



Community and Wellbeing Scrutiny Committee

Monday 8 October 2018 at 6.00 pm

Boardrooms 3 - 5 - Brent Civic Centre, Engineers Way,
Wembley, HA9 0FJ

Membership:

Members

Councillors:

Ketan Sheth (Chair)
Colwill (Vice-Chair)
Afzal
Conneely
Hector
Knight
Shahzad
Thakkar

Substitute Members

Councillors:

S Butt, Gbajumo, Gill, Kabir, Kelcher, Mashari and
Nerva

Councillors:

Kansagra and Maurice

Co-opted Members

Alloysius Frederick, Roman Catholic Diocese Schools
Helen Askwith, Church of England Schools
Simon Goulden, Jewish Faith Schools
Sayed Jaffar Milani, Muslim Faith Schools
Iram Yaqub, Parent Governor Representative (Primary)

Observers

Ms Sotira Michael, Brent Teachers' Association
Lesley Gouldbourne, Brent Teachers' Association
Jean Roberts, Brent Teachers' Association
Samira Monteleone, Brent Youth Parliament
Aleena Majeed, Brent Youth Parliament
Hemal Gor, Brent Youth Parliament
Sara Bokrugji, Brent Youth Parliament

For further information contact: Nikolay Manov, Governance Officer
Tel: 020 8937 1348; Email: nikolay.manov@brent.gov.uk

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The press and public are welcome to attend this meeting

Notes for Members - Declarations of Interest:

If a Member is aware they have a Disclosable Pecuniary Interest* in an item of business, they must declare its existence and nature at the start of the meeting or when it becomes apparent and must leave the room without participating in discussion of the item.

If a Member is aware they have a Personal Interest** in an item of business, they must declare its existence and nature at the start of the meeting or when it becomes apparent.

If the Personal Interest is also significant enough to affect your judgement of a public interest and either it affects a financial position or relates to a regulatory matter then after disclosing the interest to the meeting the Member must leave the room without participating in discussion of the item, except that they may first make representations, answer questions or give evidence relating to the matter, provided that the public are allowed to attend the meeting for those purposes.

***Disclosable Pecuniary Interests:**

- (a) **Employment, etc.** - Any employment, office, trade, profession or vocation carried on for profit gain.
- (b) **Sponsorship** - Any payment or other financial benefit in respect of expenses in carrying out duties as a member, or of election; including from a trade union.
- (c) **Contracts** - Any current contract for goods, services or works, between the Councillors or their partner (or a body in which one has a beneficial interest) and the council.
- (d) **Land** - Any beneficial interest in land which is within the council's area.
- (e) **Licences** - Any licence to occupy land in the council's area for a month or longer.
- (f) **Corporate tenancies** - Any tenancy between the council and a body in which the Councillor or their partner have a beneficial interest.
- (g) **Securities** - Any beneficial interest in securities of a body which has a place of business or land in the council's area, if the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body or of any one class of its issued share capital.

****Personal Interests:**

The business relates to or affects:

- (a) Anybody of which you are a member or in a position of general control or management, and:
 - To which you are appointed by the council;
 - which exercises functions of a public nature;
 - which is directed is to charitable purposes;
 - whose principal purposes include the influence of public opinion or policy (including a political party or trade union).
- (b) The interests of a person from whom you have received gifts or hospitality of at least £50 as a member in the municipal year;

or

A decision in relation to that business might reasonably be regarded as affecting the well-being or financial position of:

- You yourself;
- a member of your family or your friend or any person with whom you have a close association or any person or body who is the subject of a registrable personal interest.

Agenda

Introductions, if appropriate.

Item	Page
1 Apologies for absence and clarification of alternate members	
2 Declarations of interests	
Members are invited to declare at this stage of the meeting, any relevant disclosable pecuniary or personal interests in the items on this agenda.	
3 Deputations (if any)	
To hear any deputations received from members of the public in accordance with Standing Order 67.	
4 Minutes of the previous meeting	1 - 8
To approve, as a correct record, the minutes of the previous meeting held on Tuesday 10 July 2017.	
5 Matters arising (if any)	
6 Brent Local Safeguarding Children Board Annual Report 2017/2018	9 - 52
To receive and consider the 2017/18 Annual Report from the Brent Local Safeguarding Children's Board (LSCB).	
Ward Affected: All Wards	Contact Officer: Wendy Proctor, Strategic Partnership Lead Tel: 0208 937 4237 wendy.proctor@brent.gov.uk
7 Brent Safeguarding Adults Board Annual Report 2017/2018	53 - 84
To receive and consider the 2017/18 Annual Report from Brent's Safeguarding Adults Board (SAB).	
Ward Affected: All Wards	Contact Officer: Daniel Morris, Strategic Partnership Safeguarding Adults Lead Tel: 0208 937 2683 daniel.morris@brent.gov.uk

8 Children, Young People and Contextual Safeguarding Task Group 85 - 92

This report seeks approval to the establishment and scope of a Scrutiny Task Group to review contextual safeguarding.

Ward Affected:
All Wards

Contact Officer:
James Diamond, Policy & Scrutiny Officer
Tel: 0208 937 1068
james.diamond@brent.gov.uk

9 Update on the scrutiny work programme 93 - 108

This report updates Members on the Committee's Work Programme for 2018/19 and captures scrutiny activity which has taken place outside of its formal meetings.

Ward Affected:
All Wards

Contact Officer:
James Diamond, Policy & Scrutiny Officer
Tel: 0208 937 1068
james.diamond@brent.gov.uk

10 Any other urgent business

Notice of items to be raised under this heading must be given in writing to the Head of Executive and Member Services or his representative before the meeting in accordance with Standing Order 60.

Date of the next meeting: Wednesday 28 November 2018



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- The meeting room is accessible by lift and seats will be provided for members of the public.

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MINUTES OF THE COMMUNITY AND WELLBEING SCRUTINY COMMITTEE **Tuesday 10 July 2018 at 6.00 pm**

PRESENT: Councillors Ketan Sheth (Chair), Afzal, Conneely, Hector, Knight, Shahzad and Thakkar

Co-opted Members Mr Frederick and Ms Askwith

Also Present: Councillors Hirani and McLennan

Absent: Councillor Colwill, Co-opted Members Mr Milani and Ms Yaqub, and Appointed observer Ms Michael

1. Apologies for absence and clarification of alternate members

The following apologies for absence were received:

- Mr Frederick (Co-opted Member)
- Lesley Gouldbourne (Observer)
- Jean Roberts (Observer)

2. Declarations of interests

Councillor Ketan Sheth declared that he was:

- a lead governor at Central and North West London (CNWL) National Health Service (NHS) Foundation Trust;
- a patron of the Silver Star Diabetes charity; and
- an ambassador for the All-Party Parliamentary Group for Diabetes

Ms Askwith declared that she was a governor at Wembley Primary School.

3. Deputations (if any)

There were no deputations received.

4. Minutes of the previous meeting

RESOLVED that the minutes of the previous meeting, held on 28 March 2018, be approved as an accurate record.

5. Matters arising (if any)

None.

6. Childhood and School-Age Immunisation Programmes in Brent

Dr Catherine Heffernan (Principal Advisor for Commissioning Immunisations and Vaccination Services, Public Health England) and Lucy Rumbellow (Immunisation Commissioning Manager for North West London, Public Health England) introduced the report which provided an overview of Section 7a childhood and school age immunisation programmes in the London Borough of Brent for 2017/18. There were 18 publicly funded immunisation programmes under Section 7a which covered the life-course. However, Dr Heffernan said that the focus of the paper was on immunisation programmes provided for 0-5 years under the national Routine Childhood Immunisation Schedule and those programmes provided for children aged 4-18. She spoke about the routine childhood immunisation programme outlined in section 4.1 of the report (page 16 of the Agenda pack) and said that London had been a complicated area to examine and it had performed worse than other parts of the country. Some of the reasons for this could be related to the vast diversity of the population living in the city, the high mobility rates and the high turnover of people. For example, by the age of one, one-third of children would have changed address at least once which this made it difficult to collect and track data.

The Committee heard that in line with other London Boroughs, Brent had not achieved the World Health Organisation recommended 95% uptake coverage for the primaries and Measles, Mumps and Rubella (MMR). Although the Borough's rates were one of the highest in North West London, there was a concern that a cluster could be created in an area where people had not been vaccinated. Therefore, it was important for residents to visit their General Practitioners (GPs) and get their vaccinations done. Dr Heffernan pointed out that Public Health England was working to increase the number of vaccinations available as well as the number of vaccination nurses.

Ms Rumbellow provided an update of specific vaccinations such the ones against MMR and flu. She said that drop prior to the second intake of the MMR vaccine was in line with national trends and that although there had been an increase in the uptake of flu vaccines (current rate 34%), there were dips in years 2, 3 and 4 which had been addressed with the Local Authority. In relation to risks, Ms Rumbellow noted that there had been a national Measles incident, with young adults who had not had their MMR vaccination being a group of concern. An action plan to respond to an outbreak of Measles had been created and Public Health England was working towards raising awareness of the importance of having the MMR vaccine. Members heard that if a cluster or an outbreak was declared, the initial response would be to vaccinate people in the nearby area.

As far as challenges related to uptake were concerned, it was noted that although Brent had some specific barriers, these were not dissimilar from the ones in other areas of London. As Brent had a very diverse community, it was difficult to ensure that immunisation records were correct – vaccines could have been given without being properly recorded and vice versa. Public Health England had been working with the National Health Service (NHS) Digital to simplify its childcare information centre which was expected to contribute to the removal of double counting. Moreover, in some cases, such as flu vaccines, parents did not see the value of having of one or had declined their child to be immunised due to cultural reasons. Dr Heffernan explained that it was difficult to point out groups that were more or less likely to take vaccines as uptake varied by practice. Nevertheless, she supported the Committee's view that community engagement was essential for

increasing uptake. Work had been undertaken with the British Society for Immunology to establish the best way to communicate information about vaccines to various communities. Dr Heffernan acknowledged that Central and North West London NHS Trust, the provider of the vaccination service, could do more to engage with schools and raise awareness about vaccinations among teachers. A newsletter publication would be issued prior to the flu season as part of the process of improving the relationship between schools and the Trust. In addition, Public Health England, the commissioner of the service, held regular meetings with the Trust to allow issues to be escalated in a timely manner, e.g. letters about future vaccinations not being delivered to parents, and workshops with providers had been organised to take place every six months.

Dr Heffernan spoke of the need for an innovative approach to engaging schools to achieve better results. For example, the lack of return of consent forms had been a major issue as in some areas up to 55% of the forms were missing, hence, an e-consent form had been trialled. In response to a question about the reasons for lack of engagement, she said that refusals were mainly in primary schools which created a paradox because despite the school refusing to let vaccination nurses in, the child had the right to be offered the vaccine. Nevertheless, Dr Heffernan reassured Members that the number of schools refusing vaccinations, which had been religious or independent schools, was small and was declining.

Councillor Hirani (Lead Member for Public Health, Culture and Leisure) noted that there had been difficulties in engaging schools in other projects which were not related to immunisation and suggested that it might be helpful to present issues at the Headteachers Forum which would allow head teachers to discuss the benefits of various initiatives and share experiences.

A Member of the Committee asked a question that related to the monitoring of immunisation uptake and taking measures to ensure that people were informed about the vaccinations they had to have prior to arriving in the United Kingdom. Dr Heffernan said that immunisation records were part of GP records. When registering a new patient, GPs would ask patients what immunisations they had had and would follow guidance issued by Public Health England, which in most cases advised them to give a vaccine if they were not sure whether a patient had had it.

A Co-opted Member referred to figure 16 on page 31 of the Agenda pack and asked for an explanation why the figures for Human papillomavirus (HPV) vaccinations in Brent were declining. Dr Heffernan explained that the course of the vaccine had been changed, with the number of courses being reduced from three to two so in order to compare results accurately, it was necessary to look at the number of completed doses in Year 9. Moreover, as Brent had a considerably bigger eligible cohort, once vaccinations in Year 9 had been completed, the percentage of the population that had been vaccinated would increase. Responding to a question about the factors used to determine eligibility for the HPV vaccine, Dr Heffernan said that although there was no medical risk to offer the vaccination to girls who had had a sexual contact, it was preferable to give it prior to that. Furthermore, being sexually active was not a reason not to offer the vaccine.

The Committee discussed the role of parents in ensuring that their children had been vaccinated. It was noted that parents were the guardians of children's health and it was their decision whether to vaccinate them. However, parents had the right

to information and had to be empowered to make rational decisions. Public Health England had drafted the Serving the Underserved Strategy as part of which immunisation champions had been recruited to promote the benefits of vaccines and engage residents, including those whose first language was not English.

The Chair invited Julie Pal (Chief Executive, Healthwatch Brent) to comment on the report. Ms Pal said that she shared the concerns raised by the Committee around the uptake of flu vaccinations. She suggested that Healthwatch could work with Public Health England to encourage uptake and engage with schools to promote the benefits of the HPV vaccine and de-stigmatise some of the areas covered by it.

RESOLVED:

- (i) The contents of the Childhood and School-Age Immunisation Programmes in Brent report, be noted;
- (ii) Public Health England takes up the opportunity to work with the British Society for Immunology to promote understanding of vaccination and engage the community in Brent, including the recruitment of lay immunisation champions and reaching out to community and religious groups;
- (iii) Public Health England works in partnership with Healthwatch Brent to promote the benefits of immunisation;
- (iv) The provider Trust, the Council's Public Health service and Public Health England collaborate with education professionals to determine what could be done to support Public Health England's access to schools;
- (v) The Council's Public Health service and Public Health England work together to identify available resources and create a structured outreach programme, including training of non-clinical staff to have a basic understanding of childhood immunisation and the benefits of it.

7. Diabetes: Diagnosis, Treatment and Prevention in Brent

Dr Shazia Siddiqi (Clinical Director, Brent Clinical Commissioning Group (CCG)) introduced the paper which provided an update on diabetes services in Brent, focusing on high-risk factors, prevention, diagnosis and treatment initiatives. Dr Siddiqi said that it was estimated that the total number of adults with both Type 1 and Type 2 diabetes in England was 3.8 million people, 90% of whom had Type 2 diabetes, costing the National Health Service (NHS) approximately £10 billion a year. She directed Members' attention to table 7 on page 55 of the Agenda pack which showed how Brent compared to other boroughs. Prevalence of diabetes in Brent was higher than the national average and Public Health England had estimated that there were approximately 7,500 undiagnosed patients so engaging them should be a key priority for Brent Council and Brent CCG. Dr Siddiqi spoke of the Public Health England Diabetes Prevalence Model which had found that diabetes was more common in men, people from South Asian and Black ethnic groups and older members of society.

Dr Melanie Smith (Brent Council's Director of Public Health) spoke about the need for a whole population approach to be adopted to prevent diabetes and she noted that intervention should be underpinned by three objectives – encouraging physical

activity, reducing weight and eating a healthy diet. She referred to health checks that had been commissioned from patients' General Practitioners (GPs) (section 5.2 of the report on page 43 of the Agenda pack) and said that the Brent Integrated Diabetes Service had been launched in October 2014. Its main focus had been to strengthen and increase the overall management of the condition, improve health and reduce health inequalities among the Borough's population and deliver high quality services that were easily accessible. Dr Smith explained that more information about the services available at different tiers could be found in Table 5 on page 47 of the Agenda pack.

Introducing diabetes.co.uk Charlotte Summers (Chief Operating Officer, diabetes.co.uk) said that it was the world's largest diabetes community, providing a platform to facilitate conversation between people affected by the condition. The organisation had developed a low carb programme and had been working on weight loss, among other initiatives aimed at empowering people to achieve remission of Type 2 diabetes. Members heard that information could be tailored according to individual needs and it could be accessed online and on mobile devices to increase flexibility.

The Chair invited the Diabetes Community Champions present at the meeting to share their experiences. Tony Hennessey spoke about his experience of engaging people at various events ranging from health fairs, through visiting community groups to holding stalls at Brent Civic Centre. He emphasised the importance of getting the right message to residents and educating them about diabetes. Dee Sime shared her personal experience of being diagnosed with borderline Type 2 diabetes and the measures she had taken to try and reverse the condition. Ms Sime explained how she had decided to become a Diabetes Community Champion in February 2015 and said that her goal as a Champion was to share her knowledge and encourage people to be physically active. Responding to a question about engaging young people, Mrs Sime said that she had noticed that a large number of people thought that diabetes affected older people. She added that as a significant proportion of young people she had met at events did not think diabetes could affect them, it might be helpful to consider ways of raising awareness in schools and colleges. Dr Smith confirmed that engagement efforts had been focused on older age groups with the exception of some work that had been done with primary schools such as the Slash Sugar Campaign (a campaign about hidden sugar in food).

One of the reasons for high prevalence of diabetes in Brent was the ethnic composition of the Borough which was different from some of the other areas mentioned in the report. Dr Siddiqi emphasised the importance of promoting self-care, targeting vulnerable groups, including people with disabilities, and engaging communities to prevent the condition. Moreover, the Committee heard about a range of strategies and programmes related to tackling diabetes such as the Diabetes Action Group and the National Diabetes Prevention Programme, delivered by Public Health England, NHS England and Diabetes UK.

The Committee questioned the effectiveness of prevention programmes and enquired about the barriers to improvement. Dr Siddiqi responded that Brent Council and Brent CCG were optimistic about the National Diabetes Prevention Programme as it offered a combination of approaches to tackling the condition. In her view, any initiatives aimed at tackling diabetes had to look at a wide range of

factors such as sugar in foods, eating patterns, diets and physical exercise, which had an impact not only on diabetes, but on conditions such as cardiovascular diseases and obesity. It was noted that if someone was in a pre-diabetic condition, it might be possible to prevent diabetes from developing, but this would be much easier if engagement and intervention had taken place earlier.

Dr Siddiqi spoke of the perception of food in some cultures as mealtimes were seen as an opportunity for the whole family to spend time together. People who had diabetes were often isolated at events as they could not eat the food on offer or required members of the family to prepare special dishes for them. Public Health England had developed structured learning sessions for GPs to engage families and look at how they cooked and how they viewed food. She also acknowledged that children had to be engaged and educated about the importance of eating a healthy diet, but this could take time and results would not be imminent. Dr Ajit Shah (Co-Clinical Director, Brent CCG) pointed out that preventing diabetes in Brent was a cultural issue and noted that activity levels of families in the Borough were not as good as in other areas of the country, despite the efforts of the Local Authority. In his view, the diabetes epidemic in the Borough could be reversed, but this required Public Health, the Diabetes Community Champions, GPs and residents to work together for the common benefit.

Ms Summers added that diabetes.co.uk had developed a targeted programme for South Asian communities living in Slough, focusing on specific aspects of their culture. However, a similar approach had not been taken in Brent, although work had been done on specific diets and individual programmes had been delivered in multiple languages, among which Hindi and Tamil. An additional barrier to tackling the conditions was that individuals often did not feel ill and either refused to visit their GP for a check-up or, if they had already been diagnosed, underestimated the risk to their wellbeing. Members expressed concern that the current arrangements did not allow clinicians to screen patients who were working as often services were not available outside working hours. Dr Smith noted that Brent was fortunate because GP surgeries were extending their hours and pointed out that preventing diabetes should be a result of striking balance between raising awareness and providing clinical assessments.

In response to a question that related to the recruitment and retention of Diabetes Community Champions, Councillor Hirani (Lead Member for Public Health, Culture and Leisure) reassured Members that the 40 Diabetes Community Champions that had been recruited so far came from a wide range of backgrounds and were representative of Brent's community. They had been trained using the train the trainer model so when they attended events, they could spread their knowledge to a large number of people. Dr Smith added that the work Public Health had delivered in collaboration with the Champions provided the foundation of grassroots movement as they were local people who had given up their time and who delivered results as people often listened to them in a way they may not have always listened to professionals. Furthermore, Diabetes UK had provided ongoing support to the Champions and the Council had supplied the tools, such as leaflets and stalls, necessary to deliver engagement sessions, some of which had been culturally specific, i.e. focused on Diwali.

As far as the recruitment of more Champions was concerned, Dr Smith explained that the decision whether to expand the programme or whether to replicate it in

other areas would depend on capacity and funding. Councillor Hirani explained that the programme had been funded through a Public Health grant, which would not be available after 2020 when it was expected that retention of business rates would fund Public Health initiatives. The Council remained keen to recruit more Champions as long as it could offer them a decent level of support.

The Committee heard that as far as prevalence was concerned, the CCG was confident in the data presented in the report. However, attendance at the DESMOND one-day self-care management course had been an area of concern, because data had not been recorded accurately due to practices not coding patients correctly. In addition, figures for the undiagnosed population had been estimated on the basis of list sizes at GP practices, residents' weight, age, and background, weight, and other risk factors. In a number of cases, people had been diagnosed with diabetes because they had visited their GP for other reason. In relation to pre- and post-natal prevention, tests results were kept on file and specialists followed up mothers with diabetes and their children.

In terms of expectations for the future, Dr Shah said that it would be a positive outcome if long-term complications of diabetes were prevented so patients could have meaningful lives. He stressed the importance of engaging patients soon after they had been diagnosed with the condition as early intervention maximised the chances to prevent complications and achieve remission which reduced the risk for individuals' health.

RESOLVED:

- (i) The contents of the Diabetes: Diagnosis, Treatment and Prevention in Brent report, be noted;
- (ii) The Committee's appreciation of the constraints on the Public Health budget be placed on record;
- (iii) Brent Council considers increasing the number of Diabetes Community Champions and continues to provide support to them;
- (iv) The work carried out by the Diabetes Community Champions be extended to include organising focused community engagement sessions; and
- (v) A briefing for Ward Councillors on Brent Council's Healthy Catering Commitment and Planning policies regarding fast food outlets near schools be organised
- (vi) Supports the Healthy Catering Commitment and the work with takeaway owners around food preparation and cooking.

8. Overview and Scrutiny Annual Report 2017/18


RESOLVED that the contents of the 2017-18 Annual Scrutiny report be noted.

9. Any other urgent business

None.

The meeting closed at 8:33 pm

COUNCILLOR KETAN SHETH
Chair

 Brent	<p align="center">Community and Wellbeing Scrutiny Committee 8 October 2018</p> <p>Report from the Independent Chair of Brent Local Safeguarding Children Board</p>
For Information	Wards Affected: ALL
<p>Brent Local Safeguarding Children Board (LSCB) Annual Report 2017-18</p>	

Wards Affected:	All
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt: (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
No. of Appendices:	1 – Local Safeguarding Children Board Annual Report 2017/18
Background Papers:	None
Contact Officer(s): (Name, Title, Contact Details)	<p>Wendy Proctor Strategic Partnerships Lead Safeguarding Children and Young People Wendy.Proctor@brent.gov.uk 020 8937 4237</p> <p>Mike Howard Independent Chair Brent Local Safeguarding Children Board</p>

1.0 Purpose of the Report

- 1.1 To enable members of the Community and Wellbeing Scrutiny Committee to review the Local Safeguarding Children Board Annual Report 2017-18.

2.0 Recommendation(s)

- 2.1 The Community and Wellbeing Scrutiny Committee is asked to note the contents of this report.

3.0 Detail

- 3.1 Brent LSCB is a multi-agency partnership board consisting of a range of organisations delivering services to the borough's children and young people.

- 3.2 Brent LSCB members represent their organisations on the Board. These organisations include Brent Council, schools and colleges, the Police, a range of local health service providers and health commissioners, probation, the voluntary sector and lay members (lay members represent and advocate for the community).
- 3.3 Brent LSCB's role is to coordinate and measure the effectiveness of the services which are provided to safeguard and promote the welfare of children and young people in Brent. Its main functions are to:
- develop local safeguarding children policies and procedures
 - raise awareness of the need to safeguard and promote the welfare of children
 - monitor and evaluate the effectiveness of what is done across the partnership in Brent to safeguard children
 - participate in the planning of services for children in Brent
 - undertake reviews of serious cases and advise on lessons to be learned
- 3.4 In order to provide effective scrutiny, LSCBs must be independent and every LSCB must have an independent chair who can hold all agencies to account.
- 3.5 Brent LSCB's Independent Chair, Mike Howard is held to account for the effective working of the LSCB by the Chief Executive of Brent Council and must publish an annual report on the effectiveness of Brent LSCB.
- 3.6 It is important to note that LSCBs do not commission or deliver direct frontline services and each Board partner agency retains its own existing line of accountability for safeguarding children and young people in Brent (as laid out in Section 11 of the Children Act 2004).
- 3.7 The focus of Brent LSCB's work is identified through agreed priorities influenced by both local and national safeguarding agendas. The areas taken as the Board's priorities for 2017-18 were:
- domestic abuse
 - neglect
 - child sexual abuse
 - child & parental mental ill health
- 3.8 During 2017-18 Brent LSCB carried out a range of activities in response to these priorities. Further details of the activity are noted in section 5 of the Annual Report.

4.0 Financial Implications

- 4.1 All LSCB member organisations have an obligation to provide the Board with resources to enable it to carry out its functions. These contributions can include money, staff time (representation at the Board and sub groups) or 'in kind'.

