



Tower Hamlets Multi-Agency Partnership

Safeguarding Adults Board Annual Report

2012 – 2013

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Message from the Lead Member for Adults Health and Wellbeing

London Borough of Tower Hamlets sees Safeguarding Adults as very important business. I am pleased to see all the partner agencies working together with the Council to keep vulnerable adults safe. I envisage that during the coming year these efforts will continue so that this area of work remains prominent in Tower Hamlets.

Forward from Chair of the Safeguarding Adults Board

I am pleased that for the year ending in March 2013 the Safeguarding Adults Board has been able to bring together our retrospective look at the previous year with details of our plans for 2013-14 much earlier than last year. The Board agreed the content of this final report in July 2013 with contributions from different people and organisations.

Producing the report has been assisted, firstly, by the establishing of a stronger Safeguarding Adults and Mental Capacity Act team in Tower Hamlets Council, with a new 'Strategic Lead' officer, acting as a liaison point for professionals from the various agencies as well as overseeing that the important safeguarding adults work of Council's staff is in line with both statutory requirements and Pan-London policies and procedures. The report has had valuable assistance from performance information colleagues.

Secondly, it is the product of the continued excellent spirit of inter-agency working and good personal relationships which exist between key people from the statutory organisations (various Council services, not just Education, Social Care and Wellbeing); the several NHS organisations – many changed fundamentally in April 2012 or in April 2013; Metropolitan Police; Probation, Fire and Ambulance services) and, importantly, a good mix of voluntary and independent sector organisation representatives.

Perversely also perhaps, the positive, serious-minded and collaborative spirit of board working may have been assisted by the completion in 2012-13 of the very challenging serious case review of circumstances in which two people died and another vulnerable person faces many years in prison. This case highlighted the need for areas of improvement in practice, information-sharing and decision making within and between organisations. It involved directly or indirectly more than half the Board's organisations. We will be keeping a close watch on improvements which actually happen during the current year.

Readers will see in this Annual Review report considerable improvement to the quality of the performance information available, giving us better opportunities to examine the effectiveness of safeguarding work across organisations. There is also much more appreciation of the importance of Mental Capacity Act responsibilities, best interests assessments and deprivation of liberty safeguards. These are all very closely aligned to the Board's mainstream safeguarding responsibilities, and which agencies in

Tower Hamlets have been previously somewhat slow to embrace.

In order to ensure a comprehensive overview of all aspects of adult safeguarding and mental capacity, we will be undertaking a self-assessment and assurance exercise during 2013/14, making use of the Independent Chairs Network work nationally on improving effectiveness.

2013-14 should also see the passing of the Care Bill currently in parliament strengthening the statutory position of the Safeguarding Boards in all local authority areas. In Tower Hamlets the Board already has a good relationship with and membership of the Borough's Community Safety Partnership Board. A new relationship, probably with mutual reporting and 'holding to account', will need to be established with the Borough's Health and Wellbeing Board.

We will also give time to ensuring that the actual experiences of people who need safeguarding support (and their carers) become better known to the Safeguarding Board and that agencies act on what we learn. We will also seek to ensure that the different ways and emphases in how safeguarding risks are experienced in different cultural and language communities in Tower Hamlets are properly appreciated and acted upon.

The challenges are considerable. It can be too easy in a short overview and introduction like this to appear more optimistic than is justified in reality. The challenges for people in the Borough, including feeling safe from abuse in whatever its form, as well as the challenges for professional staff and others who seek to raise awareness, respond, assist, support and safeguard, are enormous. In the current financial and availability of public service funding contexts they are even more difficult.

It is the Safeguarding Adults Board's job to appreciate all these features and to be encouraging and supportive, as well as critical when need be. Readers can be assured that the Tower Hamlets Safeguarding Adults Board, its organisations, its members, its Independent Chair, and those people working in support will remain as committed and focused in 2013-14 as previously, to doing what is our duty and responsibility

Brian Parrott
Independent Chair
Tower Hamlets Safeguarding Adults Board

Tower Hamlets Safeguarding Adults Board

In Tower Hamlets the work to safeguard vulnerable adults from abuse is led by the multi-agency Safeguarding Adults Board (SAB) made up of representatives from key statutory agencies, and from the independent and voluntary sector as follows:

London Borough of Tower Hamlets (LBTH) Adult Social Care Services
East London NHS Foundation Trust (ELFT)
Bart's Health NHS Trust (BH)
Metropolitan Police (Tower Hamlets Public Protection Unit) ()
London Fire Service (LFS)
London Ambulance Service (LAS)
Tower Hamlets Homes (THH)
Tower Hamlets Community Housing
Toynbee Hall
Age UK East London
Excel Care Holdings
Providence Row Housing Association
London Probation Trust (LPT)
Care Quality Commission ((CQC)
VoiceAbility
Tower Hamlets Council for Voluntary Service (CVS)

The Board has reviewed its membership and has added the following agencies

Tower Hamlets Clinical Commissioning Group (CCG)
NHS Commissioning Support Unit

The role of the Board is to ensure that safeguarding is effective at all levels from preventing abuse, to intervening when it occurs. For people who are safeguarded, the Board ensures they are satisfied with the outcomes that resulted from our involvement. To this end:

- 1) It gains an overview of how adults who are at risk in Tower Hamlets are being enabled to protect themselves from abuse. It requires assurances that this is carried out effectively.
- 2) It requires reassurance that a robust service is provided that makes safeguarding adults everybody's business.

