TOWER HAMLETS HEALTH AND WELLBEING BOARD

Tuesday, 18 October 2016 at 5.30 p.m.

This meeting is open to the public to attend.

Members:	**Representing**
Chair: Councillor Amy Whitelock Gibbs	(Cabinet Member for Health & Adult Services)
Vice-Chair:	
Councillor Rachael Saunders	(Cabinet Member for Education & Children's Services)
Councillor David Edgar	(Cabinet Member for Resources)
Councillor Sirajul Islam	(Statutory Deputy Mayor and Cabinet Member for Housing Management & Performance)
Councillor Danny Hassell	(Non - Executive Group Councillor)
Dr Somen Banerjee	(Interim Director of Public Health, LBTH)
Dr Amjad Rahi	(Healthwatch Tower Hamlets Representative)
Dr Sam Everington	(Chair, NHS Tower Hamlets Clinical Commissioning Group)
Jane Milligan	(Chief Officer, Tower Hamlets Clinical Commissioning Group)
Debbie Jones	(Corporate Director, Children's Services)
Denise Radley	(Director of Adults' Services)
Jane Ball	Tower Hamlets Housing Forum
Aman Dalvi	(Corporate Director, Development & Renewal)
Councillor Abdul Asad	Independent Group - Largest majority group on the Council
Co-opted Members	
Dr Ian Basnett	(Public Health Director, Barts Health NHS Trust)
DengYan San	(Young Mayor)
Dr Navina Evans	Chief Executive East London NHS Foundation Trust
Jackie Sullivan	Managing Director of Hospitals, Bart's Health Trust
Sue Williams	Borough Commander - Chief Superintendent
John Gillespie	(Tower Hamlets Community Voluntary Sector, Health and Wellbeing Representative)

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

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

5pm the day before the meeting.

Contact for further enquiries:
Democratic Services
1st Floor, Mulberry Place, Town Hall, 5 Clove Crescent, E14 2BG
Tel: 02073640842
E:mail: Farhana.Zia@towerhamlets.gov.uk
Web: http://www.towerhamlets.gov.uk/committee

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Role of the Tower Hamlets Health and Wellbeing Board.

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

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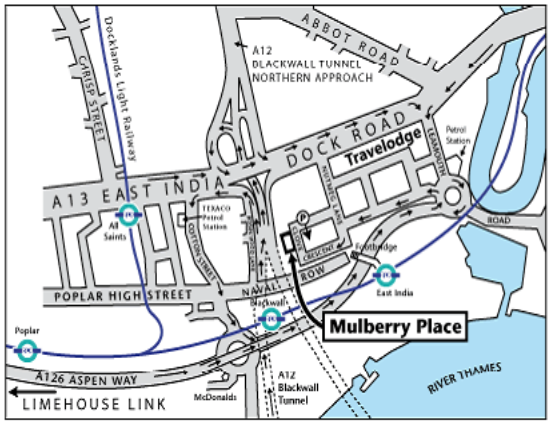

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1.	**STANDING ITEMS OF BUSINESS**	
1 .1	**Welcome, Introductions and Apologies for Absence** To receive apologies for absence and subsequently the Chair to welcome those present to the meeting and request introductions.	
1 .2	**Minutes of the Previous Meeting and Matters Arising** To confirm as a correct record the minutes of the meeting of the Tower Hamlets Health and Wellbeing Board held on. Also to consider matters arising.	**1 - 10**
1 .3	**Declarations of Disclosable Pecuniary Interests** To note any declarations of interest made by members of the Board. (See attached note of Monitoring Officer).	**11 - 14**
	ITEMS FOR CONSIDERATION	
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10.	**BETTER CARE FUND QUARTER 1 RETURN - UPDATE**	**359 - 388**
11.	**ANY OTHER BUSINESS** To consider any other business the Chair considers to be urgent.	
12.	**DATE OF NEXT MEETING**	

Date of Next Meeting:

Tuesday, 13 December 2016 at 5.00 p.m. in Mulberry Place, 5 Clove Crescent, London E14 2BG

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LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE TOWER HAMLETS HEALTH AND WELLBEING BOARD

HELD AT 5.05 P.M. ON TUESDAY, 9 AUGUST 2016

C1, 1ST FLOOR, TOWN HALL, MULBERRY PLACE, 5 CLOVE CRESCENT, LONDON, E14 2BG

Members Present:

Councillor Amy Whitelock Gibbs (Chair)	–
	–
Councillor Rachael Saunders (Member)	– (Deputy Mayor and Cabinet Member for Education & Children's Services)
Councillor Danny Hassell (Member)	–
Dr Somen Banerjee (Member)	– (Director of Public Health)
Dr Sam Everington (Member)	– (Chair, Tower Hamlets Clinical Commissioning Group)
Jane Milligan (Member)	– (Chief Officer, Tower Hamlets Clinical Commissioning Group)
Denise Radley (Member)	– (Director of Adults' Services)
Mo Ali (Substitute for Jane Ball)	– Head of Community Investment Gateway Housing
Peter Turner (Member) (Substitute for Sue Williams)	– Acting Borough Commander, Metropolitian Police

Co-opted Members Present:

Dr Ian Basnett	– (Public Health Director, Barts Health NHS Trust)
Dr Navina Evans	– Chief Execuitve East London and the Foundation Trust)
John Gillespie	– (Tower Hamlets Community Voluntary Sector, Health and Wellbeing Representative)
Mo Ali	– Head of Community Investment, Gateway Housing

Other Councillors Present:

–

Apologies:

Councillor David Edgar	– (Cabinet Member for Resources)
Councillor Sirajul Islam	– (Statutory Deputy Mayor and Cabinet Member for Housing Management & Performance)
Dr Amjad Rahi	– (Healthwatch Tower Hamlets Representative)
Debbie Jones	– (Corporate Director, Children's

	Services)
Jane Ball	– -Gateway Housing
Jackie Sullivan	– Managing Director of Hospitals, Bart's Health Trust
Aman Dalvi	– (Corporate Director, Development & Renewal)
Sue Williams	– Borough Commander - Chief Superintendent

Others Present:

Dianne Barham	– (Director of Healthwatch Tower Hamlets)
Simon Hall	– Acting Chief Officer, NHS Tower Hamlets Clinical Commissioning Group
Chris Banks	– CEO GP Care Group
Dr Dianne Bell	– Director of Insight, Cobic

Officers in Attendance:

Shazia Hussain	– (Service Head Culture, Learning and Leisure, Communities Localities & Culture)
Keith Burns	– (Programme Director Special Projects, Commissioning & Health)
Martin Ling	– Housing Policy Manager
	–

1. STANDING ITEMS OF BUSINESS

1.1 Welcome, Introductions and Apologies for Absence

The Chair welcomed everybody to the meeting and asked attendees to introduce themselves.

Apologies were received from London Borough of Tower Hamlets Councillors David Edgar and Sirajul Islam; Debbie Jones – Corporate Director for Children's Services and Will Tuckley – Chief Executive, London Borough of Tower Hamlets; Amjad Rahi – Chair of Healthwatch Tower Hamlets, Jackie Sullivan – Managing Director (Royal London and Mile End Hospitals), Barts NHS Trust and Jane Ball – Vice Chair of Tower Hamlets Housing Forum/ Chair of Health.

The Chair asked the Board to note that a representative of the Independent Group of Tower Hamlets Council had yet to be nominated to the Board.

The Chair introduced the new social media hashtag for the Tower Hamlets Health and Welbeing Board, #THhealthwellbeing. She explained its creation is

to help raise the profile of the Board and its work, and encouraged all members and associates of the Board to use it.

1.2 Minutes of the Previous Meeting and Matters Arising

The Chair referred members of the Board to the minutes from the meeting held on the 21st June 2016. The Board approved these to be an accurate record of the meeting, subject to clarifying that Dr Navina Evans is now Chief Executive of East London NHS Foundation Trust.

Matters arising: The Director of Public Health, Dr Somen Banerjee, advised that the Transforming Care Partnership Plan (as referred to at Minute 3, page 5 of the 21st June minutes) would be submitted to a future meeting of the Board.

1.3 Declarations of Disclosable Pecuniary Interests

There were no declarations of interest.

ITEMS FOR CONSIDERATION

2.1 Revised Terms of Reference - Health and Wellbeing Board

The Chair updated the Board on recent activity to update its Terms of Reference. She reminded members that changes to the Board's membership had been proposed following a Local Government Association (LGA) peer review, that the proposed changes had been considered and approved by Full Council on 20th July 2016, and that a representative of the Independent Group (as the largest majority group on the Council) had been added, though a nomination was awaited.

The Board **RESOLVED** to note the revised Terms of Reference, taking into account the changes as agreed by the Board at its meeting of 21st June 2016, which were approved by Full Council at its meeting of 20th July 2016. Attached to the report submitted as Appendix 1.

2.2 Appointment of Vice-Chair

The Chair informed the Board that, pursuant to the revised Terms of Reference agreed under the previous item, the Tower Hamlets Clinical Comissioning Group (CCG) had nominated Dr Sam Everington for Vice-Chair of the Board for 2016/17.

The Board **RESOLVED** that Dr Sam Everington is appointed as the Vice-Chair of the Tower Hamlets Health and Wellbeing Board for 2016/17.

2.3 Ageing Well Strategy - Scoping Paper

Keith Burns, Programme Director of Special Projects, LBTH, introduced the report. Keith explained that originally, this strategy was focused around

residential and care home services in the borough, but that it has since broadened in scope and now encompassed a much wider range services and aims. The strategy has a number of parallels with other strategies being considered by the Board, for example the Health and Well-Being Strategy, the Housing Strategy and others.

The tabled strategy should be seen as an introductory proposal. Stakeholder engagement is planned, including with residents and community/voluntary sector bodies, and it is hoped this engagement will help define the scope of the strategy. Keith asked the board to specifically note the proposed governance arrangements, production timeline and the ambition that the strategy be co-produced with local stakeholders

The Chair welcomed the strategy, in particular the following elements:

a) The broadening of its scope to focus on 'ageing well', as she believed that the definition of an older person is changing and that ensuring wellbeing for older people today involves more than the traditional view of social care. She felt ageing well involved a range of partner services and the full range of Council services.
b) The commitment to involve the Board and other stakeholders in its production. The Chair felt this reflected a genuine commitment to work with local people and community groups to define the strategy in terms of what local people really want.

The board recognised that the strategy had broadened in scope and asked that future iterations of the strategy and reports to the Board reflect this, by including the full range of services to be explored. Specifically, it asked that the strategy include a focus on skills and knowledge and work in later life. The Board welcomed the strategy's recognition that ageing is changing and that traditional ways of viewing older people's needs was no longer sufficient to ensure wellbeing in older age. It stressed that we should no longer simply view older people as just 'users' of services, but should also ask how they can contribute and recognise that such contributions can have a real impact on their wellbeing.

The Board asked that the strategy also explore elements of intergenerational work. Members felt there are really good examples of such work in the Borough which officers could explore.

The Board **RESOLVED** to:

1. Approve the proposed governance arrangements for development and delivery of the strategy, including the creation of an Ageing Well Strategy Group to act as a sub-group of the Board;

2. Approve the proposal that the governance arrangements for the Ageing Well in Tower Hamlets strategy incorporate oversight of the actions and deliverables associated with the key aims of the Older Persons' Housing Statement (2013-2015), which are currently being incorporated into the borough's new Housing Strategy 2016 – 2019;

3. Agree the proposed exploration of the feasibility of committing to making Tower Hamlets a dementia friendly borough by 2020, in line with the Alzheimer's Society's challenge, during the development phase of the strategy;

4. Note the high level project plan for developing the strategy along with the identified interdependencies and to identify any additional interdependencies that require consideration as the strategy is developed;

5. Note the planned activities to engage residents and stakeholders in the coproduction of the strategy and to identify any additional co-production opportunities or requirements;

6. Note that proposals for reporting progress on delivering the strategy to the Board will be brought forward when the draft strategy is brought to the Board prior to its final approval.

2.4 Housing Strategy Consultation

Martin Ling, Strategic Housing Officer, LBTH, introduced the First Stage Consultation of the Housing Strategy 2016. Martin explained that the strategy was prepared in a time of extraordinarily challenging circumstances for housing in the borough. The strategy recognises that housing and health of the community are inextricably linked. Martin highlighted some of the recent developments affecting the strategy's preparation, including the Housing and Planning Act, the new Mayor of London, the development of the Council's Local Plan and the creation of the Mayor of Tower Hamlets' Housing Policy and Affordability Commission. Martin explained that initial consultation on the strategy had completed in July 2016 and over 400 responses have been received. The strategy will be taken to Cabinet in September 2016, after which the second stage consultation will begin. Consultation will allow for both formal and informal input.

In response to questions from the Board, Martin provided and an update on development of a licensing scheme for private landlords. Martin explained that since this ambition was first agreed, the rules have changed and it is no longer possible to implement borough-wide licensing schemes, as has been implemented in Newham. The Council has proposed a licensing scheme that will be applied in Weavers, Whitechapel and Spitalfields wards and is currently awaiting further guidance on Houses in Multiple Occupation (HMOs) licensing extension options.

The Board asked if the strategy could specifically address the following problems:

a) How to minimise the health impacts on those living close to poor air quality areas.

b) Providing places to live for key workers, for example health and council workers.
c) Provision of open and community space, including possible application of section 106 resources and whether these could be used to maximise quality open spaces.

Martin explained that these concerns were matters for the planning process. The Chair agreed to pursue relevant matters in discussion with the Cabinet Member for Strategic Development to ensure they are included in the Council's Local Plan.

d) The strategy to link to the Making Every Contact Count scheme. So that health workers could identify and sign-post uses encountering housing problems, e.g. damp, in the same way that is currently done with smoking and other lifestyle issues.
e) Explore opportunities to connect new residents to local health provision such as an application pack with details of GP registration and other local health services.
f) Explore possible changes to the Council's housing allocations policy to include (1) air quality information for social housing bidders and (2) recognition/additional priority for adults with learning difficulty or children with autism.

2.5 North and East London Sustainability & Transformation Plan (NEL STP) update

The Board received an update report on the NEL STP. Jane Milligan, Chief Officer, Tower Hamlets CCG, introduced the report. Jane explained that the Sustainability and Transformation Plan (STP) aims to set out how the CCG will respond to the financial as well as the health and well-being challenges it faces in coming years. Through the Plan, the CCG hopes to meet the challenge of carrying out its functions as effectively and productively as possible. A key element of the Plan is the identification of where focus should be regional (north east London) and where local (Tower Hamlets).

Development of the Plan will be developed to include input from partners and stakeholders: preliminary consultation has taken place, though no feedback has yet been received. The CCG hopes to get feedback on the draft STP by end of October, following which, more detailed iterations will be developed. Jane is happy to make the full draft STP available to Board members on request.

The Chair welcomed the report, but felt there may be a risk or tension. She noted that elements of the draft STP include a broad, regional focus, yet other work in shaping the borough's health landscape, including the work of the Health and Wellbeing Board, is much more local in scope. Jane agreed this did pose a risk, though the CCG would aim to mitigate it as far as possible.

The Board welcomed the opportunity to input and help shape the emerging STP. Members suggested this went some way to reducing what could be described as a democratic deficit in CCG planning and would welcome wider councillor engagement in the process. It also noted the synergies with other strategies and plans being considered and developed by the Board.

2.6 Health and Social Care Outcomes Framework - Discovery Phase Findings (Tower Hamlets Together)

Dr Dianne Bell, Director of Insight, Cobic and Chris Banks, CEO, GP Care Group, gave a presentation on the discovery phase findings in the development of the Health and Social Care Outcomes Framework. They explained that, in their experience, securing successful development of health economies centred on understanding what outcomes matter to local people, how these outcomes are translated into frameworks and how those frameworks are applied. Dianne and Chris further outlined the governance model and the range of stakeholder engagement events that would support development of the Framework.

The Board welcomed the opportunity to contribute to the development of the Framework. The Chair stressed that joining up services is key to securing success and would welcome a plan which identified joint outcomes. The Board therefore has a critical role to play in identifying those inter-relationships and providing a focus point for joined-up working.

In addition, the Board made the following suggestions:

- To revise the Population Segments section to also recognise a separate category of 'young adult', as this population group presents unique health risks.

- To include 'Environment' as a separate heading under the 'Place' section of the potential objectives.

- To ensure non-statutory bodies have opportunity to participate in stakeholder engagement.

- Encouraging Barts Health clinicians to participate in the Framework's development.

2.7 Health and Wellbeing Strategy 2016-2020 Priorities

The Board received a report on the planned next steps of the Health and Wellbeing Strategy 2016-20. The Chair provided a reminder of previous decisions on the strategy's development. Several workshops had been held and the Board had chosen to progress a short, focussed and accessible strategy that would explain the Board's ambitions as distinct from those of individual partner agencies'. It was agreed to focus on five core areas. A sub group has since been established for each of the core areas.

Dr Somen Banerjee, Director of Public Health, London Borough of Tower Hamlets, gave a presentation updating the Board on the strategy, including an overview of the five agreed priorities. The Board expressed agreement with the five priorities and made several suggestions for each, including:

Priority 1: Communities driving change to improve health and wellbeing

- More clarity of what is meant by 'Leadership roles' and recognition that some quality control may be necessary to ensure the right motives and skill set are identified in potential community volunteers.

- Ensure we learn from current examples of excellent community leadership already taking place in Tower Hamlets.

- Ensuring the Board is more outward-facing to connect with the community, including possibly rotating meeting venues beyond Mulberry Place, to increase its visibility and raise its profile in the local community.

Priority 2: Creating a Healthy Place

- Recognition that safety and perceptions of safety are critically linked to public confidence in open spaces.

- Explore linkages with decision-makers on investment in open spaces, in particular Community Infrastructure Levy (CIL) allocation.

Priority 3: Employment and Health

- Include a specific focus on helping people with learning difficulties into employment, including a commitment to learn from good practice elsewhere.

Priority 4: Healthy weight and nutrition in children

- The Board welcomed the focus on communicating with parents, as evidence suggests children are aware of the risks of eating unhealthily, yet parents' poor food choices contribute to unhealthy weight.

Somen explained that the Shared Outcomes Framework (discussed in more detail at agenda item 2.6 of the agenda for this meeting) had been included in the strategy. The Chair also asked that Somen liaise with Dianne Barham to include relevant feedback from the recent public engagement event led by Healthwatch Tower Hamlets in the strategy.

2.8 HWBB - Board Development

The Board received a report which made suggestions for how it could become an exemplar Health and Wellbeing Board. The Chair introduced the report

and explained that one of its suggestions was to hold an awayday session, where the Board could discuss its development and agree practical actions. The Chair stated that, in contrast to the detail of the report, the session need not be a full day and October 2016 had been identified as potentially most suitable.

Jane Milligan advised of related opportunities involving LGA workshops for development of STPs and agreed to explore any opportunities for sharing learning from the two events.

The Board **RESOLVED** to hold a one day or part day Board development session around October 2016, the exact date to be advised.

3. ANY OTHER BUSINESS

None.

4. DATE OF NEXT MEETING

The next meeting is scheduled for 5.30pm on Tuesday 18th October 2016. The Chair advised that it had been necessary to schedule future 2016/17 meetings of the Board at the later time of 5.30pm, but that she would aim to keep meetings as short as possible.

The meeting ended at 7.26 p.m.

Chair, Councillor Amy Whitelock Gibbs
Tower Hamlets Health and Wellbeing Board

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DECLARATIONS OF INTERESTS - NOTE FROM THE MONITORING OFFICER

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

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

Interests and Disclosable Pecuniary Interests (DPIs)

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

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

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

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

Effect of a Disclosable Pecuniary Interest on participation at meetings

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

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

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

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

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

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

Further advice

For further advice please contact:-

Melanie Clay, Corporate Director of Law, Probity & Governance & Monitoring Officer, Telephone Number: 020 7364 4801

APPENDIX A: Definition of a Disclosable Pecuniary Interest

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

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

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Health and Wellbeing Board Tuesday 18 October 2016	Tower Hamlets Health and Wellbeing Board
Report of the London Borough of Tower Hamlets	**Classification:** Unrestricted
Community Safety Partnership – developing a working relation with the HWBB	

Lead Officer	Shazia Ghani – Head of Community Safety, LBTH; and Chris Lovitt – Associate Director of Public Health, LBTH
Contact Officers	Shazia Ghani and Chris Lovitt
Executive Key Decision?	No

Summary

The Community Safety Partnership (CSP) is one of the borough's Community Plan Delivery Groups and is responsible for the theme 'A Safe and Cohesive Community'. It is also the borough's statutory multi-agency strategic group responsible for community safety including crime, disorder, substance misuse and re-offending under the Crime and Disorder Act 1998.

It is chaired by the Police Borough Commander and the Cabinet Member for Community Safety and has representation from the five responsible authorities under the aforementioned Act, as well as members representing other key agencies and the third sector including Victim Support and the Council for Voluntary Services.

The CSP works across all agencies in the borough with a responsibility or a vested interest in community safety and has a series of subgroups responsible for the delivery against the priorities within its Community Safety Partnership Plan. It also works closely with other strategic boards in the borough including Safeguarding Adults, Safeguarding Children, Tower Hamlets Housing Forum and the Safer Neighbourhood Board.

The CSP would like to establish close working links with the Health and Wellbeing Board, to enable both boards and their subsequent partner agencies to work together to improve health and wellbeing outcomes for both victims and perpetrators of community safety issues (including crime and substance misuse) and to ensure appropriate support services are in place and accessed to prevent further offending/victims.

The CSP's current Plan (due to expire on 31st March 2017) is attached as an appendix and has identified the following priorities for 2016/17:

- Gangs and Serious Youth Violence
- Anti-Social Behaviour and Arson
- Drugs and Alcohol

- Violence (including Domestic Violence and Violence Against Women and Girls)
- Prostitution
- Hate Crime and Cohesion
- Killed or Seriously Injured on our Roads
- Prevent

Cross-cutting Priorities

- Public Confidence and Victim Satisfaction
- Reducing Re-offending
- MOPAC 7 (key neighbourhood crimes)

The CSP has a series of subgroups responsible for the activity against each of the above priority themes and all are responsible for the cross-cutting priority themes in some part.

A scoping document (see body of report) has been produced on behalf of the CSP and identified areas where both the CSP and Health and Wellbeing Board have a joint interest and what each Board can offer in order to improve the wider partnership response and have a greater impact together.

The CSP has recently conducted a consultation with partners, community groups, third sector agencies and the wider general public who have an interest in the borough on what their top three community safety priorities are for the future. The findings of this public consultation, along with the findings of our next strategic assessment will be used by the partnership to set out the priorities in its new CSP Plan over the next few months. Partnership Boards and members were encouraged to take part in this public consultation which ran until 12th August, so that their priorities could be captured and taken into account.

Recommendations:

The Health & Wellbeing Board is recommended to:

1. Note the contents of the report and support the partnership approach to meet the Community Safety Partnership Board and Health and Wellbeing Boards priorities to support safer communities.
2. Agree to offer permanent membership representation to the Community Safety Partnership from Health representatives (CSP) and in turn accept permanent membership of the CSP, nominating and confirming a named representative to attend all future quarterly CSP Meetings.
3. Note that a new Community Safety Plan is in progress and it is vital to ensure a lead from the board and NHS partners contribute to the priority setting with attendance at the CSP Board and workshops as scheduled.
4. Explore how the HWBB can prioritise and support the cross priorities listed in the document.

1. REASONS FOR THE DECISIONS

1.1 The CSP would like to establish close working links with the Health and Wellbeing Board, to enable both boards and their subsequent partner agencies to work together to improve health and wellbeing outcomes for both victims and perpetrators of community safety issues (including crime and substance misuse) and to ensure appropriate support services are in place and accessed to prevent further offending/victims.

2. ALTERNATIVE OPTIONS

2.1 Continue to work separately and miss the opportunity to explore synergies and co-ordinate/combine resources to have a bigger impact on the health and wellbeing of people in the borough especially in relation to those involved in community safety including substance misuse and victims of crime.

3. DETAILS OF REPORT

3.1 The Community Safety Partnership (CSP) works across all agencies in the borough with a responsibility or a vested interest in community safety and has a series of subgroups responsible for the delivery against the priorities within its Community Safety Partnership Plan. It also works closely with other strategic boards in the borough including Safeguarding Adults, Safeguarding Children, Tower Hamlets Housing Forum and the Safer Neighbourhood Board.

3.2 The CSP would like to establish close working links with the Health and Wellbeing Board, to enable both boards and their subsequent partner agencies to work together to improve health and wellbeing outcomes for both victims and perpetrators of community safety issues (including crime and substance misuse) and to ensure appropriate support services are in place and accessed to prevent further offending/victims.

3.3 The CSP's current Plan has just been reviewed for the final year of its term (2016/17) and was approved by the CSP on 18th July, it has identified the following priorities:

- Gangs and Serious Youth Violence
- Anti-Social Behaviour
- Drugs and Alcohol
- Violence (including Domestic Violence and Violence Against Women and Girls)
- Prostitution
- Hate Crime and Cohesion
- Killed or Seriously Injured on our Roads
- Prevent

Cross-cutting Priorities

- Public Confidence and Victim Satisfaction
- Reducing Re-offending
- MOPAC 7 (key neighbourhood crimes)

3.4 The CSP has a series of subgroups (12 in total) responsible for the activity against each of the above priority themes and all are responsible for the cross-cutting priority themes in some part.

3.5 The following scoping document has been produced on behalf of the CSP and identified areas where both the CSP and Health and Wellbeing Board have a joint interest and what each Board can offer in order to improve the wider partnership response and have a greater impact together.

3.6 The areas noted below are taken from the current CSP plan which is in its final year to 31st March 2017 and includes changes made following the strategic assessment carried out in 2015-16.

3.7 CSP priority areas as highlighted in the CSP Plan and sub categories where there are joint areas of interest have been separated out in the scoping document.

3.8 **Scoping of joint areas of interest between CSP & HWBB**

Current CSP Priority Area	**Links to the HWBB**	**What could be the role of the HWBB**
Gangs & Reducing violent crime	- NHS cost - major cause of mortality & morbidity amongst young people	- work in A&Es - partnership work on ending gangs and violent crime work stream - sharing of intelligence with partners in real time especially that from A&E admissions regarding serious youth violence to Police
Acquisitive Crime (Robbery)	- Increased fear of crime, use/threat of violence leads to detrimental effect on mental health, physical activity, confidence - Significant proportions of acquisitive crime is carried out by offenders with substance misuse addictions, speedy entry into substance misuse services will impact on reductions in acquisitive crime	
Acquisitive Crime (Doorstep distraction burglary of	- Increased fear of crime, reduced confidence, mental health impacts, reduced trust of agency workers to provide needed	

elderly)	care, also could lead to reduced life expectancy due to shock or admittance to full time care facilities	
ASB & Arson	- fear of crime impacting on physical activity & mental well being - NHS cost of treatment - Links identified between persistent reporters of ASB and mental health, increased appropriate support has led to reduction in repeat victims/complainants of ASB	- sharing of intelligence
Cycle thefts	- reduces physical activity - funds substance misuse addictions	- promoting cycle safety training & awareness of how to secure cycles for staff; providing secure cycle parking areas in LA/ NHS areas
Drugs & alcohol	- maintaining treatment focus, major cause of health inequality, high NHS costs, high morbidity, alcohol and drug related violence admissions to A&E	- integrated treatment system with NHS
Crime & fear of crime	- fear of crime impacting on physical activity & mental wellbeing, particularly those of older people in the borough	- impact on wider determinants especially housing, educational attainment and substance misuse to reduce crime & reoffending - impact on older people requiring home based care or residential care facilities as they no longer feel safe living in the community
Prostitution	- sex workers have high rates of substance misuse and complex needs to exit sex working	- targeted outreach to sex workers to address sexual health need & drugs and alcohol treatment
Hate crime	- staff are victims - staff may receive reports of violence being hate crimes and not initially reported as such to Police - increases mental ill health	- sharing of intelligence - effective treatment of victims

KSI	- major cause of mortality and morbidity - reduces physical activity	- support on strategy - ensuring HGV deliveries comply with best practice - sharing of intelligence
Harmful traditional practices	- detrimental impact on health and well being	- identification, referral and treatment
Reducing reoffending	- Offences against person & property have high impact on community cohesion and mental health, reduces physical activity of victims through fear of crime - offenders have poor mental and physical health - substance misuse/dependence is often driver of offending behaviour	- ensuring treatment for substance misuse and mental health issues
Violence (violence with injury)	- Offences of violence in the street particularly related to night time economy lead to pressures on A&E and subsequent treatment including outpatients	
Domestic abuse	- detrimental impact on health and wellbeing, mental impact on victim and close family members, increased visits to A&E and in some cases mortality - Domestic Homicide Reviews have made recommendations to improve partnership working and both partnership and individual agency responses to domestic abuse	- identification, referral and treatment
Fire safety	- cause of mortality and morbidity - often smoking or alcohol related	- identification, referral and treatment
Youth offending	- detrimental impact on health and well being	- identification, referral and treatment
Sexual offences	- detrimental impact on health and wellbeing and fear of crime, mental	- identification, referral and treatment

	health	
Prevent/ radicalisation	- detrimental impact on health and well being	- identification, referral and treatment
Substance misuse- illicit	- detrimental impact on health and well being - significant costs for treatment	- identification, referral and treatment
Substance misuse- alcohol, NPS	- detrimental impact on health and well being - links to violence	- identification, referral and treatment
Illicit trading- tobacco	- detrimental impact on health and well being	- funding of illicit tobacco work
Illicit trading of counterfeit – Alcohol	- Detrimental impact on health and wellbeing	
Illicit trading- other consumer goods	- detrimental impact on health and well being	
Licensing- alcohol	- detrimental impact on health and well being	
Licensing- gambling	- detrimental impact on health and well being	- identification, referral and treatment
Health and wellbeing of staff	- detrimental impact on health and well being	- make every contact count - access to health and wellbeing programmes - promotion of treatment
Health Leads (ELFT, CCG, MH) representation at CSP Board and at CSP sub groups	- Deliver the holistic and partnership and response to community safety agenda noted as points above (including troubled families)	

4. COMMENTS OF THE CHIEF FINANCE OFFICER

4.1. Whilst there are no direct financial implications emanating from this report. The report does present for noting and support the approach to be taken by both the Community Safety Board and the Health and Wellbeing Board to deliver the Community Safety Partnership Plan.

4.2. The scoping document in this report provides areas where both Boards have a joint interest and can offer improvements that achieve a greater impact together. Given the financial constraints faced by the Council and other partners, the extent to which funding at the levels previously seen will continue to be available must be a consideration of the Board and for the Council will be as part of the development of the Council's Medium Term Financial Strategy.

5. LEGAL COMMENTS

5.1 The Health and Social Care Act 2012 ('**the 2012 Act**') makes it a requirement for the Council to establish a Health and Wellbeing Board ('**HWB**'). Section 195 of the 2012 Act requires the HWB to encourage those who arrange for the provision of any health or social care services in their area to work in an integrated manner.

5.2 This duty is reflected in the Council's constitutional arrangements for the HWB which states it is a function of the HWB to have oversight of the quality, safety, and performance mechanisms operated by its member organisations, and the use of relevant public sector resources across a wide spectrum of services and interventions, with greater focus on integration across outcomes spanning health care, social care and public health.

5.3 There is a statutory requirement for such a Community Safety Partnership Plan as the Council is one of the responsible authorities for Tower Hamlets, within the meaning of section 5 of the Crime and Disorder Act 1998 ('**the 1998 Act**'). Other responsible authorities for Tower Hamlets include: every provider of probation services in Tower Hamlets; the chief officer of police whose police area lies within Tower Hamlets; and the fire and rescue authority for Tower Hamlets. Together, the responsible authorities for Tower Hamlets are required to formulate and implement strategies for: the reduction of crime and disorder; combating the misuse of drugs, alcohol and other substances; and the reduction of reoffending pursuant to section 6 of the 1998 Act. When formulating and implementing these strategies, each authority is required to have regard to the police and crime objectives set out in the police and crime plan for Tower Hamlets.

5.4 The Crime and Disorder (Formulation and Implementation of Strategy) Regulations 2007 require that there be a strategy group whose functions are to prepare strategic assessments, following community engagement, and to prepare and implement a partnership plan and community safety agreement for Tower Hamlets. The partnership plan must set out a crime and disorder reduction strategy, amongst other matters. The strategy group must consider the strategic assessment and the community safety agreement in the formulation of the partnership plan. The Community Safety Partnership Board ('**CSP**') discharges these functions in Tower Hamlets.

5.5 Having due regard to with the statutory responsibilities of both the HWB and the CSP that there be a partnership approach to support safer communities and therefore that an offer permanent membership representation to the CSP and in turn to accept permanent membership of the CSP is consistent with those responsibilities.

5.6 When deciding whether or not to proceed with the proposals, the Council must have due regard to the need to eliminate unlawful conduct under the Equality Act 2010, the need to advance equality of opportunity and the need to foster good relations between persons who share a protected characteristic

and those who don't (the public sector equality duty). Information relevant to the discharge of this duty is in the One Tower Hamlets Section of the report.

6. ONE TOWER HAMLETS CONSIDERATIONS

61. The Community Safety Partnership (Safe and Cohesion Community Plan Delivery Group) aims through its plan, to make Tower Hamlets a more cohesive place to live, work, study and visit. The work of the No Place For Hate Forum; Tension Monitoring Group and the Prevent Board, all subgroups of the CSP aim to carry-out this important part of work for the Partnership. Prevent, Hate Crime and Cohesion remain an important priority for the Partnership. Closer working between the CSP and the Adult Health and Wellbeing Board will ensure that both Partnerships consider community cohesion throughout the work that they do.

6.2 An initial Equalities Screening and full Equalities Analysis was produced as part of the original CSP Plan 2013-16 Report, which went through the Full Council approval process, culminating at Full Council on 26th March 2014. Recommendations were made for further considerations when supporting action plans are developed.

6.3 The Community Safety Partnership are in the process of producing a new Community Safety Partnership Plan for 2017 onwards, as part of this process, an updated Equalities Analysis will be conducted to support the New Plan based on the findings of its 2016 Strategic Assessment.

7. BEST VALUE (BV) IMPLICATIONS

7.1 Whilst difficult to quantify there are potentially significant efficiency gains from working in partnership to reduce crime and disorder and improve adult health and wellbeing in the borough. The Community Safety Partnership brings together key crime and disorder reduction agencies, the Adult Health and Wellbeing Board brings together key health and wellbeing agencies and closer working together between boards can exploit synergies and remove duplication, which can have a positive effect on best value by sharing partnership resources for shared priorities.

8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

8.1 The work of the Community Safety Partnership is expected to have a positive effect on the environment by helping to reduce anti-social behaviour. This will then reduce the amount of criminal damage, graffiti, fly-tipping and fly-posting and other environmental crimes in the borough, thus improving the quality of life in an environmental element for those who live in the borough.

9. RISK MANAGEMENT IMPLICATIONS

9.1 The Community Safety Partnership Plan sets out an overarching structure and framework of priorities within which management of risks will take place.

9.2 The Community Safety Partnership Subgroups identify and report on emerging threats and risks to partnership activity against its priorities in their Quarterly Performance Reports which are then reviewed by the Partnership at their Quarterly CSP Meetings. From September 2016 the CSP will be extracting those threats and risks and including them in a CSP Risk Register along with mitigating actions proposed by the partners.

10. CRIME AND DISORDER REDUCTION IMPLICATIONS

10.1 Closer working between both boards on Community Safety Partnership priorities will lead to a safer borough and reduced duplication of work by both boards.

Linked Reports, Appendices and Background Documents

Linked Report

- NONE.

Appendices

- final draft Community Safety Partnership Plan (reviewed for Year 4 2016/17)].

Local Government Act, 1972 Section 100D (As amended)
List of "Background Papers" used in the preparation of this report
List any background documents not already in the public domain including officer contact information.

- NONE .

Officer contact details for documents:

- Shazia Ghani, Head of Community Safety, LBTH email Shazia.ghani@towerhamlets.gov.uk

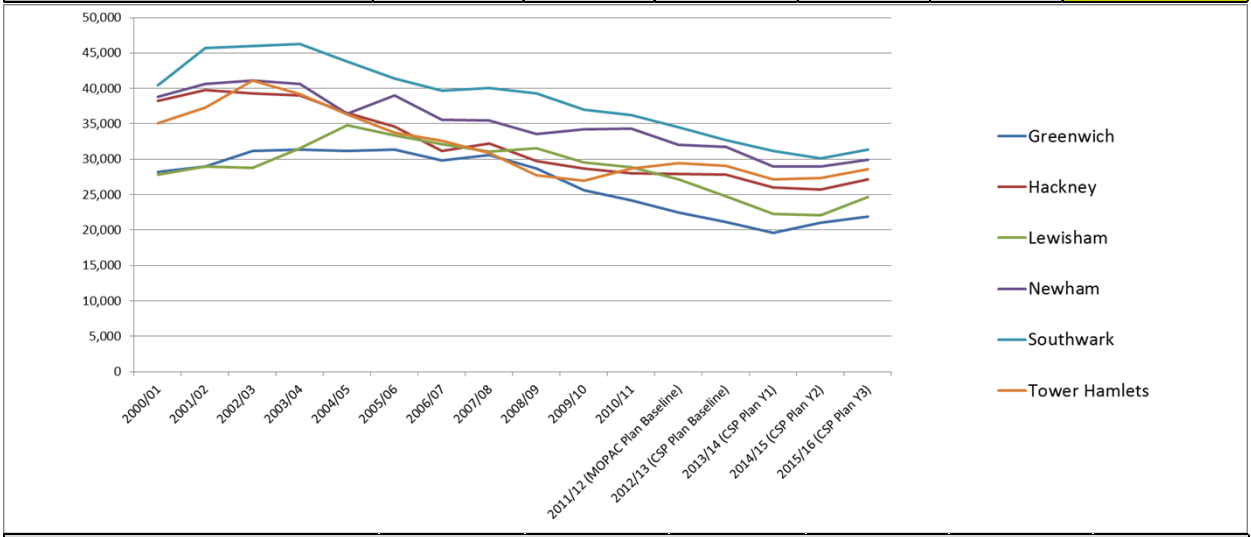
Tower Hamlets
Community Safety Partnership Plan
2013 – 2016
Year 4 (2016/17)

Final Draft V4 (11.07.16)

Total Crime in Tower Hamlets and Neighbouring Boroughs

Annual Total Notifiable Offences (TNOs) recorded by the Metropolitan Police in Tower Hamlets and neighbouring boroughs over the 16 financial years (2000/01 – 2015/16). Total Notifiable Offences (TNOs) is a count of all offences which are statutorily notifiable by the Police to the Home Office, and for the purposes of this Plan what the Community Safety Partnership refers to as 'Total Crime'.

	Total Notifiable Offences					
Financial Year	Greenwich	Hackney	Lewisham	Newham	Southwark	Tower Hamlets
2000/01	28165	38242	27814	38776	40447	35070
2001/02	28995	39769	29008	40616	45707	37273
2002/03	31202	39267	28763	41157	45960	41124
2003/04	31347	39035	31577	40615	46276	39188
2004/05	31186	36492	34833	36460	43771	36329
2005/06	31354	34630	33387	39020	41432	33756
2006/07	29829	31160	32150	35597	39713	32627
2007/08	30617	32241	31055	35448	40029	30892
2008/09	28690	29715	31549	33536	39271	27712
2009/10	25631	28722	29544	34240	37037	26989
2010/11	24148	28035	28888	34374	36273	28668
2011/12 (MOPAC Plan Baseline)	22434	27902	27168	32011	34483	29463
2012/13 (CSP Plan Baseline)	21110	27804	24727	31716	32747	29082
2013/14 (CSP Plan Y1)	19630	26031	22327	28950	31195	27139
2014/15 (CSP Plan Y2)	21020	25705	22106	28982	30119	27345
2015/16 (CSP Plan Y3)	21887	27127	24628	29964	31335	28618



Total Notifiable Offences (TNOs) Comparison						
	Greenwich	Hackney	Lewisham	Newham	Southwark	Tower Hamlets
Year 1 of CSP Plan against CSP Plan baseline 2013/14 vs 2012/13 (Percentage)	1475 (-6.9%)	1708 (-6.1%)	2346 (-9.5%)	2735 (-8.6%)	1436 (-4.4%)	1908 (-6.5%)
Year 2 of CSP Plan against CSP Plan baseline 2014/15 vs 2012/13 Percentage	1938 (-9.2%)	4433 (-15.9%)	4612 (-18.7%)	5438 (-17.1%)	5099 (-15.6%)	4178 (-14.2%)
Year 2 of CSP Plan against Year 1 2014/15 vs 2013/14 Percentage	463 (-2.4%)	2725 (-10.5%)	2266 (-10.2%)	2703 (-9.3%)	3663 (-11.7%)	2270 (-8.4%)
Year 3 of CSP Plan against CSP Plan baseline 2015/16 vs 2012/13 Percentage	777 (+3.7%)	677 (-2.4%)	99 (-0.4%)	1,752 (-5.5%)	1,412 (-4.3%)	464 (-1.6%)
Year 3 of CSP Plan against Year 2 2015/16 vs 2014/15 Percentage	867 (+4.1%)	1,422 (+5.5%)	2,522 (+11.4%)	982 (+3.4%)	1,216 (+4.0%)	1,273 (+4.7%)
Year 3 of CSP Plan against Met Police recording baseline 2015/16 - 2000/01 (Percentage)	6,278 (-22.3%)	11,115 (-29.1%)	3,186 (-11.5%)	8,812 (-22.7%)	9,112 (-22.5%)	6,452 (-18.4%)

Figures obtained from the Metropolitan Police Service Crime Mapping: Data Tables section of MPS website on 10.05.16

Foreword by Co-Chairs of Community Safety Partnership

Welcome to Tower Hamlet's Community Safety Plan covering the four years 2013/14 to 2016/17.

The Community Safety Partnership Plan sets out how the Police, Council, Probation, Health, Fire Service, voluntary and community sectors and individuals can all contribute to reducing crime, disorder, anti-social behaviour, substance misuse and re-offending to keep Tower Hamlets a safe place.

This Plan aims to reduce the number of crimes and anti-social behaviour in the borough, but in some categories, it aims to increase the number of reports, due to under reporting where historically victims don't feel confident enough to report it to us. By increasing reporting and therefore recording, we will then be able to offer support to those victims and take appropriate action against the perpetrators.

The people in our communities are not just numbers or statistics, crime and disorder impacts on not only the victim's but also the wider community's quality of life, so we understand how important it is for you that we tackle it in a timely, efficient and effective way.

We are confident that this Plan not only captures and addresses the priorities that have been identified through our analysis of evidential information and performance in the borough, but also the concerns of the people of Tower Hamlets.

We recognise that not only do we have a duty to continue to tackle crime and disorder but we all (both organisations and members of the public), have a duty to prevent it from happening in the first place.

As a partnership we are responsible for community safety and community cohesion. We will work with our local communities to ensure we protect the vulnerable, support our communities to develop and make Tower Hamlets a safer place for everyone.

Insert Signature here

Cllr Shiria Khatun (Co-Chair of CSP)
Cabinet Member for Community Safety

Detective Chief Superintendent Sue Williams (Co-Chair of CSP)
Metropolitan Police Borough Commander (Tower Hamlets)

Contents

Introduction

The Tower Hamlets Community Safety Partnership (CSP) is required by law to conduct an annual assessment of crime, disorder, anti-social behaviour, substance misuse and re-offending within the borough, this is known as the Strategic Assessment. It is also required to consult members of the public and the wider partnership on the levels of the above. The Strategic Assessment and the findings of the public consultation are then used to produce the partnership's Community Safety Plan.

Since 2011, the CSP has had the power to decide the term of its Community Safety Plan. In 2012, the CSP chose to have a one year plan, this decision was based on the unique budgetary pressures on partner agencies and the anticipated demand on service from London hosting the 2012 Olympic and Paralympic games.

This Community Safety Plan will run for a period of 4 years from 1st April 2013 to 31st March 2017, with performance against the priorities within it reviewed on an annual basis in the form of the annual Strategic Assessment. The Community Safety Partnership Subgroups each produce an Action/Delivery Plan to reflect both the Priorities of the Community Safety Partnership and their own subgroup priorities. If due to external pressures or levels of performance against the priorities, the Community Safety Plan can be amended on an annual basis within its four year term. Performance against CSP Plan Priorities is reviewed in-year on a quarterly basis in the CSP Subgroup Quarterly Performance Reports submitted to the CSP.

Reducing crime and anti-social behaviour requires a careful balance between reducing recorded incidents, encouraging reporting and addressing negative perceptions of those who believe levels are worse than they are in reality.

This Plan will ensure that the issues most important to the people of Tower Hamlets will be addressed in the most appropriate and cost effective way. The partnership is committed to ensuring the low levels of particular crimes and issues are maintained, but have also identified through local evidence and perception, a number of priorities that require particular partnership focus in the four years of this Plan, which also sets out the main objectives of the CSP and how it plans to achieve those objectives.

The CSP has also chosen to align itself where possible with those of local and national governing bodies, which have a duty to oversee the work of not only the Partnership, but also key agencies referred to as 'Responsible Authorities' under the legislation. The Home Office and MOPAC play a significant role in both National and Local governance/direction as well as funding, which is the reason for this alignment.

The London Mayoral Elections are taking place on the 5th May 2016, once elected MOPAC will be producing a new London Police and Crime Plan for 2017 onwards, to reflect the priorities of the new Mayor's administrational term. 2016/17 financial year is being seen as a 'transitional year' by MOPAC in order to review the current priorities, align them with that of the new Mayoral Administration and then go out to public consultation. The CSP will be reviewing, producing and consulting on their new Community Safety Plan during this period.

About The Partnership

The Tower Hamlets Community Safety Partnership (CSP) is a multi-agency strategic group set up following the Crime and Disorder Act 1998. The CSP is also the delivery group responsible for partnership work in relation to the Tower Hamlets Community Plan priority 'A safe and cohesive community', with the priorities within both the Community Plan 2015 and this Community Safety Plan aligned. 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. It does this by overseeing the following:

- Service Outcomes
- Leadership and Partnership Working
- Service Planning & Performance Management
- Resource Management & Value for Money
- Service Use and Community Engagement
- Equality & Diversity

The CSP is made up of both Statutory Agencies and Co-operating Bodies within the Borough. The Statutory Agencies are:

- Tower Hamlets Police
- London Borough of Tower Hamlets
- National Probation Service
- London Community Rehabilitation Company (CRC)
- London Fire Brigade
- NHS Bodies including: Bart's Health Trust, East London Foundation Trust and London Ambulance Service, as commissioned by Tower Hamlets Clinical Commissioning Group (CCG)

The Mayor's Office for Policing and Crime (MOPAC), replaced the Metropolitan Police Authority in February 2012, is no longer a statutory agency of the CSP, but becomes a co-operating body. Representatives from MOPAC and the Tower Hamlets Police and Community Safety Board are both members of the CSP, although MOPAC are not required to attend meetings unless they wish to or requested to present.

The above statutory agencies and co-operating bodies are supported by key local agencies from both the Public and Voluntary Sectors. Housing Associations and Housing Providers have a key role to play in addressing crime and disorder in their housing estates and these are represented by the Chair of the Tower Hamlets Housing Forum's ASB Strategy Group. Victims and witnesses of crime and disorder are represented on the CSP by Victim Support. The extensive network of voluntary organisations within the borough, are represented by Tower Hamlets Council for Voluntary Services' Chief Executive.

Representation on the CSP is through attendance by senior officer / person within that organisation with the authority to make strategic decisions on behalf of their agency/organisation.

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 work with the perpetrator. Ultimately the CSP has a duty to make Tower Hamlets a safer place for everyone.

Governance

The Community Safety Partnership is one of 4 Community Plan Delivery Groups which are held responsible by the Partnership Executive for delivering the aims/actions contained within the Community Plan.

Partnership Executive

The Partnership Executive is the borough's Local Strategic Partnership and brings key stakeholders together to create and deliver the borough's Community Plan. Members of the Partnership include the Council, Police, NHS, other statutory service providers, voluntary and community groups, faith communities, housing associations, businesses and citizens. It acts as the governing body for the Partnership, agreeing priorities and monitoring performance against the Community Plan targets and holding the Partnership to account through active involvement of local residents. The Community Plan is an agreement that articulates the aspirations of local communities and sets out how the Borough will work together to realise these priorities.

Community Plan

The overall vision for the community plan is to improve the lives of all those living and working in the borough. The Community Plan includes 4 main priorities of which 'A Safe and Cohesive Community' and Tower Hamlets will be a safer place where people feel safer, get on better together and difference is not seen as threat but a core strength of the borough. To make Tower Hamlets a Safe and Cohesive Community the Partnership will focus on the following commitments:

- Reduce acquisitive crime and anti-social behaviour by tackling problem drinking and drug use
- Limit local gangs and the impact they have on youth violence and fear of crime
- Strengthen partnership work to reduce domestic violence and violence against women and girls
- Promote community cohesion
- Find solutions to increase cycling safety on busy roads

Mayor's Office for Policing and Crime (MOPAC)

The Mayor's Office for Policing and Crime (MOPAC) was created by the Police Reform and Social Responsibility Act 2011. Its core function is to secure the maintenance of an efficient and effective Metropolitan Police Service (MPS), and to hold the Commissioner of Police to account for the exercise of his functions in London. MOPAC oversees the police and criminal justice system performance, the budget environment, and the implementation of policies set out in MOPAC's Police and Crime Plan.

The Mayor of London's Office for Policing and Crime, under the remit of being London's Police and Crime Commissioner, has several responsibilities regarding Community Safety Partnerships. They are:

- a duty to consult the communities (including victims) and to publish a Police and Crime Plan
- determining police and crime objectives
- are a co-operating body on Community Safety Partnerships
- have the power to 'call in' poor performing Community Safety Partnerships.

The London Mayoral Elections have taken place on the 5th May 2016, following the election MOPAC will be producing a new London Police and Crime Plan for 2017 onwards, to reflect the priorities of the new Mayor's administrational term. 2016/17 financial year is being seen as a 'transitional year' by MOPAC in order to review the current priorities, align them with that of the new administration and then go out to public consultation. The priorities within MOPAC's Police and Crime Plan 2013-16, their current Plan (at the time of writing) for this 'transitional year' are:

- Strengthen the Metropolitan Police Service and drive a renewed focus on street policing
- Give victims a greater voice
- Create a safer London for women
- Develop smarter solutions to alcohol and drug crime
- Help London's vulnerable young people

In addition to the above, the Mayor of London has placed special emphasis on a number of additional public safety challenges and concerns of Londoners, which include:

- Violence Against Women and Girls
- Serious Youth Violence
- Business Crime

MOPAC is also responsible for the management and allocation of the Community Safety Fund monies from Central Government. Allocations for funding will be made on a 'Challenge Fund' approach, which will determine the nature and scale of funding to individual boroughs based on their proposal's alignment with the Police and Crime Plan Priorities.

Community Safety Partnership Sub-Groups

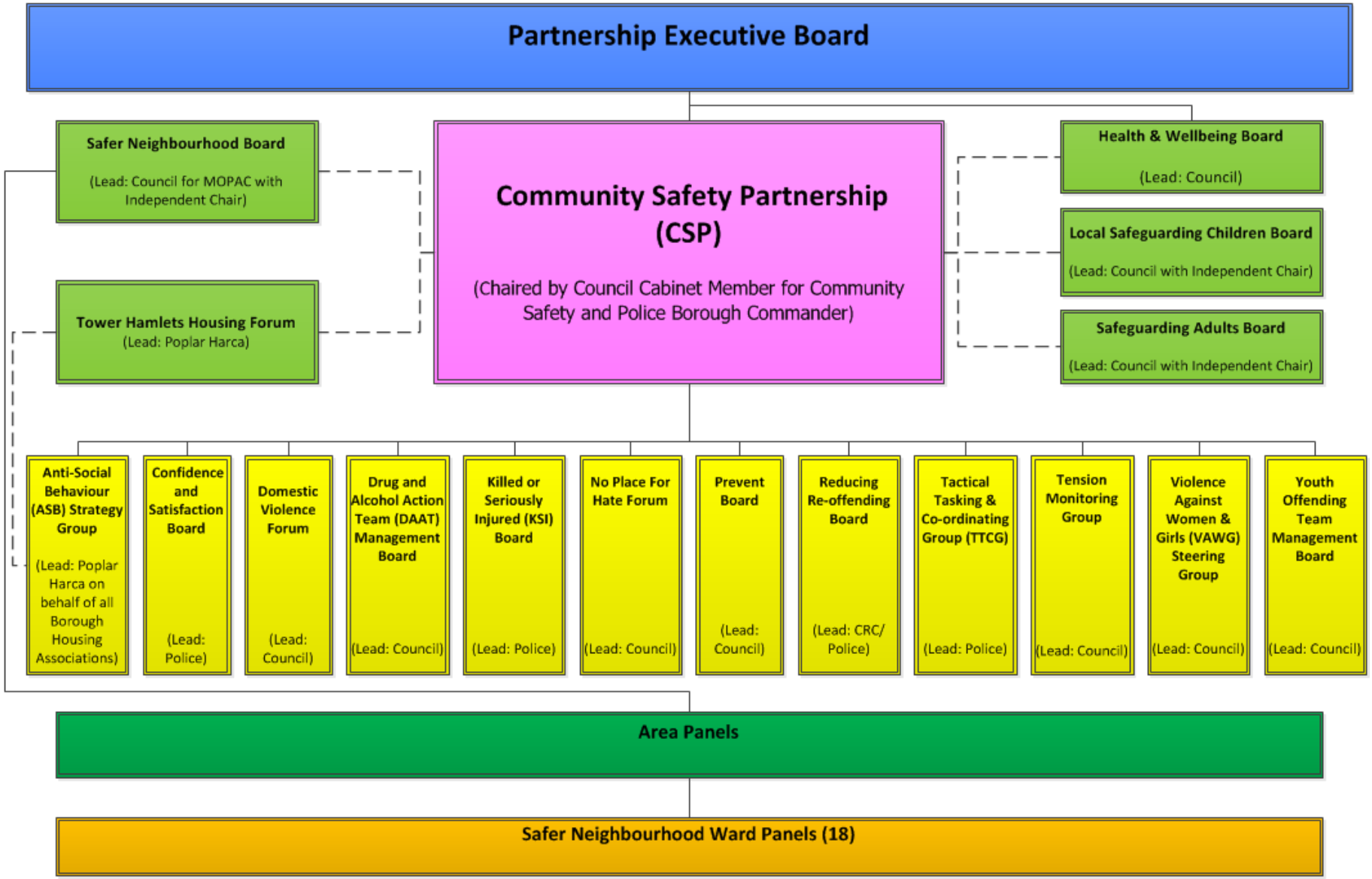
In order to co-ordinate and deliver activity in the various areas of crime, disorder, anti-social behaviour, substance misuse and reducing re-offending, the CSP has a sub-structure of groups and boards. Each sub-group/board is responsible for producing a delivery plan which aims to address the overarching partnership priorities and fulfil any additional priorities they see fit as a sub-group/board. They are responsible for ensuring there are resources available to deliver their actions and if needed, produce and submit detailed funding applications to enable this.

Subgroups are represented through their Chairperson on the Community Safety Partnership, who is required to provide a bi-monthly update on performance against their delivery plan.

Subgroups are made up of senior officers within key agencies, who have a direct responsibility for service delivery in these specific areas of work.

The diagram on the next page illustrates the current Community Safety Partnership governance structure.

Tower Hamlets Community Safety Partnership Governance 2016



Community Safety Partnership, Subgroups and Linked Boards

Community Safety Partnership

The CSP as it is known amongst the partners is accountable for the reduction of crime, disorder, anti-social behaviour, substance misuse and reoffending, as well as increasing community cohesion under the Community Plan Partnership Structure. It will determine priorities and oversee the statutory and non-statutory boards responsible to deliver against these priorities. The CSP meets on a quarterly basis and is co-chaired by the Tower Hamlets Police Borough Commander and the Tower Hamlets Cabinet Member for Community Safety. Membership of the CSP is at organisational Chief Executive/Officer level.

Anti-Social Behaviour (ASB) Strategy Group

The Tower Hamlets Housing Forum ASB Strategy Group is chaired by Poplar HARCA's Director of Housing on behalf of all housing providers in the borough. It is responsible to both the Tower Hamlets Housing Forum and the Community Safety Partnership since merging with the CSP ASB Strategy Group in January 2016. Registered Social Landlord ASB Forum merged with the CSP ASB Strategy Group in January 2016. The Strategy Group is made up of partner agencies with a strategic responsibility to address anti-social behaviour including arson (deliberate fire setting) in the borough, and includes representation from the Police, Council, Victim Support, London Fire Brigade, Youth Offending Service, Probation and the following ASB Partnership Boards/Groups: ASB Operations Group, ASB Partnership Action Group, ASB Legal Consultation and Certification Group, Neighbourhood Panels and Community Trigger Panel. Like all CSP Subgroups, the ASB Strategy Group is responsible for producing an annual action/delivery plan which aims to address the priorities identified in the Community Safety Partnership Plan.

Confidence & Satisfaction Board

The confidence and satisfaction of the community in our shared approach to crime and cohesion are key success measures. The Confidence and Satisfaction Board is chaired by the Police Superintendent, with representatives from the Council, Victim Support and Safer Neighbourhood Board. It has an overview of activity to ensure that community views and concerns are understood and addressed both efficiently and effectively. It also ensures that residents have access to relevant information, including feedback on action taken.

Domestic Violence Forum

The Domestic Violence Forum is chaired by the LBTH Head of Community Safety and oversees the borough's multi-agency approach to addressing domestic violence and abuse against men, women and young people. Membership comprises approximately 100 organisations

representing both statutory and voluntary service providers in the borough. The forum takes place quarterly and has oversight of key domestic violence activities including the Multi-Agency Risk Assessment Conference (MARAC), the Specialist Domestic Violence Court (SDVC), the DV One Stop Shop, the Housing & Health DV drop-in services, the LBTH Domestic Violence Duty Line, training and safeguarding matters related to domestic abuse. The Forum is ultimately responsible for coordinating services within the borough for both domestic violence victims and those perpetrating violence against them. The DV Forum ensures an annual action plan is in place which is reviewed at each forum meeting as well as key activities and outcomes are reported back at CSP Board.

Drug and Alcohol Action Team Management Board

This board is chaired by the LBTH Corporate Director of Communities, Localities and Culture, with membership representing the CLC DAAT, Public Health, Education, Social Care and Wellbeing, health services, the Metropolitan Police Service, National Probation Service and London Community Rehabilitation Company. It is a statutory board with responsibilities for developing and implementing local strategy to combat the harms associated with drug and alcohol use. This includes co-ordinating and commissioning services relating to drug / alcohol issues in the borough including; drug / alcohol treatment for adults and young people, prevention and behaviour change, licensing and regulation / enforcement.

No Place for Hate Forum

The forum brings key agencies together to work in partnership to develop and promote a co-ordinated response to hate crime in Tower Hamlets. It aims to protect and support victims, deter perpetrators, and challenge prejudice and hate. The Forum meets on a quarterly basis, and is chaired by the Chair of the borough's Interfaith Forum, with members from both statutory and voluntary organisations, including those representing specific areas or communities concerning hate crime.

Prevent Board

This board is chaired by the Council's Corporate Director of Communities, Localities and Culture. It operates as a distinct board with responsibility for delivering the local Prevent programme. The board is made up of officers from One Tower Hamlets, Youth Services, Tower Hamlets Police, NHS Tower Hamlets, Home Office SO15, Probation, London Fire Brigade, Tower Hamlets Clinical Commissioning Group, the Council's Adult Services, Children's Services, Youth Services, Communications, Public Health, Safer Communities Service, along with both Independent Chairs of the Safeguarding Adults Board and the Safeguarding Children Board. It meets bi monthly and has a Prevent Delivery Plan which informs strategic and lead partner activities. Updates are provided at each CSP Board.

Prostitution Board/Governance

With Prostitution now being a Priority for the CSP, consideration by the CSP is being undertaken to reflect which Board is responsible for Prostitution Priority to the CSP. Currently it is the responsibility of both the Violence Against Women and Girls (VAWG) Steering Group in relation to the sex workers involved and the Anti-Social Behaviour (ASB) Strategy Group with regards its anti-social behaviour impacts.

Reducing Re-offending Board

This Board oversees the delivery of the borough's Integrated Offender Management initiative, the Gangs programme and the local MAPPA; it is also responsible for other programmes such as Gripping the Offender (a MOPAC pilot). The board is co-chaired by a Detective Superintendent from the local police and the Community Rehabilitation Company's Assistant Chief Officer. Where necessary the Board will seek to commission housing and/or other services.

Safeguarding Adults Board (Linked Board)

The Safeguarding Adults Board is a statutory local partnership board in its own right under the Care Act 2014, with shared interests and a close relationship with the CSP. The multi-agency board comprises of lead people from all the NHS organisations in the borough, various Council services, Police, Probation, Fire, Ambulance, Housing providers and voluntary, community and advocacy organisations. The Safeguarding Adults Board has a similar close working relationship with the Health and Wellbeing Board and the Local Safeguarding Children Board, as with the Community Safety Partnership Board. It has an Independent Chair not employed by any of the member organisations. The board oversees and seeks assurances about the quality of service responses to people who are vulnerable and in need, or potentially in need, of safeguarding. It also supports and scrutinises the quality of partnership working between organisations in line with statutory and Pan-London requirements.

Local Safeguarding Children Board (Linked Board)

This is a statutory multi-agency Partnership Board under The Children Act 2004, which has an Independent chair and comprises of lead officers from various Council services, Police, National Probation Services and London Community Rehabilitation Company, Clinical Commissioning Group, NHS Trusts, CAFCASS and the local voluntary sector. It also includes two lay members.

The LSCB's objectives are to co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the borough; and to ensure the effectiveness of what is done by each person or body for those purposes. The LSCB works in partnership with the CSP to ensure that in delivering its agenda the CSP ensures that the safeguarding of children and young people remains paramount. The Independent Chair of the LSCB also has a seat on the Health and Wellbeing Board.

Tactical Tasking and Co-ordinating Group (TTCG)

The Group was established as part of the programme to join together partnership service delivery in the localities. It meets on a fortnightly basis and uses an analytical product/profile on current/emerging crime and anti-social behaviour issues to task police resources to respond. The overarching principle behind the Group is to ensure that local operational activity is prioritised against MPS Control Strategy priorities, which also include community concerns as determined through ward panels.

The group is chaired by the Police Borough Commander and the membership includes various ranking police officers. The London Fire Brigade and Tower Hamlets Homes are represented on group in addition to senior Council officers.

Tension Monitoring Group (TMG)

This group is chaired by the Service Head of Safer Communities and acts as an operational group to monitor and respond to emerging community tensions. The group is made up of representatives from organisations including the Interfaith Forum, the London Muslim Centre, the Council of Mosques, Rainbow Hamlets, Youth Services, Tower Hamlets Police, the Council's Safer Communities Service, Corporate Safety and Civil Protection, Communications and One Tower Hamlets. The TMG group meet on a quarterly basis but can also convene a meeting at any time if required based on any incident that has occurred that poses a risk to community cohesion.

Violence Against Women and Girls (VAWG) Steering Group

The VAWG Steering Group is chaired by the Head of Community Safety and oversees the borough's multi-agency approach to addressing all forms of Violence Against Women and Girls. Whilst it has an oversight of domestic violence and Child Sexual Exploitation (CSE), the detail of these are dealt with separately via the Domestic Violence Forum and LSCB CSE subgroup respectively. The other main types of violence covered include rape and sexual violence, trafficking, prostitution, female genital mutilation, forced marriage, so called 'honour' based violence, stalking and harassment and dowry related abuse. These are the Borough's strands within its Violence against Women and Girls Plan.

Membership comprises approximately a dozen individuals with responsibility for statutory services in the borough. The forum takes place quarterly and has oversight of key initiatives in this area including the Tower Hamlets Prostitution Partnership (Prostitution Multi-Agency Risk Assessment Conference (MARAC)), the Prostitution Support Programme, and the VAWG Training and Awareness Officer. The Forum is ultimately responsible for coordination of services within the borough for both violence victims/survivors and those perpetrating violence against them.

Youth Offending Team (YOT) Management Board

The YOT Management Board is chaired by the Corporate Director of Children's Services and oversees the youth offending multi-agency team which comprises of staff from: the Council Children's Services, Youth Service, Police, Probation and Health. The Youth Offending Team works with young people from arrest, through sentencing and either when in custody or during a community sentence. The team also support young offenders post custody. Staff provide services including bail and remand management and Pre-Sentence reports to the Youth, Magistrates and Crown Courts and work with young people subject to reprimands and final warnings from Police, and those charged, convicted and given community and custodial sentences. The team also works with young people and the wider community to prevent young people entering the Criminal Justice System.

Highlights and Performance from 2015/16

Domestic Violence:

The Sanctuary Project has been secured and continued for 2016/17 with the contract awarded to Safe Partnerships following a competitive tendering process. The Project enables the Partnership to annually support up to 60 victims of domestic violence by target hardening their homes.

Following an in-depth review, the Specialist Domestic Violence Court funding has been confirmed from London Borough of Hackney to continue to part-fund the SDVC Co-ordinator post. This ensures the valued service is continued to be provided to victims of domestic violence at our local courts, which is also responsible for increased victim satisfaction for domestic violence cases heard at the SDVC and also to decrease unsuccessful prosecutions of these domestic violence cases

Multi-Agency Risk Assessment Case-conferences (MARACs) continue to be held bi-monthly ensuring high risk cases are reviewed in partnership and appropriate agencies are providing the right level of support to these vulnerable victims of domestic abuse. Safe Lives (formerly known as CAADA) highlighted Tower Hamlets as a 'good practice borough' following their inspection and their recommendations for building on this has been formulated into a partnership action plan which has now been delivered.

The Domestic Violence One Stop Shop has seen an increase in domestic violence reports and continues to grow from strength to strength having encouraged hundreds of victims to report to disclose domestic abuse.

Domestic Violence Training has been provided to hundreds of community and professionals within the borough enabling them to have increased awareness of domestic violence services available and to consequently safeguard victims and their families.

Funding has been secured to undertake work with DV victims with multiple disadvantages which include ensuring holistic wrap around support for women with no recourse to public funds, training for professionals and legal advice around immigration issues.

