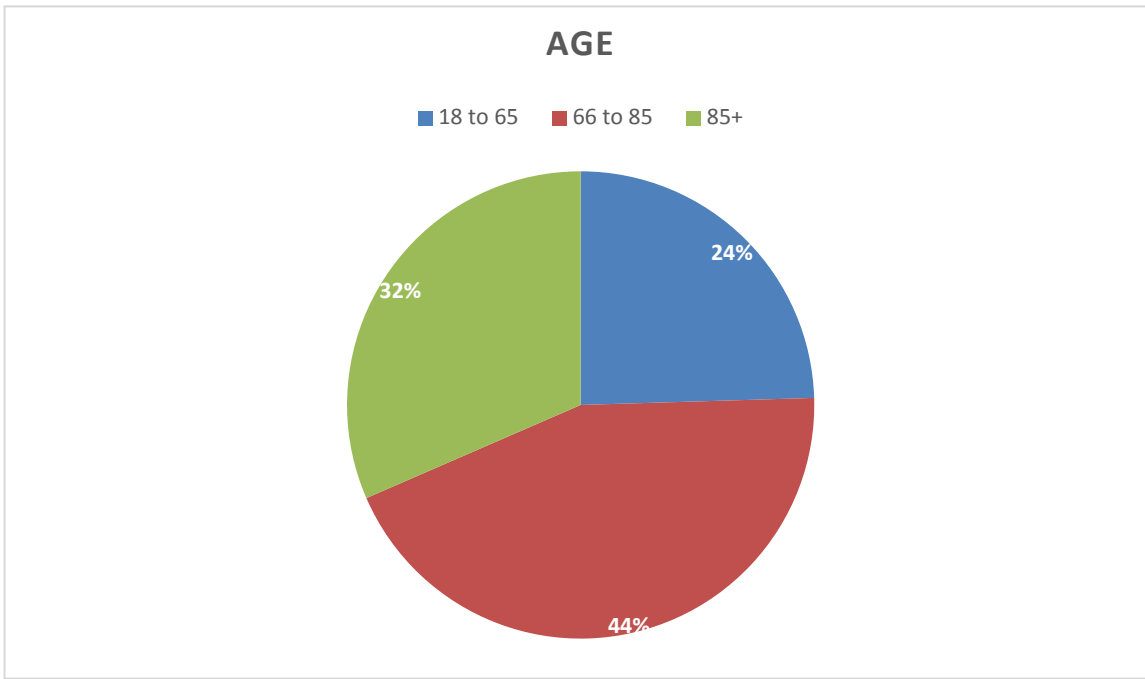
Of the 885 requests for authorisation or review 411 came from care homes and 474 from Hospital

3.3.5 Number of applications authorised and not authorised

Number of DoLS referrals from care homes authorised	Number of DoLS Referrals from care homes not authorised	Number of DoLS Referrals from hospital authorised	Number of DoLS Referrals from hospital not authorised or withdrawn
363	48	250	224

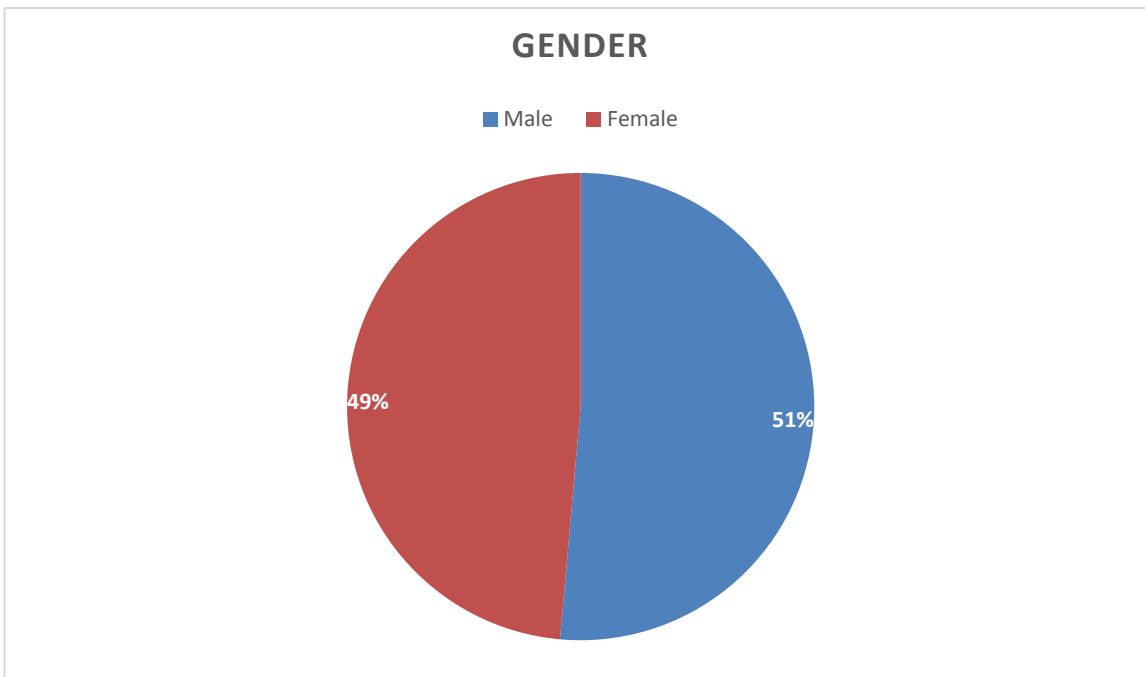
Total numbers of DoLS authorised	Total numbers of DoLS not authorised or withdrawn
613	272

3.3.6 Applications by Person's Age



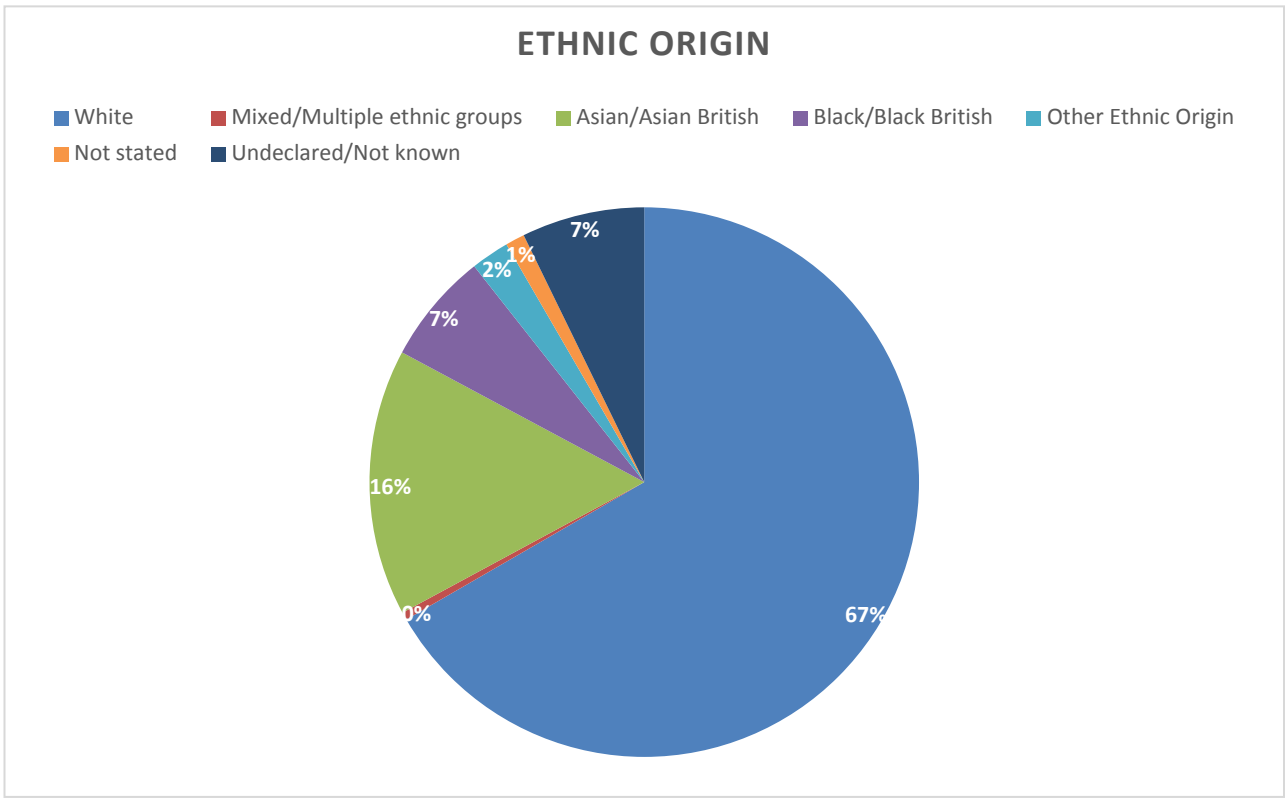
The majority of people who are referred for DoLS (76%) are aged over 65 years. This is understandable as the likelihood of losing mental capacity increases with age.

3.3.7 Applications by Person's Gender



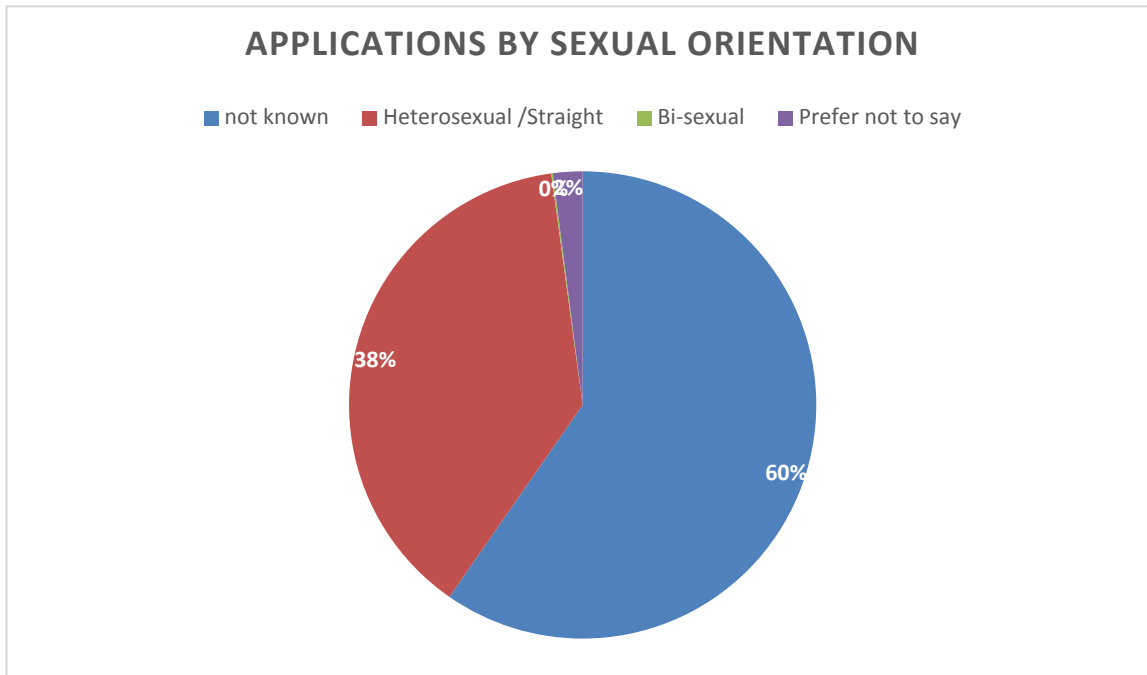
In relation to the referrals for DoLS, a total of 455 were for men against 430 for women.