- 3) From partners, it expects that
 - a) The message that abuse is unacceptable is passed to all its staff and service users and the community, and that they are empowered to know how to identify it and report it,
 - b) That staff are trained to intervene at a level commensurate with their role and that
 - c) Appropriately recruited and trained staff perform duties with adults at risk.
- 4) It works alongside wider community safety improvement strategies to improve safeguarding outcomes for adults at risk.

Where gaps are identified or improvements need to be made or developments are required it sets the priorities and plans for their implementation through a work plan.

Partnership Working

Contributions from Partners

London Borough of Tower Hamlets Adult Social Care Services

The past year has seen significant change in the Council with the integration of Adults Health and Wellbeing and Children Schools and Families divisions to create a new Directorate of Education, Social Care and Wellbeing. The Council as a whole has developed more efficient ways of working and new approaches to a range of services have been pioneered.

Adult safeguarding has remained a Council priority and there have been some real improvements in cross Council working including, in the development of domestic violence and hate crime strategies. Our work with partner organisations continues and the profile of adult safeguarding is increasing particularly within the Community Safety Partnership.

Within adult social care, internal recording processes have been reviewed to reduce time spent on paperwork and to provide more accurate performance information. Quality assurance processes have been refreshed and an audit of training needs is underway. A review of Direct Payments monitoring has resulted in improvements to this process which will offer greater protection to service users.

The focus for the coming year will be on continuing improvements in practice and performance and further raising the profile of adult safeguarding in key Council responsibilities.

(Katharine Marks –Service Head, Adult Social Care)

Bart's Health NHS Trust

2012/13 was the first year of Bart's Health (BH) NHS Trust as a merged organisation. During its first year, BH has focused safeguarding efforts on

aligning a single and unified structure and process across the new organisation.

Key achievements throughout the year included positive feedback on its Self-Assessment Assurance Framework (SAAF) position, being praised for elements of excellent practice.

BH now has a safeguarding adults' team, which works across all six sites, promoting the safeguarding adults' agenda and ensuring that staff are aware of their responsibilities.

The Trust has designed its own referral form for ease of use across the boundaries of a number of local authorities and has begun to forge good working relationships with the local authority leads across Waltham Forest, Newham and Tower Hamlets.

The newly formed safeguarding team has promoted an awareness of the roles and responsibilities of all staff within the Trust in relation to adult safeguarding. This has resulted in an increase in the number of internal safeguarding alerts being raised across the Trust.

Over the coming year, the Trust is keen to work closely with the local authority safeguarding leads to tackle specific safeguarding adults' issues including the management of pressure ulcers, the application of Deprivation of Liberty Safeguards within the acute care environment and the development of specific processes in relation to the use of the Mental Capacity Act (2005) in care.

(Lenny Byrne - Deputy Chief Nurse)

The East London NHS Foundation Trust (ELFT)

The East London NHS Foundation Trust remains very committed to working collaboratively with partner organisations to safeguard vulnerable people in Tower Hamlets. Our Safeguarding Board chaired by our Director of Nursing, Prof. Jonathan Warren, meets bi monthly. Our Safeguarding Adults Advisory team has had an increase in staffing in the

last year and we now have 83% compliance in terms of staff accessing introductory safeguarding adults training.

The Care Co-ordinators in our community teams, both the Social Workers seconded by LBTH and the Community Psychiatric Nurses and Occupational Therapists employed by ELFT, receive investigator training from the Local Authority.

In 2012-13 we undertook about 65 formal safeguarding adult's investigations but this is in the context of the majority of our work in the community being around managing our service user's risks both to themselves and other people. In addition our Resettlement Team were involved in about 25 investigations where Tower Hamlets residents are placed in residential homes and supported units in other boroughs.

ELFT has been very keen to learn lessons from the Serious Care Review regarding Mr X and MR Y, (see the executive summary on the Safeguarding adults page on the LBTH internet), the report into which was produced in autumn 2012. As well as briefing the teams involved we held a Trust wide *Learning the Lessons* conference which focused on this case plus one or two cases in the other boroughs we serve. This conference received considerable coverage also in the Trusts' staff magazine which goes to all staff colleagues.

For 2013-14 we want to particularly concentrate on ensuring that the outcome of safeguarding investigations gets reported in a timely fashion onto the Council IT system, Frameworki. This does involve some double recording as the Trust and LBTH systems are not linked but is obviously vital that report we back on safeguarding activity and outcomes.

(Paul James – Borough Director for Tower Hamlets)

Metropolitan Police Service (MPS)

The Tower Hamlets Safeguarding Adults Unit has been proactive in ensuring collaborative working with the Local Authority and its partners throughout 2012-2013. We have good liaison and representation at the Local Authority Safeguarding Adults Board and have recently secured an Inspector as the dedicated Mental Health Liaison Officer for the borough.

We intend to build on this through 2013-14 and work towards our inclusion within the Multi-Agency Safeguarding Hub.

The Safeguarding Adults Unit continues to work very closely with the Community Safety Unit and therefore has strong links when offences also involve Domestic Violence and Hate crime.

Tower Hamlets Police treat the safeguarding of adults very seriously and have ensured that our staff working within the Unit and front line officers and staff are aware of their obligations within the *Pan London Multi Agency Policy and Procedures to Safeguard Adults from Abuse*.

The MPS has recently improved its IT systems which has enabled officers to record vulnerable adults coming to the notice of police where there is a risk of harm to that person or another because of mental health, age, illness or disability. The upgrade also enabled the recording of those subject to Section 135 and 136 of the Mental Health Act. This is a significant step towards our ability to use intelligence led policing to safeguard vulnerable adults in our society.