Violence against Women and Girls (VAWG), Domestic Violence and Prostitution:

Over a thousand professionals, residents and young people have received training in VAWG through our VAWG Training and Awareness Officer and schools programmes, further raising awareness of this in the borough. This had led to an increase in reporting across the priority performance indicators, except for Female Genital Mutilation (FGM), however an FGM partnership conference should raise awareness of the referral pathways and lead to both increased awareness and possible reporting.

The new Violence Against Women and Girls Strategy 2016-19 has been produced following extensive consultation across partner agencies and stakeholders. The Strategy has entered into the Formal Council Approval Process and is anticipated to be ratified by autumn 2016.

Over the last 3 years, almost a £1,000,000 funding has been raised from external sources including MOPAC, DfE and DCLG. This includes being one of five boroughs to participate in a MOPAC and DfE funded pilot to tackle harmful practices.

Further development of the 'whole school' approach to prevention developed and implemented in schools across the borough.

Recruitment of 43 VAWG Champions from organisations across the borough

1148 young people have received awareness raising sessions, including 994 professionals trained, 318 of which have been school staff and over 450 community members including parents.

There has been an increased awareness regarding the risk of exploitation and extremism and a workshop has been delivered and will continue to be supported to schools and be promoted wider.

A number of campaigns this year have also supported the whole school approach and looking at intervention approaches. For example a successful training session with youths took place understanding healthy relationships and identity.

The SDVC has seen a steady decrease in unsuccessful prosecutions. In total unsuccessful prosecutions have decreased by 10% and the number of cases being prosecuting has also steadily increased with 158 extra cases being prosecuted in 2015/16.

Victim satisfaction at SDVC has increased by 37% to 87%.

The last 12 months has seen a significant different approach by the SDVC and its partner agencies in how they deal with DV cases. In particular the implementation of a policy where special measures will be applied for at the 1st hearing irrespective of whether these have been requested by the victim. This has seen a reduction in the need for extra hearings being listed and the police needing to complete further statements. It has also allowed the SDVC Coordinator and the IDVAs to encourage victims to attend court without the anxiety of having to see the perpetrator whist giving evidence. The SDVC Coordinator has also worked with the court and other agencies in implementing a remote video link facility. This means that we are now able to apply to the court to allow a victim to give their evidence remotely and the need for them to attend court is removed.

Increase in MARAC referrals and exceeded targets set by Safe Lives.

Continuation funding for Sanctuary Project and installations provided for high risk victims of domestic violence, and a significant increase in Sanctuary referrals.

Increase in DV reports via DV One Stop Shop including positive feedback received.

Community Groups Programme to 18 mothers affected by DV via the Positive Change Programme.

Increased funding to tackle FGM included being one of the first boroughs to pilot the Harmful Practices Project which include Community Advocates raising awareness and training.

Recruitment of over 150 VAWG Champions from organisations across the borough.

Extensive consultation and development of a new VAWG Strategy 2016-2019.

VAWG Network of over 500 participants. Over 1000 young people have received lessons on VAWG awareness and over 1500 professionals have received training

Whole school approach to prevention developed and implemented in schools across the borough. Training delivered in regards to exploitation and radicalisation.

Funding received to deliver a project to support the accommodation needs for women with no recall to public funds who are victims of Domestic abuse.

Increase in referrals to TH Prostitution MARAC resulting in increased support for victims of sexual violence and domestic abuse.

Increase in support for sex workers who have had their children removed via Hummingbirds Project within CSC.

Drugs and Alcohol:

A new Substance Misuse Strategy 2016-19 has been produced to continue the work of the previous Substance Misuse Strategy and will be signed off by key partners across the borough.

Procurement of a redesigned adult drug / alcohol treatment system commenced and recommendations made for the award of new contracts to facilitate improved access to and better outcomes from treatment.

A Therapeutic Recovery Champion plan has been agreed for every treatment service as well as some hostels to make recovery more visible to all and improve treatment outcomes for service users.

During 2015/16, there have been sustained improvements in performance of the drug treatment system with successful completions for both opiate users and non-opiate users continuing to show improvements over the first half of the year. This sustained improvement means that Tower Hamlets is no longer considered to be a 'priority partnership' in relation to treatment outcomes for drug users.

A working group was established by the DAAT to improve alcohol performance relating to the number of alcohol users engaged in structured treatment. Treatment outcomes (successful completions) for alcohol clients have improved from around 20% in February 2015 up to 30% as of January 2016. This work has now been recognised by Public Health England as an example of best practice.

Anti-Social Behaviour:

ASB Demand (calls to police to report ASB via 101 or 999) has reduced by 9.1% over the financial year 2015/16 when compared to the previous year.

The partners have continued to develop the ASB Partnership Action Group for vulnerable and at risk victims of ASB over the past 12 months, close working with Mental Health support services has increased support to this group and has made a significant contribution to the reduction of repeat callers. This has resulted in a 9.1% reduction in repeat callers, with one person alone responsible for 700 calls a year accessing mental health support and no longer calling the Police at all. To date 25 cases in total have been discharged.

Partnership training has been provided on new ASB legislation, which has eased the transition from the old powers and enabled new powers to be used effectively and consistently in the borough.

Close working by statutory and other partners with hostels and housing providers led to more effective and appropriate support being offered and taken by a particularly vulnerable client group that causes ASB that often significantly impacts on neighbours living nearby.

Gangs and Serious Youth Violence:

The Youth Offending Service is now managed alongside the Family Intervention Service, which allows for closer working across both services. YOS Operational Managers are implementing a more reflective approach to supervision, which has been well received. The Groups, Gangs and Serious Youth Violence Co-ordinator has been in post since Quarter 3 and this is leading to improved working to address this CSP Priority by all agencies responsible. The completion of the Thematic Review of older children who harm or have come to harm has been produced and findings from that are being taken into account for future service provision.

The Police have realigned resources to meet the specific profile of the borough; a police inspector now manages the Gangs Unit, Police YOT, youth/schools officers and the borough's police cadets. The inspector will work with partners to help prevent young people from becoming involved with gangs and/or crime.

Reducing Re-offending:

The Integrated Offender Management cohort has been re-focussed to ensure resources are targeted to support those prolific offenders who cause more serious offences such as burglary, robbery and violence. MAPPA subjects, domestic abuse suspects and gang nominals are managed separately. Visits to offenders within the cohort have increased to an average of 90 per month, with partnership agencies involved in these home visits. More mobile drug testing is taking place to ensure offenders are keeping free from the illegal substances that are often the cause of their offending.

The IOM team members have been trained in offender management work and referral pathways, with offenders being escorted to initial appointments Community Mental Health Teams, Drug Intervention Project and Probation. Working arrangements have been established with the DIP in targeting offenders to enable access to DIP resources including legal, medical and outreach.

Drug testing is being carried out by IOM Police Officers and intervention by IOM has prevented offenders being recalled/breached by Probation following re-engagement with services.

Public Confidence and Victim Satisfaction:

Both confidence and Satisfaction have improved over the last year, with Borough Police recently receiving an award from the Metropolitan Police Assistant Commissioner for the most improved public confidence, a 15% increase on previous confidence levels. As of February 2016, Victim Overall Satisfaction is 76%, whilst Confidence in Local Policing is at 66% as of Quarter 3 (December 2015).

Quality Call Backs (QCBs) by two police staff have been implemented and have gleaned first-hand feedback about primary and secondary investigations from victims. Increased staffing levels across all CID has led to a decreased workload and increased quality of service provided by secondary investigators. This has led to an increased level in satisfaction with CID handling of crime for violence, whilst burglary satisfaction has been maintained at 80%

The Independent Advisory Group (IAG) has been rejuvenated with 14 new members recruited and meetings held every two months to discuss incidents that have a wider impact on the community.

Hate Crime:

The Hate Crime Third Party Reporting Centres have been reviewed, re-trained and re-launched, to ensure they are providing a good standard of service to victims. Victim Support have 2 posts, whose remit specifically includes support for victims of hate crime and these posts are actively working on a number of hate crime cases, based in the borough. The No Place for Hate Campaign materials have been refreshed and continue to be publicised.

Presentations and training and awareness sessions have been provided for a number of organisations.

Further to the Paris and Brussels attacks, refugee crisis, war and politics, nationally there has been an increase in hate crime, in particular Islamophobia, but locally this has not been reflected other than the repeat return of Britain First protesting outside the East London Mosque. Anecdotal information suggests that Islamophobic crime is on the increase but it is low level and minimised by victims and so not reported.

Nationally LGBT hate crime has increased and this is seen as positive due to the increased resources around LGBT crime, including the work commissioned by ELOP around an LGBT Forum, Victim Support Specialist Worker, LGBT Police Liaison Officer and work done around International Day Against Homophobia (IDAHO).

Hate Crime Training has been successfully delivered to Tower Hamlets Homes Officers in Quarter 4, with over 300 people trained and engaged through outreach including training for parents on Strengthening Families Course and at the Early Yeas Conference with nursery providers.

Increase in referrals to Hate Incidents Panel including increased engagement and participation.

Higher visibility of No Place for Hate Campaign through increased training and outreach activities totalling 51 events across all key strands.

Increase in the number of people and organisations signed up to the No Place For Hate Pledge.

Tension Monitoring Group (TMG):

The TMG has strengthened its response to tackling and reducing tensions, successfully managing a number of high profile and potentially disruptive incidents.

The Group has been involved in reducing tensions that have come about from international issues but have had an impact locally, in particular the political issues in Syria.

Our success is evidenced through the boroughs annual residents' survey where the majority of residents (78%) feel that the local area is a place where people from different backgrounds get on well together. This is a positive result that has been maintained at this level for the past 8 years.

Along with a the quarterly meetings, a number of meetings took place in 2015-16 both in a response to incidents that took place but also as to mitigate any issues arising due to a national incidents that had taken place, such as the Paris Terror attack in November 2015. The quarterly meeting also provide an opportunity to reflect on good practice and share partner messages in regards to community safety and cohesion projects scheduled locally.

Prevent Programme Board:

Following a workshop in December 2015 partners have reviewed and revised the Executive Prevent Board, agreeing terms of reference and key priorities fed back from both SO15 and the Home Office.

The Prevent Team have delivered training sessions across a range of stakeholders including CCG, DAAT, Rapid Response Youth Team, in schools, with parent governors and with bespoke Prevent Sessions delivered to Youth Service workers, In Quarter 4, 324 individuals have been trained. A Prevent Conference was held in March 2016 with a focus on safeguarding, Prevent Duty in Schools and also included sessions on Violence Against Women and Girls, Radicalisation and an update from Home Office funded projects.

Bids have been submitted to the Home Office to fund projects from their Best practice Catalogue along with a brief for additional funding for Prevent Staff, marketing and a conference for 2016/17.

Killed or Seriously Injured:

2015 saw a 22.7% decrease in the number of people killed or seriously injured KSIs on or around our roads compared to the previous year (based on provisional 2015 Transport for London (TFL) data). Anecdotally the decrease may be attributed to a number of road safety measures introduced by TFL and LBTH; the introduction of the 20mph limit and the Two Stage Right Hand Turn for Cyclists at Cycle Super Highways.

The KSI Board has been well established since 2015 with buy-in from LBTH, TFL, RTPC and LFEPA, meeting on a bi-monthly basis. LBTH Road Safety Engineering department secured funding for a speed gun and certification for eight borough officers and two RTPC officers (with a further eight officers to be trained in July 2016); and Operation NIMIS was launched in March 2016.

Operation NIMIS is a multi-faceted approach to education and enforcement around excessive speed and ASB driving. In collaboration with the council's Road Safety Engineering department, 20 hotspots have been identified across the borough. Local officers and colleagues from RTPC (based in Bow) deploy to these areas to utilise the Speed Gun. Court proceedings are initiated against all persons driving at excessive speed. This deployment also acts as high visibility policing, reinforcing the 20mph speed limit.

The second strand of Operation Nimis is Community Speed Watch. The pilot took place at Old Ford Road on the 24th March 2016, attended by a local councillor and ward residents. The Community Speed Watch initiative has been extended to all Councillors with the aim of it being replicated on all wards. These traffic operations will take place at the 20 hotspot areas and will tie-in with local SNT and ward priorities such as ASB; nuisance driving being a large complaint generator for the Council.

Operation NIMIS also incorporates a School Speed Awareness Campaign. Primary schools across the borough have been invited to take part in an MPS educational campaign aimed at drivers in the vicinity of school crossings. Any driver who exceeds the 20mph limit will be asked to complete a short questionnaire administer by the school children. If drivers do not wish to engage in this 'educational' activity, enforcement avenues will be pursued (if appropriate). This initiative is supported by the LBTH Public Health department who are assisting with the promotion of this scheme amongst educational facilities.

The final aspect of Operation NIMIS is a TPAC (pursuit trained officer) assisted operation. TPAC officers will support local units targeting offenders using vehicle to deal drugs. In the past 12 months there have been 172 fail to stop incidents, this is a tactic used by drug dealers to evade police and necessitates the need for a TPAC skilled driver. There is also work underway to explore the use of Field Impairment Test trained officers to target those offenders who are drug driving on the borough and there is an opportunity for this to complement a borough wide poster campaign commissioned by the Drug and Alcohol Action Team.

All results from Operation NIMIS are sent through to LBTH and will contribute to a paper on the 20mph speed limit due to be presented to the committee.

On 21st March 2016 local officers conducted a 'Super Cubo' targeting offender drivers and drug dealing at four locations across the borough. The objective of this traffic operation was to disrupt criminal activity; improve road safety and educate drivers. Approximately 80-100 cars were stopped; resulting in vehicle seizures for no insurance, a high proportion of drivers processed for driving offences and several arrests for drug related matters.

2015/16 Financial Year Crime Figures

Met Head Quarters, Performance and Assurance have confirmed that the baseline for the MOPAC 7 crime reduction target is the offence level during FY 2011/12, and FY 2015/16 is to be used to assess final performance against the total 20% reduction target. This table compares financial year 2015/16 performance against the previous financial year 2014/15

Major Classification	Minor Classification	Offences 2015/16	Offences 2014/15	% Change on 2014/15	Sanction Detection 2015/16	Sanction Detection 2014/15	SD Rate 2015/16	SD Rate 2014/15	% point change on 2014/15
Violence Against The Person	*Murder*	4	3	+33.3%	4	4	100%	133.3%	-33.3
	Wounding / GBH	998	920	+8.5%	255	274	25.6%	29.8%	-4.2
	Assault with Injury	1922	1808	+6.3%	555	581	28.9%	32.1%	-3.2
	Common Assault	2564	2427	+5.6%	458	442	17.9%	18.2%	-0.3
	Offensive Weapon	176	144	+22.2%	156	130	88.6%	90.3%	-1.7
	Harassment	3132	2472	+26.7%	412	412	13.2%	16.7%	-3.5
	Other Violence	371	277	+33.9%	122	123	32.9%	44.4%	-11.5
Sexual Offences	*Rape*	229	193	+18.7%	20	24	8.7%	12.4%	-3.7
	Other Sexual	363	371	-2.2%	58	54	16.0%	14.6%	+1.4
Robbery	*Personal Property*	1079	1094	-1.4%	99	85	9.2%	7.8%	+1.4
	Business Property	62	65	-4.6%	13	16	21.0%	24.6%	-3.6
Burglary	*Burglary in a Dwelling*	1298	1208	+7.5%	71	59	5.5%	4.9%	+0.6
	Burglary in Other Buildings	1253	1203	+4.2%	140	86	11.2%	7.1%	+4.1
Theft and Handling	*Theft/Taking of Motor Vehicles*	1120	929	+20.6%	101	55	9.0%	5.9%	+3.1
	Theft form Motor Vehicles	1564	1531	+2.2%	39	35	2.5%	2.3%	+0.2
	Motor Vehicle Interference & Tampering	376	299	+25.8%	18	12	4.8%	4.0%	+0.8
	Theft from Shops	1089	916	+18.9%	383	416	35.2%	45.4%	-10.2
	Theft from Person	1392	1319	+5.5%	19	54	1.4%	4.1%	-2.7
	Theft/Taking of Pedal Cycles	1134	1264	-10.3%	27	47	2.4%	3.7%	-1.3
	Other Theft	3585	3665	-2.2%	128	146	3.6%	4.0%	-0.4
	Handling Stolen Goods	81	68	+19.1%	73	63	90.1%	92.6%	-1.5
Fraud and Forgery	*Front Counted per Victim*	0	0	0%	2	0	NA	NA	NA
	Other Fraud & Forgery	32	22	+45.5%	18	6	56.3%	27.3%	+29.0
Criminal Damage	*Arson*	127	118	+7.6%	10	9	7.9%	7.6%	+0.3
	Criminal Damage to a Dwelling	526	534	-1.5%	86	79	16.3%	14.8%	+1.5
	Criminal Damage to Other Building	307	300	+2.3%	59	64	19.2%	21.3%	-3.1
	Criminal Damage to Motor Vehicle	854	874	-2.3%	72	60	8.4%	6.9%	+1.5
	Other Criminal Damage	549	557	-1.4%	97	99	17.7%	17.8%	-0.1
Drugs	*Drug Trafficking*	92	137	-32.8%	100	121	108.7%	88.3%	+20.4
	Possession of Drugs	1696	2048	-17.2%	1488	1836	87.7%	89.6%	-1.9
	Other Drug Offences	9	8	+12.5%	8	9	88.9%	112.5%	-23.6

Other Notifiable	*Going Equipped* *Other Notifiable*	36 598	15 559	+140% +7.0%	25 236	12 253	69.4% 39.5%	80.0% 45.3%	-10.6 -5.8
Total Notifiable Offences (TNO)		28618	27348	+4.6%	5352	5666	18.7%	20.7%	-2.0
	Violence with Injury	2946	2752	+7.0%	827	867	28.1%	31.5%	-0.1
MOPAC 7 (total of all crimes highlighted in yellow)		13077	12484	+4.8%	1633	1568	12.5%	12.6%	-3.4
	Gun Crime	80	68	+17.6%	9	16	11.3%	23.5%	-12.2
	Knife Crime	569	508	+12.0%	102	98	17.9%	19.3%	-1.4
	Domestic Abuse	2978	2596	+14.7%	930	934	31.2%	36.0%	-4.8
	Racist and Religious Hate Crime	586	577	+1.6%	116	156	19.8%	27.0%	-7.2
	Homophobic Crime	89	80	+11.3%	10	10	11.2%	12.5%	-1.3

2015/16 Financial Year Performance Against the MOPAC Baseline Year 2011/12

Met Head Quarters, Performance and Assurance have confirmed that the baseline for the MOPAC 7 crime reduction target is the offence level during FY 2011/12, and FY 2015/16 is to be used to assess final performance against the 20% reduction target. This Table compares financial year 2015/16 performance against the MOPAC Baseline FY 2011/12.

Major Classification	Minor Classification	Offences 2015/16	Offences 2011/12*	% Change on 2011/12
Violence Against The Person	*Murder*	4	5	-20%
	Wounding / GBH	998	432	+131.0%
	Assault with Injury	1922	1554	+23.7%
	Common Assault	2564	1827	+40.3%
	Offensive Weapon	176	171	+2.9%
	Harassment	3132	1635	+91.6%
	Other Violence	371	193	+92.2%
Sexual Offences	*Rape*	229	138	+65.9%
	Other Sexual	363	293	+23.9%
Robbery	*Personal Property*	1079	1319	-18.2%
	Business Property	62	96	-35.4%
Burglary	*Burglary in a Dwelling*	1298	1538	-15.6%
	Burglary in Other Buildings	1253	1179	+6.3%
Theft and Handling	*Theft/Taking of Motor Vehicles*	1120	873	+28.3%
	Theft form Motor Vehicles	1564	1944	-19.5%
	Motor Vehicle Interference & Tampering	376	87	+332%
	Theft from Shops	1089	719	+51.5%
	Theft from Person	1392	1606	-13.3%
	Theft/Taking of Pedal Cycles	1134	1342	-0.6%
	Other Theft	3585	4412	-18.7%
	Handling Stolen Goods	81	70	+15.7%
Fraud and Forgery	*Front Counted per Victim*	0	974	-974%
	Other Fraud & Forgery	32	426	-92.5%
Criminal Damage	*Arson*	127	N/A	N/A
	Criminal Damage to a Dwelling	526	629	-16.4%
	Criminal Damage to Other Building	307	318	-3.5%
	Criminal Damage to Motor Vehicle	854	928	-8.0%
	Other Criminal Damage	549	589	-6.8%
Drugs	*Drug Trafficking*	92	226	-59.3%
	Possession of Drugs	1696	3481	-51.3%
	Other Drug Offences	9	16	-43.8%
Other Notifiable	*Going Equipped*	36	20	+80.0%
	Other Notifiable	598	423	+41.4%
Total Notifiable Offences (TNO)		28618	29463	-2.9%
	Violence with Injury	2946	2003**	+47.1%
MOPAC 7 (total of all crimes highlighted in yellow)		13077	13023	+0.4%
	Gun Crime	80	N/A	N/A
	Knife Crime	569	N/A	N/A
	Domestic Abuse	2978	N/A	N/A
	Racist and Religious Hate Crime	586	N/A	N/A
	Homophobic Crime	89	N/A	N/A

2015/16 Data provided in Metropolitan Police Tower Hamlets Borough Operational Command Unit Pre Release of Financial Year 2015/16 Crime Statistics (released 15.05.2016)

* 2011/12 MOPAC Baseline Data provided in Met Data Tables webpage Borough Totals extracted on 18.05.16

** 2011/12 MOPAC Baseline Data provided in Metropolitan Police Tower Hamlets Daily Dashboard produced on 16.05.16

N/A Data not available at time of writing

Strategic Assessment 2015

The Tower Hamlets Community Safety Partnership is required to produce an annual Strategic Assessment by the Crime & Disorder (Formulation & Implementation of Strategy) Regulations 2007. The regulations state that a strategic assessment needs to include:

- An analysis of the current community safety issues
- An analysis of the changes in those levels and patterns, and;
- The Partnership's priorities to tackle the local issues.

The Strategic Assessment 2015 has allowed the Partnership to fulfil its statutory duty to review this Community Safety Partnership Plan in 2015 and refresh it for the final year (2016/17) of its now 4 year term.

The Strategic Assessment production process is reviewed on an annual basis by the CSP's Strategy Group, which is made up of senior representatives of the borough's 6 Responsible Authorities as well as the CSP Subgroup Chairs. This review enables the Partnership to ensure that the Strategic Assessment contains and analyses all the key information required for the CSP to be able to effectively review its Community Safety Partnership Plan annually.

The partnership examined the context of current themes within community safety and took into account key national, regional and local priorities.

The Strategic Assessment was developed based on close analysis of data against the CSP's 42 priority performance indicators across its 11 priority themes (see below). Performance is monitored as part of the CSP's Priority Performance Dashboard at CSP meetings on a quarterly basis and at the relevant CSP Subgroup meetings.

The Partnership believed that these Priority Themes are the most efficient way to monitor data, and take into account the national, regional and local priorities. The current themes are:

- Anti-Social Behaviour and Arson (3 indicators)
- Drugs and Alcohol (5 indicators)
- Hate Crime and Community Cohesion (3 indicators)
- Killed or Seriously Injured (1 indicator)
- Prevent (New Priority
- Property/Serious Acquisitive Crime (7 indicators)
- Prostitution (New Priority)
- Public Confidence & Victim Satisfaction (3 indicators)
- Reducing Re-offending (3 indicators)
- Violence (including Domestic Violence & Violence against Women and Girls) (9 indicators)
- Youth Crime (Gangs and Serious Youth Violence) (4 indicators)

The statutory partners provided information on the above indicators and they have been reviewed in the Strategic Assessment in terms of the following factors:

- Data and Analysis: 1st October 2014 – 30th September 2015
- Trends over the last 3 years (October 2012 – September 2015)

In addition to the information supplied by the statutory partners, additional information was provided by Health with regards to the health needs of offenders with a summary from their Offender Health Joint Strategic Needs Assessment 2015 and the National Probation Service separate profile on the needs of the local offending population including any gaps in service.

Please note:
Due to the time scales and production schedule for the Community Safety Plan, we are unable to use full financial year figures in the Strategic Assessment.

Performance from Strategic Assessment 2015

1st October 2011 – 30th September 2015

'Total Crime' in Tower Hamlets							
Performance Indicator	**Lead Agency for performance data & CSP Subgroup**	**Performance 2011/12 (Oct – Sept)**	**Performance 2012/13 (Oct – Sept)**	**Performance 2013/14 (Oct –Sept)**	**Performance 2014/15 (Oct –Sept)**	**Difference (+/-%) 2014/15 – 2013/14**	**Direction of Travel Oct 2011 – Sept 2015**
Total Notifiable Offences	Police	29,369	27,971	26,374	28,056	+6.37%	-4.47%

Priority A: Gangs and Serious Youth Violence							
Performance Indicator	**Lead Agency for performance indicator & CSP Subgroup**	**Performance 2011/12 (Oct – Sept)**	**Performance 2012/13 (Oct – Sept)**	**Performance 2013/14 (Oct –Sept)**	**Performance 2014/15 (Oct –Sept)**	**Difference (+/-%) 2014/15 – 2013/14**	**Direction of Travel Oct 2011 – Sept 2015**
YOT Re-offending Rates – Percentage of cohort that re-offended (binary rate) – Quarterly percentage rates	YOT – YJB data	New indicator 2015/16	New indicator 2015/16	New indicator 2015/16	Q3 40.9% Q4 37.3% Q1 38.0% Q2 38.5%	-	-
Number of young people engaged with from the Police Gang Matrix	Police / YOS (YOT MB)	-	5 from top 10 25 associates	12 from top 10 Up to 5 associates per individual			
Number of young people entering the Youth Justice System for the first time (FTE)	YOT – YJB data	195 (12 months to June 2012)	133 (12 months to June 2013)	102 (12 months to June 2014)	112 (12 months to June 2015)	+9.8%	-42.6%
Rate of young people First Time Entrants (FTE) into the Youth Justice System per 100,000 young people	YOT – YJB data	n/a	n/a	n/a	481	-	-
% of custodial sentences compared to all court disposals	LBTH – YOT (YOT MB)	24 (5.8%) 24/413	20 (5.3%) 20/379	16 (7%) 16/230	17 No % or total available	+6.25%	-29.1% based on total figure

Priority B: Anti-Social Behaviour (including Arson)							
Performance Indicator	**Lead Agency for performance indicator**	**Performance 2011/12 (Oct – Sept)**	**Performance 2012/13 (Oct – Sept)**	**Performance 2013/14 Oct – Sept)**	**Performance 2014/15 Oct – Sept)**	**Difference (+/-%) 2014/15 – 2013/14**	**Direction of Travel Oct 2011 – Sept 2015**
Number of Police CAD calls for ASB	Police (ASB OG)	17,784	17,452	16,052	14,304	-10.9% (-1,748)	-19.6% (-3,480)
Number of Arson incidents (all deliberate fires)	London Fire Brigade (ASB OG)	481	390	344	409	-18.9% (-65)	-15% (-72)
Number of Repeat Victims of ASB		736	749	735	643	-12.5% (-92)	-12.6% (-93)

Priority C: Drugs and Alcohol							
Performance Indicator	**Lead Agency for performance indicator**	**Performance 2011/12 (Oct – Sept)**	**Performance 2012/13 (Oct – Sept)**	**Performance 2013/14 (Oct – Sept)**	**Performance 2014/15 (Oct – Sept)**	**Difference (+/-%) 2014/15 – 2013/14**	**Direction of Travel 2011-15 Oct – Sept**
Number of alcohol users engaging in structured treatment Restricted NDTMS Data – Not for Public*	LBTH (DAAT)	-	-	-	-	-	-
Percentage of successful completions (drug treatment) who do not re-present within 6 months: Restricted NDTMS Data – Not for Public*	LBTH (DAAT)						
A) Opiates	DAAT	-	-	-	-	-	-
B) Non-opiates	DAAT	-	-	-	-	-	-
Number of young people engaged in drug / alcohol treatment Restricted NDTMS Data – Not for Public*	LBTH DAAT – PHE through NDTMS	-	-	-	-	-	-
Number of clients on IARP caseload also in structured treatment for:	LBTH (DAAT)						
A) Opiates	LBTH DAAT	Q3 375 (23%) Q4 367 (22%) Q1 No Data Q2 360 (23%)	Q3 364 (23%) Q4 334 (23%) Q1 385 (26%) Q2 382 (26%)	Q3 373 (25%) Q4 374 (26%) Q1 375(26%) Q2 367(25.7%)	Q3 378 (26.3%) Q4 372 (25.9%)	Not comparable	Not comparable
B) Non-opiates	LBTH (DAAT)	Q3 41 (20%) Q4 35 (16%) Q1 No Data Q2 22 (10%)	Q3 14 (7%) Q4 16 (8%) Q1 27 (14%) Q2 27 (13%)	Q3 28 (13%) Q4 38 (17%) Q1 27 (18.8%) Q2 25 (17.1%)	Q3 26 (16.7%) Q4 24 (13.5%)	Not comparable	Not comparable
C) Alcohol	LBTH (DAAT)			Q1 58 (11.7%) Q2 46 (9.6%)	Q3 47 (10.1%) Q4 46 (10.2%) Q1 39 (9.7%)	-	-
Number of arrests for Possession With Intent To Supply	Police (TTCG)	New indicator 2015/16	255	177	137	-22.6%	Not comparable
Possession With Intent To Supply Sanction Detection Rate	Police (TTCG)	New Indicator 2015/16	93.7% (239)	92.1% (163)	92% (126)	-0.1% pts (-37)	Not comparable
Possession Only (Arrests & Warnings)	Police (TTCG)	New Indicator 2015/16	1,369	1,315	993	-24.5% (322)	Not Comparable
Possession Only Sanction Detections	Police (TTCG)	New Indicator 2015/16	94.3% (1,290)	93.6% (1,231)	90.8% (902)	-2.8% pts (-329)	Not Comparable

Priority D: Violence (including Domestic Violence and Violence Against Women and Girls)

** Please note: Due to historic under reporting of violence against women and girls, significant work is being undertaken to increase both confidence in reporting and early reporting of these offences/crimes, to ensure that the actual levels are established. More importantly, so that the victim/survivors receive partnership support at the earliest possible opportunity. Due to this work, we hope that this will have an impact (increase) on the number of reports of violence against women and girls, particularly the Number of Domestic Violence Offences, Rapes and Other Serious Sexual Offences as seen below.

Performance Indicator	Lead Agency for performance indicator	Performance 2011/12 (Oct – Sept)	Performance 2012/13 (Oct – Sept)	Performance 2013/14 (Oct – Sept)	Performance 2014/15 Oct – Sept)	Difference (+/-%) 2014/15 – 2013/14	Direction of Travel Oct 2011 – Sept 2015
Number of Domestic Violence Reports to Police	Police (TTCG)	New Indicator 2015/16	1,919	2,178	2,354	+8.1% 176	Not comparable
Domestic Violence Conviction Rate ('cracked cases')		New indicator 2015/16	New indicator 2015/16	New indicator 2015/16	68%	Not comparable	Not comparable
Domestic Violence Sanction Detection (SD) Rate	Police	New Indicator 2015/16	45.6%	34.8%	33.4%	-1.4% pts	Not comparable
Percentage of Domestic Crimes that involve repeat victims	Police	New Indicator 2015/16	21.52%	15.87%	23.48%	+7.61% pts	Not comparable
Decrease Unsuccessful Prosecutions and Rate against total	LBTH (DV Forum)	New Indicator 2015/16					
Number of Rapes and Other Serious Sexual Offences	Police (TTCG)	New indicator 2015/16	228	249	323	+29.7% (+74)	Not comparable
Number of individual crimes of Stalking and Harassment recorded	Police (VAWG)	New indicator 2015/16	403	499	458	-8.2% (-41)	Not comparable
Number of cases of Harmful Practices of Female Genital Mutilation (FGM) recorded	VAWG	New indicator 2015/16	0	3	6	+100% (+3)	Not comparable
Number of cases of Harmful Practices of Honour Based Violence recorded	VAWG	New Indicator 2015/16	6	7	10	+42.9% (+3)	Not comparable
Number of cases of Harmful Practices of Forced Marriage	VAWG	New indicator 2015/16	3	4	2	-50% (-2)	Not comparable
Number of professionals receiving training and reporting increased awareness of VAWG	VAWG	New Indicator 2015/16	200	768	1048	+33.9% (+260)	Not comparable
Number of offences of Violence With Injury (Non-Domestic Abuse)	Police (TTCG)	Data not supplied	1,480	1,708	1,983	+16.1% (+275)	+35.7% (+503)
Number of Offences of Violence With Injury (Domestic Abuse)	Police (TTCG)	Data not supplied	736	740	844	+14.1% (+104)	+14.7% (+108)

Priority E: Prostitution							
Performance Indicator	**Lead Agency for performance indicator**	**Performance 2011/12 (Oct – Sept)**	**Performance 2012/13 (Oct – Sept)**	**Performance 2013/14 (Oct – Sept)**	**Performance 2014/15 Oct – Sept)**	**Difference (+/-%) 2014/15 – 2013/14**	**Direction of Travel Oct 2011 – Sept 2015**
Number of women referred to the Prostitution MARAC	TBC	New indicator 2016/17	New indicator 2016/17	New indicator 2016/17	New indicator 2016/17	-	-
Number of women re-referred to the Prostitution MARAC	TBC	New indicator 2016/17	New indicator 2016/17	New indicator 2016/17	New indicator 2016/17	-	-

Priority F: Hate Crime and Cohesion Please note: Due to historic under reporting of hate crime, significant work is being undertaken to increase both confidence in reporting and early reporting of these offences/crimes, to ensure that the actual levels are established. More importantly, so that the victims receive partnership support at the earliest possible opportunity. The performance data below is in the format/categories provided by the police, unfortunately this does not disaggregate it into the 7 strands of hate crime (Disability; Race or Ethnic Identity; Religion/Belief; Gender or Gender Identity; Sexual Orientation; Age and Immigration Status or Nationality), which has historically only been recorded by the police as Race and Religious or Homophobic incidents/crimes. Due to this work, we hope that this will have an impact (increase) on the number of reports of all types of hate incidents/crimes, thus reducing the historical under-reporting, as seen below.							
Performance Indicator	**Lead Agency for performance indicator**	**Performance 2011/12 (Oct – Sept)**	**Performance 2012/13 (Oct – Sept)**	**Performance 2013/14 (Oct-Sept)**	**Performance 2014/15 Oct – Sept)**	**Difference (+/-%) 2014/15 – 2013/14**	**Direction of Travel Oct 2011 – Sept 2015**
Overall Hate Crime (reported to Police) **Please see above explanatory note**	Police (NPFHF)	New indicator 2015/16	480	527	582	+10.4% (+55)	Not comparable
Overall Hate Crime Sanction Detection (SD) Rate	Police (NPFHF)	New indicator 2015/16	13.3% (64/480)	10.2% (54/527)	8.6% (50/582)	-1.6% pts	Not comparable
Hate Crime cases reviewed at the monthly Hate Incident Panel which resulted in action being taken	LBTH (NPFHF)	New indicator 2015/16	73	120	No data available	Not comparable	Not comparable
Hold 4 Tension Monitoring Group (TMG) Meetings per year with additional emergency meetings when required	LBTH (TMG)	New Indicator 2015/16	4 + emergency meetings	4 + emergency meetings	4 + emergency meetings	-	Not comparable

Priority G: Killed or Seriously Injured on our roads							
Performance Indicator	**Lead Agency for performance indicator**	**Performance 2011/12 (Oct – Sept)**	**Performance 2012/13 (Oct – Sept)**	**Performance 2013/14 (Oct-Sept)**	**Performance 2014/15 Oct – Sept)**	**Difference (+/-%) 2014/15 – 2013/14**	**Direction of Travel Oct 2011 – Sept 2015**
Number of persons killed or seriously injured on road	Police (KSI)	142 Aug 2011 – July 2012	132 Aug 2012 – July 2013	44 Aug 2013 – July 2014	46 Jan 2015 – July 2015	Not comparable	Not comparable

Priority H: Property/Serious Acquisitive Crime							
Performance Indicator	**Lead Agency for performance indicator**	**Performance 2011/12 (Oct – Sept)**	**Performance 2012/13 (Oct – Sept)**	**Performance 2013/14 (Oct – Sept)**	**Performance 2014/15 Oct – Sept)**	**Difference (+/-%) 2014/15 – 2013/14**	**Direction of Travel Oct 2012 – Sept 2015**
Number of Personal Robberies	Police (TTCG)	Data not supplied	1,169	1,030	1,057	+2.6% (+27)	-9.6% (-112)
Number of Residential Burglaries	Police (TTCG)	Data not supplied	1,528	1,215	1,252	+3% (+37)	-18.1% (-276)
Number of Theft of Motor Vehicles	Police (TTCG)	Data not supplied	894	942	1,025	+8.8% (+83)	+14.7% (+131)
Number of Theft From Motor Vehicles	Police (TTCG)	Data not supplied	1,685	1,613	1,566	-2.9% (-47)	-7.1% (-119)
Number of Theft from Persons	Police (TTCG)	Data not supplied	1,756	1,281	1,411	+10.1% (+130)	-19.6% (-345)
Number of Non-Residential Burglaries	Police (TTCG)	Data not supplied	1,396	1,232	1,179	-4.3% (-53)	-15.5% (-217)
Number of Theft of Pedal Cycles	Police (TTCG)	Data not supplied	1,338	1,309	1,109	-15.3% (-200)	-17.1% (-229)

Priority I: Prevent							
Performance Indicator	**Lead Agency for performance indicator**	**Performance 2011/12 (Oct – Sept)**	**Performance 2012/13 (Oct – Sept)**	**Performance 2013/14 (Oct-Sept)**	**Performance 2014/15 Oct – Sept)**	**Difference (+/-%) 2014/15 – 2013/14**	**Direction of Travel Oct 2011 – Sept 2015**
No performance indicators set or data available to share, this is a new standalone priority for 2016/17	-	-	-	-	-	-	-

Cross-Cutting Priority 1: Public Confidence and Victim Satisfaction							
Performance Indicator	**Lead Agency for performance indicator**	**Performance 2011/12 (Oct – Sept)**	**Performance 2012/13 (Oct – Sept)**	**Performance 2013/14 (Oct – Sept)**	**Performance 2014/15 Oct – Sept)**	**Difference (+/-%) 2014/15 – 2013/14**	**Direction of Travel Oct 2011 – Sept 2015**
Percentage of community concerned with ASB (Public Attitude Survey) – How much of a problem are teenagers in the street?	Police (Confidence and Satisfaction Board)	41 (FY 2011-12)	39 (FY 2012-13)	40 (Oct 2013 – Sept 2014)	43 (Oct 2014 – Sept 2015)	3% pts	2% pts
Overall Victim Satisfaction (with Police Service)	Police (Satisfaction Board)	70% (FY 11/12)	74% (FY 12/13)	72% (FY 13/14)	76% (September 2015)	4% pts	6% pts
Overall confidence of Police doing a good job	Police (Confidence Board)	61% (FY 12/13)	63% (July 12 – June 13)	55% (Oct 2013 – Sept 2014)	64% (Oct 2014 - Sept 2015)	9% pts	3% pts

Cross-cutting Priority 2: Reducing Re-offending							
Performance Indicator	**Lead Agency for performance indicator**	**Performance 2011/12 (Oct – Sept)**	**Performance 2012/13 (Oct – Sept)**	**Performance 2013/14 (Oct – Sept)**	**Performance 2014/15 Oct – Sept)**	**Difference (+/-%) 2014/15 – 2013/14**	**Direction of Travel Oct 2011 – Sept 2015**
Number of offenders on IOM Cohort 18+ who have reduced offending Data Not Available for Strategic Assessment Period, see Separate Table below with	Probation (RRB)	-	-	Unable to compare as data only available	Unable to compare as data only available	Not comparable	Not Comparable

Quarterly performance available under all elements of this indicator from operational IOM Scheme				Quarterly over 18 month period	Quarterly over 18 month period		
Jigsaw: Staff to high risk offender ration	Police (Police)	Data not supplied	Data not supplied	Data not supplied	1:13.8 Supervising 49.8 RSOs	Improvement reduced ratios over period	Improvement reduced ratios over 3 year period

Cross-cutting Priority 2: Reducing Re-offending – IOM Reduced Re-offending Available Data							
Performance Indicator	**Lead Agency for performance indicator**	**Performance April – June 2014**	**Performance July – August 2014**	**Performance October – December 2014**	**Performance January – March 2015**	**Performance April – June 2015**	**Performance July – September 2015**
Number of offenders on IOM Cohort 18+ who have reduced offending Red to Amber on Cohort	Probation (RRB)	12	6	8	7	7	1
Number of offenders on IOM Cohort 18+ who have reduced offending Amber to Green on Cohort	Probation (RRB)	0	2	2	9	8	5
Number of offenders on IOM Cohort 18+ who have reduced offending Green to Removal	Probation (RRB)	0	34	3	7	30	18
Average number of arrests per offender per month	Probation (RRB)	0.1	0.11	0.24	0.26	0.29	0.25
MOPAC 7 Offenders (those whose primary offence is one of MOPAC 7 crimes)	Probation (RRB)	Not Collected	Not Collected	28	39	53	55

Public Consultation

As part of the Partnership's statutory duties to consult the community on community safety in the borough, an extensive 5 week public consultation took place during May and June 2012. The consultation asked members of the public (residents and business people), partnership and community groups/organisations for their top three community safety priorities.

People were made aware of the consultation via press articles, letters and email alerts. They were given the opportunity to attend their local Police Safer Neighbourhood Team's Public Meeting, a Borough Public Meeting and/or an Elected Members' Consultation Session. In addition they could reply in writing /email or respond via the dedicated webpage.

In total 1,013 responses were received, the majority of which (862) were collected through the dedicated web page (Mytowerhamlets) survey. This collection method also enabled us to monitor the equalities data of those 862 recipients against the Greater London Assembly's 2011 data, full findings of which are included in Public Consultation Report. In summary 65.71% of recipients identified their ethnicity as White (17 percentage point overrepresentation) and 20.36% as Bangladeshi (14 percentage point underrepresentation). In terms of Gender, 42% of respondents were female and 58% were male, which shows a 6.5 percentage point underrepresentation for female. The largest group of respondents were those aged between 25 and 39 years of age, making up 50.2% (3.2% overrepresentation) of respondents and the smallest group being the 0 to 16 age group, making up only 5.1% (14.9% underrepresentation), however we cannot expect infants and minors to respond, so we cannot make meaningful statements about this. Those aged between 17 and 24 years made up 9% of respondents, which is an 11 percentage point underrepresentation.

<u>Results:</u>

Based solely on the number of selections by members of the public in Tower Hamlets across all the different collection methods, the top 4 community safety priorities for the Community Safety Plan 2013-17 are:

1) Anti-Social Behaviour (ASB)	298
2) Serious Acquisitive Crime	200
3) Drugs and Alcohol	196
- Violence	196

In 2015/16 as part of the Partnership's statutory duty to consult, the Safer Neighbourhood Board held five Resident's Question Time public meetings, where anyone in the borough was able to raise community safety issues with senior officers from the Partnership. During these five themed events the residents' and local community groups' main concerns were:

- Drugs & Alcohol
- Anti-Social Behaviour and Noise
- Cycle Lanes and Road Safety
- Public Confidence and response times to reports
- Use of CCTV
- Historic/Repeat Hotspots for ASB

Priorities – How the Partnership Decided

In December 2012, the Community Safety Partnership was presented with the Strategic Assessment 2012, an Executive Summary of the Strategic Assessment 2012, the Public Consultation Report and a paper which made recommendations based on their findings. These documents were used along with internal/external partnership priorities, when the partnership originally set its priorities for the full term of the plan back in March 2013.

It is a statutory duty of the Community Safety Partnership to review the Community Safety Plan annually, based on the findings of its annual Strategic Assessment.

In January 2016, the Community Safety Partnership was presented with the Strategic Assessment 2015, which included public consultation findings from 2015/16 and made recommendations to the Partnership which were discussed and the priorities formally reviewed.

The recommendations took into account the original Community Safety Partnership Plan 2013-17 Priorities, areas where trends were going in the wrong direction, areas which the partner agencies had highlighted as being priorities for all the partnership and existing priorities external to the partnership i.e. Home Office, MOPAC and Community Plan as well as the public's perception/priorities.

The draft CSP Plan 2013-17 reviewed for Year 4 (final year of the now 4 year term) amended to take into account those discussions during the January CSP meeting was then presented to the CSP on 3rd May 2016 for discussion.

There are some areas of work which are priorities for individual and/or several partner agencies which the Community Safety Partnership has also taken into account when agreeing its own priorities for the term of this plan. These priorities that have not been deemed a priority by/for the Partnership will continue to remain priorities for those individual agencies and their performance will continue to be monitored and managed by each respective agency.

Priorities for 2013 -2017

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

As part of the Community Safety Partnership's statutory duty to review its Plan on an annual basis, in March 2016 the CSP Co-chairs reviewed the current CSP Plan Priorities based on the findings of the 2015 Strategic Assessment and agreed that the following would be the priorities for the final year (2016/17) of this Plan's 4 year term:

- **Gangs and Serious Youth Violence**
- **Anti-Social Behaviour and Arson**
- **Drugs and Alcohol**
- **Violence (inc. Domestic Violence & Violence Against Women and Girls)**
- **Property/Serious Acquisitive Crime**
- **Prostitution**
- **Hate Crime and Cohesion**
- **Killed or Seriously Injured**
- **Property/Serious Acquisitive Crime**
- **Prevent**
- **Public Confidence & Victim Satisfaction**
- **Reducing Re-offending**

Priority A:

Gangs and Serious Youth Violence

Why is it a priority?

Tower Hamlets has one of the highest proportions of young people as a percentage of its population compared to other boroughs both in London and nationally. Whilst Tower Hamlets does not have a significant gang problem compared to other London Boroughs its prevalence is growing here, there are a small number of geographically based gangs in the borough, who sporadically come into conflict with each other. These gangs are responsible for a significant amount of the borough's youth crime and drug dealing. The effects that gangs and incidents of serious youth violence, although both uncommon, have on members' of the wider communities feeling of safety, especially other young people, makes this a priority for the Community Safety Partnership to address.

The borough saw a 27% reduction in the number of serious youth violence incidents and therefore victims for the period October 2011 – September 2012 when compared to the previous year. However, it is common to see increases and decreases, year on year as they can be skewed by unexpected events.

Young people aged 8 - 17, which form the Youth Offending Service's service users' age cohort, account for 10.4% of the Tower Hamlets population (27,280 residents[1]). This is above the proportion those aged 0 to 17 for Inner London which stands at 9.8% of the population, but below the figure for Greater London of 11%

This age group is projected to increase in size by 7.8% over the next 5 years[2] to reach 29,400 8 - 17 year olds by 2017. It is then projected to increase further over the following 5 years to reach 33,426 residents by 2022, which represents a 22.5% increase over the current 2012 number.

Responsible Board/CSP Sub-group:

Youth Offending Team Management Board
Reducing Re-offending Board
Strategic Operational Group – EGGSYV (Ending Guns, Gangs and Serious Youth Violence)

What will we aim to achieve this year?

- Reduce the levels of ASB, Drugs, Homicide, Firearms discharges, Knife crime, and Serious Youth Violence
- Reduce First Time Entrants (FTE) to the youth justice system by early intervention
- Reduce the harm caused by street gangs across the borough

[1] ONS 2011 Census
[2] GLA SHLAA population projections – 2012 Round

- Reduce re-offending
- Reduce the use of custody, especially remands into custody
- Focus activity towards offenders who present most risk and harm to the community
- Support interventions to prevent young people from becoming involved in gang crime, radicalisation and serious youth violence
- Improve the numbers of young offenders in Education, Training and Employment
- With partners, offer practical assistance to individuals wishing to stop their involvement in gang criminality
- Engage young people on the periphery of gangs in positive activities
- Deliver sturdy enforcement of the law against those who persist with gang criminality, ASB, drugs, knife crime and youth violence
- Make best use of all available Criminal Justice opportunities to prevent and disrupt gang criminality and bring offenders before the courts
- Train magistrates in the work we are doing in respect of gangs
- Ensure there is process for the community to provide information and we can demonstrate it has been acted upon
- Run a violent offender group-work programme via the Youth Offending Service
- Become actively involved in the Safe and Secure Project
- Work with Troubled Families, the Youth Service and Docklands Outreach to increase and improve our work with the Trauma unit (A&E screening and outreach to young victims of violence) at The Royal London Hospital
- The hospital is reporting growing numbers of stabbing injuries and one wounding by gunshot. Between Jan-October 2014: 430 people were seen at the Royal London with serious stab wounds. In the last 10 days 19th-29th of June 2015 there was 22 serious assaults with knives and 1 gunshot wound. The ages range from 12-25. It is important to note that the majority of patients do not come from Tower Hamlets, with approximately 2 within the 10 days data that came from Tower Hamlets postcodes.

How will we measure success?

- Number of Serious Youth Violence incidents
- Number of young people engaged with through the Police Gang Matrix
- Reduction in the number of First Time Entrants into the Criminal Justice System
- Number of young people from Police Gang Matrix:
  - Placed in Education, Training or Employment
  - Placed in suitable housing
- Re-offending Rates
- Police Public Attitude Survey
- Community Tension Reports
- Reducing Youth on Youth Violence through Rapid Response Team in identified Hotspot zones (identified by partners)
- YJB YOT rating reports (quarterly)
- Number of young people engaged via staff deployment in RLH A&E and Trauma ward.
- Number of young offenders given custodial sentences for SYV

How will we do this?

Youth Offending

- Identification and Priority Cohort – the key trigger for diversion and engagement targeted support and enforcement measures will be based on intelligence about young people shared between key partners and stakeholders.
- Support and enforcement to Young people (8-17 years) at risk of involvement in violent behaviour (including victims of SYV); those seeking a route out of violence and gang culture; and those being considered for enforcement measures due to refusing to exit violent lifestyles.
- Referrals will continue to come from schools to the Social Inclusion Panel and support will extend to siblings of the target cohort as well as children of adult offenders via the Youth Inclusion Support Programme. The Youth Offending Prevention Service will build on its existing referral mechanisms for parents and self-referrals.
- Referrals from Royal London Hospital A&E and Trauma wards
- We will also build on the Council's current arrangements for ASB enforcement measures and Gang Injunctions to ensure that young people have access to support services to prevent further escalation.
- Young people supported through diversion and engagement will be formally assessed using the Youth Justice Board's assessment framework. Assessments will aid the development of integrated action plans for each young person, determine and manage risks, taking into account safeguarding concerns.
- Interventions will be initiated via letter to both the young person and his/her guardian.
- Support available includes education, training, employment, accommodation (Police – Safe and Secure Initiative), substance misuse services, parental support, violent offenders/identity workshops, mentoring and positive activities, health and emotional wellbeing services and having a named key-worker.
- Early enforcement includes Behaviour Contracts (including exclusion zones and prohibitions), joint home visits and we would like tore-introduce the use of 'Buddi' monitoring tags.
- Civil enforcement including Gang Injunctions, Parenting Orders, Anti-Social Behaviour Orders and Individual Support Orders.
- The Youth Offending Team and the Family Intervention Service will combine to provide a more holistic, whole family approach to young people who offend or are at risk of offending, including a clinical response to young people and other family members who are experiencing low to medium mental health support needs.

Integrated Youth and Community Service

- The service will work in partnership with the police and respond to "Youth on Youth Violence" issues and engage them in to structured learning opportunities.

Supporting Stronger Families

- Supporting Stronger Families is the Council's response to the Troubled Families Programme. It will enhance the work of the Police and Youth Offending Team to broaden the offer of support and therapeutic intervention to the families of young people whose lives are affected by gangs. Outcomes are linked to the PBR element of the troubled families programme and focus primarily on reducing offending, increasing educational attendance and achievement and in getting young adults and their parents either into work or on the way to work.

Police

- The Police will use a range of activities in their approach to tackling Gangs and Serious Youth Violence. These will include activity analysis, weapons seizures, arrests, detections, search warrants, CHIS coverage and financial investigation and more frequent use of obtaining CBO (Criminal Behaviour Orders) and a more 'offender' approach.
- Produce Gang Related Intervention Profiles (GRIPs) on each individual which will include information on and from MATRIX analysis, reaching minimum threshold, intelligence coverage and whether they have been convicted in the past 6 months, charged in the past 3 months, under judicial restriction, named in proactive enquiry, a subject of financial investigation, engaging in a diversionary scheme and/or have no restrictions or current interventions in place.
- Other activities include targeting habitual knife carriers, supporting repeat knife crime victims, and continuing the knife prevention work with schools, youth centres and so on.
- The police have realigned resources to meet the specific profile of the borough; a police inspector now manages the Gangs Unit, police YOT, youth/schools officers and the boroughs police cadets. The inspector will work with partners to help prevent young people from becoming involved with gangs and/or crime.

LSCB

LSCB to take forward actions identified in the Thematic Review – Older Children Who Have Caused Serious Harm or Come to Harm

What we will aim to achieve over the term of this plan?

- Aim to alter the public's perception and increase both confidence and satisfaction
- Increase the number of gang nominal's in custody by 20% of the 140 on the Matrix
- Increase the number of those exiting gang related offending
- Focus enforcement work on those who reject the offer of intervention
- Increase the use of the family intervention: proportion of gang nominals supported within a Family Intervention context
- Increase the proportion of those supported into Education, Training and Employment

- Provide meaningful community engagement and full multi-agency collaboration and communication
- Through early intervention improve PRU and school truancy rates of those in the cohort
- Develop effective Accident & Emergency data sharing
- Provide enhanced offender management for gang members
- Maintain a fast response to critical incidents
- Develop shared ownership; strong leadership; information sharing; assessment and referral and targeted services
- To be able to identify what success is for key agencies, young people, families, government and for those involved in serious youth violence

Priority B:

Anti-Social Behaviour and Arson

Why is it a priority?

Anti-social behaviour (ASB) impacts fundamentally on our quality of life. It is therefore a National and Local priority.

ASB includes a variety of behaviours which adversely affect individuals and the areas in which they live, work and visit. Noise, graffiti, abandoned cars, fly-tipping, intimidation and threatening behaviour all leave those affected feeling frustrated, angry or frightened. It eats away at the cohesiveness of our communities and the attractiveness of our borough.

Tower Hamlets Community Safety Partnership works with partners to reduce ASB, mitigate its impact and prevent its recurrence. It wants residents and those who visit and work in the borough to feel safe and enjoy the area.

Arson for the purpose of this plan refers to deliberate fire-setting in the borough, the majority of which is deliberate bin fires on housing estates which are a significant threat to life due to the risks to residential properties.

Responsible Board/CSP Sub-group:

ASB Strategy Group
Tactical Tasking and Co-ordinating Group

What will we aim to achieve this year?

- Analyse incidents reported to all partners, including Police data, to identify and respond more effectively to the needs of victims
- Reduce the number of individual callers contacting 101 more than 10 times regarding anti-social behaviour
- Reduce the number of ASB incidents through targeted prevention and diversion interventions
- Reduce the number of incidents of vandalism
- Reduce the number of incidents of arson

How will we measure success?

- Number of calls to Police (101 or 999) for ASB**
- RSL ASB (no. of ASB incidents reported) data

** Using Metropolitan Police definition of Anti-social behaviour

- Number of young people engaged by the Youth Inclusion and Support Programme
- Number of incidents of Criminal Damage
- Improved Public Confidence and Victim Satisfaction
- Number of Arson incidents – All Deliberate Fires
- Number of Accidental Dwelling Fires
- Number of Primary Fires in Non-Domestic Buildings

How will we do this?

- Operational meetings between Police, Fire Brigade, Council ASB and Integrated Youth & Community Service (including Rapid Response Team) together with key partners (including Housing Providers) to prioritise resource tasking, including Tower Hamlets Enforcement Officers (THEOs)
- Better analysis through enhanced information sharing and improved data collection
- Measuring effectiveness of cluster/ward team actions and intervention
- By better use and co-ordination of civil tools and legislative powers available to landlords to tackle ASB in neighbourhoods
- Effective and consistent use of informal interventions to avoid criminal justice system particularly for younger offenders – e.g. acceptable behaviour contracts, agreements and undertakings
- Taking opportunities of environmental, regeneration and development projects to 'design-out' ASB
- Engage young people in services and opportunities to get involved – especially during school holiday periods
- Enhancing the ASB Partnership Action Group to support vulnerable and at risk victims
- Working together with LFB to reduce risk of arson by reducing dumped rubbish and fly-tipping, and developing a more effective reporting mechanism for residents

What we will aim to achieve over the term of this plan?

- Year-on-year 10% reduction in ASB incidents
- Improve the service to victims from Neighbourhood Policing Team by early identification and differentiation of ASB incidents from crime reports
- Improve standing from 2nd highest to 5th (or better) contributor of London's ASB incidents
- Proactively use new powers, ensuring partners are trained and utilisation is consistent across the borough
- Develop bespoke interventions that minimise recidivism, focusing especially on young people
- Reduction in incidents of vandalism
- Identify the support needs of vulnerable and at risk victims and work with statutory, third sector and other agencies to provide effective interventions

Priority C:

Drugs and Alcohol

Why is it a priority?

There is a clear link between dependent users of Class A Drugs (like heroin and crack cocaine) with burglary, robbery, theft from a person or vehicle (collectively known as Serious Acquisitive Crimes), fraud, shoplifting and prostitution, which they commit in order to fund the drug dependency.

The effects of alcohol on the body mean it is often more likely for the drinker to either be a victim or perpetrator of crime. Alcohol is often linked to both violence and anti-social behaviour. Its use is particularly linked to incidents of domestic abuse and violence.

Treatment for drug and alcohol users, particularly young people is important so that their health and well-being is safeguarded and they make a positive contribution to their local communities.

Responsible Board/CSP Sub-group:

Drug and Alcohol Action Team (DAAT) Management Board

What will we aim to achieve this year?

- Implement new treatment services and deliver a visible launch with comprehensive messages regarding substance misuse and where to get help
- Develop and implement an annual multi-agency communications plan for service users and professionals
- Ensure identification and brief advice interventions are routinely offered to adult clients across a range of frontline services
- Deliver training across Young People services to ensure a child's rights based approach
- Ensure family support is available to address the impact of parental substance misuse
- Establish a robust approach to carer involvement and support
- Ensure widespread distribution of Naloxone injections to reduce the incidence of drug related deaths
- Implement robust referral pathways between hostels and treatment services that maximise the skills and capacity of the total workforce
- Work with treatment services and CRC to maximise the utilisation and effectiveness of Drug Rehabilitation Requirements (DRRs) and Alcohol Treatment Requirements (ATRs) to reduce offending of those misusing substances
- Review and recommission GP based drug / alcohol treatment services to ensure general health outcomes for drug / alcohol users in treatment are improved

- Improve services available to substance misusing young people who have a concurrent mental health issue
- Recommission Young People's substance misuse service to ensure timely and comprehensive intervention for young people experiencing problems with drugs / alcohol
- Develop and implement a Community Alcohol Partnership scheme in Mile End that targets the issues around underage drinking
- Consult on the introduction of a late night levy to help fund the costs associated with the night time economy
- Increase in the number of successful completions for those on Alcohol Treatment Requirement & Drug Rehabilitation Requirements
- Enforce the new Psychoactive Substances Act
- Disrupt the supply of drugs, including harmful legal highs, through effective enforcement and legislation
- Adopt and implement a new Substance Misuse Strategy for 2016-2019

How will we measure success?

- Number of users of opiates that left drug treatment successfully (free of drug(s) dependence) who do not then re-present to treatment again within 6 months, as a percentage of the total number of opiate users in treatment
- Number of alcohol users engaging in structured treatment
- Number of DIP (criminal justice) clients engaging in structured treatment
- Number of young people entering structured drug / alcohol treatment
- Number of planned exits from alcohol treatment
- Number of arrests for Possession With Intent To Supply
- Possession With Intent To Supply Sanction Detection Rate
- Possession Only (Arrests & Warnings)
- Possession Only Sanction Detections

How will we do this?

- Deliver widespread training and awareness campaigns
- Conduct the defined procurement process to award contracts for new drug / alcohol treatment services
- Educate frontline professionals and residents about the harms and risks associated with the use of legal highs.
- Utilise the full range of legislation and powers to tackle drug / alcohol related ASB and crime
- Ensure all partners are fully committed to delivery of the Substance Misuse Strategy 2016-19
- Further develop and implement data capture and needs assessment processes to ensure we are fully aware of met and unmet needs across the borough

What we will aim to achieve over the term of this plan?

- Improved access and uptake of increasingly effective treatment interventions which in turn reduce drug / alcohol related re-offending

Priority D:

Violence
(including Domestic Violence and Violence Against Women & Girls)

Why is it a priority?

Violent crime is defined by the Home Office as robbery, sexual offences and violence against a person (ranging from assault without injury to homicide). The number of incidences of Most Serious Violence (GBH and above) in the borough has shown a significant increase over the 12 months measured in the Strategic Assessment 2013, up by 48% (173 incidents).

The strategic assessment figures above show that the number of Domestic Violence with Injury Offences has increased over the last 2 years i.e. since the baseline year (Oct 11-Sept 12), it has increased by 34.9% (188 recorded incidents), however it has remained stable in the last year compared to the previous year. This increase in domestic violence offences being recorded by the Police could be attributable to an increase in incidents being recorded as crimes rather than "non-crime incidents", although at present there is no data to support an increase in the proportion of incidents that are treated as crimes by the Police. It is hoped that the data is attributable to increased reporting rates, as so much of our partnership work is focussed on increasing confidence in reporting, to address the huge problem of underreporting of this type of crime.

Domestic violence affects both adults and children and has serious consequences for victims and witnesses. Evidence shows that domestic violence is experienced for a number of years, on average, before it is reported to the police for the first time.

Particular focus will be placed on Domestic Violence within this priority as well as all of the other strands of Violence Against Women and Girls (VAWG) contained within the borough's VAWG Plan, namely:

- Rape and Sexual Violence
- Domestic Violence (DV)
- Trafficking
- Prostitution
- Sexual Exploitation (including Child Sexual Exploitation)
- Female Genital Mutilation (FGM)
- Forced Marriage (FM)
- So called Honour Based Violence (HBV)
- Dowry Related Abuse
- Harassment
- Stalking

Across the partnership we have agreed to adopt the cross-Government definition of domestic violence and abuse which reads: -

"Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality."

This definition incorporates most of the VAWG strands and a wide range of abusive and controlling behaviours including physical, sexual, financial, emotional and psychological abuse, which contribute to the increase in violence across the borough. The cross-cutting nature of the Violence Against Women and Girls agenda means that responsibility for tackling these issues falls across a wide range of different agencies. Co-ordinating service provision and ensuring clear governance and accountability for this agenda is therefore a key challenge and a priority for the borough.

Responsible Board/CSP Sub-group:

Tactical Tasking and Co-ordinating Group
Domestic Violence (DV) Forum
Violence Against Women & Girls (VAWG) Steering Group

What will we aim to achieve this year?

- Sign off of the VAWG strategy by Cabinet to underpin local outcomes and delivery
- A reduction in the volume of non-domestic violence recorded Violence with injury compared with 2012/13 performance
- An increase in the proportion of domestic incidents that are recorded as crimes versus non-crime incidents by the Police.
- Improved sanctioned Detection rates for violence with injury (domestic and non-domestic) i.e. offences brought to justice.
- Increase in the reporting of domestic abuse and sexual violence to the Police
- Developing partnership work across the borough to ensure that Safeguarding Policies are adhered to by all agencies
- Continuation of the DV One Stop Service in its new location and with its expanded remit across all the VAWG strands.
- Increase in victim satisfaction from cases heard at the Specialist Domestic Violence Court
- Decrease in unsuccessful prosecutions of cases heard at the Specialist Domestic Violence Court
- Ensure monthly target of cases heard at MARAC per fortnight are met.
- Offer security installations to up to 60 households affected by domestic violence.
- Increase the number of DV perpetrators being referred to and accessing perpetrator programmes within the borough
- Run a violent offender group-work programme in the Youth Offending Team including an offensive weapon and joint enterprise session.
- Reduce the number of incidents of Violence with Injury
- Increased numbers of Tower Hamlets service users accessing the Haven, the Independent Sexual Violence Adviser (ISVA) and East London Rape Crisis (ELRC)
- Increased numbers of female genital mutilation (FGM) cases identified

- Increased numbers of victims of trafficking or sexual exploitation identified and supported through specialist services.
- Increase awareness through training and awareness raising of exploitation via online and social media
- Increased number of VAWG champions

How will we measure success?

- Number of Most Serious Violence offences per 1000 of the population
- Number of Gun Crimes
- Number of Knife Crimes
- Number of incidents of Violence with injury
- Number of Domestic Violence with Injury offences recorded by the Police (Colin, unless it was discussed at CPS, Police to confirm as Helen has not mentioned this to me and we don't receive detailed data reports anymore since cutbacks)
- Number of incidents of non-Domestic Violence with Injury (see comment above)
- Number of DV Murders recorded by the Police
- Number of Domestic Violence Offences recorded by the Police
- Number of Domestic incidents (non-crimes) recorded by the Police
- Percentage of total domestic reports to the Police that are recorded as offences versus percentage recorded as non-crime incidents (see comment above as the DVF don't receive this data)
- Domestic Violence Sanction Detection (SD) Rate
- Domestic Offence Arrest Rate (see comment above)
- Number of Rapes
- Rape Sanction Detection (SD) Rate
- Number of other Serious Sexual Offences
- Other Serious Sexual Offences Sanction Detection (SD) Rate
- Number of young people reported as missing from care or at risk of sexual exploitation, to Children's Services
- Number of cases referred to the MASE
- Number of service users presenting to sexual violence services in the borough
- Numbers referred to the MARAC
- Numbers of repeat referrals to the MARAC
- Number of women referred to the Prostitution MARAC
- Number of women re-referred to the Prostitution MARAC
- Number of women receiving de-infibulation services (for FGM) at Mile End Hospital
- Number of women who have undergone FGM reported to midwifery/sexual health services
- Numbers of people reporting HBV or FM (police and other partner data)
- Number of successful diversion from court outcomes for offences related to prostitution
- Number of test on arrest for drugs and alcohol when arrested for prostitution related offences
- Number of CRIS reports with flags for stalking or harassment
- Number of women and girls reported to the national referral mechanism for trafficking

- Numbers of trained VAWG Champions
- Training session delivered to capture exploitation and radicalisation

How will we do this?

