



Health and Wellbeing Board

Thursday 17 September 2026 at 6.00 pm

Conference Hall - Brent Civic Centre, Engineers Way,
Wembley, HA9 0FJ

Please note this meeting will be held as an in person meeting which all Board members will be required to attend in person.

The meeting will be open for the press and public to attend. Alternatively, the meeting can be followed via the live webcast [HERE](#).

Membership:

Councillor Grahl (Chair)
Rammya Mathew (Vice-Chair)
Councillor M Butt
Councillor Chadha
Councillor Dixon
Councillor Rubin
Radhika Balu
Robyn Doran
Simon Crawford
Jackie Allain
Patricia Zebiri
Kerry Richards
Susana Carvalho
Ruth Du Plessis
Rachel Crossley
Kim Wright
Nigel Chapman
Claudia Brown

Council member
Primary Care
Council member
Council member
Council member
Council member
West and North London Integrated Care Board
Brent Integrated Care Partnership Executive
Brent Integrated Care Partnership Executive
Brent Integrated Care Partnership Executive
HealthWatch Brent
Care and Residential Sector Representative
Care and Residential Sector Representative
Brent Council - Non-Voting
Brent Council - Non-Voting
Brent Council - Non-Voting
Brent Council - Non-Voting
Brent Council - Non-Voting

Substitute Members (Brent Councillors)

Councillors:

Amadi, Johnson, Kelcher and Knight

Councillors:

Chowdhury and Kansagra

For further information contact: Hannah O'Brien, Senior Governance Officer
Tel: 020 8937 1339; Email: hannah.o'brien@brent.gov.uk

For electronic copies of minutes, reports and agendas, and to be alerted when the minutes of this meeting have been published visit: www.brent.gov.uk/democracy

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.
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Agenda

Introductions, if appropriate.

Item	Page
1 Apologies for absence and clarification of alternate members	
For Members of the Board to note any apologies for absence.	
2 Declarations of Interest	
Members are invited to declare at this stage of the meeting, the nature and existence of any relevant disclosable pecuniary or personal interests in the items on this agenda and to specify the item(s) to which they relate.	
3 Minutes of the previous meeting	To follow
To approve as a correct record the minutes of the previous meeting.	
4 Matters arising (if any)	
To consider any matters arising from the minutes of the previous meeting.	
5 Safeguarding Adults Board 2025-26 Annual Report	1 - 54
To present the Safeguarding Adults Board (SAB) Annual Report covering the period April 2025 – March 2026.	
6 West and North London 10-Year Strategy	55 - 74
To introduce the emerging draft West and North London (WNL) 10-Year Strategy and seek the Health and Wellbeing Board's views on how the proposed strategic direction should be translated into local priorities, partnerships and delivery plans.	
7 NHS Neighbourhood Health Framework: Confirming Neighbourhood Geographies	75 - 112
This report sets out the proposed approach to 'Working in Neighbourhoods' (WIN) in Brent and asks the Health and Wellbeing Board to formally agree the Brent Neighbourhood Geographies.	

8 Cancer Health Needs Assessment

113 - 125

To present the Cancer Health Needs Assessment to Health and Wellbeing Board members and highlight the statistics on cancer in the borough and the work to reduce cancer and its impact on Brent residents.

9 Forward Planning

To discuss and agree any future agenda items for the Health and Wellbeing Board.

10 Any other urgent business

Notice of items to be raised under this heading must be given in writing to the Deputy Director – Democratic and Corporate Governance or their representative before the meeting in accordance with Standing Order 60.

Date of the next meeting: Monday 9 November 2026



Please remember to turn your mobile phone to silent during the meeting.

- The meeting room is accessible by lift and seats are provided for members of the public on a first come first served basis. Alternatively, proceedings can be viewed via the live webcast.

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  West and North London	Brent Health and Wellbeing Board 17 September 2026
	Report from the Brent Safeguarding Adults Board
	Lead Cabinet Member for Adult Social Care - Cllr Muhammed Butt
Brent Safeguarding Adults Board (Multi-agency safeguarding arrangements) Annual Report April 2025 - March 2026	

Wards Affected:	All
Key or Non-Key Decision:	Non-Key
Open or Part/Fully Exempt: (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
List of Appendices:	SAB Annual Report
Background Papers:	N/A
Contact Officer(s): (Name, Title, Contact Details)	Kayliegh Creamer Strategic Partnership Lead Kayliegh.creamer@brent.gov.uk

1.0 Executive Summary

- 1.1. To enable members of the Brent Health and Wellbeing Board to consider the Brent Safeguarding Adults Board (SAB) annual report covering the period from April 2025 to March 2026.

2.0 Recommendation(s)

- 2.1 The Health and Wellbeing Board is asked to note the contents of this report and the Safeguarding Adults Board annual report (Appendix A).

3.0 Detail

3.1 Contribution to Borough Plan Priorities & Strategic Context

- 3.1.1 The SAB work has connections to the following outcomes within the Borough Plan:

A Healthier Brent – The SAB has links to various health forums, including the Drug and Alcohol Related Death Panel and inputs into Domestic Homicide Reviews & Offensive Weapon Homicide Reviews being undertaken. This enables members to be aware of the wider work being undertaken that also

informs Board decisions and direction. One of the SABs new strategic priorities focuses on Mental Health & Suicide prevention and is actively working with partners to ensure that policies and measures are in place to support and safeguards residents.

Thriving Communities – The SAB incorporates community engagement through its voluntary community sector members. The SAB has engaged with community groups to better understand their experience of safeguarding and is looking for practical approaches to incorporate lived experience in to it's assurance work. Community safety is also a standing member of the SAB, and there is representation from the SAB at the Safer Brent Partnership.

Prosperity and Stability in Brent – The SAB considers the impact on communities during a cost-of-living crisis and works with agencies such as housing and voluntary community sector members to have insight into the evolving landscape.

3.1.2 The SAB has a responsibility under the Care Act 2014 to produce an annual report each year that outlines the work and progress of the SAB and it's member agencies. This report must be signed off by the SAB and is published on the Brent Safeguarding Partnerships website upon sign off agreement.

3.1.3 **Key activities** – During 2025–26, the SAB delivered significant multi-agency improvements across its core priorities of self-neglect, housing need, substance misuse, and learning from Safeguarding Adults Reviews (SARs). Key achievements included the development and launch of a comprehensive Self-Neglect Toolkit and associated training resources, stronger governance and data oversight through the new Performance & Audit subgroup, and improved multi-agency approaches to complex risks such as cuckooing, homelessness, mental health, and exploitation. The SAB strengthened system learning by embedding SAR findings into workforce training, introducing short-form learning briefings and the “Safe-Tea” podcast series, while also modernising governance through task-and-finish groups to accelerate improvement activity. The SAB also approved a new strategic plan for 2026–28, setting renewed priorities around safeguarding adults with complex needs and preventing harm earlier, underpinned by a stronger emphasis on community engagement, workforce effectiveness, and responding to emerging digital risks

3.1.4 **Identifying and addressing key priorities**

The SAB has agreed its strategic plan for 2026-2028 consisting of the following priority areas:

- Safeguarding those with complex care and support needs (Mental health and suicide and Homelessness linked to safeguarding)
- Prevention of harm for those with care and support needs

The SAB annual report (Appendix A) contains the detail of the priorities and the plan for the SAB to progress them.

3.1.5 **Partnership Working** – Key Board member organisations provide support and input across the SAB system via the regular subgroups, Task and Finish, project groups and via routine updates. This ensures there is both assurance and a rounded input on important pieces of work that require multi-agency input to develop and improve safeguarding processes In Brent.

3.1.6 **National, Regional and local learning**

The SAB is connected to National Board and Chair networks to stay abreast of emerging themes, and this allows it to identify and link learning. The Chair has now set up a regional London SAB Chairs group, which will be merging with colleagues to align with the new ICB footprints.

In response to the newly published Pan London Safeguarding Procedure policy guidance, the SAB has recently completed a task and finish group exploring what this means for Brent and where more work may need to be done to align with these regional guidelines.

The SAB has also responded to the ministerial letter in light of safeguarding responses to homelessness deaths and has worked with partners to implement and embed a review process to better share learning and create a clearer line of assurance to the SAB when such incidents occur.

3.1.7 **Forward planning** - The SAB is in 'phase one' of its new 2-year strategic priorities focus, which will be reviewed and amended at the end of 26/27 and new goals be set for the second half of the period.

3.2 Background

3.2.1 SAB is a statutory multi-agency partnership board consisting of senior leaders from a range of organisations that deliver services to adults in the London Borough of Brent. The SAB is a wider partnership forum accountable to the Executive Group, it is chaired by an Independent Chair.

3.2.2 The objective of the SAB is to ensure that adults at risk are able to live their lives free from abuse and neglect. The way in which a SAB must seek to achieve its objective is by co-ordinating and ensuring the effectiveness of what each of its members does.

3.2.3 SAB members represent their organisations at partnership meetings and activities. The SAB is made up of statutory partners and non-statutory partners. It also has an independent chair. The statutory partners of the SAB are;

- Brent Council
- Metropolitan Police
- NHS West & North London Integrated Care Board

The non-statutory partners who attend the SAB include; London Ambulance Service, London Fire Brigade, London North West NHS University Hospital Trust, Central and North West London NHS Foundation Trust, Healthwatch Brent, voluntary organisations, London Probation Service and Public Health representation.

- 3.2.4 In order to provide oversight, the SAB must be independent. There is an independent chair, Nicola Brownjohn, who assumed post in January 2024 after the passing of the previous Chair. The Chair holds all member agencies to account. The Independent Chair is held to account for effective working of the SAB by the Chief Executive of Brent Council.
- 3.2.5 The SAB has the freedom to put in place anything it deems necessary to achieve its objectives. This may include raising awareness of adult safeguarding or learning and development in relation to a particular area of practice.
- 3.2.6 The SAB should be assured that partners are putting systems in place to protect adults at risk in the area for which it is responsible. Including people with additional needs and under-served communities.
- 3.2.7 All SAB members have an obligation to provide resources to support its functions. This includes having a representative present at the SAB and where applicable, at its sub-groups. It may also include contributing financially and/or providing relevant information to the SAB.

3.2.8 Brent's safeguarding partnership arrangements

Brent's SAB arrangements consist of a three-tier structure:

- Tier 1 - The Executive Group - provides high-level strategic leadership
- Tier 2 - Brent Safeguarding Adults Board - diverse and wider-ranging partnership group
- Tier 3 - Delivery focussed sub-groups - responsible for carrying out specific statutory duties of the partnership, these include:
 - Case Review Group
 - Performance & Audit group
 - Joint partnerships learning & development programme
 - Themed/focused Task & Finish groups as and when required

The Executive Group

- 3.2.9 The Executive Group membership includes senior representatives from the three statutory safeguarding partners - Brent Council (Corporate Director of Community, Health and Wellbeing and also the DASS), West and North London Integrated Care Board (Director of Quality, Nursing and Safeguarding) and Metropolitan Police (Superintendent, Public Protection-Safeguarding Lead, North West BCU).

Partnership support staff arrangements

3.2.10 Support staffing arrangements for the SAB arrangements are funded and resourced by Brent Council.

3.2.11 The Strategic Partnerships Team is responsible for leading the coordination of the arrangements and is managed by the Strategic Partnerships Manager. The team is based in the Children, Young People and Community Development.

3.2.12 Alongside the SAB arrangements, the Strategic Partnerships Team also currently coordinates activities for other strategic partnerships in Brent including Brent Safeguarding Children's Partnership, Brent Health and Wellbeing Board and Brent Children's Trust.