(Wendy Morgan – Detective Chief Inspector)

NHS Tower Hamlets

Due to national changes in the structure of the NHS, NHS Tower Hamlets ceased to exist in 2012/13. This body was replaced by the Tower Hamlets Clinical Commissioning Group who has engaged with the Board and as such will make contribution to next year's report.

London Fire Service

Within the London Fire Service in Tower Hamlets we have continued to build on good partnership working to identify and assist partners in dealing with adult safeguarding cases.

We have continued to roll out safeguarding training to all our staff within the borough enabling them to be more aware whilst they attend incidents and carry out community fire safety work .This has proven to be

successful because of the increase in Safeguarding referrals that our crews have generated .In addition to this we are rolling out Hoarding Awareness training to all our crews and with this in mind we will work closely with partner agencies to bring Hoarding cases to a mutually successful conclusion . Our safeguarding officer has been lobbying to increase Hoarding and safeguarding awareness amongst fire crews across East London who cross borough borders to attend incidents within the Borough of Tower Hamlets.

(James Morford –Bow Station Manager)

London Probation Trust (LPT)

London Probation Trust (LPT) is committed to working with local partners in Tower Hamlets to improve the safeguarding of adults. LPT has established a Safeguarding Adults Strategic group which is made up of relevant senior managers and experts. The group meets bi-monthly to provide the strategic oversight for the safeguarding adults work across LPT. In addition LPT have developed a Safeguarding Adults Practitioner Forum for staff across LPT, which meets quarterly to discuss areas of note and to support the Safeguarding Adults Champions in each borough.

In the Tower Hamlets Local Delivery Unit all staff have been provided with a local briefing on safeguarding adults. We have been developing a training package in safeguarding adults for front-line practitioners, which will be implemented in the autumn of 2013

(Kate Gilbert – Assistant Chief Officer – Tower Hamlets LDU, London Probation Trust)

Local Issues for Adult Safeguarding

Key Issues for Adult Safeguarding 2012-2013

- The Serious Case Review was concluded and learning points identified. All partner agencies provided responses to the Board about how they intended to make changes within their organisations in order to accommodate these needs. The Board will track these changes to ensure learning has been implemented during 2013-2014

Achievements this year against SAB work plan 2012- 2013

- Community Appointeeships have been established - Where service users do not have mental capacity to manage their finances and do not have savings; and do not have others who can take up this responsibility on their behalf, then the Council will apply to the Department of Work and Pensions (DWP) to manage their finances on the persons behalf.
- The Safeguarding Adults Risk Management Panel is being established to consider cases where people have mental capacity, but risks arise because they are making unwise decisions, are self-neglectful, have a hoarding disorder, who do not engage in support services or lead chaotic lifestyles placing either themselves or others at risk
- Safeguarding Adults Team members participate in the various risk management forums e.g. Multi Agency Risk Assessment Conference (MARAC), and Community Safety Partnership (CSP) and also prevention forums such as No place for Hate
- The sub groups of the Board including the Champions Group, Training Group and also the Quality and Performance group have contributed to the work of the Board and supported improvements in safeguarding in Tower Hamlets
- The Board membership has been strengthened

Safeguarding Activity

Key Findings and analysis – From the AVA returns 2012-2013

- The total number of alerts received in 2012-2013 is 590, out of which 290 progressed to the referral stage. The number of alerts received was 9.4% less than the previous year although still more than in 2010-2011. The number of alerts remains high indicating that the message that abuse is unacceptable is getting across to people. The decline may be due to better understanding of what abuse is and that people feel empowered to challenge this. An advert was placed in the Family magazine that starkly displayed the motto “Say No to Abuse”. This magazine was displayed in GP surgeries and health centres. The Dignify project ran an awareness session during World Elder Abuse Week that focussed on empowerment in situations of abuse.
- In terms of gender, the proportions of referrals for males and females remained consistent.
- The highest number of referrals received for any client category was for the adults of all ages with physical disability, frailty and sensory impairment at 48%, an increase 9% from last year. The single biggest cohort of referrals were received were for people with a learning disability in the age range 18-64 (34% - an increase from 29% last year) There were fewer referrals for people who are White British and this has been declining over the last three years by 4% in the age group 18-64, although there is a 6% increase in referrals for people who are Asian/Asian British. The Asian community makes up a large proportion of the population in Tower Hamlets. That awareness of adult abuse is reaching this community, this is a positive thing.
- In the 65 and over age group, the largest number of referrals were for people who are White British at 30%, although this has reduced by 10% over the period. We are seeing an increase in referrals for older Black/Black British people from 5% 2010-2011 to 7% 2012 – 2013. .

- 51% of abuse occurred in the person's own home, a decrease by 14% over a three year period
- Abuse in care homes remains consistent over the 3-year period at 13%
- The main areas of abuse are physical, emotional/psychological and financial abuse which is a consistent theme across three years, albeit with a slight reduction (5%) with a quarter of these cases being against adults aged 18-64 with a learning disability as expected,
- 75% of abuse occurred through services commissioned by the council or provided directly by it, although this has reduced over the period by 6%. Services; a reduction of 6%. Whereas this statistic is inevitable as it is only people that receive services or who are eligible to receive services that come under the remit of adult safeguarding.
- We are seeing an increase in referrals relating to people not know to services, and although not high in number, the rate of increase from previous years amounts to a 41% increase. We need to do more to understand why this is
- There has been a year on year increase in repeat referrals, an increase from 29% in 2010-2011 to 68% 2012-2013, for females in the 18-64 age group, the greatest increases were noted in the categories of physical disability. Frailty and sensory impairment and learning disability. Care Management processes must closely monitor repeat referrals to ensure that the client's needs are being met where repeat incidents of abuse are reported.
- 44% of all allegations were not substantiated

In addition to what our data is telling us, the LBTH Strategy and Performance Team carries out regular surveys on user satisfaction. Survey results identified that:

* 57.9% of adult social care users reported feeling as safe as they want in the annual Service User Survey, compared to 59.5% last year. 3.7% reported "not feeling safe at all". Everyone who answered this question was contacted to ensure there were no safeguarding issues. No safeguarding issues were found, and what was found instead is that people who answered in this way tended to be worried about crime and anti-social behaviour in their local area.