- The Council will continue to develop partnership working with the Police, Health and the Voluntary Sector, to increase the reporting of domestic abuse The Police will work to the 'action plans' for Violence with Injury and Domestic Violence which are designed to drive forward performance.
- The Council Domestic Violence and Hate Crime team will drive the Domestic Violence Forum and its action plan, developing and coordinating services and undertaking training and awareness raising activities.
- The Council Domestic Violence and Hate Crime Team will deliver against the VAWG Action Plan, ensuring that specific partnership activity takes places against each of the VAWG strands above, coordinating services across the borough and coordinating training and awareness raising activities on VAWG issues.
- Development of services to tackle VAWG and support victims, including specific case management services.
- Working with the Prevent team to further develop training in regards to exploitation and extremism

<u>Role of the Domestic Violence and Hate Crime Team in relation to Domestic Violence and VAWG</u>

- Coordinating Domestic Homicide Reviews on behalf of the Council ensuring all partners are involved throughout the process.
- Running the Domestic Violence Forum, VAWG Steering Group and VAWG e-forum.
- Managing the Victim Support contract for Independent Domestic Violence Advisers and Violent Crime Caseworkers
- Co-ordinating The Tower Hamlets Multi Agency Risk Assessment Conference (MARAC): attended by key officers from the Police, Council and a range of other agencies. The MARAC meets fortnightly to share information and identify safety planning actions for agencies in high risk cases.
- Oversight, through the VAWG Steering Group of the prostitution work managed by the DIP, including the Police, and Tower Hamlets' Prostitution Partnership (THPP) meetings: interagency case meetings regarding sex workers
- Through the VAWG Steering Group, develop and oversee services to respond to all strands of VAWG
- Running the VAWG Champions Programme
- Running the Sanctuary Scheme to provide physical security measures in victim's homes.
- Servicing the Domestic Violence duty line providing advice and guidance to professionals and members of the public
- Receive and record DV1 referrals (inter-agency referral form) and maintain records of these through the borough's DV database
- Coordinate and manage the Partnership DV One Stop Shop

- Coordinate activities around White Ribbon Campaign
- Manage the Domestic Abuse, No Excuse Campaign ensuring key messages are communicated to all stakeholders.
- Hold DV Drop in surgeries including at the Barkantine and Homeless Person's Unit
- Coordinate the Specialist Domestic Violence Court for Tower Hamlets and Hackney
- Raise awareness and promote reporting amongst professionals and the public, in particular by providing training
- Coordinate and support the multi-agency forum on FGM
- Work with school staff, governors and parents, to enable young people to increase their awareness of VAWG and recognise when they are at risk
- Support agencies to identify and support people that are at risk of VAWG.

<u>Violence with Injury</u>

- Identification and Priority Cohort – the key trigger for diversion and engagement targeted support and enforcement measures will be based on intelligence about young people shared between key partners and stakeholders
- Young people (8-17 years) at risk of involvement in violent behaviour (including victims of Serious Youth Violence); those seeking a route out of violence and gang culture; and those being considered for enforcement measures due to refusing to exit violent lifestyles
- Referrals will continue to come from schools to the Social Inclusion Panel and support will extend to siblings of the target cohort as well as children of adult offenders via the Youth Inclusion Support Programme. The Youth Offending Prevention Service will build on its existing referral mechanisms for parents and self-referrals.
- Referrals from Royal London Hospital A&E and Trauma Wards
- We will also build on the Council's current arrangements for ASB enforcement measures and Gang Injunctions to ensure that young people have access to support services to prevent further escalation
- Support available includes education, training, employment, accommodation (Police – Safe and Secure Initiative), substance misuse services, parental support, violent offenders/identity workshops, mentoring and positive activities, health and emotional wellbeing services and having a named key-worker
- Early enforcement includes behaviour contracts (including exclusion zones and prohibitions), joint home visits and 'Buddi' monitoring tags.
- Civil enforcement includes Gang Injunctions, Parenting Orders, Civil Injunctions and Individual Support Orders
- The Integrated Youth and Community Service will work in partnership with the Police and respond to 'Youth on Youth Violence" issues and engage them into structured learning opportunities
- The Police will use a range of activities to tackle serious youth violence, this will include activity analysis, weapons sweeps and seizures, arrests, detections, search warrants, CHIS coverage and financial investigation
- Produce gang related intervention profiles (GRIPs) on each individual which will include information on and from Matrix analysis.
- Police will work to the 'action plans' for Violence with Injury and Domestic Violence which are designed to drive forward performance

What we will aim to achieve over the term of this plan?

- The Police will continue to work towards the MOPAC directive to achieve a 20% reduction in 'key crime' (Including Violence with Injury) by the end of 2015/16 performance year. (Police to comment on year?) The contribution to this performance through 2013/14 (Police to comment on year) will be a 5% Reduction in Violent Crime married with a 34% detection rate against the 2012/13 performance year. A focus on Violence with Injury offences and building on the success of Op Equinox the MPS Corporate Operation in the reduction of Violence with Injury (non DA).
- Increase victim satisfaction of cases heard at Specialist Domestic Violence Court
- Decrease unsuccessful prosecutions of domestic violence
- Increase awareness of all forms of VAWG and increase reporting to Police and other agencies
- Ensure recommendations from Domestic Homicide Reviews are considered at CSP
- Increase consistency of approach to addressing issues of domestic abuse across agencies, in particular by increasing the amount of training provided to professionals in front line services.
- Increase referrals to the MARAC and THPP, with a particular focus on all strands of VAWG.
- Develop specialist services for victims/ survivors of each VAWG strand.
- Develop educational and training resources for professionals and schools on how to appropriately respond on cases of VAWG.
- Increase the safety and health of street based sex workers and reduce associated ASB.

<u>Violence with Injury</u>

- A focus on Violence with Injury offences and building on the success of Op Equinox the MPS Corporate Operation in the reduction of Violence with Injury (non DA).
- Reduce the length of time that individuals experience domestic abuse for before they report it.
- Increase awareness of domestic abuse and violence and increase reporting of domestic abuse to the Police.
- Increase awareness of all forms of VAWG and increase reporting to Police and other agencies
- Increase consistency of approach to addressing issues of domestic abuse across agencies, in particular by increasing the amount of training provided to professionals in front line services,.
- Increase referrals to the MARAC and THPP, with a particular focus on all strands of VAWG.
- Develop specialist services for victims/ survivors of each VAWG strand.
- Develop educational and training resources for professionals and schools on how to appropriately respond on cases of VAWG.
- Increase the safety and health of street based sex workers and reduce associated ASB.

Priority E

Prostitution

Why is it a priority?

Prostitution in the borough is a new standalone priority to the CSP as of April 2015, formerly covered by Violence Against Women and Girls and Anti-Social Behaviour. The CSP has taken the decision to separate this out of both existing priorities to ensure that the impact that Prostitution has on both those involved and the surrounding neighbourhoods is recognised and addressed as a priority.

Women who sex work often experience complex needs for support for drug and alcohol misuse as well as underlying health and wellbeing issues which need to be addressed to enable their safe exit.

For those in the neighbouring community affected by prostitution (whether street-based or off street locations including brothels), it is often seen as anti-social behaviour which is having a detrimental impact of their quality of life, either from witnessing the act or the waste products left afterwards, to harassment alarm and distress both the prostitute and those involved in prostitution cause.

Work carried out by the CSP to address prostitution and its causes will have a positive impact on the performance against other interrelated CSP Priorities of Anti-Social Behaviour, Drugs and Alcohol and Violence Against Women and Girls.

Responsible Board/CSP Sub-group:

Violence Against Women and Girls (VAWG) Steering Group - TBC

What will we aim to achieve this year?

- Development of multi-agency coordination and accountability for prostitution
- Women with 'red flag' indicators are supported to reduce their risk through an holistic support package provided by a dedicated case management service
- Women engaged in prostitution are offered holistic support across health, housing, education and criminal justice
- Agencies across Tower Hamlets feel supported to support women engaged in prostitution
- Residents are engaged in partnership work to reduce prostitution related ASB
- Men who buy sex are targeted with police actions including letters deterring them from Tower Hamlets

How will we measure success?

- Number of women referred to the Prostitution MARAC
- Number of women re-referred to the Prostitution MARAC

How will we do this?

- Support organisations to increase their referrals to the Prostitution MARAC, with a focus on 'high-risk' groups such as sex workers, those who are dependent on alcohol or drugs, carers and young people.
- Increase safety and health of street based sex workers as well as reducing associated ASB.
- Meaningful consultation with residents, especially those from 'hotspot' areas for prostitution

What we will aim to achieve over the term of this plan?

Not applicable due to this only being made a priority for the final year of this CSP Plan term 2015/16.

Priority F:

Hate Crime and Cohesion

Why is it a priority?

The Tower Hamlets Community Plan aims to make the borough a better place for everyone who lives and works here. The Borough's diversity is one of its greatest strengths with the richness, vibrancy and energy that our communities bring. As a partnership we are committed to build One Tower Hamlets, to tackle inequality, strengthen cohesion and build both community leadership and personal responsibility. Preventing extremism and people becoming involved in it, is fundamental to achieving One Tower Hamlets. Our partnership approach has developed over the past five years and enabled us to tackle complex and contentious issues during that time.

The borough is a diverse and tolerant place, where the vast majority of people treat each other with dignity and respect. Unfortunately there is a small minority of people who don't hold those same values and perpetuate hate. Hate crimes are committed on the grounds of prejudice against people who are different than the perpetrator in some way.

The experience of prejudice and hate isn't limited to one particular group. Hate crimes are committed against people of different:

- race
- religion/beliefs
- age
- disability
- sexuality
- refugee/asylum seeker
- gender identity
- and any other (actual or perceived) differences

The partnership agencies will work together to address all the above forms of hate, with specific activity targeting under reported, more prevalent or emerging types of hate crime being addressed through the relevant CSP Subgroups on a quarterly basis.

Responsible Board/CSP Sub-group:

No Place For Hate Forum (NPFHF)
Tension Monitoring Group (TMG)
Prevent Board

What will we aim to achieve this year?

No Place For Hate Forum (NPFHF)

The NPFHF is a partnership of statutory, voluntary and community organisations that join together in a zero tolerance approach to all forms (also known as strands) of hate. We know that for some people difference is a frightening thing. In difference, they see a threat and that

is when prejudice takes hold. Sometimes prejudice results in the abuse and violence that undermines the borough's proud tradition of diversity and tolerance.
The No Place for Hate Forum brings partners together to implement a co-ordinated response to challenging prejudice and hate with work arranged under the following key themes:

- Protect and Support Victims
- Hold Perpetrators Accountable
- Prevention, Awareness and Community Cohesion

In 2016/17 we will ensure that all victims of all forms of hate crime have access to appropriate protection and support by:-

- Continue to develop strategies to impact on all forms of hate and ensure that Tower Hamlets is a safe place for everyone.
- Increase the reporting to the Police of hate crimes and incidents across all strands, by building community confidence.
- Increase professional and community awareness of hate and its impact, through a wide range of education and awareness raising activities including targeted activity for each of the strands of hate.
- Deliver a range of initiatives at different points throughout the year that contribute to making the borough proud and tolerant of its diversity.
- Develop a local NPFH Champions Programme to encourage responsibility in tackling hate and promoting cohesion.
- Manage and coordinate the No Place for Hate Campaign including increasing sign up to the No Place for Hate Pledge.
- Increase the number of cases heard at the Hate Incidents Panel.
- Maintain and further develop the Third Party Reporting (TPR) Centres and recruit new organisations to become TPR centres.
- Victim Support to ensure that clients have face to face visits and provide telephone support to victims
- Victim Support to establish a support desk at Accident & Emergency department at the Royal London Hospital
- Police Community Safety Unit to offer specialist advice to frontline officers regarding hate crime
- Ensure that victims of disability hate crime receive appropriate response, referrals to key partners and representations at ward panel meetings
- Disability hate crime victims to be identified from the first point of contact with the Police
- Build a local database and recognise the needs of all victims / suspects of disability hate crime

To deter and hold perpetrators accountable by:

- Hold monthly multi-agency Hate Incident Panel which ensure co-ordinated responses to hate crime and incidents
- Inform Registered Housing Providers of the Hate Incident Panel and encourage referrals and participation
- The Police Community Safety Unit to reduce offending opportunities for hate crime
- Reduce exclusions and cyberbullying by producing a locally relevant mobile app to inform pupils about cyber safety and online conflict

To prevent hate through promoting awareness, encouraging reporting and building community cohesion across all communities by:

- Awareness raising campaign promoting clear messages that Tower Hamlets is no place for hate and promote a stronger stand against hate in the borough
- Deliver activities outreach work and activities during National Hate Crime Awareness Week
- Recruit, train and support 10 No Place for Hate Champions to cascade hate crime awareness activities and training in the communities
- Inform all Children's Centres, Hospitals and GP Surgeries of the No Place for Hate Pledge, inviting them to join and encourage referrals to the HIP
- Carryout community cohesion intergenerational work to break barriers, reduce crime and get along together
- Raise awareness of the International Day Against Homophobia, Biphobia and Transphobia – Hatred Hurts All Conference aimed at those who work with victims of hate crime
- Raise awareness of pathways for hate crime reporting with members of the LBTH LGBT Community Forum
- Gain insight into local people experience and promote good practice in challenging homophobia, biphobia and transphobia

Tension Monitoring Group (TMG)

The TMG acts as a network of key individuals who represent statutory, voluntary and community organisations in Tower Hamlets who respond in real time to critical incidents, to provide an effective emergency response.

In 2016/17 we aim to:

- Review the membership of the group in order to cover gaps and strengthen its impact in protecting local communities.
- Continue to respond to cohesion related issues in the borough in real time.
- Undertake meetings and events to consider specific threats to cohesion, in order to both increase our knowledge and identify how the borough can respond to reduce specific threats.
- Undertake research on specific threats and how they impact upon the local community.
- Develop a communication protocol to support members in regards to reporting incidents in the borough

How will we measure success?

- Overall Hate Crime rate (reported to the Police)
- Hate crime sanctioned detection (SD) rate
- Number of "Racist and Religious" offences (reported to the Police)
- Number of Islamophobic offences
- Number of Anti-Semitic offences
- Number of Homophobic offences

- Number of Disability hate crime offences
- Number of Transphobic hate crime offences
- Number of cases reviewed at the Hate Incidents Panel
- % of hate crime cases coming to the Hate Incidents Panel where formal action is taken
- Number of Organisational and Personal No Place for Hate Pledges signed

How will we do this?

No Place For Hate Forum

- The Hate Incident Panel (HIP) consists of key agencies who can respond to cases of hate crime. Agencies who are members include the Council's Domestic Violence and Hate Crime Team, Police, LBTH Legal Services, Housing Associations, Victim Support and LBTH Youth Services. The HIP will meet regularly to assign and review effective actions, share information and swiftly manage responses to high risk hate crimes and incidents. It will ensure that the cases it considers receive a co-ordinated and structured response, and that offenders are held accountable for their actions. The HIP will increase the percentage of hate crime cases reviewed at the Panel, where enforcement action is taken. Enforcement action could be action against a tenancy such as eviction, legal action such as an injunction, criminal justice action such as arresting/charging/prosecuting or civil enforcement such as the range of powers available to THEOs and ASB Case Investigators.
- Advice and guidance will be provided by the LBTH Domestic Violence and Hate Crime Team to a range of agencies, particularly Registered Social Landlords (RSLs), with the intention to bring about a more coordinated and consistent response to hate crimes and incidents. Through this work, we will increase the number of cases referred to the HIP by RSLs.
- The Police, supported by other partners will work to increase the Sanctioned Detection (SD) Rate for hate crime across all strands.
- We will promote the message that we will not tolerate hate, in particular to offenders, by taking enforcement action and promoting the actions that have been taken.
- Maintain and develop Third Party Reporting Centres
- Encourage reporting through raising the profile of the No Place for Hate Campaign and Pledge.

Tension Monitoring Group (TMG)

- The TMG will continue to meet quarterly with emergency meetings taking place if and when needed to discuss imminent threats to cohesion. The group will also review its membership to ensure that all sections of the community are being engaged and are part of the discussion on cohesion related issues. Terms of reference will be updated along with a communication protocol to support the reporting of any incidents that may create a risk to community cohesion.

What we will aim to achieve over the term of this plan?

No Place For Hate Forum

- We will maintain and further develop the Third Party Reporting Project We will provide training and support to new and existing centres, including a TPR Steering Group. We will publicise the locations and contact details of TPR centres widely.
- No Place For Hate Campaign – we will continue the campaign which promotes an established clear message to the community. The campaign will be used to link to and support national and international campaigns as well as local events, highlighting clearly that the borough will not tolerate hate in any form in our diverse and cohesive borough, that is 'One Tower Hamlets'.
- The Forum will continue to promote the No Place for Hate Pledge, including at having stalls or other presence at events in the community, and through workshops and training. It will encourage as many individuals and organisations as possible to make a pledge against hate.
- The Forum aspires to increase the sign up of individuals and organisations to the pledge by at least an additional 100 per year.

Tension Monitoring Group (TMG)

- Maintain its role in monitoring local tensions and responding to threats to cohesion that may arise
- Aims to ensure that we continue to increase, on an annual basis, the percentage of people who believe people from different backgrounds get on well together in their local area, as measured by the Annual Residents Survey.
- Tackle and counter negative media messages about the borough in relation to cohesion and tension related issues.

Priority G:

Killed or Seriously Injured (on our roads)

Why is it a priority?

Road safety is an issue that affects not only everyone in London, but nationally and globally. We all need to use roads to get around – to school, to work, to the doctor, to the shops, to the cinema etc. Most of us use the roads every day, as drivers, passengers, cyclists and pedestrians, and for many people driving is the main part of their job.

TfL's annual Health, Safety and Environment Report reveals that 3,018 people were killed or seriously injured across Greater London in 2012, up from 2,805 in 2011. Of that fatalities were down from 159 to 134 and included 69 pedestrians, 27 motorbike/scooter riders and 14 cyclists, down two on 2011. The cost to the community of the road collisions in 2012 was an extraordinary £2.26 billion.

This increase in recent years along with media attention, has led to increased concern around road safety across London. Cycling fatalities in Tower Hamlets in and around busy arterial roads have increased local concerns and are a major factor for this being made a priority for the Community Safety Partnership.

2014 TFL data shows that compared to 2013, the number of people killed or seriously injured was down seven percent; Pedestrians and car occupants killed or seriously injured fell by seven per cent and six per cent respectively to their lowest ever levels. The number of cyclists killed or seriously injured was down 12%, despite huge increases in the number of people cycling, the number of children killed or seriously injured fell to the lowest level recorded, down 11%. This means that child road deaths have been reduced from 18 in 2000 to three in 2014 (Source https://tfl.gov.uk/info-for/media/press-releases/2015/june/mayor-takes-action-to-halve-road-casualties-by-2020).

Responsible Board/CSP Subgroup:

Killed or Seriously Injured (KSI) Board

What will we aim to achieve this year?

- Deliver road safety education programmes in schools, colleges and to community groups in the borough
- Deliver educational 'Exchange Programme' to drivers of HGVs and cyclists
- Focus campaigns on discouraging drink and drug driving and using mobile phones whilst driving
- Focused enforcement around travelling public in respect to road signage such as traffic lights/cycle boxes/ two-stage right turn

- Speed Gun Activity - Community Speed Watch and operation using children from local primary schools to advise drivers of the dangers of excessive speed; deterrent/educational programme.
- Joint Emergency Response Awareness Days: Demonstration of response to Road Traffic Collision.
- In June 2016 a joint operation is planned with RTPC's 'Safer Cycle Unit'. This will include an 'Exchange Programme' where cyclists are given an opportunity to sit in a HGV to experience the 'blind spots' and the perspective of the driver. A collaborative approach will also be taken with LBTH, with the use of a mobile police station for KSI educational/ enforcement days. A Community KSI event is also planned for later in the summer. This partnership initiative will see local policing units and RTPC working alongside the LFEPA and the LAS to reconstruct the aftermath of an RTC, showcasing the work of the emergency services and highlighting the dangers of speeding and Drug/Drink driving.
- A joint KSI operation is also planned at Canary Wharf to be conducted in partnership with Canary Wharf security. 120,000 people pass through the estate on a daily basis and this will be an educational programme focused particularly on cyclists.
- Regular ANPR operations continue to take place by the borough's CT Engagement Team using vehicle based mobile ANPR cameras and the Council's static CCTV. These operations take place on the main access/egress routes and target commuters coming in and out of central London. RTPC continue to have dedicated officers deployed on Operation Safeway to raise the profile of cycle related road safely; especially on the numerous Cycle Super Highways situated across the borough.

How will we measure success?

Number of recorded Killed or Seriously Injured as recorded by TFL

How will we do this?

- By engaging young people in schools/colleges/universities on road safety
- By provision of information and road safety equipment
- Better identification of road safety issue hotspots through enhanced information sharing, improved data collection, recording and analysis
- Regular meetings between Police, Fire Brigade, Council, TFL, London Ambulance Service (LAS) and key partners (including local transport groups), to prioritise identified problems and task resources committed to the reduction of KSI
- Identify road layout issues and set in place environmental changes to reduce risk

What will we aim to do over the term of this plan?

Through enhanced Police and partnership activity, we will seek a minimum 20% reduction in line with the MOPAC Police and Crime Plan 2013-17.

Priority H:

Prevent

Why is it a priority?

Nationally the threat from terrorism remains high and East London has been categorised as a 'high risk' area by the Government. Although there are many different terrorist groups across the world, currently the greatest risk to national security comes from ISIS. Tower Hamlets as well as neighbouring boroughs have had a small number of people being charged under the Terrorism Act 2006. We feel that a strong leadership and active community participation is required to address the threat of people being radicalised and the risk of local people supporting terrorism.

For the Tower Hamlets Partnership, work to reduce extremism and prevent individuals becoming radicalised is fundamental to achieving One Tower Hamlets. Work on preventing violent extremism began in 2007, but our local approach developed out of existing partnerships, approaches and programmes which had enabled us to tackle complex and contentious issues in the past.

Underpinning our work has been a commitment to engaging with all communities, to listen to and address concerns and work with the community and statutory partners to develop appropriate interventions where necessary.

We recognised from the outset that we could not achieve our aims by working in isolation and have been committed throughout to strengthening accountability and transparency. Engaging and debating with our communities has been key to increasing our own understanding of the impact on residents of extremism and its links to violence.

Prevent is a Home Office led national strategy with local action plans vigorously reviewed and approved by them before any activity is commenced at a local level. Local Prevent Action Plans remain strictly confidential within only those agencies in attendance at the local Prevent Boards.

Responsible Board/CSP Subgroup:

Prevent Board

What will we aim to achieve this year?

- Target social, peer and educational support and advice to individuals identified as at risk of involvement in extremist activity and violence
- Strengthen community Leadership to enable key individuals and organisations to challenge extremist ideology

- Strengthen positive social networks and institutions to increase their capacity to challenge extremism and violence, and disrupt networks and organisations which are sympathetic to extremism and terrorism
- Ensure robust evaluation is built into the delivery of the Prevent programme and activities to ensure effective monitoring of impact and increased capacity of local organisations to deliver Prevent objectives
- Mainstream Prevent across all Directorates in order to increase Prevent awareness and enhance referrals for those that are vulnerable to extremism.
- Support capacity building with local organisations and providers to support the delivery of Prevent and the safeguarding agenda locally.
- Ensure corporate Safeguarding Policy includes Prevent as a key strand.
- Ensure that WRAP training is provided to a broad range of organisations, across front line operational teams to community organisations and through to Cllrs and executive members of the Council.
- The delivery of Home Office funded projects which are community based.
- Continue with the parental engagement project and working with VAWG led for joint training and awareness session

How will we measure success?

- Number of Prevent Board Meetings per year
- Number of referrals to Social Inclusion Panel (under 18 years of age)
- Number of referrals to Safeguarding Adults Board (over 18 years of age)
- Number of training sessions delivered per year (including categories of those trained)
- Number of individuals trained per year (including categories of those trained)

How will we do this?

- The Prevent Action Plan is currently being developed awaiting confirmation of Home Office funded projects for 2016-17. (April 2016) Once completed this will be shared with the Prevent Board to be signed off. In year action plans remain a confidential document for the Prevent Board to only as stipulated by the Home Office
- The Partnership and Prevent Team within the Council and Police officers will work with Home Office approved service providers to engage those at risk of involvement in extremism and violence and strengthen community leadership and resilience against it.
- Quarterly monitoring data in regards to the projects provide an update on activity and challenges. Updates on performance are shared at the bi monthly Prevent Board.
- Both the Social Inclusion Panel and Safeguarding Adults Panel lead on referrals regarding Prevent and will continue to lead on this and again share information at the Prevent Board and CSP Board each quarter.
- Each quarter the training that is delivered both through the Community Engagement post and also the Prevent Curriculum Advisor post are reported to the Home Office and an update provided to the Prevent Board and CSP Board.

Cross-Cutting Priorities

When the Strategic Assessment and Public Consultation findings were presented to the Community Safety Partnership, they recognised that there were a number of areas of work that cut across other priority areas. Action taken to address the stand-alone priorities would be impacted by and impact upon these cross-cutting areas. For this reason the Community Safety Partnership agreed that this Plan would also contain the following cross-cutting priorities:

Public Confidence & Victim Satisfaction

Reducing Re-offending

MOPAC 7

Cross-Cutting Priority 1:

Public Confidence & Victim Satisfaction

Why is it a priority?

Public Confidence is a Government priority and a measurement of the level of Confidence in Policing and the wider partnership. Reducing the community's fear of crime is therefore a priority as how we deal with crime, disorder and anti-social behaviour impacts on the community's well-being, confidence to report incidents and support of future investigations and prosecutions.

The perception of, and fear of both crime and ASB directly impacts on public confidence. Being a victim of or knowing a victim of a Serious Acquisitive Crime (robbery, burglary, car crime and theft), has a particular impact on public confidence and can generate negative perceptions of both agencies and particular geographical areas or estates in the borough.

Responsible Board/CSP Sub-group:

Confidence and Satisfaction Board

What will we aim to achieve this year?

- Ensure that residents and people who work in or visit the borough, have a realistic understanding of the levels of crime and disorder within the borough, so that their fear does not become disproportionate
- Encourage people to take reasonable steps to protect themselves, their neighbours and their property
- Ensure that people continue to report crime, disorder and anti-social behaviour to the relevant agencies and that they are confident their issues will be dealt with
- Reduce the level of reported ASB and Crime, including Serious Acquisitive Crime, which are known drivers of public confidence
- Improve the public's perception of police by 20% and improve satisfaction with the policing service provided

How will we measure success?

- % of residents who feel the Police deal effectively with local concerns about anti-social behaviour and crime
- Perceptions of Crime and ASB as measured by MPS and Council data reduced based on 2012/13 end of year performance data.
    - Local concern about ASB and Crime a) Drunk and rowdy behaviour in a public place
    - Local concern about ASB and Crime b) Vandalism and Graffiti

    - Local concern about ASB and Crime c) Drug use or drug dealing as a problem
    - Local council and police are dealing effectively with local concerns about anti-social behaviour and crime
- Year on year improvement in published performance data relating to Confidence and Satisfaction measures

How will we do this?

- Continue and improve partnership working to provide a quality response to all victim needs and identified crime trends.
- Respond to every victim's call for help by responding in a timely fashion while delivering a quality service.
- Contact every victim of ASB to establish how we can support them better, to improve theirs and their community's quality of life.
- Contacts a range of victims of crime to identify the level of service delivered and identify opportunities to improve service delivery.
- Improve our communication of good news 'you said, we did'

What we will aim to achieve over the term of this plan?

- 20% Increase in Public Confidence
- Reduce the Volume of Reported Crime and ASB each year from a baseline measured on 2012/13 financial year.
- Improve our Confidence and Satisfaction Performance data by 2 percentage points per year based on 2012/13 financial year.
- Through better contact with victims, we will improve victim care and increase our Public Confidence and Satisfaction performance that will contribute together with other activity to show Tower Hamlets as the 'best in class' within inner London.

Cross-Cutting Priority 2:

Reducing Re-offending

Why is it a priority?

Partners in Tower Hamlets are committed to working together to reduce crime and disorder, and tackling deprivation, worklessness and social exclusion. We know that 50% of all crime is committed by people who have already been through the criminal justice system – re-conviction rates for some offenders can reach over 70%.

IOM: In Tower Hamlets, like most boroughs there are a relatively small number of people who carry out the majority of criminal acts. By targeting resources at these prolific offenders, to improve the level of support provided for those who wish to change their lives in a positive way and fast-tracking the prosecution process for those who refuse to change, we aim to reduce the number of prolific offenders in the borough and make it a safer environment for everyone.

MAPPA: Persons who are subject to MAPPA oversight are by their very nature some of the most dangerous offenders living in our community. Public safety is critical and it is also essential that MAPPA subjects are provided with the opportunity and cause to stop offending, through various mechanisms including rehabilitative interventions.

GANGS: Gang violence remains an issue for the borough; Tower Hamlets has a high number of young people involved with gangs with offences such as robbery and violence being committed. During 2015/16 over 150 knives were recovered - from people carrying them in public places, from weapons sweeps and also from test purchase operations. The number of knife crime victims under 25 is a concern for the CSP.

Responsible Board/CSP Sub-group:

Reducing Re-offending Board (RRB)
Youth Offending Team (YOT) Management Board

What will we aim to achieve this year?

- Reduce the level of recorded crime within the borough
- Reduce the level of the 'Gang Indicator crimes' within the borough
- Ensure there is adequate provision (e.g. housing and ETE) so that prolific and/or dangerous offenders can be rehabilitated and the public protected
- Work with partners to identify a common approach to the use of Criminal Behaviour Orders
- Develop a Youth IAG and Young Advisors programme to ensure young people have a voice and that they can help influence the partnership approach to these and other challenges

How will we measure success?

Young People

- Number of Youths not entering Criminal Justice System through YOS EIP
- Proven reduced re-offending by offenders supported by Youth Offending Service

Gangs

Gang Indicator crimes –

- Serious Violence
- Violence With Injury
- Knife crime
- Knife injury
- Gun crime
- Gun discharges
- SYV victims
- Knife Injury victims under 25 no DA related

IOM

- No. of red and amber offenders with a 'need' versus the no. where the need has been met. The “need” categories are: Accommodation, ETE, Mental Health, Substance Misuse & Benefits

MAPPA

- No. of L2 / L3 offenders with an accommodation need v no. of offenders with that need met
- No. of L3 offenders committing a serious offence within the period of supervision
- No. of L3 offenders committing a serious offence within 28 days after the end of the period of supervision

How will we do this?

- Better identify youths who are suitable for non-Criminal Justice outcomes by improved triage processes and introduce conditional cautioning as a disposal option.
- Improve drug testing activity in Police custody, to identify potential offenders and provide support / treatment
- Improve partnership engagement to better identify third sector agencies that can support identified offenders who require help to escape their life of crime.
- Secure additional housing and/or other services such as ETE, to meet the needs of the offenders

- Enhance our daily contact with named individuals through the Integrated Offender Management Team (Police, Probation and Drug Intervention Project), to ensure their on-going commitment to a non-criminal lifestyle
- Use of the YJB Re-offending toolkit which enables management to target resources to those groups committing the most re-offending, using live data.

Cross-Cutting Priority 3

MOPAC 7

Why is it a Priority?

The Mayor's Office for Policing and Crime (MOPAC) under their remit as Police and Crime Commissioner for London have produced their 3 year Police and Crime Plan. Within their plan are 7 reduction targets relating to key neighbourhood crimes, which in total MOPAC have set a target for the Metropolitan Police Service to reduce by 20% by the end of March 2016.

Using the financial year of 2011/12 as a baseline, each London Borough Police have been set individual targets against each of the 7 key crimes to obtain an overall 20% reduction. These individual reduction targets have been reviewed and set annually based on each financial year's performance during the 3 year term of the Police and Crime Plan.

Tower Hamlets Community Safety Partnership Plan is aligned to the London Police and Crime Plan both in terms of MOPAC 7 priorities and length of term.

Responsible Board/CSP Sub-group:

Tactical Tasking and Co-ordinating Group (TTCG)

What will we aim to achieve this year?

- Reduction in the total number of MOPAC 7 basket offences/crimes
- Reduction in the total number of Burglaries
- Reduction in Criminal Damage
- Reduction in Robbery
- Reduction in Theft from Motor Vehicle
- Reduction in Theft/Taking of Motor Vehicle
- Reduction in Theft from Person
- Reduction in Violence with Injury

How will we measure success?

- Number of MOPAC 7 basket offences/crimes
- Number of Burglaries
- Number of incidents of Criminal Damage
- Number of Robberies
- Number of Thefts from Motor Vehicles
- Number of Theft/Taking of Motor Vehicles
- Number of Thefts from Person
- Number of incidents of Violence with Injury

How will we do this?

Integrated offender management and targeted work around prolific and priority offenders is key to reducing these types of crimes. Working in partnership, agencies such as the Police, Probation, drug treatment services and the Council can manage these offenders by providing a range of interventions from treatment and support which seek to address the causes, to criminal justice interventions such as the courts.

Violence with Injury

- Identification and Priority Cohort – the key trigger for diversion and engagement targeted support and enforcement measures will be based on intelligence about young people shared between key partners and stakeholders
- Young people (8-17 years) at risk of involvement in violent behaviour (including victims of Serious Youth Violence); those seeking a route out of violence and gang culture; and those being considered for enforcement measures due to refusing to exit violent lifestyles
- Referrals will continue to come from schools to the Social Inclusion Panel and support will extend to siblings of the target cohort as well as children of adult offenders via the Youth Inclusion Support Programme. The Youth Offending Prevention Service will build on its existing referral mechanisms for parents and self-referrals.
- Referrals from Royal London Hospital A&E and Trauma Wards
- We will also build on the Council's current arrangements for ASB enforcement measures and Gang Injunctions to ensure that young people have access to support services to prevent further escalation
- Support available includes education, training, employment, accommodation (Police – Safe and Secure Initiative), substance misuse services, parental support, violent offenders/identity workshops, mentoring and positive activities, health and emotional wellbeing services and having a named key-worker
- Early enforcement includes behaviour contracts (including exclusion zones and prohibitions), joint home visits and 'Buddi' monitoring tags.
- Civil enforcement includes Gang Injunctions, Parenting Orders, Civil Injunctions and Individual Support Orders
- The Integrated Youth and Community Service will work in partnership with the Police and respond to 'Youth on Youth Violence" issues and engage them into structured learning opportunities
- The Police will use a range of activities to tackle serious youth violence, this will include activity analysis, weapons sweeps and seizures, arrests, detections, search warrants, CHIS coverage and financial investigation
- Produce gang related intervention profiles (GRIPs) on each individual which will include information on and from Matrix analysis.
- Police will work to the 'action plans' for Violence with Injury and Domestic Violence which are designed to drive forward performance

Robbery and Theft from Person

- Areas of high risk need will need to be identified through the TTCG process and staff allocated as required, a conscious decision needs to be made between Local Authority and Police as to where their limited resources are best deployed at a given time
- Additional support and training needs to be given to teachers and those that have the closest interactions with youth in order to educate them on personal safety.
- Raise awareness on personal safety when exiting transport hubs and being aware of their property

Burglary

- Landlords, Local Authority and Police to work closer together to reduce the number of properties/areas that are attractive to burglars, as offenders will look for the easiest option for the highest yield with the lowest risk of being detected.
- Address common themes and remind owners to take simple steps to protect their property, like securing windows and doors
- Work with developers to design out crime during the planning stages of new residential developments
- Work in partnership with Queen Mary University to educate students, target harden dorms and reduce burglaries/thefts from both student accommodation and campus
- Work with schools officers to engage with schools about crime prevention tactics
- Partnership working with businesses to reduce the amount of thefts from business premises, including use of key fob entry systems and designing out crime opportunities

Vehicle Crime

- Increase education of owners of particular motor cycles/mopeds to ensure increased security of these high risk vehicles
- Signage in high crime hotspots to educate owners to secure and protect their vehicles
- Use publicity to address emerging trends in types of vehicle being targeted to prevent further offences
- Increase education of owners/drivers and in particular non-resident parking area users to ensure they take steps to reduce risk and secure both vehicle and contents
- Deter drivers form leaving valuables on display for opportunist crimes

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Health and Wellbeing Board Tuesday 18 October 2016	Tower Hamlets Health and Wellbeing Board
Report of the London Borough of Tower Hamlets	**Classification:** Unrestricted
Safeguarding Adults Board Annual Report 2015/16	

Lead Officer	Denise Radley, Corporate Director Adult Services Christabel Shawcross, Independent Chair of Safeguarding Adults Board
Contact Officers	Layla Richards, Service Manager Policy, Programmes and Community Insight (Children's and Adult Services)
Executive Key Decision?	No

Summary

The Safeguarding Adults Board has a statutory duty under the Care Act to produce an annual report detailing what the SAB has done during the year to achieve its main objectives and implement its strategic plan. Additionally it should record what each member agency has done to implement the strategy as well as detailing the findings of any Safeguarding Adults Reviews and subsequent action.

The report has been prepared within the Children and Adults' Services Policy, Programmes and Community Insight Team alongside the preparation of the Local Safeguarding Children Board Report. This helps to ensure consistency in terms of approach, content, structure and quality.

Key messages within the Annual Report are:

1. Adults referred under safeguarding procedures are safeguarded
2. There is excellent multi-agency engagement in the SAB and its Business
3. Learning more about the service user/patient experience will be an important priority for 2016/17

Recommendations:

The Health & Wellbeing Board is recommended to:

1. To note the annual report for the local Safeguarding Adults Board for 2015/16.
2. To consider any implications arising from this report for the HWBB and its work programme.

1. REASONS FOR THE DECISIONS

1.1 The local Safeguarding Adults Board (SAB) is required to publish an annual report on the effectiveness of adult safeguarding arrangements and promoting the welfare of adults in its locality and ensure the annual report is available within the professional and public domain. The SAB annual report, which fulfils this responsibility, is appended to this briefing paper.

2. ALTERNATIVE OPTIONS

2.1 There are no alternative options, as it is a statutory requirement for this report to be reported to the Health and Wellbeing Board.

3. DETAILS OF REPORT

3.1 The Safeguarding Adults Board (SAB) has a statutory duty under the Care Act to produce an annual report detailing what the SAB has done during the year to achieve its main objectives and implement its strategic plan. Additionally it should record what each member agency has done to implement the strategy as well as detailing the findings of any Safeguarding Adults' Reviews and subsequent action.

3.2 The report has been prepared within the Children and Adults' Services Policy, Programmes and Community Insight Team alongside the preparation of the Local Children's Safeguarding Board Report. This helps to ensure consistency in terms of approach, content, structure and quality.

3.3 The Annual Report gives an overview of the membership, governance and accountability arrangements for the SAB, together with the legal, national and local contexts in which it operates.

3.4 In accordance with the Care Act 2014, the SAB has a strategy regarding the safeguarding of adults with an associated business plan. The strategy and business plan are structured around the six key principles of safeguarding as defined by the Care Act 2014. These are: Empowerment, Prevention, Proportionality, Protection, Partnership and Accountability. The Annual Report details the progress made in delivering the business plan in relation to each of these six key principles. In addition the report provides details of the Board's priorities for 2016/17.

3.5 The Annual Report provides details of how member organisations are scrutinised in relation to evaluating the effectiveness of safeguarding arrangements within the borough. This includes a summary of the Self Audit challenge in which member organisations completed an extensive proforma to evaluate their own performance. In addition to this the local authority undertook an external review by the Association of Directors of Social Services, and the report provides a summary of this review.

3.6 The SAB has a legal duty to make arrangements for a Safeguarding Adults Review (SAR) in the event of a death of a vulnerable adult, where abuse or neglect have been a contributory factor. Two SARs were undertaken in Tower Hamlets in 2015/16 and the SAR reports, their findings and recommendations are summarised in the Annual Report. Executive summaries of the SARs are also published on the Councils website.

3.7 The annual report provides an overview of data relating to adult safeguarding enquiries in 2015/16 as well as a detailed analysis of activity relating to Deprivation of Liberty Safeguards under the terms of the Mental Capacity Act.

3.8 Finally, the annual report includes contributions from key member organisations about progress they have made in safeguarding adults; how they evaluate their own effectiveness; and improvements that have been made in safeguarding arrangements.

4. COMMENTS OF THE CHIEF FINANCE OFFICER

4.1 There are no direct financial implications as a result of the recommendations in this report. Any recurring financial implications arising from the findings of SARs will be considered as part of the Council's Medium Term Financial Strategy.

4.2 The feasibility of a pooled fund with contributions from partner agencies to support the work of the board continues to be investigated in 2016/17 as the majority of the current costs are met from the Adults' Services revenue budget.

5. LEGAL COMMENTS

5.1. The Council is required by section 1 of the Care Act 2014 to exercise its functions under Part 1 of the Act so as to promote the well-being of adults, which includes safeguarding adults who have care needs, who are at risk of abuse and neglect. Pursuant to section 42 of the Act, the Council has a positive obligation to enquire into actual and potential cases of abuse or neglect so as to enable decisions to be taken about what action should be taken in each adult's case.

5.2. The Care Act 2014 places the Council's duties in respect of safeguarding adults with care needs who are at risk of abuse or neglect on a statutory basis. The requirements in respect of establishing a Safeguarding Adults Board (SAB) are set out in Sections 43-45 and Schedule 2 of the 2014 Act. As with all of the Council's duties under the Act, the duty to promote wellbeing applies to the Council's safeguarding duties.

5.3. The Care and Support Statutory Guidance (most recently updated in March 2016) sets out further detail in respect of the requirement to publish the SAB strategic plan and annual reports, at paragraphs 14.155-14.161 of the Guidance. The SAB must comply with those requirements, unless they can demonstrate legally sound reasons for not doing so.

5.4. The Deprivation of Liberty Safeguards ('DoLS') is the procedure prescribed in the Mental Capacity Act 2005 when it is necessary to detain a resident or patient who lacks capacity to consent to their care, in order to keep them safe from harm. DoLS seek to ensure that a care home or hospital only deprives someone of their liberty in a safe and correct way, and only when it is deemed to be in the best interests of the person, where there is no other less restrictive way to look after them. In the majority of cases, the Council is able to authorise these DoLS, although in certain circumstances an order must be obtained from the Court of Protection.

6. ONE TOWER HAMLETS CONSIDERATIONS

6.1 The Safeguarding Adults' Board Annual Report details action taken to address the risk of abuse and neglect against a wide range of vulnerable people who are at risk of discrimination. This includes but is not limited to people with learning disabilities, people with physical disabilities, people with mental health problems and older adults.

7. BEST VALUE (BV) IMPLICATIONS

None identified

8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

Not applicable

9. RISK MANAGEMENT IMPLICATIONS

9.1 The production of the Safeguarding Adults' Board Annual Report ensures that the Council fulfils its statutory duty to do so under the terms of the Care Act 2014. With regard to the Council's identified risk around the safeguarding of vulnerable adults, the report also includes summary information on Safeguarding Adults' Reviews and the learning and sharing of best practice which takes place when a SAR is undertaken.

10. CRIME AND DISORDER REDUCTION IMPLICATIONS

10.1 The Annual Report includes a record of action by the local authority and its partners to tackle abuse and neglect which may include criminal acts against adults at risk living in Tower Hamlets.

11. SAFEGUARDING IMPLICATIONS

11.1 The report details action taken by the local authority and all member agencies to tackle abuse and neglect. It includes the achievements of the Safeguarding Adults Board in 2015/16.

Linked Reports, Appendices and Background Documents

Linked Report

- NONE

Appendices

- Appendix 1 – SAB Annual Report 2015-16
- Appendix 2 – Infographic of annual report 2015-16

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

- NONE

Officer contact details for documents:
N/A

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Tower Hamlets Safeguarding Adults Board

Annual Report 2015/16

"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

"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

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.

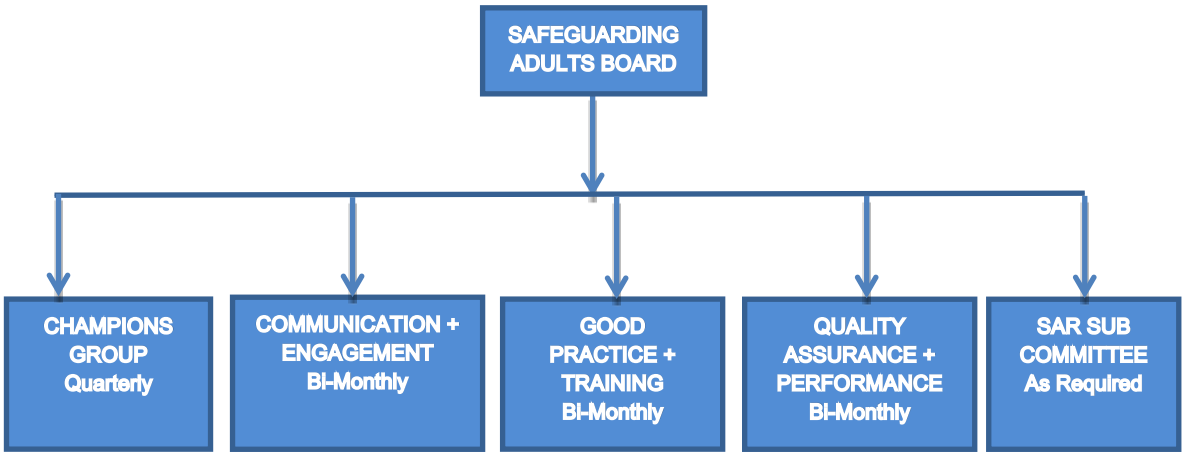
Appointment of an Interim Strategic Manager for Adult Safeguarding in the local authority has enabled a further review of membership to ensure that the Board continues to act effectively and represent all key stakeholders. This strategic manager post sits within the Policy, Programmes and Community Insight 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 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 a 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.ble adults. *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 administrating 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.

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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

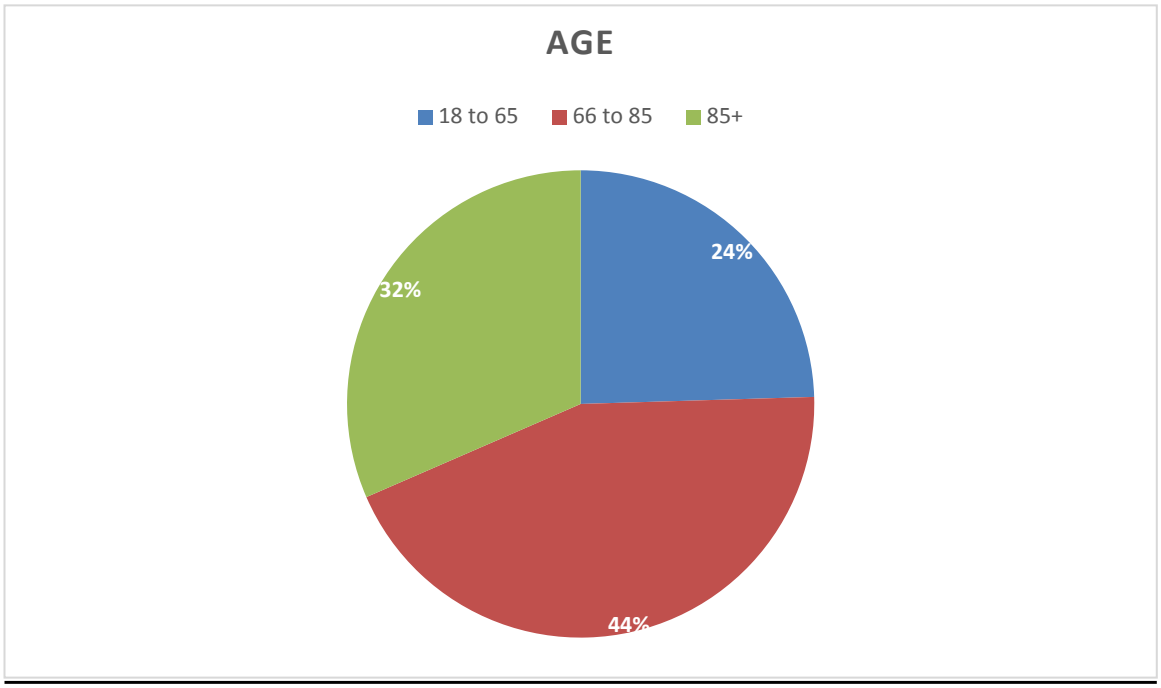
Of the 885 requests for authorisation or review 411 came from care homes and 474 from Hospital

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

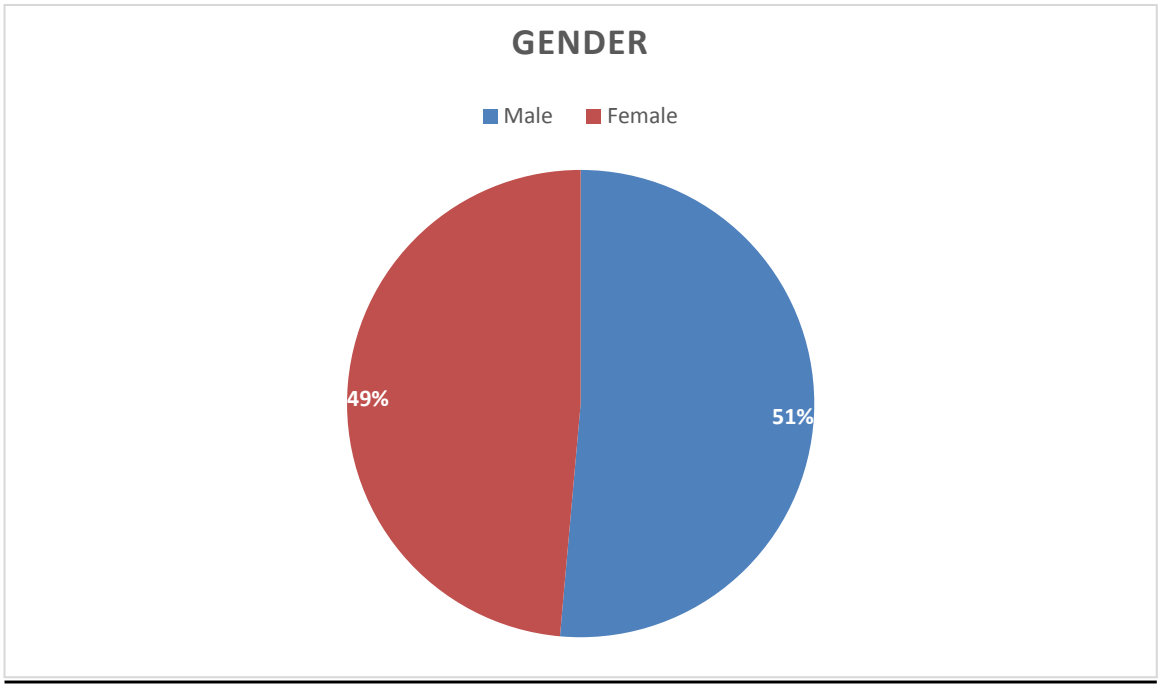
Total numbers of DoLS authorised	Total numbers of DoLS not authorised or withdrawn
613	272

3.3.6 Applications by Person's Age



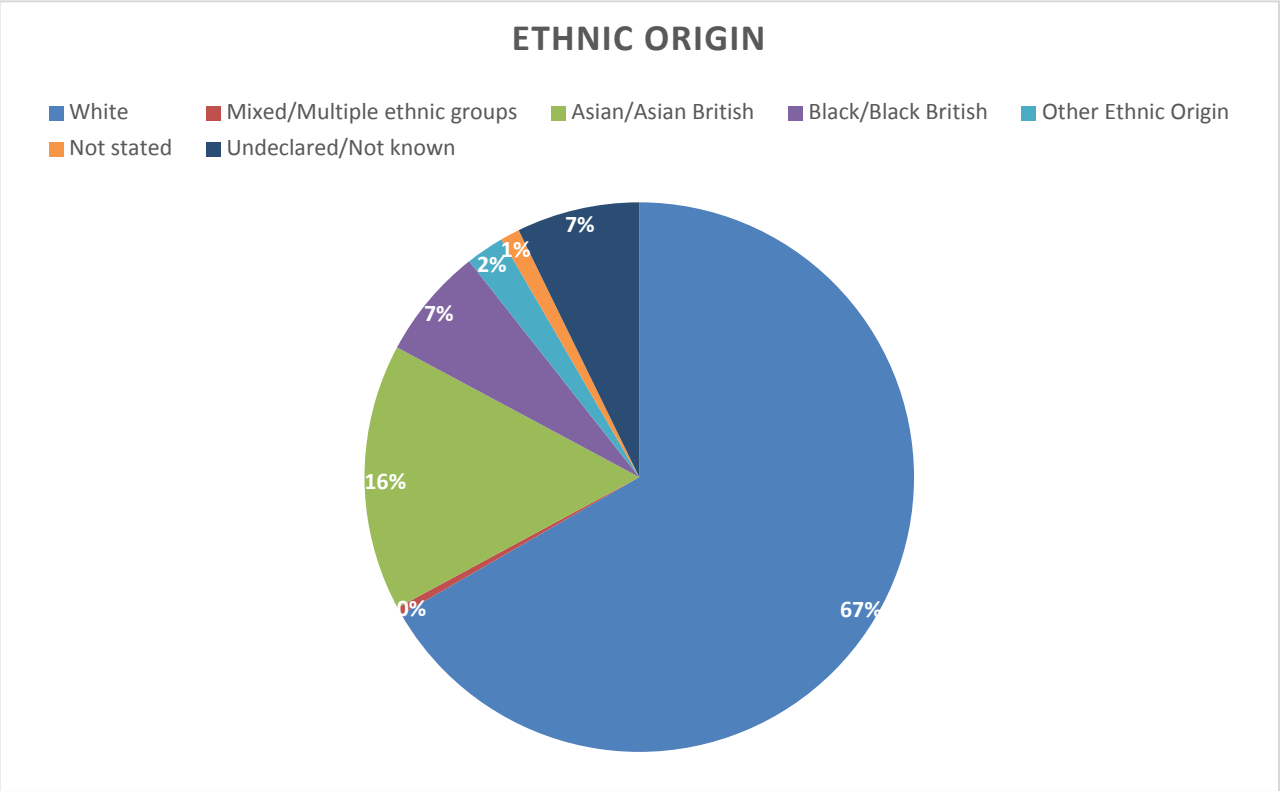
The majority of people who are referred for DoLS (76%) are aged over 65 years. This is understandable as the likelihood of losing mental capacity increases with age.

3.3.7 Applications by Person's Gender



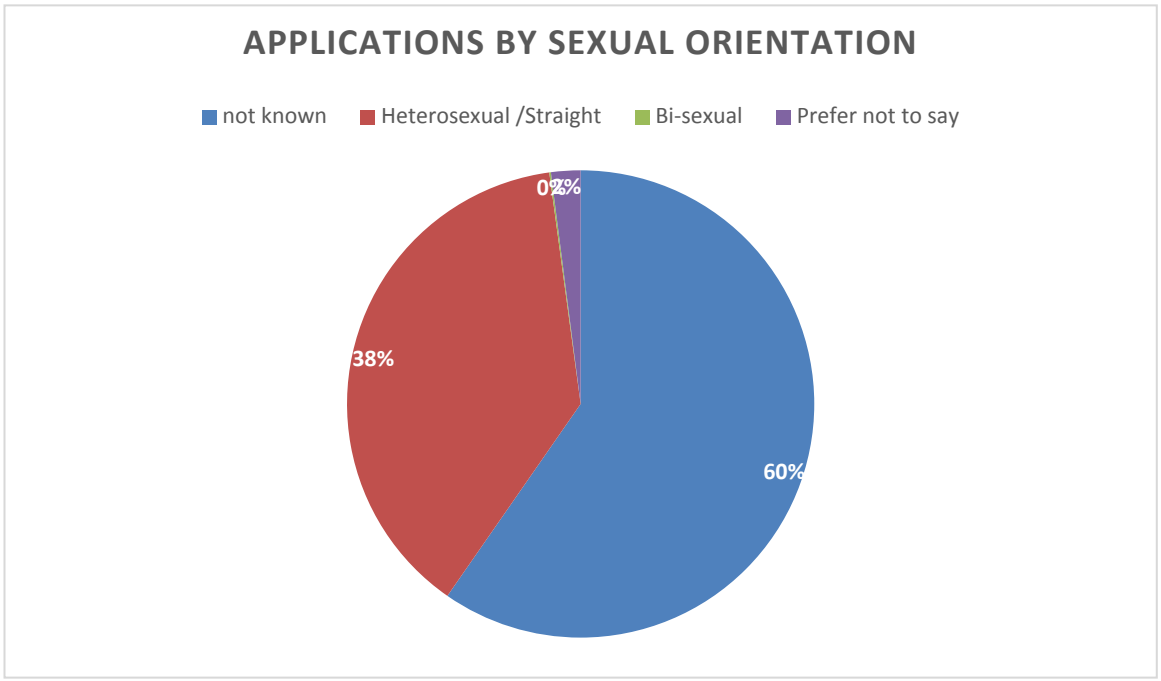
In relation to the referrals for DoLS, a total of 455 were for men against 430 for women.

3.3.8 Applications by Person's Ethnic Origin



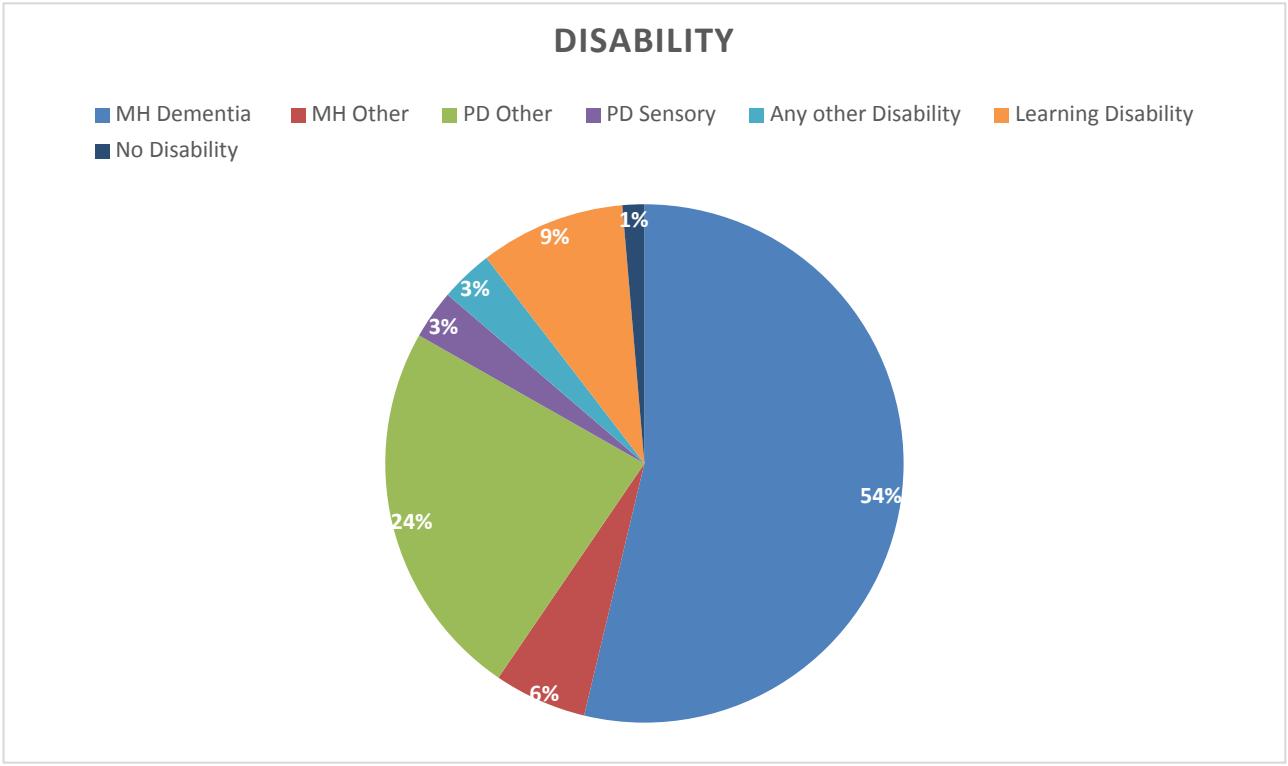
This chart shows the Ethnic Origin breakdown of the people referred for DoLS, who are in a care home or hospital, and it shows 67% are identified as white, with 16% being described as from an Asian or Asian British background.

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 thorough 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 referrals to 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 Hamlets[1].