- 4.2 The main financial contributor to the LSCB continues to be Brent Council. This contribution funds the staff support arrangements delivered through the Strategic Partnerships team.
- 4.3 Brent NHS Clinical Commissioning Group (CCG) are the second largest funding contributor. Additionally, Brent CCG manage and fund the management and support arrangements of the Children Death Overview Panel (CDOP).
- 4.4 All London LSCBs, regardless of size, continue to receive the same level of financial contribution from the Metropolitan Police, CAFCASS and Probation Services.
- 4.5 A full breakdown of Brent LSCB's 2017-18 income and expenditure is noted in section 4.6 of the LSCB Annual Report.

5.0 Legal Implications

- 5.1 In December 2015, the Government commissioned Alan Wood CBE to undertake a fundamental review of the role and functions of Local Safeguarding Children Boards (LSCBs) within the context of local strategic multi-agency working.
- 5.2 The Wood review was published in May 2016 and found widespread agreement that the current system needs to change in favour of a new model that will ensure collective accountability across the system.
- 5.3 During 2017, in response to the Wood review recommendations, the Government passed the Children and Social Work Act in 2017. The guidance repeals the statutory requirement contained in the Children Act 2004 for the establishment of an LSCB in each local authority area.
- 5.4 The Act defines a set of 'safeguarding partners' for each area – the local authority, the Clinical Commissioning Group (CCG), and the Police. These three partners are jointly responsible for agreeing local arrangements to coordinate multi-agency work to safeguard children and ensuring their effectiveness.
- 5.5 Working Together to Safeguard Children is the statutory guidance which sets out what is expected of organisations, individually and jointly, to safeguard and promote the welfare of children.
- 5.6 Work to significantly revise the 2015 edition of this guidance begun in 2017-18, this was to reflect the legislative changes introduced through the Children and Social Work Act 2017.
- 5.7 The Board responded to the Government's consultation document and the final Working Together 2018 guidance was published in July 2018.

- 5.8 From April 2018, Brent LSCB has entered a transitional period in line with the national guidance. Brent LSCB will continue to carry out all statutory functions, including commissioning SCRs where the criteria are met, until the point at which safeguarding partner arrangements begin to operate in Brent.
- 5.9 Further details of how the Board will carry out its functions during this transitional period are noted in section 6.3 of the Annual Report.

6.0 Equality Implications

- 6.1 The role of Brent LSCB is to co-ordinate and measure the effectiveness of the services provided to safeguard and promote the welfare of all children and young people in Brent.
- 6.2 In exercising its statutory functions, Brent LSCB must be assured that the multi-agency services are accessible, inclusive and responsive to the diverse needs of Brent's children and young people, including those with additional needs and/or vulnerabilities. It also aims to ensure that services are culturally aware and skilled in identifying, assessing and meeting the individual needs of Brent children and their families.
- 6.3 There are no equality implications as a result of this report.

7.0 Consultation with Ward Members and Stakeholders

- 7.1 All members of the LSCB have all contributed to the annual report.




Brent Local Safeguarding Children Board

Annual Report

2017-18

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1. Introduction from the Chair

As the chair of the Brent Local Safeguarding Children Board (LSCB), I am pleased to present its annual report covering the year ending 31 March 2018.

I want to promote the safety and wellbeing of Brent's children as widely as possible through the work of the Board. I am pleased that we have increased the number of lay members, all of whom are local residents. They bring a range of skills and experiences from their careers working with children. As mentioned in the report, I want to maximise their involvement in the work of the Board.

I am also pleased to have increased the Board's involvement with many of the borough's schools. I have spoken to 60 deputy/head teachers at a development day at Stonebridge Primary School and addressed a schools' conference earlier this year which had an even larger attendance. The report describes my involvement with other partnership Boards in Brent which touch the lives of children.

Section 5 of the report summarises the Board's work. I mentioned in my foreword last year my disappointment at the response to the new style section 11 audit process. Improvements and changes were made following feedback from members. I am pleased to say that the revamped audit received 3,800 responses with an excellent return from many of Brent's schools. The overall results are grouped into common strengths and areas for improvement (see sub section 5.1). The resulting action plans will be reviewed by the Board in autumn 2018.

Other sub sections contain extracts about the work of the sub groups and the difference they have made to the safety and wellbeing of Brent's children. I would like to thank the members who lead these sub groups and those who participate in their work programmes. These groups are vital to the work of the Board. I appreciate that everyone who accepts these roles combine it with their 'day jobs'.

Last year, I mentioned my frustration that the Board lacked meaningful performance data other than that provided by the council. A data framework was agreed by key agencies (the council, police and health providers/commissioners) and the Board funded a data analyst on a one-year contract. However due to cost savings by some partner agencies reducing data provision by having fewer analysts and the uncertainty caused by the new arrangements for LSCBs, the Board is no longer able to monitor performance through statistics.

The Board's role in providing training courses is another area of our work which has been adversely affected by staff shortages and budgetary pressures. In February, the Board started a review of how it conducts training and what is achievable with reduced resources.



Preliminary results were presented to the Board this summer and will be taken forward by the Learning and Development Advisory Group over the coming months.

Despite all these difficulties, the report highlights a very successful training event in January which explored the key themes emerging from serious youth violence in Brent. Over 120 people attended and the event focussed on contextual safeguarding, which will be adopted by the Board as its 'business model'.

The Board funded and organised 2 events to raise awareness amongst both practitioners and students about domestic abuse. The report gives more information about the 'Knowing there is better' and the Tender workshop hosted by the College of North West London. Another achievement in tackling domestic abuse is the implementation of Operation Encompass. This initiative involves police contacting schools when a child has been involved or exposed to a domestic abuse incident the previous day.

Last year, I mentioned the Wood Review recommendations. In December 2017, the Board was one of over 700 organisations to respond to the Government's consultation document which preceded the Working Together Guidelines 2018 published earlier this year. Section 6 summarises the Children and Social Work Act 2017 which removes the statutory requirement contained in the Children Act 2004 for each local authority to have a LSCB. The Board is now in a period of transition ahead of the final safeguarding arrangements being agreed and implemented in September 2019.

The Board has embraced the opportunities afforded by these fundamental changes. It has created the new work streams for each of the Board's three priorities. These will afford an opportunity for greater engagement by lay members, the involvement of new co-chairs for each group and the adoption of contextual safeguarding. A graphical representation of the new arrangements, which start this September, is on the final page of the report.

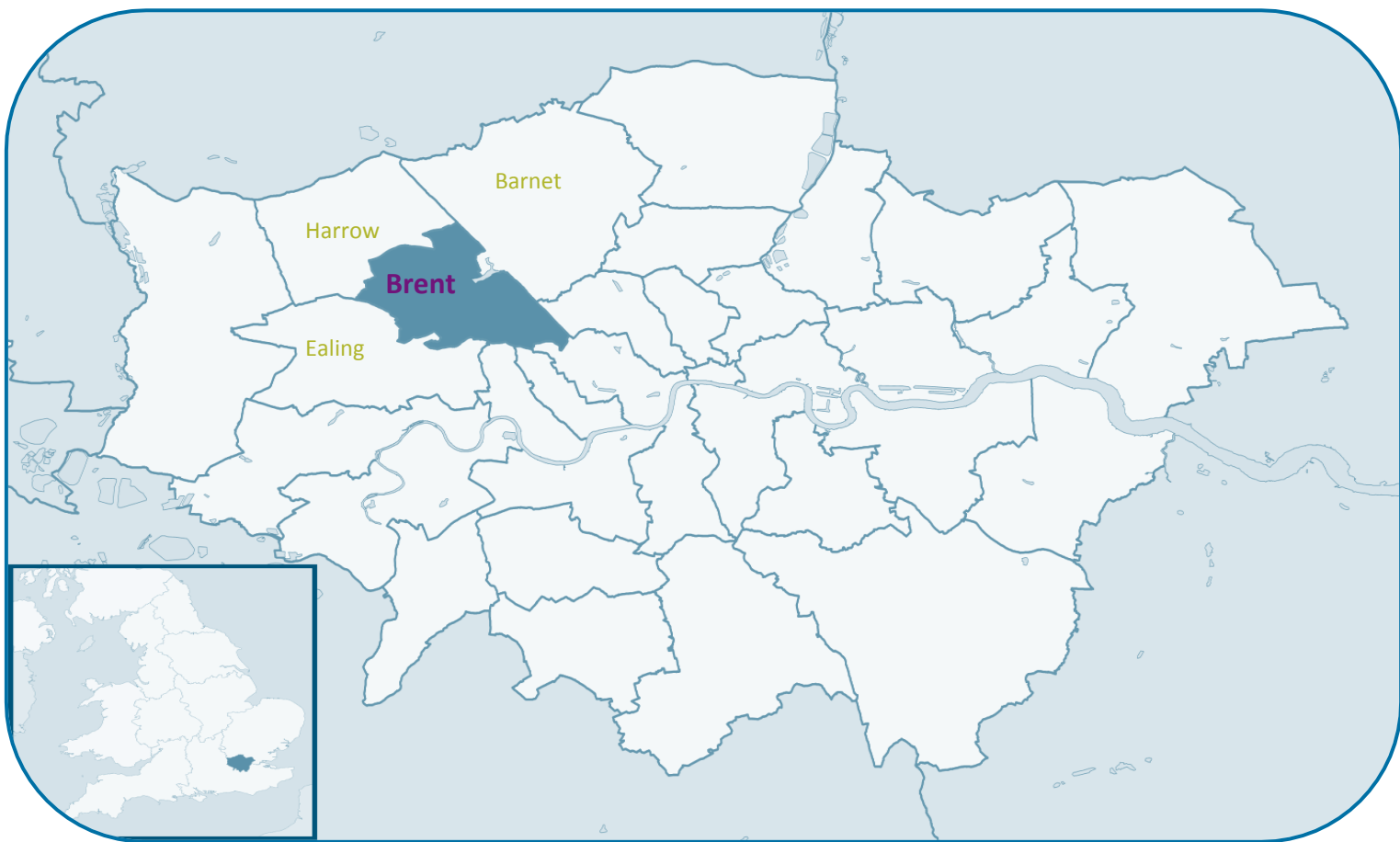
I would like to conclude by thanking everyone who has contributed to the work of the Board. I must give a special mention to Wendy Proctor who is now the Strategic Partnership Lead for Safeguarding Children. Wendy works tirelessly on behalf of the Board and spent many hours compiling this report.

This report can only be a summary of what has been another busy year for the Board. I would like to think that the restructure of the Board will maximise its contribution to ensuring the safety and wellbeing of those children living in Brent who are at the greatest risk of harm.

Mike Howard
Brent LSCB Independent Chair



2. Welcome to Brent



Brent is situated in North West London

Almost **1 in 4 (24.8%)** children in Brent are defined as living in poverty

(for example not having their basic needs for food, clothing and shelter met)

Brent is one of the most densely populated Outer London Boroughs with an overall population of **332,100₁**

There are approximately **79,000** children aged 0-18 years living in Brent

Domestic abuse remains the most commonly referred concern to Brent Family Front Door

Children make up approximately **25%** of Brent's population

75% of children aged 0-18 years in Brent are from Black and Minority Ethnic communities

Data sourced from GLA, 2017 [London Borough Profiles and Atlas](#)



3. What is safeguarding children?

Safeguarding is action taken to ensure the safety and wellbeing of children (up to the age of 18) to protect them from harm.

Safeguarding means:

- **protecting children from abuse and maltreatment**
- **preventing harm to children's health or development**
- **ensuring children grow up in a safe and caring environment**
- **taking action to enable all children and young people to have the best possible outcomes going into adult life**

All organisations working with children and families in Brent provide support to ensure children are effectively safeguarded.

The Government's statutory guidance 'Working Together to Safeguard Children' sets out the legislative requirements and expectations placed on organisations to safeguard and promote the welfare of children. It provides a framework to monitor the effectiveness of local organisations and the services they provide.

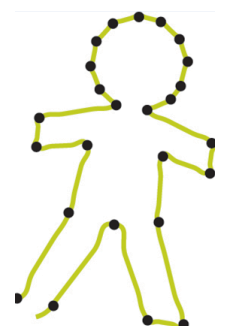
Child protection is part of safeguarding. It focuses on protecting individual children identified as suffering or likely to suffer significant harm.

For children to be kept safe from harm it is essential that the local workforce of practitioners, managers and volunteers (all of whom work with children and young people) are well informed and understand the agreed local child protection procedures.

Since 2015, Brent LSCB partners have been using Signs of Safety ¹as the basis for a shared practice framework and a consistent way of all partners working with local children and families to keep them safe.

Brent follows the [London Child Protection Procedures and Practice Guidance](#) as our local procedures. These are updated on a six-monthly basis with the relevant changes to legislation, statutory guidance and local guidance.

¹ Signs of Safety is internationally recognised model for direct work with children and families.



4. What is the Brent Local Safeguarding Children Board (LSCB)?

Brent LSCB is a multi-agency partnership board consisting of a range of organisations delivering services to the borough's children.

Brent LSCB has an Independent Chair who is held to account for the effective working of the LSCB by the Chief Executive of Brent Council.

Brent LSCB's role is to co-ordinate and measure the effectiveness of the services which are provided to safeguard and promote the welfare of children and young people in Brent. Its main functions are to:

- develop local safeguarding children policies and procedures
- raise awareness of the need to safeguard and promote the welfare of children
- monitor and evaluate the effectiveness of what is done across the partnership in Brent to safeguard children
- participate in the planning of services for children in Brent
- undertaking reviews of serious cases and advise on lessons to be learned

The focus of Brent LSCB's work was identified through a Business Plan (2016-19) based on agreed priorities influenced by both local and national safeguarding agendas.

4.1. Brent LSCB structure

During 2017-18 the Board was supported by six sub groups listed below. Each sub group is chaired by a member of the Board who are also members of the Chairs Coordination Group

- **Serious Case Review**
- **Monitoring and Evaluation**
- **Learning and Development**
- **Policies and Procedures**
- **Child Death Overview Panel**
- **Child Sexual Exploitation**

During 2017-18, the LSCB Independent Chair decided to disband the Performance Sub Group. This sub group was originally established in 2015 with the purpose of leading the development of the LSCB multi-agency dataset. Following the LSCB agreement to fund a Data Analyst post during 2017 it was agreed that this sub group was no longer required to fulfil this function.



Brent Local Safeguarding Children Board

The LSCB met five times between 1 April 2017 and 31 March 2018. The meetings were well attended by a range of senior representatives from partner organisations and lay members.

The Brent Council Lead Member for Children and Young People also attends each board meeting as an observer.

Chair's Coordination Group

The group monitors the sub group arrangements and oversees the links between sub group work plans. The group also offers support and challenge to the Chair on LSCB business.

The sub groups which progress the work of the Board, are also comprised of multi-agency representatives and each met regularly during 2017-18.

Serious Case Review (SCR)

During 2017-18 the sub group considered any serious incidents and decided whether these met the criteria to instigate a review.

(Please see section 5.7 for more details.)

Policies and Procedures

The sub group is responsible for developing and reviewing multi-agency safeguarding policies and procedures in Brent.

(Please see section 5.4 for more details.)

Child Death Overview Panel

During 2017-18 the panel carried out the statutory function to review child deaths in Brent.

(Please see section 5.6 for more details.)

Learning and Development

The sub group is responsible for supporting and monitoring the development of LSCB multi-agency learning and development programme.

(Please see section 5.5 for more details.)

Child Sexual Exploitation

The sub group is responsible for monitoring the strategic partnership approach to combatting Child Sexual Exploitation in Brent.

(Please see section 5.8 for more details.)

Monitoring and Evaluation

The sub group is responsible for managing the annual programme of multi-agency audits.

(Please see section 5.2 for more details.)

4.2. Member organisations and lay members

Brent LSCB members represent their organisations on the Board. These organisations include Brent Council, schools and colleges, the Police, a range of local health service providers and health commissioners, probation, the voluntary sector and lay members (lay members represent and advocate for the community).

A full list of Brent LSCB member organisations can be found on the [LSCB website](#).

Each organisation designates a named person as their representatives so that there is consistency and continuity in the membership of the Board. Board members should be able to:

- Speak for their organisation with authority
- Commit their organisation on policy and practice matters and
- Hold their organisation to account

During 2017, the Chair made engagement challenges to both London North West Healthcare NHS Trust and Brent Police which resulted in a greater level of attendance at meetings and stronger contributions to LSCB work.

Lay members

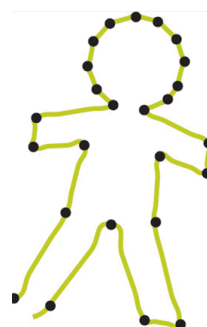
Brent LSCB lay members act as valuable ambassadors to help build stronger links between the LSCB and the local community. The lay members are encouraged to:

- promote awareness of the LSCB and safeguarding across Brent's communities (all lay members must reside in the borough)
- represent the community voice at the LSCB
- engage with Brent's people and local groups to support community cohesion

Last year Brent LSCB recognised that the two existing lay members needed additional support to develop their engagement with the community including existing groups, organisations and individuals in Brent.

In May 2017, the LSCB embarked on a successful recruitment campaign to increase the number of existing lay members which resulted in the Board acquiring four new lay members. The LSCB is fortunate to now have six lay members that collectively bring a wealth of knowledge and experience as well as a passion for keeping children and young people safe in Brent.

The Board is keen to maximise the potential of our lay members. Negotiations have taken place to ensure they have a full role in the LSCB 2018-19 structure outlined in section 6.3.



4.3. Brent LSCB online

The LSCB promotes awareness of the need to safeguard the welfare of children and young people across Brent through our updated website and twitter.



Click on the images above for more information

Brent LSCB's Twitter profile generated over 400 followers by 31 March 2018: a figure that has nearly doubled since March 2017, allowing safeguarding children messages and information to reach an increasingly wider audience.

4.4. Relationships

The LSCB Independent Chair meets regularly with a range of senior individuals across the partnership to consider and review the strategic approach to specific local or national safeguarding issues.

The LSCB recognises that there is potential cross over in some areas of work and priorities of the strategic boards in Brent. As a result, the LSCB Independent Chair remains a standing member **Brent Children's Trust** and **Safer Brent Partnership**.

The Board's annual report is shared with the **Brent Council's Community and Wellbeing Scrutiny Committee** and **Brent Children's Trust**. This gives an opportunity for other strategic partnerships to consider the work of the Board and contribute to shaping the priorities identified to ensure they are in line with local safeguarding issues.

Collaboration with other Strategic Boards and services

To identify additional areas of strategic partnership board collaboration, regular meetings now take place between the Chairs of the **LSCB**, **Brent Local Safeguarding Adults Board** (LSAB) and **Safer Brent Partnership**.

The three chairs identified Modern Slavery as an area of collaboration and commissioned a task and finish group to look at:

- understanding the needs of victims of modern slavery and trafficking
- existing support provision in the borough
- identifying gaps and developing possible solutions

It is anticipated that the findings of this task group would be submitted to the LSCB, LSAB and Safer Brent Partnership in the autumn of 2018 for considering how identified areas of work will be addressed.

Brent LSCB continued to collaborate with Harrow LSCB by beginning to explore the development of a joint Child Death Overview Panel and agreeing a reciprocal arrangement to offer places to each other on under-subscribed training courses.



4.5. Support arrangements

The Brent Council's Strategic Partnerships team became operational in May 2017. It consists of a Strategic Partnerships Manager and three Strategic Partnerships Officers to support seven partnership boards:

- Health and Wellbeing Board
- LSCB
- LSAB
- Brent Children's Trust
- Partners for Brent
- Pensioners' Forum
- Disability Forum

The LSCB agreed to fund two additional dedicated temporary support posts from August 2017 which were an LSCB Administrator and an LSCB Data Analyst. Due to budgetary constraints the funding for these posts ended in March 2018.

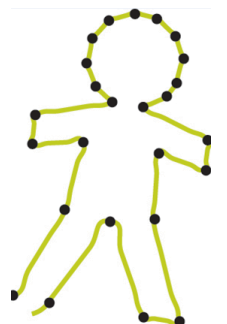
The LSCB Training Co-ordinator position became vacant in May 2017. This subsequently led to the creation of a new part time Strategic Partnerships Learning and Development Co-ordinator post within the Strategic Partnerships team. This new role is responsible for supporting both the LSCB and LSAB's multi-agency learning and development programmes. The post holder took up this role in December 2017.

A further review of the team took place in early 2018, leading to the replacement of the Strategic Partnership Officer post with a Strategic Partnerships Lead for Safeguarding Children. This reflected the need for a higher level of strategic support to the Chairs and Boards and created greater officer leadership. The Strategic Partnerships Lead for Safeguarding Children is responsible for supporting both Brent LSCB and Brent Children's Trust.

Impact of support changes

These changes have enabled Brent's strategic partnerships to maximise communication and collaboration through more cross-partnership discussions and activity.

The absence of a dedicated LSCB Training Coordinator post from May 2017 had a detrimental impact on the LSCB learning and development offer during 2017-18. The introduction of the shared part time Strategic Partnership Learning and Development Coordinator in December 2017 has enabled the LSCB to have a more focussed approach on the implementation of the LSCB learning and development offer moving into 2018-19.



4.6. LSCB finance and resources

All LSCB member organisations have an obligation to provide the Board with resources to enable it to carry out its functions. These contributions can include money, staff time (representation at the Board and sub groups) or 'in kind'.

Resource contributions

A number of partner organisations kindly hosted LSCB meetings during the period including: College of North West London, Football Association (FA) at Wembley Stadium, The Village School and Brent Council at Brent Civic Centre.

Income

In 2017/18 the Board received a total amount of £142,550 in financial contributions from partner organisations.

The LSCB recognised that this amount reflects a reduction from the previous year due to an overall reduction in public expenditure.

The main financial contributor to the LSCB continues to be Brent Council. This contribution funds the support arrangements delivered through the Strategic Partnerships Team.

Brent NHS Clinical Commissioning Group (CCG) are the second largest funding contributor. Additionally, Brent CCG manage and fund the management and support arrangements of the Children Death Overview Panel (CDOP).

All London LSCBs, regardless of size, continue to receive the same level of financial contribution from the Metropolitan Police, CAFCASS and Probation Services.

The table below details the Brent LSCB funding contributions in 2017-18.

Income	Partner Organisation	Amount (£)
Partner Contributions	Brent Council (support staff costs including on-costs)	78,000
	Brent CCG	45,900
	London North West Healthcare NHS Trust	11,000
	MOPAC/Met Police	5,000
	London Fire Brigade	500
	National Probation Service	1,600
	CAFCASS	550
Total partner contributions to LSCB budget		142,550
<i>Additional Contributions</i>	<i>Brent CCG (CDOP management and coordination costs)</i>	<i>30,525</i>

Expenditure

The majority of Brent LSCB's budget is spent on support staff salaries and Independent Chair costs.

Between August 2017 and March 2018 two temporary dedicated support posts (LSCB Administrator and LSCB Data Analyst) were funded from the LSCB reserves.

The table below details the Brent LSCB expenditure in 2017-18.

Expenditure		Amount (£)
Staffing & Consultancy	<u>Permanent</u> <ul style="list-style-type: none"> • Portion of 1 full time Strategic Partnerships Manager (April 2017 – March 2018) • 1 full time Strategic Partnerships Officer (May 2017 – March 2018) • 1 part time Strategic Partnerships Learning and Development Coordinator (December 2017 – March 2018) 	78,000
	<u>Temporary</u> <ul style="list-style-type: none"> • 1 full time Administrator (August 2017- March 2018) • 1 full time Data Analyst (August 2017- March 2018) 	45,000
	Independent Chair costs	35,000
	Previous LSCB staffing arrangements costs (up to May 2017) <ul style="list-style-type: none"> • 1 full time LSCB Business Support Officer (post ended May 2017) • 1 full time LSCB Training Coordinator (post ended May 2017) 	13,700
	Interim Business Manager costs (up to May 2017)	5,712
Learning & Development	Learning events & resources	875
Children and Young People Engagement	Young people engagement (Healthy relationships workshop in partnership with the College of North West London)	400
LSCB management costs	Design & printing	1,620
	Hospitality & meeting costs	500
Total LSCB spend 2017-18		180,807
<i>Additional costs</i>	<i>Brent CCG (CDOP management and coordination costs)</i>	<i>30,525</i>

5. Activity during 2017-18

This section summarises the work Brent LSCB has undertaken during 2017-18.

5.1. Section 11 Audit 2017

Section 11 of the Children Act (2004) places duties on a range of organisations and individuals to ensure that their functions are discharged with regard to the need to safeguard and promote the welfare of children.

LSCBs are required to gather information to assess and monitor compliance that partners are meeting the above statutory obligations.

In 2016, Brent LSCB adopted a new innovative approach to the S.11 audit² following a consultation a workshop with partner organisations and looking to other LSCBs (Wandsworth and Greenwich) for best practice.

This approach entailed the dissemination of a questionnaire to the workforce of each agency to measure levels of knowledge and awareness of safeguarding policies, procedures and relevant topics. This would allow the LSCB to gauge the extent to which agencies and key individuals within the multi-agency partnership are effectively discharging their safeguarding responsibilities.

The new system was trialled in 2016 and the results were presented to the LSCB. Following evaluation feedback of the pilot it was agreed to redesign and implement the new approach in 2017.