3.2.13 This staffing structure enables stronger strategic coordination between the strategic partnerships in Brent to both avoid duplication and develop joint initiatives. It also successfully facilitates a level of independence from the operational safeguarding activity of the council.

The Brent Council Governance Team provide some administration support for both the Executive Group and Safeguarding Board meetings (approximately 1 day a month).

4.0 Stakeholder and ward member consultation and engagement

4.1 The newly appointed Lead Cabinet Member for Community Health & Wellbeing, Councillor Butt will be included as a member of the Safeguarding Adults Board and will be given the opportunity to attend key meetings to input to the work of the partnerships

5.0 Financial Considerations

5.1 For the 2025/26 financial year, the SAB had an annual budget of £68,415 excluding staff costs. A full breakdown of the budget is included in the annual report (please see Appendix A).

5.2 As the SAB unusually incurred no SAR reviewer fees in 25/26, there was an underspend and funds not spent were moved to reserves. The reserves will be drawn upon to cover the costs of the independent reviewers commissioned to undertake reviews where the budget in any given year is insufficient to cover the costs incurred. This will ensure that the SAB is able to continue meeting its statutory requirements going forward.

5.3 Aside from administration and completion of mandatory Safeguarding Adult Reviews, the budget is predominantly spent on the SAB Chair fees, learning events and running a joint Learning and Development offer with the Children's Partnership.

- 5.4 The local authority makes additional contributions in the form of staffing costs to support the running of the SAB.

6.0 Legal Considerations

- 6.1 The Care Act 2014 directs local authorities to set up a SAB covering their area with core membership from the local authority, the Police and the NHS and the power to include other relevant bodies.
- 6.2 The Care Act places a requirement on SABs 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 states that partner agencies and services must work together to implement strategies to protect adults at risk of abuse and neglect locally.
- 6.3 The Care Act 2014 also requires the SABs to commission Safeguarding Adult 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.

7.0 Equity, Diversity & Inclusion (EDI) Considerations

- 7.1 In carrying out its functions, the SAB will adhere to general equalities duties namely, eliminate unlawful discrimination; harassment and victimisation; to advance equality of opportunity between people who share a protected characteristic and those who do not; and to foster good relations between people who share a characteristic and those who don't.
- 7.2 The three Statutory Safeguarding partners have a shared and equal duty to make arrangements to work together to safeguard and promote the welfare of Adults in Brent. In discharging their duty safeguarding partners must be assured by member agencies in the borough that multi-agency services are accessible, inclusive, and responsive to the diverse needs of Adults in Brent.
- 7.3 The Safeguarding partners also ensure that services are culturally aware and skilled in identifying, assessing, and meeting the individual needs of Adults in Brent.
- 7.4 The SAB has a responsibility to consider and implement recommendations in regard to EDI, where such themes present as part of a Safeguarding Adults Review. It also has discretion to carry out work outside of formal recommendations where it sees fit and aims to drive positive system changes and improved resident experiences

8.0 Climate Change and Environmental Considerations

- 8.1 This report has no direct impact on the Council's environmental objectives and climate emergency strategy.

9.0 Human Resources/Property Considerations (if appropriate)

9.1 This report does not relate to any HR or property related issues.

10.0 Communication Considerations

10.1 This is not within the scope of consideration.

Report sign off:

Nicola Brownjohn
Brent Safeguarding Adults Board Chair

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BRENT SAFEGUARDING ADULTS BOARD ANNUAL REPORT

25-26

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Foreword

Brent Safeguarding Adults Board Independent Chair



I am particularly mindful of the growing challenges for the Brent communities and services working with them. As I commend this annual report in relation to the work achieved over the year in Brent, I know that the national and international issues are seeping into our communities. We need to be supporting each other and speaking up to protect those who are unable to do so for themselves.

My highlight of 2025-2026 was getting out into the community to hear from people with care and support needs, their carers, or as carers. The conversations I had have stayed with me and direct me when I am talking to those leading the agencies serving Brent communities.

During 2025-2026, the Brent Safeguarding Adults Board (BSAB) worked to complete the strategic plan (2024-2026). The priorities focused on self-neglect, housing need and substance misuse and learning from Safeguarding Adults Reviews. There have been substantial improvements in the three areas. Although these priorities are now completed, there is continuing work to do to ensure that there are sustainable improvements and positive impact. There is a plan for these areas to take forward.

The new strategic plan was approved by the Brent SAB in March 2026. We decided to have a short-term plan, just for a year. This acknowledges that there are external issues and most services are at points of considerable change. This does not reduce the impact I expect for the communities we serve.

The new strategic priorities will focus on:

1. Safeguarding those people with complex care and support needs- specifically focusing on mental health and homelessness issues linked to safeguarding.
2. Prevention of harm of those with care and support needs- we will be looking at how agencies strengthen their responses to people who are at the early stages of needing help to prevent harm occurring.

Additionally, we have shaped three golden threads which we will be looking for across the multi-agency system:

- Community Engagement
- Digital World
- Effective workforce for the Brent population

The BSAB has set clear areas of focus to ensure that there is evidence of the impact of the work of the priorities and golden threads.

My focus this year will be on particularly challenging the BSAB members on their data, visiting member agencies and continuing to hear from communities to help shape the BSAB work.

Do take care and support each other.

Nicola Brownjohn
Independent Chair for Brent Safeguarding Adults Board

02 BOARD ARRANGEMENTS

Brent Safeguarding Adults Board (SAB)

The Brent Safeguarding Adults Board is a partnership made up of statutory (as outlined in legislation) and non-statutory partners. The purpose of the Board is to be assured the organisations that deliver public and voluntary services to residents in Brent are compliant and proactive in their approach to safeguarding vulnerable residents.

The statutory partners are:

- Brent Council
- The Metropolitan Police
- Northwest London NHS Integrated Care Board

There are also many non-statutory partners who provide a valuable contribution to. At present, the Board meets bi-monthly.



Role of the SAB

The SAB is a strategic Board which provides oversight and direction to help partners work better together to achieve the co-produced strategic priorities in line with the Boards strategic plan. It also works to seek assurance from partners that sound systems are in place to effectively manage safeguarding concerns. It does this via reviews, audits and various sub-group activities

Brent Safeguarding Adults Board (SAB) Structure



02 BOARD ARRANGEMENTS

Who are our Partners?

Brent Safeguarding Adults Board Partners span a multitude of functions, many within the Local Authority, but also a wide range of public and voluntary services, with a shared commitment to protect vulnerable residents from harm, abuse and neglect.

As Board members, these organisations collectively guide and contribute to the work of the Board and its sub groups. Below is a summary of the Board's current partners, and what services they deliver to Brent residents.

Partner	What service to they provide for our residents?
Brent Adult Social Care (LA)	Supports adults with care and support needs due to disability, illness, mental health or old age, including assessments, home care and safeguarding.
North West London Integrated Care Board	Plans and funds NHS health services in North West London and works with partners to improve health and reduce inequalities
Metropolitan Police	Prevents and investigates crime, responds to emergencies, protects vulnerable people and works with communities to keep London safe
Central London Community Healthcare NHS Trust	Provides community health services such as nursing, health visiting, school nursing and therapy in homes and local clinics.
Central and North West London Foundation NHS Trust	Provides mental health, learning disability, community health and addiction services for children, adults and older people
London North West University Healthcare NHS Trust	Provides hospital services including A&E, maternity care, surgery, outpatient clinics and emergency care.
Imperial College Healthcare NHS Trust	Provides hospital and specialist healthcare services including emergency care, surgery, cancer care, and research-led treatment across several London hospitals
Brent Probation Services	Supervises people serving criminal sentences in the community and works to reduce reoffending and protect the public

Partner	What service to they provide for our residents?
London Ambulance Service	Responds to medical emergencies, provides urgent care and transports patients to hospital when needed.
Brent Community Safety (LA)	Works with partners to reduce crime, anti-social behaviour and harm, including domestic abuse and violence prevention.
Via - New Beginnings / Brent Public Health (LA)	Provides drug and alcohol support services and works to improve health and wellbeing across Brent.
Brent Housing (LA)	Manages council housing, homelessness services, housing applications and support for people at risk of homelessness.
Brent Regulatory Services (LA)	Protects public health and safety through environmental health, food safety, licensing, trading standards and enforcement.
CRISIS	A charity supporting people experiencing homelessness with housing advice, education, employment and crisis support.
Department for Work and Pensions	Provides benefits, pensions and employment support, including disability benefits and help to find work.
London Fire Brigade	Responds to fires and emergencies and provides fire safety checks, prevention work and community safety education
Brent Healthwatch	Represents the public voice in health and social care, gathers feedback and helps improve local services.

03 BUDGET, INCOME AND EXPENDITURE

Financial Contributions

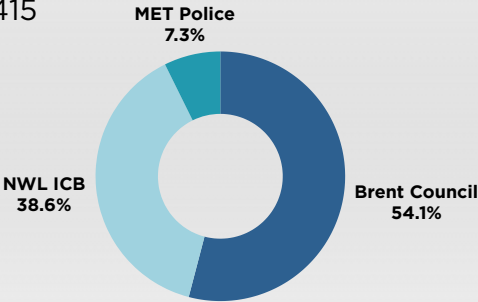
It is the responsibility of all Statutory Partners to ensure the Board is effectively established and supported, including through financial contributions. The Safeguarding Adults Board budget is therefore made up of monetary contributions from each Statutory Partner.

In 2025-2026 these have remained fairly stable year on year, 2026-2027 will see a much welcomed confirmed increase in funding contributions from the Metropolitan Police.

The Board is required to have an Independent Chair and Scrutineer to oversee, direct and be a critical friend in regards to opportunities for improvements in safeguarding activity in Brent. This vital position is funded via the collective Statutory Partners contributions.

This financial year the Board received the following contributions from Statutory Partners:

- **Brent Council:** £37,000
- **MOPAC:** £5,000
- **NWL ICB:** £26,415



These contributions also support in funding the cost of statutory reviews, learning and development activity and any technical and administrative overheads associated with discharging Board duties and activity.

Board resources

Board Partners play an essential part in carrying forward the work of the Board, but capacity to plan, monitor and execute the various statutory functions of the Board would prove extremely challenging for partners given their existing capacity and responsibilities.

Therefore, in line with standard practice across safeguarding partnerships nationally, the Local Authority provides additional funding to support staffing capacity, ensuring the effective management and delivery of Board activity, in addition to the financial contributions outlined above.

Staffing
1 full time Strategic Partnerships Lead (SAB Business Manager)
1 full time Strategic Partnerships Manager - Shared with SCP
1 part time Joint Learning and Development Officer - Shared with SCP (0.8 FTE)

As the independent Chair is only contracted to complete **30 days a year** for Brent (split over the year as approximately **2.5 days a month**) the Partnerships team are crucial in co-ordination and progress of workstreams identified by members around the priorities and system learning.

The Safeguarding Partnerships Team manage all aspects of the Boards work including:

- Managing and monitoring statutory processes, such as case reviews, statutory reviews, reporting and strategic planning.
- Scheduling, planning and executing all Board and subgroup meetings.
- Supporting partners to collaborate and complete both statutory and discretionary pieces of work.

Expenditure

This year, the majority of the Board expenditure was allocated to Chair fees including additional hours invested for community engagement work. There was also no payment this year due for our learning management system, as this is paid bi-annually.

Our Safeguarding Adults Reviews this have been light touch and proportionate, so have not attracted substantial reviewer fees as would normally be seen. Payment for this work will follow in 2026-2027.

During this financial year, the contribution included the set up costs for the launch and implementation of the Podcast project, which has required additional IT solutions. Next year we anticipate this may extend to speaker fees where beneficial.