* 84.6% of adult social care users reported that care and support services help them in feeling safe, compared to 81.2% last year. Both results are higher than the England average for 2011-12 (England results for 2012-13 have yet to be released).

* 76.2% of carers in the bi-annual Carer Survey reported having no worries about their personal safety. This was one of the few areas where carers reported a more positive experience when compared to the results of the annual Service User Survey.

Key findings/analysis - Outcomes for the Adult at Risk

Restorative Justice

- 19 cases involved police action, compared with 43 in 2010-2011

The Board are keen to know how many cases were reported to the police, how many were investigated, how many were put forward for prosecution, how many were prosecuted and the outcome.

Actions taken by adult social care

- 5 people received a community care assessment, a 3-fold decrease on the previous year. The low number of assessments needs further investigation
- 50 people (almost a 1/6th of total numbers referred) continued to be monitored within services after the safeguarding processes ended.
- 3 perpetrators were detained under the Mental Health Act 1983

Actions taken by Strategic Commissioners- 6 cases led to actions by commissioning staff. Given that 74% of abuse occurs in commissioned services, this appears low and we need to understand this better

Action taken by the Care Quality Commission

- CQC were involved with 4 cases, this is consistent with their level of involvement as the previous year.

Action against staff by Human Resources

- No perpetrators were referred to the Protection of Vulnerable Adults (POVA) list, although 4 were referred to their registration body

- 6 staff were subject to disciplinary action. Less than half the number from the year before

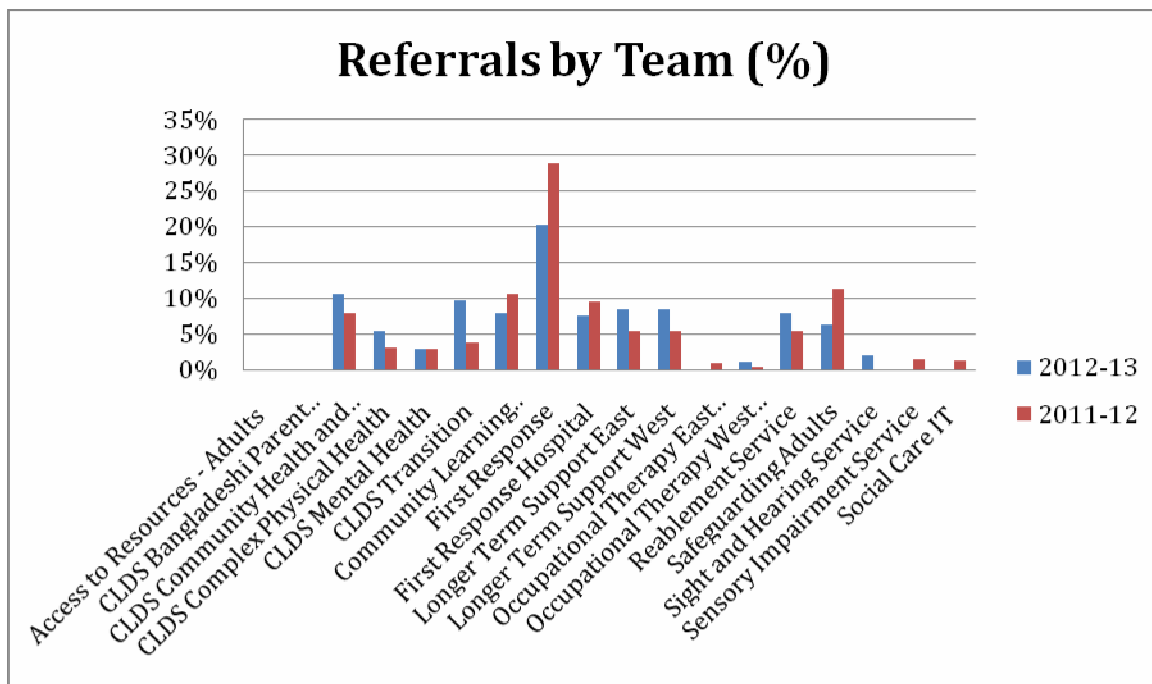
Removal from property or removal of the service

- 16 people compared with 20 last year and 11 in 2010-2011 were either removed from the place where abuse occurred or had their services decommissioned
- In 10 cases contact with the abuser was restricted or prevented, compared with 46 the year before

Counselling/ Training/Treatment

- 12 people compared with 44 last year were involved in counselling, training or treatment.