3.3.8 Applications by Person's Ethnic Origin



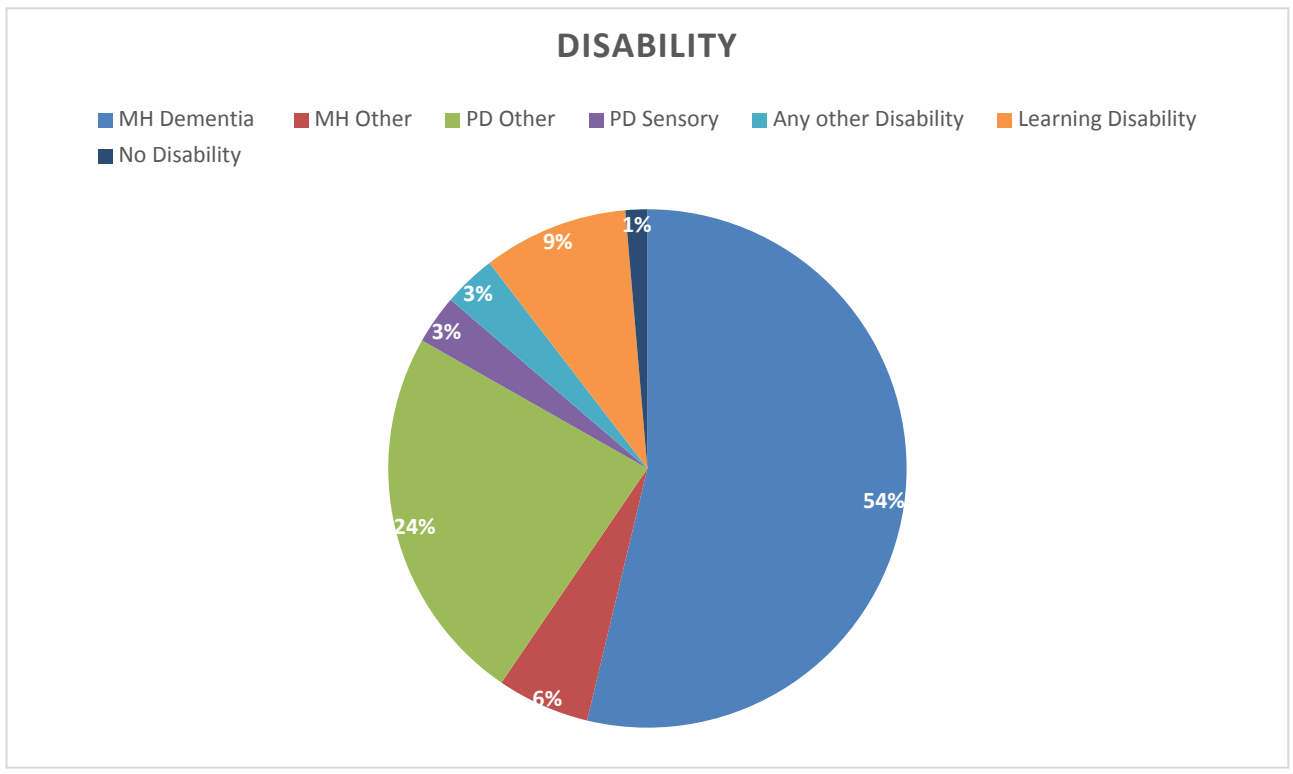
This chart shows the Ethnic Origin breakdown of the people referred for DoLS, who are in a care home or hospital, and it shows 67% are identified as white, with 16% being described as from an Asian or Asian British background.

3.3.9 Applications by Person's Sexual Orientation



This chart shows the breakdown of referrals by sexual orientation.

3.3.10 Applications by Person’s disability



This chart shows what the Managing Authority (referrer) identifies as someone’s primary disability; the majority of people when referrals are made are identified as having dementia (53%). While the person being referred must have mental disorder as defined under the Mental Health Act 1983, the DoLS referral forms collect information on any other disability that the person has. The Majority of people being referred for DoLS have Dementia (54%) with a further 6% having another Mental Health condition, 9% of people referred for DoLS have a Learning Disability.

3.3.11 Use of IMCAs

When someone who has been referred for DoLS has no one who can be consulted about the deprivation a 39A, an IMCA must be appointed to support and represent the person during the assessment process where there is a request for a standard authorisation. The assessors are required to have regard to any representations they make. Tower Hamlets have commissioned 39A IMCAs on 227 occasions while undertaking assessments for Standard Authorisations.

3.3.12 DoLS through the Court of Protection

A small number of people were referred to the Court of Protection when they were disputing the DoLS Authorisation. One of the Safeguards for DoLS is if the person who is under DoLS disputes the Authorisation, then there is an application to the Court of Protection.

Tower Hamlets also one of the Local Authorities that made an application under what is known as the Re X process to determine the Court of Protections “Fast Track” for people who meet the criteria for DoLS but do not live in Care Homes or Hospitals process was lawful, the Court found that each person going through this process must have what is called a 3A Representative and because most people do not the Court has “stayed” all present applications which do not have a 3A Representative. The Local Authority will be referring a number of people who need the criteria for what is called Community DoLS in 2016/17.

3.4 Legal Cases – Summary

There have been no Adult Safeguarding cases which have been subject to legal challenge in 2015/16.

3.5 Safeguarding Adults Reviews

SABs are under a duty to commission Safeguarding Adults Reviews (SARs) under the terms of section 44 of the Care Act 2014. The following cases were initially reviewed in accordance with the Local Safeguarding Adults Review Protocol and were deemed to meet the criteria for full reviews. As detailed below the completion of the SARs will help to ensure that practice, policy and procedures across all relevant member organisations can be further developed to safeguard adults adult risk of abuse or neglect.

3.5.1 Safeguarding Adults Review re: Mrs. A - Executive Summary

3.5.1a Case Summary:

Mrs A, a woman in her late eighties, was found dead in her home by a relative in February 2014. Mrs A had lived alone for some years and was assisted by a range of health and social care services, having experienced a gradual decline in her health and ability to manage her care needs during 2012 and 2013. In January 2014, Mrs. A was admitted to hospital for a period of two weeks. She was assessed as needing additional support to enable her to return home but, in error, none of the social care or health services which supported her had been re-commenced on her discharge from hospital some days previously. At the inquest held in January 2015, the cause of death was confirmed as diabetic ketoacidosis – a life-threatening complication of diabetes caused by a lack of insulin. The coroner confirmed the patient’s cause of death was due to natural causes to which neglect contributed.

3.5.1b Learning From Experience/Recommendations:

- i. The Board should require Barts Health to demonstrate that they have made failsafe arrangements for ensuring that referrals to community health services have been received and acted upon.
- ii. The Board should require the London Borough of Tower Hamlets to demonstrate that there are sound arrangements in place for liaison with relatives when vulnerable adults are discharged from hospital.
- iii. The Board should require the London Borough of Tower Hamlets to demonstrate that that they have made failsafe arrangements for ensuring that domiciliary care services have been received and acted upon.
- iv. The Board should require the London Borough of Tower Hamlets to demonstrate that their contractual arrangements with providers ensure that all staff is trained in dealing with “failed visit” situations, and that this is appropriately monitored.
- v. The Board should ensure that the Care Quality Commission is aware of the concerns about the performance of Agency X which arise from this review require the London Borough of Tower Hamlets to review its contractual arrangements with Agency X, with particular reference to the issues arising from this review.
- vi. The Board should require the London Borough of Tower Hamlets to demonstrate that they have made arrangements which will ensure that, in the event of any subsequent Serious Adult Review, they are able to provide a professionally sound and timely contribution to that review.
- vii. The Board should ensure that the Care Quality Commission is offered the opportunity to participate in any subsequent SAR.

3.5.2 Safeguarding Adults Review re: Mr. K - Executive Summary

3.5.2a Case Summary

Mr K, a man in his sixties, died in late 2014 after suffering serious burns in a fire in his home. He had lived alone in sheltered accommodation since 2008, having previously been homeless, and misusing alcohol, for some years. Whilst it appears that during the early years of his tenancy Mr. K managed reasonably well, from the summer of 2012 there was increasing evidence of him experiencing difficulties in managing his domestic affairs, and of his health deteriorating rapidly since January 2013. A range of health and social care services were in touch with him but he was a very strong character with no family, who often refused attempts to help and support him.

3.5.2b Learning From Experience/Recommendations

- i. Improve understanding of fire safety awareness amongst frontline staff.
- ii. A need for a clear understanding of the formal designation of sheltered accommodation, and the consequences of that for fire safety precautions.

- iii. A need to ensure an understanding of the safeguarding implications of self-neglect and how to assess the associated risks.
- iv. Establish robust arrangements for assessing mental capacity especially in situations where capacity may fluctuate and implications of risk are not fully understood.
- v. Ensure a clear understanding of when and how to refer people to alcohol services.
- vi. Create robust arrangements in statutory and non-statutory agencies for escalating concerns about cases to partner organisations.
- vii. Develop systems to co-ordinate input across all relevant agencies.
- viii. Need to conduct thorough assessments and ensure robust support, supervision and management by the SAM.
- ix. Review arrangements within the district nursing service to ensure adequate contact and monitoring and improve practice.
- x. Need to initiate SARs in a more timely fashion and secure improved contributions from all relevant agencies.
- xi. The Board should use this case review to promote a better understanding of self neglect, and how best to respond to it, across all partner agencies.
- xii. London Borough of Tower Hamlets to demonstrate that, where a vulnerable adult may be at risk through self-neglect, this is recognised, investigations and assessments are conducted without delay and all procedural and good practice requirements are met.
- xiii. Barts Health to demonstrate that the Community Nursing service is meeting all the requirements of good professional practice when working with vulnerable adults who may be neglecting themselves.
- xiv. Key partner agencies to consider setting up Community Multi-Agency Risk Assessment Conference (MARAC) arrangements. These would provide a forum for discussing and developing risk management plans for people who are hard to help, including people who would not normally meet the threshold for care management services.
- xv. All partner agencies to promote staff understanding of mental capacity, including;
 - the need for statements or decisions about capacity to be evidenced.
 - how capacity can fluctuate .
 - the requirement to ensure that individuals are made aware of the implications of potentially unwise decisions.
- xvi. Promote arrangements where in complex situations, agencies consider appointing a key worker to co-ordinate the services' response.

- xvii. All services provided or commissioned by Board partners should empower their staff to escalate concerns to more senior managers where those staff are concerned about decisions made by partner agencies.
- xviii. The Board should work with the relevant agencies to develop appropriate range of service responses to those whose use of alcohol is causing serious harm. Alcohol services should also recognise their expert role in signposting to more appropriate agencies if they receive a referral which does not meet the criteria for their service.
- xix. The Board should work with the London Fire Brigade to develop and promote clear and well-publicised arrangements for individual fire safety assessments in respect of vulnerable adults.
- xx. The Board should work with the London Fire Brigade and other relevant agencies to ensure that there is clarity and consensus about the nature and designation of residential services and sheltered housing provision, and any consequent duties or requirements.
- xxi. The Board should require the London Borough of Tower Hamlets to demonstrate that they have made arrangements which will ensure that, in the event of any subsequent Serious Adult Review, they are able to provide a professionally sound and timely contribution to that review.
- xxii. The Board should ensure that the Care Quality Commission is offered the opportunity to participate in any subsequent SAR.

3.5.3 Next Steps

The completion of the SARs has resulted in the production of clear action plans to address the learning points and recommendations from the two reports. These have been drawn up by the local authority and will be developed in partnership with the other agencies involved in each of the cases. Progress on the action plans will be monitored by the SAR sub-group and by the SAB. The cases will be used as case studies which will be discussed in team meetings with frontline social care staff. The reports have also been shared with SAB member organisations to review the cases to facilitate a cascade of the learning points within their respective organisations.

3.6 Safeguarding Adults Referrals

This section of the report presents provisional information for 2015/16 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 data from the Council's case management systems has been used 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 full data reports are presented in charts as Appendix 2 to this report.

Safeguarding adult referrals

Number of referrals

- a) In 2015/16, 467 safeguarding referrals were recorded in Tower Hamlets¹.
 - The number of referrals has decreased slightly compared to the previous year when 492 referrals were made in Tower Hamlets. The figure amounts to 211 per 100,000 of the population, which is below the England average (242)².

Who is being referred?