Expense	Value (£)
Independent Chair Fees (plus additional hours)	24,375
Information systems development	391
Meeting & Event costs	714
Safeguarding Adult Review (SAR) fees	0
Learning and Development programme	618
Total	26,098

04 TIMELINE OF ACTIVITY

MONTH	ACTIVITY
May 2025	15/05 - Performance & Audit subgroup: The data reviewed highlighted gaps in referral feedback, recurring cuckooing and housing challenges, and rising substance-misuse and homelessness needs. 20/05 - SAB: The Board endorsed the Annual Report, received updates on the MASH review and community engagement work, and agreed actions to strengthen multi-agency safeguarding processes amid system pressures and forthcoming strategic changes.
June 2025	03/06 - Case review group: The group received updates on national review processes, explored learning from the Offensive Weapons Homicide Review pilot, and heard one case that did not meet SAR criteria, but identified potential learning around hidden populations and bariatric care. 17/06 - Joint Executive: The group reviewed safeguarding updates across children's and adults' partnerships, discussed system pressures including ICB reforms, agreed actions on national audit recommendations and transitional safeguarding, and highlighted the need for stronger data, governance, and multi-agency coordination. 25/06 - Joint L&D group: This was the final group, agreeing to a reformat of the Partnerships L&D approach, which will focus more on a more responsive, wider format offer that aligns closer to priorities.
July 2025	08/07 - SAB: The Board reviewed progress on strategic priorities, including transitional safeguarding, community engagement, and governance improvement. It agreed actions to strengthen multi-agency coordination, assurance and attendance as part of ongoing system-wide safeguarding development. 15/07 - Performance & Audit subgroup: The self neglect data showed higher conversion rates than other concerns, and data highlighted a need for improved referral tracking, clearer criteria, deeper analysis of repeat cases, and reinstated cross-agency discharge meetings.
Sept 2025	09/09 - Case review group: The group reviewed two cases, while SAR criteria were not met, significant learning was required to strengthen communication, and use of escalation processes. 16/09 - SAB: The Board reviewed LeDeR report findings, approved the new L&D and Pan-London safeguarding policies, and signed off the updated self-neglect toolkit, while progressing work on strategic priorities and system-wide safeguarding improvements.
Oct 2025	30/10 - Performance & Audit subgroup: The meeting reviewed audit arrangements, data gaps, and rising safeguarding issues while agreeing steps to improve oversight and data quality.
Nov 2025	18/11 - SAB: The Board received assurance updates, including the LAS annual report, community engagement learning, and progress on autism, toolkit implementation, and governance actions and agreed to adopt the Multi-Agency Audit Framework while highlighting the need for stronger cross-agency collaboration, relational practice, and improved referral pathways 25/11 - Case review group: The group reviewed 1 case, not meeting criteria and reviewed discussion on a case from the prior meeting where there was agreement to commission a proportionate discretionary SAR, and set the key lines of enquiry.
Dec 2025	02/12 - Joint Executive: 16/12 - Performance & Audit subgroup: The meeting reviewed ASC referral data, highlighted rising concerns and conversion-rate challenges across key abuse categories, discussed system and categorisation limitations, and agreed actions to improve data quality, trend analysis, and future safeguarding reporting. 17/12 - Extraordinary case review group: The group unanimously concluded that the case did not meet SAR criteria, finding no evidence of abuse, neglect, or multi-agency failure.
Jan 2026	20/01 - SAB Development Day: An interactive workshop was held, inviting all Board member to contribute to co-production of the new SAB Strategic Priorities.
Feb 2026	10/02 - Case review group: The group heard one case for consideration, where they agreed that it did not meet the criteria. They also reviewed progress in moving forward discretionary SAR actions. 17/02 - Performance & Audit subgroup: This meeting, they reviewed 5-year historical data to consider patterns and what areas require further scrutiny. The group agreed to explore working towards a joint dashboard.
Mar 2026	24/03 - SAB - The Board received updates from the statutory partners around activity and organisational changes. They also approved the new Strategic Plan for 2026-2028, and discussed how they would like to approach a refresh of the Information sharing agreement.

05 LEARNING FROM DATA

The Performance and Audit group

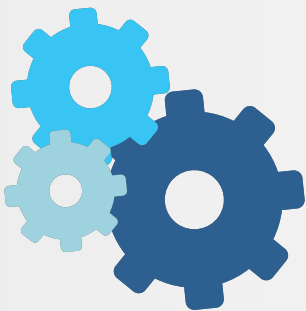
The introduction of this sub group has helped the Board to accelerate it's understanding of what data exists across partners, and how this can start to be used to develop a clearer picture of what safeguarding looks like in Brent, and therefor decide what actions could drive improvements. The group operates in accordance with a themed work plan, structured around priorities areas and emerging safeguarding concerns.



This approach enables the systematic review of data held by partner agencies to enhance understanding and inform more effective action and outcomes.

To date, the group has examined data relating to the High-Risk Panel, agency-held figures around safeguarding concern categories and referral volume, and local intelligence concerning housing and substance misuse. In November 2025, the group convened to review and agree a focus from the findings of all the themed datasets presented to the members since inception

The following key issues were identified for further exploration:



- Absence of LGBTQ+ referrals recorded within Adult Social Care (ASC) data.
- Low levels of modern slavery referrals, highlighting the need to develop a more comprehensive understanding of the Brent context.
- Referral-to-enquiry conversion rate within ASC of approximately 25–30%.
- Need for improved feedback mechanisms to ensure that referrers receive appropriate updates regarding outcomes or subsequent actions. This was also present in the 'Indira' SAR recommendations.
- A lack of data available to the Board around suicides in Brent and what prevention policies are in place.

To address these findings, the following actions were agreed:

- Development of two seven-minute briefings for professionals on Modern Slavery and Cuckooing, in response to low referral rates and to promote greater awareness and understanding as well as a need for further scrutiny of how modern slavery issues are recorded to establish how this needs to be addressed. These have been produced and published for professionals to access. Further learning resources will be produced in 2026, including a Podcast and Lunch and Learn sessions. The Board will support and encourage awareness of the Cuckooing policy that is currently in development by Community safety colleagues.
- An planned audit in 2026 to review cases of abuse occurring in individuals' own homes and care home settings, analysing data by abuse type, ethnicity, and age, in line with trends identified in abuse location reporting.
- Work to be undertaken by the Boards new Pan London Policy task and finish group to improve feedback loops when cases are referred for a safeguarding enquiry, so partners feel more assured of progress and know how to progress work with those who are at risk
- There is also a planned audit to be undertaken of multi-agency High-Risk panel cases to review it's effectiveness at move forward and progressing complex cases towards positive outcomes.
- Increased awareness tools developed to improve understanding of suicide prevention, including a Podcast and multi-agency learning Briefing. Prevention stratetgy and data monitoring has been carried forward as an area of focus on the nee Strategic plan.



06 SYSTEM PROGRESS

In the past year, what have partner organisations achieved in safeguarding adults who reside in Brent?

Statutory Partner achievements

Why we ask this

We ask partners to demonstrate what they have achieved in safeguarding adults to support the assurance of the SAB regarding the effectiveness of the safeguarding system. The safeguarding system can only be effective if all parts of the system have measures in place to support safeguarding throughout their work.

The strategic partners have identified areas where they made improvements in their arrangements which will be of benefit to safeguarding.

Of particular note is the work of the Community Safety Team in the Local Authority. The team coordinate the multi-agency meetings to identify and respond effectively for those most at risk of abuse in the borough. Additionally, the Local Authority regulatory team have responded to the increase in fraud nationally.

Member agencies of the SAB who submitted evidence can be seen in the appendix.

What have member agencies achieved in adult safeguarding over the last year?

There is good evidence of continual improvement in adult safeguarding to respond to the changing landscape to safeguard those with care and support needs who are at risk of abuse or neglect.

Agencies have shown commitment to taking forward learning through training, supervision and guidance for their staff.

Agencies have explored their effectiveness through audits. Some agencies take part in multi-agency audits, although this was not consistently seen throughout the agencies.

Most agencies have been reviewing their workforce, and it is positive to see that transformation has included safeguarding measures to strengthen guidance and advice for staff in complex workplaces.

There is also evidence of some agencies making improvements to how they identify risks early for those they are working with, to ensure that there are referrals made to other services.

This demonstrates that there is recognition, and growing responses, to early intervention to prevent abuse or neglect for adults at risk.

Brent Adult Social Care (ASC)

Despite substantial increases in demand, Brent Adult Social Care (ASC) delivered significant system improvements, supported by a 36-action Safeguarding Improvement Plan and strengthened governance arrangements.

Strengthened Governance & Leadership

- Daily senior oversight at the Front Door ensures consistent screening and threshold decisions.
- Safeguarding model redesign improved workflow clarity, triage escalation, and team roles between Front Door, locality teams and Safeguarding Adults and DoLs Unit.
- Proposed new restructure of Service Managers to consolidate leadership and improve operational grip.

Workforce Capability & Competency

- Safeguarding skills audit completed for all Safeguarding Adults Managers and targeted coaching and mentoring underway.
- Safeguarding Competency Framework was updated
- Weekly safeguarding clinics, reflective sessions, lunch & learn sessions and targeted legal literacy training delivered.
- Increased Best Interest Assessor capacity to improve Mental Capacity Assessments and Deprivation of Liberty Safeguards quality.

Quality Assurance & Audit

- A new safeguarding audit template was introduced, including EDI, Making Safeguarding Personal, risk planning and Mental Capacity Act decision-making.
- Weekly timeliness audits, KPI breach reviews and thematic reviews increasingly embedded.

06 SYSTEM PROGRESS

Provider Concerns & Market Oversight

- Multi-agency intelligence improved escalation and performance management for several providers under concern.
- The provider concerns process is now aligned with revised Pan London procedures and improved commissioning oversight.

North West London Integrated Care Board (ICB)

Over the past 12 months, the ICB has delivered a rolling programme of level 3 safeguarding adults training with a specific focus on domestic abuse. This has enabled Brent GPs and other primary care clinicians to access up-to-date guidance and knowledge and strengthen their ability to safeguard patients within a primary care setting. As a commissioning organisation, the ICB is not primarily patient-facing. Its safeguarding role therefore primarily focuses on gaining assurance from provider organisations and building institutional capacity across the wider health safeguarding system.

This has included the development and delivery of the aforementioned training offer, the dissemination of key safeguarding material and updates aimed at enhancing safeguarding practice across the wider health ecosystem (this includes community care, inpatient care and across and between other health partners). Key areas of focus have included the Mental Capacity Act, alongside the regular dissemination of updates on emerging safeguarding issues and best practice.

For example, recent work has involved collaboration with the Police, to share intelligence and guidance on initiatives such as “The Com,” which targets vulnerable young adults.

The Designated Lead for Safeguarding Adults has also provided specialist input into a number of primary care forums on a monthly basis, offering expert advice, guidance, and supervision to clinicians.

In addition, significant efforts have been made to strengthen safeguarding capacity within Continuing Healthcare services. Alongside this, in response to workforce pressures across partner agencies, the ICB has played a key system leadership role by chairing several Brent High Risk Panel meetings in recent months, ensuring continuity in case review and multi-agency oversight.

Brent Community Safety Team

Our organisation has successfully supported vulnerable adults across Brent through the Community Multi-Agency Risk Assessment Conference (CMARAC) framework. This coordinated approach brings together professionals and support services to address complex safeguarding concerns and achieve meaningful progress outcomes for those vulnerable and at risk. Overall, the key achievements are the cases managed through coordinated active collaboration with key partners.