- 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 feeing 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 a 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 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 the 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

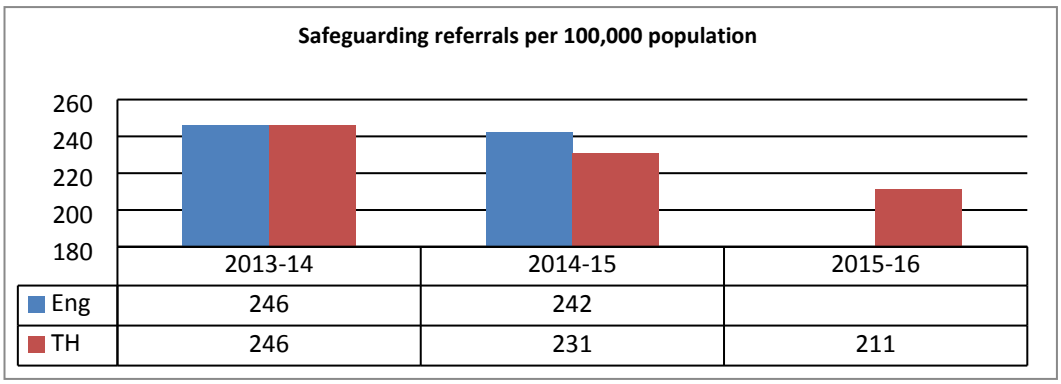
Organisation	Name	Designation
Independent Chair	Christabel Shawcross	SAB Independent Chair
LBTH		
Councillor	Amy Whitelock-Gibbs	Cabinet Member for Health And Adults Services
Corporate Director, Adult Services, LBTH	Denise Radley	Corporate Director, Adults Services
Policy, Programmes and Community Insight, 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

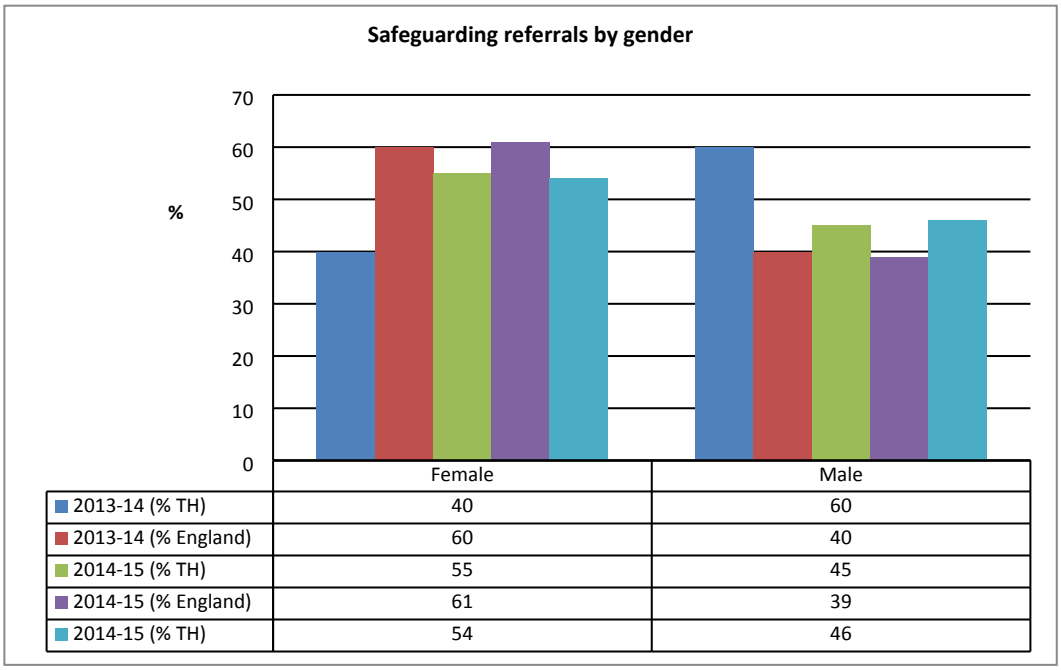
Organisation	Name	Designation
London Ambulance Service	Alan Taylor Alison Blakely	Head of Safeguarding, LAS Quality, Governance and Assurance Manager, LAS
Providence Row Housing Association	John Wilson	Service Improvement Manager
Tower Hamlets Community Housing	Michael Tyrell	Chief Executive
Tower Hamlets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

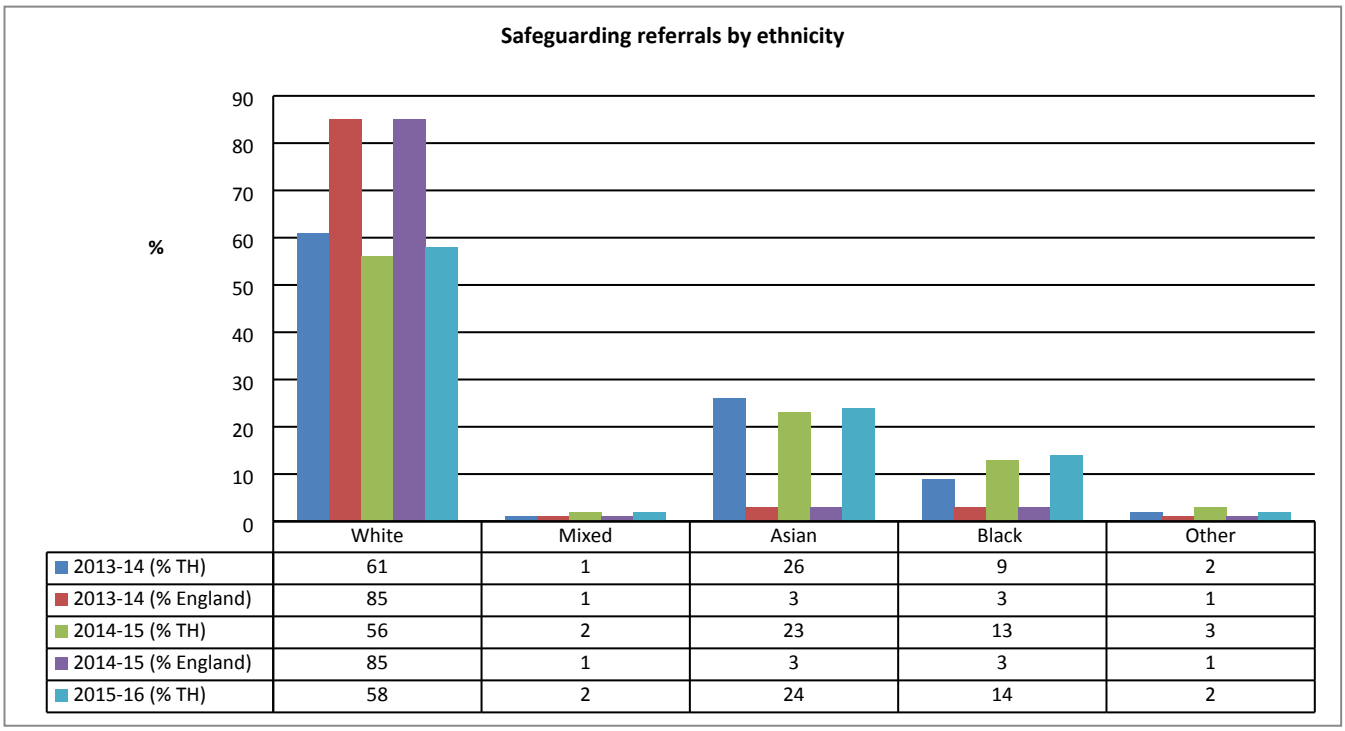


	2013-14	2014-15	2015-16
Eng	246	242	
TH	246	231	211

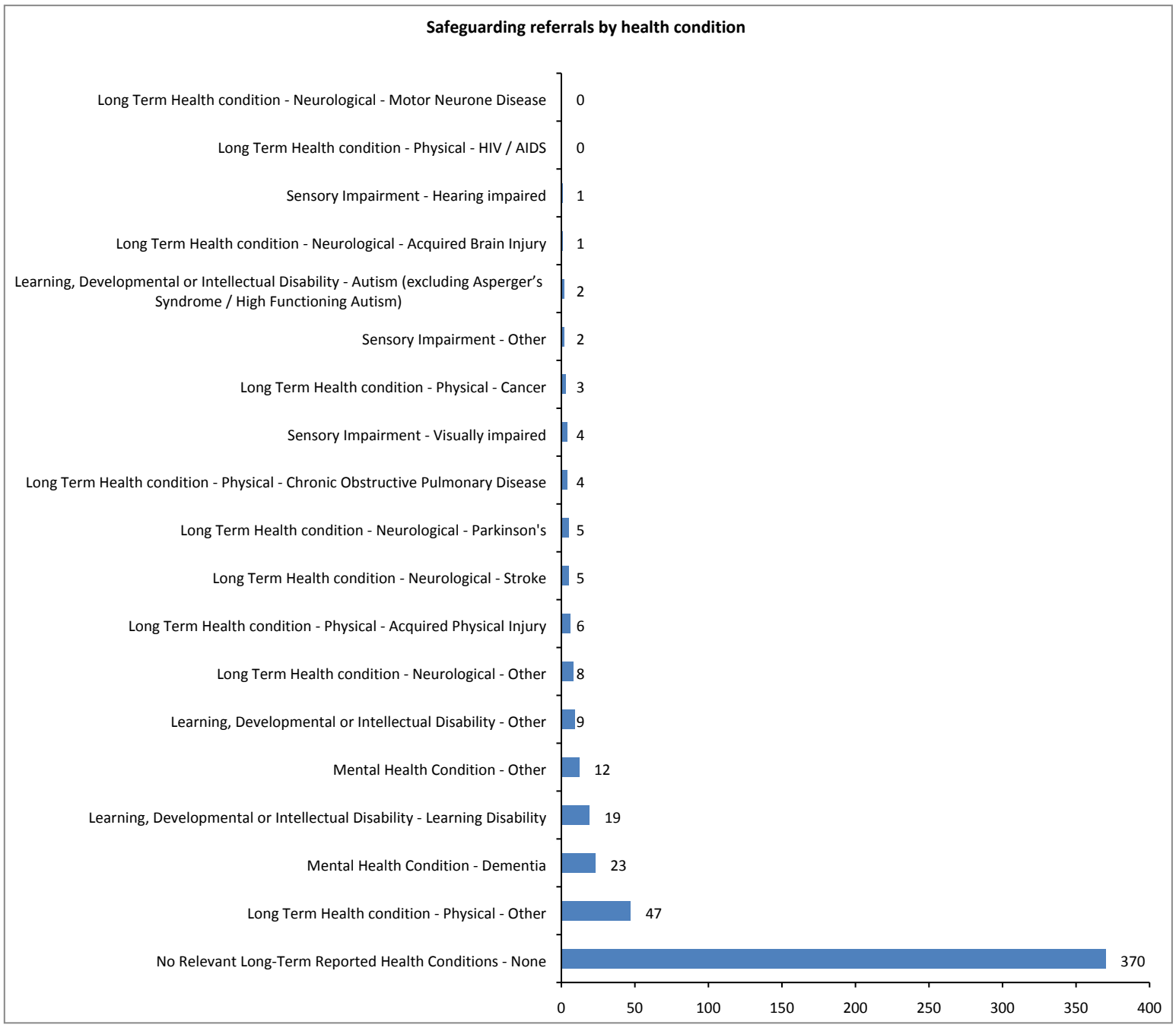


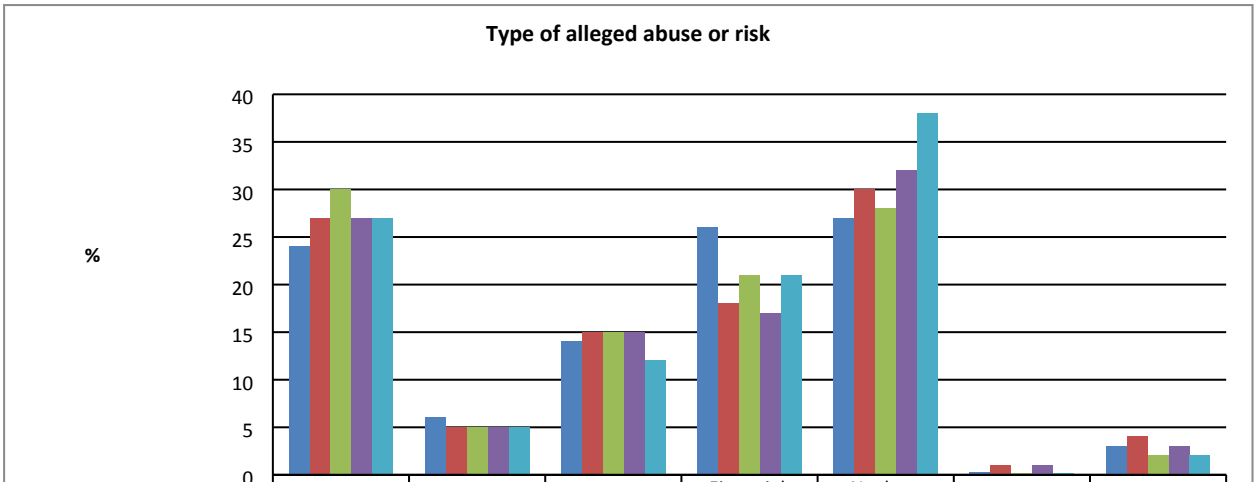
	Female	Male
2013-14 (% TH)	40	60
2013-14 (% England)	60	40
2014-15 (% TH)	55	45
2014-15 (% England)	61	39
2014-15 (% TH)	54	46

	65+	Under 65
2013-14 (% TH)	53	47
2013-14 (% England)	63	37
2014-15 (% TH)	57	43
2014-15 (% England)	64	36
2015-16 (% TH)	55	45

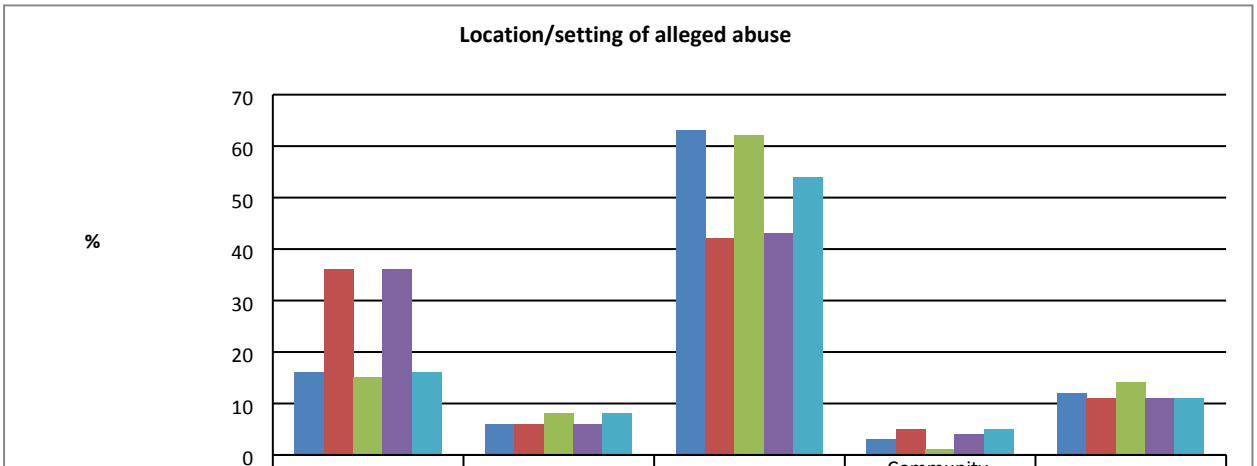


	White	Mixed	Asian	Black	Other
2013-14 (% TH)	61	1	26	9	2
2013-14 (% England)	85	1	3	3	1
2014-15 (% TH)	56	2	23	13	3
2014-15 (% England)	85	1	3	3	1
2015-16 (% TH)	58	2	24	14	2


Safeguarding referrals by health condition
Long Term Health condition - Neurological - Motor Neurone Disease 0
Long Term Health condition - Physical - HIV / AIDS 0
Sensory Impairment - Hearing impaired 1
Long Term Health condition - Neurological - Acquired Brain Injury 1
Learning, Developmental or Intellectual Disability - Autism (excluding Asperger's Syndrome / High Functioning Autism) 2
Sensory Impairment - Other 2
Long Term Health condition - Physical - Cancer 3
Sensory Impairment - Visually impaired 4
Long Term Health condition - Physical - Chronic Obstructive Pulmonary Disease 4
Long Term Health condition - Neurological - Parkinson's 5
Long Term Health condition - Neurological - Stroke 5
Long Term Health condition - Physical - Acquired Physical Injury 6
Long Term Health condition - Neurological - Other 8
Learning, Developmental or Intellectual Disability - Other 9
Mental Health Condition - Other 12
Learning, Developmental or Intellectual Disability - Learning Disability 19
Mental Health Condition - Dementia 23
Long Term Health condition - Physical - Other 47
No Relevant Long-Term Reported Health Conditions - None 370
0 50 100 150 200 250 300 350 400



	Physical Abuse	Sexual Abuse	Psychological Abuse	Financial or Material Abuse	Neglect and Acts of Omission	Discriminatory Abuse	Organisational Abuse
2013-14 (% TH)	24	6	14	26	27	0.3	3
2013-14 (% England)	27	5	15	18	30	1	4
2014-15 (% TH)	30	5	15	21	28	0.2	2
2014-15 (% England)	27	5	15	17	32	1	3
2015-16 (% TH)	27	5	12	21	38	0.2	2



	Care Home	Hospital	Own Home	Community Service	Other
2013-14 (% TH)	16	6	63	3	12
2013-14 (% England)	36	6	42	5	11
2014-15 (% TH)	15	8	62	1	14
2014-15 (% England)	36	6	43	4	11
2015-16 (% TH)	16	8	54	5	11

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.

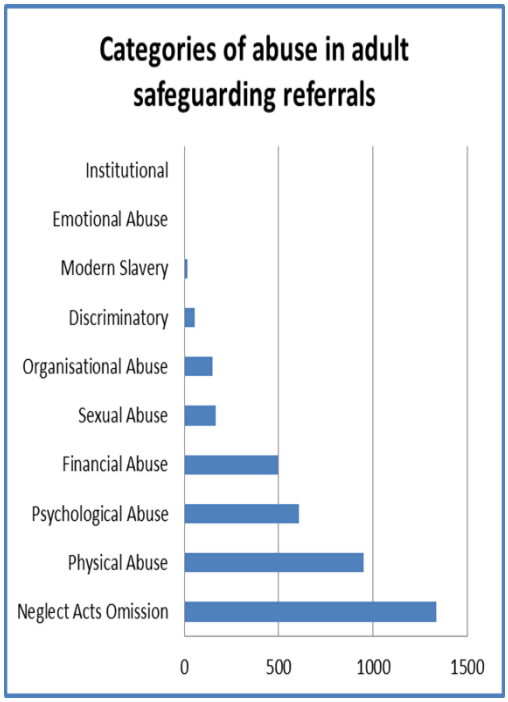
Referrals or concerns raised to local authority during 2015-16

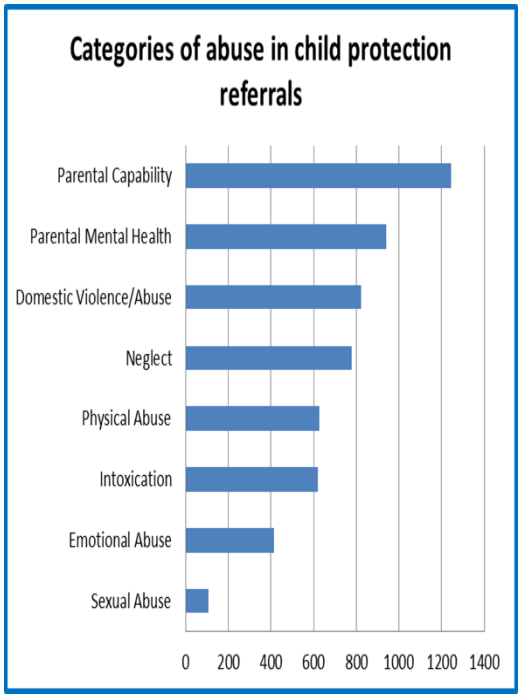
The LAS made a total to 17332 referrals to local authorities in London during the year.

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

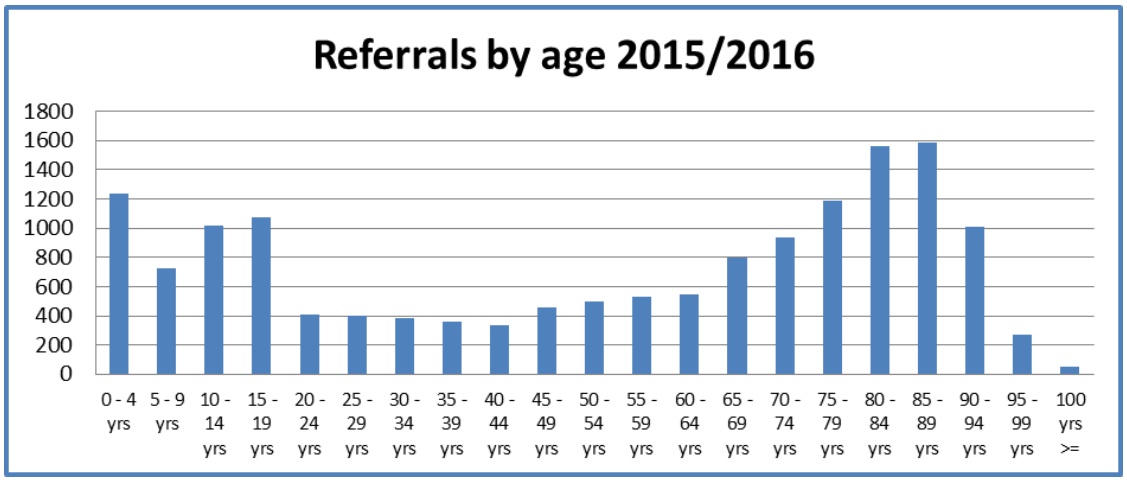




Referrals by age

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 cummulative - % 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	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

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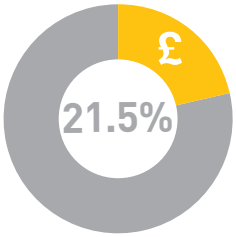
KEEPING ADULTS SAFE IN TOWER HAMLETS 2015-16

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

POPULATION

284,000 We have one of the fastest growing populations in the country



50% of older people live below the poverty line

21.5% families have a household income less than £15k

SAFEGUARDING ENQUIRIES

Investigations conducted by adult social care teams to establish whether abuse has occurred

521 enquiries were concluded in 2015/16

54% of safeguarding issues occur in the adult's own home

16% safeguarding issues occurred in care homes.

The most common types of abuse investigated were

38% neglect

27% physical abuse

21% financial abuse

HEALTH

77.5 years – life expectancy for a man vs. 79.4 years national average

82.6 years – life expectancy for a woman vs. 83.1 years national average

Serious Mental illness is the fourth highest in London

SAFEGUARDING ADULTS BOARD (SAB)

6 key principles of safeguarding:

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

91.3%
Research found that the majority of social care users felt safe

ACHIEVEMENTS IN 2015-16

We asked 12 organisations to assess their safeguarding performance. We found a good service was delivered. The Independent Chair also found new opportunities for us to improve the user experience during safeguarding enquiries.

A peer review by the Association of Directors of Adult Social Services (ADASS) found our Safeguarding practices were good and that we complied with new obligations set out in the Care Act 2014.

Deprivation of Liberty Safeguards: 885 people were referred for assessment. 613 applications to restrict liberty in the best interest of the adult were authorised. Independent Mental Capacity Assessors enlisted in 227 cases, ensuring that those who lacked capacity and had no next of kin to advocate on their behalf received the best care possible.

PRIORITIES FOR 2016-17

- Improve service user engagement and 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 adults with learning disabilities being admitted to assessment and treatment units.
- Better partnership working in the collection and analysis of safeguarding data.
- A better understanding of referral patterns especially amongst groups of people, like BME groups, who are under represented in safeguarding referrals.

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Health and Wellbeing Board Tuesday 18 October 2016	Tower Hamlets Health and Wellbeing Board
Report of the London Borough of Tower Hamlets	**Classification:** Unrestricted
Local Safeguarding Children Board Annual Report 2015-16	

Lead Officer	Debbie Jones, Corporate Director Children's Services
Contact Officers	Monawara Bakht, Children's Safeguarding Strategy and Governance Manager
Executive Key Decision?	No

Summary

This report and its appendix set out the annual report of Tower Hamlets Safeguarding Children Board, which is a statutory requirement under the Children Act 2004 and Working Together to Safeguard Children Guidance 2015. It sets out the Board's view of the quality and effectiveness of safeguarding in Tower Hamlets, progress it has made in the last year, and its priorities for the years ahead.

The Annual Report was signed off by the Local Safeguarding Children Board (LSCB) on 29 September 2016 and published on 30 September 2016 along with an infographic leaflet.

Recommendations:

The Health & Wellbeing Board is recommended to:

1. To note the content of the Safeguarding Children Board's Annual Report and consider the LSCB's priorities in relation to the work of the HWBB.

2. To consider any implications arising from the LSCB Annual Report for the HWBB and its work programme.

1. REASONS FOR THE DECISIONS

1.1 The Local Safeguarding Children Board (LSCB) is required to publish an annual report on the effectiveness of child safeguarding arrangements and promoting the welfare of children its locality and ensure the annual report is available within the professional and public domain. The LSCB annual report, which fulfils this responsibility, is appended to this paper.

1.2 Working Together to Safeguard Children Guidance 2015 requires the LSCB Annual Report to be made available to the Chair of the Health and Wellbeing Board.

2. ALTERNATIVE OPTIONS

2.1 There are no alternative options, as it is a statutory requirement for this report to be reported to the Health and Wellbeing Board.

3. DETAILS OF REPORT

3.1 The LSCB annual report sets out the context for safeguarding children in Tower Hamlets, gives an overview of the progress against its priorities and board objectives, and an assessment of the quality if safeguarding activity in the local area.

3.2 The most significant area of work undertaken by the LSCB in the past year has focused on early help and intervention as an overarching theme. This is reflected in some of the board and partner activities such as child sexual exploitation; work with the local faith and minority community and safeguarding arrangements for high risk young people. Three areas to highlight are detailed below:

- Improvements have been made to the early identification and multi-agency response at the front-door to young people at risk or victims of child sexual exploitation. The police lead for child sexual exploitation and missing children is now embedded in the multi-agency safeguarding hub. This has led to improved coordination with children's social care and children better protected in a timely manner. There is emerging evidence of the impact of the improvements made in identification, disruption and prosecutions of child sexual exploitation cases.

- Through new DfE Innovation Funds, a team of specialist workers have been recruited to deliver preventative and reactive responses to families where there are concerns of children at risk of female genital mutilation. Community mediators and local champions have been recruited and in turn they have made a significant contribution to raising awareness with community and faith groups and school community reaching over 1000 individuals.

- Learning from Serious Case and Thematic Reviews continues to be embedded and has led to improvements in the existing local safeguarding children arrangements. Development and implementation of a harmful sexual behaviour and child sexual abuse strategies are progressing well. They will improve the identification, assessment, intervention and therapeutic support provisions to vulnerable children and young people. The local risk management panel has now extended its remit to include younger people (aged 10 - 17) who are assessed as high risk to themselves and others. This has increased the coordination of professional expertise and provided an opportunity for LSCB partners to work effectively when supporting families facing difficulties earlier in their child's life.

3.3 The report highlights a number of issues and challenges for the LSCB and outlines the priorities going forward:

- Priority 1 – Ensure our Early Help and Early Identification Offer is robust

- Priority 2 – Improve knowledge, practice and our multi-agency response to children and young people at risk of radicalisation and extremism

- Priority 3 – Ensure there are effective arrangements and intelligence sharing in place for victims and perpetrators of Child Sexual Exploitation, Missing Children and those at risk of serious youth violence

3.4 The LSCB overarching Business Plan will be completed during the autumn to cover the period up to March 2018. The Business Plan will pick up the issues identified in the annual report and how these will be addressed. Annual reports will in future years evaluate progress against the business plan and priority areas.

4. COMMENTS OF THE CHIEF FINANCE OFFICER

4.1 There are no direct financial implications as a result of the recommendations in this report However, the LSCB annual report for 2015-16 shows an overspend of £166k which has to be absorbed by the Council. Whilst there are contributions being made by some partners for 2016-17 of £78k, this will not eliminate the overspend in full and the LSCB Executive Group has therefore been tasked with considering how the overspend will be addressed for 2016-17 and future years.

5. LEGAL COMMENTS

5.1 The Council's functions in relation to children include an obligation under section 11 of the Children Act 2004 to make arrangements to ensure that its functions are discharged having regard to the need to safeguard and promote the welfare of children.

5.2 The Council has established the LSCB in accordance with its obligation under section 13 of the Children Act 2004. The LSCB carries out the following functions as prescribed in the Local Safeguarding Children Boards Regulations 2006 –

(a) developing policies and procedures for safeguarding and promoting the welfare of children in Tower Hamlets;

(b) communicating to persons and bodies in Tower Hamlets the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done, and encouraging them to do so;

(c) monitoring and evaluating the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children, and advising them on ways to improve;

(d) participating in the planning of services for children in the area of the authority; and

(e) undertaking reviews of serious cases and advising the authority and their Board partners on lessons to be learned.

5.3 Section 14A of the Children Act 2004 requires the LSCB Chair to publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area. The statutory guidance 'Working Together to Safeguard Children' published in March 2015 sets out that the annual report should be published in relation to the preceding financial year and should fit with local agencies' planning, commissioning and budget cycles. The report should be submitted to the Chief Executive, Mayor, the local police and crime commissioner and the Chair of the Health and Wellbeing Board.

5.4 The annual report should provide a rigorous and transparent assessment of the performance and effectiveness of local services. It should identify areas of weakness, the causes of those weaknesses and the action being taken to address them as well as other proposals for action. The report should include lessons from reviews undertaken within the reporting period. The appended report complies with these requirements.

6. ONE TOWER HAMLETS CONSIDERATIONS

6.1 The report sets out safeguarding issues for children in Tower Hamlets and how the LSCB partners intend to address them. This is an important aspect of ensuring that all children are appropriately safeguarded at all times and are able to achieve a good level of wellbeing.

7. BEST VALUE (BV) IMPLICATIONS

7.1 There are no implications.

8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

8.1 There are no implications.

9. RISK MANAGEMENT IMPLICATIONS

9.1 The LSCB maintains a Risk and Issues Register, capturing risks as identified by a member agency or the LSCB Independent Chair. The risks, mitigation and remedial actions are monitored by the LSCB Chair and Board members.

9.2 Risks causing concern are escalated by the LSCB Chair to the Chief Executive or senior officer of the relevant agency. The Chief Executive is also kept informed of the LSCB risk register through monthly one-to-one meetings with the LSCB Independent Chair.

10. CRIME AND DISORDER REDUCTION IMPLICATIONS

10.1 Safeguarding has an important interface with crime and disorder. Effective safeguarding means that children and young people will be kept safe from harm caused by crime, for example abuse and exploitation. The report sets out how the work of the LSCB links with that of the Community Safety Partnership.

Linked Reports, Appendices and Background Documents

Linked Report

- None

Appendices

- Tower Hamlets Safeguarding Children Board Annual Report 2015-16
- Tower Hamlets Safeguarding Children Board Infographic Leaflet

Local Government Act, 1972 Section 100D (As amended)
List of "Background Papers" used in the preparation of this report
List any background documents not already in the public domain including officer contact information.

- None

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Safeguarding Children Board Annual Report 2015-2016

London Borough of Tower Hamlets

Tower Hamlets
Safeguarding Children Board Annual Report

Independent LSCB Chair's Foreword

LSCB Vision:

"Tower Hamlets Safeguarding Children Board places children's safety at the heart of commissioning and delivery of services across borough so that all children and young people, including the most vulnerable are happy, healthy, safe and can achieve their full potential"

Sarah Baker
Independent Chair
Tower Hamlets Safeguarding Children Board

Welcome to the eighth Annual report of the London Borough of Tower Hamlets Local Safeguarding Children Board (LSCB) and the fourth in my tenure as the Independent Chair.

In accordance with Working Together to Safeguard Children Guidance 2015 the LSCB is required to publish an Annual Report detailing how it has achieved its functions set out within Regulation 5 of the Local Safeguarding Children Boards Regulation 2006 under section 14 of the Children Act 2004. These are:

- Assess the effectiveness of the help being provided to children and families, including early help;
- Assess whether LSCB partners are fulfilling their statutory obligations
- Quality assure practice, including through joint audits of case files involving practitioners and identifying lessons to be learned; and
- Monitor and evaluate the effectiveness of training, including multi-agency training, to safeguard and promote the welfare of children.

Over the last year the LSCB has made some significant progress. Partner organisations have shown increasing commitment to the work of the LSCB and this has led to some significant analysis and developments, for example in our work in relation to Prevent and Child Sexual Exploitation.
Lay members have gained significant confidence in their roles over the last year and are now facilitating safeguarding sessions with parents and school governors. They provide challenge in LSCB meetings to enhance debate and discussion evidenced through their questioning of complex safeguarding concepts which in turn enhances clarity and decision making.

The LSCB meetings are well attended by members of the partnership which demonstrates a huge commitment to the work of the LSCB but also creates a challenge to ensure that all partners feel engaged and able to join in discussion and have a voice.

There have been some major leadership changes within partner organisations across Tower Hamlets including within the Local Authority, Borough Police, Barts Health NHS Trust, which will hopefully now brings some stability to the partnership and enable a strong executive to lead safeguarding for children across the partnership.

The LSCB has worked with Dr Alex Chard to further develop the learning and improvement framework and develop a more systemic approach to our thinking and application of learning. This has included a master class for the LSCB and subgroup chairs and a review of the Learning and Improvement Subgroup of the LSCB. Through applying a systemic approach to reviewing the Troubled Lives, Tragic Consequences thematic and serious case reviews we have been able to identify common themes which will inform wider learning and influence professional practice.

As LSCB chair I have made a number of challenges to the partnership and more strategically to Government, These have included challenge in respect of the appropriate level of membership to effect change. This led to some role changes and has allowed some agendas to progress. There has also been challenge regarding the performance data set both in terms of partner contributions and the quality of analysis to inform the LSCB partnership regarding safeguarding risks and issues. We are making some significant progress now which is informing the range of our quality audits. Partners have engaged in the section 11 self-assessment and have participated in scrutiny and challenge sessions with myself and the LSCB business manager to further analyse and develop agency action plans. Some areas of commonality such as safer recruitment system and processes will be addressed through the LSCB overarching business plan. We will also be auditing progress against the agency action plans in the coming year.

The LSCB has led on some key developments over the last year:

Radicalisation and Extremism (Prevent) – CSC and the borough Police have worked with SO15, the Justice System and the Home Office to make some ground breaking changes to how children at risk of radicalisation are dealt with. The work has gained national attention and is influencing the work in other LSCB areas and cited in the Wood Review as an example of good alternative multi-agency working arrangement. There has been significant work with schools and as LSCB chair has joined the Prevent team in meeting

with School Governors to ensure they have a greater understanding of their role in safeguarding vulnerable children within the context of the revised Prevent Duties (Counter Terrorism and Security Act 2015).

Child Sexual Exploitation - Our CSE review has led to some significant developments including an improved and relevant database to help enhance our knowledge of our local problem profile. This is informing our work in safeguarding children at risk of or victims or perpetrators of CSE including peer on peer abuse and children being exploited to traffic drugs and weapons outside the borough boundaries. The problem profile is helping us to understand more about the perpetrators of CSE. We have increased our direct work with families to help them recognise children at risk and resources to support them in their parenting role.

Early Help – Our learning from Serious Case reviews has given us a deeper understanding of neglect which has challenged the perception of neglect occurring only as a result of cumulative harm over time. The Jamilla SCR has influenced the development of early help services including the early help hub due to be launched in autumn. This new 'early years front door' will facilitate sign posting to services and information to help families manage difficulties as they arise.

The Family Well Being Model is LBTH's framework for early identification and provision of support for those families who do not meet the threshold for Children's Social Care. The Jamilla Serious Case Review challenged the LSCB to review thresholds to ensure they were robust and understood by the LSCB partnership.

The complexity and challenges of the priorities the partnership has faced this year has led the LSCB to review its effectiveness as a committed but large board. The requirement to make some far reaching decisions has culminated in the development of an Executive Board whose membership comprises the Local Authority (Corporate Director Children's Services), Metropolitan Police both Borough and Child Abuse Investigation Team (CAIT), the Clinical Commissioning Group and National probation Service. The Executive has been able to drive forward some key decisions and hold partners to account more effectively. It has been interesting to note the synergy with the outcome of the Wood Review in respect of this development. Over the coming year the Executive needs to review and strengthen its relationship with other strategic partnerships boards across Tower Hamlets including the Safeguarding Adult Board, Community Safety partnership and health and Wellbeing Board to ensure all opportunities are taken to maximise joint working to safeguarding children and young people.

The LSCB faces a difficult year with the implementation of the Wood Review and faces some key Challenges through the increasing budget pressures partners are facing and the consequential impact this will have on the work of the LSCB. To provide increased insight and direction into how to manage these challenges a review of the LSCB will be undertaken in the summer. As the Independent Chair, my analysis of the work to be undertaken by the LSCB partnership for the coming year should continue to build on from the progress made in the following areas:

- In light of the serious case reviews and thematic reviews the LSCB should focus on the effectiveness of partner's early help responses to fractured families, poor parenting, abuse and neglect, understanding the underlying vulnerabilities due to abuse, loss and trauma.

- The LSCB must strengthen its engagement with the communities within Tower Hamlets. Through the Thematic Review Troubled Lives - Tragic Consequences significant insight was gained about the communities the young men lived in. The consequences of their difficult life experiences can lead to a shift from vulnerable to dangerous behaviour. We have seen this in our work with victims and perpetrators of CSE, and those at risk of radicalisation and extremist ideology

- The work undertaken around Prevent, Child Sexual Exploitation and Harmful Practices, which includes female genital mutilation, forced marriage, 'honour' based abuse must continue to reach our local faith and minority communities. The LSCB must also listen to the voice of children and young people and ensure they are a driving force influencing the direction for the year ahead.

These key areas will continue to be delivered through the identified priorities for the coming year:

Priority 1 – Ensure our Early Help and Early Identification Offer is robust

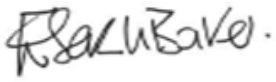
Priority 2 – Improve knowledge, practice and our multi-agency response to children and young people at risk of radicalisation and extremism

Priority 3 – Ensure there are effective arrangements and intelligence sharing in place for victims and perpetrators of Child Sexual Exploitation, Missing Children and those at risk of serious youth violence

I would like to thank all partners for their continued commitment to the LSCB and joint partnership working. The strength of the partnership provides a sound basis for safeguarding children and young people in Tower Hamlets

and should give the communities with Tower Hamlets the confidence in the work of partner agencies

Sarah Baker



Independent Chair - LSCB London Borough Tower Hamlets

1. Section 1 – Governance & Accountability Arrangements

Tower Hamlets Local Safeguarding Children Board was established in April 2006 in response to statutory requirements under the Children Act 2004.

Now in its nineth year, the LSCB partnership continues to provide ongoing opportunities to improve local leadership and commitment to drive the safeguarding children agenda, enhance collaborative inter-agency working, increase wider engagement and influence from the professional and local community, develop effective ways in which children are safeguarded for their long-term outcomes and promote the sharing of good practice.

The core objectives of all Local Safeguarding Children Boards (LSCBs) are:

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

The scope of LSCBs includes safeguarding and promoting the welfare of children in three broad areas of activity:

- Activity that affects all children and aims to identify and prevent maltreatment, or impairment of health or development, and ensure children are growing up in circumstances consistent with safe and effective care.
- Proactive work that aims to target particular groups.
- Responsive work to protect children who are suffering, or are likely to suffer significant harm.

The LSCB is chaired independently, in accordance with 'Working Together to Safeguarding Children.' Sarah Baker was appointed as Independent Chair in February 2014 and reports directly to the Chief Executive of the local authority.

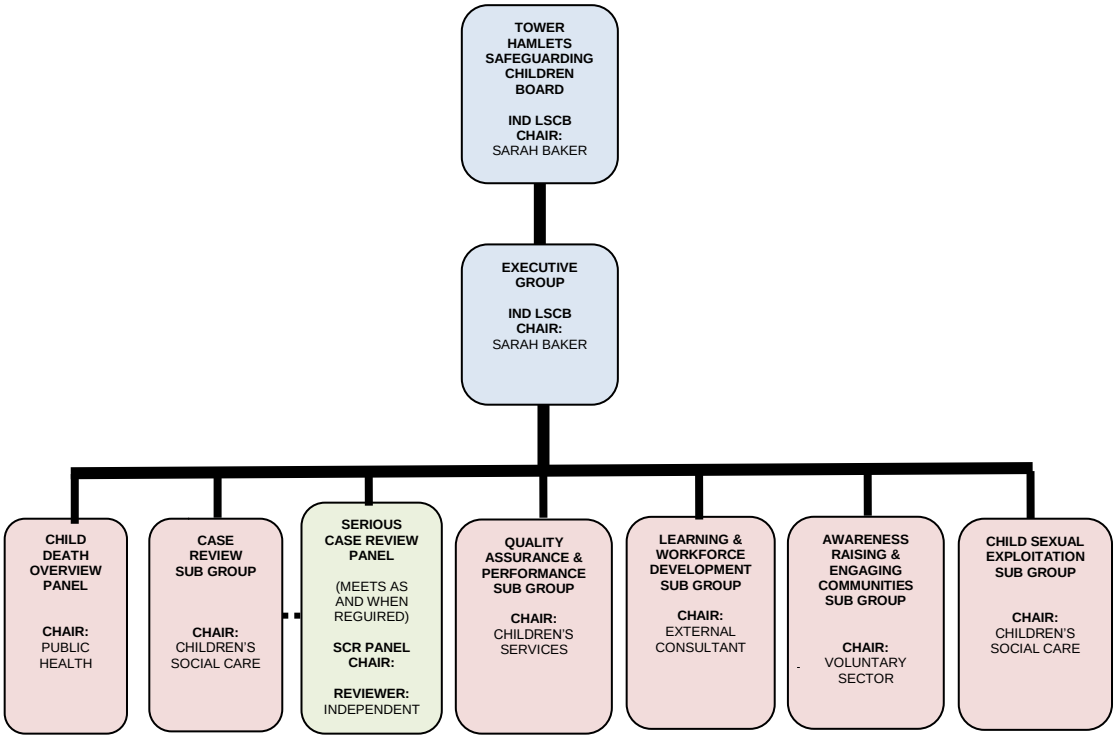
The LSCB is supported by a full-time business manager and the child death single point of contact officer. The latter is funded by Barts Health NHS Trust. Additional support is also provided by the Children's and Adults Services Resources Policy, Programmes and Community Insight function in the Council. The Chair challenges the Board partners to ensure they directly contribute to the Board's effectiveness. This is achieved through Board workshop discussions designed to facilitate wider partnership discussion.

Membership of the Board fully reflects the requirements of Working Together (2015). A full list of members is attached in **Appendix 1.** The LSCB is keenly aware of the value of including an additional independent voice during Board discussions and in the oversight of safeguarding arrangements. It achieves through the involvement of lay members.

The Board meets every two months. Attendance at the LSCB meetings has been, as always, exceptionally good. The LSCB Business Plan and Risk Register are monitored by the Chair and business manager, reporting progress back to Board members. This has resulted in better leadership and coordination of tasks amongst the groups.

In November 2015, the LSCB re-introduced an Executive Group which consists of the key statutory partners: the local authority (children's services), police, probation and health commissioners. This group acts as the strategic management body of the main board. Its key function is to performance manage the LSCB through its systems, processes and impact. The Terms of Reference for this group can be found in Appendix 2.

The LSCB has six subgroups and the work of these groups is reflected within this report:



The membership of sub-groups has been reviewed to ensure they are multi-agency and members are able to make decisions on behalf of their organisations. Each sub-group is now well represented by children's social care, acute health, mental health and community health services, police, education and the voluntary sector. The sub-group chairs and the LSCB chair meet regularly to share their work and provide updates on progress. This ensures a clear interface across the work streams and avoids silo working.

1.1 Relationships with other Strategic Boards

Health and Wellbeing Board
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 Local Children's and Adults' 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 LSCB and the Safeguarding Adults Board (SAB), 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 LSCB will therefore present its annual report to the HWBB to enable the HWBB to incorporate LSCB priorities in its own strategy. The HWBB will bring its strategy to the LSCB on an annual basis to further support the LSCB with the development of its strategy and Business Plan. The Independent LSCB 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.

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 LSCB 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 LSCB 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 LSCB and vice versa.

Safeguarding Adults Board

The Safeguarding Adults Board (SAB) is a statutory requirement set out in the Care Act 2014 which gives duties to ensure that all agencies work together for the welfare of adults. The main responsibilities of the SAB are set out in Part 1, section 43 of the Care Act 2014 and include the requirement to co-ordinate and quality assure the safeguarding adults 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.

The Children and Families Partnership
The Children and Families Partnership Board (CFPB), unlike the LSCB and HWBB, is not statutory. However, in Tower Hamlets it is the recognised forum where multi- agency partners convene to further a wider range of outcomes for children, young people and their families. The Independent LSCB Chair is a member of the CFPB, which meets every two months.

The role of the Independent Chair of the LSCB on the CFPB is crucial as it ensures that the policies, strategies and projects discussed at the CFPB can be aligned to safeguarding best practice and outcomes, providing challenge and opportunities for the LSCB and CFPB to work together.

The Children and Families Plan 2016-19 has been developed by the Children and Families Partnership to provide a framework for how our Partnership will work together to continue to improve outcomes for children and families in Tower Hamlets.

Significant progress has been made in a number of key areas since the last Children and Families Plan (2012-15) was produced. The number of children living in poverty has gone down, education results have gone up and more of our young people are in education, training or employment. The Plan for 2016-19 aims to build on this progress and key areas of it will be delievered by the LSCB.

1.2 Budget

The LSCB budget consists of contributions from a number of key statutory partners and is managed by the London Borough of Tower Hamlets (LBTH). Working Together, 2013 first placed an increased emphasis on no single agency being overly burdened with the cost of running the LSCB and stated that the LSCB budget is a shared responsibility across the partnership.

Following this, an exercise was undertaken to review the actual costs of supporting th LSCB's work. For example, serious case reviews, learning events, communications and involving young people.

The following table shows contributions to the LSCB for 2015-16:

Agency	Contribution	Fixed
Met Police Service	5,000	Fixed Pan-London
London Probation Trust	2,000	Fixed Pan-London
East London Foundation NHS Trust	2,500	
CAFCASS	550	Fixed Nationally
Tower Hamlets Clinical Commissioning Group	15,000	
Barts Health NHS Trust	3,000	
London Borough of Tower Hamlets	15,000	
Total Annual Contribution	**43,050**	

For a full breakdown of LSCB Income and Expenditure for 2015 -16 see **Appendix 4.**

For the coming year 2016-17, Tower Hamlets CCG has agreed to increase their contribution to £30,000 . In addition, the Schools Forum in Tower Hamlets and the London Fire Brigade are new contributors and have agreed to provide some financial contribution to support the work of the LSCB. These have been gratefully received. This will increase the current budget from £43,050 to a total annual sum of £78,550.

The LSCB Executive Group will consider how it will meet any unforeseen expenditure, such as the cost of additional serious case reviews.

1.3 National and Legislative Context

In March 2015 the Department for Education (DfE) published the revised Working Together to Safeguard Children (2015) and in anticipation the LSCB undertook a gap analysis exercise to identify the areas where it needed to further develop. Local developments have included the LSCB Independent Chair reporting directly to the Chief Executive of the Council and progress towards making the costs of the LSCB more equal across different organisations. We have also developed an outcome-based learning and improvement framework, which focuses on three areas of learning: serious case reviews, audits and multi-agency training.

Section 14 of the Children Act 2004 and Working Together to Safeguard Children 2015 sets out the statutory objectives and functions for an LSCB as follows:

1. To coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and

2. To ensure the effectiveness of what is done by each such person or body for those purposes.

Regulation 5 of the Local Safeguarding Children Boards Regulations 2006 sets out that the functions of the LSCB, in relation to the above objectives under section 14 of the Children Act 2004, are as follows:

1(a) developing policies and procedures for safeguarding and promoting the welfare of children in the area of the authority, including policies and procedures in relation to:

(i) the action to be taken where there are concerns about a child's safety or welfare, including thresholds for intervention
(ii) training of persons who work with children or in services affecting the safety and welfare of children
(iii) recruitment and supervision of persons who work with children
(iv) investigation of allegations concerning persons who work with children;
(v) safety and welfare of children who are privately fostered
(vi) cooperation with neighbouring children's services authorities and their Board partners

(b) communicating to persons and bodies in the area of the authority the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done and encouraging them to do so

(c) monitoring and evaluating the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve

(d) participating in the planning of services for children in the area of the authority; and

(e) undertaking reviews of serious cases and advising the authority and their Board partners on lessons to be learned

Regulation 5 (2) which relates to the LSCB Serious Case Reviews function and regulation 6 which relates to the LSCB Child Death functions are covered in chapter 4 of the Working Together to Safeguard Children guidance. Regulation 5 (3) provides that an LSCB may also engage in any other activity that facilitates, or is conducive to, the achievement of its objectives.

In order to fulfil its statutory function under regulation 5 an LSCB should use data and, as a minimum, should:

- assess the effectiveness of the help being provided to children and families, including early help
- assess whether LSCB partners are fulfilling their statutory obligations
- quality assure practice, including through joint audits of case files involving practitioners and identifying lessons to be learned
- monitor and evaluate the effectiveness of training, including multi-agency training, to safeguard and promote the welfare of children

In 2015/16 the government issued additional guidance to all LSCBs in respect of radicalisation and extremism which needs to be recognised as a safeguarding issue and should be included in the quality assurance work undertaken by the Board.

Additionally the government contacted all LSCB Chairs and Chief Executives of councils in 2015 following publication of the Jay report reinforcing the importance of ensuring robust responses to Child Sexual Exploitation.

In May 2016, the Wood Report was published. The report details a review of the role and functions of LSCBs with a view to making safeguarding arrnagements for children more effective. It sets out a new framework for improving the organisation and delivery of multi-agency arrangements to protect and safeguard children and contains recommendations for national government to consider. These recommendations suggest that appropriate steps should be taken to recast the statutory framework that underpins the model of LSCBs, Serious Case Reviews (SCRs) and Child Death Overview Panels (CDOPs). The report argues that on a scale of prescriptive to permissive arrangements, the balance has moved too close to a focus on how things should be done rather than on outcomes for children and young people. During the course of 2016/17 the Tower Hamlets LSCB will be considering what changes are required in light of this report.

A full copy of the Wood Report can be found via the link below:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/526329/Alan_Wood_review.pdf

1.4 Local Background and Context

Population

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 commute to work in Canary Wharf each day, and major tourist attractions like the Tower of London draw in over 4,000,000 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.

Children and Young People
In 2014, there were an estimated 69,300 children and young people aged 0 to 19 living in Tower Hamlets, representing approximately 25% of the total population. The young population in the borough is projected to rise in line with the general population growth.

In spring 2016, the school census records indicated that over 90% of pupils belonged to an ethnic group other than White British compared to 27% in England. Furthermore, English is recorded as an additional language for 73% of pupils where English and Bengali are the most commonly recorded spoken community languages in the area. The single largest group (64%) of children and young people of statutory school age (5 to 15) are of a Bangladeshi background.

Health
Reducing the inequalities in health and wellbeing experienced by so 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. 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 average. 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 adult infection rates of HIV, tuberculosis and sexually transmitted infections in London.

The health and wellbeing of children in Tower Hamlets is mixed compared with the England average. Infant and child mortality rates are similar to the London average. However, children in Tower Hamlets have worse than average levels of obesity: 22.5% of children aged 4-5 years and 41.9% of children aged 10-11 years are classified as overweight or obese. In addition, oral health is poor, with 45% of 5 year old children experiencing tooth decay compared to 28% nationally.

Low birth-weight is associated with poorer health and educational outcomes, and Tower Hamlets has high levels of babies born with low birth-weight (low birth weight is less than 2500g and very low birth weight is less than 1500g), at 9.3% compared to a London average of 7.7% and 7.4% for England. The cause of this is not known and the borough's Joint Strategic Needs Assessment (JSNA) flags a need for further work to determine this. Nevertheless, it is known that early access to high quality maternity services to support women through pregnancy can have an impact. There have been significant improvements in these services in Tower Hamlets over recent years but poor outcomes persist, pointing to a need to focus on the wider determinants of health such as deprivation.

In addition to improvements in maternity services, local NHS services have, in recent years, made significant improvements to immunisation rates, with coverage amongst the highest in the country for under 5s.

Whilst there are high levels of sexually transmitted diseases amongst adults in Tower Hamlets (8th highest in the country), the available data suggests that amongst young people infections may be relatively low. The rate of chlamydia infections in 15-24 year olds is below London and national averages. Whilst the rate of alcohol use in young people is low, drug use in the population is high.

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

Child Poverty

The latest available child poverty data is from 2015[1] and shows that 49% of children and young people in the borough live in poverty. This is the highest child poverty rate in the UK, despite recent falls in line with the rest of London. In the same year, 53% of pupils were eligible for free school meals in state-funded secondary schools, which is the highest level in the country. This level of disadvantage is likely to have lifelong negative effects on the health and wellbeing of children.

The majority (83%) of these children live in families reliant on out-of-work welfare benefits.

The rate of homelessness acceptances is in line with the average for London in 2014 (5.1% per 1,000 households) despite it having fallen from a higher rate five years previously (8% per 1,000 households) while across London the rate rose. Similarly, while the rate of households in temporary accommodation rose in London between 2010-2015, it fell in Tower Hamlets though the rate is still higher than average (18.6% per 1,000 households compared to 13.6% as the London average). There is a high rate of overcrowding in the borough with 16% of all households overcrowded.

[1] London's Poverty Profile Report 2015, New Policy Institute, www.londonspovertyprofile.org.uk/indicators/boroughs/

In Tower Hamlets, just under half (49%) of all children in poverty live in couple families and the remaining 51% live in lone parent households.

Welfare Reform

Welfare reform remains one of the biggest challenges facing Tower Hamlets, in terms of 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 co-ordinate 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 majority Conservative Government elected in May 2015 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 have a negative 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 recipients of Disability Living Allowance and Incapacity Benefit for transition, to replacement benefits (Personal Independence Payments and Employment & Support Allowance) continues, resulting in significant hardship and anxiety for those affected by these changes.

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 online 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.

Education and Employment
In 2015, 62% of children achieved a good level of development at the age of 5 compared to a national average of 66%. Despite steady improvement over the last 3 years, this indicates that the issues highlighted above are continuing to impact on children in the early years.

Despite this disadvantage, at school children do well. In 2015 84% of children achieved the expected Key Stage 2 level in Reading, Writing & Maths by the end of primary school. This figure was above the national average of 80%. In 2015 GCSE results revealed that 64.6% of children achieved 5 grade A*-C passes including English and Maths. This compares favourably with the national figure of 57.3% for state funded schools in England. Tower Hamlets results for GCSEs have been above national average since 2011.

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

Level 3 (A-Level or equivalent) results are below the London and National average, although there has been some improvement. Between 2013/14 and 2014/15, the gap between Tower Hamlets and the national average (for state schools and colleges) has been reduced.

Our most vulnerable young people in Tower Hamlets
Unsurprisingly given the multiple indicators of social disadvantage highlighted in this report, the rate of **children in need** per 10,000 population for Tower Hamlets in 2015/16 remains relatively high at 779.1, compared to the 2014/15 figure for England of 674.4 and 702 for London. This year's figure for Tower Hamlets has increased from 2014/15, where the rate of children in need per 10,000 was 736.2.

In 2015/16, the rate of children subject to a **child protection plan** per 10,000 population in Tower Hamlets was relatively high (50.1) compared to the 2014/15 rates per 10,000 for England at 42.0 and 40.6 in London. The figure for Tower Hamlets in 2014/15 was 50.9 per 10,000.

The percentages of children subject to a child protection plan by category for 2015-16 are:

Category of Abuse	50.1 Per 10,000 population
Emotional Abuse	49%
Neglect	28%
Physical Abuse	19%
Sexual Abuse	3%
Multiple Abuse	1%

Section 2: Progress against priorities

2.1 Priority 1 - Child Sexual Exploitation (CSE)

What we said we would do this year:

- Implement findings and recommendations from the Independent CSE Review with an immediate focus on refreshing the local CSE Framework, including Multi-agency Sexual Exploitation (MASE) Panel, referral pathway and strategic oversight.
- The CSE Review made a number of recommendations for the LSCB, and agency specific recommendations for children's social care, Barts Health and the Police. These suggest the need for further work in Tower Hamlets to improve our knowledge around the local CSE landscape, including the readiness of the workforce to recognise and respond appropriately.

What we did and the difference it made:

The LSCB undertook an in-depth review of CSE strategic oversight and operational delivery. As a result it refreshed the CSE sub-group and established a new strategic framework in Tower Hamlets. The CSE practitioner forum continues to inform the MASE Panel which in turn provides analysis on trends and identifies practice improvement areas. This is considered by the CSE sub-group which then provides a strategic response. As a result of these actions:

- Concerns for young people at risk of sexual exploitation come to notice through the multi-agency safeguarding hub (front door) or directly to our CSE single point of contact in either children's social care or the police public protection unit. The most common presenting behaviour that triggers a referral is usually when a child has gone missing from home or care. Very rarely do young people make disclosures or allegations themselves, as few understand or accept that they are being exploited.

- We undertook a CSE case tracking audit as part of a pan-London exercise to understand the challenges across the city. For the period between November 2014 and October 2015, 67 young people of concern were reviewed by the MASE panel or were subject to CSE/Missing child protection strategy meetings. All were female with the highest numbers falling within the 13-16 age group. The youngest referred was aged ten. The breakdown of ethnicity of the 67 young people is: 20.1% Bangladeshi/Asian/Mixed Asian; 11.4% White/British; 5.36% Black/African/Mixed; 4.69% Mixed/Other and 2.68% were from White/Other background. 5.36% were known to have a disability. This information tells us that our local 'victim' profile has remained consistently in line with age, demographics and presenting behaviours over the last few years. Though concerns for boys remain under-reported they do feature in our missing children cohort. The level of prosecution of CSE offenders is very low but this is representative of London and national levels.

- Since the adoption of the pan-London CSE Operating Protocol which introduced the MASE panel in February 2015, we can begin to evidence an improvement in identification, disruption and prosecutions therefore directly improving the outcome for some young people. For the period November 2014-October 2015 our local police disruption activities have led to:
  - Five abduction notices served on mainly adult males
  - Two teenage males were arrested and charged as part of disruption plans and a further two adult males were convicted of a range of CSE related crime or breach of orders, though none received custodial sentences
  - One case where a civil order was instigated (Sexual Risk Order)

- The CSE subgroup has developed a new strategic work plan which focuses on improving practitioner knowledge of our referral pathway, increasing intelligence on our local CSE problem profile and links with missing children and those associated with gangs and groups, introducing interventions with perpetrators through harmful sexual behaviour work as well as aiming to increase our disruption opportunities. As a result of these objectives, we have learnt that:

  - Tower Hamlets Ending Gangs, Groups and Serious Youth Violence Strategy should establish an accurate gang problem profile. Once this data is available, we will hold a set of triangulated data that informs a CSE profile that is evidence based. Without the full dataset from our partners in social care (CSE/Missing), police, probation, youth offending, youth service, education etc. we cannot fully understand who our perpetrators and hidden victims are. For example, whilst there is some anecdotal suggestion that there is a tentative link between gang activity and CSE and the correlation with young men perpetrating domestic violence in their families, we are unable to establish the evidence base to demonstrate this or give a reliable indication of the size of the problem.

  - Our case work and multi-agency intelligence sharing to date has provided a better picture of increasing instances of peer-on-peer sexual exploitation, of some of our LAC moving across borough boundaries as part of their exploitation experience and that there are a number of young people who are persistently going missing from either home or placement and connecting with other high risk young people, in turn placing them at greater risk.

  - From our maturing CSE database profile we are also seeing drug use and drug dealing a feature in exploitative relationships where female victims are being used and coerced to hold or traffic drugs and weapons. More illegal raves are being accesed via coordinated social media leading to underage entry in to clubs.

  - Amongst our Bangladeshi famiies, we are seeing and working with a number of older boys and girls who have become overly powerful within their families, especially where parents cannot manage their

children's behaviour putting them at higher risk of gang involvement, sexual exploitation and possibly so called 'honour' based violence. The council's early years parent and family support service has reviewed its parenting programmes to ensure parents are aware of CSE and able to recognise the associated risky behaviours. The emphasis is placed on the importance of parent's recognising and managing behaviour positively throughout the child's development to adolesence.

A programme of awareness raising events has taken place this year with targeted sessions for specific professionals in housing, youth service, health agencies, foster-carers and the voluntary sector. This year we have introduced level 2 (intermediate) CSE training to equip those directly working with victims of CSE or those at risk with the necessary skills and practice tools. This is being delivered by the Safer London Foundation Trust.

2.2 Priority 2 – Harmful Practice

What we said we would do this year:

Harmful Practice includes Female Gential Mutilation (FGM), forced marriage, so called 'honour' based violence and abuse related to witchcraft and faith based abuse. Tower Hamlets continues to be involved in the MOPAC Harmful Practice Pilot. The pilot focuses on Early Identification and Prevention, Safeguarding and access to support, Enforcements and Prosecutions and Community Engagement. It aims to:

- Increase identification of vulnerable children (and women) at risk of FGM
- Increase awareness amongst professionals through dedicated training at 2 levels, multi-agency training and specialised training for health professionals, social workers and police officers
- Increase the number of cases supported by specialist services through better identification and dedicated referral pathways across FGM and wider harmful practice areas relating to VAWG
- Increase the number of champions from voluntary sector organisations in Tower Hamlets and the community to support survivors of FGM and tackle beliefs in the future

What we did and the difference it made:

Key activities delivered this year have focused on multi-agency and targeted training, specialist advocacy support and increased safeguarding of children at risk of FGM. We have recruited two FGM community mediator posts, three specialist FGM focused child protection advisors, a male worker to work across all five pilot boroughs with a focus on FGM and set up provision for a specialist therapist. This has also been made possible by the successful DfE Innovation received funding in April 2015 which adds value to the MOPAC pilot through increased focus on safeguarding and FGM.

In partnership with Waltham Forest, Tower Hamlets decided that, in order to extend reach, professionals from either borough can attend each others'

harmful practices training offer accessed through the LSCB training programme.

As a result of the new posts:

- 32 families with 87 children have been referred to the Specialist Social Worker, they have been assessed and risks identified
- There have been 40 community engagement events and training and they have reached out to 142 women and 120 men and recruited 20 peer champions.
- Awareness raising work has also been carried in schools involving 480 young girls, 180 young boys and 200 school staff
- Girls at risk are identified pre-birth through proactive information sharing between maternity services and social care
- Referrals lead to timely and effective intervention with mothers who are FGM victims and their families
- Targeted intervention with identified families has led them choosing not to have their daughters cut
- A range of preventative work with the community is in place to end harmful practice for future generations

2.3 Priority 3 – Children Looked After

What we said we would do this year:

- Redefine our Corporate Parenting role so that its pledge and vision for children looked after is strengthened 'to help children and young people grow and belong, have a fulfilling life, live a healthy, happy life, pursue interests, goals and more. It will also ensure children and young people have time to relax, spend time with family and friends, think about what they want to do with their lives, and have a sense of achievement and purpose'
- Implement the refreshed looked after children (LAC) strategy 2015-18 to ensure there are sufficient placements, meaningful participation and better education and health outcomes for LAC
- Develop new guidance for practitioners in leaving care services which will focus on new approaches that encompass friendship and peer support model, a move away from relying on traditional 1:1 social work support
- Introduce an enrichment programme of events for children looked after to grow children's aspirations and broaden their activities to widen their future horizons
- Provide children looked after with additional educational support through a 'local offer' of Maths and English tuition (or other subjects) so their aspirations are realised
- Undertake an audit of cases where children show their distress through challenging behaviour. The purpose of this audit is to identify areas of improvement in social work practice and the response experienced by the child
- Improve mental health support to LAC with a more dynamic and accessible referral process by embedding a dedicated Child and Adolescent Mental Health Service (CAMHS) team within children's social care

- Improve our response to the voice of foster-carers in assessment and intervention; and increase support to out of borough carers
- Consult with young people who have experienced a removal of their liberty, either through secure placement or prison setting, so there is a good understanding of their specific support needs.

What we did and the difference it made:

Further detail of our work with children looked after can be found in section three of this report.

2.4 Priority 4 – Neglect Strategy

What we said we would do this year:

- The THSCB Performance Report to incorporate the agreed neglect indicators so that there is a clearer picture for this cohort of children at risk of harm
- Multi-agency case audit programme to include another audit of neglect cases but the range of cases is to be widened so that THSCB can compare improvements that are being made to practice and identify targeted areas for improvement year on year.
- Undertake a review of the wider impact of the Neglect strategy following its first year of implementation and report findings to the THSCB membership

What we did and the difference it made:

- We have continued to monitor the number of referrals for neglect through LSCB performance reporting where we have seen a decrease in the numbers this year. While there have been focused awareness raising campaigns and significant learning opportunities, the quality assurance and performance subgroup is exploring the evidence for this in the improved effectiveness in providing early help. There has been some targeted work with schools around assessment and referrals which may have had an impact on how neglect cases are being identified and responded to.

- A revised multi-agency audit programme was agreed through the quality assurance and performance subgroup. This year's schedule placed a priority on audits from serious case review recommendations. Therefore, the specific audit on neglect has been defered to 2016-17 and will become part of our annual rolling programme thereafter. We will provide an analysis of our findings in next year's annual report.

- The multi-agency Neglect level 1 (introduction) and level 2 training (intermediate) continued to be delivered by a training pool consisting of the LSCB partnership. Over 100 practitioners and managers received neglect training within the year. Evaluation suggests these are received well and pracitioners were able to identify areas for personal and service improvement.

- The Jamilla serious case review highlighted how quickly young children's health can deteriorate as a result of neglect and tragically in this case lead to death. The LSCB was tasked with raising that the DfE definition of neglect does not accurately reflect the impact of 'short term neglect'. We did this through the consultation when the Working Together to Safeguard Children Guidance was revised the previous year. However, in the revised guidance published in March 2013, the definition remained unchanged with the focus still remaining on cumulative harm as a result of longer term neglect. The chair wrote to the DfE to challenge this decision and request a dialogue to explore this issue. The then Minister of State for Children and Families, Edward Timpson MP, responded that in his view, the revised guidance made it clear that where professionals are aware of any immediate risks to a child, they must take timely and decisive action to ensure children are not left in neglectful homes. He noted that the definition of neglect includes 'persistent failure to meet child's basic needs' which would include short-term neglect.

- Following this response, the LSCB chair contacted the NSPCC to explore how the key learning from the Jamilla serious case review could be incorporated in to their early intervention work where the links to short term neglect can be further developed through to a practice guide/toolkit. This area is being explored by the NSPCC.

2.5 Priority 5 – Serious Case Reviews

What we said we would do this year:

- Learning from the Child Sexual Exploitation (CSE) and Troubled Lives, Tragic Consequences Thematic Review will be rolled out as widely as possible ensuring further reach.
- Both these reviews were conducted outside of the serious case review methodology but did use a systemic approach. As a result the THSCB will develop a quality assurance plan to understand the short and long term impact on practice and interagency working as a result of changes implemented by partner agencies.

What we did and the difference it made:

- Between January and March 2016, we delivered four multi-agency learning dissemination events attended by professionals from children's social care and youth offending service, health, schools, youth service and the voluntary sector. Approx. 150 practitioners, managers and safeguarding leads were informed of the findings of the thematic review and the associated changes to safeguarding practice and systems.
- In addition, targeted sessions were provided to LSCB board members and the Youth Offending Management Board.
- In response to the findings and recommendations of the Troubled Lives thematic review the following key changes and developments are currently being implemented:

- Tower Hamlets Youth Offending Service (YOS) is to be refocused and combined with early intervention services to allow a whole family and integrated delivery model that provides staff consistency from an early starting point. Post-custody support will be provided through children's social care to improve the experience of young people who are held in police custody. A targeted early intervention service for lower risk groups will be provided through youth services. See section three: No Wrong Door for further detail.
- Significant work has taken place around the assessment and management of risk. The Risk Management Panel has been revised so it can respond to young people (aged 10-17) who are assessed as 'high risk' to themselves and others. This includes high risk of harm i.e. harmful sexual behaviour, violence, arson. High risk of offending and re-offending and high risk to their safety and wellbeing i.e. self-harm, regularly going missing, suicide. The primary aim is to agree and review a multi-agency risk management plan. This will ensure timely and proportionate information exchange and intervention across services and agencies in relation to young people assessed as high risk. For those cases where the risk is of harmful sexual behaviour is high, the NSPCC National Clinical Assessment and Treatment Service (NCATS) will provide case management consultation and support to the panel around transition in to the youth offending team and probation (youth and adult estates).
- The Ending Gangs, Groups and Serious Youth Violence Strategy is in the process of developing a Gangs Profile in the borough which will help practitioners to identify those most at risk. The current borough profile indicates we are unusual in that our cohort of offenders are younger (aged 14-15) and predominantly involved in violence and knife crime.
- As youth offending servces are limited to operate within their geographical areas, a social work post has been added to the team to link to those children placed out of borough and involved with YOS as well as those with 'remanded looked after children' status.
- The YOS continue to operate a joint service with Docklands Outreach Team from the Royal London Hospital - they work alongside the emergency paediatric A&E to support the family and friends of youth crime victims.
- Finally, we undertook a new serious case review of a young person referred to as 'Thomas'. Early findings from this case led to the refresh of the Assessment, Intervention, Moving on (AIM) project. AIM is a collaborative approach to assessing and working with young people who display harmful sexualised behaviour. This was originally developed by the youth justice board who refined the tools and processes needed by statutory front line staff to tackle this challenging aspect of harmful behaviour. A new programme will retrain social workers across children's social care and the youth offending service to enable them to undertake specialist assessments to place young people (welfare or remand) and manage them, including managing their return from custody back in to the community. An aspect of the AIMs project is the earlier support some agencies need to manage emerging problematic behaviours within environments such as schools,

foster placements and residential homes. From September 2016, a new pre-AIMs programme will be provided to designated child protection leads in education establishments to support staff to manage young people who do not yet have a criminal profile but whose behaviour is nonetheless of concern. The development of the Risk Management Panel and AIMS project are taking place in tandem due to the correlation between these two areas.

- The messages from the child sexual exploitation review and the implemented changes have been disseminated through the current LSCB CSE training. In addition, the CSE and Missing Children lead officers in children's social care and local police delivered a series of events as part of the National CSE Awareness Day and Safeguarding Month activities. They also provide sessions targeted at specific professionals i.e. housing officers, youth workers so that awareness and areas for service improvement were identified. For example, youth workers often meet young people who may not attend schools or access any other services. As a critical professional in the young person's life, they need to understand which young person is at risk of CSE or a likely perpetrator and actively engage with others to safeguard the young person and others in the wider network. The outcome of the CSE review is covered in more detail under priority 1 section.