- Most safeguarding referrals relate to individuals 'already known to the Local Authority'. 12% were not known to LBTH in 2015/16, which is the same percentage as last year.
- 54% of 2015/16 referrals related to women, which is down one percentage point from the previous year. The proportion of the borough's adult population who are female is 48%, suggesting an over representation of women in referrals.
- 55% of 2015/16 referrals related to older people (over 65), which is down two percentage points compared with the previous year. This is slightly below the profile of social care service users, 62% of whom are over 65.
- 58% of 2015/16 referrals related to people from a 'white' ethnic background. This has increased by two percentage points compared with the previous year. The 2015/16 figure is lower than the England average for 2014/15 (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, and this has been the subject of a piece of Community Insight Research which will be presented to the SAB in 2016/17.
- 54% of 2015/16 safeguarding referrals related to people requiring physical support. This compares with 40% across England. In Tower Hamlets, 24% of referrals related to individuals with learning disabilities and 10% related to individuals with mental health issues. This compares with 15% and 12% in England.

¹ It should be noted that this is provisional data based on the LBTH Safeguarding Adults Collection Return 2015-16

² Adult population (18+) in England – 42,724,917
Number of safeguarding referrals across England – 103,445
(103445/42724917*100000=242)

3.7 Safeguarding Adults Enquiries

521 adult safeguarding enquiries were undertaken and concluded in 2015/16; a decrease when compared to the figure of 579 for 2014/15.

Where abuse takes place

Based on concluded safeguarding investigations, the majority of safeguarding issues take place in the alleged victim's own home. The figure is 54% in Tower Hamlets, which is lower than the 2014/15 result of 62% but higher than the 2014/15 England average of 43%. A smaller group of people are in care homes: This figure was 16% for 2015/16 and 15% in 2014/15. The England 2014/15 figure is 36%. More work is needed to understand the difference in figures between Tower Hamlets and the England average, and this will be the subject of community insight research in 2016/17.

Types of abuse

Neglect was the largest single type of abuse investigated in Tower Hamlets in 2015/16 at 38%, this is a change from last year where physical abuse was the largest single type of abuse recorded and neglect accounted for 27% of the overall total. The England average for 2014/15 was 32% for neglect (also the highest type of abuse investigated). Physical abuse accounted for 27% of investigations in Tower Hamlets in 2015/16, compared to 30% last year. Financial abuse investigations in Tower Hamlets remain the same at 21% for years 2015/16 and 2014/15 respectively. However, there has been a slight decrease nationally for 2014/15 (from 18% to 17%).

Mental capacity and advocacy

359 (69%) individuals were assessed as 'not lacking capacity' and were thus deemed able to make decisions in the safeguarding process in 2015/16.

For those individuals (162) identified as 'lacking capacity', 84% were effectively provided with support or were represented by an advocate, family member or friend. This figure compares with 84% in 2014/15 in Tower Hamlets and 61% in England.

The outcome of investigations

30% of safeguarding investigations could not be substantiated in 2015/16, as the alleged types of abuse were either unclear, unfounded or disproved. This is a decrease of nine percentage points on the previous year, but on par with the England average of 30%.

There was a decrease in the proportion of cases where no further action was taken, from 40% in 2013/14, to 33% in 2014/15. The 2015/16 totals, however, are currently being audited, and so are not as yet available.

3.8 User Experience

In our monitoring of user experience at the end of safeguarding investigations, 90% of adults at risk said they were satisfied with both the safeguarding process and their safeguarding outcome in 2015-16.

The table below shows data taken from the Service User Annual Survey:

7a	Which of the following statements best describes how safe you feel?	2011	2012	2013	2014	2015	2016
	I feel as safe as I want	58%	59.5%	57.9%	63.47%	59.8%	62.7%
	I feel adequately safe, but not as safe as I would like	32%	30.4%	31.3%	28.93%	31.5%	28.6%
	I feel less than adequately safe	7%	7.2%	7.2%	5.15%	5.7%	5.7%
	Don't feel safe at all	3%	3.0%	3.7%	2.44%	3.0%	3.1%
7b	Do care and support services help you in feeling safe?	2011	2012	2013	2014	2015	2016
	Yes		81.2%	84.6%	86.4%	87.1%	86%
	No		18.8%	15.4%	13.6%	12.9%	14%

The figures largely show consistency from year to year. For 2016, there has been a slight increase in the number of people who report that they feel “as safe as I want”, whilst the figures for those saying they feel less than adequately safe or not safe at all have remained largely unchanged. In 2016 there was a slight reduction in the number of service users who said that the services they received helped them to feel safe.

Section 4: Safeguarding Assurance from Member Organisations

4.1 London Borough of Tower Hamlets

4.1.1 Safeguarding of Adults and Promoting Their Welfare

LBTH remains the lead agency responsible for the oversight of all Safeguarding Adults alerts and enquiries under the terms of the Care Act 2014.

LBTH has developed a new set of local procedures for adult safeguarding in response to the Pan London procedures. This has been done in tandem with a review and redesign of the safeguarding recording forms on Framework-i. The new procedures and forms have been designed to promote person-centred and outcome-focused working and therefore support the Making Safeguarding Personal agenda.

The Council has created and appointed on an interim basis to a management grade post for safeguarding strategy and the SAB and its sub-groups. The directorate has provided the resources to ensure that the SAB has been able to produce its annual report and four year strategy and business plan.

Safeguarding is also integral to the social care Practice Framework which ensures reflective practice.

Safeguarding Month was held in November 2015, creating opportunities for learning across the Council including presentations to social care teams to promote knowledge about how the wider Council works to safeguard adults.

The Council actively engages in the Safer Communities Partnership which addresses the Prevent agenda.

A clear annual programme of training is developed and reviewed each year to ensure staff have the knowledge and skills required to undertake their roles in relation to adult safeguarding. In 2015/16, the following training was delivered to Council Staff:

- Safeguarding Adult Minute Taking – a total of **17** people attended over 2 sessions
- Safeguarding Adult Basic Awareness - a total of **28** people attended over 2 sessions
- Safeguarding Adult Investigators 2 day - a total of **30** people attended over 2 sessions
- Safeguarding Adult Investigators Refresher - a total of **11** people attended over 1 session
- Safeguarding Adult Managers - a total of **12** people attended over 1 session

This training has helped to ensure that changes relating to adult safeguarding associated with the Care Act have become embedded within the practice of frontline staff.

A range of new initiatives have been undertaken in the past year as detailed below:

The Ensuring Quality project is a six-borough east London project hosted by LBTH, which has put in place a quality framework for individuals using their Direct Payment to purchase services from non-commissioned providers (who are not therefore subject to contract management arrangements). The framework includes good practice guidance for providers on safeguarding as well as a number of easy to use tools individuals can use to assess the safety and quality of the services they are using.

As an extension of the above project the Council is working with local user-led organisations in east London to develop an app based e-learning package aimed at Personal Assistants, which includes a number of modules on safeguarding and the promotion of individuals' welfare.

Adult Services' new Quality Monitoring Team visit all users to seek their feedback on quality of services and they follow up on any issues with regard to safeguarding, as well as collecting a wealth of data to inform commissioning and monitoring activities. This will be further refined and rolled out in 2016.

In line with the Care Act Provider Failure Regime requirement for the CQC, Adult Services Commissioners have established a local response to this. Of primary concern is the possibility that a provider is at risk of a failure which has not been identified by the CQC. Primarily in relation to financial risks, Adult Services' approach has been developed to better analyse the risks of failure and identify any actions that need to be taken to ensure continuity of service to vulnerable people. Adult Services has adopted this local response twice in the last year and managed to avoid service disruption as a result.

It is important to learn from Safeguarding Adults Reviews and Adult Services has therefore put checks and balances in place to address the learning from the SARs. Further details are provided in Section 3.5 above.

Adult Services monitors and observes improvement when providers respond to and deliver on improvement plans that have been put in place.

4.1.2 Evaluating Effectiveness

Adult services has a dedicated Provider Service Managers team meeting (PSMT) on safeguarding, held on a monthly basis to review performance and practice issues, and active cases. Safeguarding alerts are monitored and reviewed at the meeting, together with tracking of the timescales for completing enquiries and DoLS activity in relation to Best Interests Assessments. Departmental performance is strong in this area due to the successful recruitment, retention and training of BIA Assessors. Safeguarding is also a standing agenda item on the fortnightly PSMT meeting agenda.

Safeguarding is monitored as part of the contract monitoring quarterly reporting process, where alerts are monitored together with details of actions taken, outcomes and lessons learnt. Notifications of alerts to the CQC are also monitored. Site visits are also conducted to check staff training profiles and to review provider policies and procedures. Activity relating to DoLS and Mental capacity assessments is also monitored.

An audit tool was designed and used for a case record audit in November 2015. The audit revealed examples of good practice in relation to making safeguarding personal and a follow-up audit will be conducted in June 2016 to evaluate the effectiveness of new local procedures and recording forms.

The department actively invites external reviews of performance such as the ADASS peer review as detailed above.

Adult Services' approach to commissioning is centred on the commissioning cycle: analyse, plan, deliver, and review. This drives a focus on learning from the strengths and weaknesses of existing contractual arrangements when planning to re-let contracts and utilising national evidence and evidence from other local authorities when considering 'what works'. The service specification for domiciliary care services that will underpin the upcoming retender of these services has, for example, been significantly informed by national evidence on providing high quality, safe care as well as good practice in other local authority areas.

There are clear expectations set out in contracts and service specifications regarding how providers will safeguard the individuals they are providing a service to. Once the contract is awarded, there is a mobilisation period where our Contract Monitoring Officer will agree the format for future monitoring: typically quarterly monitoring returns with an Annual visit/review. The QMR will include information on safeguarding incidents and may instigate a visit, announced or unannounced. The annual visit will include ensuring updated policies and procedures include safeguarding.

Operational teams are required to notify the Council's Contract Monitoring Officers (CMO's) of any safeguarding issues, any patterns are investigated by the CMOs. It is the duty of

CQC registered providers to inform the CQC of the situation. Following discussion at a senior level, an embargo may be placed, and the CQC will also be informed as will other Local Authorities through the ADASS network. In addition CMOs respond to inspection reports by CQC in relation to improvement notices, enforcement actions and general requirements for improvement to dovetail Adult Services' own monitoring and approaches.

4.1.3 Improvements in Safeguarding Arrangements

Training for social care staff has been updated to ensure compliance with the Care Act in relation to safeguarding.

Local SAR procedures have been refreshed with the update including the need to inform the CQC when a SAR is initiated, to secure their involvement when required.

Following a SAR in 2015/16 local procedures for the management of hospital discharges has been undertaken to improve practice. The "Failed Visits" procedure for service providers visiting service users has also been revised.

The Practice Framework for Social Workers has been successfully implemented and improves practice to empower service users through a strengths-based and assets-based practice.

Safeguarding recording forms used by social care staff have been redesigned to promote best practice in relation to Making Safeguarding Personal.

Social care staff have worked collaboratively with the Learning and Development Team to undertake a learning needs analysis. This has resulted in the provision of targeted training on safeguarding triggers and thresholds, the new requirements of the Care Act, application of the Mental Capacity Act and the application of the Signs of Safety tool to adult safeguarding. This training programme will be rolled out throughout 2016/17.

The strategic management post for adult safeguarding has increased capacity and ensures Safeguarding Adult Reviews are convened in a timely manner. The strategic manager has been undertaking quarterly visits to front line teams to provide briefings on the work of the SAB and safeguarding strategy in LBTH.

The development of the Quality Monitoring Team whose remit is to visit individuals in their home to establish user satisfaction enables another avenue for service users to raise concerns, minimise risks and to follow up on issues by triggering a non-scheduled review. The challenge here is to better co-ordinate this activity with wider monitoring so as to be more effective with providers. The development of an overarching Quality Monitoring Framework will help the Directorate make better use of the wealth of information and intelligence with providers so that the council can work with them on improvements more proactively

Adult Services' Commissioners reviewed the Notifiable Incidents Procedure in September 2015 to ensure that it was still fit for purpose and reflective of the broad range of needs of the client groups. This policy is appended to provider service specifications. The Commissioning Division plan to make better strategic use of this information in 2016 to

target monitoring and improvement activities, as well as informing the commissioning of new services to ensure they have appropriate safeguards.