Looking at the year 2025, we discussed and **supported 74 cases** across the three Brent localities. Of the **32 active cases** receiving support, **42 have been successfully closed** with a positive or clear outcome. Overall, the average risk reduction was **43.34% across all cases**. All case closures are based on demonstration of risk reduction and sustainable support arrangements.

The CMARAC panel coordinated support for adults presenting with multiple and complex vulnerabilities and disadvantages, including cuckooing, mental health, exploitation, particularly targeting individuals with substance misuse, the elderly, those who are isolated or with a cognitive dysfunction. Including vulnerable individuals in situations of homelessness, housing instability, hoarding, crime and repeated victimisation all manifest through antisocial behaviour.

We organised over **25 case conferences** to thoroughly address the complexities involved and ensure effective, professional collaboration. There were over **12 escalated concerns** that required intervention or an immediate safeguarding response, to senior managers and heads of services. In cases where a single-agency approach was insufficient, a collaborative multi-agency strategy was prioritised for an effective response. This approach involved a thorough assessment of risks and support needs, along with the implementation of appropriate intervention strategies.

In our monthly CMARAC meetings, we have discussed and coordinated several positive outcomes aimed at supporting and reintegrating vulnerable individuals who are not eligible for assistance. Our efforts focus on helping them reconnect with mental health and substance misuse services and find suitable accommodation if their needs change. In addition, we've seen successful outcomes that include the enforcement against perpetrators and the disruption of exploitation and criminal activities.

06 SYSTEM PROGRESS

Brent Community Safety Continued

Another positive outcome was the implementation of the fortnightly cuckooing meeting with police, CMARAC, Anti-Social Behavior (ASB) team and Adult Safeguarding team that specifically focuses on identifying cuckooing cases earlier and having a robust and coordinated approach in safeguarding these individuals, accounting for over 17 meetings which established a dynamic and effective relationship with key professionals and teams which has been instrumental in refining early intervention strategies. This led to the development of a cuckooing protocol, which should be signed off on in mid-2026 after consultation with key stakeholders.

Each core member has contributed to MARAC's strategic goals in different ways, such as collaboration with the police in providing intelligence for risk assessments. Increased initiative-taking interventions in ASB hotspots, leading to a reduction in incidents.

Safeguarding input provides expert assessment and recommendations for high-risk cases. CMARAC has supported around 3 cases from safeguarding referrals. Housing continues to assist with emergency housing or housing transfers for victims of ASB through the Turning point on shared expertise at the meetings, and through implemented tenancy support for individuals identified through the CMARAC panel. Community Mental Health Team facilitated access to mental health support or medical reviews and developed joint protocols for individuals with complex needs.

The CMARAC has formed a robust collaboration with the safeguarding team and enhanced safeguarding tools through training initiatives. This is reinforced by the weekly Safeguarding clinic and the coffee-and-catch-up sessions for safeguarding leads, which the CMARAC coordinator attends, providing a platform to discuss safeguarding issues and processes to ensure that no safeguarding opportunities are missed and that referrals for collaborative work with partners to protect individuals are effectively executed. There are also opportunities where MERLIN police reports are evaluated to avoid recurring missed chances for prompt joint intervention.

Accounting for a total of 42 cases closed with a positive outcome or reengagement. The effective collaboration of key partners and the coordination of joint efforts and visits have significantly contributed to achieving favourable results for these individuals, who are often facing multiple disadvantages and vulnerabilities, and without this coordination would fall through the net and negatively impact the community.

Metropolitan Police

Workforce Capability & Competency

Officers that encounter adults at risk within Brent identify safeguarding needs and complete an 'adult come to notice' report which is reviewed by the Brent MASH Team and shared with relevant partners.

Safeguarding adults is embedded in mandatory training for frontline officers and public protection staff.

Over the last year, **23,000 frontline officers** have received training focused on the safeguarding risks associated with Domestic Abuse and Serious Sexual Assault.

Brent Regulatory Services

Our Trading Standards team continue disrupt and deter criminals, by providing a rapid response service, when information is received of vulnerable resident being targeted for unnecessary building work or repairs or other doorstep criminality.

The National Trading Standards (NTS) Scams team has been working closely with The Royal Mail to intercept and stop mail which is designed to defraud unsuspected victims out of their money. There are various types of scams, but the most common are fake lotteries, deceptive prize draws, get-rich-quick schemes, investment scams, miracle cures, and clairvoyant/spiritual scams.

The Trading Standards team has received referrals from the NTS Scams team of residents who have responded to such mail and in some cases enclosed a cash payment in response to either one or more of these which have been intercepted, cheques totalling up to £300, have been received to date, all victims have been contacted, advised and where possible their monies were returned to them in the form of a cheque from NTS to be paid into their accounts. The team is set to receive up to **10 referrals a month**.

The Trading Standards team has officers who are Friends Against Scam 'SCAM Champions' and can therefore provide training on how to support and reduce the chances of being a scam victim. In July 2025, officers provided training as part of a Safeguarding Partnership, to practitioners who are entering resident's homes to given then guidance on recognising the signs of possible financial frauds and scams.

06 SYSTEM PROGRESS

What have been the barriers to being able to deliver safeguarding duties effectively and how will these be mitigated for 2026-27?

The strategic partners of the SAB have had a challenging year through structural changes and national drivers for major transformation of the ICBs. This has had an impact on the consistency of the contribution made to the work of the SAB.

The member agencies have identified the challenges they have faced over the years.

This has included:

- Service user disengagement
- Complexity of the needs of individuals being offered the service which impacts on the capacity of staff to work effectively
- Finding the right service for the individual at the right time
- The challenges of partnership working when all agencies are working with a reduced capacity.

The agencies set out their mitigation plans for 2026-27 and this has informed the SAB in how it will monitor the effectiveness of the safeguarding system over the next year.

MET Police

There are ongoing concerns with officers identifying a safeguarding risk and the need to complete an 'adult come to notice' report. We have identified this through SAR's where, for example, a person has come to notice to police on six occasions but an 'adult come to notice' report was only completed on four occasions.

Mitigation (2026-27)

The Metropolitan Police Service is rolling out trauma informed training for all officers which will assist with identifying risk. The Central Safeguarding Adult's Team is looking at how to improve completing of the safeguarding reports.

Brent Adult Social Care (ASC)

Key Barriers faced by Brent ASC this year included:

- Triage pressures: high volume and complex needs impact 24-hour KPI compliance
- Threshold variability linked to uneven experience and legal literacy across teams
- Fragmented management oversight across teams
- Provider market instability contributes to service quality risks
- Workforce skill variation in the Mental Capacity Act, risk planning, defensible recording and Making Safeguarding Personal

Mitigation (2026-27)

- Implement redesigned leadership model with dedicated safeguarding managers
- Embed new safeguarding interface pathway, Standard Operating Procedures, and flowcharts by March 2026
- Extend senior presence at peak Front Door periods to strengthen decision-making
- Launch new Power BI dashboard for real-time monitoring of risk, drift and timeliness
- Expand coaching on thresholds, Making Safeguarding Personal, Mental Capacity Act and defensible recording.
- Strengthen provider oversight through commissioning-Safeguarding Adults & DoLS Unit (SADU) structures and joint visits.

North West London Integrated Care Board (ICB)

The main challenge faced by the ICB over the past 12 months has been a more limited ability to develop medium to longer-term plans (12-24 months). This has been largely due to organisational uncertainty arising from the merger and restructure, which has made it difficult to anticipate the future shape and capacity of the ICB.

In this context, ICB activity over the past year has primarily focused on delivering against long established priorities. These have included fulfilling statutory safeguarding responsibilities, alongside maintaining a rolling programme of safeguarding adults training, supervision, and other core functions. Notwithstanding this uncertainty, the ICB has remained committed to fulfilling its statutory safeguarding responsibilities.

06 SYSTEM PROGRESS

Brent Regulatory Services

Trading Standards is a small team with many consumer and business protection priorities. Greater resources would provide for dedicated member of staff to expand our work preventing financial abuse, to engage with people's lived experience, carry out preventative work and investigate thoroughly complaints that the service received regarding doorstep and other scams. Currently, we seek to prioritise financial abuse as a subject area and will allocate the best available resources, when incidents are reported to us.

There has been a lack of understanding of the legal procedures and enforcement powers available to Environmental Health officers, particularly efforts to gain access to properties to assess self-neglect and public health risks. Engaging with people who do not wish to engage, can be time consuming and challenging. We are seeing to mitigate this by working with mental health practitioners' to carry out joint visits and ideally, conduct 'Capacity Assessments' (adequately assessing vulnerable persons mental capacity) although securing this resource is not always possible.

Brent Community Safety Team

Over the past year, the CMARAC Panel identified systemic barriers affecting the effective safeguarding of vulnerable adults. Key issues include:

- Inconsistent professional curiosity, delayed escalation, and incomplete medical histories, resulting in missed risk indicators and limited contingency planning, particularly for individuals who disengage or experience repeated crises.
- Unclear oversight from Adult Social Care (ASC) on whether cases remain open, leading to lost opportunities for early intervention and increased risk of relapse, anti-social behaviour or repeated victimisation.
- Fragmented safeguarding decisions, where cases are passed between teams without clear timelines, follow-up, or accountability.
- No information on mental health diagnosis, in circumstances where the individual disengages from the community mental health services and is discharged back to the care of his GP with no other intervention or support and no action is recorded.
- The need for consent to refer individuals to support services where the vulnerable individual lacks capacity to make a decision because they are under duress or influence, trauma-based or faced with multiple disadvantages.

Mitigation Actions for 2026-27

Strengthening Safeguarding Processes

- Continue the weekly safeguarding clinic and maintain the appointed safeguarding led to support timely escalation.
- Structure a clear pathway for triaging police Merlin reports through Adult Safeguarding, Adult Social Care and other teams, such as the ASB Team, including standardised recording of outcomes and timeframes for allocating social workers where necessary.
- Improve liaison and documentation between Adult Social Care and the Community Mental Health Team (CMHT) on high threshold cases.
- Ensure that the Adult social care/Mental health team follows up on periodic case reviews for individuals with recurrent mental health episodes and expand contingency planning for those who are known to disengage.
- CMARAC will request full access to Mosaic records to have oversight on the relevant actions and care plan, especially where the ASB team is involved in cases such as closure orders, cuckooing, or vulnerable individuals causing ASB.

Improving Mental Health Escalation

Referrers report difficulty accessing mental health support, resulting in cases looping between the Community Mental Health Team and General Practitioners, which end up falling through the system. Slow responses impact individuals affected by other factors, such as substance misuse and self-neglect, which is expressed in Antisocial behaviour. This is a pattern of bouncing between systems has been identified in the CMARAC referrals, making it difficult to support the individual.

06 SYSTEM PROGRESS

We proposed:

- A simplified mental health escalation pathway and case-specific plans for high-risk cases with the Community Mental Health Team Senior Leadership Team.
- Encourage consistent Community Mental Health Team attendance and require clear reasons for declined referrals and propose solutions.
- Promote earlier referrals to appropriate panels where non-engagement is a risk factor.

Strengthening Adult Social Care Case Closure

Cases are sometimes closed without a clear rationale, next steps, or mitigation strategy of duress, trauma-based, fluctuating capacity, or coercive control. Some assessments are completed by phone despite complexities, with no visibility of risk factors and environmental circumstances. Premature closures result in repeated referrals, increased antisocial behaviour, unclear risk ownership and serious safeguarding concerns.