It was also agreed that the LSCB would conduct a S.11 audit every other year to allow agencies to meaningfully implement and embed the learning and actions identified.

The redesign made a number of suggested improvements including:

- moving from a paper-based survey to an online survey
- developing more focussed survey questions
- allowing a more flexible timescale
- allowing easier analysis of the responses
- a renewed commitment by partner organisations
- expanding the survey to all Brent schools and other educational settings

Brent LSCB agreed that partner organisations would be responsible for:

- getting staff to complete questionnaire
- analysing results
- producing action plan in response

² The new approach replaced a system by which a London-wide developed audit tool was completed and senior representatives from each agency presented this to a challenge panel consisting of the LSCB Chair and external reviewers.



Section 11 findings

Approximately **3,800** staff responded to the S.11 audit questionnaire from across the LSCB partnership including from schools, early years settings, social care, local authority, NHS and police.

The number of respondents increased by over 500% from the responses to the 2016-17 pilot audit, this was predominantly due to the inclusion of schools and educational settings. The LSCB were encouraged by this response as the majority of Brent schools and early years settings undertook the audit.

A review of the overall results identified some common strengths including:

Common strengths

Staff generally feel confident in their agency's approach to dealing with safeguarding concerns relating to children and families

The majority of respondents felt confident about seeking advice when they have concerns about a child.

There was a good level of awareness of the LSCB's four priorities

Each participating organisation analysed their own results and identified an action plan. The majority of these action plans were submitted to the LSCB for scrutiny and challenge. Brent LSCB identified a number of common areas of improvement from the action plans.

Common areas of improvement

Ensure staff who identify themselves as not working in role that brings them into contact with children and families are clear that safeguarding is everyone's responsibility

Use communication channels to provide safeguarding updates across the organisation

Ensure information about the Brent Family Front Door is being widely and effectively promoted so staff are aware of how to raise concerns

Ensure staff are aware of the process by which staff can raise a concern about people that work/volunteer with children in Brent and the role of the Local Authority Designated Officer (LADO)

A summary of the findings was presented to the Board and the LSCB Chair challenged partner organisations to consider how they:

1. will obtain an accurate picture of the safeguarding knowledge and understanding of their workforce in future
2. plan to promote training
3. suggest the future S.11 audits should be planned to optimise engagement

The overall results were used by the Brent LSCB Learning and Development subgroup to refresh the training needs analysis for Brent which was used to shape the training offer for 2018/19.

Moving into 2018, Brent LSCB plans to carry out monitoring activity that will seek assurance from all organisations on the progress of the identified action plans.

Example of partner response to Section 11 audit findings

Central and North West London NHS Foundation Trust (CNWL)

An internal briefing was developed and disseminated via emails, team meetings, supervision and reflective practice sessions following the Brent S.11 audit.

This addresses some of the gaps that had been identified within CNWL about;

- Brent LSCB priorities
- the work of the LADO
- ensuring inclusion of safeguarding discussions within staff supervision and appraisal sessions

Clarification around these areas was also included within local in-house training sessions. An update on the work of LSCBs has also been included in the Trust wide news bulletin which has helped to heighten awareness.

5.2. Multi-agency audits

Whilst the Brent LSCB's main focus of audit work in 2017-18 was directed on the Section 11 audit, Brent LSCB also undertook themed multi-agency case file audits. These themed audits each reviewed a number of cases and identified areas of strength and improvement.

The themed multi-agency audits undertaken in 2017-18 focussed on key areas noted below and the findings from these audits will inform the work of the new priority groups created as part of the LSCB restructure scheduled to be implemented in the autumn of 2018 (see section 6.3).

Domestic Abuse

In addition to the multi-agency audit on the theme of domestic abuse conducted in early 2017 (noted in the LSCB 2016-17 annual report), the LSCB SCR sub group commissioned a health focussed case audit around the theme of domestic abuse which identified further learning including:

- ensuring consistent language is used with domestic abuse cases
- the need to strengthen the understanding, recognition and reporting of domestic abuse
- the need for professional curiosity and challenge when domestic abuse concerns are present
- consistent recording and flagging on domestic abuse across case management systems
- professionals should review all case notes and records to understand history and context

Child Sexual Abuse / Exploitation (CSE/CSA)

The LSCB Monitoring and Evaluation sub group undertook an audit with the theme of CSA/CSE in March 2018. The audit identified a recommendation for the LSCB to develop actions to respond to a number of themes including:

- children and young people with learning difficulties are very vulnerable to gang and sexual exploitation
- professionals need to be alert to the entirety of the family network (adult siblings with gang affiliations are likely to influence younger siblings and put them at risk of exploitation)
- there are links between neglect in adolescence and vulnerability to exploitation
- children who experience sexual exploitation, sexual violence and associated trauma through a grooming process have mental health needs that need to be appropriately addressed
- schools are a place of safety for children, especially when there are significant difficulties in the home environment
- careful understanding of ethnicity and religion should be considered and recorded in all records by all practitioners
- appropriate health professional(s) should be involved in CSE strategy meetings

Neglect

The multi-agency audit on the theme of neglect which was conducted in early 2017 identified a number of actions including:

- ensuring that cases are escalated appropriately when there is a lack of progression
- guidance is offered to improve the quality of referrals which in turn aims to ensure individuals receive the appropriate services
- identifying children who are young carers as requiring specific support

5.3. Performance Monitoring

In April 2017, the Board acknowledged that the development and implementation of a multi-agency performance dataset had been a difficult process with an over reliance on Brent Council's Children and Young People department statistics.

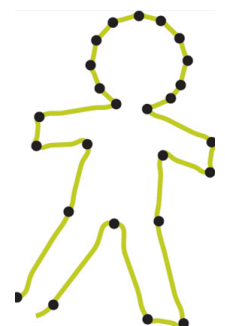
As a result of this and following the development of a refreshed multi-agency dataset in 2016, a temporary LSCB Data Analyst was appointed in August 2017 tasked with implementing the agreed refreshed LSCB multi-agency dataset.

During the Board meeting in February 2018, the following improvements were suggested:

- graphical depiction of the dataset
- inclusion of additional comparison and benchmark data from a local, regional and national perspective where possible
- inclusion of data that would give the Board a clearer picture of the performance of safeguarding in Brent
- inclusion of additional qualitative analysis and commentary

Despite the best efforts of the Board to progress the dataset to deliver the outcomes suggested above it was not possible because:

- the absence of data from some partner agencies as a result of a number of factors including individual organisational budget savings
- the LSCB was not able to continue to fund the LSCB Data Analyst post after March 2018
- the reductions in support staff for the LSCB
- the LSCB entering a period of uncertainty and transition ahead of the introduction of the new safeguarding arrangements (see section 6 for further details)



5.4. Policies and procedures

Brent LSCB has a responsibility to develop and review multi-agency safeguarding policies.

Brent has signed up to the London Child Protection Procedures (LCPP) which are updated every 6 months. Accordingly, the LSCB decided in 2016 not to produce or update additional local procedures where they already exist as part of the LCPP.

It was also agreed that Brent LSCB would not produce local toolkits (such as a 'Neglect Toolkit') where nationally recognised and approved toolkits already exist.

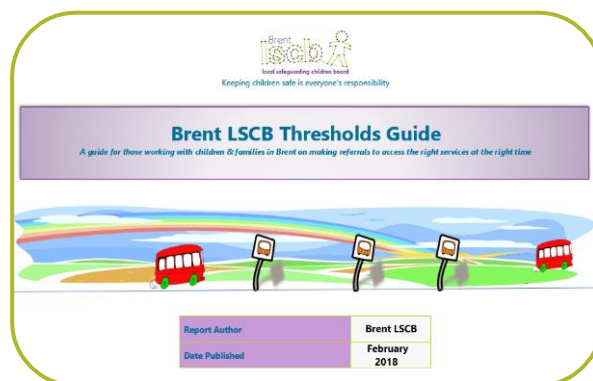
Any supplementary protocols or procedures developed by Brent LSCB that are additional to those agreed for London are published on the LSCB website and are reviewed every 3 years (unless any changes take place which require earlier updates).

The Board continued to signpost voluntary organisations and community groups operating in Brent to the safeguarding policy advice offered by the NSPCC.

Brent Thresholds Guide

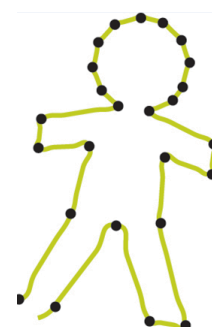
Brent LSCB published a refreshed Thresholds Guide in February 2018 following an extensive review and redevelopment of the local Levels of Need & Thresholds Guidance which began in 2016.

The guidance has been developed for the use of all practitioners and volunteers supporting or working with children and/or their families in Brent.



Click on the image above for more information

Brent LSCB designed this guidance to help individuals and organisations working or volunteering in statutory, voluntary, private or independent organisations when making a referral for services to ensure children and families get the right level of support at the right time.



5.5. Learning and development

Since Brent LSCB's inception, the Board has provided a multi-agency learning and development programme as part of its core business. This has traditionally consisted of classroom-based training offering a range of course topics including domestic abuse, gangs, Female Genital Mutilation (FGM), Working Together to Safeguard Children and Child Sexual Exploitation.

Multi-agency learning and development offer 2017-18

Despite the changes in support, including a seven-month gap with no dedicated coordination mentioned earlier, the LSCB continued to offer a limited multi-agency safeguarding children learning and development programme in 2017-18. This included two learning events which aimed to explore key themes that emerged from local serious incidents.

The multi-agency learning and development sessions and attendance rates are shown below:

Course topic	No. sessions offered	No. sessions cancelled	Total no. sessions ran	Total no. of fully attended delegates	Total no. of absentees
An Introduction to the Early Help Assessment (EHA)	11	2	9	43	10
CSE - Recognising and Responding to the Sexual Exploitation of Children and Young People	3	1	2	14	-
FGM - Female Genital Mutilation	6	2	4	58	7
Prevent and Radicalisation	2	-	2	10	1
STOP training - Gang Awareness	2	-	2	24	5
Working Together to Safeguard Children: Level 1	7	-	7	90	30
Working Together to Safeguard Children: Level 2	3	3	-	-	-
Young Carer	6	2	4	18	2
Domestic Abuse and the role of the MARAC in Brent	5	3	2	19	-
Managing Allegations Made Against Staff and Volunteers	2	2	-	-	-
Safeguarding Children in a Digital World (2-day)	2	2	-	-	-
Safer Sleep for Babies - delivered by the Lullaby Trust	3	1	2	19	-
Grand Total	52	17	35	295	55

Brent LSCB offered a total of 52 face to face multi-agency learning sessions in 12 different topic areas during the period. However, 17 of these (approximately one third) were cancelled due to a number of factors including:

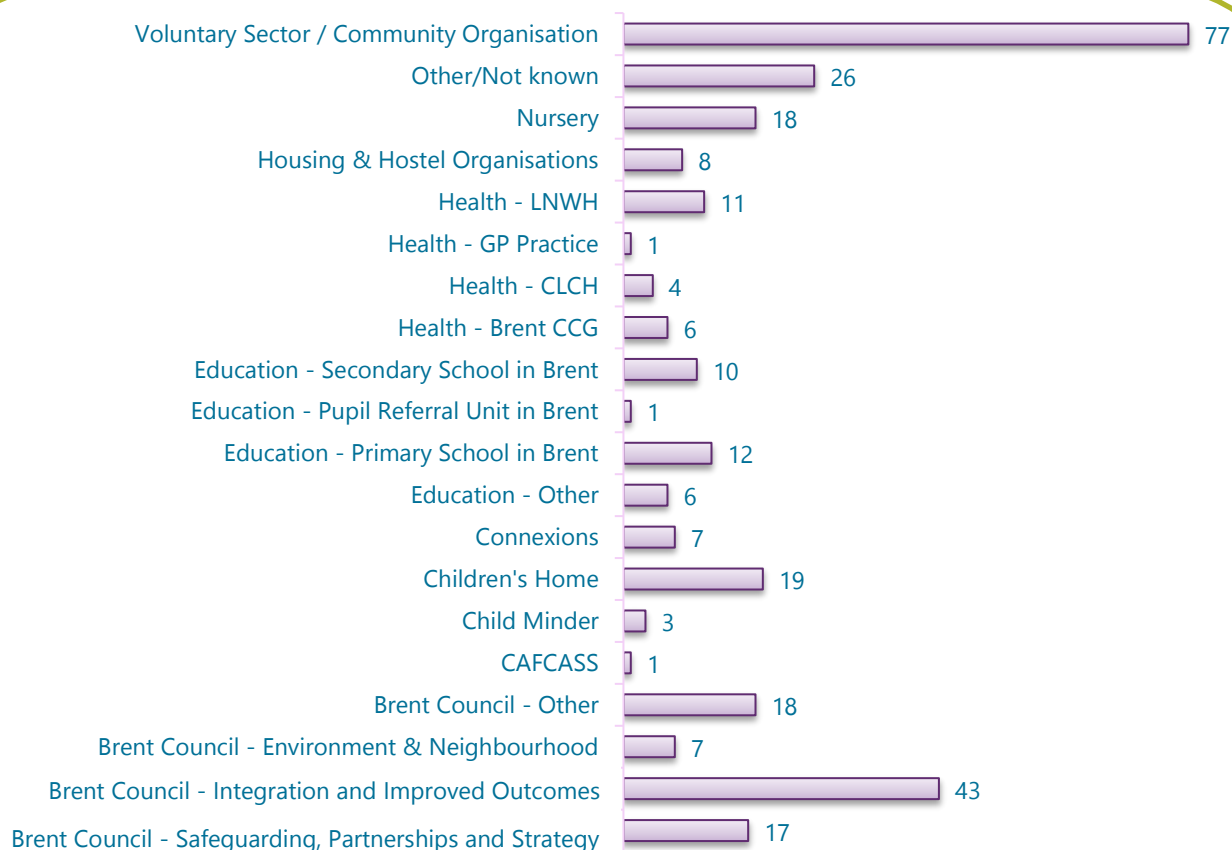
- additional workload pressures impacting on the priority given to attending multi-agency learning and development
- individual organisations offering these safeguarding topics to their own workforce
- a lack of consistent promotion of the LSCB learning offer across the partnership
- a reduction in the number of available facilitators to support the development and delivery of the multi-agency programme
- a decrease in the availability of suitable venues

Multi-agency course attendance

Out of the 35 learning sessions that took place in 2017-18, a total of 295 people fully attended, this was an average attendance rate of 8 delegates per course.

This average rate of attendance unfortunately demonstrates that these courses were running with a very low number of delegates.

The table below outlines the level of partner organisation attendance and demonstrates the majority of attendees were from the voluntary/ community organisations sector, followed by Brent Council Early Help and Education department.



Training Needs Analysis

Brent LSCB is responsible for monitoring and evaluating the effectiveness of training (including multi-agency training) to safeguard and promote the welfare of children and young people. Since its inception in 2006, the Board has undertaken a number of pieces of work to understand and evaluate the training provided in Brent through the completion of a Training Needs Analysis (TNA).

The TNA, undertaken in late 2016, identified the following areas for development:

- enhancing the offer in 2017/18 to include additional subjects including 'Working with gang involved young people' and 'Safer Sleeping'
- offering alternative interactive approaches for learning (e.g. lunchtime practitioner forums)
- The Section 11 audit results were used by the Brent LSCB Learning and Development subgroup to refresh the training needs analysis for Brent and informed the training offer for 2018/19

Evaluation and impact

All course attendees are required to complete an online evaluation following full attendance at training events and responses from these inform the training offered by Brent LSCB.

Review of learning and development offer

In February 2018 the Strategic Partnerships Learning and Development Coordinator undertook a review of the LSCB learning and development offer.

Following consultation with the LSCB Learning and Development sub group, it was agreed that the desired learning offer for 2018-19 would include a learning approach combining e-learning and classroom-based courses.

A number of challenges were identified which would impact upon the successful delivery of this offer, these include a reduction of resources, availability of facilitators and a reduced level of interest.

As a result, the LSCB was asked to provide a clear steer on the direction the learning and development programme would take in 2018-19 and also offer a renewed commitment from partner organisations in supporting development and delivery. This work is planned to be progressed over the summer of 2018.



5.6. Child Death Overview Panel (CDOP)

CDOP is one of Brent LSCB's six sub groups and is chaired by the Director of Public Health. The Vice Chair is the Brent CCG Designated Paediatrician for Unexpected Deaths in Childhood. The panel consists of multi-agency representation including a representative from the charity, The Lullaby Trust.

The CDOP is notified of **all deaths of children** (expected and unexpected) who reside within Brent. Relevant information is collated for each case and is discussed to determine if the death was preventable.

The panel also has the role in identifying patterns or trends in local data and reporting these to the LSCB. The lessons and trends identified from the reviews are compiled and reported to the Board on an annual basis.

During 2017-18 Brent CDOP:

- met five times during 2017-18 to discuss and review child death cases and reported good attendance at all meetings
- were notified of the deaths of 26 children who were residents of Brent at the time of their deaths (7 unexpected and 19 expected)
- reviewed a total of 27³ deaths

Rapid response

Where a death is unexpected, a rapid response meeting is convened. These meetings are held to ensure that all the relevant information is gathered as soon as possible and relevant actions are recommended.

The process for managing unexpected child deaths in Brent is revised regularly and following a specific request made by Brent LSCB Serious Case Review sub group (SCR), a review of the existing CDOP Rapid Response Protocol was undertaken to strengthen partnership working. This was published on the [LSCB Website](#) in September 2017.



³ The number of reported deaths differs from the number reviewed as some deaths are not considered for review in the same year as notified as other processes such as inquests or criminal proceedings need to be completed.

Identified themes

The common theme that has been identified through child death reviews in Brent over a number of years is the risk of co-sleeping (parents/carers sharing a bed or sofa with their baby).

Brent CDOP and Brent LSCB continued to promote the work of The Lullaby Trust, who provide expert advice on safer sleep for babies, emotional support for bereaved families. This included the promotion of [Safer Sleep Week](#) and sessions to raise the awareness of safer sleeping practice through the learning and development offer (see section 5.5).

Another identified theme found in a number of deaths due to congenital abnormalities is that the children had consanguineous parents. Brent CDOP does not regard these deaths as preventable but made a recommendation that parents receive appropriate antenatal and genetic counselling where appropriate.

Lessons learnt

During 2017-18 Brent CDOP identified a number of learning points including

- safer sleep advice should be promoted by front line professionals who have contact with parents of babies
- professionals seeing expectant mothers for antenatal care should advise on what to do if they have reduced foetal movements
- professionals attending meetings do so as part of an organisation, not as individuals and have a responsibility to record decisions and deliver on agreed actions
- knife crime and youth violence are a cause of preventable child deaths
- end of life care plans in chronically ill children must avoid unnecessary distress when these children die

Engaging parents in CDOP processes

An information leaflet about the Brent CDOP review process was developed and shared with bereaved parents since March 2016. All parents are invited to contact CDOP to share any information for consideration in the review processes. To date, four families have linked with the CDOP.

Additional details can be found in the CDOP Annual Report 2017-18 published on the [LSCB website](#).



5.7. Serious Case Reviews (SCR)

In England a SCR takes place after a child dies or is seriously injured and abuse or neglect is suspected to be involved. It identifies lessons that can help prevent similar incidents from happening in the future.

Brent LSCB follows statutory guidance set out in Working Together to Safeguard Children 2015 for conducting a serious case review.

The Brent LSCB SCR sub group met five times during the year and discussed themes identified from national SCRs and considered the learning arising from these SCRs.

Two child deaths were discussed by the sub group during the period and the LSCB Chair agreed with recommendations that the circumstances of these cases did not meet the criteria to conduct a SCR. Both decisions were ratified by the National Panel.

Brent LSCB learning events

Whilst no cases met the criteria for a SCR to be conducted during the period, two themes were considered appropriate to be the focus of multi-agency learning events.

The first learning event was an invite-only event and took place in April 2017. It focussed on exploring the multi-agency processes that take place where there are unexplained injuries in babies/non-mobile children.

The second learning event was a widely advertised learning event with a theme of serious youth violence.



‘Serious Youth Violence - developing a community approach’

This event took place on 30 January 2018 and explored key themes that emerged from local serious incidents in relation to vulnerable and at risk adolescents, with a particular focus on serious youth violence and knife crime. It was attended by over 120 multi-agency professionals, volunteers, senior leaders and members of the community in Brent.



A key presentation on contextual safeguarding at the event was from Dr Carlene Firmin, Principal Research Fellow at the University of Bedfordshire.

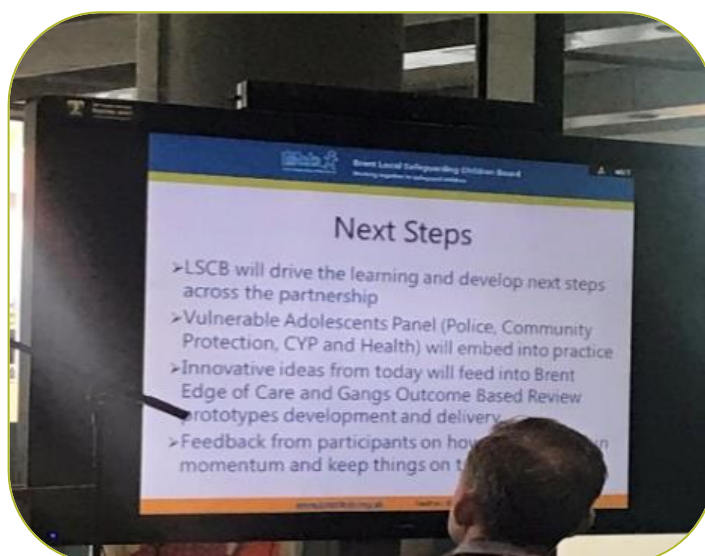
Contextual safeguarding a concept that promotes the idea that young people’s behaviours, levels of vulnerability and resilience are all informed by the social/public, as well as private, contexts in which young people spend their time.

When spending time in extra-familial contexts young people may be exposed to healthy norms which promote pro-social relationships or they may encounter harmful norms that are conducive to abusive and exploitative relationships.

The presentation and event highlighted that robust and cohesive partnership working is needed across our diverse sectors and professions to influence the environments in which abuse and harm can occur to effectively safeguard children and young people in Brent.

To increase partnership engagement, the involvement of children and young people and impact of the Board, Brent LSCB began to consider how the concept of contextual safeguarding could be embedded into the strategic partnership work.

Further details of the development of this are found in section 6.3 of this report.



5.8. Activity on priorities

Brent LSCB commissioned research in 2016 into the number and reasons for referrals to the Brent Family Front Door (BFFD). The findings of this survey identified the areas which have the largest detrimental impact on the safety and wellbeing of Brent's children. These areas were taken as the Board's priorities for 2016-19:

- domestic abuse
- neglect
- child sexual abuse
- child & parental mental ill health

The priorities were also aligned with other strategic boards in Brent to ensure a holistic approach to safeguarding across Brent.

The LSCB sub groups have the responsibility for delivering programmes of work that address these four priorities. Progress is monitored by the Chair's Coordination Group on behalf of the Board.

Domestic Abuse

Domestic abuse has been a longstanding multi-agency priority in Brent.

The LSCB continued to collaborate with Brent Council Community Protection Service to offer half day awareness raising sessions on Domestic Abuse and the role of the Multi-agency Risk Assessment Conference (MARAC)⁴ as part of the LSCB 2017-18 training programme.

Brent LSCB also collaborated with Brent Council Community Protection Service to organise a programme of events marking White Ribbon Day in November 2017. The main event took place on Wednesday 22 November 2017 located at Brent Civic centre.

“Knowing there is better” Performance

This poignant performance was created by Talawa Theatre Company, a Black British theatre company who develop productions. Talawa also work alongside schools, colleges and other agencies to create drama workshops.

The performance encompassed scenarios focussing on domestic abuse, unhealthy relationships and girls and gangs. It followed the lives of two fictional young people caught in cycles of abuse and gave the audiences a glimpse into the lives of young people who are in challenging and dangerous circumstances.



⁴ The Domestic Abuse MARAC is a multi-agency meeting to discuss the risk of future harm to people experiencing domestic abuse to draw up an action plan to help manage that risk.

The performance was also filmed on the day and used to create a [twenty-minute video](#) which featured in the Brent 'Time to Talk' campaign about domestic abuse.

Domestic abuse was also a topic of conversation on the Beat 103.6FM 'Time to Talk' radio show, the purpose of the discussion was to help listeners gain a wider understanding of some of the root causes of domestic abuse and the impact that it has on victims, including children and young people who witness it.

This conversation appeared to prompt an increased number of requests for support from the Brent Independent Domestic Abuse Advocates (IDVAs).



Click on the image above to hear a recording of the radio show

Operation Encompass

Operation Encompass is a nationally recognised early intervention safeguarding partnership project involving the Police and schools to support children and young people exposed to domestic abuse.

It involves police sharing information with schools, before the start of the next school day, when a child or young person has been involved or exposed to a domestic abuse incident the previous evening. The information is given in strict confidence to enable support to be given by the school dependent on the needs and wishes of the child.

Following the endorsement and challenge of the Brent LSCB Chair, Operation Encompass successfully went live during February 2018.