Adult Services' Commissioners use embargoes on admissions to services where the quality is not of a sufficient standard. One example is where commissioning has worked with a provider in the last year to address concerns, and the CQC now consider the service to be 'outstanding'.

4.2 NHS Tower Hamlets Clinical Commissioning Group

4.2.1 Safeguarding of Adults and Promoting Their Welfare

The Care Act (2014) has now established safeguarding adults' responsibilities on a statutory footing for the CCG; in particular making CCG participation in the SAB statutory, and requiring the CCG amongst other agencies to share information to enable the SAB to perform its functions. We are also required to address new responsibilities for safeguarding adults from extremism with the introduction of the Prevent Duty in 2015. The CCG has been working closely with the Tower Hamlets Safeguarding Adults Board to deliver the system change required to deliver the Care Act and associated statutory guidance. In particular, following the publication of the revised London Procedures, the CCG has worked 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 has also been working with partner agencies to develop and commission practice in line with the principles of Making Safeguarding Personal.

The CCG Safeguarding Adults Committee considered the revised NHS Safeguarding Accountability and Assurance Framework. NHS England then undertook a CCG Safeguarding Deep Dive in October 2015 to establish compliance. In the five key areas assessed the CCG were assured as good. The overall findings are highlighted below:

Safeguarding Deep Dive Review Components	Outcome
Governance /Systems/ Processes	Assured as Good
Workforce	Assured as Good
Capacity levels in CCG	Assured as Good
Assurance	Assured as Good

To further strengthen the CCG's approach to safeguarding, and in recognition of its statutory status, the CCG will be appointing a Designated Adults Safeguarding Manager in 2016-2017.

4.2.2 Evaluating Effectiveness

Tower Hamlets CCG has an identified a Governing Body lead and a Senior Management lead for safeguarding adults, MCA, and PREVENT. In addition the Safeguarding Adults Committee of the Governing Body retains oversight for the identification and effective mitigation of risk related to safeguarding. 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

terms of reference for the group explicitly include safeguarding adults, domestic violence, the Mental Capacity Act and Prevent.

The CCG Board retains regular visibility of identified risks and actions through the Assurance Framework. There are a number of systems to ensure quality is monitored and safeguarding alerts/concerns are identified and lessons put into practice:

- A locally developed Adults Safeguarding Procedure.
- Scrutiny and input into serious incident management and subsequent action planning. The CCG also contracts with the CSU Patient Safety Team to oversee safeguarding, with regular reporting to the Adults Safety Committee for oversight. (STEIS reports). Trends and themes of safeguarding enquiries are presented to CCGs through the Quarterly trend reports.
- The quality team conduct regular visits to services to determine the quality of services and assess patient experience. Patient safety and compliance with safeguarding requirements is a core aspect of these visits. In particular knowledge of safeguarding procedures is assessed. These have included focused visits to Care homes in the Borough with Local Authority leads.

4.2.3 Improvements in Safeguarding Arrangements

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 2015/16 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 other primary care professionals.
- Implemented a safeguarding (including PREVENT) adults' dashboard across east London to be inserted into provider contracts.
- Participated in the panel of 3 Domestic Homicide Reviews currently underway in the borough, and commissioned additional conduct disorder capacity to meet NICE guidance within ELFT as a partial response.
- Participated in the panels for two SAR's held during 2015-16
- Fully participated in the SAB processes including in the 2015/16 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.

The CCG continues to work with colleagues in Serious Incident Panel for Waltham Forest, Tower Hamlets, Newham and City & Hackney CCGs as part of the Serious Incident Panel. The core purpose of the panel is to provide assurance that all serious incidents for which the CCG has either a lead or associate commissioning responsibility are being systematically reviewed and any concerns identified and escalated. The CCGs retain the responsibility for

provider Serious Incident (SI) monitoring in line with the Serious Incident Framework 2015/16.

4.3 Barts Health NHS Trust

4.3.1 Safeguarding of Adults and Promoting Their Welfare

The Trust has unique challenges in meeting the needs of very different and diverse communities. The Care Act 2014 has put safeguarding adults on a statutory footing, where robust governance arrangements and assurance are required for an expanded safeguarding adult agenda. The Cheshire West ruling on DoLS has also had a significant impact on the work of the trust. The recent CQC inspections at Barts identified that safeguarding adult arrangements are in place and are followed in most circumstances. Staff were assessed as being compassionate and respect patients' dignity. However, there were some areas that needed to be strengthened and the Trust undertook to:

- Ensure that there are robust systems in place to protect adults at risk in all clinical areas

and

- Embed the principles of the Mental Capacity Act in practice

Recruitment to temporary posts to support improvement work in safeguarding has been partially successful. The small safeguarding team undertake to attend safety huddles, visit wards and support the site safeguarding strategy meetings and investigations across the Trust. A model for an expanded safeguarding adults team has been developed in line with staff feedback from the external review and the operating models in other Trusts. The new model which incorporates a safeguarding advisor for each of the hospital sites requires approximately £300,000 investment and will be considered with other cost pressures as part of the budget setting exercise in March 2016.

4.3.2 Evaluating Effectiveness

Barts commissioned an external review of safeguarding arrangements throughout the Trust in July 2015. The report and recommendations formed the agenda of a summit where staff and partners worked together to agree the safeguarding model for Barts Health. An integrated strategy for safeguarding adults and children that will describe that model is in development and was circulated for consultation during March 2016. It outlines the assurance governance and leadership expectations for both safeguarding adults and children

A set of metrics have been developed and agreed with the local authority to monitor safeguarding activity. Each hospital Director of Nursing receives monthly reports on these metrics which include training compliance. The terms of reference for hospital-based

operational safeguarding meetings have been agreed to develop practice and improve assurance.

4.3.3 Improvements in Safeguarding Arrangements

Competency assessments were undertaken with Registered Nurses in inpatient areas in Trust hospitals which found some gaps in the knowledge of staff about the types of abuse that may happen in hospital and who responded to questions about safeguarding by deferring to either senior nurses or doctors who they expected to take responsibility and instruct them what to do. Some staff did not demonstrate knowledge and practice commensurate with statutory training. This gap has been challenged through safety huddles and Sisters' meetings, face-to-face training on the preceptorship and internationally trained nurse's programmes and a number of face-to-face, bespoke training sessions on site, such as the surgical nurses study days. However, it is clear that a robust competency-based training strategy is needed. Work with the Education Academy is being undertaken to inform a business plan that puts safeguarding adults training on the same footing as safeguarding children in line with the Care Act 2014. This will include face-to-face competency-based training for all registered health professionals at band 6 or above on induction and updated every 3 years; enhanced training for senior leaders and those who give advice to others about responding to safeguarding concerns and updated, enhanced content for level 2 training for all staff.

4.4 East London NHS Foundation Trust

4.4.1 Safeguarding of Adults and Promoting Their Welfare

East London NHS Trust provides inpatient and community services for people with mental health conditions. These service users are often vulnerable and at great risk of harm. Safeguarding issues are raised routinely, and addressed within the Care Programme Approach (CPA) process. For those service users who are not under CPA, Trust staff are trained to identify any safeguarding concerns via the Pan London procedures as implemented within Tower Hamlets.

4.4.2 Evaluating Effectiveness

All incidents raised through the Datix incident reporting system are subject to the Trust Assurance team to monitor effectiveness.

The Trust produces its own workplan for the year and reports back to the Trust Safeguarding committee to assure itself of the progress of these tasks.

A set of metrics have been developed and agreed with the Local Authority to monitor safeguarding activity. These result in the production of a performance dashboard which is reviewed at the CCG Commissioners Safeguarding Meeting on a bi-monthly basis.

4.4.3 Improvements in Safeguarding Arrangements

The wards have been successfully using Qi techniques to address high levels of aggression on the wards.

4.5 London Ambulance Service

4.5.1 Safeguarding of Adults and Promoting their Welfare

There has been a restructure within the organisation, and there is now a named lead for safeguarding for each area. The named person will now be attending the safeguarding boards, and is able to be involved in any safeguarding adult reviews as and when required.

Safeguarding training has been delivered to a high number of frontline crew staff, with case studies and the inclusion of PREVENT.

The Ambulance Service now have a portal which can provide information on the number of referrals by area, as well as the amount of feedback received from each area.

A safeguarding conference is held each year. The last conference was held on 22/03/2016 and was open to any staff in the organisation who wished to attend. The conference included an item in which patient stories and experiences were recounted.

4.5.2 Evaluating Effectiveness

An annual report is compiled, looking at the number of safeguarding referrals made, and the training received by staff. The newly designed portal will be able to make comparisons against previous years' data.

Feedback is given about training to help monitor relevance and effectiveness.

The level of feedback from external agencies regarding safeguarding referrals remains low, and therefore the appropriateness of some safeguarding referrals and the quality of them may not improve. It has been proven that LAS staff learn best from specific cases and feedback, so in order for learning to improve, feedback would be highly beneficial.

London Ambulance Service produces a London-wide annual report detailing its safeguarding measures during the year. A full report along with assurance documents can be found on the Trust's website. This is produced for inclusion in London SAB Annual Reports and is presented in Appendix 3.

4.5.3 Improvements in Safeguarding Arrangements

Increasing the number of safeguarding referrals made, given the mobile environment that our staff work in, has been a challenge. The LAS have therefore changed the way referrals are made to make it easier for staff to make referrals.

4.6 Metropolitan Police

4.6.1 Safeguarding of Adults and Promoting Their Welfare

The Metropolitan Police Service (MPS) has adopted the new Code of Ethics and officers are accountable to both the police and the public for their actions and performance.

All operational officers have received Vulnerable Adult Framework (VAF) training; this was delivered to several hundred officers at Professional Development Days. Bespoke Disability Hate Crime training has been delivered to all operational police officers and public access officers. The Community Safety Unit (CSU) has received comprehensive training on Hate Crime and Vulnerable Victims from a Crown Prosecution Service prosecutor. Training for new recruits has been completely redesigned in relation to missing people and other safeguarding issues; this training is delivered using a new HYDRA suite. The MPS is currently designing bespoke training courses for officers working in dedicated Missing Person Units and for other operational officers. Community Safety Officers have completed a bespoke 5-day CSU course at the MPS Crime Academy. Officers and staff within specialist safeguarding roles have also participated in workshops and further e-learning packages to meet their additional needs. Senior Leadership Team members and other officers have completed the Mental Health & Safeguarding Training which was facilitated by an independent training provider.

Safeguarding remains a critical priority for the police and needs to be balanced with other performance demands. Tower Hamlets borough conducted a review of resources and governance which led to the restructuring of the entire Criminal Investigation Department with additional assets being deployed in several portfolios such as the Community Safety Unit, Operation Jigsaw and the Missing Persons Unit.

A number of policies have been refreshed following various recommendations from Safeguarding Adult Reviews, Domestic Homicides and Serious Case Reviews as well as HMIC and other inspections. This national learning has been used to develop the Vulnerable Adults Framework as well as toolkits for missing people, domestic abuse and hate crime.

The police are an integral component of the borough's Multi Agency Safeguarding Hub, with the police being co-located with other partners in the Local Authority premises. The MASH is the single point of receipt for all safeguarding alerts; the team applies consistent thresholds for further action and advises the responsible agency on next steps if any further safeguarding processes are required. The MASH carries out any subsequent safeguarding assessments or reviews that are needed as part of whole service investigations and regularly attend case conferences and cross agency strategy planning meetings.

The borough's two most senior detectives are key members of the Local Safeguarding Adults Board.

4.6.2 Evaluating Effectiveness

The MPS policy introduces an enhanced and prioritised procedure for the safeguarding of adults at risk and creates a framework for all staff to provide an effective, professional and corporate level of service.

All police reports are subject to mandatory supervision within 24 hours: this includes our crime reporting system (CRIS) and other systems (MERLIN and CAD). On more serious and complex cases there will also be Detective Inspector and Detective Chief Inspector reviews completed at timely intervals.