Pan London Procedures and Timescales

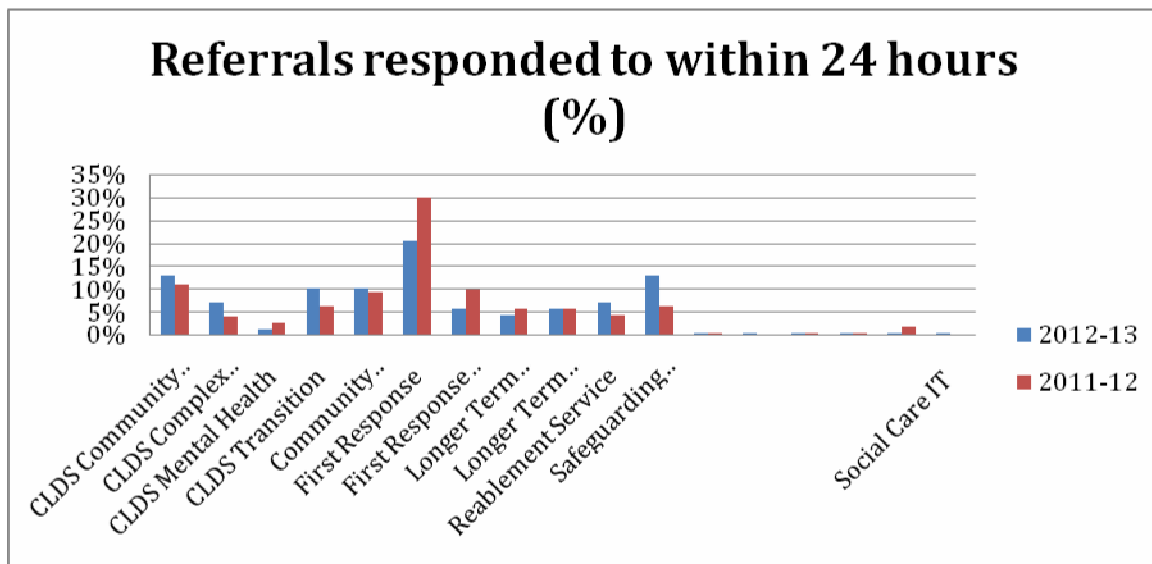


The majority of referrals come through the First Response Team who are the first point of contact for safeguarding referrals. The referral numbers have decreased by 9%; 2011-12 (29%) to 2012-13 (20%).

The Community Learning Disability Services (CLDS) however have had

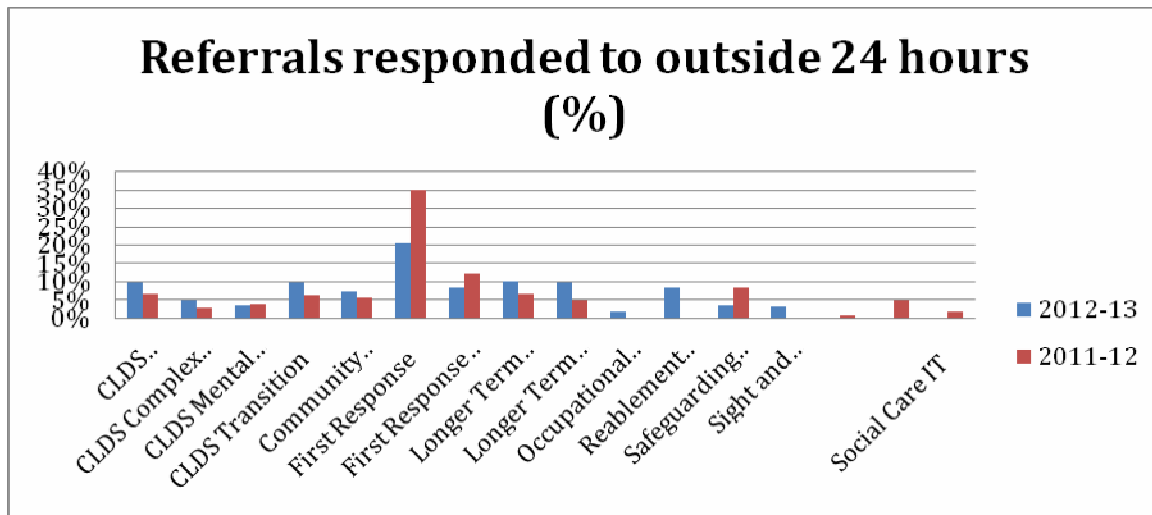
the highest number of referrals in the last two years; 2011-12 (29%) to 2012-13 (37%).

Further work needs to be done to understand this data and to ascertain whether LBTH should develop a plan to work cohesively with partners to ensure that people with learning disabilities are safe in our communities, in their homes and in services



The First Response Team achieves the highest level of compliance in responding to referrals within 24 hours.

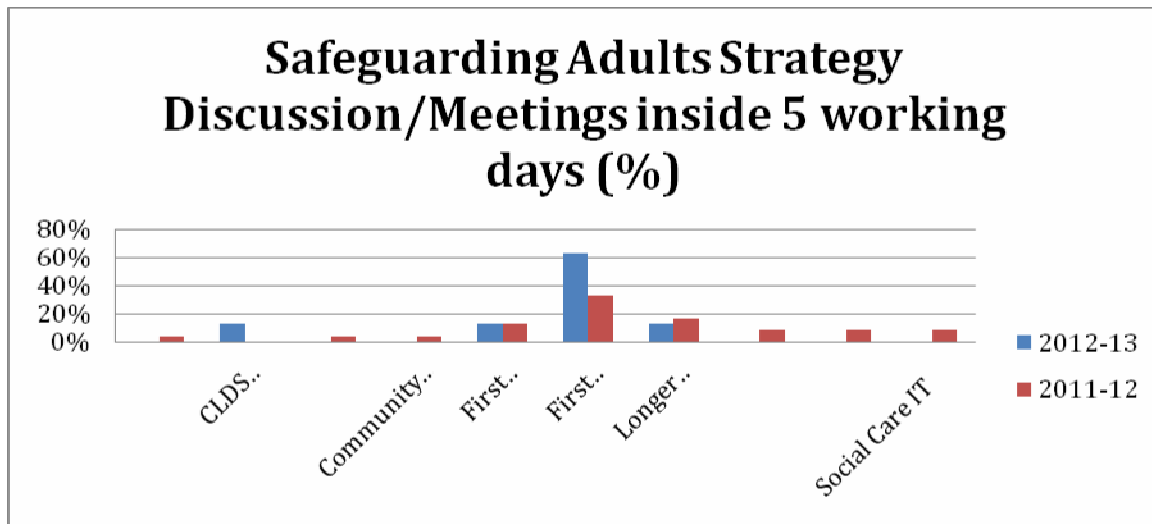
The data however also shows that improvements have been made by CLDS (34% in 2011-12 to 43% in 2012-13) and the mental health services whose data is inputted into Frameworki by the Safeguarding team, who have improved their performance in this measure by 7%; 2011-12 (6%) to 2012-13 (13%).