A total of 48 disclosures had been made to designated safeguarding leads (DSL) at Brent schools from February 2018.

Moving into 2018-19 further consideration will be given to formalising and streamlining the process including:

- the delivery of joint training sessions between school DSLs and Brent Police
- understanding the impact of information sharing

Brent Council Outcome Based Reviews

Outcome Based Reviews (OBRs) were established by Brent Council in January 2016 as a means of supporting delivery of Brent Council priorities. In April 2017, the council established three new OBRs which were focused on Domestic Abuse, Gangs and Edge of Care.

The OBRs adopted a design-methodology (discover, define, develop and deliver) to re-imagine ways of working and jointly develop and test solutions through working with a wide range of stakeholders.

The LSCB contributed to the development of these OBRs through the extensive engagement programme using focus groups, forums, visioning days and feedback sessions to engage the community, partners and professionals engagement. Alongside this work further research was undertaken utilising local information and analysis of key drivers to quantify and understand the scale of the problem.

Some ideas from this engagement programme have now moved into the 'prototype stage' for development and trial delivery in 2018 onwards. It is planned that the ideas and activity of the OBRs will be incorporated into the terms of reference for the new priority groups created as part of the LSCB restructure (see section 6.3 for more details).

Neglect

Whilst the Brent LSCB's main focus of priority work in 2017-18 was Domestic Abuse, Brent LSCB also undertook some activity to address the priority area of neglect.

In addition to the LSCB multi-agency audit focussed on neglect (see section 5.2 for more details), Brent Council's Children and Young People Department also conducted a thematic audit on Neglect in June 2017 which demonstrated:

- the importance of reviewing past history
- using past history to build the analysis of impact on the child
- having a clear understanding of risk over time
- using chronologies to build understanding

It also demonstrated the importance of supporting practitioners to find ways to actively engage with families. Practitioners were encouraged to actively evidence what needs to change, what has changed as a result of interventions and how we are testing if families can sustain these changes through the Brent partnership Signs of Safety approach.



Neglect Strategy

During 2017-18, Brent Council's Children and Young People Department led the development of the Brent Neglect Strategy, in partnership and collaboration with Brent LSCB and the Brent Children's Trust.

It is planned that an action plan to address the strategy will be developed and implemented by the new neglect priority group created as part of the LSCB restructure scheduled to be implemented in the autumn of 2018 (see section 6.3).

Child and parental mental ill health

The Brent Children's Trust, chaired by Gail Tolley, Brent Council's Strategic Director of Children's Services (DCS), and its Joint Commissioning Group (JCG) have overseen the development of the children and adolescent's mental health agenda in Brent. The LSCB chair and some LSCB members are also members of the Children's Trust and the JCG.

In view of the Trust's work on this priority, the LSCB agreed to defer this priority to the BCT whilst maintaining an overview role through the joint membership.

Child Sexual Abuse including Child Sexual Exploitation (CSE)

During 2017-18 the LSCB's CSE subgroup expanded its focus to also oversee partnership work on Child Sexual Abuse.

The LSCB Monitoring and Evaluation sub group undertook an audit with the theme of CSA/CSE in March 2018: details of this audit can be found in section 5.2.

The Brent Vulnerable Adolescents Panel and Multi Agency Sexual Exploitation groups drive the strategic and operational work on CSE in Brent and the LSCB will continue to make links with those groups through the CSE/CSA subgroup.

A dedicated page on CSE was introduced on the LSCB website containing leaflets developed by the Board to raise awareness of CSE for both parents/carers and children and young people.



Click on the images for more information

The LSCB recognises that the robustness of response around adolescent vulnerability, and particularly CSE, is improving and there are strong examples of good practice.



The Brent Multi-agency Sexual Exploitation Panel (MASE) drives strong interventions to both individual situations and trends with good tracking mechanisms in place to evidence the impact of work around CSE for children and young people at risk of exploitation.

The Brent Vulnerable Adolescents Panel has driven an improving multi-agency response to children who are vulnerable to exploitation, go missing from home and care or are involved with serious youth violence. This panel is enhancing the partnership response through case studies, developing joint responses to identified issues and building an understanding of contextual safeguarding.

Learning from the Vulnerable Adolescents Panel and MASE Panel will contribute to the new LSCB Violence, Vulnerability and Exploitation Priority Group (see section 6.3).

Brent CSE Awareness Week

Brent LSCB engaged the College of North West London to lead on the organisation of CSE Awareness Week which took place during 12-18 March 2018.

The college engaged over fifty students to lead a project to raise awareness of CSE through a programme of activities including:

- design awareness posters, t-shirts and banner
- a student led awareness documentary
- radio infomercials
- poetry response
- a 'Flash Mob' in Brent Civic Centre to gather members of the public and professionals to promote awareness

This engagement project saw a large number of students accessing safeguarding advice and guidance for the first time.

Brent LSCB supported the development of two workshops raising awareness of CSE which took place during the week: one for young people led by Tender and another for multi-agency staff led by Safer London.



Child Sexual Abuse (CSA) North West London Hub project

The CSA North West London Hub project is a pioneering approach offering children who have been victims of sexual abuse or exploitation a complete range of support services from dedicated experts under one roof.

This aims to remove the need for young victims to go through the trauma of repeating their statement several times to different agencies.

A proposal was put forward to develop this hub which has the full and active support of the LSCB.

5.9. Other notable activity

Female Genital Mutilation (FGM)

In September 2017, Brent CCG presented an update report on the Identification of Female Genital Mutilation to Brent Council's Community and Wellbeing Scrutiny Committee. One recommendation was made for the LSCB to provide assurance that relevant agencies offer training and awareness on FGM. In response:

- Brent CCG provided assurance that health partners continue to actively promoting and increasing awareness of FGM
- The LSCB continue to offer FGM as part of its multi-agency learning and development programme (see section 5.5).
- Another four multi-agency FGM sessions would be included in the 2018-19 LSCB learning and development offer.

Local Authority Designated Officer (LADO) Annual Report 2016-17

The LADO (also known as a Designated Officer) is responsible for providing advice, information and guidance to employers and voluntary organisations around allegations and concerns regarding paid and unpaid workers. The LADO manages and oversees individual cases from all partner organisations ensuring there is a consistent, fair and thorough process.

The LSCB has a responsibility to ensure that there is an effective multi-agency protocol in place for dealing with allegations against professionals who work with children. The Board monitors and evaluates the effectiveness of this protocol by receiving and reviewing an annual report from the LADO on the overall effectiveness of the service.

Progress has been made to address the actions identified in the 2015-16 LADO annual report including:

- Brent has identified a named Education Welfare Officer (EWO) for Supplementary Schools
- the LADO contributed to the delivery of the LSCB training programme
- the development of a 'quick guide' for the management of allegations to aid professionals and members of the public has been devised and is now on the Brent LSCB website

To improve multi-agency safeguarding arrangements, the following actions have been developed:

1. Key lessons from AAP⁵ meetings to be shared with schools, settings and other partners
2. The LADO will strengthen the working relationship with the EWO Supplementary Schools to increase awareness of the LADO role and function
3. The LADO will offer a briefing to Brent LSCB Lay Members to understand the role and consider ways to improve the awareness of the community

⁵ AAP means Allegations Against Professionals



Engaging children and young people

In response to previous recommendations to improve engagement, Brent LSCB commissioned a nationally recognised charity [Tender](#), to lead a workshop to engage children and young people in Brent in conjunction with White Ribbon Day.

The workshop aimed to create awareness around safeguarding issues with young people through an engaging experience and equip young people with an understanding about who to contact in Brent if they have a concern.

The 2-hour workshop was hosted by the College of North West London with over 20 students attending. It used drama-based exercises, scripts and interactive discussion to explore issues around healthy and unhealthy relationships including:

- early warning signs of unhealthy behaviours in relationships
- myths and victim blaming
- barriers to leaving unhealthy relationships
- how to support a friend/family member

The workshop also used film resources to springboard discussions around sexting, consent and peer pressure. Using theatre in this way allowed the participants to address these topics at a distance and by discussing the issues of a character means the young people did not have to talk about themselves but instead draw on their own experiences.

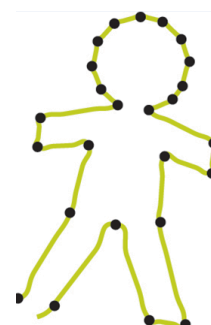
The workshop provided information and guidance on where to go to report support services that are available in Brent and what to do if they have any concerns.

The group was predominantly females with only one male and many of the participants were in relationships, it was a culturally diverse group which allowed a range of different perspectives to be explored which enriched discussions.

Engaging schools and other education settings

During 2017-18 the LSCB focussed on strengthening the engagement of Brent schools and other education settings.

All Brent schools and other education setting were encouraged to participate in the Section 11 audit (see section 5.1). The Chair attended the Designated Safeguarding Leads (DSL) Forum meetings to further promote the section 11 audit and was also was invited to raise awareness of the LSCB with schools through the annual DSL conference.



Partner organisations contributions to safeguarding children

Below are examples of some of the partner organisation achievements during 2017-18 which are aligned with Brent LSCB and its priorities:

- Central North West London Mental Health Trust (CNWL) continued to work alongside Standing Together (specialist domestic abuse organisation) to increase awareness and understanding of domestic abuse and updated their domestic abuse policy
- Brent's Children and Young People's Department (CYP) developed a joint strategy with Brent Clinical Commissioning Group (Brent CCG) for the delivery of emotional health and wellbeing support for children and young people in response to the (commissioned) Brent CAMHS needs assessment
- Brent CCG and Brent CYP reviewed the local offer for children with special educational needs and disabilities (SEND) and agreed joint commissioning of therapy services to remove gaps especially for vulnerable groups
- CNWL began to design multi-agency sessions around Parental Mental Health and Child Mental health to be included within the LSCB training programme 2018-19. These sessions will be facilitated by local Brent CNWL practitioners (from both adult mental health and CAMHS services)
- Central London Community Healthcare NHS Trust (CLCH) held its first Safeguarding Conference in September 2017 covering a wide range of safeguarding issues including FGM and Modern Slavery
- Brent CYP and Brent Police formed and maintained a partnership project. This involves a daily Integrated Risk Management meeting to ensure that priority cases receive a swift and appropriate multi-agency safeguarding response.
- Brent Public Health have led the successful integration of the MECSH (Maternal Enhanced Childhood Sustained Home Visiting) programme in Brent.
- The London Ambulance Service NHS Trust has identified Brent LSCB as its lead safeguarding Board across London. Scrutiny of the Trust practice is assured through Brent
- College of North West London commissioned the BRAVE Project to deliver two workshops to on gang exploitation and safeguarding against violent extremism workshops
- Brent CCG monitored the Safeguarding Health Outcomes Framework (SHOF) developed to standardise safeguarding key performance indicators (KPI's) across health providers
- Brent Independent Domestic Violence Advocates (IDVAS) have been co-located between Brent Council (Brent Civic Centre and Brent Police (Wembley Police Station) allowing more timely interventions and clearer communications



6. The future of Local Safeguarding Children Boards

6.1. Changes to legislation

Children and Social Work Act 2017

In response to the Wood review recommendations the Government passed the Children and Social Work Act in 2017. The guidance repeals the statutory requirement contained in the Children Act 2004 for the establishment of an LSCB in each local authority area.

The Act defines a set of ‘safeguarding partners’ for each area – the local authority, the Clinical Commissioning Group (CCG), and the Police. These three partners are jointly responsible for agreeing local arrangements to coordinate multi-agency work to safeguard children and ensuring their effectiveness.

The Act also makes significant changes to the statutory framework for Serious Case Reviews (SCRs). “Serious child safeguarding cases in England which raise issues that are complex or of national importance” will be reviewed by a new national Child Safeguarding Practice Review Panel.

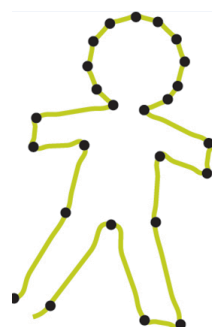
The Act also replaces the current requirement for Child Death Overview Panels (CDOPs) in each area with the requirement that “The child death review partners for a local authority area in England must make arrangements for the review of each death of a child normally resident in the area”. Child death review partners are defined as the local authority and the CCG.

Working Together 2018

Working Together to Safeguard Children is the statutory guidance which sets out what is expected of organisations, individually and jointly, to safeguard and promote the welfare of children.

Work to significantly revise the 2015 edition of this guidance begun in 2017-18, this was to reflect the legislative changes introduced through the Children and Social Work Act 2017.

The Board responded to the Government’s consultation document preceding the final published guidance in 2018.



6.2. Self- assessment

As a learning system and also to ensure that the national changes are taken into account, it was agreed by the LSCB that the Independent Chair would undertake a self-assessment of the Board.

The principles of the Signs of Safety framework were used in the structure of the assessment as the foundation of practice and practice based learning in Brent. The format incorporated the 'Rose-Thorn-Bud' model allowing the assessment to focus on achievements, obstacles and opportunities.

The self-assessment considered opportunities for the current LSCB arrangements that could build upon strengths within the existing arrangements to develop a more responsive approach to local circumstances whilst fully engaging the right people and organisations.

The LSCB self-assessment made a number of recommendations for the Board to consider which included:

- reviewing the function, purpose and activity of the current sub groups
- reviewing the existing priorities to agree a refreshed approach and achievable programme of activity for 2018/19
- continuing to strengthen collaboration activity with other Brent strategic partnership boards
- renewing the engagement of partner organisations including a commitment to taking joint responsibility in setting meetings, agendas, work plans and action plans
- reinstating the requirement for annual updates from partnership forums including MASE Panel and Vulnerable Adolescents Panel
- building upon collaborative working with other LSCBs in neighbouring boroughs

These recommendations prompted an overhaul of the LSCB priorities and led to proposals for a new structure (see section 6.3) to reflect the national changes in safeguarding arrangements.

Whilst members recognised that the Board had made significant progress in the last 3 years, it was agreed that the next stage of the Board's work needs to more clearly demonstrate impact on the safety and wellbeing of Brent's children and young people.

Members also recognised that these achievements were accomplished against a background of reduced staffing and static budgets in comparison with LSCBs elsewhere. Nevertheless, these restrictions had a detrimental effect on the Boards ambition.



6.3. Looking ahead into 2018-19

Brent LSCB enters a transitional period during 2018-19 in line with the national guidance. Brent LSCB will continue to carry out all statutory functions, including commissioning SCRs where the criteria are met, until the point at which safeguarding partner arrangements begin to operate in Brent.

Brent LSCB will also continue to ensure that child death reviews are undertaken until the point at which new child death review partner arrangements are in place.

Review of LSCB priorities

At start of April 2018, the Board agreed to reduce the number of priorities from four to the following three:

1. Domestic Abuse
2. Neglect
3. Violence, Vulnerability and Exploitation

As previously mentioned in section 5.8 it was agreed that the fourth priority of Mental Ill Health should be referred to the Brent Children's Trust.

LSCB restructure

The current structure of the Brent LSCB has been in place since June 2015. To reflect the national changes in safeguarding arrangements, an updated structure has been developed which builds upon existing strengths and improve engagement with a broader range of individuals and organisations.

The new structure offers a number of changes:

- **the redevelopment of the current sub groups**
- **the engagement of new partners**
- **the development of three responsive priority themed groups**
These groups would focus on themed activities incorporating a contextual safeguarding approach and meet on a quarterly basis. Co-chairing arrangements will be set up for each priority group and will include a representative from one of the statutory safeguarding partner organisations (Brent Council, Brent CCG, and Police).
- **the replacement of the Chairs' group with a priority coordination group**
This group would have wider partnership involvement and aim to quality assure, challenge, support and inform the work of the three priority groups to ensure they maintain the right focus and undertake the right activity.



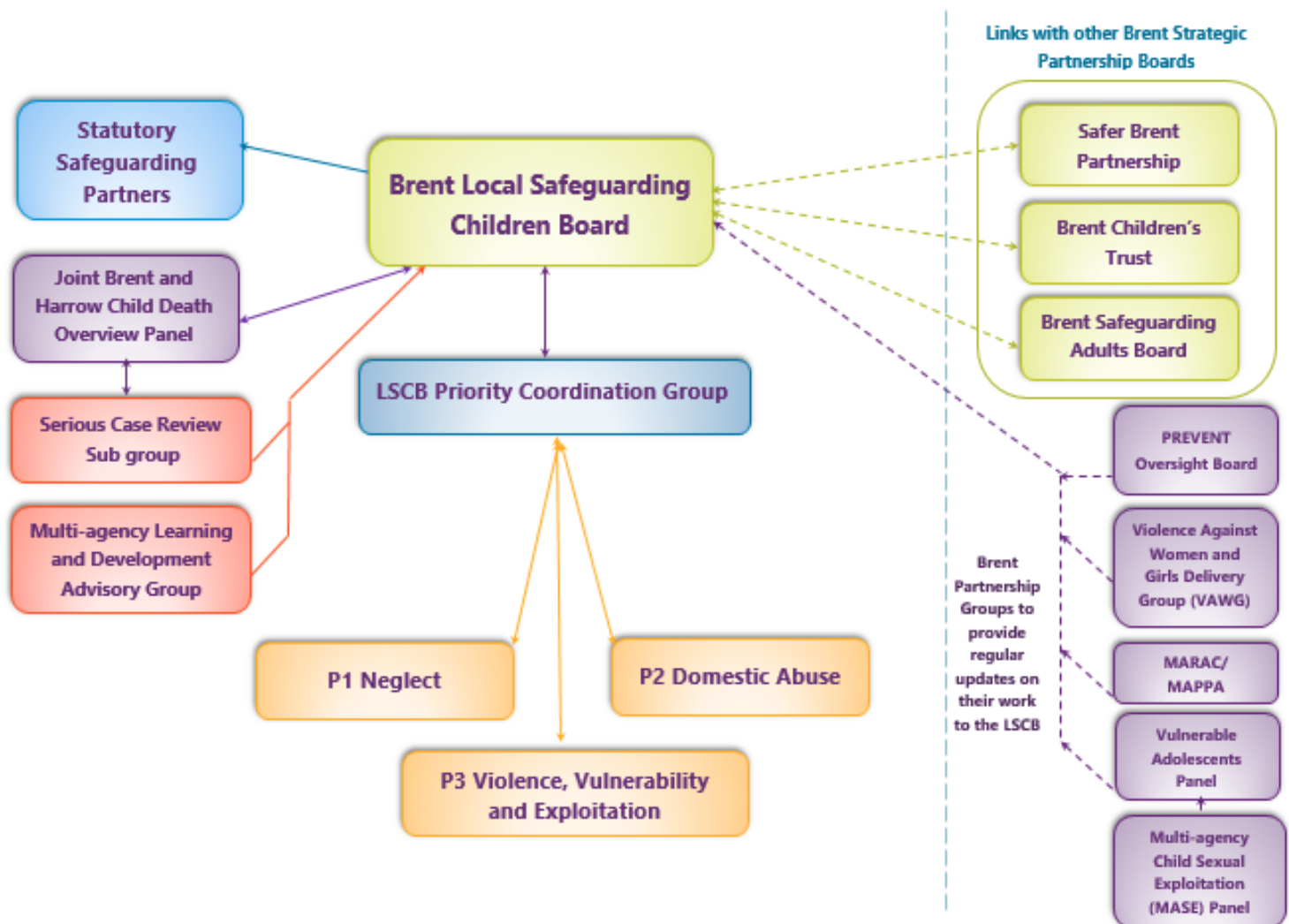
- **requesting regular update reports from additional partnership forums**

This would include updates from the Multi-agency Sexual Exploitation Panel (MASE), the Vulnerable Adolescents Panel (VAP), the Multi-agency Public Protection Arrangements (MAPPA) and the Multi-agency Risk Assessment Conference (MARAC) and any other partnership forums developed to keep abreast of and address future emerging issues.

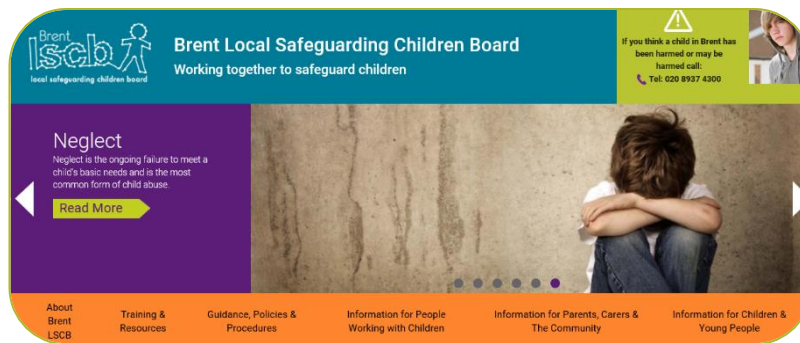
- **enhancing the role of the LSCB lay members**

Building on the contextual safeguarding approach the lay members' role will be enhanced and they will be encouraged to participate in the themed priority groups and have meetings with the LSCB chair to feed in community perspectives and issues. The lay members will also be asked to submit and present an annual report to the Board outlining their activity within the community which will aim to provide an opportunity to make recommendations to the LSCB on behalf of the community.

Below is a graphical outline of the proposed refreshed LSCB structure. This has a planned implementation date of September 2018.



For information on Brent LSCB go to our website



www.brentlscb.org.uk



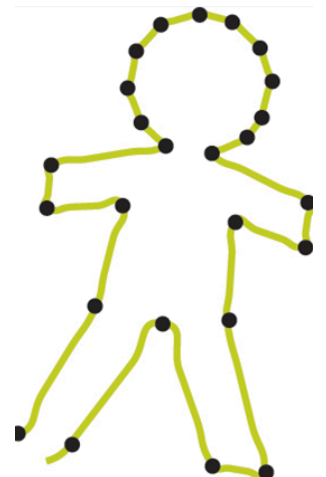
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Published: September 2018

Authorship: Mike Howard Brent LSCB Independent Chair
Wendy Proctor Brent Strategic Partnership Lead

**Thank you to all partner organisations and members of
Brent LSCB for contributions made to this report**





 Brent	<p align="center">Community and Wellbeing Scrutiny Committee 8 October 2018</p> <p>Report from the Independent Chair of Brent Safeguarding Adults Board</p>
For Information	Wards Affected: ALL
<p>Brent Safeguarding Adults Board Annual Report 2017-18</p>	

Wards Affected:	All
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt: (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
No. of Appendices:	1 – Safeguarding Adults Board – 2017/18 Annual Report
Background Papers:	None
Contact Officer(s): (Name, Title, Contact Details)	<p>Daniel Morris Strategic Partnership Lead for Safeguarding Adults Brent Civic Centre 020 8937 2683 daniel.morris@brent.gov.uk</p> <p>Independent Chair Brent Local Safeguarding Adult's Board: Michael Preston-Shoot</p>

1.0 Purpose of the Report

- 1.1 To enable members of the Community and Wellbeing Scrutiny Committee to review the Local Safeguarding Adult's Board Annual Report 2017-18.

2.0 Recommendation(s)

- 2.1 The Community and Wellbeing Scrutiny Committee is asked to note the contents of this report.

3.0 Detail

- 3.1 Brent London Safeguarding Adults Board is a multi-agency partnership board consisting of a range of organisations that deliver services to vulnerable adults in the London Borough of Brent.

- 3.2 Brent London Safeguarding Adults Board members represent their organisations at the Board. These members include London Ambulance Service, London Fire Brigade, The Metropolitan Police, the Clinical Commissioning Group, Central and North West London NHS Foundation Trust, NHS England, Healthwatch, voluntary organisations, Probation services, Probation Community Rehabilitation Company, Mental Health Services and Clinical Commissioning Groups.
- 3.3 In order to provide scrutiny, the Safeguarding Adults Board must be independent. There is an independent chair, Michael Preston-Shoot, who holds all agencies to account. The Independent Chair is held to account for effective working of the Safeguarding Adults Board by the Chief Executive of Brent Council and must publish an annual report on the effectiveness of the Safeguarding Adults Board. The Community and Wellbeing Scrutiny Committee is asked to note this report and its content.
- 3.4 The focus of the Safeguarding Adults Board is agreed by its members in the form of the Strategic Plan 2017-2019 namely;
- Increasing awareness and understanding of safeguarding adults within the Brent Safeguarding Adults Board workforce and wider community.
 - Continuing to work together to understand and meet the challenges of the Mental Capacity Act 2005 & Deprivation of Liberty Safeguards (DoLS).
 - Service User Voice – To ensure the work of the SAB is influenced by service users and their representatives.
 - Making Safeguarding Personal – Continue to work to progress the ‘Making Safeguarding Personal’ agenda.
 - To use Training & Workforce Development to support the delivery of BSAB priorities
 - To increase the voice of service users, carers and their representatives in the work of the BSAB.
- 3.5 During 2017-2018, Brent Safeguarding Adults Board carried out a range of activities in response to these priorities. Please see Annual Report for further information.