2.6 Priority 6 – Safeguarding Children with Disabilities (CWD)

What we said we would do this year:

- Listen and respond to user feedback to inform development of person centred planning in partnership with families. Prepare the workforce to support children in placements within and outside the borough.
- Implement recommendations of the parent survey on short breaks and continue to increase usage and first time self-referrals
- Reduce dependency on transport with increased travel training for children and young people with disabilities
- As part of the transition to adult services action plan parents will be supported to recognise and manage when their child becomes self-aware of their sexuality. In conjunction, there will be further emphasis on developing the local care network as currently not enough emotional support is offered to carers to respond to the needs of the children.
- Through a dedicated post holder, expand messages on safeguarding issues for children and families by utilising the Picture Exchange Communication tool (PEC).
- Influence the commissioning of placements. One of the main concerns to be addressed is the access to CAMHS services for children who are placed out of borough. There needs to be a commissioning led solution as a number of section 47 (child protection) investigations of disabled children are placed in residential schools outside Tower Hamlets. Further exploration to be undertaken with the local CAMHS to consider developing a specialist provision for this group of children.

What we did and the difference it made:

- We listened and responded to user feedback to inform the development of our person centred planning in partnership with our families. We have re-commissioned the Easy Build (Wiki) Programme that was successfully rolled out across eight schools across the borough (mainstream and special schools).
- Last year we said that we would implement recommendations from our parent and peer consultation events. We have acted on feedback from young people and parents in a number of ways including the development of our befriending contract to include an increased offer of group befriending activities. We have also increased the number of direct payments offered to parents and enhanced our directory of short break providers.
- We have reviewed the mobility travel arrangements for holiday provision and have implemented changes that channels further resources to our current short break provision.
- We have reduced dependency on council transport provision with independent travel training for children and young people with disabilities.
- We have developed a Preparing for Adulthood Action Plan. This plan sets out how we will support young people known to children's services, transition into adult services. There has, however, been a delay in implementing the action plan due to staffing issues and we will ensure this is achieved over the next year.
- A dedicated post holder has expanded our communication on safeguarding messages for children and families using the PEC tool.
- We have revised and strengthened our guidance for staff to reflect the Care Act, placing greater emphasis on understanding the child's routine and what the parents can do to meet their own needs outside of their caring role.
- The Clinical Commissioning Group has commissioned and appointed a short break trainer nurse post in the children's community nursing team to train short break providers.
- Tower Hamlets has a robust system in place for identifying and recording the number of children and young people with Special Educational Needs (SEN) or a disability. As a result, we have been able to identify families who are not accessing services and children entitled to short break services. 498 children used short break provisions in Tower Hamlets in 2015/16.
- Last year we made over £950,000 available to our children with disabilities through direct payments for short breaks and for personal care.
- Tower Hamlets Clinical Commissioning Group has commissioned a new paediatric incontinence service.
- Tower Hamlets has strong partnership arrangements for children with disabilities. This provides a high quality scrutiny function and enhanced performance management. Parents and carers are a key component of the funding panel which ensures that needs are met and decisions are transparent.
- CWD social workers are now a key service embedded within the multi-agency safeguarding hub (MASH). This is ensuring there is consistency to responses where there are threshold issues for CWD.

- We have collated the valuable feedback we've received from our young people and their parents. As a result we have streamlined our feedback process throughout children's social care.
- We have increased the voice of disabled children using the PEC. This is helping non-verbal children make choices for themselves and express their needs. There is a dedicated worker funded by the SEND reform grant targeted at children with an Education and Health Care (EHC) Plan.
- Access to psychological therapies through the Disabled Children's Outreach Service (DCOS) continues. The service has demonstrated a tangible improvement in stress management for parents.
- We have extended the Stay and Play Service through Disabled Children's Outreach Service (DCOS) and The National Autistic Society. We now support 25-28 families a week to play, relax and make friends.
- The LSCB has ensured the partner agencies and the chair have contributed toward the CAMHS transformation programme, contributing through consultation and board discussion. See section 4.5 for further information.

2.7 Priority 7 – Lay Members

What we said we would do this year:

- Lay members will continue to play an important role bringing external challenge to the Board.
- Lay members will assist in delivery awareness raising and consultation activities covering a range of safeguarding children issues.

What we did and the difference it made:

- Our two lay members have attended board meetings consistently and continue to bring with them the voice of challenge from the wider and school communities. They have both helped to deliver awareness raising activities and engaged with parents at events, conferences and roadshows. Their presence and support has been invaluable to the LSCB.

- Message from LSCB Lay Members:

  "When we joined the LSCB we were not at all clear about what was expected of Lay Members. As time has gone on and we have attended Board and Sub-Group meetings, training sessions and conferences and read a lot of papers, we are much clearer. We have been, in the past year, able to contribute at Board meetings by asking questions and taking part in group discussions. We have, between us, helped out at the Chrisp Street Road Show (Child Abuse Awareness Raising Campaign), run topic-based workshops for parents, raised the issue of safeguarding with school governors and been involved in the work of the Awareness Raising and Engaging Communities sub-group. Our focus for now is on raising the profile of the LSCB in the community so that people know how to make a positive contribution to safeguarding children and young people in Tower

Hamlets. Our future plans include developing a range of safeguarding information material and providing ongoing workshops for parents on issues that matter to them".

2.8 Priority 8 – Family Wellbeing Model (threshold guidance)

What we said we would do this year:

- Undertake a targeted review of the Family Wellbing Model (FWBM) to take account of learning from serious case reviews. This will ensure that historical vulnerability is included in tier descriptors and include guidance for practitioners on how to ensure this is recognised when stepping down a case from children's social care.
- In response to the neglect strategy and the Jamila serious case review, we agreed the need for a closer delivery interface between the Parent and Family Support Service and Children's Social Care in a number of areas and neglect to be a focus for this year.
- Develop a targeted approach to neglect which assumes that families where there are neglect features may not be not getting timely change work (Ofsted Report on neglect). In addition, to test any new neglect assessment tools to determine if families that 'step up' into children's social care is as a result of better identification and whether 'step down' is as a result of effective change.
- Through the Parent and Family Support Service work with a small number of schools where there are concerns around low level neglect impacting on attendance and attainment. The service will deliver a bespoke parenting programme using neglect assessments and interventions to these families and will report on the effectiveness of this approach to the FWBM steering group.

What we did and the difference it made:

- In 2015/16 we carried out a full review of the Family Wellbeing Model in light of the Jamilla Serious Case Review. Our risk and threshold indicators were updated to reflect the specific learning around neglect, in particular the recognition of rapid deterioration in the home that can be experienced by younger children subject to neglect. Research and practice knowledge emphasises the impact of long term cumulative neglect but what we learnt in this review is that the quality of care can decline within a very short space of time, and practitioners need to be able to recognise the signs of risk and intervene quickly.

- This LSCB continues to deliver the Neglect training programme which offers an introduction and intermediate level. The training courses are delivered by a multi-agency pool of trainers with expert input from health, social care and education. The messages from local and national serious case reviews is reinforced through the neglect training. Evaluation of these courses report a high level of theorectical and practice learning. Practitioners feel they can implement their improved knowledge in to direct work with children and families.

- As part of the FWBM review, a comparison exercise was carried out against the London Continuum of Need and a decision was taken to retain our current indicators included within the model.

- The School Ready/Neglect Pilot was launched by the Parent and Family Support Service. They have been working with a small number of schools/nurseries to initially identify families where there is poor attendance. This is often a recognised indicator of other concerns including neglect. A targeted service is being developed to work with these families to improve school attendance and address other difficulties before they become problematic and require intervention later on.

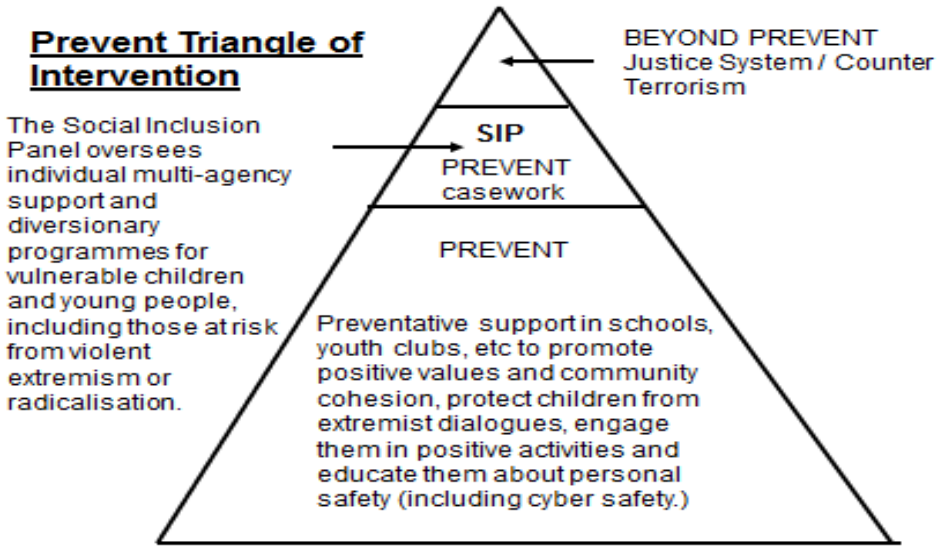
- Further details of the Family Wellbeing Model within the context of our local early help offer can be found in section three.

2.9 Priority 9 - Responding to Radicalisation and Extremism:

The Prevent agenda has been an area of considerable focus over the past year. The exposure of children to extremist ideology can hinder their social development, educational attainment and pose a real risk that they could support/partake in violence. Tower Hamlets has adopted the principle that "Safeguarding vulnerable people from radicalisation is no different from safeguarding them from other forms of harm." (Home Office – The Prevent Strategy)

In Tower Hamlets we deliver the safeguarding in this context through a multi-agency "Triangle of Intervention" which provides three-tiers of intervention that reflects the Family Wellbeing Model and includes:

- Preventative teaching approaches
- Targeted early interventions
- Specialist responses



In the past year we have undertaken a range of work to improve our local knowledge, response and strategy to safeguard our young people from new risks posed by ideology often through online methods.

Universal Work through curriculum development, guidance and training for schools

Given that the young Girls who left Tower Hamlets for Syria in February 2015 showed few signs of vulnerability and that the online grooming process was significant in this process, the importance of promoting an alternative narrative and resilience through the curriculum is key.

Building on existing community cohesion and "No Place for Hate" work with schools, Children's Services has developed a range of teaching resources and support materials around the broad themes of Prevent, supported and developed with the assistance of a Home Office funded Education Officer. These resources have been well received by schools as they reflect the local context in which they operate. Furthermore, two annual school conferences have now been held to showcase best practice.

A mapping tool has also been designed to support schools in identifying which aspects of the curriculum can support the Prevent aims and "British Values" in each year group.

Guidance and posters have been provided to schools on their role in preventing extremism. The guidance includes sections on:

- Amending safeguarding policy
- Staff training and awareness raising
- Reporting
- Interventions with individuals
- Prevention through the curriculum and pastoral work
- Visitors policies and use of school premises
- Responsibilities, including governors
- Internet security
- Triangle of intervention (above diagram)

A checklist has been issued for schools to support them to ensure their safeguarding policies now meet the Prevent guidance and to support them to undertake a risk assessment as they are required to do under the "Prevent Duty" (since July 1st 2015).

There has also been an ongoing programme of central training for school safeguarding governors and designated Child Protection leads. Tailor-made training is available for all schools including independent schools. This includes a Workshop to Raise Awareness of the Prevent programme (WRAP) and sessions on policy guidance and referral. These types of training sessions have created opportunities for 'real discussion' leading to practical solutions to difficult issues. All maintained secondary schools and most of our academy, free and independent schools have taken up this offer and efforts continue to contact those that have not engaged.

This year the offer has been extended to primary schools and so far 56 out of 90 institutions have had school based training (this includes academies, free and independent schools).

Head teachers are briefed regularly about Prevent issues through the Headteachers' Bulletin and in the Children's Services Director's meetings and this support has been extended to academies, free schools and independent schools.

Targeted Work with Schools
Targeted work has also been undertaken with schools where concerns have been raised. For example, following the flight of the girls to Syria, a multi-agency action plan was designed with the school the girls attended, which included social mapping and risk assessment to identify those children thought to be most at risk of flight, and those vulnerable in other ways. Different tiers of intervention were put in place including assemblies, question and answer sessions, group discussions and individual support programmes, with input from Channel Panel (duty under Counter Terrorism and Secuirity Act 2015) members: children's social care, the police and religious intervention providers where appropriate. This has created opportunities to develop innovative work such as widening the remit of Channel intervention providers to facilitate group sessions in targeted schools and working with staff to help them discuss 'difficult questions' and contentious issues. This initiative is empowering staff to handle situations rather than rely on outside interventions.

A Multi-Agency Partnership Approach
The strategy is enabling partners such as schools, mosques, health services, the police, social care and other agencies to work collaboratively and provide a swift response to the challenges encountered by Prevent work. For example:

- A pamphlet was issued through schools and by the mosques at Friday Prayers, providing coherent safeguarding messages to parents. It was well received locally and has been picked up by police and other boroughs as a model of good practice.
- Parent support sessions including cyber safety and the risks of radicalisation are available to all schools from the Parental Engagement Team (PET). Prevent messages have been embedded in to the parenting courses with training for Parent Support Partners and school based Parent/Family Support Practitioners (The Home Office recently agreed to extend funding for our parenting work.)
- Over the summer holidays the Parental Engagement Team provided a helpline for parents seeking support
- The Humanities Education Centre has provided guidance on British Values and how these can be approached from a Global Learning perspective.
- The Attendance and Welfare Service provides information packs to all the maintained schools, academies, independent schools and free schools, containing all the national and local guidance and procedures on

safeguarding and referral procedures /contacts for non-attendance and for children missing from education.

- There is close work with police officers from Prevent, Channel and Counter Terrorism who are involved in both training and interventions. Channel intervention providers have undertaken creative and high quality de-radicalisation work, working with individuals and groups.
- The SACRE (Standing Advisory Council for Religious Education) lead has raised awareness of the Prevent agenda and explored how spirituality and Social, Moral, Spiritual and Cultural Development can support the Prevent agenda.
- Phase two of the Troubled Families programme (2015-20) also has an emphasis on radicalisation and extremism. Furthermore, Prevent work is now linked into the council's first partnership strategy on Ending Groups, Gangs and Serious Youth Violence: a three year strategy reporting to the Community Safety Partnership Board.

Referrals and Casework to the Social Inclusion Panel

Tower Hamlets resisted setting up a separate Channel Panel as it was felt it would be counter-productive in the local context and lead to negative labelling of young people. The Social Inclusion Panel (SIP) already existed as a senior level multi-agency panel to support vulnerable children and families requiring early intervention. Therefore SIP was given the role of overseeing referrals of young people under the age of 18 thought to be at risk of radicalisation and extremism. This includes those being managed through children's social care interventions as well as those managed through a "Team Around the Child" approach.

The benefit of incorporating Prevent casework into an existing multi-agency panel is that it provides access to a wide range of different interventions to meet what are sometimes very complex and inter-related needs and allows for a fluid movement of cases into other forms of support.

Referrals have come from schools, the police, social care and health services. They have increased significantly in the last 2 years showing confidence in the process and schools have reported they find the advice and guidance they receive very helpful. Two years ago Prevent referrals to this panel were low and the Police data suggested that there should be more referrals than we were receiving: this was largely thought to be lack of awareness amongst referring agencies. There has subsequently been an increase in referrals for early intervention casework to support children who may be vulnerable to extremist messages. Two years ago there were around 4-5 active cases under active monitoring at any one time. Since then, this figure has been as high as 72 but is currently 54 (March 2016). In addition to specific referrals schools now feel sufficiently confident to regularly run concerns past officers for advice and guidance only.

Nearly all of the 54 young people comprise of 13 family groups, for example families stopped en route for Syria or where parents hold extremist views or where a parent is a convicted Terrorist Act offender and whose children may have been subjected to ongoing radicalisation throughout their upbringing.

Referrals have included those at risk from radicalisation from far right groups or white supremacist view but predominantly current referrals relate to extreme Islamist views and the risk of flight to Syria. A significant proportion of those referred are children or young people who, because of their special needs, are extremely vulnerable to manipulation and require protective programmes: this may be because they have Special Education Needs (SEN) or have mental health concerns.

A wide variety of agencies now actively support the SIP plans: schools, parenting services, youth support, information technology support, special educational needs and behaviour support services, anti-bullying advisor, police teams (Channel and Prevent), CAMHS, school health, youth offending and children's social care.

Outcomes for individuals are monitored by SIP until the cases are no longer a concern. Where more active engagement is required child protection plans are put in place or children have been made wards of court to ensure their protection. Overall a robust approach has been taken at all tiers of intervention along with open and frank discussions with parent groups about the safeguarding issues.

Children's Social Care Preventing Violence and Extremism (PVE) Team
The CSC PVE team has been set up to respond to this area of need and offer *a tailored and specialist social work response*. The dedicated team will be in place initially for a year to work with high profile existing cases and those where a statutory CSC response is felt to be necessary. The other main output of this team will be to gather the learning from the cases to add to our knowledge base, training and new assessment approaches going forward.

The CSC PVE team initially expected most referrals would fall in the Tier 2 sector where Prevent or Channel interventions would be undertaken on a voluntary basis. However increasingly there has been a need for a statutory response through child protection procedures. In March 2016 there were 7 Tier 2 cases and over 62 being worked with by the children's social care team.

In some cases it has been necessary to intervene through the court arena, resulting in the local authority obtaining Court orders i.e. 'Wardship', Interim Care Orders and Supervision Orders to secure the safety and well-being of the children. Tower Hamlets CSC are pioneering practice in this area and are regularly approached by government and others local authorities to share our learning.

The LSCB has been highly engaged in the agenda leading on development sessions with the Home Office, and through the Chair and other Board members briefing school governors. The LSCB Chair and Service Head for Children's Social Care also sit on the London Councils Prevent Task and Finish Group and the LSCB Chair sits on the LBTH Prevent Board.

Challenges
Despite the significant progress made in this area of work, there are ongoing challenges. There is no identified funding to support the children's social care

PVE team beyond 2017 and there is now a need to undertake home visits for Home Educating families and tuition classes they use that give cause for concern. This will impact on the already stretched resources for safeguarding children, placing significant burden on the local authority. To date, multi-agency partners have contributed from their own budgets towards joint PVE initiatives.

Work with independent schools in the borough is a challenge. Although the local authority remains responsible for safeguarding all children in the brough regardless of the type of educational institution they attend, there are legal limitations to what it can do. Having said that, the local authority offers to all schools guidance, training, advice and curriculum support in respect of Prevent and safeguarding.

There are also challenges in working with families who home educate (and where tuition agencies support them) because of the very restrictive legal limitations of the LA remit and powers of intervention in this area. The Home Education Steering group regularly assesses the vulnerability of families and intervenes more proactively with those where there is reason to be concerned. There has been a rigorous approach to intervention when concerns have been identified, including supporting the closure of inappropriate tuition services where necessary. At the same time the Parental Engagement Team have started a support group for home educators to enable good practice to be shared with them, for example on cyber safety and curriculum work.

There is a pressing need to roll out an understanding of this area of work more broadly with all agencies. Most of the intensive work in this field was necessary with schools, in response to Ofsted findings and the departure of the first group of girls to Syria in 2014. Social workers becoming increasingly involved during 2015 when more children and families left or were identified as at risk of leaving for Syria. Work with parents in schools has also been developed significantly to support school activity.

Those agencies that have received significant support and training have a better understanding of the Prevent agenda and the safeguarding aspects of this work. However, there needs to be a more consistent understanding across all areas of the council, partner agencies and within the community.

3. Section 3: Scrutinising the Effectiveness of Safeguarding Children Arrangements in Tower Hamlets

Early Help

The Early Help offer in Tower Hamlets is organised around the Family Wellbeing Model (FWBM), which is available at http://www.childrenandfamiliestrust.co.uk/family-wellbeing-model/

The FWBM is a model for everyone who works with children, young people and parents or carers in Tower Hamlets – across the partnership, to help them work together to provide the most effective support for children and their families. The Family Wellbeing Model supports the vision of the Tower Hamlets Children and Families Plan 2016-19, which is that children should be healthy, safe, achieve their full potential, are active and responsible citizens, are emotionally and economically resilient for their future. The model was signed off by the THSCB, and is promoted through the activities of the Board. The model sets out support that is available for families at Tier 1 (universal support), Tier 2 (targeted support) and Tier 3 (specialist support). It guides practitioners on how to make an assessment of the level of support needed and how to access that support.

Targeted intervention is supported through the Common Assessment Framework (CAF), and Social Inclusion Panel (SIP), which facilitates multi-agency responses to more complex cases at the top end of tier 2 need. The total number of CAFs completed in the period April 2015 to March 2016 was 938, down from 995 in the previous year. This is a 6% decrease. Following an emphasis on CAF review completion, the number of reviews has increased significantly. In the period between April 2015 and March 2016, 1388 reviews were completed compared to 1148 in the same period last year – a 21% increase.

This demonstrates that the partnership is continuing to make progress in embedding use of the CAF to ensure that families needing early help are effectively supported. In addition, the Social Inclusion Panel monitors the more complex cases at Tier 2 until these show progress or are escalated to Tier 3.

CAF uses a scoring system to set a baseline for families and measure progress. This allows the partnership to assess the effectiveness of early help. In 2015-16, the proportion of families reporting an improvement in their average score at review was 71.2%, which was a slight increase from the 2014-15 figures of 70.6%. On average across the cohort, ALL areas of the CAF showed a drop in score (i.e. improvement) by the time of the review. The number of risk areas also decreased at a slightly better rate than in the previous year. The average risk at the time of assessment was 4.2 but this dropped to 2.6 by the time of the review, a decrease of 1.6. (The drop in 2014/15 was 1.4). This indicates the effectiveness of our early help intervention provided through the CAF.

Use of the SIP as a way of accessing support for more complex cases has continued to increase, demonstrating again that this way of multi-agency working is becoming more embedded across the partnership. 289 new referrals were made in 2015-16, an increase of 20 referrals from 2014-15. There was a significant rise (24%) in reviews of cases at SIP which indicates the degree of close monitoring and follow up these cases require and that referrers are responding to the emphasis placed on regular monitoring and adjustment of support plans as appropriate.

Early intervention and family support services (Early Help Hub)
An 'Early Help' fhub is being established to coordinate the pathway to early help support. The aim is that children and young people (pre-birth to 19 or 25 years for those with special education needs and disabilities) and their families are able to access information and the right services at the right time and in the right place to prevent and deal with difficulties before they become problematic. Issues can range from engagement in education, drugs and alcohol, managing behaviour and other parenting challenges. The early help front door will offer a multi-disciplinary approach that brings together a range of professional skills and expertise to:

- Provide a point of reference when the public or professionals are in need of advice and support or where initial steps have not been successful

- Assist where front line services, for example schools, children's centres, youth provisions, health centres, doctors surgeries are unable to meet needs or when extra support is required

- Provide an interface to establish a single first point of contact, screening and referral and ensure Early Help is coordinated efficiently

- Provide an interface with the provision of information, advice, support and signposting services for families, children and young people

- Facilitate multi-agency partnerships at Tier 2 e.g. health, schools, voluntary sector agencies

- The Early Help Hub will advise on referrals into Social Inclusion Panel (SIP) and provide advice and guidance on process and the eCAF system.

- The Hub will provide advice and guidance on referral through to and from MASH and support Step Down from statutory intervention into early help services. Support / facilitate Team Around the Child (TAC) at Tier 2 for more complex cases.

It will not replace existing access to front line support (MASH) but will provide a complementary service that will:

- Strengthen partnerships and improve coordination and access to early help
- Support better and earlier referrals
- Reduce referrals into the MASH

- Improve response to referrals out of the MASH
- Provide a greater focus on outcomes
- Identify gaps and duplication of services
- Ensure the right support reaches families as soon as possible

The Early Help Hub will be launched in September 2016 and will be fully implemented by July 2017.

No Wrong Door

The Council is currently developing proposals to re-shape services for vulnerable children and young people and families (all ages) which builds on an evidenced based service model and evidenced based interventions. This has been developed by children's commissioning and children's social care managers. The service model will require the re-configuration of family intervention and specialist services under a single management umbrella and co-location of key partner services such as CAMHS. It will also require a standard approach to assessment through signs of safety, integrated care plans and joint training and management of the integrated team.

It is envisaged that the proposed service model and common approach across agencies will better support children and young people and will reduce entry to care, secure placement stability and improve the safeguarding of children and young people. It is anticipated that this service can be developed within existing resources by reconfiguring services and working more effectively with partner agencies.

Our recent thematic review, Troubled Lives, Tragic Consequences[2], acknowledges that we need to change the way we work by identifying children earlier and intervening as appropriate. We also know that children and young people have a multitude of services/agencies involved in their lives and that a more integrated approach would produce better outcomes across the continuum of need.

The borough has a significant resource to support our most vulnerable children and families. However, services are arguably fragmented across children's social care and these and others are under different management structures. There is also inconsistency in our approach to supporting families and areas of duplication have been identified. It is therefore timely to consider developing a new integrated service model in order that we can better respond to the needs of our most vulnerable children, young people and families.

Our proposal recommends that services are reconfigured so that children and young people have a single point of access to a specialist, highly trained team and the delivery of a core offer of support based on the 'No Wrong Door'[3] model which has been built on evidence based practice with a specific focus

[2] Chard, A (2015) Troubled Lives Tragic Consequences. http://www.childrenandfamiliestrust.co.uk/wp-content/uploads/2015/12/Troubled-Lives-Summary-Report-Final1.pdf

[3] North Yorkshire Council, No Wrong Door, http://www.northyorks.gov.uk/article/24409/Residential-care-for-children

on restorative and therapeutic approaches. The service will be available to children and young people on the edge of care, looked after children (including those in residential and external placements – the service will support young people wherever they move to), those leaving care and other vulnerable children at risk.

Young people on the edge of care
Adolescent entrants to the care system tend to experience a larger number of placements, a more disrupted experience of care, poorer outcomes in education and are at increased risk of struggling when they leave care.[4 There is also a greater proportion of young people 16 years and over in Tower Hamlets compared to other boroughs within inner London.

The Council invests considerable resources within our early help offer, and activity is underway to redesign services across the partnership to support children and families to manage conflict and associated difficulties they face during adolescence, with a new focus on using an evidence based model inclusive of " No Wrong Door" , Multi Systemic Therapy or Family Focused Therapy, with a strategic workforce plan.

We want to understand our adolescents on the edge of care and employ innovative ways to improve and re-design service delivery to achieve higher quality, improved outcomes and better value for money. To this end, we will work with the Greater London Authority to explore the possibility of creating a Pan-London solution for delivering and funding Edge of Care services.

One potential area of focus would be the use of Social Impact Bonds (SIB) to fund projects to focus on prevention of care, preventing escalation or encouraging de-escalation. SIBs are a financial mechanism in which investors pay for a set of interventions to improve a social outcome. If the social outcome improves, the local authority will repay the investors for their initial investment plus a return for the financial risks they took. If the social outcomes are not achieved, the investors stand to lose their investment.

The Family Wellbeing Model
The Family Wellbeing Model provides a framework for the early identification and provision of support to vulnerable families who do not meet the threshold for referral to Children's Social Care. The model supports children, young people and families to achieve their full potential by setting out in one place our approach to delivering services for all families across all levels of need. Relevant services include health, early years, education, youth, social care, crime and justice and housing services and any other service impacting on a child or young person and/or their parents or carers.

This Family Wellbeing Model sets out how we work to respond to different levels of need in Tower Hamlets, and gives practical descriptors which anyone can use to help families and children get the most appropriate help and support. The model also clearly sets out our structure for consultation, co-ordination and co-operation between agencies to promote family wellbeing,

[4] Sinclair et al "The Pursuit of Permanence; A Study of the English Child Care System" 2007

and to ensure that the children of Tower Hamlets get the best deal from what is on offer to support them.

Conceptually this model focuses on early support and targeted help by putting in place robust responses earlier to identify needs with the aim of enabling vulnerable children and their families to lead positive lives without the need for statutory intervention such as entering the care system.

Family Intervention Service
The current Family Intervention Service in Tower Hamlets has been redesigned to cover two strands of the early intervention strategy, Family Intervention Project (FIP) and the Family Support Cluster. FIP provides early intervention to families below the threshold for referral to CSC. The Family Support Cluster multi-disciplinary team targets families where there are complex and entrenched problems with longstanding social work involvement. The aim of the team is to provide intense intervention for children subject to child protection and children in need where families are “stuck”, where the social worker with other professionals are unable to effect change. The Family Support Cluster became operational in September 2011.

Outreach Service
The Outreach Service is being reconfigured to offer a multi-agency family support service targeted at children and young people on the cusp of care.

Short Breaks
The local authority is required under the Children Act 1989 to provide services designed to give breaks for carers of disabled children. The ‘Breaks for Carers of Disabled Children Regulations’ (2010) sets out what local authorities should do to meet their duties in relation to the provision of short breaks. Services for children and young people with a disability are also developed in the context of other related Acts such as the Children and Families Act 2014, the Carers Act 2014, the Children Act 2004 and the Equality Act 2010.

Tower Hamlets’ local offer for short breaks is that all disabled children and young people have access to one short break of choice, within available resources. In 2014/15, 513 children and young people accessed our specialist short break services (an increase of 28 young people since 2011/12).

Short breaks enable disabled children and young people to access the kind of activities that are open to non-disabled children, so that they can lead ordinary lives. They help them have fun, try new activities, gain independence and make friends. Short breaks are one of the services most commonly requested by parents of disabled children. These services also offer parents and carers the much-needed break they need from their additional caring responsibilities.

By providing short breaks to children with disabilities and their families, the Council and its short break partners are supporting these families to cope with the additional pressures they experience in family life. A regular short break can be a lifeline to parents, building their resilience and helping them to continue to care for their child with a disability at home, preventing problems

escalating and reducing the likelihood for the child needing to be taken into care.

3.2 Clear and consistent method of entry to care

The Entry to Care Panel was established in October 2009, in response to increasing concerns about the number of teenagers entering care in an unplanned manner and the overall instability that they experienced after they became looked after. The Entry to Care Panel meets on a weekly basis to consider all children requiring Section 20 accommodation and/or the initiation of care proceedings.

The objectives of the panel are:

- To ensure that only those children who genuinely need to become looked after do so
- To stabilise the number of teenagers becoming looked after
- To effectively focus legal activity
- To increase the consistency and quality of care planning
- To identify and commit resources
- To share information on specific cases
- To develop a strategic senior management overview regarding trends
- To share risk and identify accountability throughout the organisation

Annual reviews are completed to establish whether the Panel's objectives remain relevant and are being met. A review was completed in May 2015, and a detailed report looking at the panel's decision making for assurance purposes was received and approved by Children's Social Care Senior Managers in Oct 2015.

3.3 Children in Need/Child Protection

In 2015/16 there was a 528.9 rate of referrals per 10,000 recorded in Tower Hamlets compared to 548.3 for England and 477.9 for London in 2014/15. Similarly the rate of repeat referrals this year for Tower Hamlets was low at 9.1 compared to the 2014/15 figure for England at 23 and London at 15.8. Referrals which resulted in no further action in Tower Hamlets stand at 8.3% in 2015-16, slightly higher than the 2014-15 London position of 6.9%, but lower in comparison to England (13.8%). This suggests strong arrangements at the point of contact, with referrals for social work input being made appropriately.

In 2015/16, there were high rates of activity in relation to formal child protection enquiries, with a high rate of section 47 enquiries per 10,000 population. There were 194 enquires per 10,000 young people in Tower Hamlets, an increase from 162. This compares to the 2014/15 position of 138.2 in England and 137 in London. There was also a high rate of children subject to a child protection plan per 10,000 population; 50.1 in Tower Hamlets for 2015/16 compared to the 2014/15 results for England at 42.9 and 40.6 in London. This is evidence of strong processes for identifying children

most needing statutory intervention, through our multi-agency safeguarding hub (MASH).

In 2015/16, a high proportion of children remained subject to protection plans for more than two years - 5.6% in Tower Hamlets compared with 3.7% in England during 2014-15. We have looked at a sample of cases again this year to understand this data, and found similar issues to last year of instances of longstanding sibling abuse and violent offenders who return to the home, where it was appropriate to maintain plans for a long period. However in some cases where issues of parental capacity to protect were present, issues were not always resolved early enough. In response to this, Children's Social Care have implemented a focus on the use of the Public Law Outline pre-proceedings and specialist assessments earlier on, to ensure timely resolution of issues.

Certain ethnic groups are over represented in the child in need and children subject to child protection plans populations, in particular those of mixed heritage and white Irish children. This reflects the national picture and the recognised need to ensure effective work with these families. Research exploring this issue in more detail is currently being undertaken in the Council.

3.4 Looked After Children

The number of looked after children per 10,000 population in 2015/16 for Tower Hamlets is 47.3, which is below the 2014/15 England Average of 60 and the London average of 52. The number in Tower Hamlets has slightly increased from last year which was at 44. The Council is currently investigating the reasons for this to ensure that children are not being left at home for too long. Placement stability, an important factor in maintaining good levels of wellbeing, is good, with the proportion of children experiencing three or more placements in a year low, and the proportion in the same placement for at least two years high. In line with the national picture, educational outcomes are poor when compared to their peers. In 2015, 19.4% of looked after children achieved 5 or more GCSEs graded A*-C (inc. English and maths), which is better than the England average (13.8%) and the London average (16.8%). It is also an improvement on 2014 performance (11.5%). Whilst it is important to note that this is a very small cohort (approximately 30 children in any given year) and the level of special educational need is high, this does point to a continuing need to strengthen support to looked after children through school. The proportion of looked after children receiving one or more exclusions in 2014 (latest available data) slightly increased to around 12% from 10% in the previous year which is also two percentage points higher than the England average and one percent higher than the London average.

The proportion of looked after children receiving regular health and dental checks in 2015-16 was 83% compared to 90% in the previous year.

3.5 Private Fostering

The Private Fostering Team sits in the Family Support and Protection Service in Children's Social Care.

Currently there are 22 young people in private fostering arrangements. This is a much lower figure because a number of privately fostered children who turned 16 years of age were discharged with a post 16 support package. There is a downward trend in notifications which is reflective of a general nationwide trend. Anecdotal information suggests the decrease in numbers is likely because of the new Immigration Bill which introduced tighter controls over children travelling to the UK for studies/education purposes and visiting relatives. In addition, welform reform measures are likely to have placed greater financial burden on those who had previously been willing to privately foster.

The status of our privately fostered young people
In Tower Hamlets, the privately fostered cohort comprises of children who have been abandoned by their parents after coming to the UK, over stayers, asylum seekers and a trafficked young person in 2015 who was not granted leave to remain. The team leads on networking with the Home office, BAAF/CORAM professionals, UCAS and other stakeholders to ensure that the privately fostered young people are assisted even after the age of 16.

Awareness Raising
The Private Fostering Team has continued to implement a range of initiatives aimed at private foster carers and young people. The team also undertakes activities to raise awareness amongst staff within Children's Social Care, the wider Council and partner agencies, as well as with the general public. The objective of the activities and events is in alignment with the National minimum standard which specifies local authority practice in fulfillment of their duties and function in relation to private fostering, which is set out in section 44 of the Children's Act 2004 and the Private Fostering Regulations, 2005.

In July 2015, the Private Fostering Team ran a campaign to promote and celebrate the National Private Fostering week. This included a range of communication activities aimed at staff, the public and other professionals e.g. Headteachers. The Parental Engagement Team and the LSCB through their networks also promoted awareness on Private Fostering and there was specific work undertaken with African families in the borough. The outcome of the campaign was a rise in notifications and five new private fostering cases. In addition, the team runs regular awareness raising events throughout the year and has created a database of all the community organisations, schools and GP surgeries in the borough which is used fortnightly to disseminate information regarding Private Fostering. The team also runs events for young people with the aim of bringing young people who have common experiences together and providing a space for fun and conversations to take place where workers are available to offer support.

3.6 Learning and Improvement – How we learn from what we do

Child Death Overview
LSCBs are required to review all deaths of children in their area. The overall aim of the review process is to learn lessons in order to reduce the risk of preventable child deaths in the future.

The Child Death Overview Panel (CDOP) is responsible for undertaking a review of all deaths of children, up to the age of 18 and excluding those babies who are stillborn. The review process involves collecting and analysing information about each child death to identify any case giving rise to the need for a review mentioned in regulation 5 (1) (e); any matters of concern affecting the safety and welfare of children in the area of the authority; and any wider public health or safety concerns arising from a particular death or pattern of deaths in that area. The review process also involves putting in place procedures to ensure a coordinated response by the authority, their Board partners and other relevant persons to an unexpected death (a 'rapid response').

The responsibility for determining the cause of death rests with the coroner or the doctor who signs the medical certificate and is therefore not the responsibility of the CDOP.

The CDOP decides which, if any, of the child deaths might have been prevented, and also whether there were any potentially modifiable factors where action might be taken to reduce the risk of future child deaths. By considering all local deaths, as well as looking at each child's individual circumstances, the panel considers any emerging themes and also whether there are changes that need to be made to local services or the environment (for example, road traffic safety). The aim of the CDOP is to reduce child deaths by understanding the reasons why children die.

In 2015/16, there were 60 new child death notifications reported to the Child Death Overview Panel (CDOP), 28 were Tower Hamlets residents and 32 were children resident in other areas but who died in a Tower Hamlets hospital or were treated in a Tower Hamlets hospital shortly before their death.

There were 24 cases reviewed in total by the CDOP, twenty of which were recorded as expected deaths, and four were unexpected. Five cases were referred to the coroner. In 13 of the cases reviewed, the death had occurred in 2014/15 and the remaining 11 occurred in year 2015/16. Of the 24 cases reviewed, 13 deaths were to males and 11 to females.

In terms of age, 17 deaths were to infants (under 1 year) of which 11 were neonatal deaths (under 28 days). There were 4 deaths to children aged 1-4 years, 3 deaths of children aged 5-14 years and no deaths to children aged 15-17 years.

In terms of ethnicity, 14 deaths were Bangladeshi, 3 were Black British African and there were also deaths to children of White British, Pakistani, Chinese, Indian and other Asian origins.

Of the 24 cases reviewed, 10 deaths were due to chromosomal, genetic, congenital anomalies, 8 were due to perinatal/neonatal events. There were also deaths due to infection, chronic medical condition, malignancy and acute medical or surgical condition.

The following modifiable factors were identified as a result of the case reviews:

- Poorly maintained housing causing internal dampness and mould may have contributed to respiratory problems
- Lack of recognition, examination and documentation of a feverish child may have resulted in delayed diagnosis of a treatable condition.

Action taken during 2015/16 in response to recommendations included:

- Follow up on regulations, legal requirements for private landlords to maintain their properties to an acceptable standard
- Updated written information for parents on looking after a feverish child, available in the Hospital Emergency Department and GP surgery
- Raised awareness in the community about how to manage a feverish child at home

Actions taken in response to recommendations regarding the operation of the CDOP included:

- In 2014 the CDOP Chair and LSCB Chair wrote to the local Coroner regarding the timely provision of Post Mortem reports for the Designated Paediatrician. This issue was again highlighted at the Pan-London CDOP Chairs meeting in September 2015 with a representative from the Chief Coroner's office, but so far there has been no response.
- Completion of a new database to record and manage data on child deaths
- Ongoing communication improvements to facilitate timely notification of deaths

On-going issues identified from previous years:

- Improve consanguinity documentation and reporting in child death notifications
- Develop training and awareness raising regarding the risks of consanguinity
- Ensure follow up of children who Do Not Attend (DNA) hospital appointments
- Raise awareness of the work of the panel and the system of notification of deaths
- Improve communication with Coroner's Office to improve timely receipt of post-mortem examination reports
- Complete work on setting up CDOP database to facilitate easier access to data:

Serious Case Reviews
The LSCB undertook one serious case review (SCR) in 2015. The subject of this review was a young peson we refer to as Thomas and involved a number of agencies from three other LSCB areas and a national charitable trust. The final report and LSCB response to the findings and recommendation is published on the LSCB Website.

The key findings from this SCR highlighted that:

- The child's experience of emotional abuse and neglect and the impact this has on behaviour and parent-child attachment needs to be better understood within the context of child protection
- Earlier recognition of harmful sexual behaviour rooted in childhood experience
- Practitoners are supported in working with challenging parents
- Working within the legal framework for children placed out of borough and ensuring they are able to receive therapeutic support
- Education placements should not be seen as a child protection strategy but part of the wider safeguarding plan
- Processes for managing young people who display harmful sexual behaviour when there is no disclosure or criminal conviction to be developed
- Polarised points of view can become entrenched in the professional network preventing the risks to the child from being recognised and acted on

The identified learning and recommendations will be taken forward through the LSCBs core business of practice, improvement, quality assurance and measuring impact through performance. We will report the difference this serious case review has made to children and young people in next year's annual report.

However, partner agencies took steps to assure the LSCB chair that emerging findings and risk were responded to swiftly. For example, an issue that came to light during the course of the SCR triggered a whole scale audit of looked after children placed out of borough (OOB LAC) along with a review of CAMHS provision to a Special Residential School in South East England. This joint review is currently being undertaken by Tower Hamlets CAMHS, CSC and the Special Education Needs Service at the local authority. An agreement was reached before the conclusion of the SCR to ensure a CAMHS worker is embedded at the residential school to meet the therapeutic needs of children residing there.

The LSCB considered two other cases of which neither met the serious case review threshold as set out in Working Together 2015, but one was subject to a domestic homicide review (DHR). The LSCB will review the outcome of the DHR and consider any implications for safeguarding children. A Serious Adults Review was also commissioned by Tower Hamlets Safeguarding Adults Board (SAB) and as there is overlap with children's safeguarding, the LSCB is involved. Learning will be shared through both LSCB and SAB annual reports.

Following any review the LSCB organises a number of learning events aimed at practitioners and managers. These are always multi-agency in nature and provide dedicated space for attendees to find out about the review and its findings and to discuss implications for their own practice. The contribution of practitioners provides the double-loop learning for the LSCB. Their opinions and suggestions inform how the findings and recommendations are taken forward. The learning from these events is invaluable. A child care practitioner describes how by attending one of the serious case review learning events last year they were able to apply the knowledge they gained directly to their work with children and families:

'I attended the Jamilla Serious Case Review learning events and felt that it was sensitively delivered and gave clear lessons for professionals. For me the key lesson was not to underestimate the potential for late onset of mental health breakdowns following traumatic events in a parent or carer life. A few months later I reflected on this regarding a case I had in court proceedings, whereby the parent was denying her difficult life experiences would negatively affect her or her children in the future. As a result, I initiated an independent assessment that explored to what extent the parent was able to recognise signs that she may be feeling unwell rapidly or in the long term and to what extent could she seek support independently'

Section 11 Audit
The LSCB undertakes a biennial assessment of all LSCB member agencies and organisations in relation to their duties under Section 11 Children Act 2004.

Section 11 (4) of the Children Act 2004 requires each person or body to which the duties apply to have regard to any guidance given to them by the Secretary of State and places a statutory requirement on organisations and individuals to ensure they have arrangements in place to safeguard and promote the welfare of children.

This audit exercise aims to assess the effectiveness of the arrangements for safeguarding children at a strategic level. Each agency must ensure that any statements made within the audit tool are backed by evidence. Partner agencies are also expected to assess compliance with arrangements at operational service level to support their statements in this self-assessment. The LSCB also looks for evidence of impact on improving outcomes for children. This year, the LSCB chair met partners to review and interrogate the individual audit findings. Action plans are developed by agencies to take immediate remedial action which will be monitored through board reporting.

The general findings from the section 11 audit were shared with the LSCB and highlighted the following areas for improvement:

- Commissioning arrangements going forward to include explicit references to safeguarding responsibilities in line with section 11 standards

- Putting in place integrated engagement policy framework to ensure children and young people are engaged through commissioning/service development
- Improving complaints procedures that empowers children to make complaints
- Delays to the disclosure and barring police checks is significantly impacting on safer recruitment and staffing levels
- Use of escalation policies

3.7 Voice of Young People

A number of focus groups were held with young people as members of Tower Hamlets Youth Council and discussions have been held with the young mayor. We asked them what they thought the areas of most concern for young people in the borough and should be tackled to help keep them safe. This group told us that they were most worried about the following areas:

- Youth on Youth Violence
- Safety on the Streets
- Internet Safety and being aware of 'grooming'
- Bullying – online and offline, serious bullying is a frightening experience
- Sexual Exploitation including being made to look at or produce pornography
- Accessibility and exposure to drugs and alcohol
- Self-Harm
- Verbal Abuse – racist/homophobic, threats
- Forced in to joining a gang
- Being knifed
- Emotional Abuse – threatening or intimidating someone
- Running away and keeping safe
- Parent disciplining methods can be abusive & cruel
- Parents failing to provide adequate food & clothing
- Failure to protect Children and Young People makes them feel worthless

In addition, the Chair and business manager attended the Youth Council development session in Novemebr 2015 to hear directly from young people and promote the work of the LSCB. The Chair regularly challenges partners at Board meetings and other fora to ensure they are capturing and responding to the voice of young people.

Tower Hamlets' Youth Service and the NSPCC are working on behalf of the LSCB to engage young people to have a direct voice in the LSCB and offer insight in to what agencies can do to help keep them safe at home and in the community. Historically, there has been a Youth Council voice which predominantly focused on community safety issues. These are highly engaged young people but the challenge is to help them to refocus their concept of being safe and contextualise this to safeguarding children at home and within their peer group.

The Youth Service and the NSPCC are planning to hold a series of workshops on child protection and child abuse beginning in the summer half term. The

aim of this is to inform young people what child abuse is, the impact this can have and how it is important to ensure young people have a voice when statutory authorities become involved. It is anticipated this approach will garner interest in a safeguarding champion role at their schools, youth centres and other groups. The LSCB recognises it is a difficult subject to discuss and may prevent young people from engaging in such a group. We will work at their pace to ensure we have a fully functioning formal group in the near future. In the meantime, the LSCB continues to seek the voice of children from focus groups, service evaluation and surveys. The challenge to the LSCB is its ability to listen to a disparate group of voices, deciphering the key messages and feeding back what it plans to do in response.

3.8 LSCB Chair's Challenge to Board Members and Partners

The independent chair has provided a number of challenges to partner agencies over the past year and these have included:

Section 11 self assessments – sessions were held with board partners to interrogate gaps in self assessment areas. This led to an increased understanding of where problems in the system occurred. For example, a number of agencies highlighted the risk posed by the delay in DBS clearance checks for new recruits. The chair wrote to the Police Commissioner to highlight the problem.

Performance Report – whilst some progress had been made with the LSCB dashboard, gaps in the data provided by partners were not deemed sufficiently developed to provide a clear picture of safeguarding children arrangements. The chair sought improvements from health commissioners (CCG) and the police. Both are working towards a robust set of data that demonstrates outcomes for children. For example, the Met Police are developing a pan-London dataset for children at risk of sexual exploitation.

Extremism and Radicalisation – two development sessions were held to ensure partners understood their role in relation to the revised Prevent duties. The chair challenged all agencies to demonstrate what changes they had implemented to ensure children at risk of radicalisation were identified and what interventions were taking place. This is still an area for development and remains a challenge for all, however, the focus on Prevent has led to increased understanding and improvements to agency policy and procedures.

Voice of children and young people – partners were challenged on how their agencies listened to the views of children and what difference they have made. The chair introduced a double-loop learning approach through board agendas to ensure the voice of young people is shared across the partnership to further influence the wider work of the LSCB and that of its partners.

4. Section 4: Safeguarding Assurance from Member Organisations

THSCB partners have contributed to meeting the priorities outlined in section 3. In addition they have also continued to safeguard children from within their agencies:

4.1 London Borough of Tower Hamlets

As the lead agency for safeguarding children, in particular through our Children's Social Care service, much of this report focusses on their activities. For this section of the report, we focus on additional activity across the council that contributes to safeguarding children.

Our schools have an important role to play in safeguarding, and the Council supports schools in fulfilling this role. There is very strong collaborative working between the Council and schools. We ensure that governors take safeguarding seriously and are up to date with their training, and also support schools in investigating allegations against staff through the Local Authority Designated Officer (LADO). Radicalisation and the Prevent programme have been an increasing focus over the last year, with particular concerns raised in relation to independent schools, where there has been little joint working with the council historically. In response to this, the council has offered these schools support and built some positive relationships, but there is more work to do. There is also concern about children who are home educated but not registered with the council.

Our Community Safety services support the safeguarding agenda in several ways. The MARAC is a good example of the work they do to support multi-agency responses to safeguarding issues, and this was inspected recently resulting in a good rating. Our Tower Hamlets Enforcement Officers (THEOs) have been trained in safeguarding and violence against women and girls to ensure that they are aware of how to spot safeguarding issues, and what to do in response.

The council's Housing services are also represented on the Board. One of the main risks currently being addressed is the implications of welfare reform, leading to homeless families being placed outside the borough, sometimes in bed and breakfast accommodation.

The council has in place rigorous scrutiny and challenge processes. Specifically in relation to safeguarding, there is a Corporate Management Team safeguarding group on which the Chief Executive and corporate directors sit. In addition, the Corporate Parenting Steering Group, which is chaired by the lead member for children, ensures that safeguarding issues are robustly addressed. The Chief Executive and Director of Children's Services (DCS) meets with the LSCB Chair regularly to ensure that challenge from the Board is taken forward through council's services. Our current challenges in relation to safeguarding are reflected in our update above i.e. ensuring that

we are able to effectively support and intervene to safeguard children in independent schools, and those that are home educated.

Public Health does not provide frontline services, working instead at a strategic level: conducting needs assessments, facilitating partnerships, commissioning services, monitoring and evaluating service delivery and supporting workforce development.

Key areas of work during 2015/16 related to safeguarding children include:

Development of a new service specification for the Health Visiting service was informed by an in depth stakeholder engagement process (January – May 2015) as well as recommendations from the Jamila SCR. This is in respect to the identification of risk and provision of more intensive support, monitoring where risks are identified that do not meet the threshold for referral to children's social care. The new service specification incorporates a locality model and aims to improve integration with Children's Centres, while maintaining close links with primary helath care, to improve access to services, early identification of need, safeguarding risks and coordination for onward referral where additional needs or risks are identified.

Following transfer of commissioning responsibility for 0-5 public health services (Health Visiting service and Family Nurse Partnership) from NHS England to the local authority on 1st October 2015, both services were re-procured, using new localised service specifications, and contracts awareded to new service providers on 1st April 2016. We are now in the process of mobilising the new contracts and supporting the implementation of the new service specifications. As chair of the Family Nurse Partnership (FNP) Advisory Board we have broadened stakeholder involvement by increasing membership to include housing and children's social care.

Following joint work with the CCG, Children's Services and service providers in 2014/15 on the development of an outcomes framework for CAMHS, during 2015/16 we have been working with the CCG on the development of a mental health and wellbeing outcomes framework for Universal Services (including Health Visiting, School Health, Early Years services and Education) that will help to assess the contribution of wider services to prevention and mental health promotion.

We have developed an evaluation framework for the pilot parent and infant wellbeing project 'Better Beginnings' that is training peer supporters to support parents and carers during pregnancy and the first year of the child's life to promote secure early attachment and emotional wellbeing and to identify those needing more specialist support.

As the commissioner of the service, Public Health is supporting the School Health service in setting up arrangements to pilot School Nurses undertaking LAC reviews in community settings.

Public Health leads on the work of the Child Death Overview Panel (CDOP), including ensuring implementation of recommendations and dissemination of learning points. As part of this work, educational messages for front line staff and parents arising from CDOP recommendations have been cascaded through maternity and early years settings. Messages this year have included management of fever in the child and child safety messages.

We have contributed to the Children's Services working group developing a proposal for an 'Early Help front door' to provide a universal contact point for information and advice and pathway to initial assessment and onward referral.

We have led on the development of proposals for integrated early years services for the Tower Hamlets Together (formerly known as Vanguard) programme and co-chair the THT Children's Steering group. One of the priorities is to develop an integrated model to support mental and emotional health and wellbeing across all service tiers, starting with and building on universal services. This work will also take forward the integration of health visiting and other health services into Children Centres.

During 2015/16 we have updated the JSNA factsheets for Safeguarding Children and Looked After Children which can be found on the council website.

4.2 NHS England (London)

NHS England is responsible for the assurance of CCGs and direct commissioning of independent contractors and specialised commissioning. Since the changes to the commissioning system, NHS England (London) has worked hard to ensure that quality of commissioning in relation to child safeguarding remains robust. This has included hosting the named GP role.

There is a clear assurance process and evidence in relation to the authorisation and ongoing assurance of CCGs of which safeguarding has been a part. There is a London wide safeguarding work plan in place.

Through the work plan we have aimed to improve systems and processes within NHS England (London) and the wider system. In relation to THSCBs the major challenge has been attendance by NHS England due to capacity issues.

4.3 Tower Hamlets Clinical Commissioning Group (CCG)

As a commissioning agency the CCG continually reviews the safeguarding arrangements of the providers we commission. Included within this are regular quality and performance reviews. Within the CCG safeguarding is at the heart of commissioning decisions where the CCG works to ensure safeguarding children is central to our plans and that we have effective processes in place to respond to national and local policy, any lessons learnt from serious case reviews/other learning reviews and Serious Incidents within Health and any safeguarding children challenges the NHS faces through the new landscape of multiple providers.

The following areas are the highlight of our activity in the report year:

The LSCB undertook a Section 11, Children Act 2004 audit of all partners, the CCG completed this audit and identified the following areas for actioning:

- TH CCG to develop a full response to the NHS England deep dive of safeguarding
- Develop a child friendly complaints information
- Ensure a generic statement for safeguarding children is in CCG job descriptions
- Ensure external safeguarding supervision for Designated Professionals (Doctor)
- Transformation Team will re-visit families surveyed as part of virtual ward project
- The CCG will put in place an integrated engagement policy for children and young people and commissioning
- CCG will hold providers to account on the requirement to consider the views and wishes of CYP they work with
- Formalise the induction programme for CCG to ensure safeguarding children is covered
- CCG to ensure Prevent leads are trained to required standard and have a number of WRAP trained trainers
- Ensure CCG oversight of safeguarding training is robust and improve CCG coverage
- CCG to take action to improve information governance across the children's partnership and to develop a plan to escalate breeches

NHS England deep dive into 'Safeguarding'
NHS England conducted a deep dive review of safeguarding in order to obtain a full and thorough view of Children's and Adult's safeguarding as part of the assurance of CCGs in 2015/16. The deep dive considered the well led component of assurance as well as the performance component, utilising the Safeguarding Accountability and Assurance Framework.

Tower Hamlets CCG Safeguarding Deep Dive Overall Findings

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

Training and support to General Practice
Via the Designated Professionals and Named GP the CCG have:

- Clarified level 3 specialist Safeguarding training requirements with providers and GPs
- Delivered Safeguarding specialist training for primary care linked to LSCB priorities
- Worked with Barts Health and GPs on a policy for management bruising in non-mobile babies in Primary and Secondary Care following a Serious Incident

Assessing the quality and depth of safeguarding arrangements within providers
The CCG routinely conduct 'Quality Visits' into the Health providers' service areas, in addition to these 'generic' visits the CCG also conduct safeguarding children specific 'Quality Visits' in response to safeguarding children related Serious Incidents or based on other intelligence which may indicate a concern.

The CCG conducted Safeguarding Quality Visits on the following:

- Paediatric A&E
- Radiology
- Paediatric outpatients

These visits raised the following issues:
1. Lack of Service specific safeguarding updates and access to external safeguarding training
2. The quality of the information received in relation to Non-Accidental Injury (NAI) cases (some cases lacked full history of concern.
3. Staff not keeping up-to-date with current national safeguarding agenda
4. Seeking the views of children and young people using the department; some departments reported the current trust method was not suitable for their department needs and are waiting to move from the Friends and Family Test (FFT) to 'I want great care' (iWGC)
5. Lack of access to the Child Protection–Information Sharing (CP-IS) due to non-compatable IT
6. Improving the Police liaison pathway with A&E (A&E spoke of an ad hoc relationship with the police when at the level of a constable, a more permanent arrangement with a identified officer with safeguarding expertise would improve this)
7. Increasing the capacity of key roles (A&E). The capacity of the A&E liaison role had reduced over the years when through put has increased, there is also a lack of senior medical cover at weekends
9. Front line teams not linking to the wider safeguarding governance structures
10. Lack of knowledge of and implementation of the Chaperone Policy

The CCG Safeguarding Children and Commissioning Group continues to be the forum to ensure safeguarding arrangements improve within the CCG and across the whole health economy. This group meets bi-monthly. The membership of this group held an away day in June 2015 where we reviewed

our risks and priorities and ensured alignment with the LSCB priorities, out of this the following priority areas were identified and informed the CCG safeguarding children work plan:

1. How to ensure safeguarding is embedded in all commissioning of services

2. Reviewing out of borough placements for LAC including:
   - The potential for high cost invoices to be paid by the CCG
   - How to monitor the on-going health issues beyond the health review, such as Mental Health and any physical disabilities

3. Review the provision for services for the vulnerable cohorts:
   - LAC
   - Children with disabilities
   - Vulnerable patients with mental health issues
   - Carers for children
   - CSE/harm prevention/FGM
   - Children excluded from school

4. Assess the CCG against the LSCB priorities

5. Responding to SCR's/Review

6. Reviewing safeguarding children's quality/KPI dashboard/accountability arrangements

7. Provider representation at the safeguarding committee meetings in order to seek assurance

8. Ensuring that safeguarding is embedded within primary care

9. Ensuring that we are engaging children and young people as service users

In addition the CCG through this group have:
- Revised the commissioning and procurement processes to ensure safeguarding aspects are built into the process from start to finish whether services are being commissioned or re-commissioned.
- Ensured oversight of all safeguarding children Serious Incidents (SIs), scrutinised the quality of these ensuing investigations and raised cases which have become SCRs for the LSCB as potential SCRs.
- Revised CCG policies to reflect changes in Working Together guidance
- Invited providers to attend the group to discuss their performance dashboard submissions.
- Monitored Barts Health in relation to CQC compliance and reported to the LSCB.
- Raised issues of not using secure email and compliance with consent when information sharing across LSCB partnership
- Assessed the implementation of chaperone policy in providers following the 2015 Bradbury enquiry in Cambridge.

Tower Hamlets CCG and its Looked After Children responsibilities
The CCG LAC Designated Professionals have attended meetings with Local authority colleagues in order to highlight and offer professional support for all LAC, and ensuring the health agenda is being met. Working in partnership has been shown to highlight the support for the LAC in ensuring that the LAC's health and wellbeing are kept in focus.

We have a Health Team who attend the LAC TRAC (case monitoring) meetings on a monthly basis. They are able to give the health and the commissioning perspective for the Looked After Children who are having their case reviewed with the Service Head Children's Social Care and the other professionals so this prevents 'drift' in cases which are seen as 'difficult'.

The providers have worked with the Children in Care Council to develop "Health passports" so that all young people preparing to leave care have access to essential information about their health. Funded by the CCG and promoted via a launch with Social Workers and promoted these passports along with the benefits.

We refined the dataset in consultation with the Children in Care Council to ensure that we were scrutinising aspects of their care, wellbeing and outcomes that were important to them.

We are attending the Tower Hamlets Corporate Parenting Board as full members and we are able to give the health prospective of the Looked After Child to the Councillors and other Board Members.

In order to quality assure the health assessments, we have developed a system whereby all health assessments carried out by outside agencies on our behalf for Tower Hamlets children and young people will be quality assured by the Designated Nurse in the CCG, and a dip sample of those carried out by our Provider LAC Nurses will also be scrutinised monthly for quality and thoughtfulness of the journey for the child.

New work streams are being looked at for CAMHS, Dental Health Assessments and the general Initial and Review Health Assessment pathways to streamline these processes to work better with the LAC child/young person and to enable a better child's pathway/journey.

The LAC Health Providers are required to monitor their responsiveness to requests for statutory health assessment from the Local Authority.

Performance is reported quarterly against Key Performance Indicators.

4.4 Barts NHS Trust

A strategic and operational safeguarding children governance structure is in place at Barts Health NHS Trust. The Barts Health integrated safeguarding assurance committee (ISAC) is chaired by the deputy chief nurse and monitors assurance and compliance by exception reporting from the hospital site safeguarding children committees. This committee reports to the Trust Quality

and Safety Committee, which is a sub-committee of the Trust Board. An annual board report is presented to the executive team.

The ISAC committee monitors key indicators for safeguarding children via the safeguarding children dashboard. There is representation at senior level from across the organisation. The hospital site safeguarding children committees are chaired by the hospital Directors of Nursing.

Following the 2015 CQC inspections of Barts Health hospitals, an external review of safeguarding children and adult's processes and governance was undertaken. The actions from this review are being embedded throughout the organisation and reported to the LSCB..

Royal London Hospital and Tower Hamlets Children's Community Health Services completed the Section 11 audit in January 2016 and through the challenge session a number of actions were agreed.

Training and supervision compliance, as specified in the Intercollegiate Document (2015) are monitored closely. The Royal London Hospital has had a number of quality assurance visits, from THCCG during the last year; this has included The Children's Hospital, radiology and Emergency Department. More are planned and learning from these events is being implemented.

4.5 Child and Adolescent Mental Health Service (CAMHS)

There have been a number of developments on the safeguarding agenda over the last year. Those developments have been driven by a number of factors, of which a few are listed below:

- Tower Hamlets Transformation Plan October 2015/Commissioners
- 2016-2019 Tower Hamlets Children and Families Plan/Family Wellbeing Model
- Learning from Tower Hamlets LSCB Serious Case Reviews and other reviews
- National/local reviews/strategies, e.g. Goddard Review, Violence against women and girls etc.
- CQC inspection 2016

Child and Adolescent Mental Health Service in Social Work Team
The Tower Hamlets Transformation Plan encourages partnerships between organisations in general. In addition, children's social care's organisational/financial review have led to the integration and co-location of specialist CAMHS into children's social care. Five clinicians from Tower Hamlets CAMHS will be integrated into children's social care from April 2016. All referrals of Children in Need, subject to a child protection plan and looked after children will undergo consultation with possible brief CAMHS intervention prior to case allocation. This will improve multi-agency planning for the child and ensure their therapeutic needs are embedded in this process.

Conduct/Forensic/Sexually Harmful Behaviour (SHB)
A number of serious and critical incidents have occurred in recent years involving homicides and suicides. A special interagency conduct network to target young men involved with youth crime, YOT, challenging behaviour and gangs was launched in September 2015, involving Specialist CAMHS, YOT, Pupil Referral Units, Special Schools and third sector services.
All PRUs and special schools now have embedded CAMHS workers.
A new Emotional & Behavioural Group focussing on externalising disorders has been set up and Forensic Pathway and a multiagency pathway for children who exhibit sexually harmful behaviour is currently being developed.

Child sexual abuse (CSA) and child sexual exploitation (CSE)
Following the 'Review of pathway following sexual assault for children and young people in London', conducted by the Havens and King's College Hospital London (Goddard et al., March 2015), a North East London steering group was set up in order to design and implement the new pathway for children and young people across NE London. An audit of CSA cases held in Tower Hamlets CAMHS is currently under way. CAMHS is represented on the Multiagency Panel for Sexual Exploitation (MASE) and participate in case planning, intervention and support provisions.

Parent training
CAMHS is represented on the Corporate Parenting Steering Group (CPSG). In addition to the parenting programme offered by the local authority's Parental Engagement Team, Tower Hamlets CAMHS has established a new parent training group in autumn 2015, based on the Non-Violent-Resistance (NVR) approach.

The last year saw significant capacity pressures caused by extraneous factors. These were the destabilising effects of a number of maternity leaves, Cchildren and young people's Improving Access to Psychological Therapies (IAPT) secondments, the transferring of 5 social workers to CSC, the withdrawal of £200k funding, an increase in the rate of referrals, and backfill recruitment drag. Despite these cumulative effects we have managed to achieve a 5 week plus or minus waiting time for routine referrals, and we are continuing with our modernisation and quality improvement plans. ELFT in East London underwent a CQC inspection week beginning 13/6 and TH CAMHS was visited on 16/6. Key KPI trends continue to be positive but DNA's still present a challenge (16% in Q4).

4.6 London Ambulance Service (LAS)

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.

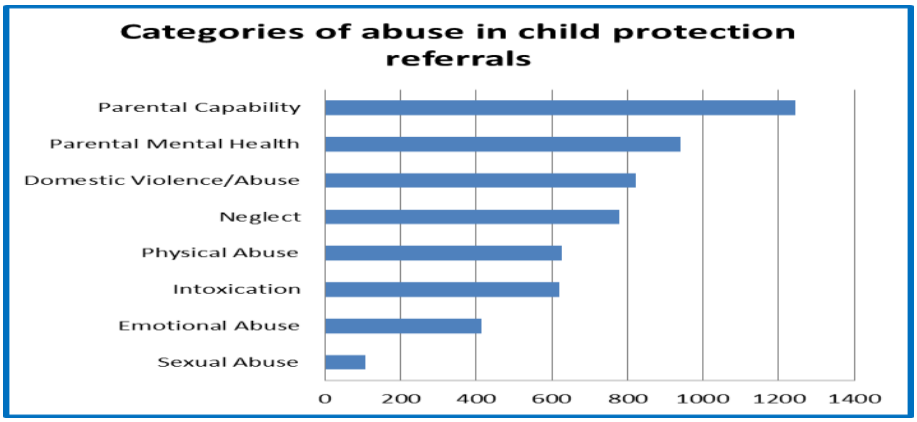
This report provides evidence of the LAS commitment to effective safeguarding measures during 2015/16. A full report along with assurance documents can be found on the Trusts website.

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.