The Police within the MASH review every Merlin report and provide direct constructive feedback to officers and line managers where appropriate.

Supervisors “dip sample” Merlin reports and crime reports to ensure quality of investigations.

Tower Hamlets borough run the “Rate your PC” initiative whereby victims are encouraged to give feedback on the attending officer’s performance.

The Public Attitude Survey is conducted within the MPS and results broken down by borough to inform our understanding of public confidence.

Every police call is monitored in terms of initial coding to final outcome ensuring where vulnerable adults are identified at the outset the relevant reports and appropriate actions are completed.

There are a number of performance reports created centrally by the MPS in order to understand and improve effectiveness, comparing boroughs with each being held to account and sharing best practice.

The MPS welcomes feedback from other agencies and seeks to learn and improve professional practice, striving for continuous improvement across the Safeguarding Adults arena.

4.6.3 Improvements in Safeguarding Arrangements

All Operational officers and police staff have access to MPS policy pages where specific documents on vulnerability and protection of adults at risk can be found. These include best practice guides; Vulnerability Assessment Framework for Adults at Risk flow chart; mental health and investigation toolkits and links to sites for further information on the Care Act and identifying risk.

Tower Hamlets Police treat the safeguarding of adults very seriously and have ensured that all staff are aware of their obligations within the Pan London Multi Agency Policy and Procedures to Safeguard Adults from Abuse and are therefore directly accountable for their own actions. Clear guidelines and training are provided with additional MERLIN training to record individual incidents. These are in turn researched and reviewed within MASH for compliance and accuracy and if required shared with partners.

All allegations of neglect or abuse will be robustly investigated. The MPS has specialist trained officers to deal with all areas of domestic abuse, gender abuse, adult and financial abuse along with extremist concerns where vulnerable adults are targeted and groomed.

Ongoing work between MASH and specialist units is being undertaken to adopt a cohesive strategy around the sharing of information where sensitivities and operational tasking is prevalent.

The borough ensures this is translated to delivery for safeguarding through intrusive supervision models and through the MPS ongoing continuous improvement process. The increase and quality in recording standards of reports involving adults at risk and families coming to the notice of police are visible representations of the increased level of training and supervision currently being provided to front line officers and supervisors.

4.7 National Probation Service

4.7.1 Safeguarding Adults and Promoting Their Welfare

The National Probation Service (NPS) is committed to reducing re-offending, preventing victims and protecting the public. The NPS engages in partnership working to safeguard adults with the aim of preventing abuse and harm to adults and preventing victims. The NPS acts to safeguard adults by engaging in several forms of partnership working including:

Safeguarding Adults is included in the NPS London Business Plan for 2015-16. There are a number of policy documents and processes, and some in development which reflect the organisation's commitment to safeguarding adults. These include: a NPS National Partnerships Framework for Safeguarding Adults Boards, June 2015. *Safeguarding Adults – A quick guide* has been issued to all staff which reminds them of their responsibilities regarding safeguarding adults.

NPS has adopted the Pan-London policies and procedures and ensures as a division that all staff are aware of their responsibilities. Locally in terms of applying the Adult Safeguarding Procedures, staff will know the contact details in the Local Authority for feedback on referrals. Indicative timescales have been communicated re concerns, enquiries, safeguarding plan and review, and closing the enquiry. The NPS is aware of the expected responses and timeframes as directed by the Pan-London policies and procedures.

NPS makes a number of referrals to the Safeguarding and Mental Capacity Team in Tower Hamlets, when Probation officers consider offenders under their supervision, or adults linked to them, may fall under the remit of The Care Act 2014. They are not always necessarily deemed to meet the specific criteria.

4.7.2 Evaluating Effectiveness

NPS currently undertakes monthly case audits which involve all grades of operational staff reviewing specifically picked cases for auditing. Each audit deals with a number of specific Her Majesty's Inspectorate (HMI) areas of review, and incorporates assessments of staff adhering to safeguarding practices. It is desirable, as noted, that Safeguarding Adult data will assist the Tower Hamlets Head of Service to identify specific cases to review over 2016-2017 to specifically target practice in relation to offenders who may meet the relevant criteria for referral, and to follow the pathway and interventions being applied.

4.7.3 Improvements in Safeguarding Arrangements

The NPS has introduced its Safeguarding Adults at Risk NPS Policy Statement (Jan 2016): The statement requires each division to identify a senior manager lead for safeguarding and promotes the duty to co-operate as a relevant partner under section 6 of the Care Act 2014. It also seeks to ensure all staff are aware of their responsibilities, such as how to raise concerns.

NPS has also introduced EQUIP which is a tool enabling staff to quickly refer to policies and procedures.

Relevant learning from safeguarding adults reviews and other multi-agency reviews is cascaded throughout the London Division and a positive learning environment exists in the organisation.

Middle managers/senior probation officers must ensure that staff are aware of their role and responsibilities in relation to adult safeguarding and are familiar with local policy and procedures, including how to make referrals where necessary. They are aware of and review adult safeguarding cases being managed by their teams.

The *Safeguarding Adults at Risk: Offenders in the Community with Care and Support Needs* NPS Practice guidance policy encourages staff to consider Safeguarding Adults at all stages of involvement with an offender.

4.8 London Fire Brigade

4.8.1 Safeguarding of Adults and Promoting Their Welfare

The London Fire Brigade (LFB) has a safeguarding adults at risk policy which includes a Serious Outstanding Risk (SOR) flowchart and Fire Risk/Welfare Concern flowchart.

LFB has commissioned a new training package to be delivered to all Brigade staff in 2016 to comply with both the Care Act and London multi-agency policy and procedures.

There is an organisational culture that all staff are aware of their personal responsibility to report concerns. This will be reaffirmed by the new training package

LFB have a hoarding policy which was reviewed in June 2015.

The following is taken from a Memorandum of Understanding (MOU) between LFB and pan London borough SABs.

The aim of this MOU is to enhance the relationship between LFEPA and the council around safeguarding to improve the lives of Vulnerable Persons within the borough by making appropriate safeguarding referrals when a concern is raised by the LFEPA in carrying out its fire safety functions.

The London Fire and Emergency Planning Authority (LFEPA) agrees to pay the council the sum of £1,000 (one thousand pounds) for the year 2015/16 within 28 days of receipt of a valid invoice.

The borough agrees to consider arranging and holding case conferences on particular cases when LFEPA representative requests following a fatal fire.

The borough agrees to make referrals of Vulnerable Persons to LFEPA to carry out Home Fire Safety Visits (HFSV).

The borough will ensure that before they make the referral to LFEPA that they have the prior written permission from the Vulnerable Person, or responsible person, to forward the vulnerable person's contact details to the LFEPA, and that they consent to LFEPA visiting the vulnerable person's home and carrying out the HFSV.

Once written permission has been received from the vulnerable person, or responsible person, the borough will notify the LFEPA of the vulnerable person's name, address including post code, if possible and contact number, via either the phone number or e mail address set out below.

Once LFEPA receive the referral from the London Borough, LFEPA will contact the vulnerable person, or responsible person to arrange a HFSV as soon as possible to reduce the risk of fire in their home.

4.8.2 Evaluating Effectiveness

The LFB have a Performance Evaluation Tool (PET) which is used to evaluate how effective it has been in achieving targets on a rolling twelve month and year-to-date basis.

Examples of performance data are provided below:

Home Fire safety visits carried out in Tower Hamlets 2014/15 = 3351

Home Fire safety visits carried out in Tower Hamlets 2015/16 = 3449

The Brigade will undertake an audit of safeguarding by MOPAC to establish best practice and identify any gaps. The local fire service will ensure that a process is put in place so that any learning is shared by the borough commander with the Brigade Safeguarding Lead, ensuring that the broader organisation engages with the partnership and its objectives.

There is also a programme to develop case studies of relevant safeguarding cases to share with lead staff.

4.8.3 Improvements in Safeguarding Arrangements

LFB has participated in the Tower Hamlets audit challenge.

Within LBTH we have a Tower Hamlets Community Improvement Partnership (THCIP) where LFB:

- Make resources available including a designated Arson Reduction Officer to reduce arson and the negative effect that arson has on vulnerable people within the community.
- Improve partnership working with the police and housing providers within the borough, the combined effect of which reduces anti-social behaviour, which in turn improves the lives of vulnerable people within our community.

4.9 Tower Hamlets Council for Voluntary Services

4.9.1 Safeguarding of Adults and Promoting Their Welfare

THCVS does not directly deliver services to vulnerable adults; however as the umbrella organisation for the voluntary and community sector in Tower Hamlets, THCVS provides advice, guidance, support, training and information to a large number of organisations in Tower Hamlets, both those who are members of THCVS and those who are not.

Accessing safeguarding training can be a serious challenge for voluntary organisations. In June 2015 THCVS ran an introduction to safeguarding course, attended by 9 individuals. The training covered details of what safeguarding is, and how organisations can develop their own safeguarding policies. THCVS no longer runs this training – it is now provided by the volunteer centre in the borough, and the organisation can refer people to that course as necessary.

In addition THCVS provides advice and guidance to organisations who work with vulnerable adults. This includes advice on developing safeguarding practices.

It is currently a requirement of membership of THCVS that organisations have a satisfactory safeguarding adults policy in place.

THCVS supports the borough's health and wellbeing forum, employing a health and wellbeing officer to support the forum and develop policy in this area. THCVS attend the forum meetings and steering group – helping to set the agenda for the forum. THCVS also administers the running of the forum. The Chair is the voluntary sector representative on the Health and Wellbeing Board. THCVS also send regular health and social care e-bulletins to around 900 recipients.

4.9.2 Evaluating Effectiveness

THCVS completed the Safeguarding Adults at Risk Audit Tool and then took part in a safeguarding adult board challenge and support event.

The self-assessment and peer challenge event highlighted 6 Amber ratings for THCVS safeguarding practice – these were related to updating our policies and procedures, our job descriptions and our induction process. The audit also showed there is a requirement for THCVS to better communicate with the community and voluntary sector about safeguarding and the work of the SAB.

THCVS training courses are all evaluated by the attendees. Feedback is positive and people report an increase in their knowledge.

The health and wellbeing forum is also regularly evaluated by the attendees.

2.9.3 Improvements in Safeguarding Arrangements

The self-assessment has highlighted areas of THCVS practice that the organisation wishes to improve relating to safeguarding arrangements – most notably around policies and procedures, inductions for staff and updating job descriptions.

When applying for membership of THCVS organisations are asked to provide us with a copy of their safeguarding policy and procedure. THCVS will then work with organisations to improve their policies as necessary.

4.10 Toynbee Hall

4.10.1 Safeguarding of Adults and Promoting Their Welfare

Toynbee Hall continued with its Dignify project reaching older people and those with mental health issues. A series of workshops were delivered at a variety of settings from mental health centres including Beside, a stroke support group, the Geoff Ashcroft centre, and residential schemes including Duncan Court & Coopers Court as well as using a quiz as part of Older People's Day celebration at Mile End Leisure Centre.

4.10.2 Evaluating Effectiveness

After the workshops, participants are asked to identify types of abuse, and signs and symptoms of abuse, and also where to go if you are concerned about abuse. Generally 80% are able to report this.

4.10.3 Improvements in Safeguarding Arrangements

TH used the audit as a way of challenging itself as an organisation, and TH is now refining plans to train all front line staff and volunteers in Prevent awareness alongside safeguarding awareness.

TH are raising Safeguarding as an agenda point in Advice and Community services team meetings, to allow staff to discuss issues where they require clarity or guidance.

4.11 Providence Row Housing Association

4.11.1 Safeguarding of Adults and Promoting Their Welfare

Providence Row Housing Association (PRHA) has continued with its membership of the SAB and participation in the Good Practice sub-group.

PRHA have ensured that all staff have received training about the changes to safeguarding of adults resulting from the Care Act. The Association have also continued to implement

person centred practice in all its services, following last year's training on Transforming Teams.

Providence Row has set up an internal good practice group to monitor safeguarding within the organisation, examine issues around safeguarding and advise the Senior Management Team and the organisation.