4.0 Financial Implications

- 4.1 All Safeguarding Adults Board members have an obligation to provide the board with resources to support its functions. This includes having a representative present at the Board and where applicable at its sub-groups. It may also include providing information to the Board or contributing financially.
- 4.2 The main financial contributor continues to be the London Borough of Brent with Brent NHS Clinical Commissioning Group being the second largest funding contributor to the Board. The remainder of the budget is funded by the Mayor’s Office for Policing and Crime and the London Fire Brigade. The budget is spent on

staffing costs, learning events, the annual conference and commissioning Safeguarding Adult Reviews.

- 4.3 A full breakdown of the budget is included in the Safeguarding Adults Board Annual Report.

5.0 Legal Implications

- 5.1 The Care Act 2014 directed local authorities to set up a Safeguarding Adults Board covering their area with core membership from the local authority, the Police and the NHS (specifically the local Clinical Commissioning Group/s) and the power to include other relevant bodies.
- 5.2 The Care Act places a requirement on Safeguarding Adults Boards to publish an annual report and strategic plan and to hold partner agencies to account for how they work together to protect adults from neglect or abuse. The Act stated that partner agencies and services must work together to implement strategies to protect vulnerable adults locally.
- 5.3 The Care Act 2014 also requires the Safeguarding Adults Boards to commission Serious Case Reviews under Section 44 where the threshold is met. The Care Act 2014 requires partners to cooperate with the review process and Section 45 of the Care Act 2014 requires partners to supply relevant information to enable the Review to take place.

6.0 Equality Implications

- 6.1 The objective of the Safeguarding Adults Board is to help and protect vulnerable adults in its area who are at risk of, or suffered, neglect and abuse. The way in which a Safeguarding Adults Board must seek to achieve its objective is by co-ordinating and ensuring the effectiveness of what each of its members does.
- 6.2 A Safeguarding Adults Board has the freedom to put in place anything it deems necessary to achieve its objective. This may include raising awareness of adult safeguarding.
- 6.3 The Safeguarding Adults Board should be assured that partners are putting systems in place to protect vulnerable adults in the area for which it is responsible. Including people with additional needs and hard to reach groups.

7.0 Consultation with Ward Members and Stakeholders

- 7.1 All members of the Safeguarding Adults Board have all contributed to the annual report.

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BSAB ANNUAL REPORT 2017-18



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3 Introduction by the Independent Chair of Brent Safeguarding Adults Board

It is my pleasure to introduce you to this annual report. I hope that you will find much of interest as we review the year in question and highlight our future objectives. We have tried to make the report accessible and informative. We received positive feedback on how we presented last year's annual report and we have tried to build on that approach.

The Board held its first adult safeguarding conference, with keynote presentations and workshops on making safeguarding personal, self-neglect, mental capacity and financial abuse. Adult safeguarding conferences will become an annual event and the second is already being planned. The graphics developed during that conference have been used to illustrate this annual report.

During 2017/2018, the Board worked towards completion of the safeguarding adult review concerning Adult B. There were complex police and social care investigations. The Board also began safeguarding adult reviews

with respect to Adult C, Adult D and Adult E. Details of these cases are described in this annual report. Again, there have been complex police and social care investigations in some of these cases. The importance of finding safe and effective placements, and of offering health and social care services that can meet people's complex needs, is a recurring theme in these cases.

The challenge now for the Board will be to disseminate the findings of these safeguarding adult reviews and to use them to keep under constant scrutiny the strengths and vulnerabilities of policy and practice locally. Quarterly learning and service development seminars will be arranged to keep the focus on the learning from safeguarding adult reviews and to help the Board to drive improvements in policy and practice.

There remain considerable challenges of course. The public and third sectors continue to experience financial austerity, the impact of which directly affects the resource available to keep adults safe from abuse and neglect and to meet their care and support needs. Health and social care practitioners are having to manage increasingly complex cases. In addition to types of abuse and neglect that have become sadly all too familiar, such as physical and financial abuse, and neglect, practitioners are also having to be vigilant in identifying and responding effectively to cases of modern slavery and human trafficking, and of self-neglect and hoarding. The Board is working with partners to develop guidance for responding to such cases.

Obtaining reliable performance management data with which to scrutinise how effectively adults are being safeguarded from abuse and neglect remains a challenge but the Board has developed an approach to collecting quantitative data from across all agencies. Work is now underway to add a qualitative picture alongside the statistics which will enable analysis of the outcomes of policy and practice.

Along with its partners the Board remains vigilant about standards in care settings and increasingly concerned about unregulated providers. The Board has discussed safeguarding adult reviews that have been published by other Safeguarding Adults Boards and has raised concerns through the London Safeguarding Adults Board.

The commitment of agencies in Brent to work together to safeguard adults from abuse and neglect, at both strategic and operational levels, remains strong and provides a platform on which to build on the work described in this annual report.

Finally, I would like to record my appreciation for the work of James Pearce, Meenara Islam, Janine Georgias and Nikoleta Nikolova, who have managed and supported the work of the Board. This has enabled effective and efficient conduct of the Board's business. I also acknowledge everyone working on adult safeguarding in the Board's partner agencies. Adult safeguarding is indeed everyone's business.

Professor Michael Preston-Shoot



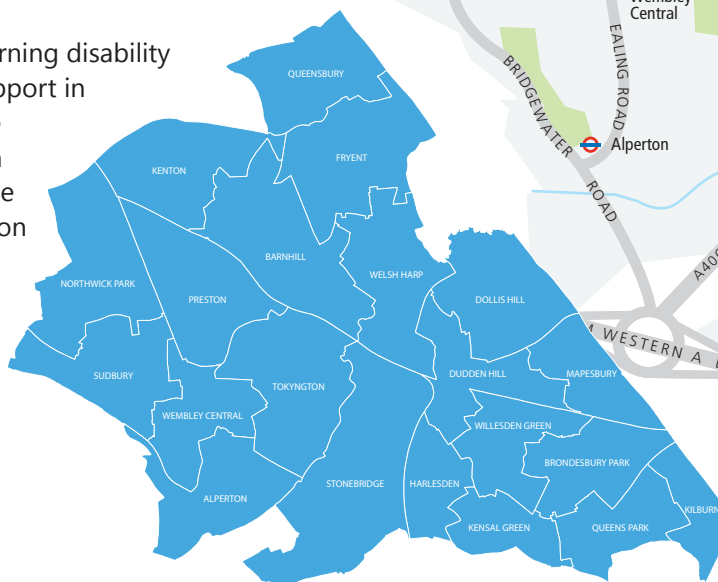
4 Welcome to Brent

- Brent population: 334,800 and is the sixth most densely populated borough in London.
- 11.8% of the population aged 65 and over.
- 53% were born abroad making Brent the 2nd most popular borough for international migration.
- Life expectancy in Brent (male 80.12, female 85.1) is similar to the average for London (male 80.34, female 84.2) with Mortality rate from causes considered preventable 158.5 per 100,000 population (London average 167.7).

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According to the Trust for London, 33% of the population of Brent is defined as living in Poverty and 32% earn less than the London living wage, this is a higher rate than almost all other London Boroughs (one borough out of 32 is ranked higher).

- 2.65 people had a learning disability getting long-term support in Brent per 1,000 of the population against an average of 2.77 people per 1,000 in the London area (Source PH)



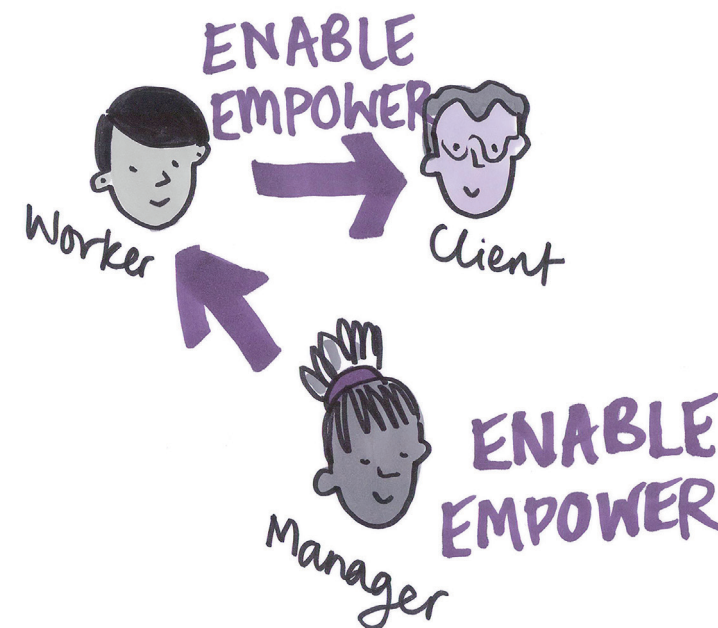
5 What Is Adult Safeguarding?

The profile of Adult Safeguarding increased in 2000 with the release of the 'No Secrets Guidance'. The Care Act 2014 made Local Authorities and its partners responsible for protecting vulnerable adults (loosely defined as adults with care and support needs) who are at risk of abuse or neglect. This gave safeguarding adults its first legal footing and replaced previous statutory guidance. The Act requires Safeguarding Adults Boards to publish an annual report and strategic plan, to commission Safeguarding Adult Reviews, and to hold partner agencies accountable for how they work together to protect adults from abuse and harm. The Act stated that partner agencies and services must work together to implement strategies to protect vulnerable adults.

Types of Abuse: Physical Abuse, Domestic Violence, Organisational Abuse, Modern Slavery, Discriminatory Abuse, Physical Abuse, Psychological Abuse, Sexual Abuse, Self-Neglect, Neglect and Acts of Omission, Financial or Material Abuse.

Enquiries and Reviews: Under Section 42 of the Care Act, the Local Authority has a responsibility to undertake an Enquiry to investigate a concern raised that meets the threshold. The outcome of this Enquiry will either be that abuse or neglect has been Substantiated, Not-Substantiated or that the outcome is Inconclusive. Where the strict criteria are met, Section 44 of the Care Act states that Safeguarding Adults Boards must arrange a Safeguarding Adult Review (formally known as a Serious Case Review). A Safeguarding Adults Review is completed by a suitably qualified person completely independent of the local authority or its partners. The purpose of a Safeguarding Adults Review is to gather all the facts about the case and for the independent author to make recommendations, in order that the local authority and its partners can learn lessons and improve future practice to achieve better outcomes for vulnerable adults in future. Further information regarding the current status of Brent's four Safeguarding Adult Reviews can be found in section 14.

Making Safeguarding Personal: Capacity to make decisions is one of the key differences between safeguarding adults and safeguarding children. An adult has the right to make decisions about



the way they wish to live their life. Any investigation should include an attempt to gain the views of the adult at risk as to what they would like to happen. This is called 'Making Safeguarding Personal'. If the adult at risk has the capacity to make a decision their wishes must be respected, even if that means remaining in a situation where they are at risk of further abuse or neglect.

Deprivation of Liberty Safeguards (DOLS): If a person needs protective measures to be put in place to keep them safe, and is assessed as having lost capacity to make decisions about that particular area, the Local Authority can apply to the Court of Protection for a DOLS. This gives the service or individual who provides care to a person legal authority to restrict their liberty in a specified way in order to keep them safe. There are strict criteria as to what is appropriate when putting such measures in place. This area currently sits within safeguarding adults in the Local Authority. At the time of writing the Annual Report, new legislation is going through Parliament which may change the way that local authorities manage this area aimed at simplifying the process. An update will be provided in the next Annual Report.

6 Principles of Adult Safeguarding

These principles are contained in the statutory guidance that amplifies how the Care Act 2014 is to be understood and implemented. Published by the Department of Health, the principles apply to all safeguarding adult activity, including section 42 Enquiries and Safeguarding Adult Reviews.

Empowerment

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

Prevention

It is better to take action before harm occurs.

Proportionality

The least intrusive response appropriate to the risk presented.

Protection

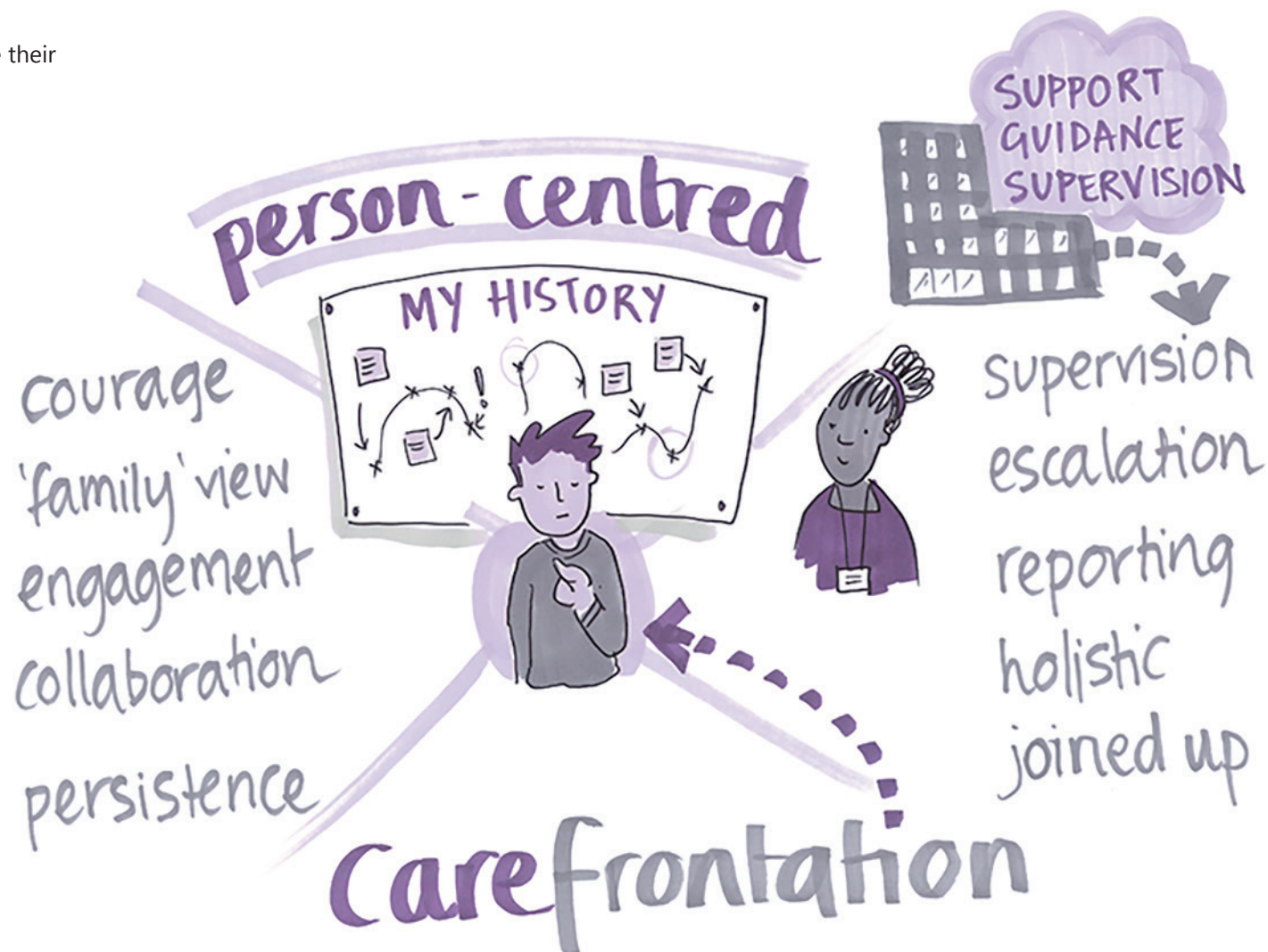
Support and representation for those in greatest need.

Partnership

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

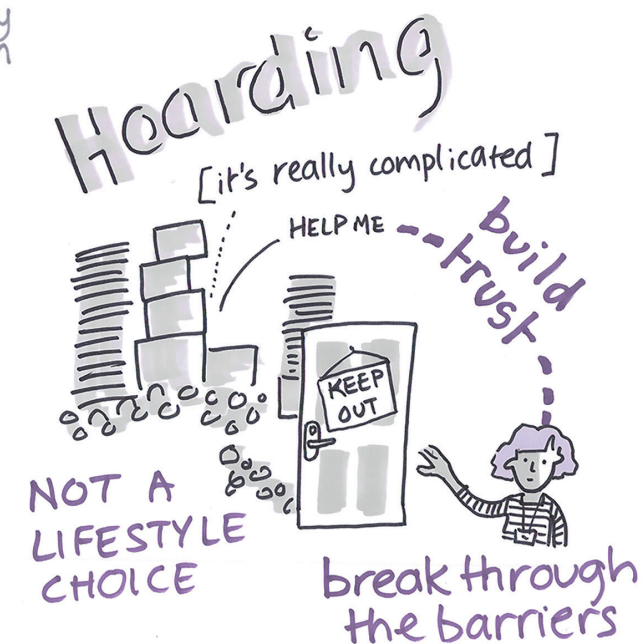
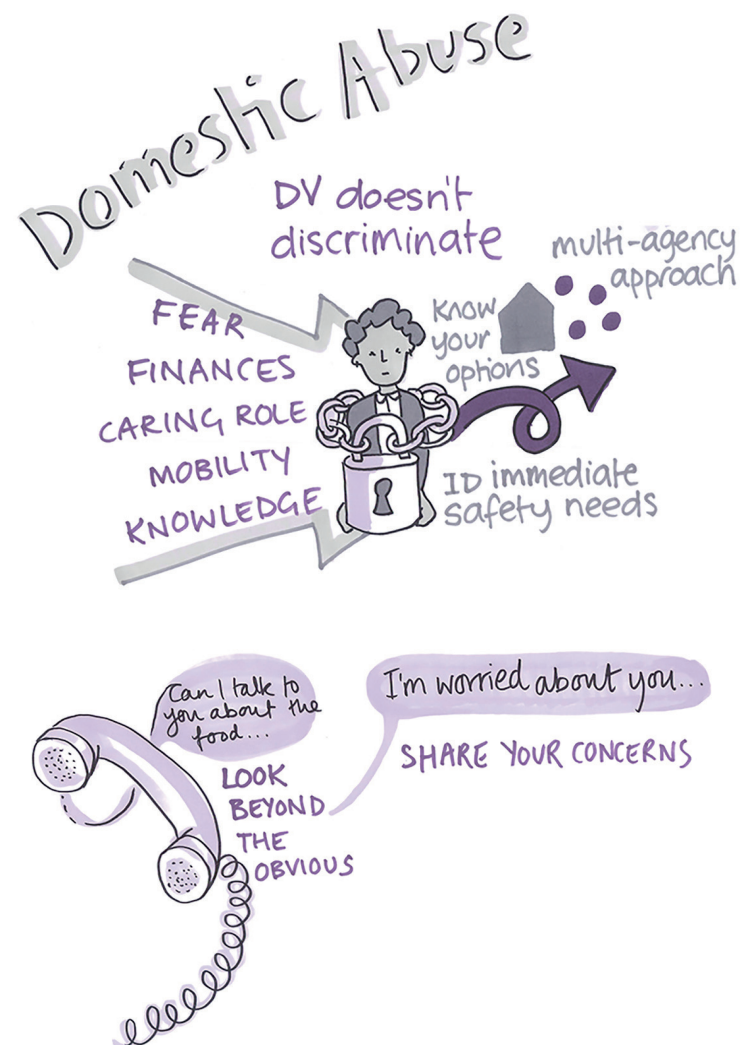
Accountability

Accountability and transparency in safeguarding practice.



7 How To Report Abuse in Brent

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If you wish to raise a safeguarding concern safeguarding form please refer to webpage www.brent.gov.uk/services-for-residents/adult-social-care/preventing-and-reporting-abuse where you can download a form and

email it to safeguardingadults@brent.gov.uk. If you have any trouble completing the form, please contact the Duty Team at safeguardingadults@brent.gov.uk or call 020 8937 4300 and they will help you.

8. Safeguarding Activity In Brent

Adults Team DATA 2017-18

The London Borough of Brent has its own dedicated Safeguarding Adults Team who screen concerns and carry out investigations. Here we provide information on the number of concerns which were referred to the Safeguarding Adults Team and how many progressed to a Section 42 Enquiry. The figures are broken down into quarters (Quarter 1 April–June, Quarter 2 July–September, Quarter 3 October–December, Quarter 4 January–March).

Number of Safeguarding Concerns received by the team 2017-18

399 in Quarter 1

463 in Q 2

420 in Q 3

392 in Q 4

Average figure = 418.5

The average figure for 2016-17 was 428 and therefore there has been a minor reduction in referrals in 2017-18

The Concerns which resulted in Enquiries in 2017-18

64% in Q1

65% in Q2

64% in Q3

73% in Q4

Average figure = 66.5%

The average figure for 2016-17 was 57% and therefore there has been a significant increase in enquiries undertaken in 2017-18

Section 42 Enquiries concluded in 2017-18

141 in Q 1

218 in Q 2

154 in Q 3

226 in Q4

Average figure = 184

The average figure for 2016-17 was 157 and therefore there has been a significant increase in S42 enquiries over the year as a whole.



Making Safeguarding Personal

The Adult at Risk and their preferred outcomes remain central to the work we undertake. We are improving in this area. MSP was one of the key themes at the BSAB Conference in March where we discussed the importance of all agencies working together to deliver a safeguarding response that recognises, upholds and promotes the wishes and desires of the Adult at Risk.

In Q1 the Adult at Risk's outcomes were met in 76% of cases

In Q2 the AAR's outcomes were met in 77.6% of cases

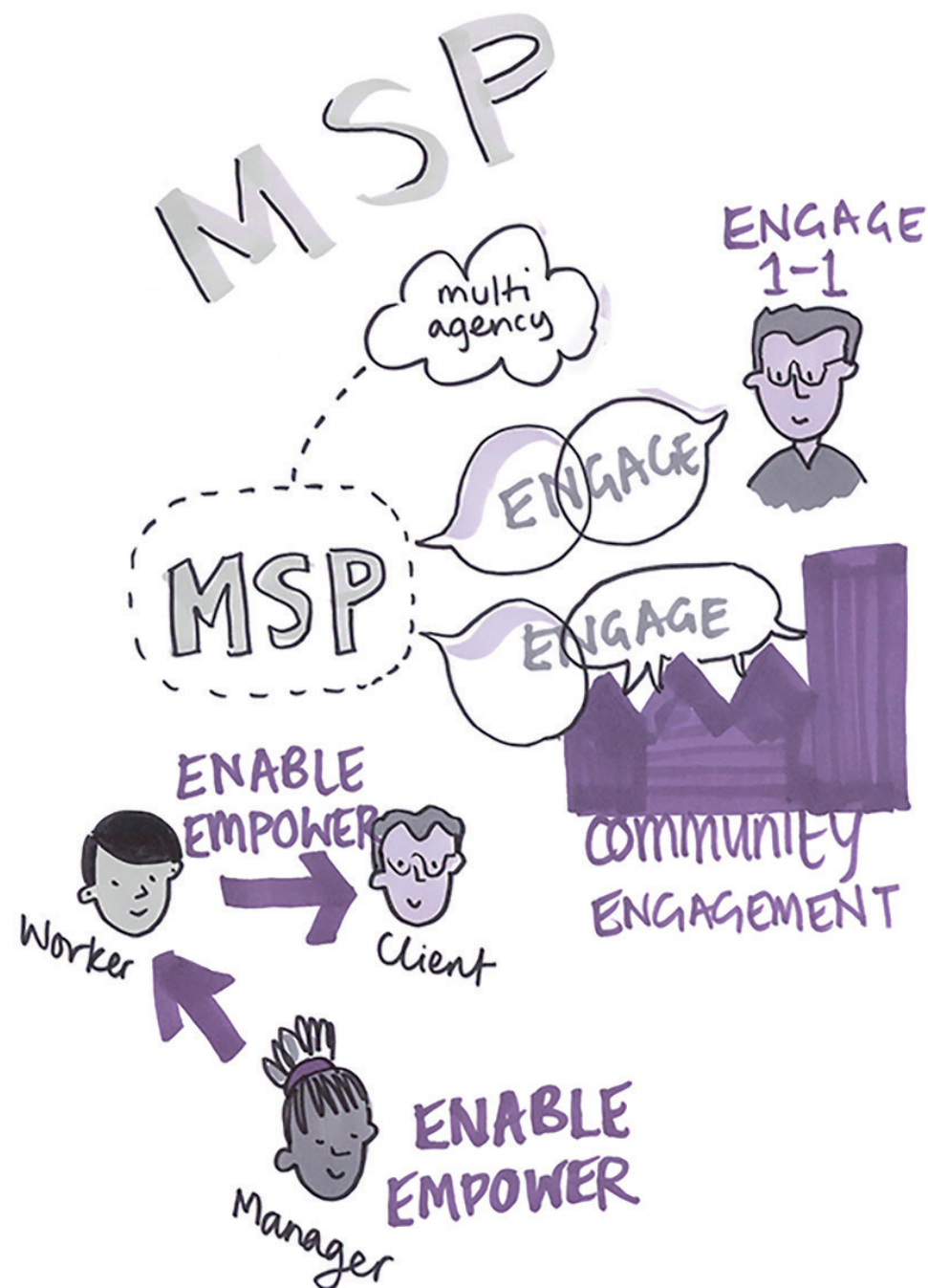
In Q3 the AAR's outcomes were met in 76.6% of cases

In Q4 the AAR's outcomes were met in 83.8% of cases.