As teams in general have shown a rise in performance in responding to referrals within 24 hours, there is still work to do to ensure that this timescale is adhered to as the above data demonstrates.

The data also shows that First Response and First Response Hospital (combined total) have turned their performance around in this measure; 2011-12 (47%) to 2012-13 (28%). Other teams have also made improvements but there is still work to do to improve adherence to the timescales

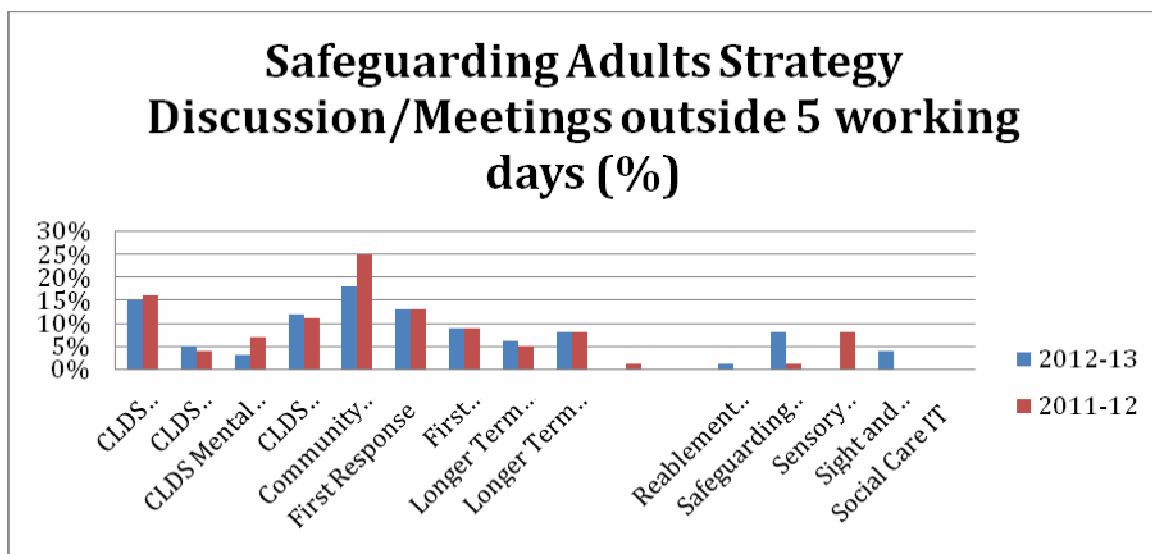
Audit work has revealed a number of inputting issues that slow up the process. The development of the new safeguarding workflow is focused on resolving data challenges and re-clarification of policy and procedures to support practitioners and local managers improve this performance.



The data shows First Response Hospital in 2012-13 has achieved the highest level of compliance (63%) compared with last year (33%) in ensuring a strategy meeting is held within 5 working days from receipt of safeguarding referral.

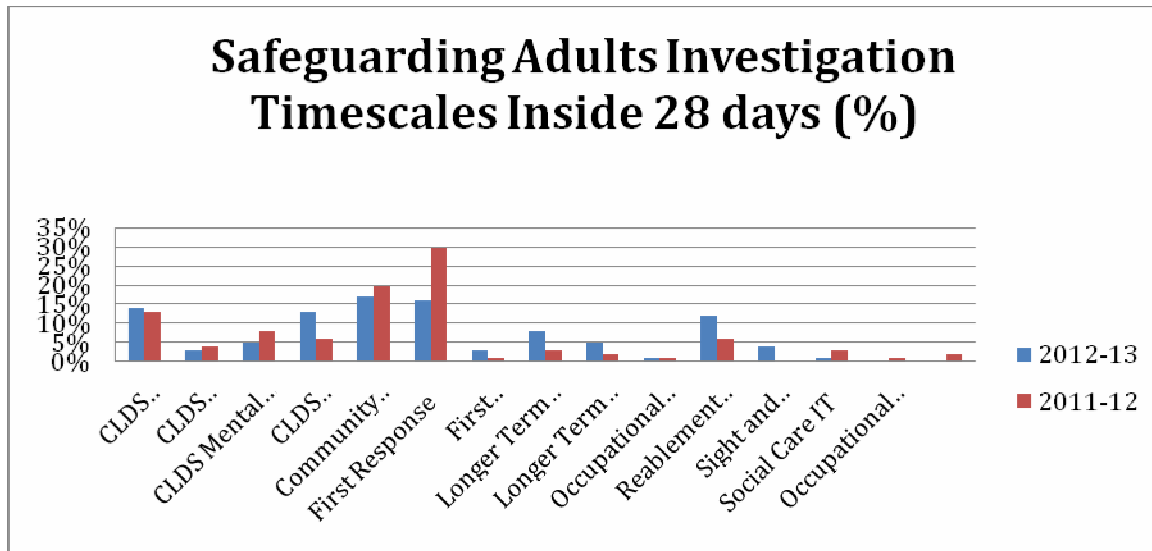
There are challenges in capturing this information accurately in the current arrangements.