Mitigation:

- Introduce a standardised case-closure template requiring rationale, risk assessment, and signposting evidence.
- Request for Adult social care to have a trauma-informed practice and avoid mislabelling individuals as making “poor lifestyle choices.”
- CMARAC has raised concerns about better assessment practice, including Care Act assessments, Mental Capacity assessments that reflect fluctuating capacity to be completed face-to-face.
- Request for social services to implement multiple attempts contact protocols, which should include face-to-face or exploration of joint visits with other partners known to be working with the vulnerable individual.
- Promote a “no wrong door” approach to prevent case bouncing between services under the Adult Social Care umbrella.

Cuckooing and Exploitation

Barriers have included inconsistent use of terminology (e.g., misuse of “cuckooing”) which results in misclassification and causes delays in intervention and increases the risk of vulnerability, exploitation and harm.

Housing partners sometimes prioritising an enforcement approach over vulnerability assessment and Police restructuring has disrupted the scheduled cuckooing meetings.

Mitigation:

- Maintain CMARAC and other agency training, presentations, and workshops to continue exploring the cuckooing topic and its layers.
- Require vulnerability checks with all housing referrals.
- Integrate cuckooing oversight into CMARAC with consistent police attendance and intelligence sharing.
- A Cuckooing Protocol is in draft to be signed off by mid-2026 to coordinate swift multi-agency action.

Cases with Limited Engagement

Barriers here include presence of experienced trauma, neurodiversity, and mental health conditions being missed or under-assessed. Cases are closed due to non-engagement from the vulnerable individual despite high ongoing risk.

Mitigation:

- Incentive use of assertive outreach, joint visits, and trauma-informed engagement techniques and training.
- Promote CMARAC and early referrals to the CMARAC panel when cases need a multi-agency approach.
- Promote shared organisational responsibility rather than vulnerable individuals being blamed for non-engagement.

Summary of Mitigation Themes for 2026-27

- Clearer and stronger escalation pathways across mental health and adult social care.
- Improved cross-agency communication, transparency, and case-closure standards.
- Consistent use of vulnerability assessments.
- Integrated multi-agency approach to cuckooing and exploitation within the CMARAC framework.
- Encourage thorough assessments that genuinely capture changing abilities and the real-life experiences of individuals.
- Promote and expand training to strengthen professional curiosity and accurate terminology.
- Encourage early referrals for intervention to prevent escalation to crisis.

06 SYSTEM PROGRESS

What work have Partners undertaken to engage with people who have a lived experience of services, in particular adults with protected characteristics or under-represented communities?

Why do we ask this?

The SAB is committed to hearing from communities and individuals about their experience of safeguarding in Brent. It is crucial that the SAB members demonstrate that they are focused on those for whom they provide services and the distinct demographics of Brent.

The Local Authority has embedded Making Safeguarding Personal and focusing on those with protected characteristics. The Police have taken forward trauma informed training to strengthen the approach of their staff towards all members of the public. The ICB is working with communities to redesign health services.

The member agencies who submitted responses to this question show that they are working to gain the views and reach those who might be less likely to engage with services. This should support those who have care and support needs so that services are person focused and not boxes for people to have to fit into.

Brent Adult Social Care (ASC)

Brent ASC continues to strengthen engagement with people who use services, particularly adults with protected characteristics and under-represented communities, through several initiatives:

- Making Safeguarding Personal outcome letters and questionnaires are being embedded to ensure people can express desired outcomes and reflect on whether these were achieved.
- Equality, Diversity & Inclusion reviews and audits of Section 42(1) and (2) closures help identify disproportionality and ensure equitable safeguarding responses.
- Strengthened engagement with carers and under-represented communities, including targeted outreach through community groups and voluntary sector partners.
- Themes from engagement feed directly into workforce training, audit activity, and pathway redesign, ensuring that lived experience shapes practice improvement.
- Accessible safeguarding information, including easy-read materials and translated resources tailored to high-risk communities.
- Feedback loops through provider concerns and safeguarding enquiries, ensuring that learning from people receiving care in regulated services informs our commissioning and practice improvements.
- Use of advocacy services, ensuring that people who may lack capacity or have communication barriers are supported to express their views throughout the safeguarding process.

Brent Community Safety

Over the past year, CMARAC has strengthened how it incorporates the lived experience of adults, particularly those with protected characteristics and individuals from marginalised or under-represented communities, into its safeguarding practice.

A key part of this CMARAC has been working closely with trusted partner organisations that can represent the individual's voice and rights in the panel, despite their level of engagement. Galop is a core CMARAC partner and plays a vital role in ensuring that LGBTQ+ adults' experiences are accurately represented.

CMARAC partners also help represent the experiences of adults facing multiple disadvantages. Were young adults with multiple complex needs have been concerned, work in partnership with personal advisers, who have been able to provide insight enabling professionals to shape a more supportive and realistic plan tailored to individuals circumstances.

To ensure that individuals' voices meaningfully shape decision-making, CMARAC routinely collaborates with:

- Independent advocacy services, including women and girls network services
- Mental health and learning disability services
- Homelessness and rough sleeper outreach teams
- VIA the substance misuse services
- Department of working pensions

These organisations help communicate the lived experiences of people who may struggle to engage due to disability, trauma, language barriers, neurodiversity, mental ill-health, social isolation, multiple disadvantages or distrust of statutory agencies.

06 SYSTEM PROGRESS

Insights from partner agencies about individuals' priorities, fears, barriers, and unmet needs directly inform multi-agency risk assessments and action plans. Themes emerging from lived experience—such as stigma, difficulty accessing mental health support, fear of enforcement-led responses, or cultural misunderstandings—are fed back to services to improve professional curiosity, training, accessibility, and fairness.

This continuous feedback loop strengthens safeguarding practice and ensures adults with complex needs or protected characteristics are understood, supported, and empowered in the decisions that affect them.

All these processes under the Community MARAC panel are upheld by the Sharing Agreement agencies in Brent, outlining fair practices applicable to all individuals, regardless of gender, disability, nationality, race, age, religion, or sexual orientation, under relevant laws, including the Antisocial Behaviour Crime and Policing Act 2014 and the Human Rights Act.

North West London Integrated Care Board (ICB)

The ICB works closely with operational partners to ensure that the lived experiences of individuals with protected characteristics, as well as those from underrepresented communities, are reflected in commissioning decisions. As part of its wider commissioning role, the ICB routinely engages with community organisations and key stakeholders when developing services to meet the needs of local residents. This engagement takes a variety of forms, including collaboration with patient representatives, community roadshows, and other targeted outreach activities designed to inform the design and delivery of health services.

In addition to gathering insight from local communities, the ICB works with regional and national health partners to ensure that the latest intelligence and research are incorporated into service development. This includes collaboration with organisations such as NHS England, as well as specialist clinical and research networks and charities (for example, in areas such as homelessness, domestic abuse, or diabetes and cardiology), to ensure that newly commissioned services reflect current evidence, innovation, and best practice in healthcare delivery. The NWL ICS Learning from Lives and Deaths Panel for People with LD and Autism, has a core membership of two Designated Nurses for Safeguarding Adults to ensure safeguarding issues are recognised and referred to the appropriate Safeguarding Adult Board. There have been a number of referrals for consideration of a Safeguarding Adult Review (SAR) or shared learning. Learning across the health economy is regularly shared through training and supervision.

Brent Regulatory Services

The Trading Standards team has officers who are Friends Against Scam 'SCAM Champions' and can therefore provide training on how to support and reduce the chances of being a scam victim. In July 2025, as part of the Brent Safeguarding Partnerships, an officer assisted in presenting to practitioners who are entering resident's homes, guidance in recognising the signs of possible financial frauds and scams.

MET Police

The Metropolitan Police Service is rolling out trauma informed training for all officers which will assist in recognising protected characteristics, under-represented communities and repeat trauma through lived experiences

06 STRATEGIC PLAN PROGRESS 24-26

Brent's progress on agreed priorities in 25/26

THE PRIORITIES

The Strategic Plan was set for 2024-2026 with the following priorities:

- Self-Neglect
- Housing and Substance Misuse
- Learning from SARs

At the Development Day in January 2026, the SAB decided that the work achieved on the priorities meant that these areas could move to the business as usual work plan. There is monitoring of the progress of the changes made to be continued over the next year which will be reported in the next annual report.

Self-neglect was chosen as a strategic priority due to learning from SARs and an increase in the number of concerns. This is a national issue and can be a reflection of the complexity of issues for those with care and support needs who can be hard for services to reach to provide support. The work completed is shown here. This will be monitored over 2026-27 to assess what further work is needed. It is not expected that the data on self-neglect will reduce as more awareness will increase referrals. However, the outcomes for the referrals will be scrutinized to ensure that people are not placed at risk of serious harm due to severe self-neglect.

The strategic partners and member agencies were asked to submit evidence of how they are making improvements in recognizing and responding to self-neglect concerns. This can be seen in the appendix.

There is evidence that agencies have shared the self-neglect toolkit with their staff and are making changes to how they approach self-neglect. However, this needs to be evaluated after the toolkit has been in place for 1 year. It is positive to see that most agencies have been reviewing how they address mental capacity when there are concerns about self-neglect. This means that there should be more communication with people who seem to be neglecting themselves to gain their views on what help they want and how to safeguard them if they are unable to keep themselves safe.

PRIORITY 1 – SELF NEGLECT

What has the Board achieved?



The Brent Self-Neglect Toolkit and associated resources were developed collaboratively with Board Partners to strengthen local practice and consistency in responding to self-neglect. This priority has persisted due to the continued prevalence of self neglect in both Safeguarding Adult Reviews and case referrals, highlighting a need to ensure competence in how practitioners approach and support those who need it.

The Toolkit provides a combination of theory, signposting to essential resources and templates to support practitioners with how to approach and support those who self neglect. It includes helpful topics such as:

- Challenges with engagement
- Legal literacy
- Homelessness & self neglect
- Fire risks & Hoarding
- Assessing decisional & executive capacity

These documents were formally approved by the Board and successfully launched at a live event hosted by the Board Chair in October 2025, which was attended by **53 professionals** from across the Brent Partnership.

In response to positive feedback from event attendees, the introduction session has since been adapted into a stand-alone webinar, which is hosted online to allow colleagues to access the material flexibly at their convenience.

06 STRATEGIC PLAN PROGRESS 24-26

Brent's progress on agreed priorities in 25/26

PRIORITY 1 – SELF NEGLECT

The core toolkit is further supported by the following resources:

- A published **'Process Flowchart'** providing clear guidance on key steps and responsibilities.
- A template **assessment form** for hoarding, designed to support practitioners in conducting structured and comprehensive assessments.
- Ongoing access to the **recorded webinar**, ensuring sustained availability for practitioners across the partnership.

The impact of implementation and usage of the toolkit will need to be tested in 2026/27, and amended to reflect feedback received from practitioners. Partners will share further in the report how the toolkit has started to be introduced and used across the system.

In the coming year, the Board will look to seek further assurance on what impact this has had in how practitioners approach working with self neglect and hoarding cases. A 7 minute briefing has also been produced and published in regard to self neglect,

In addition to the above resources, the Board launched it's first **'Safe-Tea' podcast**, hosted by the Brent Safeguarding Adults Board Independent Chair, with the inaugural episode focused on prevention in self neglect work and how practitioners can take realistic steps to help prevent escalation.

It is hoped this new approach will provide a more flexible and reflective method of learning, that breaks away from 'theory' and focuses on hearing about practice examples and experiences that can be adopted and applied. As of March 2026, this episode has been listened to **85 times**.