4.11.2 Evaluating Effectiveness

Governance of policy review is set out by the PRHA Board, and policy, including safeguarding of adults, are reviewed annually, in accordance with this requirement. Each service keeps records of all incidents involving safeguarding, which are reported to commissioners.

The Safeguarding Lead reviews all safeguarding data with the Monitoring Officer every quarter and then takes this for discussion and action by the safeguarding good practice group and all service managers.

For the first time this year, PRHA have included specific questions on safeguarding in its annual survey of all service users. Providence Row will analyse the responses to provide information about the effectiveness of services in safeguarding service users.

4.11.3 Improvements in Safeguarding Arrangements

Providence Row took part in the SAB self audit for 2015/16 and also participated in the subsequent challenge event. This provided an opportunity not only to assess PRHA's own actions and plans re: safeguarding but also the impact of other services on service users and efforts to improve multi-agency working.

Following re-tendering of Providence Row services in Tower Hamlets, the greatest challenge has been in meeting the standards required in service delivery in a climate of fewer and fewer resources. Providence Row services have met this challenge often by having to work "smarter" in service delivery.

4.12 Real

4.12.1 Safeguarding of Adults and Promoting Their Welfare

Real provide annual safeguarding training to staff, volunteers, trustees, Local Voices, the representative group and partner agency staff.

Real are committed to the SAB strategic plan to ensure the voices of people who may be affected by safeguarding issues are heard.

4.12.2 Evaluating Effectiveness

All safeguarding issues are collected centrally and reported to other agencies as part of the contract monitoring requirements. These then get discussed with statutory agencies at the quarterly monitoring meetings on Real. They are also discussed at relevant team meetings to enable ongoing learning and development with the staff.

Real recognise there is more work to do on evaluating the effectiveness of its safeguarding interventions. Real also want to have a wider impact through supporting client input in SAB activities.

4.12.3 Improvements in Safeguarding Arrangements

As the lead organisation in a consortium of nine providers Real have requested each partner attends Real's training or provides evidence of their own in-house training. All of these other organisations are local third sector organisations. Not all of them would have been doing this regularly, so the challenge promotes greater engagement. Real ask partners to report on incidents during site visits and report quarterly to Real as part of their monitoring.

Real's advocates challenge social workers and social service practice when supporting clients who are at risk of, or subject to, a safeguarding concern.

Appendix 1 – Full Membership of the Safeguarding Adults Board

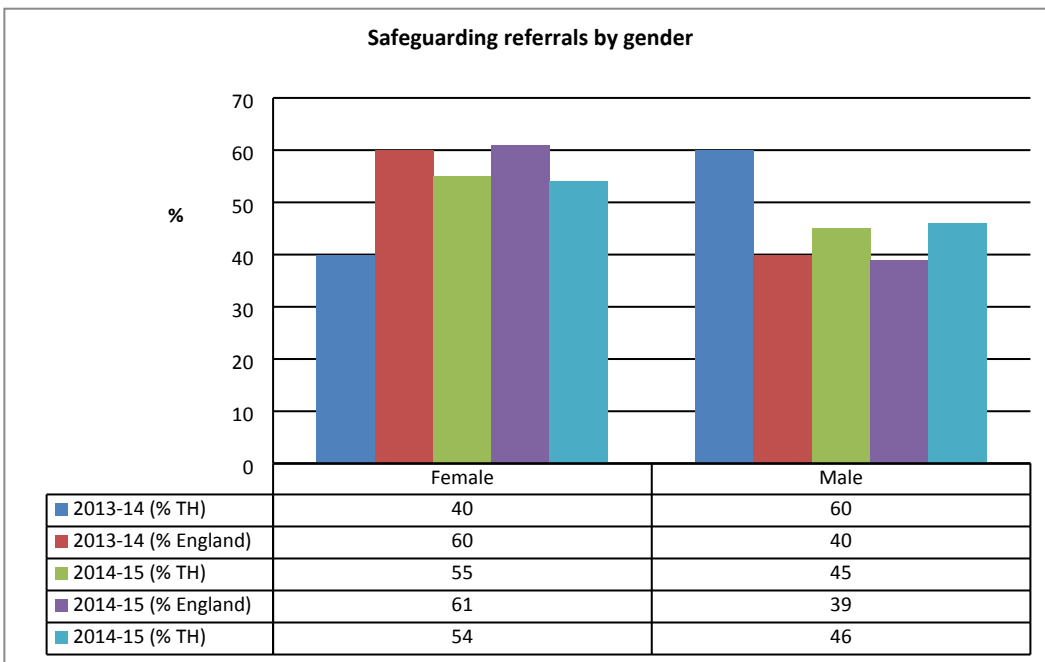
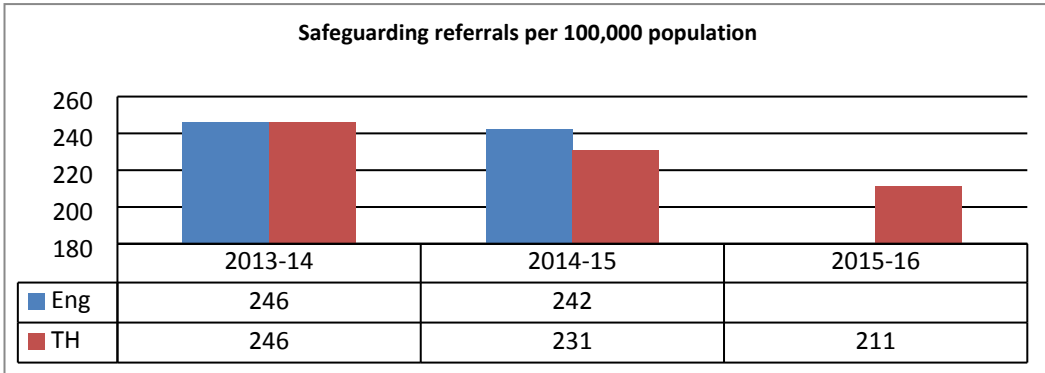
Organisation	Name	Designation
Independent Chair	Christabel Shawcross	SAB Independent Chair
LBTH		
Councillor	Amy Whitelock-Gibbs	Cabinet Member for Health And Adults Services
Corporate Director, Adult Services, LBTH	Denise Radley	Corporate Director, Adults Services
Policy, Programmes and Community Insight, LBTH	Layla Richards	Transformation/ Policy, Programmes and Community Insight Manager
Commissioning, LBTH	Karen Sugars	Service Head of Commissioning
Adult Social Care, LBTH	Luke Addams	Service Head Adult Social Care
Community Safety, LBTH	Shazia Ghani	Head of Community Safety
Children's Social Care, LBTH	Paul McGee	Service Manager Assessments & Early Intervention
Housing, LBTH	Janet Slater	Service manager Housing option.
Bart's Health	Jane Callaghan	Head of Safeguarding Adult
Bart's Health	Louise Crosby	Director of Nursing, St. Bartholomew's Hosp.

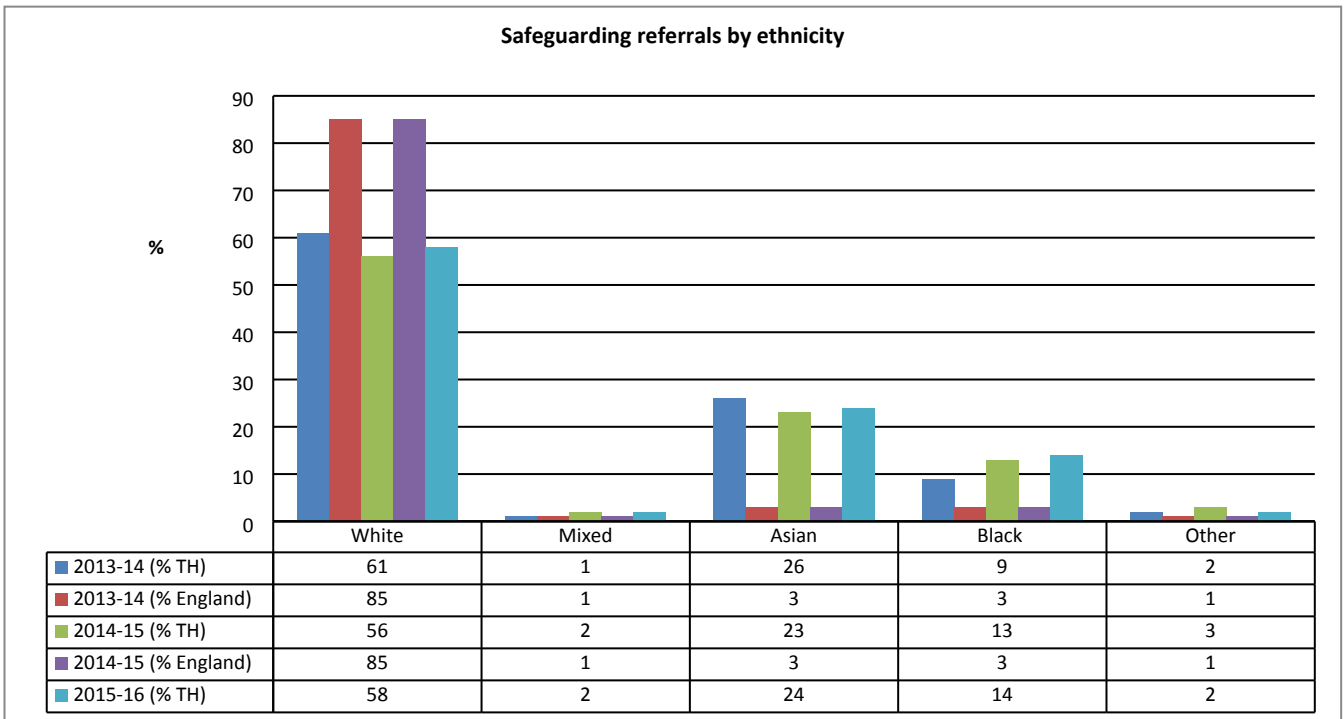
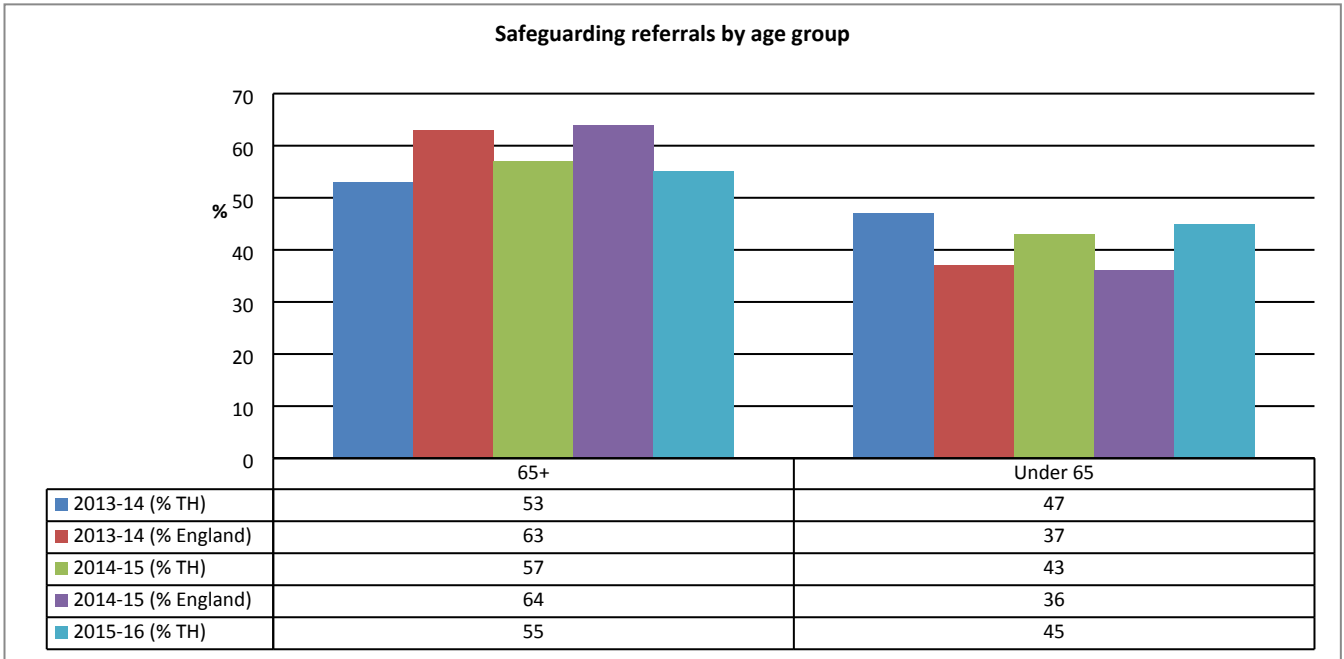
Organisation	Name	Designation
Bart's Health	Angela Robinson	Director of Nursing, St. Bartholomew's Hosp.
Bart's Health	Amanda Wood	Director of Nursing, Newham Hosp.
Bart's Health	Lucie Butler	Director of Nursing, Royal London Hosp.
Bart's Health	Felicia Kwaku	Director of Nursing, Whipps Cross Hosp.
East London Foundation Trust	Paul James Janet Boorman	Borough Director
CCG	Carrie Kilpatrick	Interim Deputy Director of Mental Health and Joint Commission
GP Care Group	Phillip Bennett- Richards	
Police	Sue Williams Ingrid Cruikshank	Chief Superintendent Detective Chief Inspector
Probation Service	Stuart Webber Suzanne Nidai	Acting Head of Hackney, City of London and Tower Hamlets National Probation Trust.
London Fire Service	Bruce Epsly Clifford Martin	Borough Commander