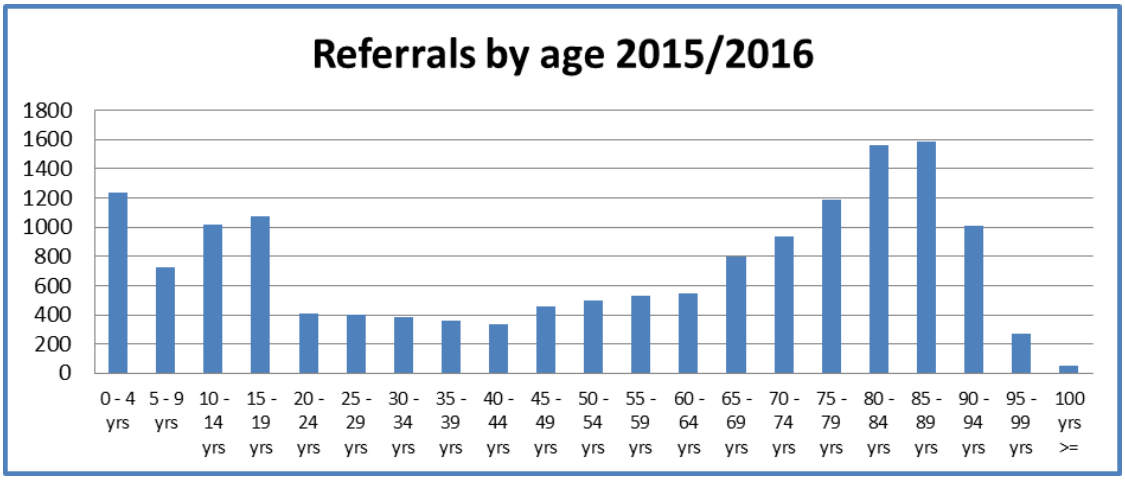
- 4561 children referrals, 4331 Adult Safeguarding Concerns, 8440 Adult welfare Concerns

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. This includes staff directly employed by the LAS as well as voluntary responders and private providers who we contract to work on our behalf.

The following training plan is in place:

- Emergency Operations Control (EOC) staff have safeguarding training planned for quarter 1 2016-17.
- Patient Transport Staff (PTS) will also receiving safeguarding training in quarter 1-2 2016.
- Temporary staff position is currently under review by LAS Executive Leadership Team.
- Trust Board training is arranged for May 2016 for those outstanding safeguarding training.
- All non-clinical staff will undertake Prevent awareness training in 2016.

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

4.7 Metropolitan Police – Sexual Offence, Exploitation and Child Abuse Command (SCO17)

The Metropolitan Police Service (MPS) has a dedicated Sexual Offences, Exploitation, Child Abuse Command (SOECAC). The Child Abuse Investigation Team (CAIT) functions are crime prevention, crime detection & to provide risk assessments. Whatever the function, *'the welfare of the child is paramount'* is always the primary consideration in any decision or action undertaken.

All allegations of crime within the scope of 'child abuse' (victims under 18) are recorded & investigated in co-operation with Local Authorities and other appropriate agencies.

Intra-familial abuse - This includes family and extended family defined as aunts; uncles; cousins; siblings including step, fostered, half brother and sister, grandparents, step grandparents, step mothers/fathers, long term partners in established relationships.

Professional abuse - Working in a child focused environment who abuse paid positions (e.g: teachers; sports coaches; youth workers; ministers; caretaker of a school; school cleaner; prison staff).

Other carers - Act as a carer with some responsibility for a child at the time of the offence (e.g: babysitters; voluntary groups like scouting, unpaid sports coaches, close personal family friends).

Non recent allegations - Adult victims if the abuse occurred whilst a child (under the circumstances described above).

Parental Abduction - Outlined in Section 1, Child Abduction Act 1984.
SUDI investigations - Sudden Unexpected Death in Infancy (children under 2 years old).

Review of Safeguarding Activity
CAIT attend the strategic Local Safeguarding Children Board and various subgroups. CAIT has strong working relationships with other safeguarding

partnership agencies. They also have a dedicated team of Police Staff deployed to represent the MPS at child protection case conferences and to produce reports for them.

CAIT has a dedicated Partnership Team which is centrally based that visits schools, agency professionals, faith groups and community groups. Their aim is to inform, educate and engage with hard to reach communities. This ensures the wider community are aware of legislation regarding issues such as FGM & forced marriage and further seek to prevent these crimes occurring.

The Continuous Improvement Team & Professional Standards Champion continues to evaluate the Command's contact with children, parents & carers to inform best practice and service delivery. Listening to children culminated in every MPS interview suite being upgraded in regards to the equipment installed and being furnished in a child friendly way. All suites now minimise any anxiety experienced by young people whilst furnishing their evidence & also optimise the quality of evidence recorded.

Police have implemented Operation Limelight involving officers from CAIT, aviation & security, and Border Agency staff. This is to tackle the emerging prevalence of FGM. Staff engage with passengers travelling to & from countries with a high incidence & culture of FGM. This is to target suspects involved in this practice, protect children at risk and to raise FGM awareness.

All investigations are subject to risk assessments with comprehensive research conducted. This ensures any direct or potential risk to children can be managed and strategies implemented.

CAIT tailors its response from any learning disseminated from local & national Serious Case Reviews. All relevant agencies engage in these reviews which ensure agencies' priorities and procedures are adapted when necessary.

Tower Hamlets CAIT are set MPS key performance indicators to prioritise safeguarding as core to their business. The figures below relate to Tower Hamlets, Hackney & Newham as this is a brigaded team.

1st April 2015 to 31st March 2016

	Offences	Detections
All Offences	1520	288 (19.0%)
Rape	71	13 (18.3%)
Other Serious Sexual Offences	144	23 (16.0%)
Violence with Injury	101	45 (44.6%)
Neglect	282	86 (30.5%)
▪ The crimes not listed above include less impact offences such as common assaults and other crime related incidents.		
▪ Initial Child Protection Case Conferences - 91% attended.		
▪ Strategy Discussions - 1650 of which 961 were conducted within 24 hrs (58.2%)		

A further 51 offences resulted in Community Resolutions being administered as positive outcomes, which increased the overall detection rate to **22.3%**

The Detection rate for all offences and individual offences exceeded the targets set.

Priorities and targets are set for all pan London CAITs to ensure children are protected and safeguarded. These are centred on detection rates, adhering to the Victim's Code of Practice, strategy discussions, case conference attendance & acquiring Sexual Harm Prevention Orders.

Senior officers and front line staff are regularly held to account regarding these objectives. This occurs on a daily basis and is cemented by formal meetings. A challenge continues to be acquiring additional staff to cater for the year on year rise in reported offences.

4.8 Metropolitan Police – Borough Public Protection Unit (BOCU)

Tower Hamlets police is committed to working with our partners in order to prevent crime and protect vulnerable people. At both the strategic and operational levels we are active members of numerous multi-agency forums in the borough, of which the Safeguarding Children Board is one. Others include the Violence against Women and Girls and Multi-agency Sexual Exploitation panels, the latter of which is co-chaired between the police and children's social care. The LSCB itself is well-supported at senior level, with the Borough Commander sitting on the Board and Executive Group.

Tower Hamlets police play an integral role in the partnership response to child sexual exploitation, missing children, prevent and radicalisation as well as domestic violence, wider child protection and other safeguarding issues. We take our safeguarding responsibilities seriously, and have invested in a dedicated CSE team, Missing Persons Unit, MASH and Prevent / Counter terrorism capability, and a well-resourced Community Safety Unit. The links between missing from home, missing education, domestic abuse, CSE and gangs are recognised, and our officers work closely across units to provide a holistic response. The borough has also recently created the post of Youth Inspector, bringing Schools Officers, the Youth Offending and Gangs teams under one umbrella, in recognition of the challenges facing our young people and the need to help them to make the right choices. Serious Youth Violence remains a significant concern, and our Youth Inspector is currently exploring opportunities with both statutory and non-statutory partners, including the voluntary sector, to identify, educate, support and where necessary divert the most vulnerable groups and individuals.
Our teams have forged strong relationships with Children's Social Care and other partners, and take pride in delivering a high quality service.

We have had a number of successes in the past year,which include:

- Positive interventions in over 30 child sexual exploitation cases and the disruption of perpetrators, including a recent charge of grooming and sexual activity with a child
- Operation Forks. A proactive investigation into CSE activities at a shisha bar where we were able to obtain evidence for a closure notice and as a result the premise was closed down.
- The ongoing roll out of Operation Makesafe, including to children's homes and youth clubs
- An 8% reduction in knife crime offences (financial year to date) compared to 2014-15.

Our core priorities for next year are:

- Violence including Domestic Abuse
- Anti-Social Behaviour
- Safeguarding and Child Sexual Exploitation
- Terrorism

The borough's perfomance is subject to regular internal scrutiny, with senior officers held to account. The Metropolitan Police Service has also recently undergone an inspection by HMIC in relation to child safeguarding. The full results of that inspection await. Tower Hamlets police will act upon any learning identified, with a view to continuous improvement.

4.9 Voluntary Sector

The Voluntary Sector working with children, young people and their families in Tower Hamlets comprises hundreds of organisations; 260 of which are members of the Voluntary Sector Children and Youth Forum (VSCYF), a network hosted by Volunteer Centre Tower Hamlets.

The LSCB and VSCYF continued to promote the national Safe Network Standards and the self-assessment audit tool as a useful resource for the voluntary sector. It sets the standards for this sector to operate safely and is section 11, Children Act compliant. The Voluntary Sector Children and Youth Forum Coordinator supported 7 organisations to audit their safeguarding policies and procedures and ensure they are up-to-date and suitable for the activities the organisations provide.

A training course was held for voluntary sector organisations which focused on writing policies and procedures and safeguarding tools. Workshops on Preventing Violent Extremism and Radicalisation, e-safety and the Family Wellbeing Model were held as part of a rolling programme of themed workshops for the voluntary sector.

The voluntary sector organisations that have completed Safe Network audits and training workshops have reported that they have more robust procedures in place that ensure that they can take appropriate actions to keep children and young people safe. They have improved systems and communication and

have therefore found that their members of staff and volunteers are much better informed and confident when it comes to safeguarding matters, are more aware in terms of safer recruitment, and vigilant in managing everyday behavioural issues with children and young people. As a result, their support to children and young people when a safeguarding issue arises is timely, sensitive and appropriate.

Awareness of safeguarding, in particular LSCB priority areas, has been raised through eBulletins, emails, VSCYF meetings and workshops. Support or resources on keeping children and young people safe against extremism and radicalisation, Preventing Gang and Youth Violence: Spotting Signals of Risk and Supporting Children and Young People, Working effectively to address Child Sexual Exploitation, Safeguarding for Trustees Road Safety Week 2015, National Burn Awareness Day, Disqualification by Association and DBS updates on ID and overseas applicants have been disseminated, alongside information on Tower Hamlets' Local Safeguarding Children Board's website and findings from Serious Case Reviews. This has been supported by the LSCB Chair attending Voluntary sector forum meetings to disucss safeguarding priorities.

This promotion of information and resources communicates a continued need to keep safeguarding high on organisations' agenda, enabling them to promote an ethos of support to children and young people whilst providing a swift response where needed.

5. Section 5: Priorities for 2016-2017

The LSCB held a development session in February 2016 to reflect and share learning from 2015/16 and to plan for 2016/17. Partners heard from each other about challenges and priorities for the coming year and the Chair of the Learning and Workforce Development sub-group led a session on systemic learning and double-loop learning.

Looking forward to 2016/17 and beyond, all agencies continue to be subject to diminishing resources, budget cuts and reorganisation. However, at a time of significant change, the LSCB acknowledges that our challenges can also be an opportunity to look at and improve our local safeguarding arrangements. Despite reductions in funding we want our children to continue to be kept safe and their families supported across the safeguarding continuum.

The Children and Families Plan (2016-19) was also developed during the year abd this involved consultation led by the Children and Families Partnership with the LSCB and otherkey stakeholders. The new plan sets out how families will be supported over the next three years and the LSCB will take forward the priorities in the 'Free from Harm' section as part of its core business.

Our priorities for 2016/17 are:

Priority 1	• **Early Help and Early Identification**
Priority 2	• **Radicalisation and Extremism**
Priority 3	• **Child Sexual Exploitation and Missing Children**

We have identified fewer prioritities this year compared to previous years, but these there priorities are the areas we want to focus our attention on in the coming year and make a real difference. All LSCB partner agencies are signed up to these three priorities.

In conjunction with the sub-group chairs a comprehensive work plan will be developed against the above priorities, incorporated in to the overarching THSCB business plan and delivered in partnership with key agency leads across the local authority, health, education, police, voluntary sector, lay members and others.

We will report what we have achieved, what we need to improve and the difference we made to the lives of children, young people and their families in next year's THSCB annual report.

Appendix 1 – LSCB Board Membership (correct as of 31.03.16)

NAME	ROLE	CONTACT
Alex Nelson	Voluntary Sector Children & Youth Forum Coordinator	alex@vcth.org.uk
Alexandra Law	Nursery School Heads Forum Rep (Harry Roberts Nursery)	head@harryroberts.towerhamlets.sch.uk
Borough Commander	Borough Commander, Met Police Tower Hamlets Deputy rep	 Simon.dilkes@met.pnn.police.uk
Andy Bamber Shahzia Ghani	Service Head - Safer Communities – LBTH Deputy rep	Andy.bamber@towerhamlets.gov.uk Shahzia.ghani@towerhamlets.gov.uk
Ann Roach	Service Manager, Child Protection & Reviewing - LBTH	Ann.roach@towerhamlets.gov.uk
Anthony Walters	Transformation Manager & QA& P Subgroup Chair - LBTH	Anthony.walters@towerhamlets.gov.uk
Cathy Smith	Secondary School Heads Rep (Bow Secondary School)	smithc@bow-school.org.uk
Chris Hahn	Interim Named Nurse for Safeguarding Children - BHT	Christopher.hahn@bartshealth.nhs.uk
Claire Belgard Hasan Faruq	Interim Service Head – Youth & Community Service – LBTH Deputy Rep	Claire.belgard@towerhamlets.gov.uk Hasan.faruq@towerhamlets.gov.uk
Clare Hughes	Lead Named Nurse for Safeguarding Children - BHT	Clare.hughes@bartshealth.nhs.uk
Cllr Rachael Saunders	Lead Member for Children's Services	rachael.saunders@towerhamlets.gov.uk
Debbie Jones	Corporate Director, Children's Services – LBTH	debbie.jones@towerhamlets.gov.uk
Diane Roome	Lay Member	-/-
Emma Tukmachi (Dr)	GP Representative Tower Hamlets CCG	emmatukmachi@nhs.net
Esther Trenchard-Mabere	Associate Director of Public Health	Esther.trenchard-mabere@towerhamlets.gov.uk
Hanspeter Dorner Hanspeter Dorner	ELFT CAMHS Rep Deputy Rep	Hanspeter.dorner@elft.nhs.uk hanspeter.dorner@elft.nhs.uk
Jackie Odunoye	Service Head, Housing & RSL Rep	Jackie.odunoye@towerhamlets.gov.uk
Jan Pearson	Associate Director for Safeguarding Children - ELFT	Jan.pearson@elft.nhs.uk

NAME	ROLE	CONTACT
Julia Hale (Dr)	Designated Doctor, Tower Hamlets CCG	julia.hale@bartshealth.nhs.uk
Keith Paterson (DCI)	Met Police Service – Child Abuse Investigation Team	keith.paterson@met.police.uk
Layla Richards	Service Manager Policy, Programmes & Community Insight - LBTH	layla.richards@towerhamlets.gov.uk
Lucy Marks	Chief Executive Compass Wellbeing CIC	Lucy.marks@nhs.net
Douglas Charlton	Head of Stakeholder & Partnerships Community Rehabilitation Company (London)	Douglas.charlton@london.probation.gsi.gov.uk
Maggie Buckell Archna Mathur	Tower Hamlets CCG Rep Deputy Rep	Maggie.buckell@towerhamletsccg.nhs.uk Archna.mathur@towerhamletsccg.nhu.uk
Marian Moore	Service Manager for Tower Hamlets, NSPCC	Marian.moore@nspcc.org.uk
Nasima Patel	Service Head – CSC, LBTH	nasima.patel@towerhamlets.gov.uk
Neherun Nessa Ali	Lay Member	-/-
Nick Steward	Director of Student Services Tower Hamlets College	Nick.steward@tower.ac.uk
Nikki Bradley, MBE	Service Manager, YOS and Family Interventions/Troubled Families LBTH	Nikki.bradley@towerhamlets.gov.uk
Rob Mills	Nurse Consultant for Safeguarding Children & Designated Nurse, Tower Hamlets CCG	rob.mills@towerhamletsccg.nhs.uk
Sandra Reading	Director of Midwifery & Nursing (RLH), Barts Health NHS Trust	sandra.reading@bartshealth.nhs.uk
Mike Hirst	Primary School Heads Forum Rep (Seven Mills)	head@sevenmills.towerhamlets.sch.uk
Sarah Baker	Independent LSCB Chair	sarah.baker@towerhamlets.gov.uk
Stuart Webber	Head of Safeguarding Hackney, City of London and Tower Hamlets National Probation Service	Stuart.Webber@probation.gsi.gov.uk
Phyllis Dyer	CAFCASS Rep Head of Service for London Public Law	Phyllis.dyer@cafcass.gsi.gov.uk
Sarah Williams	Legal Services – LBTH	sarah.williams@towerhamlets.gov.uk

NAME	ROLE	CONTACT
Terry Parkin	Interim Service Head, Learning & Achievement - LBTH	terry.parkin@towerhamlets.gov.uk
Tom Strannix	Voluntary Sector Representative – Manager, Place2Be	Tom.strannix@place2be.org.uk
Tracey Upex	Deputy Borough Director – Tower Hamlets, ELFT	tracey.upex@elft.nhs.uk
Vanessa Lodge	NHS England (London) Representative	vlodge@nhs.net
Will Tuckley	Chief Executive - LBTH	Will.tuckley@towerhamlets.gov.uk

Appendix 2 - Terms of Reference for the Tower Hamlets Local Safeguarding Children Board

October 2011 (updated August 2015)

Overall purpose

The Local Safeguarding Children Board (LSCB) established through the Children Act 2004 Section 14.1, is a statutory mechanism for agreeing how the relevant organisations in each local area will co-operate to safeguard and promote the welfare of children, and for ensuring the effectiveness of what they do.

Working Together to Safeguard Children, Chapter 3 (DfE 2015), sets out in detail guidance for LSCBs and their member organisations to follow regarding their role, functions, governance and operational arrangements. The LSCB should coordinate what is done by each person or body represented on the Board and ensure the effectiveness of work undertaken by member organisations through a variety of mechanisms including peer review, self-evaluation, performance indicators and joint audit.

The broad scope of the LSCB is to address:

- Activity that affects all children and aims to identify and prevent maltreatment or impairment of health or development, and ensure children are growing up in circumstances consistent with safe and effective care
- Proactive work that aims to target particular groups
- Responsive work to protect children who are suffering, or likely to suffer, significant harm

Budgets responsible for

To function effectively, the LSCB needs to be supported by its member organisations with adequate and reliable resources*. The LSCB budget is funded by contributions made by the Police, Health Agencies (Community, Acute and Mental Health), Probation, CAFCASS, Children's Social Care and Local Authority other. It is the expectation that the majority of funds will be provided by these core partners. The LSCB budget and the statutory contribution** (s15, CA04) made by each member organisation should be reviewed and agreed on an annual basis at the end of the financial year by the Independent LSCB Chair and the LSCB Partners Group.

* *Working Together 2015 states the financial burden of supporting the LSCB to deliver its core functions should not fall on a small number of partner agencies (chapter 13, para 19)*

** *Contribution is considered to be financial payments towards expenditure incurred or in kind through the provision of staff, goods or services.*

Legal Agreements

The LSCB may request personal or other information subject to the Data Protection Act. Currently, Tower Hamlets' LSCB adheres to the scope outlined in the *Information Sharing Guidance for Practitioners and Managers* (DCSF 2015), the North East London Information Sharing Protocols and local MASH Information Sharing Protocol.

Information sharing with the LSCB has been strengthened with the passage of the Children and Families Bill, which makes provisions for compliance with LSCB requests for 'appropriate' information to be disclosed in order to assist it in the exercise of its functions *(ref: Working Together 2015, Chapter 3, Paragraph 22)*

LSCB is accountable to

Tower Hamlets' LSCB is accountable for its work to

- The local community
- Constituent agencies
- Overview and Scrutiny Committee
- Secretary of State

Who is accountable to the LSCB?

The following are accountable to the LSCB in relation to the discharge of responsibilities in safeguarding children:

- Children and Families Partnership (in relation to safeguarding activity)
- Health and Wellbeing Board
- MARAC
- MAPPA
- LSCB Partners Group
- LSCB Subgroups:
  - Child Death Overview Panel
  - Case Review / Serious Case Review
  - Performance & Quality Assurance
  - Learning & Development
  - Awareness Raising & Engaging Communities
  - Child Sexual Exploitation

LSCB Core Functions:

The core functions of an LSCB are set out in regulations and are:

- Developing policies and procedures for safeguarding and promoting the welfare of children, including those on:
  - action taken where there are concerns about the safety and welfare of a child, including thresholds for intervention;
  - training of people who work with children or in services affecting the safety and welfare of children;
  - recruitment and supervision of people who work with children;
  - investigation of allegations concerning people who work with children;
  - safety and welfare of children who are privately fostered;
  - co-operation with neighbouring children's services authorities (i.e. local authorities) and their LSCB partners;
- Communicating and raising awareness;
- Monitoring and evaluation;
- Participating in planning and commissioning;
- Reviewing the deaths of all children in their areas; and
- Undertaking Serious Case Reviews

Additional LSCB Tasks:

- To audit and evaluate the effectiveness of local services in protecting and promoting the welfare of children

- To establish standards and performance indicators for the protection of children as required by DfE and within the framework set out in the Children and Young People's Plan

- To encourage and support the development of cooperative working relationships and mutual understanding between agencies and professionals with responsibilities for the welfare and protection of children as identified with the London Child Protection Procedures and the THIS Child

- Participate in the local planning and commissioning of children's services to ensure that they take safeguarding and promoting the welfare of children into account

- To use knowledge gained from research and national and local experience to develop and improve practice and service delivery and to ensure that lessons learned are shared, understood and acted on

- To raise awareness within the wider community of the need to safeguard children prevent harm and explain how the community can contribute to these objectives

- To ensure that single agency and multi-agency training on safeguarding and promoting welfare is provided in order to meet local needs. This covers both training provided by single agency to their staff and multi-agency training where staff from more than one agency train together.

Decision-Making Powers

The LSCB Main Board, consisting of its entire member organisation holds the final mandating authority and will be sought to make key local decisions relating to safeguarding and protection of children.

Outputs

There may be some exceptions, but outputs should include:

- LSCB Annual Review
- Multi-agency case and thematic audits
- Bi-annual Section 11 audits
- Annual Safeguarding Conference
- Annual Budget
- Annual Awareness Raising Campaign

Membership

The LSCB Membership is reviewed annually (see Appendix 1 for full list).

Expectation of Chair and Members

Chair
The Chair is responsible for providing effective leadership of the Board. He/she has a crucial role in securing an independent voice for the LSCB and should have the confidence of all partners.

The Chair and members of the Board are expected to:

- Read papers in advance of meetings, respond to emails and other communications in relation to the work of the LSCB
- Attend meetings, or provide a suitable deputy by notifying the Chair in advance and obtaining agreement (deputy should be consistent)
- Participate in meetings and vote on decisions as a representative of their organisation or stakeholder group
- Feedback relevant information to their group or organisation
- Represent and promote the work of the LSCB
- Ensure knowledge of national and local safeguarding developments are kept up to date, including their child protection/safeguarding training

Meeting Frequency

Bi-monthly – January, March, May, July, September, November
An extraordinary meeting may be added during the year, if necessary

Support

The LBTH Policy, Programmes and Community Insight Team provide business and policy support for the Board including:

- Arranging meetings
- Planning and writing papers
- Coordinating Board papers
- Writing and circulating minutes
- Advising on key policy developments

Relationships and links with other Strategic Bodies

Children and Families Partnership*
Community Safety Partnership
Health and Wellbeing Board
London Safeguarding Children Board

* *Memorandum of understanding/ Protocol developed between the LSCB Main Board and CFPB*

Appendix 3 – Executive Business Group: Terms of Reference

Context:

THSCB agreed in November 2015 to re-establish the LSCB Executive Group in to its governance structure and act the strategic management body on behalf of the Board.

Agreed Terms of reference:

1. To ensure compliance with the Children Act 2004 and Working Together to Safeguard Children Guidance (2015) regarding the functioning of the board

2. To alert the LSCB to any matters requiring their attention, including the need for serious case reviews, identified safeguarding risks for agency mitigation

3. To agree which key national, regional and local issues or consultations the LSCB will respond to

4. To ensure more emphasis is placed on responding to outcomes of local and national reviews

5. To influence the LSCB Board agenda, commissioning work required and ensuring that clear solutions and/or proposals have been formulated for items taken to the Board

6. To oversee the production of an annual report reflecting the achievements of the LSCB partnership, identify areas for improvement and identify its future priorities

7. To performance manage the LSCB through its systems, processes and impact i.e.
   - Business Plan
   - Budget
   - Risk
   - Performance dashboard
   - Quality assurance activity
   - Serious case/thematic review improvement plans

8. To commission targeted work on behalf of the LSCB which fall outside the remit of its subgroup work streams

9. To ensure Partners' commissioning strategies include robust arrangements for safeguarding children

10. To develop and maintain the LSCB risk/issues register and identify mitigating actions

11. To identify potential joint working areas with the safeguarding adults board to facilitate a proactive interface between both boards

Membership

LSCB – Chair and business support
LBTH – Children's Services
Met Police – Borough
Met Police - CAIT
Tower Hamlets CCG
National Probation Service (Borough)

Additional board members will be requested to attend as and when required

Quorum

Two out of the three statutory agencies to be present to ensure full quoracy

Frequency of Meeting

The Executive Group will meet four times per year (quarterly) – Jan, April, July, Oct

Charing and minutes

The independent chair of the LSCB will chair the Executive Group and will be supported by the LSCB business manager, LSCB administrator and other functions of the Policy, Programmes and Community Insight Service (LBTH).

Appendix 4 – LSCB Budget - Income and Expenditure 2015-16

A) Partner Contributions for 2015-16

Police	5,000	Fixed Pan-London
Probation	2,000	Fixed Pan-London
ELFT	2,500	
CAFCASS	550	Fixed Nationally
CCG	15,000	
BHT	3,000	
NHS England (London)	0	
CSC	15,000	
London Fire Brigade	500	Fixed Pan-London
Total Annual Contribution 2015-16	**43,550**	

B) Local Authority – Staff Annual Costs* (with on-costs)

	Actual 2015-16
LSCB Business Management (full time)	58,896
LSCB Adminstrator (part time)	20,801
Total	**79,697**

** LSCB staff costs are funded by Tower Hamlets Core Budget*

C) THSCB - Recurring Variable* Annual Costs

	Recurring Variable
Hospitality	416
Training/Conference (attendance)	0
Comensura Surcharges	314
THSCB Chair (30 days p/a)	27,945
Case Review Group: Serious Case Review x 2 SCR Learning Dissemination Events (room hire & hospitality) Non-SCRs (thematic) x 1	 23,075 3,644 67,621
Contribution for THSCB Training Programme	7,000
Total Expenditure	130,015

***** *Annual expenditure linked to LSCB planned and unplanned acitivities*

D) Summary of THSCB Budget and overall spend:

OverallTotal LSCB Spend (B+C)	209,712
Partner Contributions (A)	- 43,550
LSCB Shortfall (covered by Local Authority)	**166,162**

Appendix 5 – LSCB Performance for 2015-16

Children in Need							
Source	**Description**	**2012/ 2013**	**2013/ 2014**	**2014/ 2015**	**2015/ 2016**	**England Average**	**Statistical Neighbours**
LOCAL1	Referral rate per 10,000 of the children & young people (C&YP) population	426.7	431.7	443.8	**529.0**	573.0	594.0
APA SS6	Percentage of Referrals that were repeat referrals	9.6%	10.6%	10.0%	**9.1%**	23.4%	15.8%
N07	Rate of assessments per 10,000 of the C&YP population	413.6	410.8	331.8	**336.0**	355.7	152.7
N14	Assessments completed within 45 days or less from point of referral	74.8%	75.8%	85.1%	**58.3%**	82.3%	71.9%
Child Protection							
Source	**Description**	**2012/ 2013**	**2013/ 2014**	**2014/ 2015**	**2015/ 2016**	**England Average**	**Statistical Neighbours**
-/-	Rate of Children Subject of a Child Protection Plan per 10,000 at 31 March	58.2	55.6	51.0	**50.1**	42.1	42.1
N08	Section 47 (child protection) enquiries rate per 10,000 C&YP population	190.2	167.0	162.1	**232.7**	124.1	121.8
N13	Initial Child Protection Case Conferences – rate per 10,000 C&YP population	63.9	57.4	62.1	**65.3**	56.8	60.3
N15	Initial Child Protection Case Conferences convened within 15 days from point Child Protection Strategy meeting held	59.1%	52.2%	58.2%	**73.7%**	69.3%	61.9%
N17 (Formerly NI 64)	Percentage of Child Protection Plans lasting two years or more at 31 March and for child protection plans which have ended during the year.	10.1%	7.1%	11.4%	**5.1%**	4.5%	4.8%
N18	Percentage of children becoming the subject of Child Protection Plan for a second or subsequent time	14.5%	17.9%	15.2%	**13.0%**	15.8%	16.7%
N20 (6 months Rolling Year)	Percentage of cases where the lead social worker has seen the child in accordance with timescales specified in the CPP.	N/A	65.4%	54.5%	**51.0%**	69.0%	58.4%

NI 67	Percentage of Child Protection Reviews carried out within statutory timescale	98.0%	97.6%	94.9%	**91.3%**	94.6%	97.4%
APA SS13	Percentage of children with CP plans who are not allocated to a Social Worker	0.0%	0.3%	0.0%	**1.0%**	N/A	N/A
LOCAL2	Percentage of LADO cases resolved in 30 days or less	74.1%	69.6%	69.0%	**67.0%**	N/A	N/A
Looked after Children							
Source	**Description**	**2012/ 2013**	**2013/ 2014**	**2014/ 2015**	**2015/ 2016**	**England Average**	**Statistical Neighbours**
-/-	Rate of Looked After Children per 10,000 as at 31st March	53.0	55.0	44.0	**47.3**	60.0	70.0
LACP01 (Formerly NI 62)	Percentage of CLA with three or more placements	11.2%	11.0%	9.7%	**11.1%**	11.0%	12.0%
LACP02 (Formerly NI 63)	CLA under 16, looked after for 2.5 years or more and in the same placement for 2 years	69.6%	79.0%	87.0%	**80.6%**	67.0%	68.0%
LACP04	The percentage of children looked after who went missing from care during the year as a percentage of all children looked after during the year (new definition)			5.1%	**8.1%**	N/A	N/A
PAF C63	CLA who participated in their review	98.4%	88.6%	92.4%	**89.4%**	N/A	N/A
NI 66	CLA cases which were reviewed within required timescales	96.4%	89.9%	85.5%	**65.0%**	N/A	N/A
APA SS(LAC)5	Percentage of CLA with a named Social Worker	99.0%	98.2%	99.3%	**98.3%**	N/A	N/A
PAF C19	Percentage of CLA >12 months who had an annual Health and Dental check	85.6%	91.5%	89.8%	**68.0%**	86.4%	90.7%
PAF C19	Percentage of CLA>12 months whose Immunisations were up to date	79.7%	78.5%	88.2%	**N/A**	N/A	N/A
Care Proceedings							
Source	**Description**	**2012/ 2013**	**2013/ 2014**	**2014/ 2015**	**2015/ 2016**	**England Average**	**Statistical Neighbours**

N22	Number of C&YP (per 10,000) aged 0-17 years who are the subject of an application to court in the past 6-months (including care & supervision orders)	N/A	N/A	N/A	**N/A**	N/A	N/A
A08	Average length of care proceedings locally (weeks)	53	42	35	**29**	30	35

Leaving Care

Source	Description	2012/ 2013	2013/ 2014	2014/ 2015	2015/ 2016	England Average	Statistical Neighbours
LACLC02 (Formerly NI 148)	The proportion of young people aged 19 who were looked after aged 16 who were not in employment, education or training	N/A	28.0%	38.5%	**50.0%**	38.0%	32.8%
LACLC03 (Formerly NI 147)	The proportion of young people aged 19 who were looked after aged 16 who were in suitable accommodation	N/A	67.6%	86.1%	**100.0%**	77.8%	82.3%

Education

Source	Description	2012/ 2013	2013/ 2014	2014/ 2015	2015/ 2016	England Average	Statistical Neighbours
LACATT01	The percentage of children looked after continuously for 12 months who achieved at least level 4 at Key Stage 2 in both English and mathematics	71.0%	62.0%	62.0%	**N/A**	48.0%	51.8%
LACATT02 (Formerly NI 101)	Percentage of CLA who achieved 5 A*-C GCSEs (incl. English & Maths)	25.0%	11.5%	11.5%	**N/A**	12.5%	18.5%

Child Sexual Exploitation

Source	Description	2012/ 2013	2013/ 2014	2014/ 2015	2015/ 2016	England Average	Statistical Neighbours
MPS Database	Child Sexual Exploitation - Suspicion (Rate per 10,000)	N/A	N/A	10.0	**11.5**	N/A	3.5
MPS Database	Child Sexual Exploitation - Crime (Rate per 10,000)	N/A	N/A	3.8	**2.9**	N/A	1.2
MPS Database	Child Sexual Exploitation - Intervention / Disruption (Rate per 10,000)	N/A	N/A	5.9	**4.8**	N/A	2.5
MPS Database	Child Sexual Exploitation - Detection (Rate per 10,000)	N/A	N/A	0.6	**0.7**	N/A	0.1

Appendix 6 - GLOSSARY

BASHH	British Association for Sexual Health and HIV
BHT	Barts Health Trust
CA04	Children Act 2004
CAF	Common Assessment Framework
CAG	Clinical Academic Group
CAIT	Child Abuse Investigation Team
CAMHS	Child and Adolescent Mental Health Service
CCG	Clinical Commissioning Group
C&F ACT 2014	Children & Families Act 2014
CHAMP	Child & Adolescent Mental Health Project
CLA	Children Looked After
CME	Children Missing from Education
CPS	Crown Prosecution Service
CSC	Children's Social Care
CSE	Child Sexual Exploitation
CSP	Community Safety Partnership
CQC	Care Quality Commission
DCOS	Disabled Children Outreach Service
DHR	Domestic Homicide Review
DV&HCT	Domestic Violence and Hate Crime Team
ED	Emergency Department (A&E)
ELFT	East London Foundation NHS Trust
FGM	Female Genital Mutilation
FNP	Family Nurse Partnership
IPST	Integrated Pathways & Support Team
LAC	Looked After Child
LADO	Local Authority Designated Officer
LCS	Leaving Care Services
LSCB	Local Safeguarding Children Board
MARAC	Multi-Agency Risk Assessment Conference
MASE	Multi-Agency Sexual Exploitation (Panel)
MASH	Multi-Agency Safeguarding Hub
MPS	Metropolitan Police Service
NICE	National Institute for health and Care Excellence
NSPCC	National Society for the Prevention of Cruelty to Children
NTDA	National Trust Development Agency
PFSS	Parent and Family Support Service
PVE	Preventing Violent Extremism
RLH	Royal London Hospital
SAB	Safeguarding Adults Board
SCR	Serious Case Review
SEND	Special Education Needs and Disabilities
SI	Serious Incident
SIP	Social Inclusion Panel
SoS	Signs of Safety
TH	Tower Hamlets
THSCB	Tower Hamlets Safeguarding Children Board
VAWG	Violence Against Women and Girls
WT15	Working Together 2015

KEEPING CHILDREN SAFE IN TOWER HAMLETS 2015-16

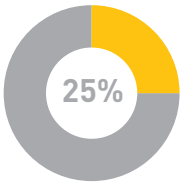
The Local Safeguarding Children Board is here to help keep children and young people free from abuse or neglect.

Tower Hamlets Safeguarding Children Board

POPULATION

284,000
We have the fastest growing population in the country

53% of state school pupils are eligible for free school meals

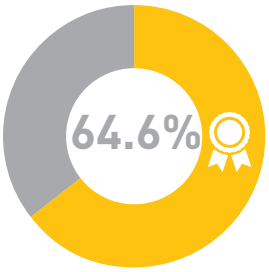


25% of our population are under 19

49% of children are living in poverty. Compared to London average of 37%

EDUCATION

64.6% of children achieved 5 grade A*- C passes including English and Maths, compared to the national average of 57.3%



84% of 11 year olds exceeded the national average for reading, writing and maths. The national average is 80%.

VULNERABLE CHILDREN

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

The rate of children subject to a child protection plan per 10,000 population is 50.1. The percentage of children subject to child protection plan by category are:
Emotional Abuse **49%**
Neglect **28%**
Physical Abuse **19%**
Sexual Abuse **3%**
Multiple Abuse **1%**

Children living with domestic violence is the most common reason why children become subject to a child protection plan (emotional abuse)

HEALTH

77.5 years – life expectancy for a man vs. 79.4 years national average

82.6 years – life expectancy for a woman vs. 83.1 years national average

45% of five year old children experienced tooth decay compared to 28% nationally

9.3% of babies born have a low birth weight compared to 7.7% in London

22.5% of children aged 4-5 years are obese compared to 21.9% nationally

A SAMPLE OF THE BOROUGH

If you took a sample of 10,000 children in the borough, you would find:

529 would be referred to Children's Social Care in a year, compared to 594 in London

8.3% referrals required no further action compared to 13.8% for England. This suggests appropriate support at the point of contact.

53 children would be looked after, compared to 70 in London

50.1 children would be subject to a child protection plan compared to 42 across England

779 children in need would get help and support from Children's Social Care, compared to 702 across London

ACTIVITY OVER THE LAST YEAR

COMMUNITY WORK

2 female genital mutilation (FGM) community mediators appointed

4 specialist FGM child protection advisors appointed

87 children were identified and accessed FGM specialist support

40 community events reached **142** women, **120** men and recruited **20** peer champions to deliver FGM preventative messages

FGM training in schools reached

480 girls
180 boys
200 school staff

PRIORITIES FOR 2016-17

Priorities for next year will continue to focus on improving our work in the following areas:

1. **Early Help and Early Identification**
   Ensure we are working well to provide the right help at the right time
2. **Radicalisation and Extremism**
   Improve our knowledge, practice and multi-agency response to children and young people at risk
3. **Child Sexual Exploitation and Missing Children**
   Ensure we have effective arrangements in place to support victims and perpetrators of sexual exploitation and those at risk of serious youth violence.

LEARNING FROM SERIOUS CASE REVIEWS:

The LSCB has completed one serious case review this year. The findings suggest professionals need to:

- Learn more about emotional abuse & neglect experienced by young and older children and how this impacts on their behaviour and relationships

- Recognise harmful sexual behaviour earlier in childhood
- Work better with parents who are harder to engage
- Help children living outside Tower Hamlets receive the therapeutic support they need

The LSCB analysed learning from all case reviews completed in the last four years. These suggest professionals working with children need to know more about:

- Fractured family relationships
- Violence from children towards parents and siblings
- Impact of childhood trauma on later life
- Vulnerable children becoming dangerous adolescents

For more information, visit www.lscb-towerhamlets.co.uk

Health and Wellbeing Board Tuesday 18 October 2016	Tower Hamlets Health and Wellbeing Board
Report of the London Borough of Tower Hamlets	**Classification:** Unrestricted
Presentation on Draft Community Engagement Strategy	

Lead Officer	Melanie Clay, Corporate Director – Law, Probity and Governance
Contact Officers	Emily Fieran-Reed, Service Manager – Community Cohesion, Engagement and Commissioning
Executive Key Decision?	No

Summary

This presentation provides an overview of the draft Community Engagement Strategy. It provides information on the strategic drivers informing the development of this strategy alongside our proposed priorities and activities to embed community involvement at all levels of service design and delivery.

Recommendations:

The Health & Wellbeing Board is recommended to:

1. Comment on the scope and direction of this developing strategy which is intended for delivery from 1 April 2017

1. REASONS FOR THE DECISIONS

1.1 Tower Hamlets is a diverse borough made up of many communities. The borough is currently the 16th most diverse local authority area in the country, with 43 per cent of residents born outside the UK and a high level of population churn. This growing and changing population puts increasing pressure on local services and infrastructure.

1.2 The context in which the council operates has changed significantly with savings of over £100m delivered by the council in the last four years. Further savings of £59m over the next three years are required. Effectively engaging our communities in prioritising and making difficult decisions about services is likely to become more important.

1.3 The draft Community Engagement Strategy 2017-2020 aims to enhance the council's approach to community engagement as part of an attempt to empower communities and ensure services and priorities are better aligned to local need.

2. ALTERNATIVE OPTIONS

2.1 To take no action and continue with existing arrangements for community engagement. This is not recommended. The key priorities and actions proposed in the emerging draft strategy aims to support strong, active and inclusive communities who are empowered to influence and shape the borough in which they live and work. These strategic priorities draw on good practice that already exists within the council and sets out our vision to create a more transparent and accountable council, increase the numbers and diversity of people who engage with us and build closer relationships with statutory, voluntary and community partners for the benefit of all local people.

3. DETAILS OF REPORT

3.1 The development of this strategy is focused on how the council can work in partnership with local people where appropriate, to encourage greater ownership in the design and accountability of service provision. To achieve this, the strategy aims to:

- Engage local people so that they have greater participation in shaping local services;
- Use the capacity and skills of local people and the council to co-produce services that meet community needs;
- Help support service improvement, improve collaborative working with local people and bolster democratic engagement;
- Develop public understanding and confidence in local services so they are used more effectively and efficiently;
- Help create resilient communities that are self-supporting.

Development of the Strategy

3.2 The draft strategy is being developed through open dialogue with representatives from a variety of council services. A cross-directorate Working Group meets regularly to lead the strategy and provide input on behalf of directorates. This Group also includes a social housing provider and a community based organisation that is responsible for engaging with, and feeding in voices of the community. Whilst the strategy is being developed in close collaboration with local stakeholders, it represents the council's approach and plans.

3.3 The strategy is also being informed by engagement with councillors and the Mayor who provided views and insight into community aspirations. This has included meetings with the Mayor's Office and a cross-party Members' Seminar. A presentation on the Community Engagement Strategy was considered as part of the Transparency Commission. There have also been a number of articles in Managers' and Members' Briefings, to encourage a wide range of officers and members to feed into the development of the strategy.

3.4 *Consultation Undertaken*

A programme of consultation has been carried out, including with:

- Representative bodies for particular issues or interest groups;
- Community groups;
- Service user forums;
- Steering / taskforce groups;
- Other community forums of residents.

3.5 A study was conducted by Urban Inclusion an independent research organisation, commissioned by the council, to explore in greater detail the four priority areas of co-production of local services, community leadership, use of digital technology and how engagement could be made more effective. The study was comprised of focus groups, interviews with stakeholders and residents, and a literature review. A survey allowed residents to contribute their thoughts and ideas directly to help shape the draft strategy.

Vision & Objectives

3.6 The strategy's vision sets out how local people will be effectively informed, engaged, involved and empowered by the council. Local people will actively help define local priorities, design, deliver and evaluate services and inform council decision making.

The strategy sets out four strategic priorities:

1. Sharing power with communities to make Tower Hamlets a great place to live
2. Create an open and transparent Tower Hamlets
3. Engagement is more meaningful
4. Tower Hamlets is digitally active

These four priorities will be underpinned by an enabling objective to support staff to work differently and be at the centre of driving forward the commitments proposed in the draft strategy.

Major Dependencies

3.7 The Community Engagement Strategy will provide an overarching framework which will be further developed in forthcoming work, in particular it will inform:

- The Executive's response to the Transparency Commission
- The Communications Strategy
- The Digital Strategy and Customer Access Improvement Programme
- The Local Strategic Partnership / Local Governance Review

3.8 As part of the development of the strategy, Corporate Strategy and Equality is working closely with council leads in these areas. A range of useful input from across service areas is helping to shape the strategy.

4. COMMENTS OF THE CHIEF FINANCE OFFICER

4.1 There are no specific additional financial implications arising from the recommendations within this report. However, approximately £19,600 was spent on general public and more targeted community group consultations that have informed the strategy presented and this was funded through existing general fund budgets. In addition, £330k has been set aside within the Councils specific reserves to enable delivery of the Community Engagement Strategy.

5. LEGAL COMMENTS

5.1 The Health and Social Care Act 2012 ("the 2012 Act") makes it a requirement for the Council to establish a Health and Wellbeing Board ("HWB"). S.195 of the 2012 Act requires the HWB to encourage those who arrange for the provision of any health or social care services in their area to work in an integrated manner.

5.2 This duty is reflected in the Council's constitutional arrangements for the HWB which states it is a function of the HWB to have oversight of the quality, safety, and performance mechanisms operated by its member organisations, and the use of relevant public sector resources across a wide spectrum of services and interventions, with greater focus on integration across outcomes spanning health care, social care and public health.

5.3 In respect of the consultation process, any consultation will be required to:

i. Be proportionate to the changes proposed, bearing in mind the impact on those potentially affected and the extent to which these may be controversial
ii. Give sufficient reasons for any proposal to permit intelligent consideration and response
iii. Set out the realistic alternatives to the strategy chosen and the reasons these have not been selected
iv. It should be at a time when proposals are still at a formative stage
v. Provide a reasonable period for consideration and response, allowing that this strategy is intended to be in place by 1 April 2017.

vi. The product of consultation must be conscientiously taken into account and may require inviting and considering views about possible alternatives, including other areas in which savings may be made.

vii. Give due regard to the Council's Equalities duties.

5.4 When considering the recommendation above, and when finalising the strategy, regard must be given to the public sector equalities duty to eliminate unlawful conduct under the Equality Act 2010. The duty is set out at Section 149 of the 2010 Act. It requires the Council, when exercising its functions, to have 'due regard' to the need to eliminate discrimination (both direct and indirect discrimination), harassment and victimization and other conduct prohibited under the Act, and to advance equality of opportunity and foster good relations between those who share a 'protected characteristic' and those who do not share that protected characteristic.

6. ONE TOWER HAMLETS CONSIDERATIONS

6.1 The draft Community Engagement Strategy is being developed as both a policy document and a practical resource. As a policy document it will set out the council's commitment to, and understanding of, what community engagement means to both citizens and the council. As a practical resource it will provide a clear definition of 'community engagement' and a framework which will ensure that engagement opportunities are provided in the most appropriate way for all stakeholders to be involved and give feedback.

7. BEST VALUE (BV) IMPLICATIONS

7.1 The draft Community Engagement Strategy aims to support the Best Value duty through its proposed approach to engaging and involving the local community to better meet local needs. The strategy will set out how we will embed opportunities for participation in the council's work where appropriate to improve decision-making about local services informed by consideration of economy, efficiency and effectiveness. This includes co-production of services with local people to help shape the borough and empowering communities by building community capacity and resilience.

7.2 For example, as part of the strategy the council will look to increase its usage of technology and digital information to achieve improved efficiency and delivery of better outcomes.

8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

8.1 There are no direct environmental implications arising from the report or recommendations.

9. RISK MANAGEMENT IMPLICATIONS

9.1 There are no direct risk management implications arising from the report or recommendations.

10. CRIME AND DISORDER REDUCTION IMPLICATIONS

10.1 There are no direct implications of crime and disorder as a result of the recommendations of this review.

Linked Reports, Appendices and Background Documents

Linked Report

- NONE

Appendices

- NONE

Local Government Act, 1972 Section 100D (As amended)
List of "Background Papers" used in the preparation of this report

- NONE

Officer contact details for documents:

- N/A

TOWER HAMLETS

LBTH Community Engagement Strategy 2017-2020

Strategic Drivers

- Community Plan 2015
  - Empower residents and build resilience
  - Residents better able to support themselves and reduce reliance on public services
  - Residents more engaged in designing and delivering public services
- National emphasis on active citizenship
- Benchmarking other Local Authorities
- No previous strategy/model

Strategy Vision

Local people will be effectively informed, engaged, involved and empowered by the council. They will actively help define local priorities, design, deliver and evaluate services and inform council decision making in areas that impact on their lives.

The Community Engagement Strategy in context

- **Lack of Co-ordination:**
  - No previous council strategy/model for community engagement
- **Climate of continuous reductions to public spending:**
  - Need for communities to have a greater say in shaping the priorities of the organisation
  - Minimise risk of consultation fatigue
- **Loss of the East End Life:**
  - New viable alternatives required to support continued engagement and maximise reach
- **Embracing Digital Communications:**
  - Demands for stronger digital presence
  - Need to explore potential of social media and other platforms whilst recognising issues of digital inclusion

Strategic Priorities

Four key priorities:

1. *Sharing power with communities to make Tower Hamlets a great place to live*
2. *Create an open and transparent Tower Hamlets*
3. *Engagement is more meaningful*
4. *Tower Hamlets is digitally active*

Priority 1:

Sharing power with communities to make Tower Hamlets a great place to live

- **Co-produce council plans and policies (e.g. Community Safety Partnership Plan, Health & Wellbeing Strategy) that reflect local priorities and ambitions**
  - Embed a model of co-production to maximise the use of community led intelligence and promote a stronger sense of shared ownership in determining new priorities.

  Residents to be engaged in assessing community needs; reviewing impact of previous strategies; inform needs assessments and play an active role in evaluating options and shaping delivery plans

- **Adopt commissioning approaches that focus on collaborative working between the council and local people**
  - Embed principles of co-production as the normative approach to commissioning
  - Commit to an outcomes based approach to commissioning to support cultural change in commissioning processes and provide greater flexibility to co-produce innovative solutions

Priority 2:

Create an open and transparent Tower Hamlets

- **Use the democratic model to increase opportunities to engage**
  - Increase opportunities for residents to engage directly with the Mayor e.g. monthly podcasting sessions , more frequent Mayoral Assemblies
  - Explore greater community leadership roles for local councillors
  - Increase awareness of the opportunities to engage through a programme of education and outreach to communities
  - Build on the drive to improve transparency and accountability around decision-making by enhancing information provision and opportunities for resident participation

- **Enhance local structures to support participation in community life**
  - Review of procedures and mechanisms to enhance role of community groups in policy making through localised forums

Priority 3:

Engagement is more meaningful

- **Deliver a co-ordinated approach to engagement**
  - Creating a simpler and more streamlined experience by joining up consultation activities to improve our management of engagement activities and reduce the risk of duplicating activities and resources
  - Embed 'Community Engagement Link officers' to serve as point of contact and expertise within directorates
  - Sharing information more effectively with local partners by developing joint platforms to reduce the risk of consultation fatigue
  - Adopt consistent branding for all engagement

- **Enhance the engagement experience**
  - Developing a consultation and engagement calendar to promote opportunities for participation and improve accessibility
  - Creating permanent 'engagement spaces' to promote involvement and provide key information (details of forums and groups, links to committee pages)
  - Establishing a feedback loop by developing an engagement tracker to give information on consultation exercises and offer feedback from services on how engagement has shaped outcomes

Priority 3 continued…

- Using new tools and opportunities such as crowdsourcing to generate ideas and gather feedback

- **The role of community groups is stronger**
  - Embedding asset based community development (ABCD) to strengthen communities by recognising, identifying and harnessing existing community assets (i.e. skills, knowledge, experience or enthusiasm) to help improve things locally
  - Joining up intelligence with partners to improve understanding of our communities and the voluntary and community sector by developing online resources to support community planning

Priority 4:

Tower Hamlets is digitally active

- **Increase the use of digital technology to connect with people in the borough**
  - Support council services to have a social media presence e.g. use of social media to improve submit questions to committees, online petitions
  - Rollout an online 'My Tower Hamlets' hub that will deliver a personalised and integrated point of access to key council services
  - Promote digital inclusion by delivering a range of targeted initiatives aimed at developing digital confidence and life skills amongst vulnerable groups

- **Evaluate the effectiveness of using online tools and systems**
  - Work with partners to understand who is engaged and the quality of engagement and how it contributes to bring other people into discussions

- **Engage innovatively using digital tools**
  - Work with local partners and the community to co-ordinate digital engagement
  - Reach out into established digital communities and involve local people in shaping policy and providing feedback about how services are delivered

Enabling Objective: Supporting staff to work differently

- **Ensure the right support is provided to help staff interact with local people**
  - Develop a community engagement toolkit to help set out roles for staff and provide step by step guides on different consultation and engagement techniques
  - Offer training and development opportunities including networking opportunities with local partners to provide peer support and share good practice

- **Expand intelligence on local communities and groups**
  - Adopt methods such as community-led research and participatory approaches to map and maintain profile of new communities and improve understanding of their needs

Next Steps

- **Ongoing development of Strategy**
- **Sign off at CMT paving the way for Stage 2 of development**
- **Late October – December 2016 (Stage 2 - Post-Strategy Development)**
  - Undertake public consultation and engagement on the draft strategy and finalise strategy response to this (including an online survey)
- **Committee Process**

Health and Wellbeing Board Tuesday 18th October 2016	Tower Hamlets Health and Wellbeing Board
Report of the London Borough of Tower Hamlets	**Classification:** Unrestricted
Tower Hamlets Health and Wellbeing Strategy 2016-2020 – Draft strategy	

Lead Officer	Somen Banerjee, Director of Public Health
Contact Officers	Somen Banerjee, Director of Public Health
Executive Key Decision?	No

1. Summary

1.1 The current Health and Wellbeing Strategy and delivery plan expired this year and is due for a refresh. The current strategy focuses on 4 overarching and broad priorities: maternity and early years; healthy lives; mental health and long term conditions and cancer.

1.2 This report presents the draft Health and Wellbeing Strategy 2016-20 for comments by the Board prior to consultation and engagement with local stakeholders. The Strategy outlines an approach developed and agreed through the board in which it will focus on a small number of priorities where the leadership of the board is needed to drive transformational change.

1.3 The draft Health and Wellbeing Strategy will undergo formal consultation from 24th October to 21st November 2016. It will be presented to local people and organisations such as CCG Governing Body, Local Medical Council, Voluntary and Community Sector, Bart's Health, East London Foundation Trust and Tower Hamlet Housing Forum.

1.4 It is anticipated that post-consultation the strategy will be signed off at the Health and Wellbeing Board meeting in December followed by the Council's Cabinet in January 2017. This will lead on to the actual launch of strategy towards the end of January 2017.

2. Recommendations:

The Health & Wellbeing Board is recommended to:

- Comment on the content, structure and layout of the draft Health and Wellbeing Strategy 2016-20
- Note the Health and Wellbeing strategy development timeline

1. REASONS FOR THE DECISIONS

1.1 The current Health and Wellbeing Strategy is due to be refreshed after being rolled over for an additional year. The Health and Social Care Act 2012 requires the Health and Wellbeing Board to develop a Health and Wellbeing Strategy to address local health and care needs and this document outlines the plans of the board to achieve this.

2. ALTERNATIVE OPTIONS

2.1 The draft Health and Wellbeing Strategy 2016-20 can be rewritten if the Board decides that the priorities are not right.

3. DETAILS OF REPORT

3.1 The current Health and Wellbeing Strategy and its associated delivery plans are due a refresh for 2016-20. The current strategy focuses on 4 overarching and broad priorities: maternity and early years; healthy lives; mental health and long term conditions and cancer.

3.2 The Strategy refresh is being led by the Director of Public Health with support from Corporate Strategy and Equality.

3.3 The Health and Wellbeing Board (HWB) and relevant stakeholders, attended a King's Fund facilitated session in October 2015. The session explored the purpose of the strategy, the role of the Health and Wellbeing Board and the elements of an exemplar strategy.

3.4 Following on from the King's Fund session, the HWB agreed to develop a Health and Wellbeing Strategy built on a small number of priorities that could benefit from a partnership approach whilst addressing other areas of need through existing work programmes.

3.5 A pinpoint workshop session was held for the board in January 2016 which aimed to identify potential priorities the strategy. The board agreed five areas of focus for transformation based on the following criteria:

- Transformation will have significant positive impact
    - The area is considered to be an important health and wellbeing issue with regard to the size of the problem, inequalities issues and/or cost
    - There is good evidence for intervention (or credible potential to build evidence)
- The area matters to Tower Hamlets citizens
- System change is feasible
- There is collective will to achieve the change

3.6 Through the workshop, and subsequent activity, the Board arrived at the priorities detailed below. Lead Board members were allocated to each transformational area and presented to the Health and Wellbeing Board in June 2016.

- Communities Driving Change
- Creating a Healthier Place
- Tackling Deprivation
- Children's Weight and Nutrition
- Developing an Integrated System

3.7 Delivery planning and performance management arrangements will be put in place to support implementation of the strategy, which will form a core part of the Health and Wellbeing Board's work programme.

3.8 Indicative Timeline:

- Public consultation on the draft strategy: 24th October to 18th November
- Final strategy to the Health and Wellbeing Board: 13th December 2016
- Final strategy to Cabinet: 10th January 2017
- HWS launch: End of January 2017

4. COMMENTS OF THE CHIEF FINANCE OFFICER

4.1 This paper moves forward the discussion on the Tower Hamlets Health and Wellbeing Strategy 2016-2020. There are no direct financial implications indicated at this stage as a result of the recommendations in this report.

4.2 The Council's Public Health grant allocation has reduced from £32.261million in 2015-16 to £29.595 million in 2016-17. The government has confirmed that further reductions averaging 3.9% will be made over the next 3 years. The Health and Wellbeing Strategy 2016 - 2020 will therefore need to be delivered within the context of significant on-going reductions in funding.

4.3 The Council gained additional responsibility for 0-5 year old in October 2015. This has also been subject to the same reduction as the public health grant. The grant allocation in 2016-17 is £7.288 million.

5. LEGAL COMMENTS

5.1 The Health and Social Care Act 2012 ('**the 2012 Act**') makes it a requirement for the Council to establish a Health and Wellbeing Board ('**HWB**'). Section195 of the 2012 Act requires the HWB to encourage those who arrange for the provision of any health or social care services in their area to work in an integrated manner.

5.2 This duty is reflected in the Council's constitutional arrangements for the HWB which states it is a function of the HWB to have oversight of the quality, safety, and performance mechanisms operated by its member organisations, and the use of relevant public sector resources across a wide spectrum of services

and interventions, with greater focus on integration across outcomes spanning health care, social care and public health.

5.3 Section 116A of the Local Government and Public Involvement in Health Act 2007 places a duty on the HWB to prepare and refresh a joint strategic health and wellbeing strategy in respect of the needs identified in the Joint Strategic Needs Assessment, so that future commissioning/policy decisions are based on evidence. The duty to prepare this plan falls on local authorities and the Clinical Commissioning Group, but must be discharged by the HWB.

5.4 The review of the strategy provides the opportunity to refresh and update the focus of the HWB to reflect current and future needs within the borough. This review programme provides the basis for the HWB to ensure the priorities identified are the right areas of focus for the strategy before agreeing any final strategy and plan.

5.5 The terms of reference for the HWB require it to prepare the strategy but the final approval of the strategy will be for the Mayor in Cabinet.

5.6 In preparing this strategy, the HWB must have regard to whether these needs could better be met under section 75 of the National Health Service Act 2006. Further, the Board must have regard to the Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies published on 26th March 2013, and can only depart from this with good reason.

5.7 Further in preparing this strategy the Council and each of its partner clinical commissioning groups must involve the Local Healthwatch organisation for the area of the responsible local authority, and involve the people who live or work in that area. In that regard, it is noted that the draft strategy will undergo formal consultation between the 24th October and the 21st November.

5.8 The consultation should comply with the following common law criteria:

(a) it should be at a time when proposals are still at a formative stage;
(b) the Council must give sufficient reasons for any proposal to permit intelligent consideration and response;
(c) adequate time must be given for consideration and response; and
(d) the product of consultation must be conscientiously taken into account.

5.9 The duty to act fairly applies and prior to undertaking a consultation exercise, consideration must be given to whether the matter to be consulted on impacts on those with protected characteristics. If it does then the method of consultation should be adapted to ensure that those persons are able to respond to the consultation so as to inform the decision making process. For example, if a group of persons with a protected characteristic is a ‘hard to reach’ group then they may not be reached by traditional consultation techniques.

5.10 When considering the recommendations, and during the review itself, regard must be given to the public sector equalities duty to eliminate unlawful conduct under the Equality Act 2010. The duty is set out at Section 149 of the 2010 Act. It requires the Council, when exercising its functions, to have 'due regard' to the need to eliminate discrimination (both direct and indirect discrimination), harassment and victimization and other conduct prohibited under the Act, and to advance equality of opportunity and foster good relations between those who share a 'protected characteristic'.

6. ONE TOWER HAMLETS CONSIDERATIONS

This strategy identifies priority areas that will make transformational change to the local community and help address health in equalities that exists within the borough. A key priority within the refreshed strategy is 'communities driving change' which will empower local people and enable them to shape local health and care services to ensure it meets the needs of all communities.

6.1 An Equality Quality Assurance Checklist will be completed alongside the final version of the strategy and if required a full EA will accompany the document.

7. BEST VALUE (BV) IMPLICATIONS

7.1 One of the drivers shaping the strategy is the cost pressure on the health and care economy. The priorities identified will all have implications around prevention, reducing demand for future health and care services eg employment and health, integrated health system, reducing childhood obesity. Best value will be a critical priority of the Health and Wellbeing Board discussions over the next three years.

8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

8.1 Healthy place is one of the transformation areas identified. Implementation of this priority will involve identifying the synergies between sustainability and health improvement.

9. RISK MANAGEMENT IMPLICATIONS

9.1 The proposals in the paper are draft currently and address a risk that the strategy focus does not engage the board and reflect the priorities and approach that will work for the board in years to come

10. CRIME AND DISORDER REDUCTION IMPLICATIONS

10.1 There may be interdependencies between strategies such as those relating to crime and disorder and the priorities emerging through health and wellbeing strategy.

Linked Reports, Appendices and Background Documents

Linked Report

- None

Appendices

- Draft Health and Wellbeing Strategy 2016/20

Local Government Act, 1972 Section 100D (As amended)
List of "Background Papers" used in the preparation of this report
List any background documents not already in the public domain including officer contact information.

- None

Officer contact details for documents:

- Somen Banerjee, Director of Public Health
  Somen.banerjee@towerhamlets.gov.uk

TOWER HAMLETS TOGETHER

Tower Hamlets Health and Wellbeing Strategy 2016-2020

Tower Hamlets Health and Wellbeing Board

Contents

FOREWORD

As a local resident and councillor, I know that Tower Hamlets is a fantastic place to live and work. But as a borough we also face many challenges – and poor health is one of the starkest. Compared to other places we have some of the highest levels of mental health problems and higher rates of many physical illnesses like diabetes, heart disease and stroke.

For me, this is a matter of fairness and social justice. It can't be right that children in our borough are at greater risk of health problems – and that older people are less likely to live as long – as others in more affluent parts of London. Of course, these persistent challenges remain at a time of drastically reduced budgets across all parts of the public sector.

As Chair of the Health and Wellbeing Board, I am determined that the council and NHS, together with our partners, will prioritise action on some of the most significant challenges in the next four years. We can't do everything at once and hope to have an impact, so we have used evidence to focus on five key themes where through joint leadership we believe we can and must make progress. We will still work hard through our organisations to deliver services and support across the full range of health issues, but the priorities set out in this strategy are where we will particularly focus our leadership as a Board.

Empowering communities to lead their own positive change in health and wellbeing, creating a healthier place and environment, and joining up our local services are all areas where the power of the Health and Wellbeing Board partnership will be critical to success. Employment and health, and children's weight and nutrition are two issues where Tower Hamlets has persistently poor outcomes but through focused effort we can make a huge difference to the physical and mental health of local people.

Partnership will be essential – including with local residents and communities. Only by working together can we start to tackle the inequalities we face. Together, we can improve health and wellbeing for everyone in Tower Hamlets.

Cllr Amy Whitelock Gibbs
Cabinet Member for Health and Adult Services

HELLO & WELCOME

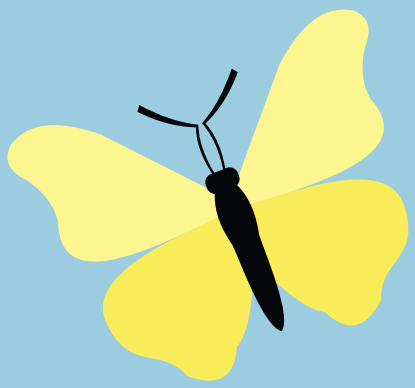
Welcome to the Tower Hamlets Health and Wellbeing Strategy – our aim is to make a difference to the physical and mental health and wellbeing of everyone who lives and works in Tower Hamlets.

To do this, we have brought together those who are in a position to help make that difference. They include local Councillors; the council (including social care, education, housing, environment and employment services); the NHS; community groups; other key partners (including housing providers and the police); and, most importantly, organisations which represent the voice of local people, such as Healthwatch Tower Hamlets. Together we form the Tower Hamlets Health and Wellbeing Board.

We know we face some big health challenges in Tower Hamlets but also that by working together across services - and with our local communities - we can make a positive difference to everyone's wellbeing in Tower Hamlets. Therefore, we have looked at the evidence and worked hard to find out what needs to be done and plan how we will do it.

This strategy will tell you:

a. **what we want to do**
b. **why we have chosen these areas to focus on**
c. **what we plan to achieve.**



WHAT MAKES FOR GOOD HEALTH?

Factors of good health

The quality of our lives is strongly dictated by the state of our health. We are all subject to a range of factors which can make the difference between feeling good and feeling poorly. These include our environment (how clean is our air and do we have parks nearby); where we live (the condition of our homes); how safe we feel (in our home and on our streets); how happy we feel (are we supported emotionally and socially); and where we go when we need additional support or help (how good are local services).

There are also other factors which can affect us physically (genetics, ethnicity, gender), emotionally (childhood experiences, family life, relationships) and mentally (income, employment, stress).

Lastly, our lifestyle choices and the habits we develop also form part of our health equation; they may have a positive impact (e.g. regular exercise, healthy diet, managing stress) or a negative one (e.g. smoking, problem drinking, being overweight).

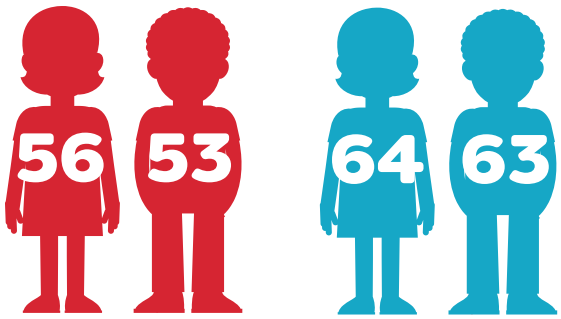
Because of these factors, all 260,000 of us in Tower Hamlets will have our own unique story, which will include our past, present and (not yet written) future health. Not only that, but how we address our stories and approach the stories of those around us is also individual to who we are.