Work is underway to create a new safeguarding workflow to enable staff to follow the Pan London Procedures and to capture information pertaining to this measure



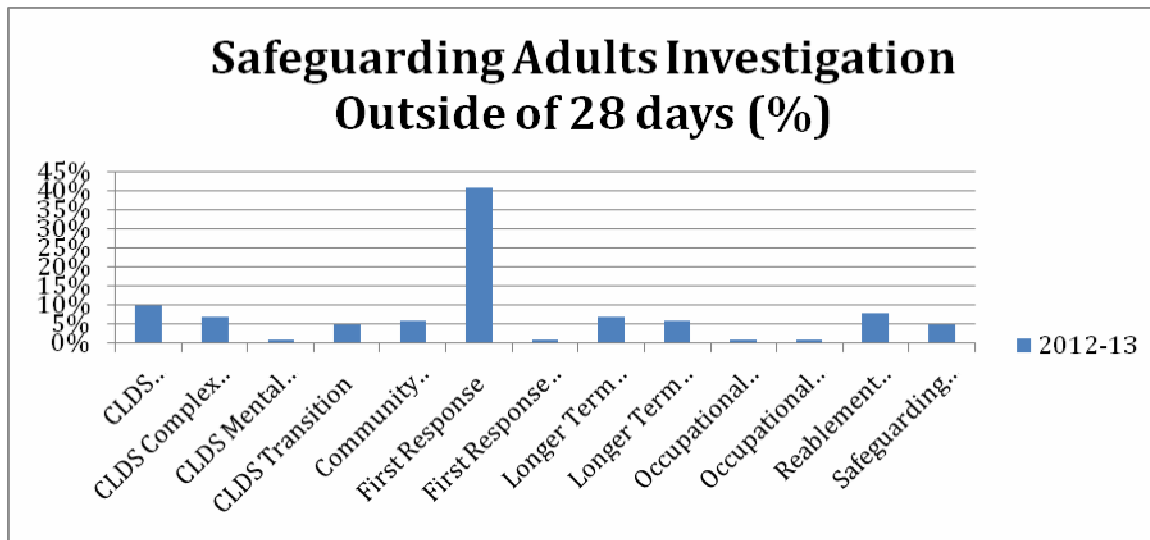
The data appears to suggest that teams have not made significant improvement in the two consecutive years and that still high proportion of

strategy meetings are not taking place within 5 working days from the receipt of the safeguarding referral. The exception is CLDS where 7% decrease was achieved; 2011-12 (25%) to 2012-13 (18%).



The policy and procedures stipulate that a safeguarding investigation must be conducted within 20 working days from receipt of referral. However, local reporting cannot exclude weekends and thus this report includes investigation data over 28 day period. The new safeguarding workflow will review this and if possible adjust the reporting to align more with policy and procedures.

There is some evidence of year on year improvement; Longer Term Support Team (combined) show 8% increase in 2012-13 from previous year (2011-12) and it's the same for CLDS Transition 7% increase and Reablement Service 6% increase. However, First response who hold the highest number of Referrals seem to indicate a 14% decrease from previous years performance; 2011-12 (30%) to 2012-13 (16%).



DOLS (Deprivation of Liberty Safeguards)

Appendix A shows that during the first year when DOLS came into force (April 2009) LBTH had 17 requests for DOLs authorisations, in the subsequent year the figures dropped to 5 and then 4. During 2011 – 2012 LBTH DOLS request were lowest in England. The London average was in the twenties, 71 being the highest number of requests. During 2012 – 2013 the number of request doubled but as yet England/London figures have not been published.

During the first year that DOLS came into force (April 2009) NHS Tower Hamlets had 24 requests for DOLS authorisation, reducing to 6 in the subsequent year and then to 4. The figure has stayed the same during 2012-2013. The figures were low but not as low as few of the other London PCTs, the highest number of requests in London was 29.

At the end of March 2013, the Supervisory Body responsibility for people in hospitals transferred to the Local Authority.

The Board needs to be reassured that these figures will monitor that improvements have been made in this area during the coming year.

Internal Audit on Safeguarding Vulnerable Adults (Adults, Health & Wellbeing Directorate) March 2013

LBTH commissioned external auditors to carry out an audit on adult safeguarding.

The audit identified some concerns around operation and practice in safeguarding adults work that the Council had already identified as a gap, in addition to identifying the need for a strategic review of its safeguarding arrangements and had therefore, appointed a Strategic Lead for Safeguarding Adults, Mental Capacity and Deprivation of Liberty Safeguards in November 2012 whose effects should be seen in the next financial year.