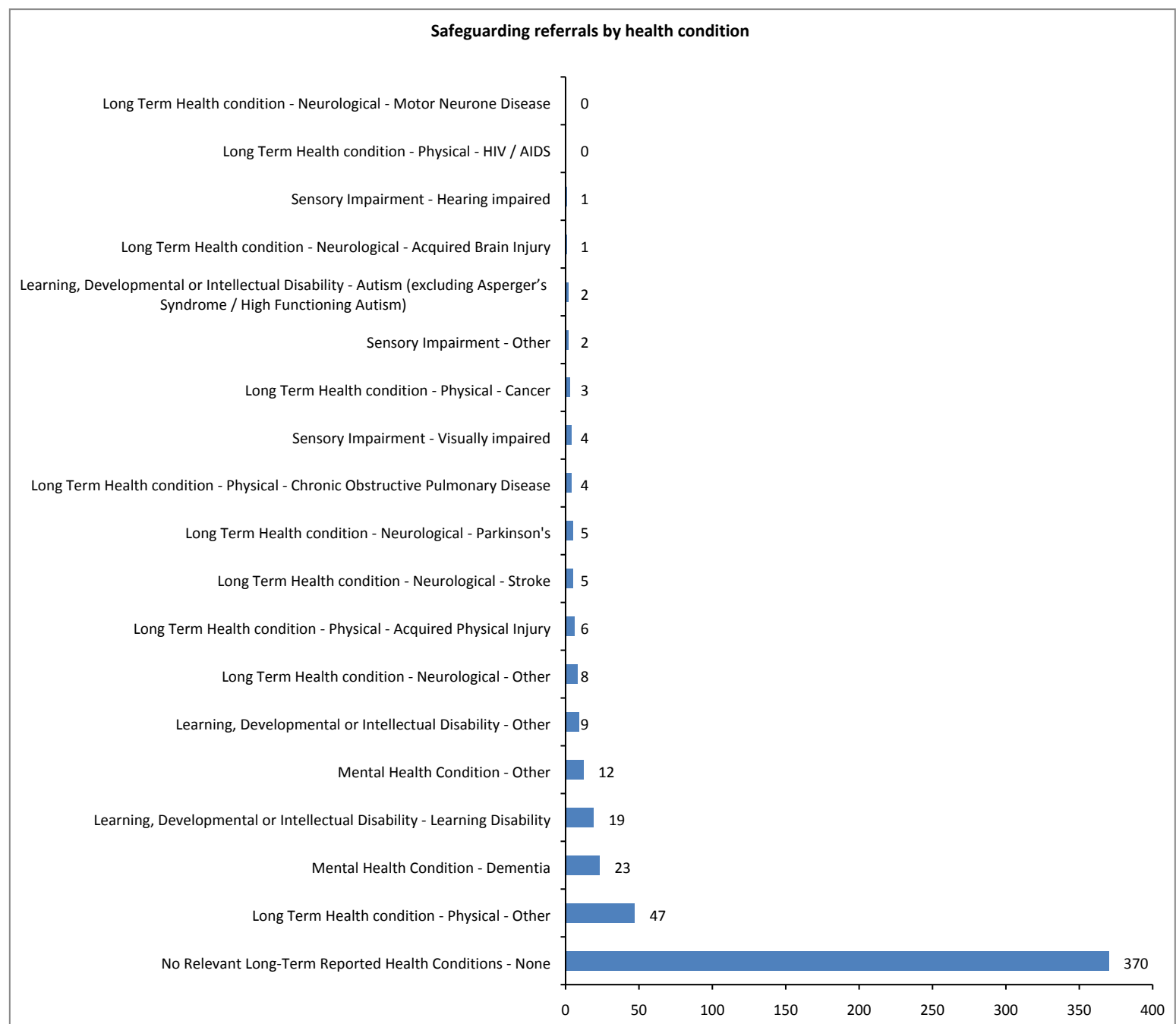
Organisation	Name	Designation
London Ambulance Service	Alan Taylor	Head of Safeguarding, LAS
	Alison Blakely	Quality, Governance and Assurance Manager, LAS
Providence Row Housing Association	John Wilson	Service Improvement Manager
Tower Hamlets Community Housing	Michael Tyrell	Chief Executive
Tower Hamlets Council for Voluntary Services	Kirsty Connell	Chief Executive
POhWER	Fiona Scaife	Independent Mental Health Advocate
Toynbee Hall	Dave Barnard	Head of community service.
	Kate Lovell	
Real	Mike Smith	Chief Executive
	Karen Linnane	Delivery and Development Manager
Health watch Tower Hamlets	Dianne Barham	Director
THCVS	Gemma Cossins	Development Manager
Age UK	Deborah Hayes	Director of Individual Services

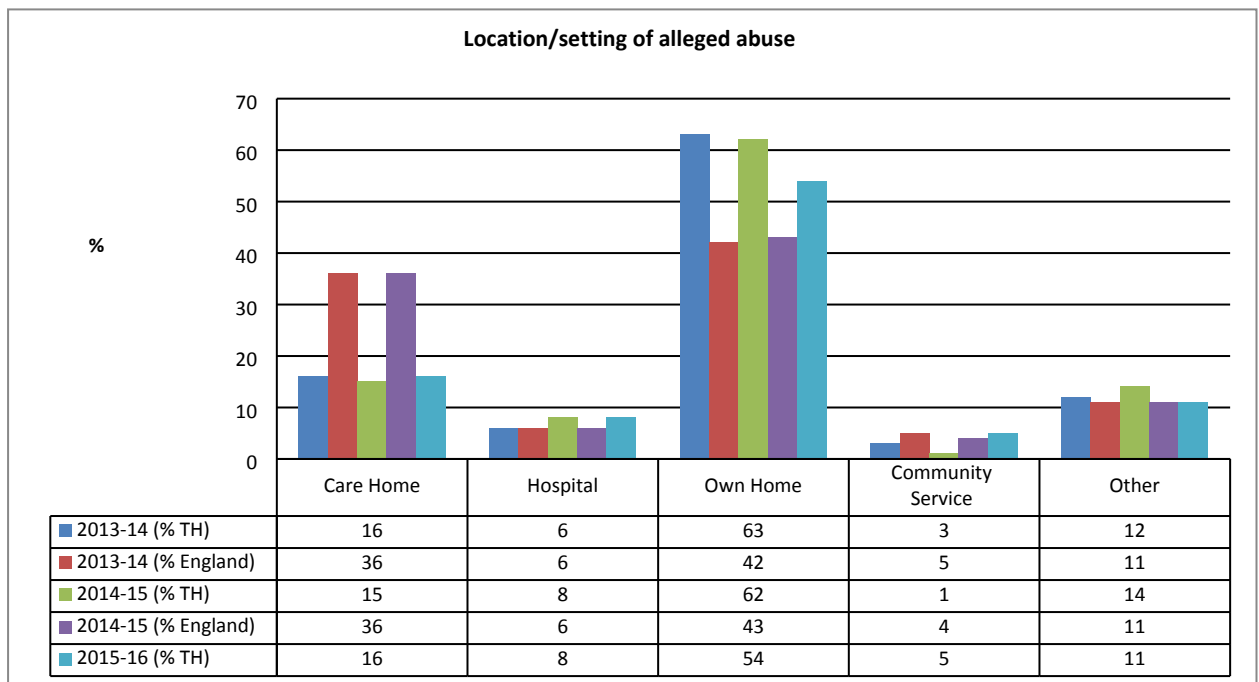
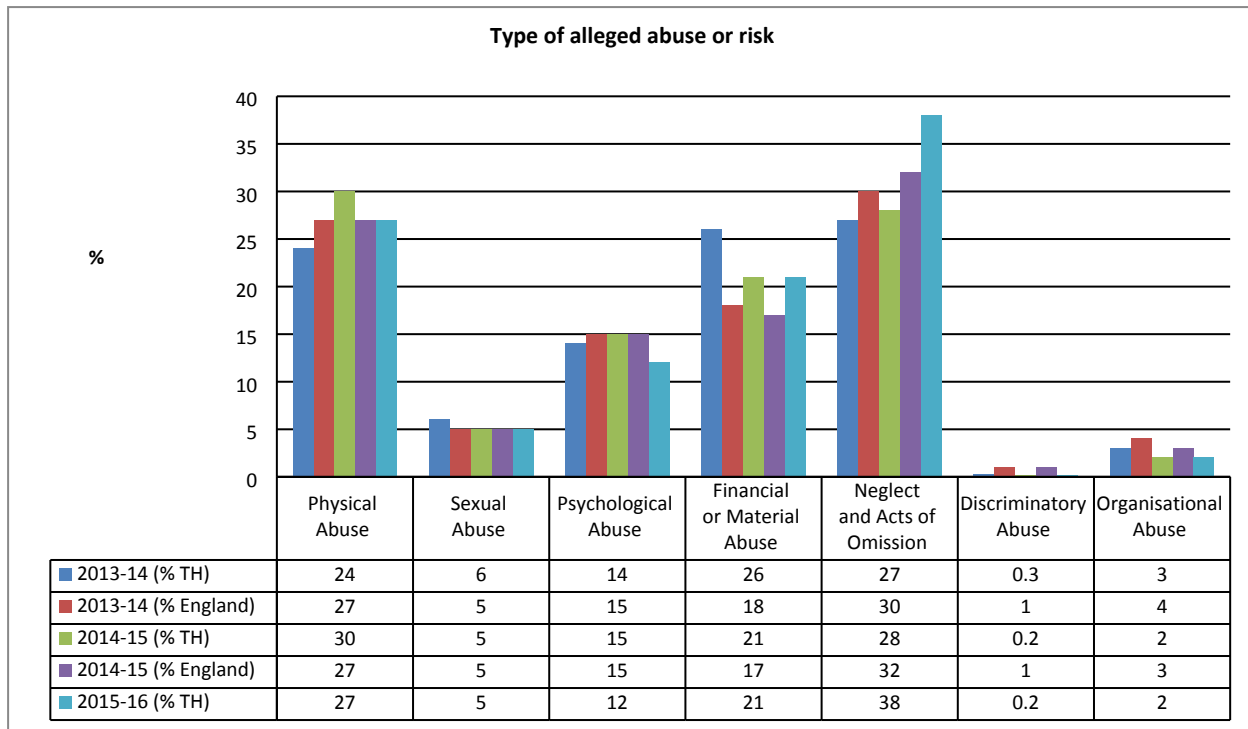
Appendix 2 - Data Charts

Referrals









Appendix 3 – London Ambulance Service Safeguarding Report 2016

The London Ambulance Service NHS Trust (LAS) has a duty to ensure the safeguarding of vulnerable persons remains a focal point within the organization and the Trust is committed to ensuring all persons within London are protected at all times.