This is why this strategy is so important. Knowing what these stories may contain has made us determined to change how they will unfold. Our aim, therefore, is not only to make changes that will improve the health and wellbeing of our storytellers but also to be the catalyst to effect these changes.

HEALTH IN TOWER HAMLETS

How we compare

More of us in Tower Hamlets think we are unhealthy compared to the London and England average. For example, on average a man living in our borough considers himself to be in the same health at 53 as someone who is 63 in the rest of the UK. For a woman, it is 56 compared to 64.



Tower Hamlets (average)

UK (average)

Reasons for poor health

The reasons for this are varied but include higher levels of poverty (low income, unemployment, insecure employment), isolation (socially and family), overcrowding (Tower Hamlets has a population density XX% more than the UK average of XX%), homelessness and poor quality housing, poor air quality and limited access to healthy food and green spaces (being an urban centre).

These factors are linked to low birth weight, dental decay in children, childhood obesity, smoking, unhealthy diet, higher levels of alcohol consumption, high risk sexual behaviour and the use of illegal drugs.

The end result is reflected in our higher levels of health problems such as anxiety, depression, diabetes, heart disease, stroke, lung cancer, long-term lung diseases, liver disease, tuberculosis and HIV.

These are serious issues needing urgent solutions. The link between poverty and poor health is a social justice issue. That's why this strategy is so important.

WHAT WE INTEND TO DO

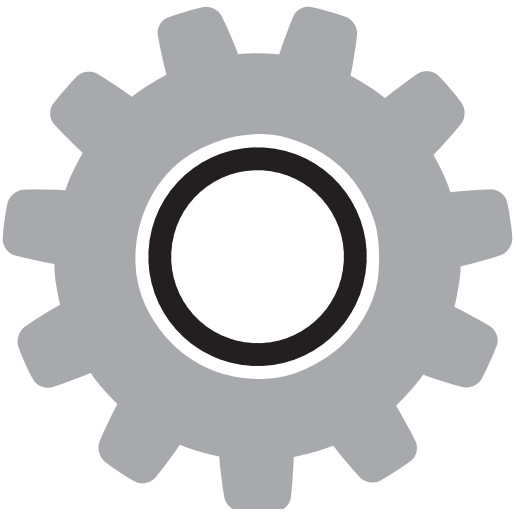
We need to take action now

The issues we face are urgent if we are going to be successful in combating the factors that will negatively impact the future health of people living in the borough.

However, we recognise that there are challenges – we will need to address issues such as rapid population growth, a transient population (high levels of people moving in and out of the borough), a diverse population with its individual needs, public expectations, scientific advances and welfare reform – all of this with less money available due to significantly reduced funding for local councils and lower levels of government spending on the NHS.

But we are prepared. Our Health and Wellbeing Board have the experience and expertise to approach these issues strategically; commission services that will have impact; and ensure that our residents are given the guidance and support that will help them live healthier lives.

It is not right that people living in poverty do not live as long and face more unhealthy lives than those in wealthier areas. Together we can change this.



WHAT WE INTEND TO DO

Our next steps

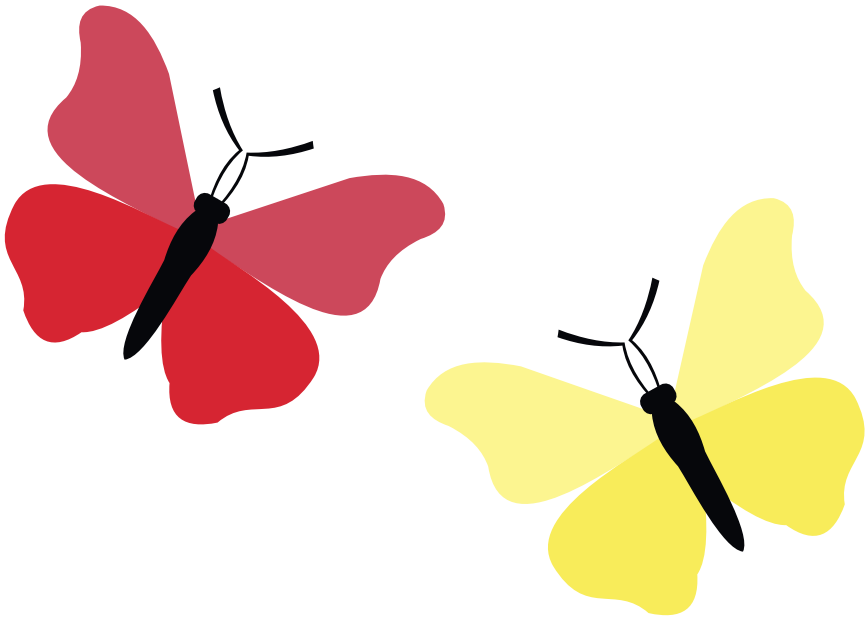
We face lots of challenges, but we can't tackle them all at once. We want to drive change but if we spread ourselves too thinly, we will not have as big an impact. Our focus, therefore, will be on a small list high priority issues - where we know we face particular health challenges and where only by working together will we achieve the change we need for local people.

We will still be overseeing all strategic health issues across the borough, but we will be concentrating on five themes in the next four years which will have the most significant impact on the health and wellbeing of our residents.

How we decide

Our list of priorities was decided upon using the following criteria:

1. **Change** - Is the scale of the problem significant in Tower Hamlets and is there evidence that action will have a positive impact?
2. **Feedback** – What are the concerns of local residents?
3. **Feasibility** – Can change be supported by the system within the next four years?
4. **Motivation** – Is there enough collective will to achieve the change?



THE FIVE PRIORITIES

These are our five priorities:

1. **Communities Driving Change** – changes led by community involvement
2. **Creating a Healthier Place** - changes to our physical environment
3. **Employment and Health** - changes which affect people with poor working conditions or who are unemployed
4. **Children's Weight and Nutrition** – changes tackling childhood obesity and encouraging healthy eating
5. **Developing an Integrated System** – changes which will join up services so they are easier to understand and access.

What is in this report?

For each of the priorities, we have asked:

- **Why is this important?**
- **What is being done already?**
- **What is our focus?**
- **First 12 months - what will we do?**
- **What will have changed in three years?**
- **How will we know if it's working?**

How will it be reviewed?

We will review these priorities every year looking at what is working; what needs to change; what lessons have been learnt; and how our approach may need to be altered.

We have outlined how we will be monitoring this progress over the next three years, including what we intend to achieve within the first year.

These actions will be reviewed annually so as to set out a plan for the following year.

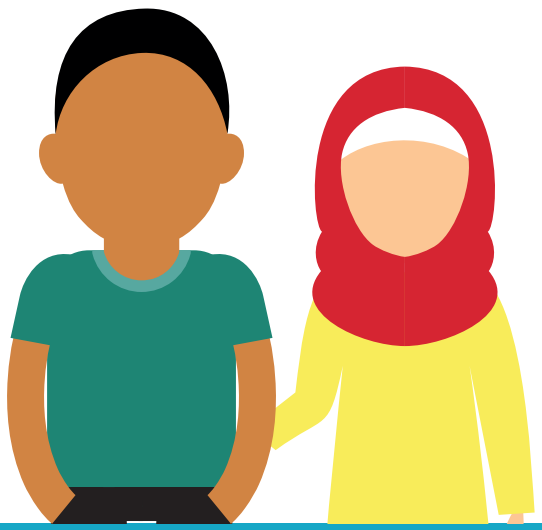
THE FIVE PRIORITIES

Tower Hamlets Health and Wellbeing Board Strategy 2016-20

1. Communities driving change

Why is this important?

- Evidence suggests that getting people involved in shaping their own services has long-term benefits, not only to their individual health but also to the community as a whole.
- Allowing residents to have a say about what matters to them and the issues they face gives organisations valuable insight into how services can be shaped to meet local needs.
- In areas with higher deprivation and diversity, such as Tower Hamlets, it is particularly important to hear local voices.



What is being done?

- Numerous projects involving residents are currently being run by the voluntary sector, housing associations, Healthwatch, the NHS and the council.
- Organisations who have developed (or are in the process of developing) community engagement strategies include the Clinical Commissioning Group (CCG), the council, Tower Hamlets Together, Barts Health and the Council for Voluntary Service.

What is our focus?

- We want commitment from our partners to implement new ways of working. They will need to increase their capacity; update their knowledge and skills; start networking; and tap into local communities to enable residents to support their own health and wellbeing.
- This means that not only will we move from being 'fixers' to 'facilitators' and 'providers' to 'empowerers', but we will also be making funding decisions based on this approach.

1. Communities driving change

First 12 months - what will we do?

We aim to:

- find and support residents to lead within their own communities to:
  - identify issues that matter to local people and what their impacts are on health and wellbeing
  - recruit other residents who have the energy and passion to make a difference
  - galvanise a different system response using a Health Creation approach
- promote the idea across local organisations that people should feel in control of their own health (see also Developing an Integrated System)
- engage local residents with the work of the Board and to deliver this strategy by:
  - hosting an event in each area at least one month prior to our Health and Wellbeing Board meetings
  - following this up with a further meeting with the public to report back
  - using social media to communicate more regularly and creatively with a wider range of local people.

What will have changed in three years?

We would like more people to:

- feel in control of their health and informed to make positive changes
- support each other around their health and wellbeing
- take joint action on issues that affect their health and wellbeing
- get involved in shaping local services.

How will we know if it's working?

- improvements to health outcomes or services which can be attributed to what local people are doing
- an increase in the hours given by volunteers (relating to health and wellbeing), the range of their experiences and levels of satisfaction
- results of the evaluation tools using measures developed by the Tower Hamlets Together work on community research networks and supporting social movements.

2. Creating a healthier place

Why is this important?

- Evidence strongly suggests that our environment (both in and outside) has an impact on our health and wellbeing. This includes the quality of our air; the condition of our homes; the safety and infrastructure of our localities (e.g. parks and roads); the promotion of active travel; the availability of affordable healthy food; and access to places where we can meet and socialise with other people.
- These issues are important in Tower Hamlets due to our higher levels of air pollution; lower standard of housing; overcrowding; high number of fast food outlets; and increasing number of road traffic accidents. To compound this, not only do we have one of the highest levels of new development in London, but also one of the lowest expanse of green space.

What is being done?

- A new Local Plan is being developed which sets out spatial and development management policies. Evidence supporting the links between health and development are set out in this plan.
- Strategies have also been written for the following – open spaces, leisure facilities, green grid development (which links green spaces in the borough), transport, air quality and town centres.

What is our focus?

- We will gather evidence showing the link between health and development so that health and wellbeing is central to planning and development decisions.
- We will make health impact assessment core to policy decisions across the partnership (not just the council).
- We will ensure that a healthy place is a priority for policy decisions around the Community Infrastructure Levy.

2. Creating a healthier place

First 12 months - what will we do?

We aim to:

- speak with residents and local organisations on three issues pertaining to improving the environment for the benefit of health and wellbeing
- ensure that the impact on health and wellbeing made by major developments are routinely assessed and considered in planning decisions
- support the the council's Air Quality Plan and implement an air quality communications campaign across the partnership targeted at residents and organisations to:
  - increase awareness of poor air quality, how to minimise exposure and adopt less polluting behaviours
  - introduce pledges from organisations to minimise their impact on air pollution

What will have changed in three years?

We would like:

- better and more creative use of open spaces
- better connections between green spaces
- reduced exposure to air pollution
- more residents using public spaces for healthy activities.

How will we know if it's working?

- increase in active travel (e.g. walking, cycling)
- increase in use and satisfaction with green spaces
- increase in quality and function of open space.

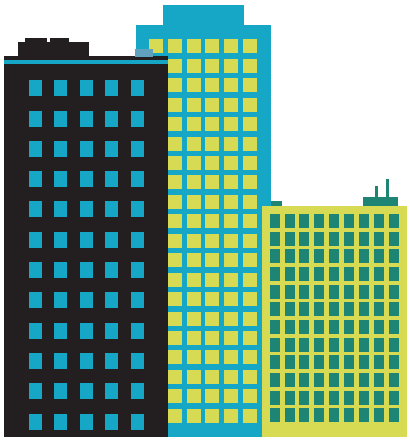
3. Employment and health

Why is this important?

- Unemployment and poor working conditions (e.g. lack of control, low wages, job instability, physical hazards, poor or stressful culture and environment) affects people both psychologically and physically. This can lead to increased levels of risk factors for poor health (e.g. smoking, problem drinking, poor diet, low physical activity), mental health issues and higher rates of long-term health problems (e.g. heart disease, stroke and musculoskeletal conditions such as back pain and arthritis).
- These issues are particularly important in Tower Hamlets due to our high levels of:
  - unemployment
  - people on a low income or who are on health-related employment benefits
  - people for whom mental health is a barrier to employment.

What is being done?

- Employment provision is currently being reviewed in order to shape the council's new employment strategy. The review states that 'close strategic and operational links between health and employment is critical to the way forward in Tower Hamlets; to prevent unemployment, to maximise work opportunities for those who experience health and mental health problems and to support the long term unemployed back to work.'
- The council, the NHS and voluntary organisations are working both individually and collectively on programmes to support this agenda including social prescribing, apprenticeships and volunteering schemes offering pathways into employment.



What is our focus?

- We will take action that reduces unemployment and increases good or healthy employment.
- We will strengthen the strategic and operational links between health and employment.
- We will address health inequalities by developing the workplace as a setting for prevention and early help.

First 12 months - what will we do?

We aim to:

- align health and care services with the integrated employment hub and review existing health and care employment programmes in terms of how they would link to the hub
  - use social prescribing as a lever to strengthen links between health and employment services
  - review best practice elsewhere
  - shape and ensure effective local delivery of the Department of Work and Pensions Work and Health programme being commissioned at sector level in October 2017
- sign up our partner organisations to the London Healthy Workplace Charter and to:
  - undertake self-assessment
  - identify priorities for improvement and shared priorities for action to improve the level of healthy employment.

What will have changed in three years?

We would like:

- more unemployed people given the support they need to maintain or improve their health
- an equal chance of good employment given to those with a physical or mental health condition
- more local employers to actively support the health and wellbeing of their employees.

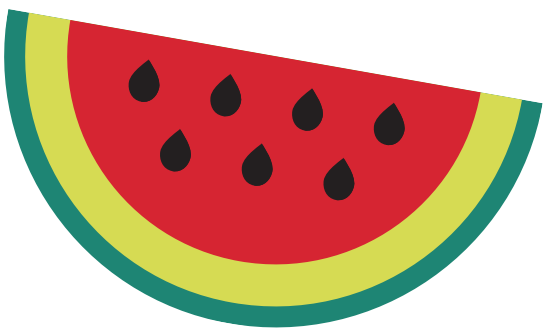
How will we know if it's working?

- improvement in the health and wellbeing of those using employment services
- improvement in the health and wellbeing of people who work in Tower Hamlets
- increase in the rates of employmet for those who have been unemployed due to a health barrier.

4. Children's weight and nutrition

Why is this important?

- A healthy weight and good nutrition in childhood sets you up for life. It is a key factor in our life-long general physical and mental wellbeing as well as preventing common long-term conditions such as diabetes, heart disease, stroke and some cancers.
- This issue is of particular importance in Tower Hamlets as childhood obesity levels of our 4-5 year olds and 10-11 year olds are significantly higher than national levels (although levels have been decreasing for those aged 4-5, but not 10-11).
- In addition, a very small proportion of children (around 2%) are underweight, which is also significantly higher than the national average and this can lead to nutritional deficiencies e.g. Vitamin D.



What is being done?

- Action is being taken to improve access to healthy food, parks and play areas.
- A range of programmes exist which promote healthy weight, good nutrition and physical activity for children. These include promoting healthy start vitamins and vouchers, breastfeeding support, health visiting, school nursing, active play, active travel, healthy schools, child and family weight management and healthy parenting programmes.
- New 'primary school neighbourhood pathfinders' are being developed to shape local services so that they are easy to access and meet the needs of the community.

What is our focus?

- We want to ensure that schools and early years providers are promoting child health and wellbeing, focusing on healthy weight and good nutrition.
- We want to find out the best way to communicate effectively with parents and communities.

4. Children's weight and nutrition

First 12 months - what will we do?

We aim to:

- strengthen existing school programmes by:
  - identifing and supporting a 'health representative' on the governing body of every school
  - telling parents what each school is doing for their child's health and wellbeing
  - promoting the 'Healthy Mile' in schools
  - inviting a representative from the Tower Hamlets Education Partnership onto the board.
- develop and implement a community engagement and communications strategy around healthy weight and nutrition in children, with particular emphasis on high risk groups.

What will have changed in three years?

We would like:

- more 10-11 year olds to be a healthy weight
- more schools and early years providers to promote child health and wellbeing
- more parents and communities to be involved with improving the healthy weight and nutrition of children.

How will we know if it's working?

- increase in 4-5 year olds and 10-11 year olds who are a healthy weight
- supported by an indicator which is set to track improvement in healthy weight by age, ethnicity, gender and school
- improvement in physical activity and healthy eating (indicators to be developed).

5. Developing an integrated system

Why is this important?

- Many of our residents have multiple and complex needs and not everyone has the same access to services.
- A fragmented system is hard to understand therefore joined up services are needed to improve people's experiences (across health and social care, as well as other services).
- Even though our resources are diminishing, we still have a large and diverse range of community and voluntary organisations.
- We need to look at total investment so as to make best use of available resources.
- Nationally, the idea of integration is being promoted and all local areas have to have a plan for joined up services by 2020.

What is being done?

- 'Tower Hamlets Together' is the programme to drive this change. It is linked to:
  - a new community model with GPs, local hospitals and mental health providers working together
  - new models of care for health visiting, school nursing and the Learning Disability Health Service
  - integrated personalised commissioning pilot (at an early stage)
  - social prescribing
  - public health led model of Healthy Living hubs
  - integrated children's services
- The CCG and the council are working together to develop a joint commissioning programme meaning we will join up our budgets to buy shared services that work better for local people.

5. Developing an integrated system

What is our focus?

- We will agree a shared vision.
- We will set out the system wide changes needed and prioritise these.
- We will ensure that the priorities are moving us towards achieving this vision.
- We will lead and inspire a campaign to support the cultural changes required across the system.

First 12 months - what will we do?

We aim to:

- create our shared vision and 'golden thread' developed through community engagement
- develop and agree our '2020' Plan for Integration
- campaign within our organisations to support the necessary culture change to join up services (see also Communities Driving Change).
- monitor key actions which will tell us that services are becoming more integrated and working better for local people.

What will have changed in three years?

We would like joined up health and social care for all (a vision which is based on community engagement and ownership) with more people saying:

- 'I have easy access to information, advice and guidance which helps me to find what I need.'
- 'It's easy to get help from my GP practice and I can contact my Care Co-ordinator whenever I have any questions.'
- 'There are different people involved in supporting me but everyone listens to what I want and helps me to achieve my goals.'

How will we know if it's working?

- improvement in resident self-reported measures (to be developed) focussing on effectiveness of coordination
- increased number of staff in joint or multi-skilled roles
- measure of culture change (e.g. 'pulse check' for use across our joint workforce).

THE HEALTH AND WELL-BEING BOARD

Communities Driving Change

Diane Barham
Chief Executive,
Tower Hamlets Healthwatch

John Gillespie
Health and Wellbeing Officer
Tower Hamlets CVS

Creating a Healthy Place

Cllr David Edgar
Lead Member Resources
London Borough of Tower Hamlets

Shazia Hussain
Service Head
Culture Learning and Leisure,
London Borough of Tower Hamlets

Somen Banerjee
Director of Public Health,
London Borough of Tower Hamlets

Tackling Deprivation

Cllr Amy Whitelock Gibb
Lead Member for Health
London Borough of Tower Hamlets

Will Tuckley
Chief Executive
London Borough of Tower Hamlets

Somen Banerjee
Director of Public Health,
London Borough of Tower Hamlets

Ian Basnett
Public Health Director
Barts Health

Children's Healthy Weight and Nutrition

Cllr Rachael Saunders
Lead Member for Children
London Borough of Tower Hamlets

Dr Sam Everington
Chair
Tower Hamlets Clinical Commissioning Group

Debbie Jones
Director of Children's Services
London Borough of Tower Hamlets

Developing an Integrated System

Cllr Amy Whitelock Gibbs
Lead Member for Health
London Borough of Tower Hamlets

Jane Milligan
Chief Executive Officer
Tower Hamlets Clinical Commissioning Group

Denise Radley
Director of Adult's Services
London Borough of Tower Hamlets

CONTACT:

For more information, please contact:

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Health and Wellbeing Board Tuesday 18 October 2016	Tower Hamlets Health and Wellbeing Board
Report of the London Borough of Tower Hamlets	**Classification:** Unrestricted
Joint Commissioning Executive - Terms of Reference	

Lead Officer	Denise Radley - Director of Adults, LBTH Simon Hall - Acting Chief Officer, NHS Tower Hamlets CCG
Contact Officers	As above
Executive Key Decision?	No

Summary

The Joint Commissioning Executive is a new body responsible for the joint strategic commissioning of services in Tower Hamlets for children and young people, adults and public health.

It is responsible for coordinating the development of joint strategies for the relevant service areas and ensuring necessary arrangements are in place to implement strategies and procure service changes. This includes those decisions and proposals that would be inappropriate for reasons of commercial sensitivity to take to Health and Wellbeing Delivery Boards and other groups with provider representation.

It is responsible for strategic market development and management and overseeing plans to re-commission and de-commission services as well aligning this work with joint strategic procurement plans.

It will report key decisions to the Health and Wellbeing Board and related Delivery Boards as well as to relevant executive and governing bodies of the CCG and Council.

This reports sets out the Terms of Reference of the Joint Commissioning Executive for noting.

Recommendations:

The Health & Wellbeing Board is recommended to:

1. Note the Terms of Reference of the Joint Commissioning Executive.

1. REASONS FOR THE DECISIONS

1.1 No decision is required. The purpose of the report is to make the Board aware of the Joint Commissioning Executive and its Terms of Reference.

2. ALTERNATIVE OPTIONS

2.1 The Board could choose not to consider the this report, but the Joint Commissioning Executive is a not to be aware of this group and work that is central to its priority to develop an integrated system

3. DETAILS OF REPORT

3.1 The Joint Commissioning Executive (JCE) is a new body responsible for the joint strategic commissioning of services in Tower Hamlets for children and young people, adults and public health.

3.2 The JCE is responsible for coordinating the development of joint strategies for the relevant service areas and ensuring necessary arrangements are in place to implement strategies and procure service changes. This includes those decisions and proposals that would be inappropriate for reasons of commercial sensitivity to take to Health and Wellbeing Delivery Boards and other groups with provider representation.

3.3 It is responsible for strategic market development and management and overseeing plans to re-commission and de-commission services as well aligning this work with joint strategic procurement plans.

3.4 It will report key decisions to the Health and Wellbeing Board and related Delivery Boards as well as to relevant executive and governing bodies of the CCG and Council.

3.5 The Terms of Reference of the JCE attached as Appendix 1 set out its purpose, role and operation and how it will support the Health and Wellbeing board as well as its Delivery Boards.

4. COMMENTS OF THE CHIEF FINANCE OFFICER

4.1 There are no direct financial implications arising from this report. The Council's share of the support to be provided to the Joint Commissioning Executive will be met from within existing resources.

5. LEGAL COMMENTS

5.1 This report is asking the Health and Wellbeing Board ('**HWB**') to note the Terms of Reference of the Joint Commissioning Executive ('**JCE**').

5.2 The JCE is responsible for the joint strategic commissioning of services in

Tower Hamlets for children and young people, adults and public health. It is also responsible for coordinating the development of joint strategies for the relevant service areas and ensuring necessary arrangements are in place to implement strategies and procure service changes. This includes those decisions and proposals that would be inappropriate for reasons of commercial sensitivity to take to HWBs and other groups with provider representation.

5.3 The JCE will report key decisions to the HWB and related Delivery Boards and which is why the HWB is being asked to note the Terms of Reference of the JCE.

6. ONE TOWER HAMLETS CONSIDERATIONS

6.1 The purpose of the JCE is to strengthen partnership working across the Council and NHS and ensure that there is a common approach to commissioning to meet the needs of the population

7. BEST VALUE (BV) IMPLICATIONS

7.1 The purpose of the JCE is to ensure that through a joint approach as well as a common understanding of the financial plans of the Council and the CCG, both organisations achieve value for money.

8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

8.1 There are no direct implications

9. RISK MANAGEMENT IMPLICATIONS

9.1 The JCE particularly mitigates risks of duplication, not making the most of common opportunities, inefficiencies and lack of shared goals by bringing together the key decision makers around commissioning of NHS, Adults, Children's and Public Health Services

10. CRIME AND DISORDER REDUCTION IMPLICATIONS

10.1 Whilst the implications are marginal, it should be noted that the commissioning of substance misuse services is funded through the Public Health Grant.

Linked Reports, Appendices and Background Documents

- Terms of Reference of Joint Commissioning Executive

Linked Report

- NONE

Appendices

- NONE

Local Government Act, 1972 Section 100D (As amended)
List of "Background Papers" used in the preparation of this report
List any background documents not already in the public domain including officer contact information.

- NONE

Officer contact details for documents:

- Denise Radley - Director of Adults - denise.radley@towerhamlets.gov.uk
- Simon Hall - Acting Chief Officer NHS Tower Hamlets CCG - simon.hall@towerhamletsccg.nhs.uk

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Joint Commissioning Executive (JCE)
Terms of Reference

1 Purpose

The JCE is responsible for the joint strategic commissioning of services in Tower Hamlets for children and young people, adults and public health.

It is responsible for coordinating the development of joint strategies for the relevant service areas and ensuring necessary arrangements are in place to implement strategies and procure service changes. This includes those decisions and proposals that would be inappropriate for reasons of commercial sensitivity to take to Health and Wellbeing Delivery Boards and other groups with provider representation.

It is responsible for strategic market development and management and overseeing plans to re-commission and de-commission services as well aligning this work with joint strategic procurement plans.

It will report key decisions to the Health and Wellbeing Board and related Delivery Boards as well as to relevant executive and governing bodies of the CCG and Council.

[Chart to be developed and added]

1.1 The membership of the JCE will be as follows:-

1.1.1 CCG including:-

- the Chief Officer; (Joint Chair)
- the Director of Commissioning
- the Director of Performance & Quality
- the Chief Financial Officer

1.1.2 the Council including:-

- the Corporate Director of Adults' Services (Joint Chair)
- the Corporate Director of Children's Services
- the Director of Public Health
- the Director of Finance

1.2 Partners may invite finance and or performance leads or other Officers as required and in agreement with the chairperson.

2 Role of the JCE

2.1 The JCE has both specific and wider roles.

A. The wider role involves:-

Coordinating joint strategic commissioning of health. social care and public health services in Tower Hamlets including: community health and social care services for children, adults and older people, including mental health services, services for people with physical disabilities and sensory impairments, learning disabilities and support for carers of the above people.

This is likely to include:-

i. co-ordinating the development of joint strategies for the above groups that improve outcomes for residents;

ii. ensuring necessary arrangements are in place to implement and monitor the strategies and procure service changes, including signing off Business Plans;

iii. liaising with other HWB Committees and Delivery Boards to ensure necessary user and stakeholder involvement;

iv. agreeing an annual Commissioning Plan which evidences that the views and experiences of Service Users are being used to shape service delivery; and

v. managing strategic commissioning issues that arise from the Better Care Fund (BCF), Tower Hamlets Together and other integration programmes and directing changes to commissioning plans or recommending such changes are made to the governing bodies of the CCG and Council as appropriate.

B The specific roles with regards to this Agreement involve:-

i. providing strategic direction on services and for BCF the Business Cases for Individual Schemes and Enabler Projects. This includes ensuring there are appropriate links and engagement between all authorities involved in agreements in the Borough;

ii. receiving the financial and activity information, which should be based on exception reporting;

iii. agreeing annually revised budgets for services (three months before the start of the financial year) and any variations in spend or contributions from the Partners in year;

iv. reviewing the operation of the JCE and performance managing the individual services;

v. reviewing and agreeing all BCF and joint commissioning business cases;

vi. agreeing and overseeing the BCF and associated Section 75 agreement;

vii. agreeing and overseeing any other Section 75 agreements in relation to joint commissioning / pooled budgets;

viii. approving any changes in performance indicators and an annual report on outcomes for submission to the Executive bodies of both Partners;

ix. reviewing and agreeing annually a risk assessment and a Performance Payment protocol for BCF; and

x. requesting such protocols and guidance as it may consider necessary in order to enable staff employed by the Partners to manage the pooled budgets and approve expenditure from Pooled Funds.

3 JCE Support

The JCE will be supported by Officers from the Partners as required. The JCE will meet alternative at Council and CCG offices with meeting support provided by the host organisation..

4 Meetings

4.1 The JCE will meet monthly at a time to be agreed or more frequently at the request of any member.

4.2 The quorum for meetings of the JCE shall be a minimum of three (3) including one (1) representative from each of the Partner organisations.

4.3 Decisions of the JCE shall be made unanimously. Where unanimity is not reached then the item in question will in the first instance be referred to the next meeting of the JCE, which may be called especially to resolve the issue. If no unanimity is reached on the second occasion it is discussed then the matter shall be dealt with in accordance with the dispute resolution procedure set out in the BCF Section 75 agreement.

4.4 Where a Partner is not present and has not given prior written notification of its intended position on a matter to be discussed, then those present may not make or record commitments on behalf of that Partner in any way.

4.5 Papers for the meetings should be available and circulated five (5) working days before each meeting. Minutes of all decisions shall be kept and copied to the Authorised Officers within five (5) working days of every meeting.

5 Sub Committees

5.1 Short term working groups or sub-committees of the JCE will be established as needed.

5.2 Finance and Performance matters will be covered at the JCE however the JCE will keep under review the need for a sub-group.

5.3 In the event that a Finance & Performance Sub-Group is agreed membership of the

Finance and Performance subcommittee shall be relevant Finance and Performance Officers of the Partners and Pooled Fund Managers. The subcommittee will meet at least six (6) (4) times a year at times to be agreed usually seven (7) days before the JCE or more frequently at the request of the JCE. The main purpose of the group is to monitor performance and spend for each of the services covered by the Service Schedules and to prepare a report detailing any projected under spends, overspends for each of the services, with recommendations for corrective action, together with an update on key performance targets.

6 Delegated Authority

6.1 The JCE is authorised within the limitations of delegated authority for its members (which is received through their respective organisation's own financial scheme of delegation) to:-

6.1.1 to authorise commitments which exceed or are reasonably likely to lead to exceeding the contributions of the Partners to the aggregate contributions of the Partners to any Pooled Fund; and

6.1.2 to authorise a Lead Commissioner to enter into any contract for services necessary for the provision of Services under an Individual Scheme

7 Information and Reports

Each designated Finance Manager or Pooled Fund Manager shall supply to the JCE and its Finance and Performance Sub Committee on a Quarterly basis the financial and activity information as required under this Agreement.

Commissioning Managers employed by the Partners will also supply reports to the JCE on a quarterly basis or as requested.

7.1 Financial reports

Financial reporting on a quarterly basis will identify:-

- actual year to date and forecast out-turn against plan analysed by pay, non-pay and income for each service unit;
- Variance analysis if applicable;
- proposed action plan with recommendations of actions to address material variances and progress of achievement if applicable; and
- Risk assessment.

The financial report will be produced in accordance with the Council's and CCG's financial policies and procedures.

7.2 Performance Reports

The information required for Performance Reports will be agreed annually and will include a highlight report of the main performance issues and a description of progress against outcomes and targets in each area of performance:-

- achievement of partnership Aims and Objectives (commentary including number of and response to complaints and compliments) and feedback on particular services to evidence whether these arrangements are making a difference

- achievement of National and Local Performance Indicators agreed by the JCE;

- achievement of the objectives in the Performance Improvement Plan agreed by the JCE and any agreed service developments; and

- performance against service and regulatory inspection action plans.

For each area of performance, the report will identify:-

- current performance;

- forecast out-turn;

- target;

- last year's out-turn; and

- provide commentary and details of corrective actions proposed.

7.3 **Commissioning Plans**

7.3.1 Commissioning Managers will produce regular reports as requested by the JCE that include updates on strategic market development and management and progress on plans to re-commission and de-commission services as well aligning this work with joint strategic procurement plans.

7.3.2 By the end of Q4, the CCG and Council Joint Commissioning Teams will provide to the JCE a first draft analysis of commissioning intentions and proposals as a refresh of the relevant commissioning strategies for the following financial year.

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Health and Wellbeing Board Tuesday 18th October 2016	Tower Hamlets Health and Wellbeing Board
Report of the London Borough of Tower Hamlets and Tower Hamlets CCG	**Classification:** Unrestricted
Transforming Care Partnership Plan	

Lead Officer	Denise Radley, Debbie Jones and Simon Hall
Contact Officers	Carrie Kilpatrick Deputy Director Mental Health and Joint Commissioning Karen Badgery Service Manager Children's Commissioning
Executive Key Decision?	No

Summary

In October 2015, LGA, ADASS and NHS England published **Building the right support**, a national plan to reduce inpatient provision and enhance community services for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition. Building the right support sets out the ambition to mobilise commissioning collaborations of CCGs, NHS England specialised commissioners and Local Authorities to create Transforming Care Partnerships (or TCPs), tasked to deliver a specified national service model of good practice by March 2019.

Tower Hamlets CCG and Local Authority have been working as part of the Inner North East London Partnership to identify its key priority areas and develop a set of commitments able to deliver our local and collective aspirations to improve the quality of life for children, young people and adults and with a learning disability and/or autism who display behaviours that challenge; and their families.

This report provides the Board with the Inner North East London Plan as informed by a detailed analysis of our strengths and weaknesses in delivering services for this group. It sets out both our collective local aspirations to provide:

- The right support, in the right place and at the right time
- Support from competent and confident staff
- Positive local options to catch people when they fall.

Recommendations:

The Health & Wellbeing Board is recommended to

1. Note and endorse the detailed commitments of the Inner North East London Transforming Care Partnership Plan.

DETAILS OF REPORT

1. Introduction and Overview

1.1 In October 2015, LGA, ADASS and NHS England published **Building the Right Support**, a national plan to reduce inpatient provision and enhance community services for people with a learning disability and/or autism who display behaviour that challenges. Building the right support set out to mobilise commissioning collaborations of CCGs, NHS England specialised commissioners and Local Authorities across England to create Transforming Care Partnerships (or TCPs), tasked to deliver a specified national service model of good practice by March 2019.

1.2 The programme aims to achieve a better community infrastructure resulting in a substantial reduction in the number of children, young people and adults with a learning disability and/or autism who display behaviour that challenges, placed in inpatient settings; and where they are admitted, a significant reduction in their length of stay. The overall aspiration being to ensure a better quality of care and a better quality of life for these often marginalised individuals and their families.

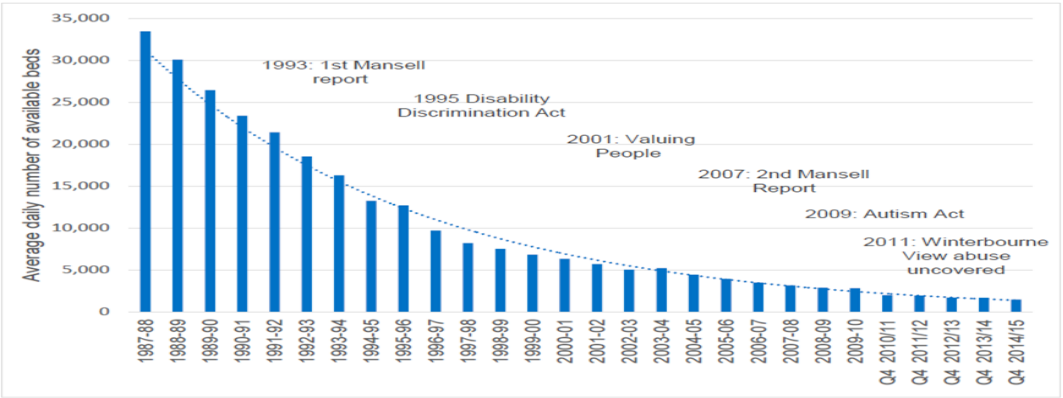
1.3 The reach of this programme is extensive; it aims to address the needs of both adults and children with a learning disability and/ or autism who:

- Have a mental health condition such as severe anxiety, depression, or a psychotic illness, and those with personality disorders.
- Display self-injurious or aggressive behaviour, not related to severe mental ill health, some of whom will have a specific neuro-developmental syndrome.
- Display risky behaviours which may put themselves or others at risk and which could lead to contact with the criminal justice system.
- Are not always known to health and social care services, who display behaviour that challenges, including behaviours which may lead to contact with the criminal justice system.

1.4 The model which has been developed with people with learning disability and/or autism, as well as families/carers, sets out how services should support people who display behaviours that challenges. At its core is the belief that we all have a basic right to live in our own home and to develop and maintain an active role in society. To achieve this aspiration local areas are challenged to mobilise innovative housing, care and support solutions within the community to enable this to happen for all, including those with the most complex support needs. The model is structured around a number of principles seen from the point of view of a person with a learning disability and/or autism.

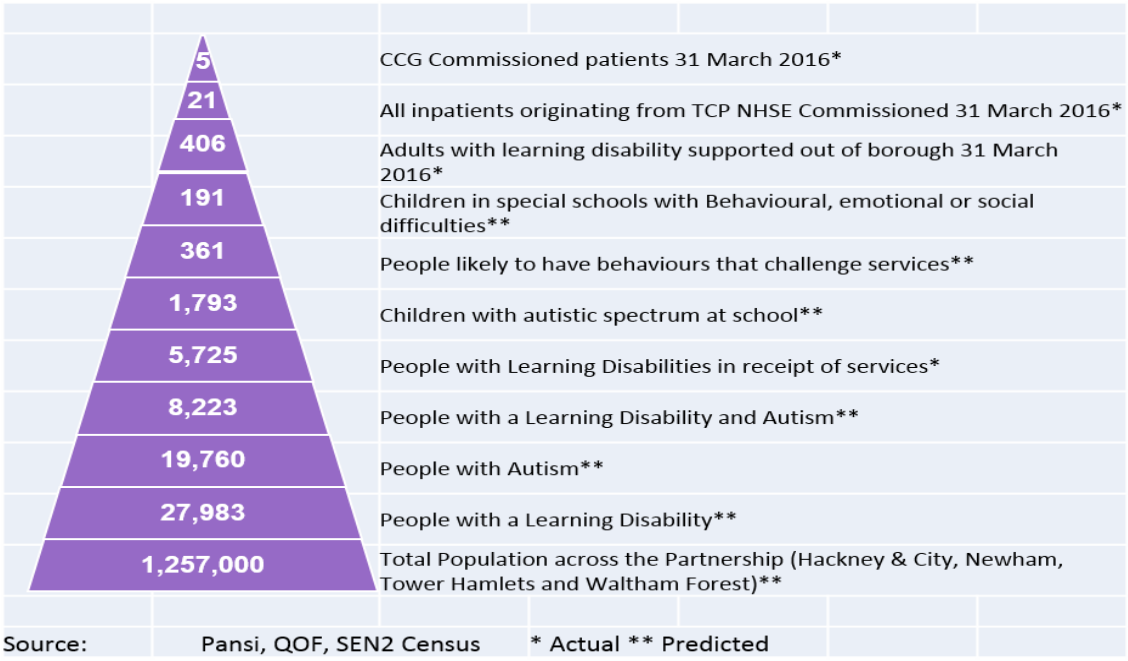
1.5 The Programme directly addresses the Winterbourne View scandal by committing to reduce over reliance on inpatient care. In February 2015 NHSE commenced a programme to close inappropriate and outmoded inpatient care, by establishing stronger support in the community. However progress nationally has been slow. As the graph below demonstrates, after an initial reduction in inpatient admissions, results have plateaued. Perhaps more stark is the disparity in the length of time people stay in an inpatient facility of this type; approximately a third of the people currently in hospital have been in inpatient settings for five years or longer.

Figure 1: NHS learning disability beds since 1987[3]



1.6 In order to secure significant and lasting change, a key requirement of Transforming Care Plans for each local area is the reduction or closure of hospital assessment and treatment units (ATUs). Each area is expected to commission no more than 10-15 CCG beds and 20-25 inpatients in NHS England-commissioned low, medium and high secure units[1].

1.7 Across the partnership our population of adults and children placed in such inpatient settings is relatively low. At an INEL level, we currently have 12 people in CCG commissioned beds, plus 18 in NHSE commissioned secure beds. Our planning target for 2019 is to reduce these numbers by 25%, which, while still a significant target, is lower than those TCP areas with high levels of in-patient bed usage.



INEL Regional picture of need

2. The Tower Hamlets Context

2.1 To fully understand the implications for Tower Hamlets and how we will seek to prioritise this programme locally, an overview of existing services and support for children, adult and families has been outlined, together with initial priority areas highlighted for further work. This has been co-produced with multi-agency professionals, providers, families and carers.

The Adult Population

[1] Per million population

2.2 In Tower Hamlets we are starting from a position of strength. We have a solid service model to build on, good local expertise within our services and a well-regarded local treatment offer. The intake teams and mental health and challenging behaviour long term team provide a pathway which includes psychological, speech and language input in addition to access to other services from the integrated team. The team also supports wider health access to mainstream health services, for example, through working with health colleagues to ensure reasonable adjustments. We are committed to providing personalised support and have been active in using mainstream mental health services, and building bespoke support for many people who challenge. The CCG is also currently implementing a pilot project to expand the use of Personal Health Budgets which will expand to comprehensively cover this whole cohort.

2.3 We have relatively low numbers of people overall in inpatient provision; In Tower Hamlets we have not made a hospital placement of this type for the last 5 years. In line with national best practice, where necessary, people with learning disabilities and/or autism who have a mental health crisis access mainstream community psychiatric services where an inpatient admission is necessary.

2.4 Tower Hamlets currently has 3 adults placed by specialist commissioning in low to medium secure units. Currently these are placed in a medium secure unit in Norfolk, the John Howard centre and one young person placed in a CAMHS hospital placement.

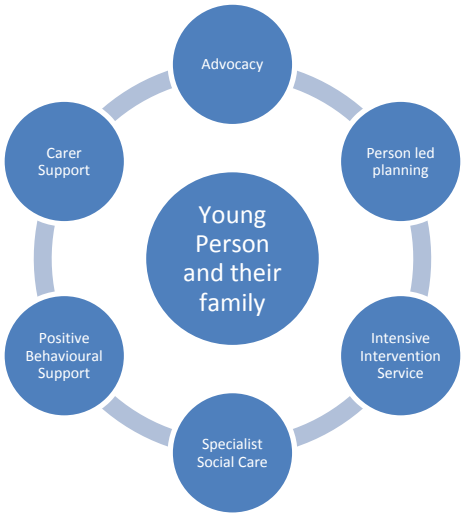
Adults in Tower Hamlets	Numbers
People with LD	4,848
People known to CLDS	850
Total number of People known to CLDS who have been categorised as meeting the criteria for this categorisation	143
Number of people categorised as a medium to high risk of admission	31
Number of out of borough LD placements	114
Number of out of borough LD placements considered to be within this cohort	45
Total number of People known to CLDS who have been categorised as within this cohort, and at potential risk of a future hospital admission, who have previously been admitted to Mile End Centre for Mental Health	43
Number of people with LD who have been admitted to Mile End Centre for Mental Health in 2015/16	7
Number of people with LD currently in secure units	3
Number of people in Assessment Treatment Units	0

2.5 In addition there are thought to be around 1,910 adults with ASD in Tower Hamlets in

2011, approximately 765 of whom do not also have a learning disability.[2]

The Children's Picture

2.6 The vision for children and young people in Tower Hamlets is consistent with the national service model, the Children and Families Plan and CAMHS Transformation Plan. Good emotional health and wellbeing is promoted from the earliest age; Children, young people and their families are supported to be emotionally resilient. Tower Hamlets has a variety of services providing behavioural support to young people and their families.



2.7 The whole children's workforce including teachers, early years providers and GPs are able to identify issues early, enable families to find solutions, provide advice and access help. Help is provided in a coordinated, easy to access way. All services in the local area work together so that children and young people get the best possible help at the right time and in the right place. The help provided takes account of the family's circumstances and the child or young person's views.

2.8 As a result fewer children and young people escalate into crisis, and fewer children and young people require in patient admission. If a child or young person's needs escalate into crisis, we want good quality care to be available quickly and delivered in a safe place. After the crisis the child or young person will be supported to recover in the least restrictive environment possible, as close to home as possible. We also aim to ensure that when young a person requires residential, secure or in patient care, this is provided as close to home as possible.

2

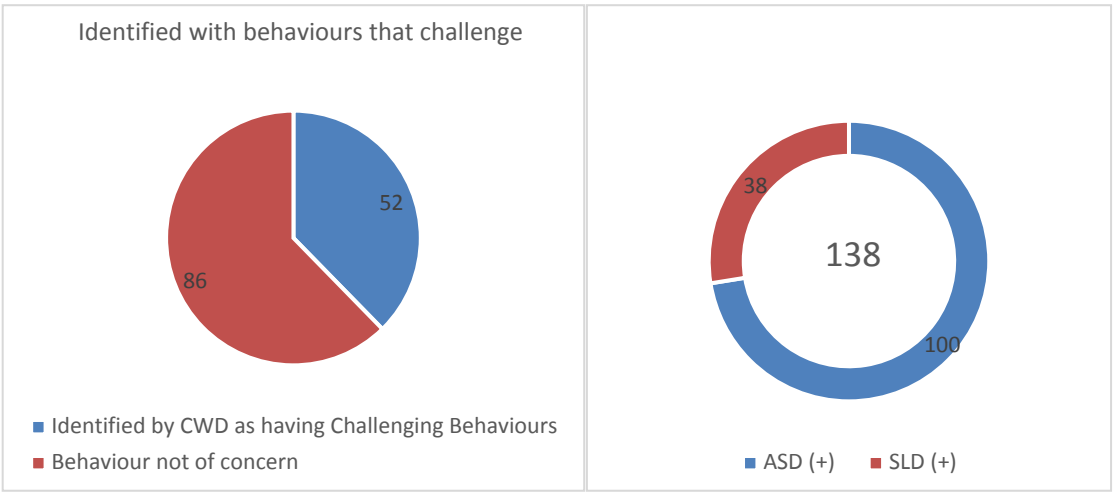
Tower Hamlets Joint Strategic Needs Assessment Autistic Spectrum Disorder: Factsheet 2010-2011

2.9 There is no one database that categorises whether a child displays 'challenging behaviour.' As such data to demonstrate the local need has been brought together from a range of key sources to build a local picture of need. As of December 2015, there were 794 children and young people aged 0-19 years with a diagnosis of Autistic Spectrum Disorder (ASD); 1.2% of the 0-19 population has a diagnosis of ASD, which is in line with national expectations. Data suggests a considerable increase in the number of children being diagnosed with ASD; 2.3% of 5-9 years have a diagnosis of ASD compared with 1.7% of 10-15 year olds. It will be important that provision and resources keep pace with this considerable increase in identification and diagnosis.

In addition it is estimated that there are less than 10 young people with autism/learning disability in touch with Youth Offending Team.

2.10 Using the special educational needs (SEN) database to ascertain SEN type and cross referencing with Children with Disabilities social care records we have a snapshot.

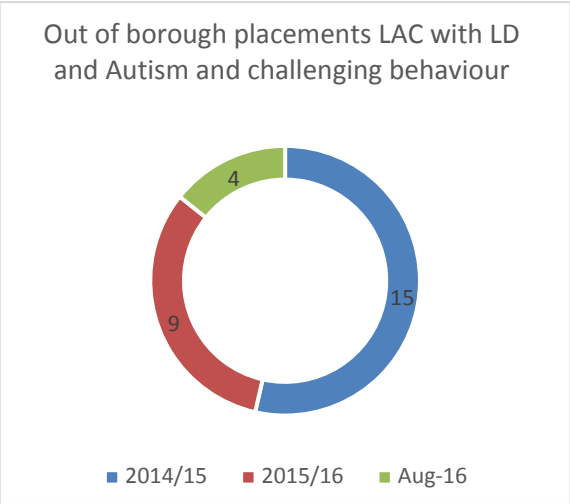
2014/15 data (SEN database and CWD client files) 13-19 years old

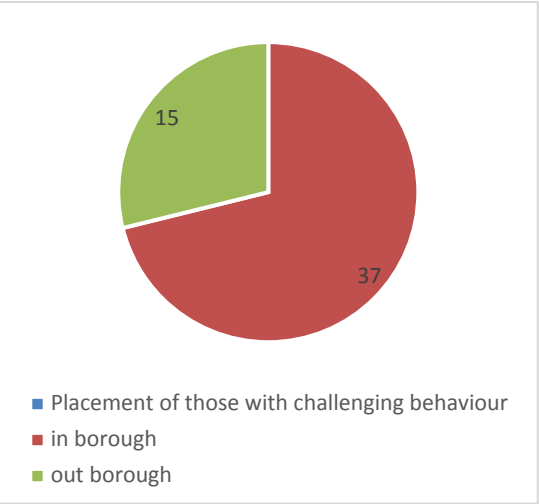


SEN Type

2.11 Scrutiny of out of borough placements data indicates a year on year reduction in these numbers, this is in line with the Borough's focus on this area as a priority. We can confidently say that there the reasons for this reduction in out of borough placements relate primarily to:

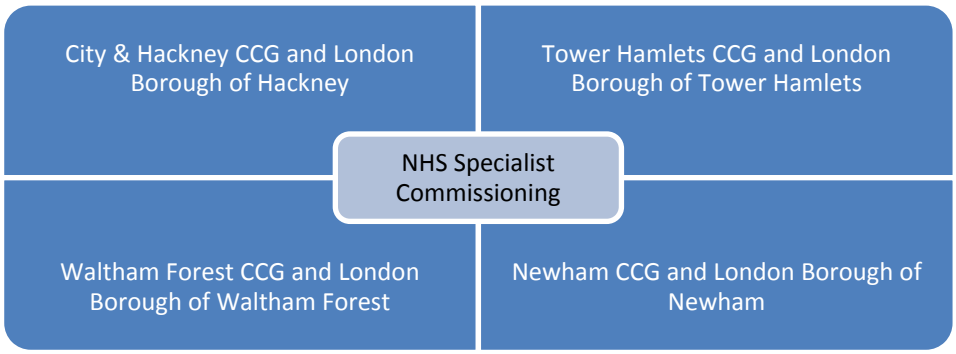
- Early identification of issues related to challenging behaviour through assessments; and early partnership working with schools, the Disabled Children's Outreach Service and the short break provisions.
- Our use of overnight respite services, including Discovery Home and House, specialist holiday provision and proactive care packages.
- Quality Assurance in relation to co-ordinating a single panel through education, social care, short break provisions and home.





3 The Inner North East London Transformation Partnership Plan and Tower Hamlets Local Priorities.

3.1 To ensure collaboration across the area and a co-produced approach we have established a Board comprising representation from each geographical area. The Board will be responsible for overseeing the development and delivery of the Programme.



3.2 In developing the plan we have also been able to gain the input of people and their families through Interviews with families who have recently experienced an inpatient admission, to understand better what might have prevented crisis and admission to hospital and what would enable successful and sustainable support in the community.

Coproduction Events	Date	
TCP Provider Workshop	3rd June	✓
TCP Carer Workshop	24th June	✓

Tower Hamlets LD sports day	19th May	✓
Carers Forum	10th May	✓
Transforming Care in Tower Hamlets	1st June	
Learning Disability Partnership Board	21st March	✓
Challenging Behaviour Sub-group	25th April	✓
LD Health Sub-group	16th March	✓
Families and Carers Event	24th June	✓
Families, Carers and stakeholders final Event	14th Sept	

3.3 Despite the solid foundation, we know that there is room for improvement and as a region we have identified common areas where we wish to collaborate to improve, and others where we can use learning from one part of the TCP to inform and improve. In particular we will design our approach around around three core components:

- Prevention and community support that minimises risk of inappropriate admission;
- Focused and high quality assessment, treatment and care while in hospital; and
- Effective and timely discharge supported by a plan that minimises the likelihood of readmission.

3.4 We want to provide:

- The right support, in the right place and at the right time
- Support from competent and confident staff
- Positive local options to catch people when they fall.

3.5 To date, the partnership has focused on the crisis end of the challenging behaviour pathway. This is in line with the national requirements to reduce inpatient care. In order to meet the National commitment to close inpatient facilitates; preventative work and early intervention, from the beginning of the life course, is paramount. As such the partnership has produced a plan which will see years 2 and 3 of the programme, and the aligned Tower Hamlets local delivery plan, focus on prevention and early intervention, particularly in childhood, to improve outcomes. This is a broad area which spans from pre-diagnosis of autism and learning disabilities, early years support, schools provision, SEN support, Health provision, children's social care and the transition into adults services. This is not simply about specialist support but mainstream services.

3.4 Our regional plan focuses on identifying areas where there is an evidenced based case for working sub-regionally to deliver change as well as developing

and enhancing our local offer. As such the regional plan will be aligned to a local delivery plan in each Borough. This will enable us to build on the good practice within each locality to ensure that our use of more institutionalised hospital settings continues to stay low in the future.

- **Out-of-borough residential and specialist educational placements for adults, children and young people**
  Although our inpatient numbers are low, as a partnership we have many people living outside our borough boundaries because we have not been able to support them locally, so our plan will explore options to develop a more regional solution with the overall aim of placing both adults and children, where possible, closer to home. In Tower Hamlets this work will focus primarily on the development of a programme to increase local personalised accommodation options.

- **Workforce Development**
  Enabling providers to support those individuals and their families with the most complex needs builds resilience into community placements and enables people to benefit from skilled staff throughout the range of services they use, both specialist and mainstream. We will ensure a consistent level of expertise in key areas – communication, positive behaviour support and person centred planning and active support. Existing workforce partnerships and the footprint means this is an approach that could benefit from being delivered over a broader footprint.

- **Personal Health Budgets**
  Tower Hamlets will take the lead in ensuring there is an aligned approach to the development of the TCP and Integrated personal commissioning objectives. As a national demonstrator site for Integrated Personal Commissioning our IPC cohort includes both adults and children with learning disabilities. We are actively developing integrated planning and budgeting models building on existing Community Learning disability Teams' care planning processes for adults and the education healthcare planning process with children. The TCP cohort has been identified as an early point of focus for the IPC work (including identification of PHBs for these individuals). Tower Hamlets will be leading the way for our TCP and we will be seeking to learn from them to inform local plans in other boroughs.

- **Risk Register of children with challenging behaviour**
  All INEL partners, including Tower Hamlets, have yet to implement a children's risk register. Existing virtual registers within children's services, hold information on this cohort of children. All these registers are subject to statutory review processes and assessment. Schools, SEN team, CAMHS, YOT, children's social care and GP's will be involved in establishing a multi- agency register by the end of the 2016; this register will ensure that we are able to focus on those at greatest risk of admission.

- **Pathways – Transition**
  Wider transition has been identified as an area for on-going improvement in LBTH. Importance of early transition planning to deliver effective, personalised support into adulthood. There is much work going on in this area to ensure that effective, personalised, person centred planning begins at age 14 (in line with Council policy.)Processes around assessments, allocation of cases, early support planning, multi-agency working and frequency of reviews are all being looked at internally.

3.5 To align with the sur-regional governance structures we are working to establish the local governance structures responsible for delivery of the key priorities for both children and adults.

The Children's delivery plan will be embedded within the early intervention working group; Children and young people with disabilities strategy group and Children and Young People's programme board ; As well as being embedded within the reviews currently underway in SEN and Early years redesign.

The Adults delivery plan will be aligned within the governance structure of the Learning Disabilities Partnership Board as a formal subgroup of the board. The key priorities will also be embedded within the Autism and Learning Disability Strategies which are currently under development.

9. COMMENTS OF THE CHIEF FINANCE OFFICER

This report is an information report and does not contain any policy change that will lead to new financial commitments. All the services provided by Children's Services, mentioned in the report, are covered within existing budgets.

The Council spends 37% of the Adults' social care budget on learning disabilities and related services. As the following table shows the services are divided between the client cohort covered by the Council only, and the jointly provided services with Health via the Community Learning Disability Service (CLDS). A further £330k is allocated from Better Care Funding (BCF) which is dedicated to adults with autistic needs.

Services	2016-17 Forecast Spend
	£'000
Learning Disability Care Packages provided by LBTH	21,425
Joint Community Learning Disabilities Services (CLDS)	1,173
Learning Disabilities Day Centre part of CLDS	414
Grand Total	**23,012**
As % of the overall Social Care Budget	37.12%

The activity demand on the Council's learning disability care packages budget has not seen any significant increase since April 2016. However, currently the CLDS is running with a budget pressure of £486k.

There is a risk that the reduction of inpatient services will translate into additional demand on the community based services provided by the CLDS.

Demand for high learning disability needs is mostly included in the mental health care packages budget of which the Council is forecast to spend c£7.3m this year.

Given the significant budget allocated to learning disabilities and its associated needs it is expected that the recommendations contained in this report will help to meet the demand for the services mentioned within the given resources in an efficient and sustainable manner.

The Transformation Care Plan intentions are to concentrate on preventative services which in turn will reduce long term demand for care packages which should contribute to addressing the current and future budget pressures within the CLDS.

10. LEGAL COMMENTS

10.1 Building the Right Support is a national plan to develop community services and close inpatient facilities for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition. After the publication of Building the Right Support, NHS England, the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS) supported the creation of 48 Transforming Care Partnerships (TCPs).

10.2 Each of those 48 TCPs have been working on their plans to change services in a way that will make a real difference to the lives of children, young people and adults with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition.

10.3 Tower Hamlets is part of the Inner North East London TCP plan and this report is advising the Health and Wellbeing Board of this Plan as well as an

informed by a detailed analysis of the strengths and weaknesses in delivering services for this group. It sets out the collective local aspirations to provide:

- The right support, in the right place and at the right time
- Support from competent and confident staff
- Positive local options to catch people when they fall.

Linked Reports, Appendices and Background Documents

Linked Report

- NONE

Appendices

- NONE

Local Government Act, 1972 Section 100D (As amended)
List of "Background Papers" used in the preparation of this report
List any background documents not already in the public domain including officer contact information.

- NONE

Officer contact details for documents:
Carrie Kilpatrick, Deputy Director of Mental Health and Joint Commissioning, LBTH and TH CCG

Appendix 1:

Inner North East London

Transforming Care

Partnership Plan

Introduction

The Transforming Care Partnership (TCP) includes:

- The City of London, London Borough of Hackney and Hackney Clinical Commissioning Group
- The London Borough of Newham and Newham Clinical Commissioning Group
- The London Borough of Tower Hamlets and Tower Hamlets Clinical Commissioning Group
- The London Borough of Waltham Forest and Waltham Forest Clinical Commissioning Group

This plan is for

People with a learning disability and people with an Autistic Spectrum Disorder who have challenging behaviour.

We want to provide

- The right support, in the right place and at the right time
- Support from competent and confident staff
- Positive local options to catch people when they fall

While we have a lot of good things locally to offer, we know that we have much more to do before we can guarantee people and their families the right local support, consistently and through the different stages of their lives. We know that periods of transition in particular are often trigger negative consequences for this group of very vulnerable people and we are committed to improving that. Our threshold for people leaving out area to get education, care or support must be really high in the future. We believe that our plan will transform our area to deliver a much stronger, effective and resilient service across our area that will in turn reduce institutional care and enable people to get on with living good, healthy and productive lives.

By 2019 we will have developed and implemented, across the partnership, an enhanced model of care that delivers, from a positive starting point, a 20% reduction in in-patient bed usage as well as: improved quality of care and improved quality of life of ***all*** individuals with behaviour that challenges and their families/circles of support.

This improved model of care is being built around three core components:

1. Prevention and community support that minimises risk of inappropriate admission;
2. Focused and high quality assessment, treatment and care while in hospital; and
3. Effective and timely discharge supported by a plan that minimises the likelihood of readmission.

What is the case for change?

We have analysed our current collective position, consulting widely. We have looked at our population trends. We have assessed how we currently fit against the individual criteria set out in the National Service Model. We have considered the current provision for the wider cohort and we have concluded that, while we have a relatively low number

of people in hospitals, some are there inappropriately. We know that we send people to residential boarding schools and residential homes away from east London. We know that our current local provision is patchy in quality and insufficient in capacity and resilience.

1. Overall, we have not had a clear sense of this cohort or of good intended outcomes for the people in it. Progress has been piecemeal. Our evidence of what works well or not is not well evidenced or shared.

2. We have identified people who are inappropriately served in inpatient provision and who need to be discharged.

3. While we currently have a lower number of people using inpatient provision than the new national target we believe that it should remain lower and so needs to reduce considerably over this period

4. Our use of out-of-area residential provision affects this cohort and therefore needs to stop being a response to people with challenging behaviour. We must find ways to prevent people moving away when it is not their choice to and we must offer ways for people who want to return to do so.

5. We have found that there is a potentially significant group of people within this cohort living on our patch (at the instigation of other local authorities) who we do not fully understand (in residential homes).

6. We have a growing population and so need to build capacity for the future for the wider cohort.

7. We do not currently meet the National Service Model requirements. We know that not all of our local services are effective for this cohort, and we know that there are areas for improvement. We have identified common areas of weakness that we wish to collaborate on to improve, and others where we can use learning from one part of the TCP to inform and improve other parts so that we all fully meet the new model by 2019. In particular we have established considerable gaps in:

    - Increasing control over services by service users and their families
    - Sufficient preventative work for children and adults who challenge
    - Understanding criminal behaviour in this cohort, especially those who are ineligible for support, or of how to support the community in accepting people returning from custodial sentences
    - Sufficient agreement and utilisation of positive methods of supporting people with challenging behaviour
    - Sufficient contract control over the quality of support people experience from all supporters – family, schools, colleges, adult services, including skills in setting up individual bespoke services
    - Sufficient support to families
    - Sufficient access to individual housing, especially when needed fast
    - Smooth navigation through education, health and support services
    - The ability of local advocacy to effectively support this group
    - Enabling this group to gain employment
    - Effective interagency working between specialist and mainstream services

8. We understand that our current systems and practices do not enable a ‘whole life’ approach and that timely and consistent support is often not available, contributing to

the threat of crisis. Transition periods often become crises. We know there are difficulties with insufficient joint planning for adulthood (generally with adults' teams picking up responsibility too late). We see full records not always being transferred between children's and adults' services or between out-of-borough residential schools and adults' services. Roles and responsibilities are not always clear or understood. We have heard of difficulties in a change of support means that the person's support plan and positive behaviour plan effectively stop and start, with no continuity from the previous one. Our support to people during periods of change needs to change.

9. We are aware that people don't always get equal choices; some get good services, some get more restrictive support; there is no person-centred explanation for why one part of the group lives away from their home and the other is served locally.

10. Very few people in the cohort have accessed personal budgets of any sort and their control over the services offered to them is very limited. We believe that a substantial growth in this area will be a driver to people having support at the right time, in the right place.

11. We understand that the above concludes that there is a lack of sufficient capacity, skill and knowledge in supporting the wider cohort locally.

We believe that we can improve our current model of care by:

- Understanding the people in this group, where they are, their vulnerabilities, aspirations and talents. To do this we need to build on the beginnings of a proper risk register and track their journeys

- Intervening earlier in order to prevent crisis in mental health, challenging behaviour and the ability of family/carers to support the person

- Prioritising individual control through the use of personal health budgets; with their own resources, people are likely to create more local demand than commissioners have done

- Instilling better practice throughout all of our services (from health and social care providers to commissioners, mainstream services etc.) to reduce crises, through positive approaches to people who challenge, embedded locally and with knowledge and skill that supports the person as close to the person as possible through training, coaching and support to families, teachers, care staff

- Providing local options so that people never move far from home (both to hospital and to residential care) due to their behaviour or illness through access to local housing and support

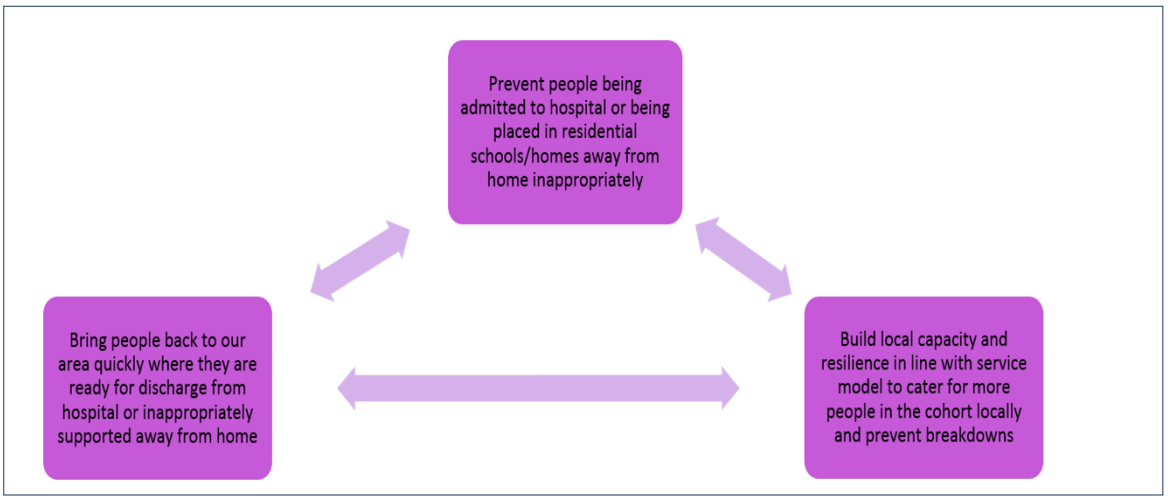
- Understanding the impact of transition periods and creating a smooth journey through starting school, transition through schools, from child to adulthood and through moving from the family home

- Understanding the entire community that supports those people and collaborating to provide a positive and safe place for people to be. We believe this will reduce the impact of internal processes on peoples' behaviour (e.g. transition, access to healthcare, rebalancing health inequalities etc.)

- Prioritising opportunities to do things together to provide sufficient resilient local services accessible to the TCP as a whole in the most effective, practical and cost effective way, regardless of borough boundaries.