Over the last three years this means we have been able to support the Adult at Risk to meet their outcomes in 78% of Section 42 Enquiries.

Types of Abuse Referred to Adult Safeguarding in the LB Brent as a Concern

Neglect	37.24%
Physical Abuse	22.05%
Financial or Material Abuse	16.08%
Psychological/Emotional Abuse	10.93%
Self-Neglect	4.26%
Sexual Abuse	4.25%
Domestic Violence	2.60%
Organisational/Institutional Abuse	1.58%
Other (FGM, Modern Slavery, Radicalisation, Discriminatory Abuse, Exploitation)	1.01%



X SEVERITY

9 The Safeguarding Adults Board Strategic Plan 2017-2019

Increasing awareness and understanding of safeguarding adults within the Brent Safeguarding Adults Board workforce and wider community.

In order to achieve this objective, the Safeguarding Adults Board monitors the number of referrals and how many are progressed to a full Enquiry. Partners send data returns in order to identify trends and areas where resources may need to be targeted. Safeguarding Awareness Training has been offered to front line workers from different organisations to raise awareness and allow attendees to gain a greater understanding of safeguarding issues and how to raise a concern. The Brent Safeguarding Adults Board conference took place on 21.3.18 in the civic centre Conference suite. The conference consisted of a plenary talk presented by the independent chair, followed by six workshops including modern slavery, financial abuse, domestic abuse, mental capacity, self-neglect and making safeguarding personal. The event was attended by 67 multi-agency professionals across the borough and feedback from delegates and presenters was obtained to assist in future planning of community engagement. The Chair of the Adults Safeguarding Board has also delivered events and attended community based groups in order to promote and raise awareness of Adult Safeguarding.

Continuing to work together to understand and meet the challenges of the Mental Capacity Act 2005 & Deprivation of Liberty Safeguards (DoLS).

Awareness of the importance of the Mental Capacity Act is increasing. The board has worked with its partners to promote Mental Capacity Act Training to empower staff and improve confidence in using the Mental Capacity Act. In order to achieve this aim, the Learning and Development Sub-group has worked with partners to develop plans for multi-agency training to develop knowledge and expertise in this area. The Board asked its partners to report on training arrangements for staff to ensure that practice in this area is improved. A workshop concerning the Mental Capacity Act was arranged as part of an annual conference.

Service User Voice – To ensure the work of the SAB is influenced by service users and their representatives.

The Board regularly monitors the data returns that measure if a service user's stated outcomes were achieved at the point of closing the Section 42 Enquiry. This is an important indicator of progress made in Making Safeguarding Personal. In order to continue to work towards this objective, the Community Engagement sub-group has been reformed, following changes to key personal. This sub-group will work to develop systems to capture the views of the public and users of the service. This sub-group will continue to develop audits to capture this data over the coming year. Presentations by service user groups will become a regular feature of Safeguarding Adult board meetings.

Making Safeguarding Personal – Continue to work to progress the 'Making Safeguarding Personal' agenda.

Making Safeguarding Personal is central to effective adult safeguarding. In order to embed this priority into practice, the Safeguarding Adults Board has been working with partners to promote MSP as an area of practice and to ensure that this features in Safeguarding Awareness Training. Through its Workforce Survey, the Monitoring and Evaluation sub-group advised the Learning & Development sub-group to develop a series of 3 events to improve understanding of Safeguarding principles, Mental Capacity Act and Making Safeguarding Personal. These were delivered as part of the Annual Conference.

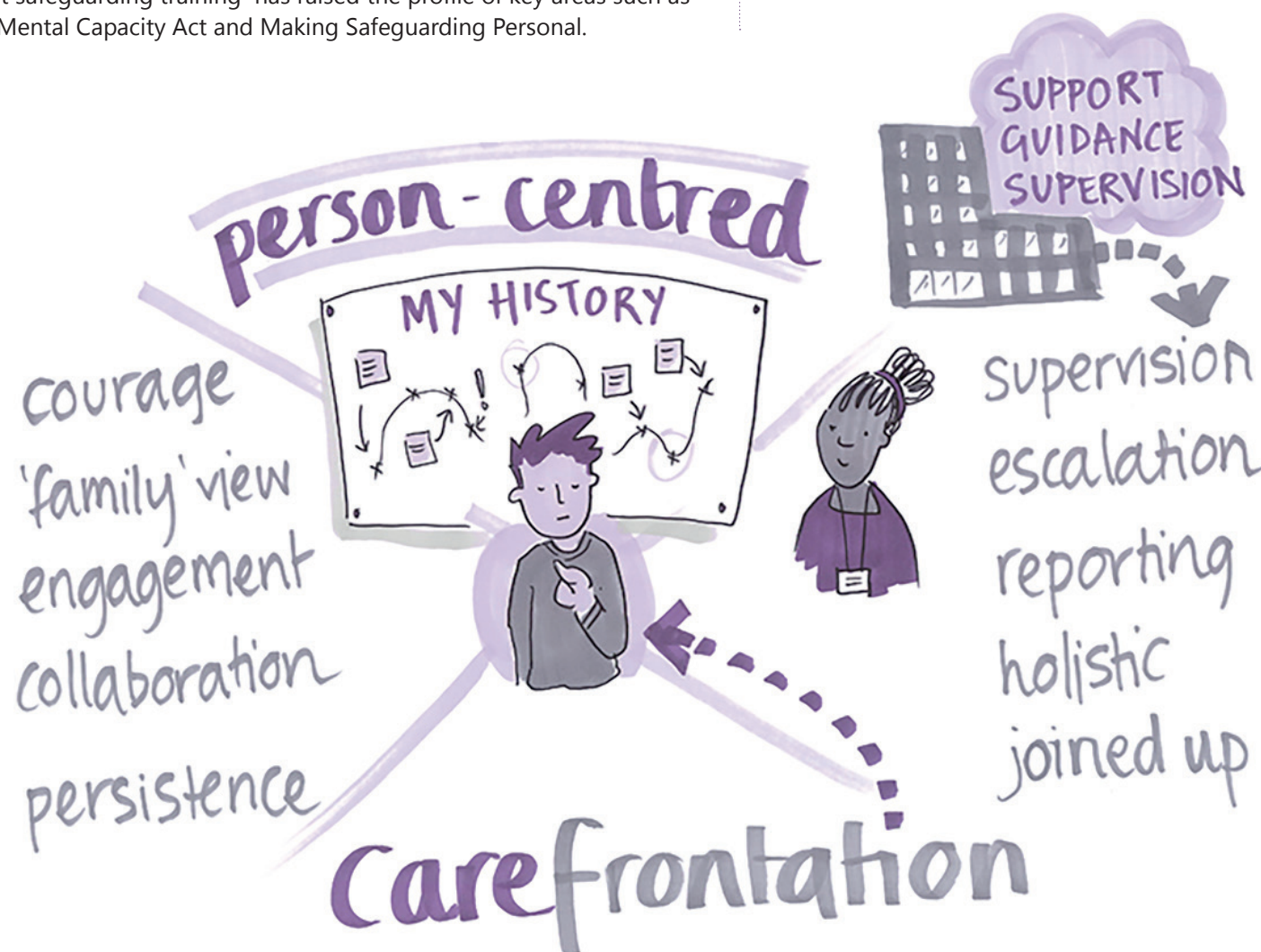
To use Training and Workforce Development to support the delivery of BSAB priorities

Members of the Case Review and Executive sub-groups are well placed to disseminate learning to staff concerning the Safeguarding Adult Reviews. Currently there are four Safeguarding Adult Reviews being progressed with learning updates being provided by independent reviewers by way of Learning Panels. The introduction of a shared part time Strategic Partnership Learning and Development Coordinator for

safeguarding adults and children in December 2017 has enabled learning seminars to be offered on risk assessment and on mental capacity assessment, two issues that emerge prominently from Safeguarding Adult Reviews nationally. Each completed Safeguarding Adult Review in Brent will be followed by dissemination events to ensure that lessons are learned. Feedback from partners is that both online and face to face adult safeguarding training has raised the profile of key areas such as the Mental Capacity Act and Making Safeguarding Personal.

To increase the voice of service users, carers and their representatives in the work of the BSAB

This is a priority for the coming year. The aim is through the Community Engagement and Awareness sub-group to ensure that the Board captures information from service users and their families.



10 Structure of the board and its sub-groups

SAFEGUARDING ADULTS BOARD (SAB)

The Board is a partnership made up of statutory and non-statutory partners. The Board meets on a quarterly basis. Sub-Groups below have different aims and objectives linked to the Safeguarding Adults Strategic Plan and meet at frequencies agreed by the chair of each sub-group. The aim of the system is to work in partnership to develop strategies to safeguard vulnerable adults in Brent.

MONITORING AND EVALUATION

The Monitoring and Evaluation sub-group conducts regular multi-agency audits to ensure the effectiveness of safeguarding arrangements across local partner agencies and against the BSAB work plan to achieve consistent and robust outcomes for adults at risk. In addition it will seek assurances regarding the application of learning and experience from practice and single agency audits in Brent.

CASE REVIEW

The Case Review sub-group considers referrals for Safeguarding Adult Reviews. Where the criteria are met, it commissions and manages reviews. In addition the Case Review Sub-Group commissions and oversees the conduct of case reviews that fall outside of the mandatory criteria for reviews but where there is still learning for practitioners. The Sub-Group aims to ensure that lessons learned are shared, acted upon and impact is assessed.

COMMUNITY ENGAGEMENT AND AWARENESS

The Community Engagement and Awareness sub-group aims to deliver activities to ensure that the Board engages with, and seeks the views of adults at risk, their carers, families, frontline workers, advocates and communities in the delivery of its functions and activities. It also aims to positively promote and raise awareness of activities, campaigns and local work to ensure adults at risk are safe in Brent.

LEARNING AND DEVELOPMENT

The Learning and Development sub-group aims to ensure that safeguarding learning and development activity equips organisations, staff and partners with information to ensure adherence to pan London Safeguarding Procedures. The sub-group aims to embed and promote safeguarding learning & development across partners and providers to ensure appropriate response by services and individuals to safeguarding concerns and to develop a strategy to ensure that this standard and learning is maintained consistently.

ESTABLISHMENT CONCERNS

The Establishment Concerns sub-group members share knowledge and intelligence about local care services and engage key stakeholders, identify collective concerns or issues and agree an appropriate multiagency response. Partners ensure a robust multi-agency approach to all quality concerns raised beyond the thresholds set out by the Pan London Safeguarding Board.

THE EXECUTIVE

The Executive is accountable to the Brent Safeguarding Adult Board through quarterly outcome reports that focus on the progress of work under the Brent SAB business plan and risk management log. The primary purpose of the group will be to ensure that the business of the Brent SAB is effectively managed and progressed to ensure that partner agencies are fulfilling their statutory obligations under the Care Act 2014 and the accompanying statutory guidance.

11 Anna: a case study

Concern

Anna, a European national who had been living in Brent for seven years with her father, was admitted to Park Royal Centre for Mental Health on Section 2 Mental Health Act 1983. On admission, she had significant bruising to both her eyes and arms. On day one she said it was the result of a physical assault by her 15 year old sister.

On day two, she alleged it was her father who caused the harm and on day 3 stated it was her boyfriend/drug dealer.

She presented as vulnerable to exploitation.

Staff were concerned she had been subject to human trafficking and modern slavery which involved her being forced to take illicit drugs and engage in prostitution.

It was unclear to staff who the person/s causing harm were though it was evident from her non-verbal communication that they were known to her.

She often appeared frightened and appeared in need of protecting from them.

Anna's Father exercised his right to Nearest Relative Discharge. This was barred by the consultant in charge of Anna's care due to the safety concerns.

Father attempted to abduct Anna from the ward assaulting both her and staff. He was arrested and charged with common assault.

Response

Ward staff completed a body map to indicate extent of injuries.

Safeguarding concern raised based on information available at the time

Anna's 15 year old sister was referred to Family Front Door.

Staff involved police who were initially unable to interview Anna as she was unwell.

Staff conducted further routine enquiries but were unable to initiate National Referral Mechanism as Anna did not make a full disclosure about the nature of the (modern slavery/human trafficking) abuse.

Mental capacity tests conducted into Anna's lifestyle choices and accommodation on discharge.

Visitors were banned as unable to identify the person/s causing harm. Also the boyfriend/suspected drug dealer had tried to give her bottled drinks which staff checked and these had been tampered with. Drinks were confiscated.

Staff contacted Anna's mother in Europe (with Anna's consent). She wanted her daughter to return home.

Offered appointment at local sexual health clinic.

Offered input by Trust Drug and Alcohol specialist.

Outcome

Anna was in hospital for approximately 10 weeks. During this time, visitors were banned as part of the safety plan. Contact with family and friends was maintained through phone calls.

Anna was repatriated back to her mother's address in Europe. She was escorted by nursing staff. Anna had mental capacity to make this decision.

WE ALL HAVE A ROLE TO PLAY...

12 Changes within the London Borough of Brent

Changes in Brent

The Brent Council's Strategic Partnerships team became operational in May 2017. It consists of a Strategic Partnerships Manager and three Strategic Partnerships Officers to support seven partnership boards: Health and Wellbeing Board, Safeguarding Children Board, Safeguarding Adults Board, Brent Children's Trust, Partners for Brent, Pensioners' Forum and Disability Forum.

A further review of the team took place in early 2018, leading to the replacement of the Strategic Partner Officer post with a Strategic Partnerships Lead for Safeguarding Adults. This reflected the need for a higher level of strategic support to the Chairs and Boards and created greater officer leadership.

The Safeguarding Adults Board Training Co-ordinator position became vacant in May 2017. This subsequently led to the creation of a new part time Strategic Partnerships Learning and Development Co-ordinator post within the Strategic Partnerships team. This new role is responsible for supporting both the Safeguarding Children Board and Adult Safeguarding Board multi-agency learning and development programmes. The post holder took up this role in December 2017.

Impact of support changes

These changes have enabled Brent's strategic partnerships to maximise communication and collaboration through more cross-partnership discussions and activity.

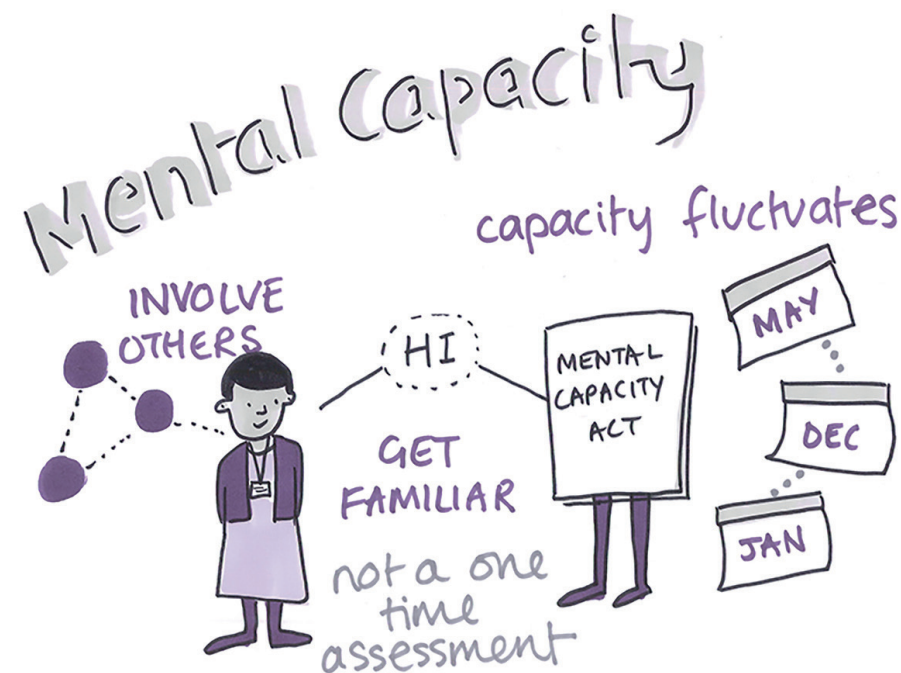
The absence of a dedicated Safeguarding Training Coordinator post from May 2017 had a detrimental impact on the safeguarding adults learning and development offer during 2017-18. The introduction of the shared part time Strategic Partnership Learning and Development Coordinator in December 2017 has enabled the Safeguarding Adults Board to have a more focussed approach to the implementation of the Adult Safeguarding Board learning and development offer moving into 2018-19.

Collaboration with other Strategic Boards and services

To identify additional areas of strategic partnership board collaboration in 2017, regular meetings now take place between the Chairs of the Safeguarding Children Board, Safeguarding Adults Board and Safer Brent Partnership. The three chairs identified Modern Slavery as an area of collaboration and commissioned a task and finish group to develop new procedures based on understanding the needs of victims of modern slavery and trafficking, existing support provision in the borough, identifying gaps and developing possible solutions. It is anticipated that the findings of this task group will be submitted to the Boards and Safer Brent Partnership in the autumn of 2018.

Current Safeguarding Adult Reviews

The Safeguarding Adults Board commissioned 3 new Safeguarding Adults Reviews (C,D and E) in the year 2017-2018 in addition to finalising the investigation and learning from Safeguarding Adult Reviews carried over from the previous year 2016-2017. This will be further explained later in the report.



13 Joanna: a case study

Concern

Joanna, an elderly woman who lived in Brent for a number of years with her husband and two sons (son A and son B). Joanna was described to workers as always having had a tendency to hoard items at home which she later described to workers as 'nik-naks'. However, with the support of her partner, this issue remained manageable during her young and middle-aged life. However, Joanna's husband later passed away in old age. Following the death of her husband, Joanna developed diabetes and suffered a cognitive decline. She was later diagnosed with dementia. Her frailty increased and she increasingly relied on her son (Son A) to do her shopping, escort her to medical appointments and assist her with toileting and hygiene. Son A did not live at the family home but visited regularly.

Joanna's health declined and she was admitted to hospital. Discharge planning took place. An initial safeguarding referral was sent by hospital staff in relation to concerns around self-neglect. Following a home visit, there were concerns over the cleanliness of the home and Joanna reluctantly agreed for her home to be deep cleaned by specialist cleaners to enable her discharge home. A care package was arranged to support her aimed at preventing the self-neglect. After a period of time this care package was later cancelled by Son A, stating that he would provide the care required in future.

The relationship between her two sons had deteriorated to a great extent following the death of their father. Over time, son A began exerting control over the family home and began refusing entry and contact between son B and Joanna. Son A also developed a mistrust of professionals. After her discharge from hospital, Joanna initially attended her appointments with the GP, diabetes monitoring appointments and appointments at the memory clinic. All agencies reported that she was escorted by her son (A). This was monitored by the Safeguarding Adults Team through effective communication with the GP Practice which was able to monitor NHS records and report back. However, son A began refusing to allow any professionals into the home. A number of joint

visits were arranged with the Safeguarding Adults Team and the GP but access could not be gained to the family home.

Whilst her attendance at appointments was being monitored, the Safeguarding Adults Team observed that Joanna began failing to attend appointments and son A continued to refuse entry to professionals when visits had been arranged.

After a period of time, a joint home visit was arranged with uniform Police Officers, the GP and the Safeguarding Adults Team. Due to the Police presence, son A allowed entry to professionals. The GP carried out tests on Joanna in the home and called London Ambulance Service, recommending immediate hospitalisation; stating that Joanna was close to a diabetic coma. She was immediately taken to hospital where her physical health improved. However she continued to suffer cognitive decline.

Due to the facts that had been gathered regarding her lack of care at home, the cancelled care package, her health issues on admission and the concerns about the control being exerted by her son, there was multi-agency involvement to discharge planning and a detailed assessment took place. This was a holistic assessment testing Mental Capacity and gathering evidence about Joanna's likely care and support needs on discharge from hospital. A Best Interest Meeting took place and a care home was found for Joanna. Due to her cognitive decline, an application was made to the Court of Protection for Deprivation of Liberty Safeguards so that measures could be put in place to keep Joanna safe. She continues to reside at a care home where she is being cared for.

14 Partner Organisation Contributions



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Brent Clinical Commissioning Group

NHS Brent Clinical Commissioning Group (CCG) is clinically-led, which is responsible for planning and commissioning of health care services in Brent.

The CCG has key responsibilities towards safeguarding adults which are set out in the NHS Safeguarding Assurance and Accountability Framework (2015), to ensure safeguarding systems and processes in place to safeguard adults at risk from abuse and neglect. The CCG has responsibility for commissioning the majority of local health services and has a duty in assessing the health needs for patients and to assure themselves that the services they commission are of appropriate quality. The CCG are responsible for ensuring that those providing the healthcare needs of our population do so safely and are performing according to recognised and evidenced best practice.

NHS Brent CCG is a statutory member of the Brent Safeguarding Adults Board (SAB) following the implementation of the Care Act 2014. Safeguarding adults at risk has remained high priority for both commissioners and providers of NHS services during year 2017/18. The CCG have established LeDeR programme within the borough and also has developed a Steering Group. This aims to drive improvement in the quality of health and social care service delivery for people with Learning Disabilities (LD). Learning from the LD reviews will be collated nationally and locally, with local learning being reported to the Safeguarding Adults Board, and the Local Authority.

NHS Brent CCG was involved in standardising pressure ulcer referrals, using the Department of Health Safeguarding Adults Protocol. The CCG will provide on-going monitoring and support to provider organisations in addressing their own challenges in preventing and managing pressure ulcers.

The CCG undertakes quality assurance visits in our provider organisations. This is to reinforce each provider's responsibility to safeguard adults at risk and promote the welfare of those identified to be at risk of harm, abuse or neglect. Providers are advised of areas of concerns in safeguarding adults and recommendations to promote improvement.

Safeguarding Adult Training is a mandatory requirement for all members of staff within the CCG. CCG in its duty to support improvements in the quality of Primary Care and its safeguarding function provides e-learning at levels one and two, and delivered face to face safeguarding adults level three training to CCG staff, General Practitioners, and other health providers in the Borough. This is to ensure a consistent approach in safeguarding adult practice across all teams and services in the borough. The CCG receives regular monitoring reports from providers on safeguarding adults within their services, including evidence of training compliance, and reports on safeguarding performance in general.

The Designated Nurse for Safeguarding Adults attends and contributes significantly to the Brent Safeguarding Adults Board and its five sub groups: She also supports work in relation to the following fields: Prevent Delivery Group, Channel Panel, Violence against women and girls delivery group meeting, and Multi-Agency Risk Assessment Conferences.

Central North West London Health Trust

CNWL PRIORITIES IN 2017-18

- Monitoring staff awareness of, and knowledge about safeguarding adults
- Embedding Making Safeguarding Personal (MSP) in practice
- Ensure service users are provided with information that will support them to prevent harm
- Improve mental capacity assessment recording across the Trust
- Improve the consistency of the Deprivation of Liberty (DoLS) trackers to ensure individuals are protected and not unlawfully deprived of their liberty
- Ensure training figures for Prevent meet the Trust compliance figures
- Ensure staff training is compliant with Intercollegiate document and Skills for Health Core Skills Training Framework

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During 2017-18, we:

- Carried out a Trust wide survey of staff on safeguarding including questions on Female Genital Mutilation (FGM) and Domestic Abuse.
- Ensured MSP is embedded in training and the development of the new clinical system
- Developed a Keeping Safe leaflet on Financial Abuse following on from the Sexual Safety leaflet the previous year. This is currently with the printers.
- Developed a streamlined mental capacity assessment template that will go live with the new clinical records system.
- Rolled out a new DoLS tracker on inpatient wards
- Provided sufficient training for Prevent to achieve 85% compliance for clinical staff
- Updated e-learning packages, strengthening the assessment process

at the end of the workbook. 95% of all Trust staff are compliant with mandatory training.

- To raise awareness and understanding of safeguarding adults. Our survey contributed to raising awareness and understanding amongst our workforce
- Continuing to work together to understand and meet the challenges of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Our work on developing templates for mental capacity assessments and the DoLS trackers improves practice and implementation of the Mental Capacity Act. By making the MCA Essential to Role it has further raised its profile within the Trust.
- Training and Workforce Development. Our updated e-learning packages support workforce development and include slides on Making Safeguarding Personal and the Mental Capacity Act
- Further develop understanding of the Mental Capacity Act by establishing the Essential to Role training programme. Embed the MCA template in practice.
- Roll out making routine enquiries for Domestic Abuse
- Complete and launch the Safeguarding pages on the new clinical system – embedding Making Safeguarding Personal.
- Embed new Safeguarding Adults Training Strategy in practice
- Develop 2 new Keeping Safe leaflets – Domestic Abuse and one on Self Neglect The continued focus on the Mental Capacity Act and Making Safeguarding Personal meets the priorities outlined above in improving staff awareness, understanding and approach to safeguarding and person-centred approaches.
- The continued development of Keeping Safe leaflets provides information to service users and carers. In the Kingswood Centre, an Easy Read Safeguarding presentation was developed and a Carers event was held on the 20th March 2018.