06 STRATEGIC PLAN PROGRESS 24-26

Brent's progress on agreed priorities in 25/26

PRIORITY 2 – HOUSING NEED AND SUBSTANCE MISUSE

This priority was chosen due to the thematic SAR regarding substance misuse. The work achieved can be seen here. It is a complex issue which is impacted by the housing crisis and recognition of the issues of substance misuse in the borough.

The work has influenced wider initiatives in Brent which will be monitored by the SAB over the coming years. This includes the focus on learning from deaths of those who are homeless or who are known to have misused substances. The SAB will also be looking at the exploitation of those who are reliant on drugs or alcohol, in their homes or on the street.

Partners and member agencies were asked to provide evidence of activity to improve in this area. The submissions can be seen in the appendix. There is continual work to do but there are good efforts being made to strengthen the training of staff, make timely referrals to services, and identifying risks of exploitation.

What has the Board achieved?

In July 2025, the Chair met with key points of contact responsible for various existing panels and review processes across the Brent system, including Drug and Alcohol Related Death reviews, Domestic Abuse Related Death Reviews, Offensive weapon Homicide reviews & Homelessness Mortality reviews to start to establish a clearer way forward, with tighter governance and assurance. The Mortuaries team also attended to speak on what data they have access to and collate in regards to deaths, that may have not come through a review process.

The following was agreed:

- Once processes are established, to meet every 6 months to check in report into the SAB around data and outcomes from the various existing panel processes.
- Development of an internal triage process for SARs, DARDs & OWHRs to ensure they follow the most applicable and effective review process, without duplication.

The first stage of this improvement work commenced by convening a dedicated meeting with Housing Providers servicing Brent to gauge their understanding of their statutory duties around reporting homelessness deaths. The aim was to co-produce an established process to improve their awareness of their responsibilities and to improve compliance and reporting.

Following a successful initial meeting, this resulted in the development of:

- 2 process guidance documents, 1 for Providers and 1 outlining the wider process.
- An accompanying reporting form was developed to standardise responses.
- A dedicated presentation session held in December 2025 to launch these tools with the relevant Providers and start to embed the process
- A consideration of a wider 'launch' event to be held 2026 to look at National & local cases and start to test out and improve effectiveness of the process.



There has since been an expansion on reach after recognition that Supported Exempt Accommodation Providers should also be included in the process. Approved in December 2025 and launched, the Brent Housing Team moving forward will be able to better assure the Board around figures and actions undertaken regarding homelessness deaths.

Further work will follow around the other panels and exploration in to how we can streamline triaging, clearer referral pathways for the system and develop better routine reporting into the Board. The final outcome will be that the Board will be assured of solid processes across the various death related panels and receive regular 6 monthly updates. Homelessness will continue to be a strategic priority over the 2026-2028 period.

06 STRATEGIC PLAN PROGRESS 24-26

Brent's progress on agreed priorities in 25/26

PRIORITY 3 – LEARNING FROM SARs

This priority was set by the Independent Chair when she started in her role in Brent. This was due to concerns about the governance of SARs and how effectively learning was being implemented. There has been a major overhaul of the SAR arrangements for Brent. Partners and member agencies have shown their commitment to learning from SARs. In the past year there have been no SARs published in Brent but there are SARs underway which will be published in 2026-27.

What has the Board achieved?

Mental Capacity

Born from an action in the 'Indira' Safeguarding Adults Review recommendations, and that Mental Capacity Act has arisen as a repeat theme in review cases, a multi-agency task and finish group was set up to review learning needs across the system and consider potential solutions.

The Mental Capacity Task and Finish group successfully concluded in June 2025, with the following outputs:

- Development and collation of responses to a multi-agency survey of professionals speaking on their experience and knowledge around mental capacity, with an aim to identify knowledge and process gaps in the Brent system.
- Publication on the Safeguarding Partnerships website of a practical case study resource, based on Brent cases, for Brent professionals that can be used as training material or reflective practice tool.
- Their experience and knowledge around mental capacity, with an aim to identify knowledge and process gaps in the Brent system.

Learning theme briefings

In response to other emerging case themes and SAR learning, the Board has produced topical 7-minute learning briefings that are publicly available for professionals on the following:

- Self neglect
- Professional curiosity
- Trauma informed Practice
- Substance misuse
- Suicide Prevention
- Modern slavery
- 'Cuckooing' or 'Home invasion'

In addition, The Chair has committed to hosting monthly 'Learning from SARs' lunch & learn sessions, focusing on local and national SAR learning,



Feedback loops

A learning point featured in the 'Indira' SAR was a need for improvement in feedback loops, this has been echoed through work in the Performance and Audit group and also in the Pan London policy task & finish group. An action was set for a clear policy to be drafted, that would outline for referring partners what the process should be in terms of what feedback they should receive and what detail they will get. This can then be tested for compliance in application, and assurance can be sought from agencies as to what they do next when a referred case is not taken forward.

Governance changes

There was a recognition that recommendations and actions from SARs in the past have taken too long to address, leaving plans active for much longer than they should be. The Board has now agreed to move towards a 'task and finish' approach when it comes to addressing review actions.

This method has helped to expedite work around learning and partners have initially fed back that it has helped to keep them more accountable in seeing recommendations through. The task and finish model is something that the Board looks to use increasingly in the coming year, as it's approach appears to be a more focused and outcome orientated than relying on routine meetings.

08 LEARNING & DEVELOPMENT

BRENT SAFEGUARDING PARTNERSHIPS MULTI-AGENCY LEARNING

New Learning & Development Strategic Plan

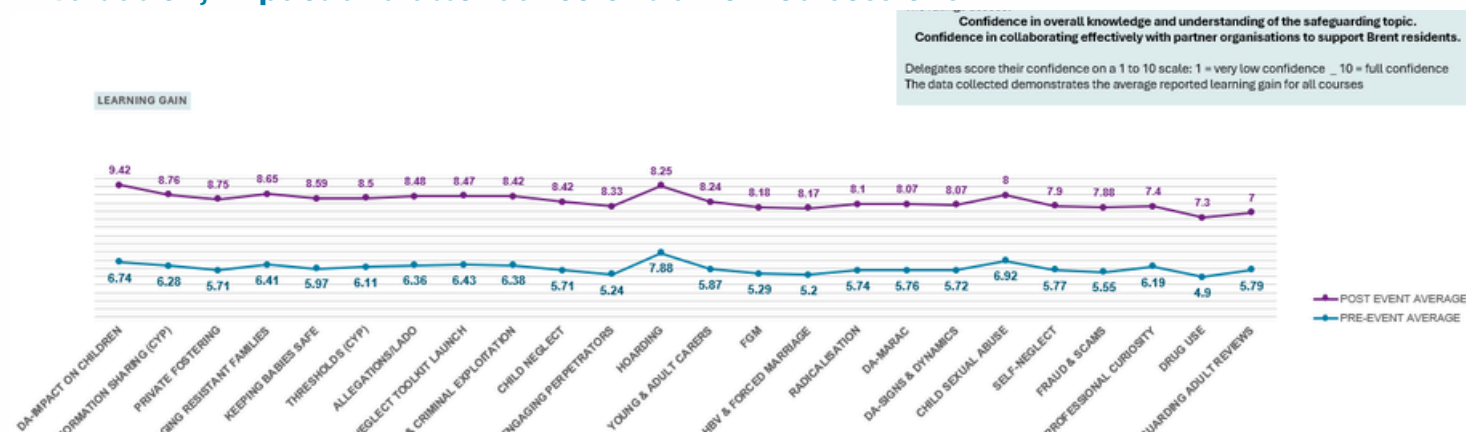
The new Brent Safeguarding Partnerships Learning and Development Strategic Plan has been developed in response to feedback and recognition that the prior approach to the Partnerships learning strategy- led by a sub group, was not as effective at addressing learning and driving system improvements as it should be. The group, whilst well established, did not always have the right voices or knowledge in the room to help move forward the learning priorities..

It was recognised that different strands of work and subject areas often require a broader and more diverse range of expertise than the current sub-group structure allows. It was also acknowledged that, while face-to-face training can be valuable in certain contexts and for specific topics, it is not always the most effective or efficient method for disseminating learning across the wider Brent system.

The new strategy seeks to strengthen the multi-agency learning and development offer for both the Safeguarding Children Partnership and the Safeguarding Adults Board. It sets out an expanded vision to diversify learning methods, with a clear ambition to enhance the reach, quality, and impact of learning across the partnership.

The development of the new strategy was led by Independent Scrutineer Keith Makin and outlines a more flexible approach to developing and coproducing learning solutions. This will be supported by the development of an implementation plan to start to embed the new approach.

Evaluation, impact and attendance of trainer-led sessions



Most sessions result in an average gain of two learning points, in some cases three, which for context is above average for Safeguarding Partnerships who use the same learning management platform.

The overall response rate of Learning Gain evaluations completed post-course is **38%**

Of those who respond, the average learning gain for learners attending courses across the whole multi-agency structured training programme is **22.3%**, demonstrating that both confidence in knowledge and how to work with others is improved by engaging with the Partnerships Learning & Development offer.

Learning from SARs sessions

In support of our strategic priority, the Chair held monthly 'learning from SARs' sessions to help strengthen how the system learn from, and respond to, SAR learning this is how attendees have responded:

Learning translated into practical safeguarding actions

Participants identified actions aimed at improving safeguarding practice and continuity of care.

"Updating my Safeguarding Lead & Team."

"I will try to ensure that a named person will review the patient once discharged from hospital."

Overall delivery was positively received

Most participants rated the training delivery as **excellent or good**, reflecting strong facilitation and subject expertise.

"Very informative, and the statistics and research analysis were very helpful."

Demand for practical examples and interaction

Feedback highlighted a desire for more **SAR case examples** and interactive discussion to support application to practice.

"The theory was clear, but the session would have benefited from some real-life case examples."

09 NEW STRATEGIC PLAN

Brent SAB new focuses for 26/28

In addition to producing an annual report, the SAB is required to periodically set strategic priorities to focus and guide its work. Brent opts to set its priorities bi-annually.

When developing the priorities that form the new strategic plan, the Board Chair held a Development Day on 20 January, 2026. This was an interactive day where members from partner agencies were invited to attend and participate in a collaborative workshop, with the goal of co-producing the new Board priorities for 2026-2028.

The following priorities are what members collectively agreed should be the Board's main ongoing focus for the next two years:



PRIORITY 1 - SAFEGUARDING THOSE PEOPLE WITH COMPLEX CARE AND SUPPORT NEEDS

Part A - Mental health and suicide

Why is it important:

There are currently between 15-20 suicides a year in Brent, yet there is no clear system-wide response to suicide, no clear understanding of the causes of suicide occurring in Brent, or what support was offered to those who took their own lives.

What Improvements the Board would like to see:

The Board would like to be more assured that professionals know how to respond when someone is displaying suicidal intent.

What will the Board do:

- Expects the multiagency partnership to develop a Suicide Prevention Strategy and Plan, will seek assurance about the work being done to prevent suicides
- Promote suicide awareness training for the workforce and agencies will be required to report on the impact of the training in supporting staff to talk to people with suicidal intent

Part B - Homelessness linked to safeguarding

Why is it important:

The Board consider that there remains insufficient links between housing and safeguarding. There are concerns that there is a silo working in the system.

What Improvements the Board would like to see:

A better understanding of housing and homelessness issues across Brent and ways to find a more flexible approach to working with people who are homeless.

What will the Board do:

- Gain assurance through monitoring the deaths of those living on the streets, through the mortality panel report.
- Will be informed by the 'Built for zero' work on how street homelessness is being reduced

PRIORITY 2 - PREVENTION OF HARM OF THOSE WITH CARE AND SUPPORT NEEDS

Why is it important:

Many case examples and reviews highlight how those who 'fall through the cracks' in regards to meeting thresholds around risk at earlier stages of receiving care and support, can escalate towards serious safeguarding concerns when left unchecked.