This report provides evidence of the LAS commitment to effective safeguarding measures during 2015/16. A full report along with assurance documents can be found on the Trusts website.

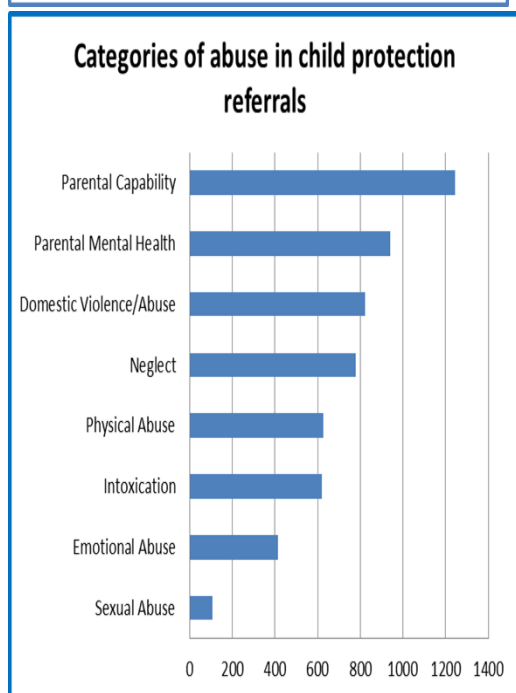
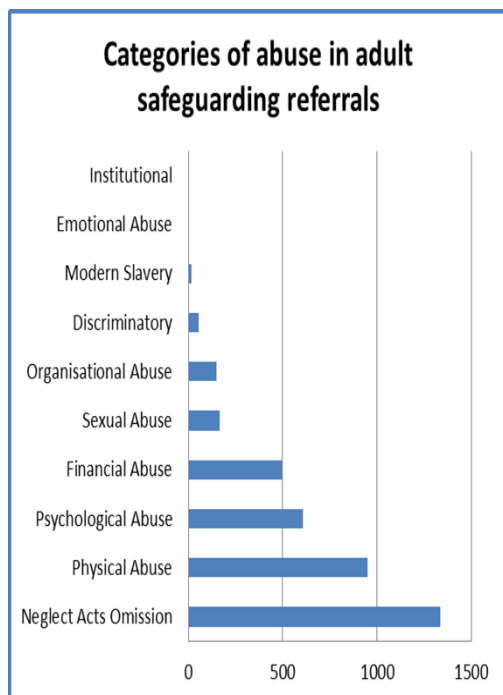
Referrals or concerns raised to local authority during 2015-16

The LAS made a total to 17332 referrals to local authorities in London during the year.

4561 children referrals, 4331 Adult Safeguarding Concerns, 8440 Adult welfare Concerns

	Adults Safeguarding	Adults Welfare	Children	Total Referrals	Referrals as % of incidents
LAS	4331	8440	4561	17332	1.66%
Barking and Dagenham	107	162	189	458	1.62%
Barnet	144	259	159	562	1.34%
Bexley	120	326	146	592	2.09%
Brent	157	258	138	553	1.40%
Bromley	153	317	153	623	1.73%
Camden	109	177	72	358	1.05%
Croydon	262	458	343	1063	2.26%
Ealing	174	319	183	676	1.70%
Enfield	132	267	217	616	1.62%
Greenwich	137	274	220	631	1.93%
Hackney	128	238	113	479	1.67%
Hammersmith and Fulham	89	176	63	328	1.48%
Haringey	123	238	134	495	1.59%
Harrow	80	136	92	308	1.28%
Havering	148	205	116	469	1.42%
Hillingdon	148	260	150	558	1.32%
Hounslow	165	330	152	647	1.98%
Islington	129	240	91	460	1.53%
Kensington and Chelsea	72	155	39	266	1.42%
Kingston upon Thames	75	152	69	296	1.63%
Lambeth	185	327	188	700	1.65%
Lewisham	149	348	194	691	2.07%
Merton	108	171	111	390	1.80%
Newham	143	232	182	557	1.38%
Redbridge	121	237	125	483	1.46%
Richmond upon Thames	90	203	62	355	1.92%
Southwark	191	313	166	670	1.62%
Sutton	128	223	108	459	2.00%
Tower Hamlets	111	194	141	446	1.35%
Waltham Forest	160	309	136	605	1.96%
Wandsworth	153	238	141	532	1.67%
Westminster	98	256	58	412	0.95%

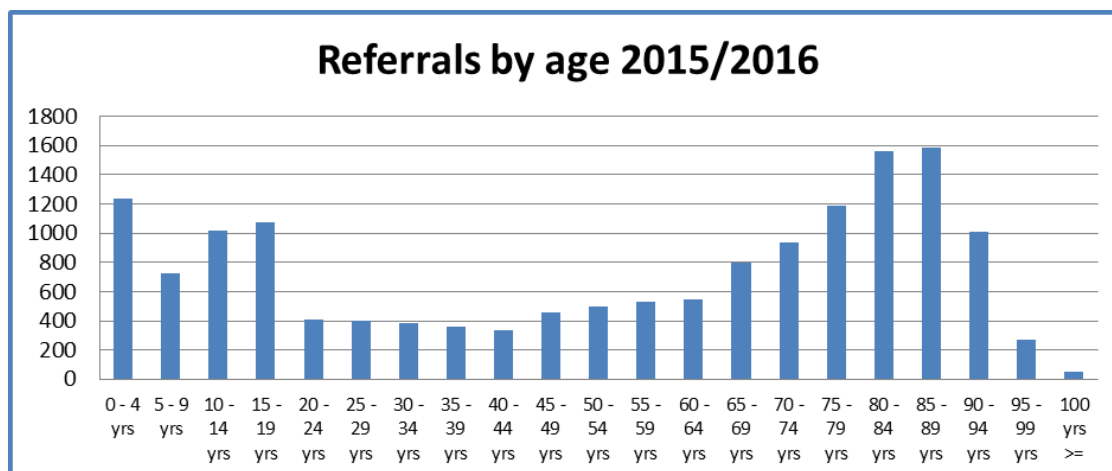
Categories of abuse



Referrals by age

Perhaps not surprisingly, the very young and the old are most likely to be the subject of referrals. For children, once out of infancy and their most vulnerable period they are most likely to be the subject of a referral once over 15. Around a third of referrals

for all children, according to an in-house audit conducted in Q1 of this year are related to self-harm. The majority of these are in the 15-18 age range.



Safeguarding Training

The Trust is committed to ensuring all staff are compliant with safeguarding training requirements. The chart below shows staff directly employed by the LAS as well as voluntary responders and private providers who we contract to work on our behalf.

Training required	Total Staff	Frequency of training	2014	Target to be trained 2015/16	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total trained 2015/16	% of target 2015/16	3 year cumulative % of total staff trained	
Level One																				
Induction	various	on joining		various	28	10	14	9	0	14	19	19	17	53	0	26	209			
E Learning	1389	3 yearly	672	356	69	220	67	35	18	40	60	34	22	32	33	32	662	186%	96%	
Level Two																				
New Recruits	Various	on joining		various	Nil	53	88	31	39	124	13	16	47	27	74	177	689			
Core Skills Refresher	3019	annually		3019	N/A	N/A	N/A	N/A	310	596	785	936	N/A	178	N/A	N/A	2805	93%		
EOC Core Skills Refresher	443	annually		443	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	0%		
EOC new staff	Various	on joining		various	34	10	9	27	4	12	17	0	14	7	12	8	154			
PTS/NET	114	annually		114	Nil	N/A	20	N/A	25	29	N/A	N/A	N/A	N/A	N/A	N/A	74	65%		
Bank staff	390	annually	58	390		N/A	N/A	N/A	6	8	43	66	0	31	N/A	N/A	154	39%	54%	
111	152	annually	101	51	9	15	3	0	1	2	16	9	5	26	1	6	93	182%	128%	
Community first Responders (St John)	140	3 yearly	135	50	Nil	12	13	10	13	12	12	14	15	N/A	13	12	126	252%	186%	
Emergency responders	150	3 yearly		100	Nil	Nil	Nil	Nil	Nil	29	11	Nil	69	N/A	7	10	126	126%		
Level Three																				
EBS	30	3 yearly		25	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	13	14	N/A	27	108%		
111	11	3 yearly	11	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0		100%	
Local leads	various	3 yearly		various	6	5	N/A	N/A	N/A	7	6	12	N/A	N/A	N/A	N/A	36			
Specific training																				
Prevent- clinical staff	3019	one off		3019	N/A	N/A	N/A	N/A	310	596	785	936	0	178	N/A	N/A	2805	93%		
Prevent- Non clinical	1389	one off		0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	0%		
Trust Board	17	3 yearly		17	N/A	N/A	12	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	12	71%		
HR/ Ops managers	Various			various	29	N/A	N/A	N/A	N/A	7	N/A	N/A	N/A	N/A	N/A	N/A	36			
Private providers	450	3 yearly	226	112	26	21	13	10	19	16	14	11	6	18	21	13	188	168%	92%	
Other safeguarding	various	as required			104	12	N/A	N/A	N/A	N/A	N/A	N/A	12	0	0	0	75	203		
Nil = no figures provided																	8399	total		
N/A= no course planned this month																				

Emergency Operations Control (EOC) staff have safeguarding training planned for quarter 1 2016.

Patient Transport Staff (PTS) are also receiving safeguarding training in quarter 1-2 2016.

Bank staff position is currently under review by LAS Executive Leadership Team.

Trust Board training is arranged for May for those outstanding safeguarding training.

All non-clinical staff will undertake Prevent awareness in 2016.

The LAS full safeguarding report for 2015-16 can be accessed via the Trusts website.

Alan Taylor

Head of Safeguarding

Glossary of Abbreviations, Acronyms and Initialisms

ADASS – Association of Directors of Adult Social Services
ASB – Anti Social Behaviour
CAD – Computer Aided Dispatch
CCG – Clinical Commissioning Group
CMHT – Community Mental Health Team
CMO – Contract Monitoring Officer
CQC – Care Quality Commission
CPA – Care Programme Approach
CQUIN – Commission for Quality and Innovation
CRIS – Crime Reporting System
CSP - Community Safety Partnership
CSU – Community Safety Unit
CTR – Care and Treatment Review
DHP – Discretionary Housing Payment
DoLS – Deprivation of Liberty Safeguards
ELFT – East London NHS Foundation Trust
HFSV – Home Fire Safety Visit
HWBB – Health and Well Being Board
JSNA – Joint Strategic Needs Assessment
LAS – London Ambulance Service
LDPB – Learning Disability Partnership Board
LHA – Local Housing Allowance
LBTH – London Borough of Tower Hamlets
LFB – London Fire Brigade
LFEPA - London Fire and Emergency Planning Authority
LSCB – Local Safeguarding Children Board
MARAC – Multi Agency Risk Assessment Conference
MASH – Multi Agency Safeguarding Hub
MCA – Mental Capacity Act
MOU – Memorandum of Understanding
MPS – Metropolitan Police Service
MSP – Making Safeguarding Personal
NPS – National Probation Service
PET – Performance Evaluation Tool
PRHA – Providence Row Housing Association
PSMT – Provider Services Management Team
RSL – Registered Social Landlord
SAB – Safeguarding Adults Board
SAM – Safeguarding Adults Manager
SAR – Safeguarding Adults Review
SCP – Safer Communities Partnership
SOR- Serious Outstanding Risk
SPOC – Single Point of Contact
THCIP- Tower Hamlets Community Improvement Partnership
THCVS – Tower Hamlets Council for Voluntary Services
THIPP – Tower Hamlets Integrated Provider Partnership
VAF – Vulnerable Adult Framework