London Fire Brigade (LFB)

PRIORITIES 2017-18

- Aligning our Safeguarding Adults Policy and related policies with the Care Act 2014
- Developing and rolling out safeguarding training for all staff
- Embedding the information sharing project with the London Ambulance Service (specifically to address fire risk and hoarding behaviour) into core business
- Undertaking the second part of an independent audit by MOPAC to review our adults safeguarding practices

WHAT WE DID

- The Brigade has reviewed the internal Safeguarding Adults policy and updated this in line with the London multi-agency adult safeguarding policy and procedures, to incorporate the particulars of the Care Act 2014. The updated policy references the Mental Capacity Act 2005 and the Prevent strategy and is available to all staff via the internal intranet.
- S015 Counter Terrorism from Met Police has run two sessions on Prevent in particular for our youth/health and fire safety regulation staff. In addition, an article on Prevent/Radicalisation and what staff need to be aware of/action to be taken has been pulled together and published on our Intranet to raise everyone's awareness on the topic and related responsibilities.
- The Hoarding policy has also been reviewed to signpost the issue (hoarding) as requiring a 'self-neglect' referral to Social Services Departments. The policy outlines the immediate steps which should be taken to protect the adult and preserve the scene (when appropriate).
- Delivering the information sharing project with the London Ambulance Service to provide Home Fire Safety Visits to high risk hoarders, has been embedded into core business.

LFB TRAINING

The Brigade has developed a safeguarding training package for all personnel to increase awareness and improve consistency and improve partnership working. This package has been delivered in stages and rolled out to station-based staff. The training complies with both the Care Act 2014 and London Multi-Agency Policy and Procedures 2016, and will ensure all Brigade personnel are aware of the importance of ensuring people feel supported and empowered to make their own decisions and informed consent. To this end, the package will also provide staff with an understanding of the Mental Capacity Act. The Brigade has undertaken the second part of an independent audit by MOPAC to review our adult safeguarding practices. The Brigade worked towards facilitating a broad partnership and community engagement approach which focuses on prevention as well as protection with outcomes aimed at addressing both people's wellbeing and safety. The project with the London Ambulance Service resulted in 884 LAS referrals being raised across London in 2017/18. Of these, 70% resulted in Home Fire Safety Visits being booked. Such visits provide individuals at risk with tailored fire safety advice to reduce the risk of fire. When an individual is found to have additional care and support needs, is at risk of abuse or neglect by a third party, or falls under the self-neglect category, we immediately report the concerns to the relevant agency to ensure the protection of the individual, and that the risk was addressed before it escalated. We also provided and installed arson letter boxes to victims of crime, in particular those related to domestic violence. Overall, the Brigade has contributed to LSAB's development of information sharing and referrals pathways to ensure a multi-agency approach to Londoners' safety and wellbeing. Furthermore, it has voluntarily contributed £1,000 in total to the Safeguarding Adults Board and the Safeguarding Childrens Board to help the Boards meet their priorities.

London Fire Brigade Changes

The updated Safeguarding Adults and Hoarding policies alongside the safeguarding training package have been increasing staff awareness of the six statutory safeguarding principles and developing a more consistent approach across our organisation and with our partners.

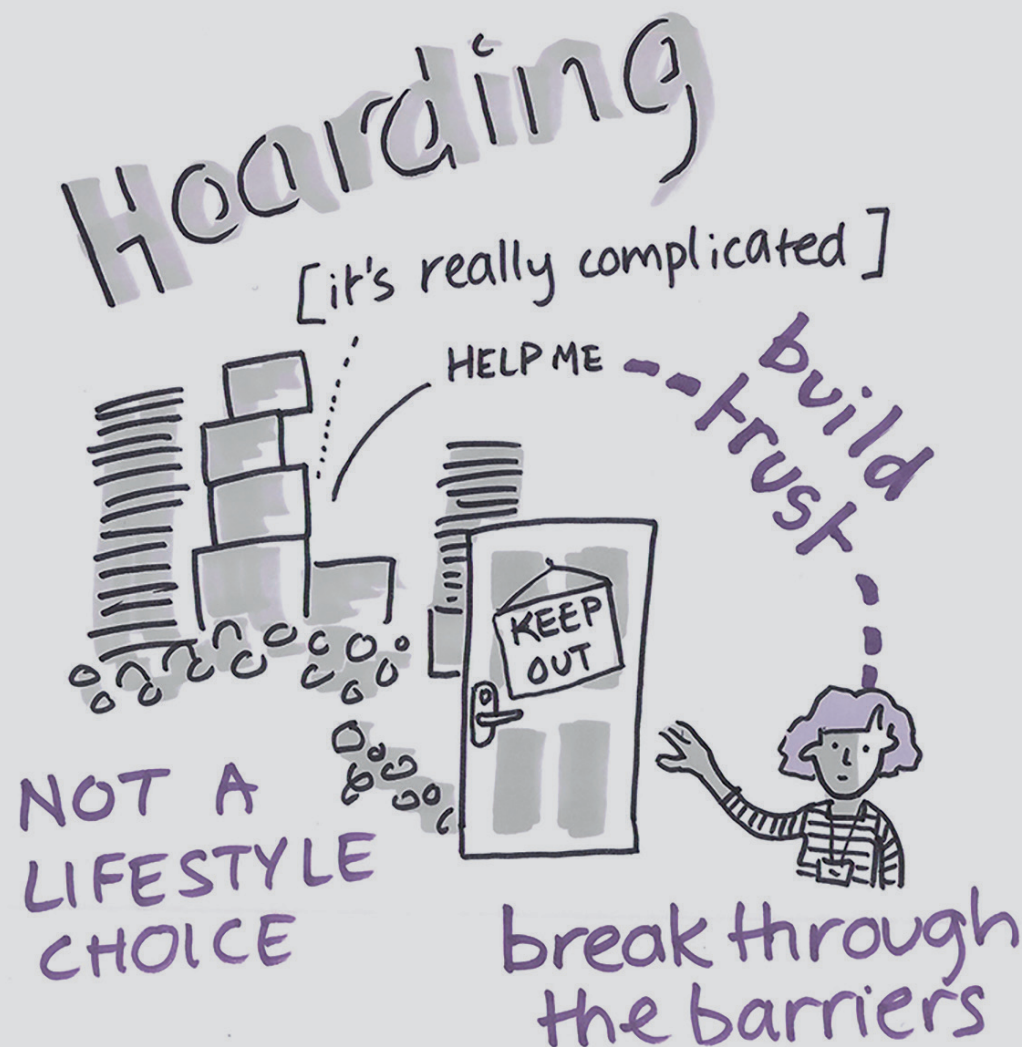
- The development of a new Person at Risk form to improve the efficiency and security of our referral process and information
- sharing, and enable easier monitoring of our safeguarding concerns at both local and organisational levels.
- The sharing of information with partner agencies and the retention of personal data on the safeguarding database will also

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be reviewed considering the new General Data Protection Regulation (GDPR) requirements.

A review of staff training will take place to highlight areas of strength and weakness. These will be discussed with the

- Brigade's training provider to ensure it is being delivered to the required level.
- Addressing any gap in our safeguarding procedures identified in the MOPAC review.
- Data protection legislation is often quoted as a barrier to information sharing and an explicit duty to share risk information and a more comprehensive approach is required not only to increase access to data, develop and maintain cooperation across agencies; but to develop the strategic and coordinated intelligence necessary, in particular to tackle the increasingly systematic exploitation of vulnerable people, e.g. modern slavery.



London North West University Healthcare NHS Trust

London North West Healthcare NHS Trust (LNWHT) is one of the largest integrated care trusts in the country, bringing together hospital and community services across Brent, Ealing and Harrow. Established on 1 October 2014, the Trust employs more than 8,000 staff and serves a diverse population of approximately 850,000.

London North West Healthcare NHS Trust is responsible for:

- Northwick Park Hospital
- St Mark's Hospital
- Community services across Brent, Ealing and Harrow
- Urgent Care Centres
- Central Middlesex Hospital
- Ealing Hospital

LNWHT has a well-established safeguarding adults team; the team leads on all aspects of adult safeguarding across the organisation. The team is responsible for training and development, responding to adult safeguarding concerns, liaising with local safeguarding adult and children teams and data collection and analysis. The adult safeguarding team have been involved in the Trust's commitment to improve care provided to patients with dementia. In the past year the team contributed to the development of a new patient pathway for patients suffering with confusion. Additionally the Trust has signed up to John's Campaign, which enables relatives and carers of patients, who are suffering with dementia, greater access to the hospital outside of normal visiting hours.

2016-17 brought an increase in safeguarding adult activity at the Trust. Adult safeguarding referrals increased by 25% on the previous year and there was a significant increase in Deprivation of Liberty referrals. During 2016-17 LNWHT focused on further embedding a safeguarding culture across the 8000 strong workforce. A particular focus has been on PREVENT training which has resulted in the Trust being above the target set by the Home Office PREVENT training trajectory.

In addition to its commitment to training and development and the increased safeguarding culture the Safeguarding Adults Team progressed a number of other work streams in the past year. Firstly domestic abuse awareness has been firmly incorporated into the training provided to Trust staff with two Independent Domestic Violence Advocates (IDVA's) employed in the Emergency Rooms at both Ealing and Northwick Park Hospitals. The IDVAs provide support to patients attending the hospital and act as a crucial resource for front line staff delivering care. Secondly Modern Slavery and Human Trafficking abuse was also incorporated into adult safeguarding Training. Staff across Children's and Adult Safeguarding Service have completed the London ADASS & NHS England "Train the Trainer: Human Trafficking and Modern Slavery Multiagency Awareness Raising Training

LNWHT safeguarding adult alerts, notified by staff, have increased by 31% during 2017/18. The increase demonstrates that a safeguarding culture exists at the Trust and that the focus on training has had a positive impact on staff awareness of their safeguarding responsibilities. The Safeguarding Adults Team monitors and analyse all referrals made at the Trust. The analysis helps the team spot trends in types of abuse and informs future development of staff training packages.

The Trust currently employs a Learning Disability Specialist Nurse. The nurse oversees the delivery of training and education to Trust staff, recently setting up and training a team of learning disability (LD) champions within the nursing workforce. The service provided by the LD nurse includes the assessment and support of patients with Learning Disabilities attending the Trust for care.

The Metropolitan Police in Brent

OUR PRIORITIES IN 2017-18

- Tackling violent crime and especially knife crime affects young people across London.
- Countering terrorism and reviewing our strategy, tactics and resources in light of the threat.
- Protecting children and developing a robust approach to tackling child sexual exploitation.
- Transforming the Met to become a modern police service, using technology and data, skills and engagement to fight crime more effectively.
- In addition, the Metropolitan Police Service (MPS)'s Vision is to provide a consistent set-up on all Boroughs, which has effective IT, office space and training for officers and staff. Protecting the public, providing a quality service to victims of crime and supporting our officers by providing relevant training and a supportive working

WHAT WE DID

- Increased and more effective publicity raising the profile of Safeguarding as a whole throughout the organisation.
- The publication of up to date and relevant 'tool kits' across all areas of Safeguarding to provide officers and staff with the information they need to improve and maintain the police and multi-agency response.
- The development of a Safeguarding Dashboard across MPS so Boroughs can begin to evaluate and compare performance, better understand trends and recognise areas of improvement. This addresses both Child and Adult Safeguarding.
- Closer and more effective working relationships across the Brent Crime Wing as a whole and increased recognition of threat risk and harm to ensure more effective short-term responses and support partners in this along with the provision of ongoing support in the medium and longer-term.

- The Metropolitan Police supported and continue to support staff in attending both centrally and locally held training including a new Missing Person training course, abuse and neglect of vulnerable adults, mental health, drug and alcohol dependency, suicide prevention and missing people. harmful practices, domestic abuse, stalking and harassment, hate crime, young offenders, child sex exploitation, criminal exploitation of children, modern slavery, human trafficking, sex workers, rape, sexual offences and child protection online.

PRIORITIES FOR 2018-19

The MPS safeguarding priorities for 2018/2019 must be integral to the Mayor Of London's Police and Crime plan 2017-2021. Three priorities are detailed namely;

- Violence against women and girls
- Keeping Children and Young People Safe
- Hate Crime and Intolerance

In conclusion it is clear within the new and developing Basic Command Unit structure that the Safeguarding of Children and Adults remains a top priority (only behind Counter-terrorism). The integration of previously separate and specialist roles within Child abuse and serious sexual offences with locally held officers is designed to provide a high quality and effective police response from the outset.

London Ambulance Service (LAS) NHS Trust Safeguarding Statement 2017-18

2017-18 has been another busy year for the London Ambulance Service NHS Trust. We have seen an increase in incidents and an increase(15%) in safeguarding concerns raised by our staff, we raised 22,198 concerns – 4841 adult safeguarding concerns, 8050 adult welfare concerns and 8382 child safeguarding referrals .

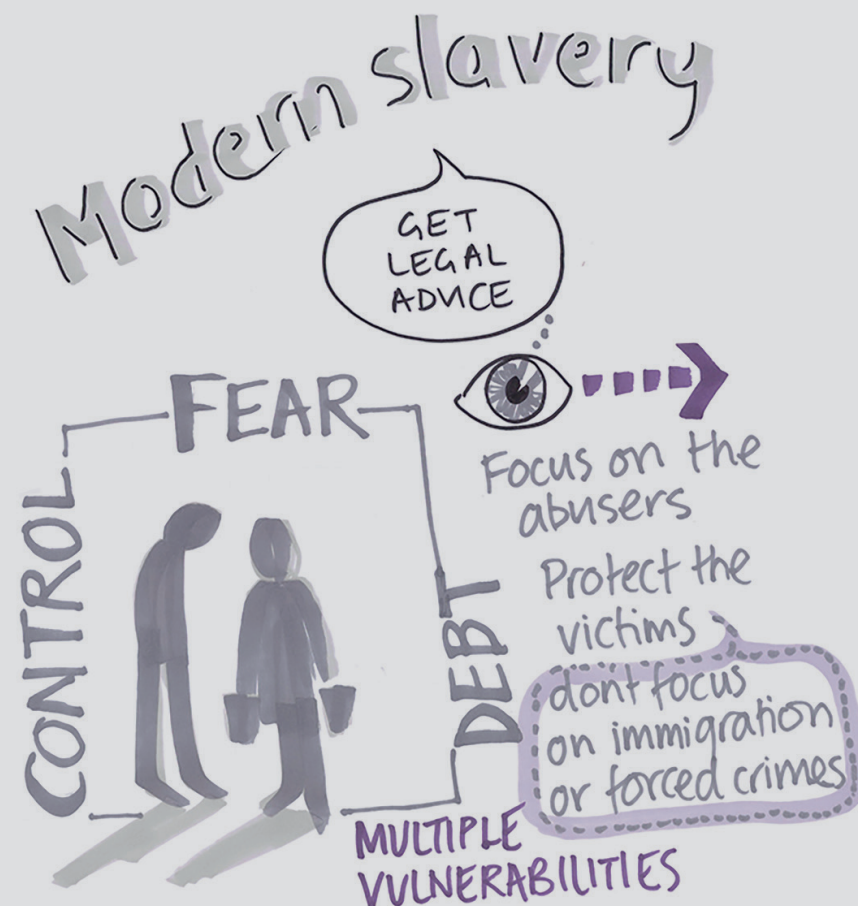
Safeguarding is a priority for the Trust and we have this year recruited a full time administrator to assist with the increased workload.

During the year, we have introduced two new policies: Safeguarding supervision and Chaperone policy. We continue to provide annual safeguarding training to clinical staff which this year was delivered via e learning and reflected learning from Safeguarding Adult Reviews, Serious Case Reviews or audits undertaken.

The trust has undertaken a number of quality audits throughout the year these include:

- Auditing knowledge and retention of staff learning
- Quality of concerns/referrals raised
- Quality of training delivery
- Modern slavery referrals
- Child sexual abuse and child sexual exploitation
- Adult sexual abuse
- Child female genital mutilation

Full LAS safeguarding governance and assurance can be found in our annual report for 2017/18 which will be published on our website when agreed.



London Community Rehabilitation Company

Our focus in 2017/18 in relation to safeguarding has been twofold: first to strengthen our visibility across the partnership and, secondly, to ensure staff are skilled in the recognition of and responsiveness to, any safeguarding concerns.

WHAT WE DID

In respect to strengthening our visibility and partnership working, five Contracts and Partnerships Managers have been deployed across the specific LCRC areas with this as their strategic focus. They are tasked with attendance at Safeguarding Adult Boards and engagement with Safeguarding Adult Reviews, along with building relationships with our key stakeholders.

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LCRC have also developed a new case recording and assessment tool, REACTA, that specifically focuses on risks posed by the service user to any identified children or vulnerable adults. London wide training has been delivered to our operational staff in the use of REACTA to increase our organisational responsiveness to the needs of vulnerable adults through thorough assessment, timely actions and managerial oversight. It is our intention that with the imposition of a new case recording and assessment approach, REACTA, all our Offender Managers will be able to provide a thorough and thoughtful analysis of the risks presented to any vulnerable adults in contact with Service Users and for robust actions to be implemented in order to safeguard them or the Service User themselves. With this, the envisaged impact will be a reduction in unnecessary checks causing local authorities undue strain as well as an uplift in quality referrals and multi-agency working. The effectiveness of this approach will be measured over the next 12 months.

LCRC have an internal Safeguarding Board that is chaired by our Chief Executive and has representation from our strategic and operational heads. The Board's remit is to monitor quality and performance within our operational team and to have oversight to our wider safeguarding action plans which incorporate learning from Safeguarding Adult Reviews and borough based priorities.

WHAT WE WILL DO

London CRC will continue to strengthen our management of Service Users in the community through increased managerial support, increased partnership working and the development of evidence based interventions reflective of our Service Users' needs. This ambition is present across our organisation and will continued to be the focus of our work in the future. Furthermore, London CRC are committed to strengthening our operations and strategy around vulnerable adults, given the large proportion of our Service User population who meet the criteria for 'Adults at Risk'.

We will look to strengthen our partnership work through on-going engagement with the Safeguarding Adults boards across London via our Contracts and Partnerships Managers.

15 Safeguarding Adult Reviews

Adult B

This review focusses on an adult with a learning disability who has lived almost their entire life in care settings. The focus of the review is to ensure that residents in care settings are safe and appropriately looked after. The SAB intends on publishing the SAR, its findings and its recommendations mid-September 2018 and therefore a detailed write-up will not be included in this report. The Board will be offering learning and service development seminars in the Autumn of 2018 exploring the findings and recommendations of the SAR. The Board will be seeking reassurance that lessons from this case have been learned.

Adult C

The review on Adult C focusses on an adult with mental health problems and learning difficulties. The review will span a number of years but will primarily focus on the multi-agency response to concerns raised since Adult C became an adult. The review will focus on the role of mental health, health and safeguarding adult responses to concerns raised in the past regarding mental wellbeing and possible deprivation of liberty and/or abuse or neglect at home, and make recommendations to ensure that lessons are learned. The review is due for completion towards the end of 2018.

Adult D

This review focuses on an older adult with a history of mental health problems and self-neglect who died at home and was not found for a couple of months. The review is focusing on the most recent episode when Adult D was being treated in hospital for mental ill-health and how well the arrangements for his after-care worked once he was discharged home. In particular the review is focusing on the care and support that was offered to Adult D and how professionals and their organisations responded when he increasingly rejected their efforts to meet his care and support needs. A reviewer for this case has been appointed, agencies have provided a chronology of their involvement and a learning event is planned. It is planned to conclude this case by the end of 2018.

Adult E

This review focuses on an older adult with dementia who was living in extra care accommodation. He had a history of leaving this accommodation and of being returned by the police. On the last occasion he left the accommodation, it was not noticed for some hours that he was missing. He did not have his alarm and tracker with him. He had passed away before the police were able to locate him. The review is focusing on whether all appropriate steps were taken by the extra care provider and the agencies supporting this placement with respect to mental capacity and risk assessments, the supply of technological aids and adaptations to support the placement and to keep Adult E safe, and whether adequate consideration was given to whether or not to deprive him of his liberty according to law. A reviewer has been appointed and initial information about how agencies worked with Adult E is being collected.

These safeguarding adult reviews are shining a light on adult safeguarding systems in Brent. The Board is responsible for seeking reassurance that adult safeguarding systems are working effectively, namely that agencies are working collaboratively together, and for taking corrective action to improve policies and practice where necessary. This includes raising awareness of different types of abuse and neglect, ensuring that staff receive training, and reviewing and/or developing new guidance.

16 Brent Safeguarding Adults Board Budget, Income and Expenditure 2017-2018

Contributor	Sum
The London Borough Brent	£137,400
Brent CCG £25,000	£25,000
MOPAC £5000, LFB £500	£5000
LFB	£500
TOTAL	£167,900

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Expenditure	
Staff Costs April 2017-April 2018	£101,320
April-September 2017 Independent Chair's fees	£7,700
September-December 2017 Independent Chair's fees	£5,775
December-March 2018 Independent Chair's fees	£4,400
September-October 2017 SAR costs (Adult B)	£9,870
21 March 2018 SAB conference 21/03/18	£5,545
GRAND TOTAL	£134,610

During the period April 2017-2018, there was an underspend of £33,290. There are currently three Safeguarding Adult Reviews (SAR) in progress (please see section 15 for more detail). On completion, the expected costs of the combined SARs are likely to be met by this underspend in 2018-2019.


17 The Coming 12 Months and Future Learning Events

- Currently, Brent has four Safeguarding Adults Reviews at various stages of completion. The focus of these reviews is to learn lessons and develop strategies to reduce the risk of similar events happening in future. Learning events will be scheduled at important stages of the reviews to ensure that necessary changes can be made to procedures and practice.
- Lunch 'n' Learn Sessions focusing on topical issues will be scheduled throughout the year and advertised on the Safeguarding Adults Newsletter and Safeguarding Adults Board Website. These will include information-sharing, mental capacity and risk assessments, working together, and Making Safeguarding Personal.
- The Safeguarding Conference will take place in Spring 2019 and will focus on key areas of safeguarding practice identified by the board, its sub-groups and the current Safeguarding Adult Reviews.
- Development of a tri-borough multi-agency learning event.
- Conduct audits of safeguarding enquiry decision-making, Making Safeguarding Personal, and risk and mental capacity assessments.
- Safeguarding Awareness Training to raise the profile of adult safeguarding across the workforce.
- The Board will undertake a development day scheduled early 2019 to discuss its progress against the strategic plan and develop a new plan for the years 2019-2021.
- Ensure that Making Safeguarding Personal is embedded into policy and practice and improve how the Board gathers and obtains the views of adults at risk and those who support them.



BRENT

Safeguarding Adults

	Community and Wellbeing Scrutiny Committee 8 October 2018
	Report from the Director of Performance Policy and Partnerships
Contextual Safeguarding: Members' Scrutiny Task Group	

Wards Affected:	All
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt: <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
No. of Appendices:	Appendix A – Scoping Paper
Background Papers:	None
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	James Diamond, Policy and Scrutiny Officer, Strategy and Partnerships james.diamond@brent.gov.uk 020 8937 1068

1.0 Purpose of the Report

- 1.1 To enable members of the Community and Wellbeing Scrutiny Committee to set up a members' scrutiny task group to review contextual safeguarding.

2.0 Recommendation(s)

- 2.1 Members of the Community and Wellbeing Scrutiny Committee to discuss and agree the contents of this report and scoping paper attached in Appendix A.
- 2.2 Members of the Community and Wellbeing Scrutiny Committee agree to set up a task group with the terms of reference and membership in Appendix A.

3.0 Detail

- 3.1 The Community and Wellbeing Scrutiny Committee can commission evidence-based reviews of a policy area or function of the local authority, which are led by non-executive members. As part of the work programme discussion, members of the committee discussed a variety of areas which they would like to examine in greater detail. One of these was the area of contextual safeguarding. The model of contextual safeguarding as developed by academics is described in more detail in Appendix A. The complexity of

this area means that it is an appropriate subject to be reviewed by a scrutiny task and finish group rather than be discussed at committee through a report.

- 3.2 Safeguarding is a corporate priority for Brent Council. The borough plan 2015-2019 commits to ensuring that 'safeguarding procedures and outcomes for children and young people are judged as among the best in London' and to 'provide high quality safeguarding to keep children and young people safe'. Safeguarding is also a commitment in the new borough plan for 2019-2023.
- 3.3 A key part of the work of the task group will be to produce a written report with recommendations to Cabinet or Full Council which are focused on areas which are the responsibility of the Cabinet. This recommendation-making function is one of the most important that overview and scrutiny has in a local authority. It's considered good practice that recommendations are SMART (specific, measurable, agreed, realistic and timed) and limited in number. In addition, information about likely recommendations will be shared and discussed with the Cabinet member for the area prior to being made.
- 3.4 Evidence-gathering is a key part of the role of the task group. Members will be expected to develop their own lines of questioning to test the evidence they are presented with, and to weigh-up the evidence they are given. It is considered best practice for members to consider different types of qualitative and quantitative data so they have a complete picture and view of a subject.¹
- 3.5 Membership of the task and finish group has to be drawn from non-executive members; however, the Cabinet member for Children's Safeguarding, Early Help and Social Care will take part in the evidence-gathering sessions alongside officers from Brent Council. The evidence-gathering sessions will be set out in a project plan once the task group has been established.

4.0 Financial Implications

- 4.1 There are no financial implications arising from this report.

5.0 Legal Implications

- 5.1 There are no legal implication.