By 2019 we will have developed and implemented, across the partnership, an enhanced model of care that delivers, from a positive starting point, a 20% reduction in in-patient bed usage as well as improved quality of care and improved quality of life for all individuals with behaviour that challenges and their families/circles of support.

What this will look like



Main Transforming Care Partnership initiatives

We have a detailed plan but our main initiatives are:

Instilling the right methodology

1. We will employ an additional behavioural specialist to work across the area to provide additional capacity to undertake assessment, advise, train, evaluate and review.

2. We will develop a positive behaviour statement that all employees, families and the general public can see.

3. We will work with families and black and minority ethnic (BME) groups to make sure that support services are available that meet with both the National Service Model and the requirements of people from BME communities

4. We will set up a best practice forum led by the behavioural specialists across the patch, both in statutory and third sector organisations. This is to create a culture of positive and evidence based practice, to problem solve, flag up difficulties to the TCP and to collect evidence of the impact of positive behaviour support (PBS) across the patch.

5. We will review the capacity of the Community Learning Disability Teams to service more people locally in the future.

Personal Health Budgets

1. We will encourage the use of personal budgets (of all types), piloting with a group in Tower Hamlets and then spreading across the patch. We will prioritise people who are coming out of hospital. We will provide information and advice to enable people to use their money in a manner that reduces the risk of escalating behaviour or admission to secure services

2. These aim to assist people having as much control over their care and support as possible.

Housing

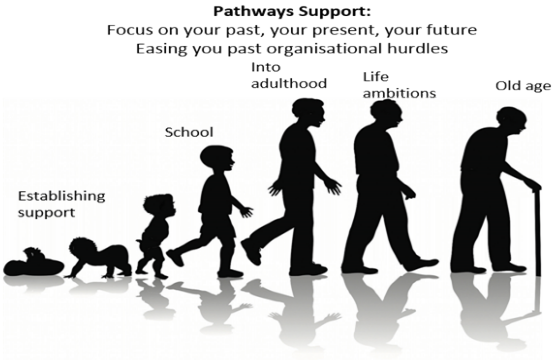
1. We will review the housing we have now and plan to ensure that people with challenging behaviour do not have to leave the area because there is nowhere for them to live locally. We will consider what people might need in their housing and seek to accommodate that. This will involve a review of NHS owned properties currently used for people with a learning disability.

2. While the review is underway we will rent four flats to ensure that there is accommodation if a person's current housing arrangements break down. This will be used if someone is at risk of ending up in hospital or out-of-borough, and will also be used to help people get back home quicker.

3. We will review who is living out-of-borough within our cohort to assess whether they wish to return, or should return. Where people are settled and well supported we will ensure those arrangements are recognised and that their care and quality of life is good.

Pathways (priority area)

1. We want to see each person as a whole, with a past, present and future. We know that transition can be a very difficult for people with challenging behaviour. That could be starting school, moving from children's to adults' services, losing parents or leaving home. We will employ a pathways support post to work alongside people and their families to ease these transitions. They will identify what may need to change in our systems and the way we work to improve life for the person.



2. We will conduct a full audit of the current experiences of people in transition, focussing on the move from children's to adults' services, but including other transition periods in each clinical commissioning group or local authority and draw learning from it to determine changes to be made. This will include considering whether further improvements can be made to the timeliness of diagnosis in early years. It will include checking that local policies and practices ensure that information is transferred and utilised so that the person's support is fully informed. We will also map current services available to the cohort to enable the best use of and easy access to existing services.

Providers (priority area)

1. We will identify a small group of 'targeted' providers across our area who we have identified as having the right approach and skills to support people with significant challenging behaviour. We will collaborate with them to increase local capacity and resilience to ensure a stream of available support to people when they need it.

2. We will amend our contracting and commissioning practices to ensure that people get the service that's right for them and in line with our plan.

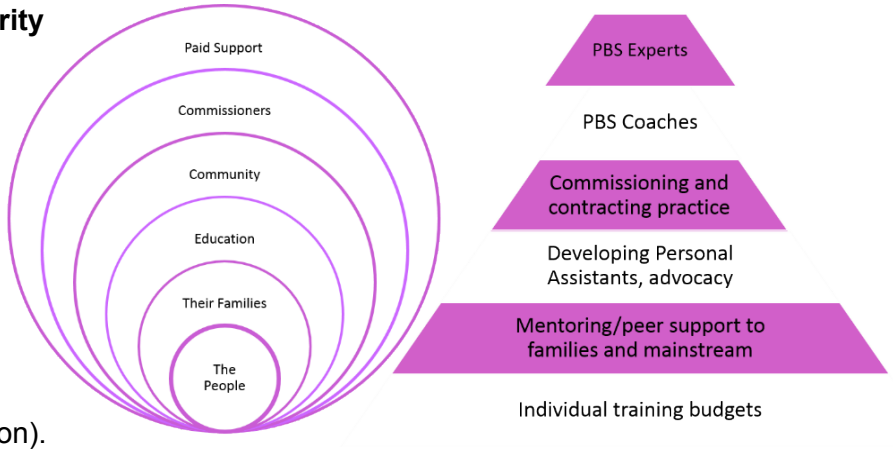
3. New guidance for reviewing officers will be developed to enable them to understand success in these services and to be able to identify risks early.

4. We will work with selected providers collaboratively to identify an appropriate and transparent costing model that secures increased local capacity.

5. We will gain active participation from schools to reduce moves to boarding schools.

6. We will review and refine the capacity of local community learning disability teams to support this group in the future as local provision is expanded

Workforce development (priority area)

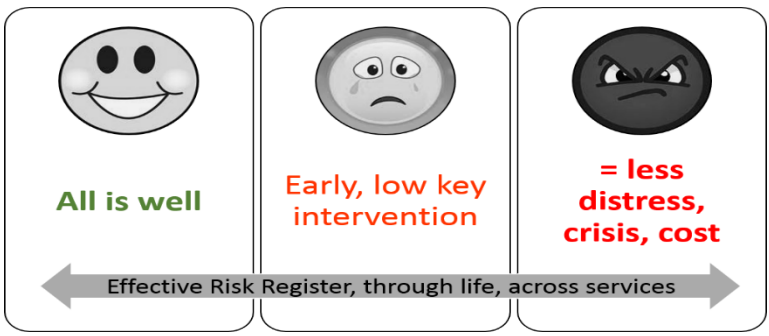


1. We will establish a full framework for competence (in staff, families, networks) throughout the person's life. Training will be accredited and where people are paid link to a professional framework (health, social care, education). This includes support to families and Personal Assistants, and an individual training budget of £2000 to people with a Personal Health Budget.

2. We will collaborate with local providers to secure the availability of a good quality local workforce

Risk register (priority area)

1. Each CCG and local authority will together hold a risk register that spans children and adults. This will be reviewed at least every four weeks and will aim to target support proactively so that people don't fall into a crisis. We aim for this to help to identify people who are at risk of getting into trouble but who do not receive services.



2. We will provide mentoring in the principles of effective support to mainstream services: colleges, police, transport staff, leisure etc. to increase community participation and to reduce incidents in the community

Contingency plans

1. For people at risk of their support breaking down (either in the family home, or somewhere they get paid support), a contingency plan will be in place so that we know ahead of time what will happen if support arrangements break down.

2. We will specifically work with the police as the majority of the people who are in hospital setting come through a criminal justice route.

Respite

1. We will increase the funding for respite for people and their families where the person is at risk of having to go into hospital or out-of-borough for the next three years. This can be used flexibly.

Peer Support

1. We will develop the competency of local advocacy to deliver to people with challenging behaviour.

2. We will pilot schemes to enable families to support each other.

Hospital treatment

1. Some people will need hospital inpatient treatment for periods when they have a significant illness. Where this is a psychiatric condition that requires hospital treatment we will aim to secure treatment locally, for their treatment to be focussed and effective, for their stay to be as short as possible and for them to return to their day-to-day life with minimal disruption.

2. Where people do need psychiatric inpatient care we will consider the use of mainstream mental health services first. These don't suit everybody, but where we are using specialist services it will be where mainstream services are not able to cater for that individual. We will collaborate with the outer north-east London TCP to secure local access to assessment and treatment within the joint area and have a clear policy regarding the appropriate use of both mainstream and specialist inpatient services for this cohort.

3. We will require a clear plan outlining the reasons for admission and intended outcomes and timescales within two weeks of admission.

4. We will use CTRs to monitor the quality and effectiveness of the service.

Our partnership

1. Our partnership will aim to create the best environment for success in delivering the plan. This will include developing co-production with people who have experience of inpatient and far from home services.

2. We will integrate the work plan into existing roles across the partnership and recognise the need for additional capacity and expertise to ensure delivery of the

plan, including developing a specification for a strategic transforming care lead to enable the plan to be delivered.

3. We will agree actions across the partnership area and those that are managed within a CCG area.

4. We will use the *Transforming Care Plan* to increase collaboration including the possible pooling of budgets, adoption of shared common initiatives etc. and will be clear about what is shared activity and what remains locally steered.

5. We will Identify and facilitate opportunities collaboration in areas beyond the immediate Transforming Care programme and for the wider learning disability/autism population.

6. We will liaise with other TCP areas to identify opportunities to share practice and collaborate.

Outcomes

The main outcomes we expect to see from the programme are:

1. A reduction of 20% in the use of hospitals for this cohort by 2019. Nobody is placed in hospital away from the area or readmitted within two years.

2. An increase in the resilience and capacity of local services and consequently people moving more than 10 miles away from the TCP patch will have reduced. A costing model will be in place that is transparent to all regarding the accepted price band for services being commissioned.

3. A positive behaviour workforce development plan has been delivered to support the cohort and those supporting them such as families, staff and informal support networks, supported by the TCP wide practitioners group and 30 positive behaviour support (PBS) coaches.

4. Commissioners and providers practice will have adapted to personal health budgets and integrated personal budgets with these being offered as routine.

5. Number of people falling into the red zone on well-developed risk registers will have reduced by 10% in 2016/17 with targets for subsequent years set annually. Contingency plans for individuals at risk will be in place for those who need them and there will be fewer breakdowns within the family home.

6. Transition review completed and recommendations implemented.

7. Housing options to people in this group will increase.

8. Skilled advocacy will be in place.

9. Feedback from pilot peer support schemes to assess impact leading to longer term family support schemes will have influenced local strategy.

Health and Wellbeing Board Tuesday 18 October 2016	Tower Hamlets Health and Wellbeing Board
Report of: Jane Milligan, Chief Officer, Tower Hamlets CCG	**Classification:** Unrestricted
Update on North East London Sustainability and Transformation Plan (NEL STP)	
Contact for information	Helena Pugh, Local Authority Engagement Lead, NEL STP, Tower Hamlets, CCG E-mail: nel.stp@towerhamletsccg.nhs.uk

Executive Summary

This report provides a further update to the Board on the development of the north east London Sustainability and Transformation Plan (known as the NEL STP). While the mandate for the STP development and sign off lies with health partners, we are working closely with local authorities to develop the approach to sustainability and transformation as we recognise that their involvement is central to the success of our ambitious plans to develop truly person-centred and integrated health and social care services.

A draft 'checkpoint' STP was submitted to NHS England on 30 June 2016; it formed the basis of a local conversation with NHS England on 14 July. A public facing summary of progress to date is included in Appendix A.

The STP Board is establishing a working group of senior representatives from partner organisations to develop the STP governance. This includes Local Authority representation.

We expect to hold public events across north east London over the coming months, so we can discuss it with local people enabling us to gather feedback, test our ideas and strengthen our STP.

Further work is continuing to develop the plan in more detail; the next iteration of the plan will be submitted to NHS England in October. Additional updates will be presented to the Board as they become available.

Recommendations

The Health and Wellbeing Board is recommended to note the:

(i) summary of progress to date (Appendix A)

(ii) proposed approach to developing governance arrangements for the STP

1. DETAILS OF REPORT

Background

1.1 In December 2015 NHS England planning guidance required health and care systems across the country to work together to develop sustainability and transformation plans (STPs). An STP is a new planning framework for NHS services which is intended to be a local blueprint for delivering the ambitions NHS bodies have for a transformed health service, which is set out in a document called Five Year Forward View (5YFV). England has been divided into 44 areas (known as footprints); Tower Hamlets is part of the north east London footprint.

1.2 STPs are five year plans built around the needs of local populations and are:

- based on a 'place' footprint rather than single organisations, covering the whole population in this footprint, which is agreed locally
- multi-year, covering October 2016 to March 2021
- umbrella strategies, which span multiple delivery plans, ranging from specialised services at regional levels, to health and wellbeing boards' local commissioning arrangements, as well as transformational programmes, such as those redesigning services for people with learning disabilities, or urgent care
- required to cover the full range of health services in the footprint, from primary care to specialist services, with an expectation that they also cover local government provision
- to address a number of national challenges, such as around seven day services, investment in prevention, or improving cancer outcomes

1.3 These plans will become increasingly important in health service planning because they are the gateway to funding. In 2016/17 they are the basis for accessing a transformation pot of £2.1bn. This will encompass the funding streams for all transformational programmes from April 2017 onwards, and will rise to £3.4bn by 2021. It is envisaged that this approach will have significant benefits over the earlier approach to transformation funding. Where there had previously been fragmented approaches, both in terms of schemes and locality-based working as a result of emerging programmes and new funding arrangements (such as the Prime Ministers Challenge Fund, Urgent & Emergency Care Vanguard etc.), there will now be a single unified approach across the STP footprint. This will prove extremely valuable in assisting providers and commissioners to work in a more collaborative and co-ordinated way enabling transformation and efficiencies to be delivered that would not otherwise be achievable.

1.4 As well as implementing the Better Care Fund, many local areas are developing more ambitious integrated health and care provision. The Spending Review committed the government to build on these innovations – it will require all areas to fully integrate health and care by 2020, and to develop a plan to achieve this by 2017. The Spending Review offered a range of models to achieve this ambition, including integrated provider models or devolved accountabilities as well as joint commissioning arrangements. The STP guidance requires STPs to be aligned with these local integration programmes and ambitions.

1.5 The NEL STP describes how locally we will meet the 'triple challenge' set out in the NHS Five Year Forward View, to:

- meet the health and wellbeing needs of our population
- improve and maintain the consistency and quality of care for our population
- close the financial gap

1.6 It builds on existing local transformation programmes and supports their implementation. These are:

- Barking and Dagenham, Havering and Redbridge: devolution pilot (accountable care organisation)
- City and Hackney: Hackney devolution in part
- Newham, Tower Hamlets and Waltham Forest: Transforming Services Together programme
- The improvement programmes of our local hospitals, which aim to support Barts Health NHS Trust and Barking, Havering and Redbridge University Hospitals NHS Trust out of special measures

1.7 Further guidance was issued on 19 May which set out details of the requirements for 30 June. This guidance stated that the draft STP will be seen as a 'checkpoint' and did not have to be formally signed off prior to submission. The draft NEL STP June submission formed the basis of a local conversation with NHS England on 14 July.

1.8 Formal feedback on the submission was received at the end of August; it asked that the next draft of our STP, due to be submitted to NHS England on 21 October:

- Clearly articulates the impact the STP proposals would have on the quality of care
- Provides more detail, with clear and realistic actions, timelines, benefits (financial and non-financial outcomes), resources and owners.
- Includes plans for primary care and wider community services that reflect the General Practice Forward View
- Contains robust financial plans that detail the financial impact and affordability of what is proposed.
- Sets out plans for engagement with local communities, clinicians and staff

Assessment of local need

1.9 The NHS guidance states that the STP is required to meet the meet the health and wellbeing needs of its population. To ensure this a detailed Public Health profile for north east London was carried out in March 2016 to identify the local health and wellbeing challenges.

1.10 The profile shows that:

- There is significant deprivation (five of the eight STP boroughs are in the worst IMD quintile); estimates suggest differentially high growth in ethnic groups at increased risk of some priority health conditions.

- There is a significant projected increase in population with projections of 6.1% (120,000) in five years and 17.7% (345,000) over 15 years. Estimates suggest differentially high growth in ethnic groups at increased risk of some priority health conditions.
- There is an increased risk of mortality among people with diabetes in NEL and an increasing 'at risk' population. The percentage of people with Type 1 and Type 2 diabetes who receive NICE-recommended care processes is poor. Primary care prescribing costs are high for endocrine conditions (which includes diabetes).
- NEL has higher rates of obesity among children starting primary school than the averages for England and London. All areas have cited this as a priority requiring system wide change across the NHS as well as local government.
- NEL has generally higher rates of physically inactive adults, and slightly lower than average proportions of the population eating 5-a-day.
- Cancer survival rates at year one are poorer than the England average and screening uptake rates below England average.
- Acute mental health indicators identify good average performance however concerns identified with levels of new psychosis presentation.
- With a rising older population continuing work towards early diagnosis of dementia and social management will remain a priority. Right Care analysis identified that for NEL rates of admission for people age 65+ with dementia are poor.

1.11 All of these challenges are linked to poverty, social exclusion, and vary by gender, age, ethnicity and sexuality. Equality impact assessment screenings will be conducted to identify where work needs to take place and where resources need to be targeted to ensure all protected groups gain maximum benefit from any changes proposed as part of the STP.

Progress on developing the NEL STP

1.12 Appendix A provides a summary of progress to date: Better health and care: developing a sustainability and transformation plan for north east London; it is also available at: http://www.nelstp.org.uk/downloads/Publications/NEL-STP-summary-2016.pdf

Governance and leadership arrangements

1.13 The STP Board has agreed to take an inclusive and engaging approach to developing the governance arrangements required, recognising the need to ensure all partners are thoroughly engaged in the process and the governance implications across the system are understood and aligned to the existing organisational governance and regulatory regime. The STP Board is establishing a working group of senior representatives from partner organisations to develop the STP governance. This includes Local Authority representation. The group is chaired by Marie Gabriel, Chair, East London NHS Foundation Trust. The group aims to have a proposal for the governance arrangements developed for testing and implementation in October. This initial set of arrangements will operate in shadow and be reviewed in January 2017 to check its effectiveness, with the aim of full implementation rom April

2017. Best practice and exert advice will be sought to support the development of the governance. It is also anticipated that NHSE will release guidance at the end of September 2016.

Transformation planning

1.14 Since the submission on 30th June discussions have been held to agree how we will work together to carry out the more detailed transformation planning that is required for the next submission in October. This process began with a series of workshops in July in each of the following areas in the NEL STP footprint: Barking & Dagenham, Havering and Redbridge; City & Hackney; and Waltham Forest, Newham and Tower Hamlets. Following these meetings the NEL Clinical Senate met and ratified a proposal to progress a range of transformation initiatives at three delivery levels (locally led / locally led with NEL coordination / NEL led with local delivery).

1.15 To implement this model 10 core workstreams have been established with SROs and Delivery Leads identified. Each workstream is developing their own governance and working group arrangements to support the process with more detailed planning ahead of the next submission in October, engaging with local lead across the system. The workstreams are:

- Prevention (locally led with NEL coordination)
- Local Integration plans (locally led)
- Primary Care (locally led with NEL coordination)
- Planned Care (NEL led with local delivery)
- Maternity (NEL led with local delivery)
- Cancer (NEL led with local delivery)
- Unscheduled Care (NEL led with local delivery)
- Mental Health (locally led with NEL coordination)
- Medicines Optimisation (locally led with NEL coordination)
- Learning Disabilities, including the Transforming Care Partnership programme (locally led with NEL coordination)

1.16 As an example, a workshop was held with CCG and Local Authority representatives on 23 August to discuss the priority prevention programmes where joint working across NEL may enable greater benefits than are achievable through local working alone. This resulted in the recommendation to coordinate our efforts across NEL in three priority areas initially:

- Smoking cessation and tobacco control
- National Diabetes Prevention Programme rollout
- Workplace health

1.17 Nominations are being sought to take part in working groups to further progress our plans in these areas, once they are confirmed by Directors of Public Health.

Next steps

1.18 Further work is underway to produce **a detailed plan** to be submitted to NHS England in October.

1.19 To help us with the process of **developing and implementing our STP** we have engaged the Local Government Association (LGA) to provide the following support:

- Stage one: individual HWB or cluster workshops to explore self-assessment for readiness for the journey of integration - with the use of a toolkit launched at the recent LGA conference and being piloted until early October
- Stage two: NEL strategic leadership workshop to consolidate outputs from individual HWB / cluster workshops and to explore potential strategies and ways to strengthen the role of local authorities.

1.20 **Further work will continue** beyond this to develop the plan in more detail.

1.21 For **more information** go to http://www.nelstp.org.uk or email nel.stp@towerhamletsccg.nhs.uk

2. FINANCE COMMENTS

2.1 The checkpoint NEL STP includes activities to address current financial challenges across the health and social care economy. The ambition is to ensure that all NHS organisations are able to achieve financial balance by the end of the five year period of the plan.

3. LEGAL COMMENTS

3.1. The NEL STP Board is developing a plan as stipulated by the NHS England guidance.

Appendix A: Better health and care: developing a sustainability and transformation plan for north east London (A summary of progress to date), Summer 2016

http://www.nelstp.org.uk/downloads/Publications/NEL-STP-summary-2016.pdf

NEL-STP-summary-2016.pdf

Health and Wellbeing Board Tuesday 18 October 2016	Tower Hamlets Health and Wellbeing Board
Report of the London Borough of Tower Hamlets	**Classification:** Unrestricted
Better Care Fund Quarter 1 Monitoring Return, 2016-17	

Lead Officer	Denise Radley, Director of Adults' Services, LBTH Simon Hall, Acting Chief Officer, Tower Hamlets CCG
Contact Officer	Steve Tennison, Senior Strategy, Policy and Performance Officer – Integration Lead, Tower Hamlets Council
Executive Key Decision?	No

Summary

This report covers for the information of the Health and Well-Being Board the Quarter 1 monitoring return submitted to NHS England for Tower Hamlets' Better Care Fund (BCF) programme.

Recommendations:

The Health & Wellbeing Board is recommended to:

1. Note progress with the Better Care Fund (BCF) programme in 2016-17, as set out in Quarter 1 monitoring return submitted to NHS England.
2. Approve delegation of the sign-off of the quarterly monitoring returns to the LBTH Director of Adults' Services and the Acting Chief Officer of the CCG on behalf of the Health & Wellbeing Board (with each return reported to the next meeting of the Board).

1. REASONS FOR THE DECISIONS

1.1 The Government's Better Care Fund (BCF) policy framework makes BCF resources available to local health and social care systems, to be spent in accordance with the local BCF plan. HWBBs are formally responsible for the oversight of BCF programmes. In Tower Hamlets, the lead role for overseeing the programme is now being taken by the new Joint Commissioning Executive on behalf of the HWBB. This includes overseeing quarterly returns made to NHS England. As part of revised governance arrangements for 2016-17, the quarterly returns are being submitted to the Health and Well-Being Board in accordance with national guidance.

2. BACKGROUND

2.1 The aim of the Better Care Fund (BCF) is to deliver better outcomes and secure greater efficiency in health and social care services through better integration of provision. The BCF programme is agreed jointly by the council and Tower Hamlets CCG. A pooled fund for the jointly agreed programme is incorporated in a formal agreement under Section 75 of the NHS Act 2006.

2.2 Greater integration is seen as a way of using resources more efficiently - in particular, by reducing avoidable hospital admissions and facilitating early discharge. The local vision for health and social care services is concerned with implementing the NHS Five Year Forward View and moving towards integrated health and social care services by 2020.

2.3 The return provides performance information against six metrics: (i) reablement; (ii) admissions to residential care; (iii) a national indicator concerned with non-elective admissions; (iv) a local indicator concerned with non-elective admissions to hospital; (v) a local indicator concerned with patient experience, and (vi) delayed transfers of care.

2.4 Tower Hamlets' 2016-17 BCF programme is summarised below.

	Scheme Description	Lead Provider	BCF Allocation (£)
Integrated Community Health Team	The focus of the service is primarily related to preventing the highest risk groups from requiring health interventions, particularly acute and secondary health services, and providing personalised, co-ordinated care in the community. The service offers a comprehensive range of specialities within one multi-disciplinary team, including nursing, therapies, social care, mental health and case management.	CCG	7,336,499
Primary Care Integrated Care Incentive Scheme	The introduction of the Integrated Care Network Improvement Scheme (NIS) aims to incentivise an integrated care approach for patients in the top risk levels in Tower Hamlets. The ICNIS contributes towards the delivery of the Integrated Care Strategy as a whole.	CCG	1,200,000
RAID	Rapid Assessment Interface and Discharge (RAID) is a service open to all patients with mental health and drug and alcohol problems over the age of 16 presenting at Health sites in Tower Hamlets. The model emphasises rapid response, with a target time of one hour within	CCG	2,106,420

	which to assess referred patients who present to A&E and 24 hours for seeing referred patients on inpatient wards.		
Reablement Team	Reablement services aim to help people with illness or disability cope better by learning or re-learning skills necessary for daily living. These skills may have been lost through deterioration in health and/or increased support needs.	Council	2,413,871
7 Day Hospital Social Work Team	The scheme operates 7 days per week (from 9am to 8pm, Monday to Friday, and 10am to 8pm on Saturdays and Sundays). The scheme provides timely multidisciplinary assessments, which avoid unnecessary admissions to acute wards, and manages/facilitates speedier discharges in a seamless fashion.	Council	1,230,800
Assistive Technology team	The Assistive Technology (AT) Team provides training and support to social care and health professionals, as well as piloting and implementing new initiatives and projects.	Council	287,000
Community Health Team (Social Care)	The scheme seeks to improve the experience and outcomes for those with long term conditions, at the highest risk of hospital admission or readmission. The service works with those who are in the Integrated Care Pathway (ICP) target cohort; their families and Carers.	Council	895,500
Adult Autism Diagnostic Intervention Service	The service provides a high quality diagnostic and intervention service for high functioning adults (aged 18 years and over) with suspected Autism Spectrum Disorder (ASD) in Tower Hamlets. It also sub contracts a local Third Sector provider (JET) to provide a range of support options for people diagnosed with Autism Spectrum Disorder, and facilitate appropriate referral and signposting to other services where needed.	Council	330,000
7 Day Community Equipment Provision team	Community Equipment Service will provide services over a 7 day week. Staff will be available to receive requisitions for simple aids to living and complex pieces of equipment, via dedicated secure electronic faxes, telephone calls and secure emailing.	Council	154,985
Dementia café	The Alzheimer's Society provides a fortnightly, inclusive Dementia Café, run in English, for people with dementia and their carers in Tower Hamlets, including people from the black and ethnic communities and, a fortnightly Bangladeshi (Sylheti language) Dementia Café, for Bangladeshi carers and people with dementia.	Council	55,000
Community outreach service	The BME Inclusion service provides community-specific input to BME communities in order to support people to understand dementia, break down stigma and access services. Working with GP practices with high patient numbers from Bangladeshi and other BAME communities where there is a lower than expected dementia diagnosis rate.	Council	25,000
Social Worker Input into the Memory	The Diagnostic Memory Clinic is proposing a new pathway for 16/17 that puts more focus on the screening of referrals and early triage of service users, and a social work perspective on this is key to its success.	Council	50,000

Clinic			
Assistive Technology additional demand	Scheme enables vulnerable people who require support to remain living independently in their own homes, by providing specialist/assistive technology and utilising Telecare and Telehealth solutions.	Council	362,000
Carers	The strategic objective of the scheme is to help carers to care effectively and safely – both for themselves and the person they are supporting. It will focus on care packages, Carers' Hub and ensuring the necessary infrastructures are in place for information, advocacy and guidance.	Council	1,430,000
Local incentive scheme	The incentive scheme is intended to encourage and reward joint working that achieves the aims of the Tower Hamlets Integrated Provider Partnership.	CCG	1,000,000
Enablers	BCF programme management and coordination in the Council	Council	208,000
Falls prevention	The proposal is to implement an education programme which will provide skills and confidence to care home and domiciliary staff	CCG	68,000
Community Geriatrician Team	Funding is planned to increase the capacity of the existing community geriatrician team (part of the Integrated Community Health Team) to enable additional caseload and more effective Multi Disciplinary Team working.	CCG	115,000
Personalisation	The Personalisation Programme supports greater person-centred care, as part of Tower Hamlets' agenda on delivering Integrated Care.	CCG	212,000
Mental Health Personal Commissioning	This initiative aims to increase the capacity of the Barts Health, Health Psychology Team, by employing 2 additional psychologists that will be based in primary care and focus on the management of patients with LTCs and depression and anxiety.	CCG	300,000
Mental Health Recovery College	The Recovery College model complements health and social care specialist assessment and treatment, by helping people with mental health problems and/or other long term conditions to understand their problems and to learn how to manage these better in pursuit of their aspirations.	Council	110,000
Disabled Facilities Grant	The council has a statutory duty to provide Disabled Facilities Grants (DFGs) to eligible disabled residents for the adaptation of their home environment to enable them to continue to live as independently and safely as possible. DFGs are mandatory for necessary aids, equipment's and adaptations to provide better movement in and around the home and access to essential facilities.	Council	1,572,542

3. KEY FEATURES OF QUARTER 1 RETURN

3.1 The key issues within the Quarter 1 return are as follows:

- The borough is on track to meet the national targets for both the national and local non-elective admissions (NEA) indicators. (The national metric was not met in 2015-16.) The Quarter 1 data for the number of unplanned admissions to hospital indicates NEA levels at 5,189, against a plan of 5,411.
- For the local NEA indicator, month on month rate per 1,000 of the risk bands 1 and 2 (i.e. 'very high' and 'high' risk of admission), performance was broadly on track (55.7 against a planned target of 55.6), based on two months' average in the period.
- There has been improved performance on Delayed Transfers of Care (DTOC). However, performance remains well below the target level. The Quarter 1 data indicates a rate of 756.7 days delayed due to health, social care or both, against planned performance of 614. The CCG is working with Barts Health to develop an action plan to support the delivery of this target.
- Q1 data for 2016-17 indicates an increase in permanent admissions to residential care, compared to the same quarter in 2015-16. For the rolling year to the end of June, the rate (627.5 per 100,000 population aged 65+) is higher than the 2016-17 target rate of 534.8. However, the Q1 figures have not yet been validated.
- Data was not available for the reablement indicator, which measures the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services, as there is a lag in the production of the data but there will be an update provided when the Q2 return is produced.
- There has been a delay in the production of a local patient experience questionnaire by the Picker Institute that has been developed through the AETNA Foundation pilot. This has now been resolved and the questionnaire is expected to be released imminently. The CCG will then begin to negotiate reporting and targets with the relevant providers.

4. COMMENTS OF THE CHIEF FINANCE OFFICER

4.1 Better Care Fund (BCF) is a combination of central government funding streams that used to flow to local authorities and the NHS. The aim of the BCF is to facilitate an integrated approach to service procurement and delivery but as well ensure the social care budget is protected in terms of vital services to the community. The 2016-17 BCF guidance has placed a stronger emphasis on the protection of social care services which is being reflected in the proposed 2016-17 BCF allocation. The majority of the project funding is proposed to be spent on the services that interface with health, and particularly on joint assessment and review teams.

4.2 The 2016-17 BCF in total is £21.463m, of which £9.015m (42%) is assigned to the Council and includes £1.573m capital funding of the Disabilities Facilities Grants and £7.442m for the specific revenue projects listed above at 2.4. The Tower Hamlets CCG has the remaining BCF of £12.448m (58%).

4.3 Each partner is responsible for the VAT element incurred within their allocated amount in the role of the provider and, as the CCG cannot recover VAT, there is a potential loss of resources from the way that the partnership is structured. VAT incurred by the Council is fully recoverable.

4.4 In overall terms there is a small underspend being reported for Q1, although it is expected that the annual allocation will be fully utilised. To the extent that there is a variance against the BCF budgets this is managed separately through the S75 pooling arrangements. In 2015-16, all expenditure was contained within the full BCF allocation and all outcomes were met.]

4.5 There is a need to address the partners' BCF risk sharing in detail and review it regularly. The current 2016-17 proposed allocation tries to address any potential shift of demand but going forward the risk share should be reviewed regularly and reflected in the allocation.

5. LEGAL COMMENTS

Better Care Fund

5.1 The Care Act 2014 ('**the 2014 Act**') places a duty on the Council to exercise its functions by ensuring the integration of care and support provision with health provision, promote the well-being of adults in its area with needs for care and support and contribute to the prevention or delay of the development by adults in its area of needs for care and support. The 2014 Act also amended the National Health Service Act 2006 ('**the 2006 Act**') to provide the legislative basis for the Better Care Fund ('**BCF**'). It allows for the NHS Mandate to include specific requirements relating to the establishment and use of an integration fund.

5.3 The Government provides funding to local authorities under the BCF to integrate local services. The funding is through a pooled budget which is made available upon the Council entering into an agreement with a relevant NHS body under section 75 of the 2006 Act. Such agreements may be entered into where arrangements are proposed which are likely to lead to improvement in the way that prescribed NHS functions and prescribed health-related functions of the Council are exercised.

5.4 In order to receive the Better Care funding, the Government requires the Council to set out its plans for the application of those monies. The Government published a policy framework for the 2016/17 BCF programme in January 2016 which indicated that plans should be agreed by the Council's Health and Wellbeing Board ('**HWB**'), then signed off by the Council and the NHS Tower Hamlets Clinical Commissioning Group ('**CCG**'). This is consistent with the general policy, reflected in the Health and Social Care Act 2012, of giving HWBs responsibility for joint health and wellbeing strategies and the joint strategic needs assessment. The 2016/17 policy framework sets out the requirements for the plan to demonstrate how the area will meet certain national conditions, for example the delivery of 7-day services.

Contracting

5.5 Pursuant to section 75 of the 2006 Act, the NHS Bodies and Local Authorities Partnerships Arrangements Regulations 2000, the section 75 Agreement provides for the establishment of funds made up of contributions from the Council and NHS CCG out of which payments may be made towards expenditure incurred in the exercise of their functions; for the exercise by NHS CCG of the Council's functions and for the exercise by the Council of the NHS CCG's functions in writing. In addition, the s75 Agreement covers specific objectives in relation (including but not limited) to:

5.5.1 agreed aims and outcomes of the partnership including the Council and NHS CCG's respective legal and regulatory responsibilities, and the client groups for whom the services will be delivered under the arrangement

5.5.2 operational arrangements for managing the partnership including performance and governance structures encompassing the resolution of

disputes, conditions for renewal and termination of the partnership, provision and mechanisms for annual review, the treatment of VAT, legal issues, complaints and risk sharing

5.5.3 the respective financial contributions and other resources provided in support of the partnership including arrangements for financial monitoring, reporting and management of pooled, delegated and aligned budgets

5.5.4 linking in with existing governance arrangements including the role and function of the Integrated Care Board

5.4.5 achieving best value from Service Providers and principles in connection with the management of staff; and

5.4.6 flexibilities for the Council and NHS CCG in being permitted to add relevant service provisions and deciding future budgets for existing services within the remit of the section 75 Agreement.

5.6 The section 75 Agreement must be consistent with the 2016/17 BCF Plan approved by HWB and entering into it formalises the arrangements agreed by the Council and NHS CCG in accordance with the statutory, regulatory and guidance frameworks.

Monitoring

5.7 The Better Care Fund: Operating Guidance for 2016/17. The guidance specifically covers reporting and monitoring requirements for the fund and how progress against conditions of the fund will be managed. It is consistent with this Guidance that this quarter 1 monitoring information is signed off and sent to NHS England.

6. WELL-BEING PRINCIPLE AND EQUALITIES DUTIES

6.1 The Care Act 2014 places a general duty on the Council to promote an individual's wellbeing when exercising a function under that Act. Wellbeing is defined as including physical and mental health and emotional wellbeing and in exercising a function under the Act, the Council must have regard to the importance of preventing or delaying the development of needs for care and support or needs for support and the importance of reducing needs of either kind that already exist. The wellbeing principle should therefore inform the delivery of universal services which are provided to all people in the local population, including services provided through the Better Care Fund.

6.2 The Equality Act 2010 requires the council in the exercise of its functions to have due regard to the need to avoid discrimination and other unlawful conduct under the Act, the need to promote equality of opportunity and the need to foster good relations between people who share a protected characteristic (including age, disability, maternity and pregnancy) and those who do not.

7. ONE TOWER HAMLETS CONSIDERATIONS

7.1 The Better Care Fund is concerned with better integrating health and social care services to people with a diverse range of illnesses and conditions. These include people with mental health and drug and alcohol problems, and, in particular, elderly people at risk of being admitted to, or able to be discharged from, hospital with appropriate support. It also funds services concerned with Reablement - supporting people to learn or relearn skills necessary for daily living following ill-health or disability; the adaptation of the domestic accommodation of people with disabilities to

enable them to live at home, and the training of staff in the use of assistive technology.

8. BEST VALUE (BV) IMPLICATIONS

8.1 The Better Care Fund is concerned with achieving best value in the health and social care economy, by ensuring that services are provided most appropriately across the system and that the allocation of resources supports efficiency improvements, as well as better outcomes for service users. It also seeks to reduce the historic problem of financial savings in one sector being achieved at the expense of additional costs in the other, through better joint planning and shared priorities.

9. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

9.1 The Better Care Fund has no direct implications for the environment.

10. RISK MANAGEMENT IMPLICATIONS

10.1 The Section 75 agreement specifies pooled funds within the BCF, commissioning arrangements and the arrangements for risk share, including how overspends and underspends will be dealt with for each pooled fund.

11. CRIME AND DISORDER REDUCTION IMPLICATIONS

11.1 The Better Care Fund has no direct implications for crime and disorder reduction.

12. CONCLUSION

12.1 The Health and Well-Being Board is asked to note progress towards the achievement of BCF outcomes, as set out in the attached monitoring return and summarised in the report.

Linked Reports, Appendices and Background Documents

Linked Report

- None

Appendices

- BCF Quarterly Reporting Template for Quarter 1, 2016-17

Local Government Act, 1972 Section 100D (As amended)
List of "Background Papers" used in the preparation of this report
None

Officer contact details for documents:

Steve Tennison
Senior Strategy, Policy and Performance Officer – Integration Lead
5th Floor
Town Hall
Mulberry Place
5 Clove Crescent
London E14 0BG

E: steve.tennison@towerhamlets.gov.uk
T: 020 7364 2567

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Quarterly Reporting Template - Guidance

Notes for Completion

The data collection template requires the Health & Wellbeing Board to track through the high level metrics and deliverables from the Health & Wellbeing Board Better Care Fund plan.

The completed return will require sign off by the Health & Wellbeing Board.

A completed return must be submitted to the Better Care Support Team inbox (england.bettercaresupport@nhs.net) by midday on 9th September 2016.

The BCF Q1 Data Collection

This Excel data collection template for Q1 2016-17 focuses on budget arrangements, the national conditions, income and expenditure to and from the fund, and performance on BCF metrics.

To accompany the quarterly data collection Health & Wellbeing Boards are required to provide a written narrative into the final tab to contextualise the information provided in this report and build on comments included elsewhere in the submission. This should include an overview of progress with your BCF plan, the wider integration of health and social care services, and a consideration of any variances against planned performance trajectories or milestones.

Cell Colour Key

Data needs inputting in the cell
Pre-populated cells
Question not relevant to you

Throughout this template cells requiring a numerical input are restricted to values between 0 and 100,000,000.

Content

The data collection template consists of 8 sheets:

Checklist - This contains a matrix of responses to questions within the data collection template.
1) Cover Sheet - this includes basic details and tracks question completion.
2) Budget arrangements - this tracks whether Section 75 agreements are in place for pooling funds.
3) National Conditions - checklist against the national conditions as set out in the BCF Policy Framework 16-17 and BCF planning guidance.
4) Income and Expenditure - this tracks income into, and expenditure from, pooled budgets over the course of the year.
5) Supporting Metrics - this tracks performance against the two national metrics, a DTOC metric, a Non-Elective Admissions metric, locally set metric and locally defined patient experience metric in BCF plans.

6) Additional Measures - additional questions on new metrics that are being developed to measure progress in developing integrated, cooridnated, and person centred care.
7) Narrative - this allows space for the description of overall progress on BCF plan delivery and performance against key indicators.

Checklist

This sheet contains all the validations for each question in the relevant sections.

All validations have been coloured so that if a value does not pass the validation criteria the cell will be Red and contain the word "No" and if they pass validation they will be coloured Green and contain the word "Yes".

1) Cover Sheet

On the cover sheet please enter the following information:

The Health and Well Being Board
Who has completed the report, email and contact number in case any queries arise
Please detail who has signed off the report on behalf of the Health and Well Being Board

Question completion tracks the number of questions that have been completed, when all the questions in each section of the template have been completed the cell will turn green. Only when all 7 cells are green should the template be sent to england.bettercaresupport@nhs.net

2) Budget Arrangements

This section requires the Health & Wellbeing Board to confirm if funds have been pooled via a Section 75 agreement. Please answer as at the time of completion.

Have the funds been pooled via a s.75 pooled budget?
If the answer to the above is 'No' please indicate when this will happen

3) National Conditions

This section requires the Health & Wellbeing Board to confirm whether the eight national conditions detailed in the Better Care Fund Policy Framework 16/17 (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/490559/BCF_Policy_Framework_2016-17.pdf) and Better Care Fund Planning Guidance 16/17 (http://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/) have been met through the delivery of your plan. Please answer as at the time of completion.

It sets out the eight conditions and requires the Health & Wellbeing Board to confirm 'Yes', 'No' or 'No - In Progress' that these have been met. Should 'No' or 'No - In Progress' be selected, please provide an estimated date when condition will be met, an explanation as to why the condition was not met within the year (in-line with signed off plan) and how this is being addressed.

Full details of the conditions are detailed at the bottom of the page.

4) Income and Expenditure

This tracks income into, and expenditure from, pooled budgets over the course of the year. This requires provision of the following information:

Planned income into the pooled fund for each quarter of the 2016-17 financial year
Forecasted income into the pooled fund for each quarter of the 2016-17 financial year
Actual income into the pooled fund in Q1 2016-17
Planned expenditure from the pooled fund for each quarter of the 2016-17 financial year
Forecasted expenditure from the pooled fund for each quarter of the 2016-17 financial year
Actual expenditure from the pooled fund in Q1 2016-17

Figures should reflect the position by the end of each quarter. It is expected that the total planned income and planned expenditure figures for 2016-17 should equal the total pooled budget for the Health and Wellbeing Board.

There is also an opportunity to provide a commentary on progress which should include reference to any deviation from plan or amendments to forecasts made since the previous quarter.

5) Supporting Metrics

This tab tracks performance against the two national supporting metrics, a Delayed Transfers of Care metric, a Non-Elective Admissions metric, the locally set metric, and the locally defined patient experience metric submitted in approved BCF plans. In all cases the metrics are set out as defined in the approved plan for the HWB and the following information is required for each metric:

An update on indicative progress against the six metrics for Q1 2016-17
Commentary on progress against each metric

If the information is not available to provide an indication of performance on a measure at this point in time then there is a drop-down option to indicate this. Should a patient experience metric not have been provided in the original BCF plan or previous data returns there is an opportunity to state the metric that you are now using.

6) Additional Measures

This tab includes a handful of new metrics designed with the intention of gathering some detailed intelligence on local progress against some key elements of person-centred, co-ordinated care. Following feedback from colleagues across the system these questions have been modified from those that appeared in the last BCF Quarterly Data Collection Template (Q2 /Q3/Q4 2015-16). Nonetheless, they are still in draft form, and the Department of Health are keen to receive feedback on how they could be improved / any complications caused by the way that they have been posed.

For the question on progress towards instillation of Open APIs, if an Open API is installed and live in a given setting, please state 'Live' in the 'Projected 'go-live' date field.
For the question on use and prevalence of Multi-Disciplinary/Integrated Care Teams please choose your answers based on the proportion of your localities within which Multi-Disciplinary/Integrated Care Teams are in use.

For the PHB metric, areas should include all age groups, as well as those PHBs that form part of a jointly-funded package of care which may be administered by the NHS or by a partner organisation on behalf of the NHS (e.g. local authority). Any jointly funded personal budgets that include NHS funding are automatically counted as a personal health budget. We have expanded this definition following feedback received during the Q3 reporting process, and to align with other existing PHB data collections.

7) Narrative

In this tab HWBs are asked to provide a brief narrative on overall progress, reflecting on performance in Q1 16/17.

Better Care Fund Template Q1 2016/17

Data Collection Question Completion Checklist

1. Cover

Health and Well Being Board	completed by:	e-mail:	contact number:	Who has signed off the report on behalf of the Health and Well Being Board:
Yes	Yes	Yes	Yes	Yes

2. Budget Arrangements

Have funds been pooled via a S.75 pooled budget? If no, date provided?
Yes

3. National Conditions

			7 day services		Data sharing				
	1) Are the plans still jointly agreed?	2) Maintain provision of social care services	3i) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate	3ii) Are support services, both in the hospital and in primary, community and mental health settings available seven days a week to ensure that the next steps in the patient's care pathway, as determined by the daily consultant-led review, can be taken (Standard 9)?	4i) Is the NHS Number being used as the consistent identifier for health and social care services?	4ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	4iii) Are the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott Principles and guidance?	4iv) Have you ensured that people have clarity about how data about them is used, who may have access and how they can exercise their legal rights?	5) Is there a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional
Please Select (Yes, No or No - In Progress)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
If the answer is "No" or "No - In Progress" please enter estimated date when condition will be met if not already in place (DD/MM/YYYY)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
If the answer is "No" or "No - In Progress" please provide an explanation as to why the condition was not met within the quarter (in-line with signed off plan) and how this is being addressed?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

4. I&E (2 parts)

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17
Income to	Plan	Yes	Yes	Yes	Yes
	Forecast	Yes	Yes	Yes	Yes
	Actual	Yes			
	Please comment if there is a difference between the annual totals and the pooled fund	Yes			
Expenditure From	Plan	Yes	Yes	Yes	Yes
	Forecast	Yes	Yes	Yes	Yes
	Actual	Yes			
	Please comment if there is a difference between the annual totals and the pooled fund	Yes			
Commentary on progress against financial plan:		Yes			

5. Supporting Metrics

	Please provide an update on indicative progress against the metric?	Commentary on progress
NEA	Yes	Yes
	Please provide an update on indicative progress against the metric?	Commentary on progress
DTOC	Yes	Yes
	Please provide an update on indicative progress against the metric?	Commentary on progress
Local performance metric	Yes	Yes
If no metric, please specify	Please provide an update on indicative progress against the metric?	Commentary on progress
Patient experience metric	Yes	Yes	Yes
	Please provide an update on indicative progress against the metric?	Commentary on progress

Admissions to residential care	Yes	Yes
	Please provide an update on indicative progress against the metric?	Commentary on progress
Reablement	Yes	Yes

6. Additional Measures

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
NHS Number is used as the consistent identifier on all relevant correspondence relating to the provision of health and care services to an individual	Yes	Yes	Yes	Yes	Yes	Yes
Staff in this setting can retrieve relevant information about a service user's care from their local system using the NHS Number	Yes	Yes	Yes	Yes	Yes	Yes

	To GP	To Hospital	To Social Care	To Community	To Mental health	To Specialised palliative
From GP	Yes	Yes	Yes	Yes	Yes	Yes
From Hospital	Yes	Yes	Yes	Yes	Yes	Yes
From Social Care	Yes	Yes	Yes	Yes	Yes	Yes
From Community	Yes	Yes	Yes	Yes	Yes	Yes
From Mental Health	Yes	Yes	Yes	Yes	Yes	Yes
From Specialised Palliative	Yes	Yes	Yes	Yes	Yes	Yes

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
Progress status	Yes	Yes	Yes	Yes	Yes	Yes
Projected 'go-live' date (mm/yy)	Yes	Yes	Yes	Yes	Yes	Yes

Is there a Digital Integrated Care Record pilot currently underway in your Health and Wellbeing Board area?	Yes

Total number of PHBs in place at the end of the quarter	Yes
Number of new PHBs put in place during the quarter	Yes
Number of existing PHBs stopped during the quarter	Yes
Of all residents using PHBs at the end of the quarter, what proportion are in receipt of NHS Continuing Healthcare (%)	Yes

Are integrated care teams (any team comprising both health and social care staff) in place and operating in the non-acute setting?	Yes
Are integrated care teams (any team comprising both health and social care staff) in place and operating in the acute setting?	Yes

7. Narrative

Brief Narrative	Yes

Cover

Q1 2016/17

Health and Well Being Board	**Tower Hamlets**
completed by:	Josh Potter
E-Mail:	Josh.Potter@towerhamletsccg.nhs.uk
Contact Number:	2036882518
Who has signed off the report on behalf of the Health and Well Being Board:	Denise Radley/Simon Hall on behalf of the Tower Hamlets HWBB

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercaresupport@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

	No. of questions answered
1. Cover	5
2. Budget Arrangements	2
3. National Conditions	36
4. I&E	21
5. Supporting Metrics	13
6. Additional Measures	67
7. Narrative	1

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Budget Arrangements

Selected Health and Well Being Board:	Tower Hamlets

Have the funds been pooled via a s.75 pooled budget?	Yes
If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY)	

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National Conditions

Selected Health and Well Being Board: Tower Hamlets

The BCF policy framework for 2016-17 and BCF planning guidance sets out eight national conditions for access to the Fund.
Please confirm by selecting 'Yes', 'No' or 'No - In Progress' against the relevant condition as to whether these have been met, as per your final BCF plan.
Further details on the conditions are specified below.
If 'No' or 'No - In Progress' is selected for any of the conditions please include an explanation as to why the condition was not met within this quarter (in-line with signed off plan) and how this is being addressed?

Condition (please refer to the detailed definition below)	Please Select ('Yes', 'No' or 'No - In Progress')	If the answer is "No" or "No - In Progress" please enter estimated date when condition will be met if not already in place (DD/MM/YYYY)	If the answer is "No" or "No - In Progress" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:
1) Plans to be jointly agreed	Yes		
2) Maintain provision of social care services	Yes		
3) In respect of 7 Day Services - please confirm:			
i) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate	Yes		
ii) Are support services, both in the hospital and in primary, community and mental health settings available seven days a week to ensure that the next steps in the patient's care pathway, as determined by the daily consultant-led review, can be taken (Standard 9)?	Yes		
4) In respect of Data Sharing - please confirm:			
i) Is the NHS Number being used as the consistent identifier for health and social care services?	Yes		
ii) Are you pursuing Open APIs (ie system that speak to each other)?	Yes		
iii) Are the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott Principles and guidance?	Yes		
iv) Have you ensured that people have clarity about how data about them is used, who may have access and how they can exercise their legal rights?	Yes		
5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional	Yes		
6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans	Yes		
7) Agreement to invest in NHS commissioned out of hospital services, which may include a wide range of services including social care	Yes		
8) Agreement on a local target for Delayed Transfers of Care (DTOC) and develop a joint local action plan	Yes		

National conditions - detailed definitions

The BCF policy framework for 2016-17 and BCF planning guidance sets out eight national conditions for access to the Fund:

1) Plans to be jointly agreed

The Better Care Fund Plan, covering a minimum of the pooled fund specified in the Spending Review, and potentially extending to the totality of the health and care spend in the Health and Wellbeing Board area, should be signed off by the Health and Wellbeing Board itself, and by the constituent Councils and Clinical Commissioning Groups.

In agreeing the plan, Clinical Commissioning Groups and local authorities should engage with health and social care providers likely to be affected by the use of the fund in order to achieve the best outcomes for local people. Furthermore, there should be joint agreement across commissioners and providers as to how the Better Care Fund will contribute to a longer term strategic plan. This should include an assessment of future capacity and workforce requirements across the system. The implications for local providers should be set out clearly for Health and Wellbeing Boards so that their agreement for the deployment of the fund includes recognition of the service change consequences. The Disabled Facilities Grant (DFG) will again be allocated through the Better Care Fund. Local housing authority representatives should therefore be involved in developing and agreeing the plan, in order to ensure a joined-up approach to improving outcomes across health, social care and housing.

2) Maintain provision of social care services

Local areas must include an explanation of how local adult social care services will continue to be supported within their plans in a manner consistent with 2015-16.

The definition of support should be agreed locally. As a minimum, it should maintain in real terms the level of protection as provided through the mandated minimum element of local Better Care Fund agreements of 2015-16. This reflects the real terms increase in the Better Care Fund.

In setting the level of protection for social care localities should be mindful to ensure that any change does not destabilise the local social and health care system as a whole. This will be assessed compared to 2015-16 figures through the regional assurance process.

It should also be consistent with 2012 Department of Health guidance to NHS England on the funding transfer from the NHS to social care in 2013-14:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213223/Funding-transfer-from-the-NHS-to-social-care-in-2013-14.pdf

3) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective (physical and mental health) admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate.

Local areas are asked to confirm how their plans will provide 7-day services (throughout the week, including weekends) across community, primary, mental health, and social care in order:

• To prevent unnecessary non-elective admissions (physical and mental health) through provision of an agreed level of infrastructure across out of hospital services 7 days a week;
• To support the timely discharge of patients, from acute physical and mental health settings, on every day of the week, where it is clinically appropriate to do so, avoiding unnecessary delayed discharges of care. If they are not able to provide such plans, they must explain why.

The 10 clinical standards developed by the NHS Services, Seven Days a Week Forum represent, as a whole, best practice for quality care on every day of the week and provide a useful reference for commissioners (https://www.england.nhs.uk/wp-content/uploads/2013/12/clinical-standards1.pdf).
By 2020 all hospital in-patients admitted through urgent and emergency routes in England will have access to services which comply with at least 4 of these standards on every day of the week, namely Standards 2, 5, 6 and 8. For the Better Care Fund, particular consideration should be given to whether progress is being made against Standard 9. This standard highlights the role of support services in the provision of the next steps in a person's care pathway following admission to hospital, as determined by the daily consultant-led review, and the importance of effective relationships between medical and other health and social care teams.

4) Better data sharing between health and social care, based on the NHS number

The appropriate and lawful sharing of data in the best interests of people who use care and support is essential to the provision of safe, seamless care. The use of the NHS number as a consistent identifier is an important element of this, as is progress towards systems and processes that allow the safe and timely sharing of information. It is also vital that the right cultures, behaviours and leadership are demonstrated locally, fostering a culture of secure, lawful and appropriate sharing of data to support better care.

Local areas should:
• confirm that they are using the NHS Number as the consistent identifier for health and care services, and if they are not, when they plan to;
• confirm that they are pursuing interoperable Application Programming Interfaces (APIs) (i.e. systems that speak to each other) with the necessary security and controls (https://www.england.nhs.uk/wp-content/uploads/2014/05/open-api-policy.pdf; and
• ensure they have the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott principles and guidance made available by the Information Governance Alliance (IGA), and if not, when they plan for it to be in place.
• ensure that people have clarity about how data about them is used, who may have access and how they can exercise their legal rights. In line with the recommendations from the National Data Guardian review.

The Information Governance Alliance (IGA) is a group of national health and care organisations (including the Department of Health, NHS England, Public Health England and the Health and Social Care Information Centre) working together to provide a joined up and consistent approach to information governance and provide access to a central repository guidance on data access issues for the health and care system. See - http://systems.hscic.gov.uk/infogov/iga

5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional

Local areas should identify which proportion of their population will be receiving case management and named care coordinator, and which proportions will be receiving self-management help - following the principles of person-centred care planning. Dementia services will be a particularly important priority for better integrated health and social care services, supported by care coordinators, for example dementia advisors.

6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans

The impact of local plans should be agreed with relevant health and social care providers. Assurance will also be sought on public and patient and service user engagement in this planning, as well as plans for political buy-in. This should complement the planning guidance issued to NHS organisations.

There is agreement that there is much more to be done to ensure mental and physical health are considered equal and better integrated with one another, as well as with other services such as social care. Plans should therefore give due regard to this.

7) Agreement to invest in NHS commissioned out of hospital services, which may include a wide range of services including social care

Local areas should agree how they will use their share of the £1 billion that had previously been used to create the payment for performance fund.

This should be achieved in one of the following ways:

- To fund NHS commissioned out-of-hospital services, which may include a wide range of services including social care, as part of their agreed Better Care Fund plan; or

- Local areas can choose to put an appropriate proportion of their share of the £1bn into a local risk-sharing agreement as part of contingency planning in the event of excess activity, with the balance spent on NHS commissioned out-of-hospital services, which may include a wide range of services including social care (local areas should seek, as a minimum, to maintain provision of NHS commissioned out of hospital services in a manner consistent with 15-16);

This condition replaces the Payment for Performance scheme included in the 2015-16 Better Care Fund framework.

8) Agreement on local action plan to reduce delayed transfers of care (DTOC)

Given the unacceptable high levels of DTOC currently, the Government is exploring what further action should be taken to address the issue.

As part of this work, under the Better Care Fund, each local area is to develop a local action plan for managing DTOC, including a locally agreed target.

All local areas need to establish their own stretching local DTOC target - agreed between the CCG, Local Authority and relevant acute and community trusts. This target should be reflected in CCG operational plans. The metric for the target should be the same as the national performance metric (average delayed transfers of care (delayed days) per 100,000 population (attributable to either NHS, social care or both) per month.

As part of this plan, we want local areas to consider the use of local risk sharing agreements with respect to DTOC, with clear reference to existing guidance and flexibilities. This will be particularly relevant in areas where levels of DTOC are high and rising.

In agreeing the plan, Clinical Commissioning Groups and local authorities should engage with the relevant acute and community trusts and be able to demonstrate that the plan has been agreed with the providers given the need for close joint working on the DTOC issue.

We would expect plans to:

• Set out clear lines of responsibility, accountabilities, and measures of assurance and monitoring;
• Take account of national guidance, particularly the NHS High Impact Interventions for Urgent and Emergency Care, the NHS England Monthly Delayed Transfers of Care Situation Reports Definition and Guidance, and best practice with regards to reducing DTOC from LGA and ADASS;
• Demonstrate how activities across the whole patient pathway can support improved patient flow and DTOC performance, specifically around admissions avoidance;
• Demonstrate consideration to how all available community capacity within local geographies can be effectively utilised to support safe and effective discharge, with a shared approach to monitoring this capacity;
• Demonstrate how CCGs and Local Authorities are working collaboratively to support sustainable local provider markets, build the right capacity for the needs of the local population, and support the health and care workforce - ideally through joint commissioning and workforce strategies;
• Demonstrate engagement with the independent and voluntary sector providers.

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Plan, forecast, and actual figures for total income into, and total expenditure from, the fund for each quarter to year end (in both cases the year-end figures should equal the total pooled fund)

Selected Health and Well Being Board: Tower Hamlets

Income

Q1 2016/17 Amended Data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Total BCF pooled budget for 2016-17 (Rounded)
Please provide, plan, forecast and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£5,365,654	£5,365,654	£5,365,654	£5,365,655	£21,462,617	£21,462,617
	Forecast	£5,365,654	£5,365,654	£5,365,654	£5,365,655	£21,462,617	
	Actual*	£5,365,654					
Please comment if one of the following applies: - There is a difference between the planned / forecasted annual totals and the pooled fund - The Q1 actual differs from the Q1 plan and / or Q1 forecast							

Expenditure

Q1 2016/17 Amended Data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Total BCF pooled budget for 2016-17 (Rounded)
Please provide, plan, forecast and actual of total expenditure from the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£5,365,654	£5,365,654	£5,365,654	£5,365,655	£21,462,617	£21,462,617
	Forecast	£5,365,654	£5,365,654	£5,365,654	£5,365,655	£21,462,617	
	Actual*	£5,268,154					
Please comment if one of the following applies: - There is a difference between the planned / forecasted annual totals and the pooled fund - The Q1 actual differs from the Q1 plan and / or Q1 forecast		As two schemes did not start in Q1, there is a reduction in actual expenditure in Q1 however we are expect this allocation will be committed this financial year.					

Commentary on progress against financial plan:	All schemes have started with the exception of two mental health schemes and we are expect the £21.46m will be spent this financial year.

Footnotes:

*Actual figures should be based on the best available information held by Health and Wellbeing Boards.
Source: For the pooled fund which is pre-populated, the data is from a quarterly collection previously filled in by the HWB and has been rounded to the nearest whole number.

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National and locally defined metrics

Selected Health and Well Being Board: Tower Hamlets

Non-Elective Admissions	Reduction in non-elective admissions
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	Quarter 1 data indicates NEA levels at 5,189 against a plan of 5,411.

Delayed Transfers of Care	Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)
Please provide an update on indicative progress against the metric?	On track for improved performance, but not to meet full target
Commentary on progress:	Quarter 1 data indicates DTOC rate of 756.7 against a plan of 614

Local performance metric as described in your approved BCF plan	Non Elective Admissions - Month on Month Rate per 1000 (of the risk bands 1 & 2)
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	Q1 activity achieving 55.7 based on 2 months average in the period against a plan of 55.6.

Local defined patient experience metric as described in your approved BCF plan	No Metric Provided
If no local defined patient experience metric has been specified, please give details of the local defined patient experience metric now being used.	No local metric in place.
Please provide an update on indicative progress against the metric?	Data not available to assess progress
Commentary on progress:	There has been a delay in the production of a local patient experience questionnaire by the Picker Institute that has been developed through the AETNA Foundation pilot. This has now been resolved and the questionnaire is expected to be released imminently. The CCG will then begin to negotiate reporting and targets with the relevant providers.

Admissions to residential care	Rate of permanent admissions to residential care per 100,000 population (65+)
Please provide an update on indicative progress against the metric?	No improvement in performance
Commentary on progress:	Q1 data indicates an increase in admissions compared to Q1 previous year, and for rolling year to end of June the rate (627.5) is higher than the 16/17 target rate (534.8). Q1 figures have not yet been validated, so final performance could improve.

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Additional Measures

Selected Health and Well Being Board: Tower Hamlets

Improving Data Sharing: (Measures 1-3)

1. Proposed Measure: Use of NHS number as primary identifier across care settings

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
NHS Number is used as the consistent identifier on all relevant correspondence relating to the provision of health and care services to an individual	Yes	Yes	Yes	Yes	Yes	Yes
Staff in this setting can retrieve relevant information about a service user's care from their local system using the NHS Number	Yes	Yes	Yes	Yes	Yes	Yes

2. Proposed Measure: Availability of Open APIs across care settings

Please indicate across which settings relevant service-user information is currently being shared digitally (via Open APIs or interim solutions)

	To GP	To Hospital	To Social Care	To Community	To Mental health	To Specialised palliative
From GP	Shared via Open API	Shared via Open API	Shared via Open API	Shared via Open API	Shared via Open API	Not currently shared digitally
From Hospital	Shared via Open API	Shared via Open API	Shared via Open API	Not currently shared digitally	Shared via Open API	Not currently shared digitally
From Social Care	Shared via Open API	Shared via Open API	Shared via Open API	Shared via Open API	Shared via Open API	Not currently shared digitally
From Community	Shared via Open API	Not currently shared digitally	Shared via Open API	Not currently shared digitally	Shared via Open API	Not currently shared digitally
From Mental Health	Shared via Open API	Shared via Open API	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Not currently shared digitally
From Specialised Palliative	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally

In each of the following settings, please indicate progress towards instillation of Open APIs to enable information to be shared with other organisations

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
Progress status	Live	Live	Live	In development	Live	Unavailable
Projected 'go-live' date (dd/mm/yy)				01/01/17		01/04/18

3. Proposed Measure: Is there a Digital Integrated Care Record pilot currently underway?

Is there a Digital Integrated Care Record pilot currently underway in your Health and Wellbeing Board area?	Pilot currently underway

Other Measures: Measures (4-5)

4. Proposed Measure: Number of Personal Health Budgets per 100,000 population

Total number of PHBs in place at the end of the quarter	1
Rate per 100,000 population	0

Number of new PHBs put in place during the quarter	1
Number of existing PHBs stopped during the quarter	1
Of **all** residents using PHBs at the **end** of the quarter, what proportion are in receipt of NHS Continuing Healthcare (%)	100%

Population (Mid 2016)	303,891

5. Proposed Measure: Use and prevalence of Multi-Disciplinary/Integrated Care Teams

Are integrated care teams (any team comprising both health and social care staff) in place and operating in the **non-acute** setting?	Yes - throughout the Health and Wellbeing Board area
Are integrated care teams (any team comprising both health and social care staff) in place and operating in the **acute** setting?	Yes - throughout the Health and Wellbeing Board area

Footnotes:

Population projections are based on Subnational Population Projections, Interim 2014-based (published May 2016).
http://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandz1
Q4 15/16 population figures onwards have been updated to the mid-year 2016 estimates as we have moved into the new calendar year.

Narrative

Selected Health and Well Being Board: Tower Hamlets

Remaining Characters	30,581

Please provide a brief narrative on overall progress, reflecting on performance in Q1 16/17. Please also make reference to performance across any other relevant areas that are not directly reported on within this template.
Programme delivery is on track, with some delays to two schemes. Mental Health Recovery College and the Mental Health Personalised Comissioning. We expect to commit the allocated budget within this financial year. A further update will be provided in Q2. All 2015/16 BCF schemes were rolled forward into 2016-17. Two schemes have been added to the programme. Firstly, the equipment and minor adaptations delivery and installation services have been extended to seven-day operation, with extended hours. This scheme will support a reduction in avoidable hospital admissions, facilitate safe and early discharge and make patients' and service users' home environment safer, so that they can be cared for at home or manage their support needs themselves. Secondly, a new joint incentive scheme for integrated care has been introduced. Under its provisions, the local provider partnership, Tower Hamlets Together, is eligible to claim up to £1m of BCF, depending on its performance against ten integration-related metrics. The scheme is intended to reward and encourage joint working and the delivery of a more integrated model of care for patients with complex needs. Governance arrangements for the BCF programme have been changed for 2016-17. A new Joint Commissioning Executive of senior Health and Social Care managers is being established, under the Health and Wellbeing Board, which will strengthen the links between BCF-funded services and other jointly commissioned activity and ensure that BCF resources are targeted to the areas where they are most effective in acheiving the objectives of the Fund. A report summarising the achievements of the BCF programme in 2015-16 was submitted to NHS England as part of the documentation supporting the BCF Plan for 2016-17. A review of the programme will be undertaken in 2016-17. There has been a delay in the production of a local patient experience questionnaire by the Picker Institute that has been developed through the AETNA Foundation pilot. This has now been resolved and the questionnaire is expected to be released imminently. The CCG will then begin to negotiate reporting and targets with the relevant providers.

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