What Improvements the Board would like to see:

A stronger focus on those people who would not meet the criteria for a section 42 safeguarding enquiry, but where there are some growing concerns that they are at risk of harm.

What will the Board do:

- Commission a multi-agency audit of s42 referrals for people in their own homes to explore what interventions are taken for those who do not meet the criteria for a s42 enquiry
- Seek assurance on how members work with people with care and support needs to undertake risk assessments and safety planning & work with those who seem 'hard to reach'



09 NEW STRATEGIC PLAN

Brent SAB new focuses for 26/28

GOLDEN THREADS

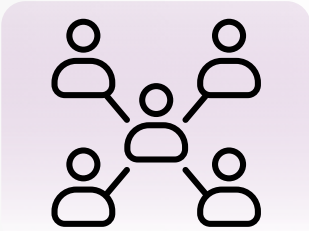
Alongside the new priorities, the following **3 golden threads** were also identified and will help to drive the focus of the Brent Safeguarding Adults Board in how it conducts it's work over the next two years.

The golden threads are not so much themes that have arised as learning from case review, but things that it is felt that we should continue to be mindful of when working to deliver effective and enclusive safeguarding solutions.

They should underpin and be considered when developing policies, procedures and practice regardless of the concern.

Community engagement

The Chair led a project during 2025 to look at how the Board can engage with the community more effectively. This work including visiting community groups in Brent to talk about safeguarding and culminated in a workshop for the SAB in November 2025 led by the Brent Co-Production Team where they heard a first hand account from an individual who had experienced Brent Safeguarding processes first hand.



It was agreed that a formalised approach needs to be embedded into the Board. The Board will work with the co-production team in 2026 to look at how it can receive more direct and regular feedback from residents. Therefore, this will be taken forward as a continuing golden thread in the strategic plan for 2026-2028.

Digital world



It is recognised that the digital world is advancing rapidly. It can be extremely helpful in connecting the public to services, and in how the services manage their work.

However, this has the risk of excluding those who cannot use computers, smart phones and artificial intelligence. Tjis is particulaty true of those who are elderly or for those who struggle to speak/read in English.

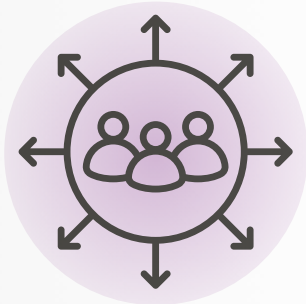
With technological developments, there also comes the emergence of new ways to both perpetrate and experience abuse, so it is essential that the Board stay in-touch with these as they emerge, and be proactive to build a plan on how they can collectively safeguarding against them.

Effective workforce for the Brent population

It is acknowledged that the good safeguarding needs an effective workforce across the system, from senior leaders to the practitioners working directly with people with care and support needs.

In recent years, the recruitment and retention of staff working across both health and social care has been a national challenge. Alongside this, the Board is aware of some significant structural staffing changes that have or are coming to effect across it's statutory partners.

With this in mind, the Board will monitor change and support collaborative ways to adapt and ensure services are still prioritising users safety.



APPENDICES

SYSTEM PROGRESS

In the past year, what have partner organisations achieved in safeguarding adults who reside in Brent?

Central London Community Healthcare NHS Trust (CLCH)

Key achievements over the period include the following:

- CLCH is an active member in multiagency audits that have been completed to both demonstrate good practice and areas for focus.
- Good examples of partnership working in cases where self-neglect identified and Brent social care delivered a training session to Community nursing staff re: “what makes a good safeguarding referral” and feedback from practitioners indicated more confidence in their risk assessments and making referrals.
- Established improved communication across the multi-agency teams and more frequent MDT meetings are held with Brent social care to enable case discussion.
- Organisational Incident Decision Making meetings include safeguarding representatives
- The CLCH Safeguarding conference in September 2025 included themes such as trauma informed approach, working with alcohol dependent people and homelessness using case examples delivered by frontline practitioners.
- Examples of ‘think family’ working across CLCH adult and children’s services are reflected within monthly and quarterly reporting.
- CLCH is signed up to the NHS sexual safety charter and reviews complaints and incidences as guided by NHS England.
- Mental Capacity Act audit completed and lessons shared, with a planned roll out of Mental Capacity Act competencies across the borough teams within the Brent bedded units.
- An Introduction of a dip sample audit tool for inpatient bedded units that is being piloted.
- Safeguarding supervision audit was undertaken and a review of supervision offer across adult teams within Brent resulted in increased visibility of safeguarding across all Brent teams each month.
- Resignation and recruitment to the named nurse post in Brent have been successful
- A Weekly case review with named nurse in attendance and the Safeguarding ‘single point of contact’ line accessible to all staff.

London North West University Healthcare NHS Trust (LNWH)

LNWH continues to fulfil its statutory duties under the Care Act 2014, working in close partnership with Brent Council and the Brent Safeguarding Adults Board. The Trust provides acute hospital services across multiple sites and plays a key role in identifying, responding to, and escalating safeguarding concerns affecting adults with care and support needs resident in or presenting from the London Borough of Brent.

Key themes during the year included:

- Sustained high volumes of referrals to Brent Adult Social Care
- Increased identification of self-neglect, domestic abuse, and neglect/acts of omission
- Continued emphasis on Making Safeguarding Personal (MSP), including follow-up on outcomes for individuals referred
- Ongoing delivery of the “How Safe Do You Feel?” Domestic Abuse Routine Enquiry Campaign, supported by an extensive Spotlight Series (**25 sessions delivered in 2025/26**), including topics relevant to vulnerable adults
- Continued management of increasing workload and complexity across safeguarding activity
- A successful Safeguarding Adults Week (November 2025), raising awareness across the organisation
- Contribution to the White Ribbon Campaign and 16 Days of Activism, including delivery of a “Community for Change – Ending Violence Against Women and Girls” presentation for Brent.
- Introduction of a Decaf Drinks Initiative (2025) aimed at reducing falls risk, supporting patient safety
- Introduction of “Purple Folders” across wards and departments (ongoing), providing a single, accessible resource for staff on adult safeguarding processes, learning disabilities and autism, falls, and dementia. These have been well received, with a formal launch planned during Dementia Action Week (May 2026)

The Safeguarding Adults Team has maintained close liaison with Brent Local Authority safeguarding teams, including the Hospital Discharge Team, to support timely information sharing, feedback, and outcome monitoring. Monthly meetings have historically supported this collaboration; however, these have reduced in frequency due to Local Authority restructuring.

SYSTEM PROGRESS

London North West University Healthcare NHS Trust (LNWH) continued

An All-Age Advanced Safeguarding Practitioner is embedded within Emergency Departments at Northwick Park Hospital (2–3 days per week), providing real-time support to frontline staff. This includes advice on safeguarding concerns, domestic abuse pathways, and application of the Mental Capacity Act and Deprivation of Liberty Safeguards, while promoting a Think Family / Think Household approach.

The Trust remains keen to re-establish regular engagement and strengthen communication pathways.

As the acute provider based in Brent, the Trust manages allegations relating to organisational practice, including concerns regarding discharge and Person in Position of Trust (PiPoT) matters, and works closely with the Local Authority to ensure appropriate investigation and feedback.

The Trust Safeguarding Team actively contributes to the Brent Safeguarding Adults Board, its subgroups, and the High Risk Panel. This supports shared learning from Safeguarding Adult Reviews, development of action plans, and strengthening of local safeguarding policies and procedures. The Trust also welcomed visits from the SAB Independent Chair and Board Manager during the year, which further strengthened partnership working and provided assurance around safeguarding practice.

VIA New Beginnings

The organisation has developed a Safeguarding Competency Framework, a combination of knowledge skills and behaviours that inform safeguarding practice. The framework supports the organisation to use identifiable standards to measure the competencies of staff, record appropriate evidence, and identify areas for development. The idea being that every relevant job role has a set of safeguarding standards to work within.

In 2025 - 2026 the service submitted **30 safeguarding referrals/notifications**, this includes referrals into adult and child safeguarding teams, DV and Community MARAC, Police notifications and referrals into DVA services. Not all safeguarding cases supported through the service result in referrals, many individuals are already known to safeguarding teams at point of engagement with our services. All safeguarding cases are tracked using our internal safeguarding tracker, as of December 2025 the adult safeguarding tracker had **58 individual active cases**.

In the Summer of 2025, the service launched the EVE project, an additional arm of the adult New Beginnings service, focussed at supporting women involved in sex working in Brent, through engagement in the community, outside of normal service opening hours. Since go live the EVE service has referred **5 women** into structured treatment and engaged with a significant number more.

As of 01 December 2026, the Brent New Beginnings service opened to provide 5 Female only SWEP night beds at the Cobbold Road site, opening on 4 occasions during the 2025 - 2026 Winter period the service received and **accepted referrals for 4 women**. Unfortunately, none of the active referrals attended during the SWEP nights however the service intends to reopen for the whole period of SWEP in Winter 2026 - 2027.

Central & North West London Foundation NHS Trust (CNWL)

Brent CNWL has provided a number of reflective sessions focused on lessons learned from incidents. These have included a recently delivered workshop on risk assessments and on engaging with individuals who may present as challenging to engage with or who are disengaging from services. This work follows lessons learned from Immediate Learning Reviews.

In addition, we have developed a weekly high-dependency service user meeting that focuses on the most complex cases, where there are potential risks including disengagement and/or safeguarding concerns. This meeting is attended by the Borough Director and Clinical Director, and each patient discussed has a universal care plan put in place to ensure continuity and consistency of information sharing across the system.

CNWL convened a joint Social Work conference with Brent in March 2025. A primary focus of this conference was on issues affecting radicalised communities. Both services gained significant benefits from this event, which is expected to foster a more comprehensive understanding and support for diverse and multicultural communities in Brent.

SYSTEM PROGRESS

Central & North West London Foundation NHS Trust (CNWL) continued

Finally, the Safeguarding Adults team supported the Park Royal In-patient Team to submit a National Referral Mechanism referral, and the experience underlined a need for staff to better recognise and understand the signs of Modern Slavery and how best to protect patients. Support has been offered to the in-patient teams for further reflective and learning sessions.

Brent Probation Services

Over the past year, our organisation has demonstrated a strong commitment to safeguarding adult residents in Brent through several key initiatives and collaborative practices. Timely completion of risk assessments has ensured a heightened awareness of safeguarding needs, enabling us to identify and address risks promptly. Where necessary, we have utilised risk escalation processes to safeguard individuals facing increased vulnerability.

We have actively facilitated referrals to Adult Social Care (ASC), as well as to substance misuse services including Forward Trust (CRS), VIA and Change Grow Live, both of which are local authority partners. Referrals to the Community Mental Health Team (CMHT) have also been made to support those in need of specialist mental health interventions. Additionally, personal wellbeing referrals via and housing referrals have been actioned to promote holistic support and stability for those at risk.

Our approach has been firmly rooted in partnership working with agencies such as MAPPA, IOM, EVVP, and MASH. This collaborative ethos has strengthened our safeguarding responses and ensured information sharing across key stakeholders. We have made use of interpretation services for individuals facing language or communication barriers, thereby ensuring inclusivity and accessibility.

The adoption of PowerBI, an internal data system, has allowed us to improve both the timeliness and accountability of our safeguarding interventions. By leveraging this technology, we have enhanced our monitoring and reporting capabilities, ensuring that safeguarding practices are both responsive and transparent.