6.0 Equality Implications

- 6.1 There are no equality implications

7.0 Consultation with Ward Members and Stakeholders

- 7.1 Non-executive members are regularly involved in overview and scrutiny.

Report sign off:

Peter Gadsdon

Director of Policy Performance and Partnerships

¹ *The Scrutiny Evaluation Framework*, (Centre for Public Scrutiny, April 2017) pp.7-9



**Scrutiny Task Group, Community and Wellbeing Scrutiny
Committee:
Developing Contextual Safeguarding in Brent**

Subject

1. Brent Council, working with partner organisations and agencies, has specific duties to safeguard and promote the welfare of children in the borough. The council works with other agencies to safeguard children by protecting them from abuse and maltreatment, promoting health and development, and ensuring they can grow up in a safe and caring environment. The local authority has powers to protect a child who is suffering or thought likely to be suffering from significant harm or neglect, and interventions are co-ordinated through a multi-agency child protection system.²
2. In 2017, a members' task group examined the implementation of Signs of Safety by children's social care in Brent. The model adopts a collaborative approach to working with families and children, aiming to nurture the residual strengths within a family, and wider networks, to enhance a child's safety as well as address any risks or maltreatment. Signs of Safety fosters a partnership and shared responsibility between a family unit and practitioners to create a mutually agreed understanding of what may need to change and help to enable the family to create safety for a child.³
3. However, it is increasingly recognised by safeguarding practitioners that risks to a child, particularly an adolescent child, can exist outside a family or familial network. In 2018 the national guidance 'Working Together to Safeguard Children' was updated to reflect the importance of social contexts outside the family. It emphasised that as well as threats to children's welfare from within a family, children may be vulnerable to abuse or exploitation from outside a family such as at a school or other educational institution, in peer groups, the wider community, or online. Threats include exploitation by

² Brent LSCB 2016-17 Annual Report, p6

³ *Implementing Signs of Safety in Brent*, Brent Council Scrutiny Task Group Report (January, 2017) p9

criminal gangs, trafficking, online abuse, sexual exploitation and extremism leading to radicalisation. The updated national guidance is clear that assessments in these cases should focus on the environment of the child, and any interventions should focus on addressing the environment around the child. ⁴ The London Safeguarding Children Board is expected to update its own policies and procedures to reflect this new national guidance. Brent Council will thus be working with a more contextual approach to safeguarding the borough's children.

Contextual Safeguarding

4. Contextual safeguarding has been incorporated in national and regional guidance after the development of the contextual safeguarding model by Dr Carlene Firmin at the International Centre at the University of Bedfordshire. The model asks practitioners working with adolescent children to recognise the limitations of safeguarding practices which focus just on familial contexts. As well as working with a family they should be prepared to engage with contexts outside of it such as peer groups, schools and public spaces in neighbourhoods where peer-on-peer abuse is prevalent. These contexts are often outside of the influence of families but can have an effect on them. The risks which exist within these contexts outside the family include youth violence, gangs and child sexual exploitation. These risks can overlap and an adolescent child can be vulnerable to multiple risks. ⁵ Practitioners in children's social care are required to engage with individuals and agencies who influence these contexts outside the family, and recognise that evaluating public spaces and intervening appropriately are fundamental to safeguarding adolescent children. ⁶

5. The model tasks multi-agency partnerships with overseeing the contexts in which maltreatment or harm has occurred within their geographical area of responsibility as well as the individuals who are affected. This information about the nature of the risks should inform interventions as part of a wider child protection system. ⁷

⁴ *Working Together to Safeguard Children*, HM Government (July 2018), p23

⁵ Carlene Firmin, *Contextual Risk, Individualised Responses: An Assessment of Safeguarding Responses to Nine Cases of Peer-on-Peer Abuse*, Child Abuse Review Vol. 27:42–57 (2018); Published online 21 February 2017 in Wiley Online Library, p43

⁶ Carlene Firmin, *Contextual Safeguarding: An Overview of the Operational, Strategic and Conceptual Approach* (Contextual Safeguarding Network, 2017), p3

⁷ Firmin, *Contextual Safeguarding*, pp.3-4

6. Practitioners are increasingly working with the model through the Contextual Safeguarding Network and there is increasing interest from London boroughs. The London Borough of Hackney and the University of Bedfordshire have been awarded £2million by Department for Education's Children's Social Care Innovation Fund to introduce a contextual safeguarding framework over two years. The programme will seek to establish new partnerships with organisations such as transport providers, businesses, fast food restaurants and other places where young people gather to help create safety in the places in which young people spend time. ⁸

Brent's Context

7. In Brent the population of children and young people aged 18 and under is rising. At present, there are around 78,777 in that age group or 24.3% of the total population. Brent's children are diverse. In the borough's primary schools 68.7% of children have English as an additional language; about 75% of all those aged under 18 in Brent are from minority ethnic groups. Significant numbers of children in Brent experience deprivation. The proportion of primary schoolchildren eligible for free school meals is around 13% and 12.5% at secondary.

8. Children's services works with a considerable number of children. At present there are around 1,900 children who have been referred to children's services and are awaiting assessment, have been assessed and have a Child In Need Plan, or are children who are subject of a Child Protection Plan, or are looked after children.

9. Risks to children identified by contextual safeguarding exist in Brent. For example, Mayor's Office for Police and Crime has said serious youth violence is increasing in London, and Brent has a number of gangs recorded on the police's matrix. ⁹ Brent Local Safeguarding Children Board has a Priority Group called Violence, Vulnerability and Exploitation to review child sexual exploitation and other issues.

Role of Overview and Scrutiny

⁸ www.hackney.gov.uk/contextual-safeguarding

⁹ *Towards a Safer Brent 2018-2021*, Brent Council (2018) p11

10. There is a strong rationale for the Community and Wellbeing Committee setting up a members' overview and scrutiny task group to look at contextual safeguarding. The updating of national guidance to incorporate contextual safeguarding and the shift towards this approach taking place in other London boroughs would make a task group timely, and enable members to review this framework at an early stage. Scrutiny often review cross-cutting areas of the local authority's work and contextual safeguarding involves teams and departments across the local authority.

11. A members' overview and scrutiny task group has a clear role in reviewing contextual safeguarding. Members of an overview and scrutiny task group are in a unique position to question and challenge executive power by holding it to account and ensure that decision-making is accountable and tested. As non-executive members, they are able to judge proposals against their unique knowledge of the borough and its communities. As well as scrutinising executive decisions, the role of overview and scrutiny is to examine policy themes and matters of local concern.¹⁰

12. The task group's objective should be to develop up to five recommendations which are clear and directive and based on a rigorous challenge and supported by detailed evidence and which can then be implemented. The methodology will be to gather qualitative and quantitative evidence to develop its recommendations. In particular, the task group should do a series of face-to-face interviews with those involved in developing contextual safeguarding, including practitioners, Independent Chair of Brent Local Safeguarding Children Board (LSCB), Strategic Director for Children and Young People and the Cabinet Member for Children's Safeguarding Early Help and Social Care. This could include interviews with practitioners and elected members in other boroughs.

13. The task group will report back to the Community and Wellbeing Scrutiny Committee by March 2019. The detail of the meetings will be in the task group's project plan. The task group will be required to adhere closely to its terms of reference as set out in Appendix 1. Membership is also set out in Appendix 1.

Policy and Legal

¹⁰ *New council constitutions: guidance to English Authorities* (Department for Communities and Local Government, 2006)

14. Safeguarding children is a corporate priority for Brent Council. The existing borough plan 2015-19 commits to ensuring safeguarding procedures and outcomes for children and young people are judged as among the best in London.¹¹ Safeguarding children will also be a priority for new borough plan for 2019-2023. There is an overlap with the new community safety strategy 'Towards a Safer Brent' 2018-2021' in which the council and its community safety partners have committed to prioritising reducing the impact of gangs, reducing vulnerability and increasing safeguarding.¹²

15. Many children who are vulnerable, or who have specific additional needs, are classified as 'children in need'. This means they are entitled to assessment and support under S.17 of the Children Act 1989. This includes children at risk of neglect and abuse but also, crucially, a significant proportion of children with other types of need.

16. The Section 47 duty under the Children Act 1989 requires the local authority to complete an enquiry where it 'has reasonable cause to suspect that a child who lives, or is found in their area is suffering, or likely to suffer, significant harm'. Significant harm is the term used to describe forms of abuse and neglect.

17. Section 11 of the Children Act 2004 places duties on commissioners to have regard to the need to safeguard and promote the welfare of children for any services and functions they commission. These duties apply to local authorities and district councils, NHS organisations, police services and probation services amongst others.

APPENDIX 1

¹¹ Brent Borough Plan 2015-19, p28

¹² Community Safety Strategy. Towards a 'Safer Brent' 2018-2021

Membership

Membership of the task group is restricted to non-executive members. The confirmed members are:


Councillor Hylton (chair)

Councillor Patterson

Councillor Donnelly-Jackson

Terms of Reference

- a) Understand the model of contextual safeguarding and the applicability of its implementation in Brent.
- b) Challenge the council's Cabinet in how they are supporting contextual safeguarding as a cross-cutting local authority initiative and as part of an improvement to children's services.
- c) Review the extent to which contextual safeguarding will help address priorities in the new borough plan.
- d) Understand contextual safeguarding from the perspective of front-line practitioners and those working in children's services and other areas of the council.
- e) Understand Brent's particular social demographics and the scale of the risks for adolescent children in Brent.
- f) Develop recommendations for the council's Cabinet which are focused on the development of contextual safeguarding by the council and its partners.

	Community Wellbeing Scrutiny Committee 8 October 2018
	Report from the Strategic Director of Policy Performance and Partnerships
Community and Wellbeing Scrutiny Committee Work Programme 2018-19 Update	

Wards Affected:	All
Key or Non-Key Decision:	Non-key
Open or Part/Fully Exempt:	Open
No. of Appendices:	Two: Appendix A: Work Programme Appendix B: Letter to PHE and response re immunisation and measles
Background Papers:	None
Contact Officer:	James Diamond, Policy and Scrutiny Officer, Strategy and Partnerships, james.diamond@brent.gov.uk 020 8937 1068

1.0 Purpose of the Report

- 1.1 This report updates members on the committee's work programme for 2018/19 and lists scrutiny activity which has taken place outside committee meetings.

2.0 Recommendation(s)

- 2.1 Members of the committee to discuss the contents of the report, including updates about scrutiny issues outside of committee meetings.
- 2.2 Members of the committee to agree the committee's work programme for 2018/19 as set out in Appendix A.

3.0 Detail

- 3.1 Members of the Community and Wellbeing Scrutiny Committee discussed their work programme for 2018/19 earlier in the summer. The programme sets out what items will be heard at committee and which items will be looked at as a task group, if it is agreed.

- 3.2 For operational reasons it may be necessary to move items to be heard at a particular committee. In addition, members and co-opted members can at any time suggest an item to be looked at during a committee meeting, which provided it is agreed by the chair, would mean the work programme changes.
- 3.3 Following the committee meeting in July, Councillor Sheth wrote to the Head of Immunisation at Public Health England about immunisation and measles. The letter and response are attached with this report as Appendix B.
- 3.4 In the work programme for 2016/17 members of the committee looked at the issue of air quality, as part of a workshop outside committee, and fed into the consultation about the new Air Quality Action Plan 2017-2022, which was agreed by the Cabinet in November 2017. The chair of the Community and Wellbeing Scrutiny Committee has now asked for details about what progress has been made in implementing actions around public health. This will be recorded in the update report which will go to committee on 28 November.
- 3.5 The chair of the committee wants to convene a special scrutiny committee to discuss the proposals for the London Borough of Culture. This will be on a date to be decided, but is likely to be in December 2018. Members will be notified as soon as the date is agreed.
- 3.6 Members of the committee have noted that London North West Healthcare NHS Trust, which oversees Northwick Park and Central Middlesex Hospitals, has received a Requires Improvement rating from the Care Quality Commission in a report which was published on 31 August 2018. Although many patients will live outside the London Borough of Brent, members will want to consider the latest CQC rating and how they can scrutinise the Trust's performance.
- 3.7 As part of the proposed work programme it is suggested that a task and finish group is set up to look at the issue of childhood obesity. Because the task group on contextual safeguarding will be discussed at committee on 8 October, the next task group will start and finish later on during the 2018/19 municipal year.

4.0 Financial Implications

- 4.1 There are no financial implications arising from this report.

5.0 Legal Implications

- 5.1 There are no legal implications arising from this report.

6.0 Equality Implications

- 6.1 There are no equality implications arising from this report.

7.0 Consultation with Ward Members and Stakeholders

- 7.1 Ward members who are members of the committee have been involved in this report.

REPORT SIGN-OFF

Peter Gadsdon

Director Performance Policy and Partnerships

Appendix A: Community and Wellbeing Scrutiny Committee Work Programme 2018-19

Tuesday 10 July 2018

Agenda Rank	Item	Themes	Cabinet Member	Brent Council Officers	External Organisations
1.	Diabetes: Diagnosis, Treatment and Prevention in Brent	Review of prevention and services for those with diabetes	Cllr Krupesh Hirani, Public Health, Culture and Leisure	Dr Melanie Smith, Director of Public Health Minesh Patel, Head of Finance	Healthwatch Brent Brent Diabetes Champion
2.*	Immunisation for Children and Young People in Brent	Review of immunisation rates among under 18s.	Cllr Krupesh Hirani, Public Health, Culture and Leisure	Dr Melanie Smith, Director of Public Health Minesh Patel, Head of Finance	Healthwatch Brent

*Items involving school education. ** Items which may involve partnership work with schools.

Monday 8 October 2018

Agenda Rank	Item	Themes	Cabinet Member	Brent Council Officers	Other Organisations
1.**	Brent Local Safeguarding Children Board annual report	Scrutinise the 2017/18 annual report	Cllr Mili Patel, Children's Safeguarding, Early Help and Social Care	Gail Tolley, Strategic Director, Children and Young People Andrew Ward, Head of Finance	Independent Chair, Brent LSCB Brent CCG
2.	Brent Safeguarding Adults Board Annual Report	Scrutinise the 2017/18 annual report.	Cllr Harbi Farah, Adult Social Care	Phil Porter, Strategic Director Community Wellbeing Helen Woodland, Operational Director Social Care Minesh Patel, Head of Finance	Independent Chair, Brent SAB Brent CCG
3.	Children, Young People and Contextual Safeguarding Task Group	Set up a members' overview and scrutiny task group.	Cllr Mili Patel, Children's Safeguarding, Early Help and Social Care	Gail Tolley, Strategic Director, Children and Young People Andrew Ward, Head of Finance	

*Items involving school education. ** Items which may involve partnership work with schools.

Special Committee Meeting

TBC December 2018

Agenda Rank	Item	Themes	Cabinet Member	Brent Council Officers	Other Organisations
1.	London Borough of Culture 2020	Proposals for borough of culture.	Cllr Krupesh Hirani, Public Health, Culture and Leisure	Dr Melanie Smith, Director of Public Health Phil Porter, Strategic Director Community Wellbeing Minesh Patel, Head of Finance	Brent Youth Parliament

Wednesday 28 November 2018

Agenda Rank	Item	Themes	Cabinet Member	Brent Council Officers	Other Organisations
1.**	Child and Adolescent Mental Health (CAMHS) Update	Update on CAMHS provision in Brent. Update on recommendations made in members' task group report.	Cllr Mili Patel, Children's Safeguarding, Early Help and Social Care	Gail Tolley, Strategic Director, Children and Young People Andrew Ward, Head of Finance	Sheik Auladin, Chief Operating Officer, Brent CCG Duncan Ambrose, Assistant Director, Brent CCG
2.	Development of Family Hubs	Developing family hubs	Cllr Mili Patel, Children's Safeguarding, Early Help and Social Care	Gail Tolley, Strategic Director, Children and Young People Andrew Ward, Head of Finance	
3.	Youth Offer in Brent	Review youth offer in Brent.	Cllr Mili Patel, Children's Safeguarding, Early Help and Social Care	Gail Tolley, Strategic Director, Children and Young People Andrew Ward, Head of Finance	Young Brent Foundation Brent Youth Parliament
4.	Childhood Obesity Task Group	Set up a members' overview and scrutiny task group.	Cllr Krupesh Hirani, Cabinet Member Public Health and Culture	Dr Melanie Smith, Director Public Health Minesh Patel, Head of Finance	

*Items involving school education. ** Items which may involve partnership work with schools.

Wednesday 30 January 2019

Agenda Rank	Item	Themes	Cabinet Member	Brent Council Officers	Other Organisations
1.	Winter planning and NHS Services	Review urgent care and other services in winter.	Cllr Harbi Farah, Adult Social Care		Sheik Auladin, Chief Operating Officer, Brent CCG Healthwatch Brent
2.	Brent CCG Commissioning Intentions	Review commissioning intentions for 2019-2021 Focus on GP practices.	Cllr Harbi Farah, Adult Social Care		Sheik Auladin, Chief Operating Officer, Brent CCG Healthwatch Brent
3.	Dementia Services in Brent	Services for those with dementia and carers. Work towards making Brent a dementia friendly borough.	Cllr Harbi Farah, Adult Social Care	Phil Porter, Strategic Director Community Wellbeing Helen Woodland, Operational Director Social Care Minesh Patel, Head of Finance	Healthwatch Brent
4.	Corporate Complaints Report	Scrutinise the 2017/18 annual corporate complaints report	Cllr Margaret McLennan, Deputy Leader	Irene Bremang, Head of Performance and Improvement Helen Woodland, Operational Director Social Care Gail Tolley, Strategic Director, Children and Young People	

*Items involving school education. ** Items which may involve partnership work with schools.

Monday 18 March 2019

Agenda Rank	Item	Report Details	Cabinet Member	Brent Council Officers	Other Organisations
1.**	Contextual Safeguarding Overview task group	Report and recommendations of the members' task group	Cllr Mili Patel, Children's Safeguarding, Early Help and Social Care	Gail Tolley, Strategic Director, Children and Young People Andrew Ward, Head of Finance	
2.*	Improving educational achievement of Black Caribbean boys	Review of underachievement in schools of boys of black and Caribbean heritage.	Cllr Amer Agha, Schools, Employment and Skills	Gail Tolley, Strategic Director, Children and Young People Andrew Ward, Head of Finance	
3.*	School Standards and Achievement Report 2017-18	Scrutinise school standards for 2017-18	Cllr Amer Agha, Schools, Employment and Skills	Gail Tolley, Strategic Director, Children and Young People Andrew Ward, Head of Finance	

4.**	Young People Not in Education Employment and Training (NEET)	Scrutinise numbers of NEET young people and how the local authority is addressing this issue.	Cllr Mili Patel, Children's Safeguarding, Early Help and Social Care	Gail Tolley, Strategic Director, Children and Young People Andrew Ward, Head of Finance	
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Wednesday 17 April 2019

Agenda Rank	Item	Themes	Cabinet Member	Brent Council Officers	Other Organisations
1.	Transforming Care	Implementation of Brent's Transforming Care programme set up in response to Winterbourne View report.	Cllr Harbi Farah, Adult Social Care	Phil Porter, Strategic Director Community Wellbeing Helen Woodland, Operational Director Social Care	Sheik Auladin, Chief Operating Officer, Brent CCG
2.	New Accommodation for Independent Living (NAIL)	Update on NAIL project. This was last looked at by scrutiny in July 2016.	Cllr Harbi Farah, Adult Social Care	Phil Porter, Strategic Director Community Wellbeing Helen Woodland, Operational Director Social Care	
3.	Brent's Open Spaces and Physical Activity	Review how open spaces are helping to promote physical activity.	Cllr Krupesh Hirani, Cabinet Member Public Health and Culture	Dr Melanie Smith, Director Public Health Amar Dave, Strategic Director Regeneration and Environment	

4.	Home Care Recommissioning	Update on Task Group Report presented to Cabinet in April 2018.	Cllr Harbi Farah, Adult Social Care	Phil Porter, Strategic Director Community Wellbeing Helen Woodland, Operational Director Social Care	
5.	Childhood Obesity: Overview and Scrutiny Task Group Report	Presentation of recommendations from members' task group.	Cllr Krupesh Hirani, Cabinet Member Public Health and Culture	Dr Melanie Smith, Director Public Health	

*Items involving school education. ** Items which may involve partnership work with schools.

23 August 2018

Dear Dr Ramsay,

Re: Public Health England response to cases of measles

I am writing to you to find out more information about the response by Public Health England to cases of measles in the London Borough of Brent.

Public Health England recently released information which said that from 1 January 2018 to 13 August 2018 there were 291 laboratory-confirmed measles cases in London. I understand that at a number of these cases were in the London Borough of Brent. Your organisation has said the rising number of cases is linked to ongoing large outbreaks in particular European countries. In addition, the majority of cases identified have been in teenagers and young adults who missed out on their measles, mumps and rubella (MMR) vaccine when they were children and have travelled to the affected European countries.

As you will know, the London Borough of Brent, like many London boroughs, is currently below the 95% uptake threshold for MMR which is sufficient to provide 'herd immunity'. Therefore, the cases of measles in Brent is of concern to me.

In July this year, officers from Public Health England very helpfully presented a report to my scrutiny committee about the wider child immunisation programme in the borough. However, I would like to find out additional information about the local response to the recent cases of measles and what we can expect to see happen in Brent. Public Health England has said local health protection teams are working closely with the NHS and local authorities to raise awareness with health professionals and local communities. But I would be grateful if you could provide me with additional information specific to the London Borough of Brent. This includes:

- How you are encouraging people to ensure they are up to date with their MMR vaccine before travelling to countries with ongoing measles outbreaks.
- How you are ensuring those who missed out on their MMR vaccine in the past are contacting their GP practice to receive the vaccine.
- What is being done to reach out to young people and adults aged 15 and over who missed out on MMR vaccine when they were younger.
- How you are working with under-vaccinated communities, and alerting unvaccinated people travelling to countries where there are large outbreaks.

While I appreciate the risk to the public is still very low, I would appreciate a prompt answer. I should be grateful if you could send your response to James Diamond, who is the Scrutiny Officer for Brent Council who supports my committee, at your earliest. His email address is james.diamond@brent.gov.uk and his direct phone number is **020 8937 1068**. Please note this letter and your response will be published with the papers at a future meeting of my committee.

Kind regards.

Yours sincerely,

Councillor Ketan Sheth
Chair, Community and Wellbeing Scrutiny Committee
Brent Council

CC: Dr Melanie Smith, Director Public Health, London Borough of Brent

CC: Sheik Auladin, Chief Operating Officer, Brent Clinical Commissioning Group



Councillor Ketan Sheth
Chair, Community and Wellbeing Scrutiny Committee
Brent Council
Brent Civic Centre
Engineers Way
Wembley
Middlesex HA9 0FJ

05 September 2018

Dear James Diamond (on behalf of Councillor Ketan Sheth),

Re: Public Health England response to cases of measles

Thank you for your letter regarding PHE's response to cases of measles in the London Borough of Brent. I can provide the following information about what action is being taken locally, most of which is similar to those actions being taken at regional and national level.

The NHS England and Public Health England Screening and Immunisation Team in London have developed a Measles Mumps and Rubella (MMR) vaccination action plan which sits under their Immunisation Strategy for London. The aim is to improve uptake rates across all London boroughs, including Brent, by ensuring that all commissioned immunisation services are geared up to check and offer MMR where necessary. It will focus on:

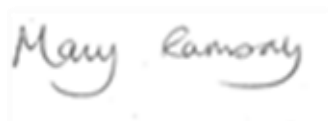
- Improving the utilisation of commissioning and contractual levers to improve delivery of MMR vaccination through general practice;
- Ensure that commissioned school aged vaccination providers are checking MMR status of pupils and offering additional doses to those who missed out in the past;
- Identifying variance and under performance in general practice through commissioners, e.g. working collaboratively with the Clinical Commissioning Group (CCG) and the Local Authority to ensure improvement targets are met;
- Working with community pharmacies, health protection teams, universities, MyHealthLondon and CCGs to promote MMR in 18-25 year olds. This includes the use of social media.

Regarding working with under-vaccinated communities to increase uptake, the PHE NW London Health Protection Team (HPT) works closely with national and local partners to support and implement immunisation and vaccination strategies. Identifying local opportunities in collaboration with the Director of Public Health has resulted in approaches

being made to a Brent Romanian Saturday School, and establishing links with local community groups to promote MMR vaccination.

Throughout 2018, PHE has delivered a national awareness raising campaign for the MMR vaccine targeting young people and their parents. This has included a three-phase proactive communications approach to reach people travelling to Europe for the summer (as well as those going to festivals, and students starting or returning to university). Communications channels have included paid marketing across social media channels: Snapchat, Twitter and Facebook; working with online YouTube influencers to communicate our messages, and proactively working with print, online and regional media to raise awareness of the importance of getting two doses of the MMR vaccine.

Yours Sincerely

A handwritten signature in dark ink, reading "Mary Ramsay". The signature is written in a cursive, flowing style. The first name "Mary" is written in a larger, more prominent script, and the surname "Ramsay" follows in a similar but slightly smaller script. The signature is contained within a rectangular box.

Dr Mary Ramsay
Consultant Epidemiologist and Head of Immunisation and Countermeasures
National Infection Service
Public Health England