Appendix A – DOLS data

2009 – 2010 - Council

	Authorisations Granted	Authorisations Not Granted	Total
Hackney	5	4	9
Newham	22	11	33
Tower Hamlets	6	11	17

2009 – 2010 – PCT

	Authorisations Granted	Authorisations Not Granted	Total
Hackney	5	4	9
Newham	9	3	12
Tower Hamlets	4	20	24

2010 – 2011 - Council

	Authorisations Granted	Authorisations Not Granted	Total
Hackney	6	5	11
Newham	31	6	37
Tower Hamlets	2	3	5

2010 – 2011 - PCT

	Authorisations Granted	Authorisations Not Granted	Total
Hackney	5	0	5
Newham	7	5	12
Tower Hamlets	3	3	6

2011 – 2012 - Council

	Authorisations Granted	Authorisations Not Granted	Total
Hackney	14	4	18
Newham	34	19	53
Tower Hamlets	3	1	4

2011 – 2012 - PCT

	Authorisations Granted	Authorisations Not Granted	Total
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Hackney	4	4	8
Newham	16	7	23
Tower Hamlets	3	0	3

**Number of DOLS request received and authorised by the Council
2012-2013**

Tower Hamlets	6	2	8
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**Number of DOLS request received and authorised by the PCT 2012-
2013**

Tower Hamlets	0	4	4
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SAB Work Plan – 2013-2014

The Board has considered the gaps identified through the various processes above and has incorporated improvements into its 2012-2013 work plan

Tower Hamlets Safeguarding Adults Board

Work Plan / Business Plan 2013-2014 - Agreed at SAB meeting 21 May 2013

This year's Work Plan has been developed by the SAB and its constituent agencies.

Work Programme 2013/14

No.	Action	Lead /Accountable for Completion	Target Date	Action will be achieved by	RAG Status
1	Develop referral pathway for other agencies with LBTH, confirmation of forms to be used, agreed monitoring and review arrangement	Melba Gomes/ John Rutherford/Lenny Byrne	August 2013	Ensuring there are secure email team boxes Referral pathway for all organisation is agreed	
2	Clarify relationships between safeguarding and NHS incident policies, procedures and processes and systems	Melba Gomes/ John Rutherford/Paul James/Lenny Byrne	August2013	Applying agreed Pan London processes and statutory processes in dealing with SA in health settings	
3	Analysis of emerging issues and themes in relation to performance and identify improvements To include Pan London Procedures Pan London Timescales ASCOF Returns SAAF	Melba Gomes/Richard Fradgley/ Karen Sugars	October 2013	Demonstrable Improved Performance	
4	Continued working alongside community safety improvement strategies -	Melba Gomes/	ongoing	LBTH and its	

	specifically: MAPPA, MARAC, Prevent, Children's Board, and CSP. Develop relationship with Health and Wellbeing Partnership Board	Brian Parrott/Wendy Morgan/Emily Fieran –Reed		partners work together to keep People in LBTH safe	
5	Ensure that MCA/DOLS is integral to core functions in health and social care, including safeguarding adults	All statutory agencies		MCA is in use daily and People who are deprived of their liberty are deprived lawfully	
6	Track improvements in relation to the SCR	All agencies	ongoing	There is no repeat of similar issues occurring in LBTH	
7	Subgroup: Quality Assurance and Performance. To provide improved performance information to the board	Richard Fradgley/Karen Sugars/Melba Gomes/Others	March 2014	Performance data informs improvements and improvements are made	
8	Subgroup: Good Practice and Training. To create a multi-agency training strategy, but will have role in ensuring that staff are competent and current in their working knowledge to SA/MCA/DOLS	Paul James/Melba Gomes	March 2014	All staff are trained to a level commensurate with their role in safeguarding	

				All staff are current in their knowledge of working with SA/MCA/DOLS	
9	Champions Group to be reenergised	Melba Gomes/ Joy Calladine	March 2014	All providers are represented at the group	
10	Develop a communication sub-group to promote the work of the SAB and raise awareness of safeguarding. <ul style="list-style-type: none"> - staff in SAB partner organizations - colleagues across services, statutory, voluntary and 'not for profit' - users of safeguarding services - the public of Tower Hamlets 	Melba Gomes/Others	October 2013	Staff are aware of what the board is doing The public feel a responsibility to safeguard vulnerable people Vulnerable people know where to go to when they have been abused People who have experienced safeguarding processes in LBTH provide input into how the services	

				can improve	
11	Ascertain how to include NHS England commissioning of primary care into the safeguarding agenda	Brian Parrott/Richard Fradgley/ Melba Gomes	July 2013	Have such services represented in some way in the SAB	
12	Agree and publish a simple practical working definition of when multi agency (and/or referral to the local authority) safeguarding arrangements need to operate. (Links with 1.)	Melba Gomes	July 2013	All agencies are clear about what constitutes a safeguarding concern and are consistent in how they progress the issue	
13	Achieve outcomes/actions agreed by SAB following Winterbourne report Retain an overview of numbers of people in assessment and treatment units and length of time spent there Appropriate legislation is applied where relevant i.e. MHA, MCA, MCA/DOLS	Sandra Howard/Helen Green/ Paul James/ Melba Gomes	May 2013	People are placed in such units for the shortest time possible. People placed in Assessment and Treatment Units and long term care are monitored regularly	

14	Agree and assure achievement of outcomes/actions agreed by SAB following Francis report	John Rutherford/Lenny Byrne/Melba Gomes	October 2013	Excellence in health care provision	
15	Establish an arrangement SAB self-assessment and assurance (i.e. of itself and its performance)	Brian Parrott/John Rutherford/ Melba Gomes	Mar 2014	The SAB is fit for purpose	
16	16. Director of Public Health (or public health colleague) to produce a public health overview statement (information, fact sheet or summary of Joint Strategic Needs Assessment of LBTH) in relation to safeguarding adults and potentially vulnerable people who may become subject to safeguarding need.	John Rutherford	October 2013		

RAG Status Criteria

Completed milestone	
Not achieved	
On target but some delays	
Achieved	
RED / AMBER / GREEN	