London Ambulance Service (LAS)

At LAS, we have continued to maintain our high standard of safeguarding practice across the London boroughs. As part of our commitment to Brent and the surrounding boroughs we have an assigned North West London Safeguarding Specialist, who engages with our safeguarding partners to support learning, development and improvements in safeguarding practice. This includes participating in statutory reviews, learning events and dissemination of learning to LAS and specifically our Brent ambulance stations.

In 2024-25 pan-London LAS completed **59,479 referrals** (inclusive of child and young people referrals). For the borough of Brent and its residents who used our services, we completed **1152 adult referrals** (inclusive of safeguarding and welfare concerns).

Imperial College NHS Healthcare Trust (ICHT)

The ICHT safeguarding team have had a service review and are working with our transformation team to see how any redesigns could improve capacity and release resources. Our internal Safeguarding Committee frequency has increased to bi-monthly for increased oversight. We have also strengthened the section 42 process and are ensuring learning is transferrable across the organisation.

The team have also contributed to bariatric guidance and worked to extend criteria for which staff receive safeguarding adults training and mental capacity training.

SYSTEM PROGRESS

What have been the barriers to being able to deliver safeguarding duties effectively and how will these be mitigated for 2026-27?

Central & North West London Foundation NHS Trust (CNWL)

Over the past 12 months, we have identified disengagement as a potential issue for our services. In response, we have implemented a number of measures to ensure this is effectively managed, including:

- The development of a weekly high-dependency service user meeting.
- The development of an escalation tool based on System One, enabling us to identify more complex and higher-risk service users who can be targeted within individual caseloads. This ensures we are proactively identifying and reaching out to our more vulnerable patients
- Annual reflective practice meetings and workshops.
- Risk assessments for adults at heightened risk of disengagement.

Changes in senior personnel across all agencies have resulted in a loss of some organisational memory, but connections are being established within local networks at ground level to enhance working relationships. This has also caused delays in acquiring feedback on completed safeguarding referrals, which has in some cases affected patient outcomes: a plan for improvement of the Safeguarding Pathway is now in place, which involves both providing feedback and escalating issues via the specialist Safeguarding Adults team.

Brent Probation Services

High workload and reduced workforce capacity have limited opportunities to complete home visits, which are essential for identifying safeguarding concerns within the home environment. High volumes of weekly contacts for individuals presenting significant risk have, at times, affected professional curiosity, with some contacts becoming briefer than desired for meaningful engagement.

Mitigation for 2026-27

To strengthen capacity and support professional curiosity, we are prioritising home visits for individuals with known safeguarding vulnerabilities, ensuring that risks are identified within the home environment at the earliest opportunity. This is complemented by embedding reflective practice, regular supervision and coaching to promote deeper enquiry into safeguarding concerns. Alongside this, ongoing recruitment and retention activity continues to help stabilise staffing levels and improve overall resilience across the service.

Changes in staffing across the service can create natural variations in continuity when cases move between practitioners. During these periods of transition, it can be more difficult to maintain consistent oversight of important changes in an adult's presentation—such as shifts in mental health, substance use or emerging disability-related needs. Strengthening handover processes and improving information continuity remain key priorities for the year ahead.

Mitigation for 2026-27

To strengthen continuity during staffing changes, we are enhancing our internal handover processes, ensuring clearer information flow when cases transfer between practitioners. We are also embedding consistent use of structured case summaries and ensuring that key safeguarding information is visible and accessible at transition points. Continued emphasis on reflective supervision, quality practice hubs and multi-agency information-sharing will further support practitioners to identify changes in an adult's presentation promptly, even during periods of organisational change.

Delayed or limited responsiveness from key partner agencies

Probation has experienced inconsistent responsiveness from Adult Social Care, the Community Mental Health Team and housing services following referrals. In some cases, actions agreed within multi-agency meetings have not progressed for extended periods, requiring repeated escalation.

Mitigation for 2026-27

To support more consistent multi-agency safeguarding practice, we will work with Adult Social Care, the Community Mental Health Team and housing services to agree clearer escalation pathways, ensuring that concerns can be progressed swiftly when risks increase. We will also request that multi-agency actions are time-bound and routinely reviewed, promoting shared accountability and improving the pace and oversight of joint safeguarding activity.

SYSTEM PROGRESS

Brent Probation Services continued

Information-sharing gaps

Probation is not always informed when individuals are referred to Adult Social Care, the Community Mental Health Team or housing by other agencies, nor when significant changes occur. Although information-sharing legislation may restrict detail, a lack of basic awareness can impede effective risk management

Mitigation for 2026-27

Encouraging agencies including Adult Social Care, Community Mental Health Team and housing services to share risk and need related information where consent allows, and at the earliest opportunity.

Limited Police information for lower-risk cases

Police updates about lower-risk individuals—particularly where there have been emergency call-outs or police-led referrals to social care or mental health services—have not been shared consistently, reducing opportunities for early identification of safeguarding need.

Mitigation for 2026-27

We are strengthening our partnership with local Police by developing a consistent information-sharing process so that incidents involving adults supervised by probation are communicated promptly and appropriately.

London North West University Healthcare NHS Trust (LNWH)

Variation in safeguarding knowledge, confidence, and application across the workforce continues to present a challenge. While compliance with core safeguarding training remains strong, translating learning into consistent practice, particularly in complex areas such as self-neglect, the Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS), and domestic abuse can be more difficult, especially for staff who encounter these issues less frequently.

In addition, the increasing complexity of patient presentations, including co-existing mental ill-health, substance misuse, homelessness, self-neglect, and complex family dynamics has required more intensive safeguarding input and multi-agency coordination. This is particularly evident in discharge planning, where risk, capacity, and family dynamics must be carefully balanced to ensure safe and proportionate outcomes.

Workforce capacity and resource pressures within the Safeguarding Adults Team have also impacted the ability to deliver safeguarding supervision consistently across all areas. While the team continues to provide bespoke training, contribute to departmental teaching, and deliver joint sessions with the Safeguarding Children Team to maintain visibility and support staff, a more structured and consistent approach to supervision is required.

Mitigation for 2026-27:

- Implementation of the revised Safeguarding Supervision Policy, with a focus on embedding a consistent, accessible supervision model across the Trust
- Continued expansion of targeted training and reflective learning opportunities, particularly in complex safeguarding themes such as MCA/DoLS, self-neglect, and domestic abuse
- Strengthening multidisciplinary and “Think Family / Think Household” approaches to support staff managing complex cases
- Ongoing focus on staff support and wellbeing through supervision and reflective practice
- Continued collaboration with partner agencies to support safe, timely, and coordinated discharge planning

Central London Community Healthcare NHS Trust

The main barriers experienced by CLCH over the last year have been:

- Workloads and complexity of cases can often increase demand on the team, and impact attendance at training/ updates, so alternative means and sources must be explored.
- Increase in number of social care requests for information (S42), but no significant increase in referrals from CLCH
- Embedding the Mental Capacity Act (MCA) consistently across all teams, ensuring that assessments are completed whenever a need is identified. This includes applying MCA principles in practice,
- Workforce skill variation in MCA, risk planning, defensible recording and Making Safeguarding Personal and MCA competencies developed which will support this.
- Access to patients, especially when they have capacity and decline health care or disengage, whilst also ensuring staff respond appropriately, by escalating concerns promptly and in a timely manner and use ‘Right care Right person’ guidance, when unable to gain access to a patient as expected.

SYSTEM PROGRESS

Central London Community Healthcare NHS Trust continued

Mitigation (2026-27)

Further embedding and ensuring that MCA assessments are completed when a need is identified. Named nurse post has been recruited to, and staff member will commence in Brent Q1. Planned audit of safeguarding referrals, both quality of information and reasons for referral. The findings will support updating of staff and learning from social care training session, monitored locally and through safeguarding committee.

The 'No Access' Policy remains an area of focus, alongside considerations related to "right care, right person" practices and when escalation is required. There is on-going work across CLCH to update and address clinical concerns as the policy is updated to include both staff and patients voices and will be finalised and signed off at Clinical Reference group, the work also entails reviewing pathways for diabetes care who can have significantly higher risks.

Use of Power BI dashboards for real-time monitoring of safeguarding KPI's and to monitor any risk timeliness are being explored and developed. Multiple media techniques used for sharing information with staff- training, 7-minute briefings, posters, webinars, and newsletters.

Imperial College Healthcare NHS trust (ICHT)

Core challenges for the trust have been the level of activity vs resources. To mitigate this, a service review and transformation work will take place. The current ICB restructure has also added an additional lever of uncertainty. Suitable actions will be taken once this has been finalised.

Additionally, a struggle has been the volume of meeting it is required that we attend. As a result, all meetings requests are now reviewed and only accepted where it adds value to the work we do. We also experience complex thresholds across different boroughs. To manage this, we still submit referrals and await the outcomes from the borough and convene professional meetings as required.

London Ambulance Service (LAS)

LAS have experienced no specific barriers, however remain aware of the feedback from our local authority partners following the introduction of our electronic referrals systems. We are listening to the feedback and have a number of future changes that aim to improve the quality.

VIA - New Beginnings

A barrier across all services can be working in partnership to get the right services in place for individuals particularly for identified care and support need assessments. Thresholds for accessing services can result in some individuals not receiving a service at the right time. Via will continue to develop local pathways by attending partner agencies team meetings and discussing how we can collaboratively work together to identify and respond to the care and support needs of people who use our services.

Pathways and access to mental health provision are frequently challenging for our vulnerable adult service users with their drug and or alcohol use affecting their ability to engage in assessments and interventions. In addition, our service users mental health issues/concerns/presentations are frequently reported to be wholly as a result of their drug and alcohol use, with frequent case closures stating that individuals need to reduce their drug and alcohol use before they will be assessed.

With drug and alcohol use often being used as a tool to 'self-medicate' for mental health difficulties/issues this reduction before accessing interventions for their mental health is often a vicious cycle. The Brent New Beginnings service now has a dedicated Dual Diagnosis team who are working with mental health services to support those most in need to access both services, helping to overcome some of the pathway challenges faced by our service users.

Stigma can often be a significant barrier for our service users accessing other services, including safeguarding services, with professionals asserting that entrenched drug and most commonly dependent alcohol use is an unwise decision, 'lifestyle' choice, rather than recognising the real impact that dependence on alcohol and drug use can have on an individual's capacity to make decisions.

SYSTEM PROGRESS

What work have Partners undertaken to engage with people who have a lived experience of services, in particular adults with protected characteristics or under-represented communities?

VIA - New Beginnings

The organisation has developed its Volunteering and Participation Team with a focus on developing on our work to ensure that lived experience underpins everything we do. In particular the women's safe space has continued to develop over the last year, allowing for more women to enter treatment and remove the barriers associated with accessing treatment services.

Additionally, in early 2026 the organisation launched a survey of people who use our services nationally to understand what people value and what we could do better. At time of writing the survey has had **over 1000 responses** and the findings will be used to inform service development.

New Beginnings works closely with B3, Brent Service User council to ensure the lived experience voice is strong in-service development and day to day service delivery. B3 are hosted from the Cobbold road site and use this space to provide safe Saturday and Sunday services to Brent residents, providing 7 days a week provision from the Treatment and Recovery site. B3 is a model of best practice in Brent.

B3 volunteers support goes beyond providing lived experience voice. Coproduction with service users and those with lived experience is possible and active in Brent with many B3 volunteers actively supporting New Beginnings to deliver services. For example, dedicated outreach volunteers that support the EVE project, volunteers that provided night shifts to support SWEP provision, and additional capacity for those exiting prison.

Brent Probation Services

The Probation Service continues to strengthen its engagement with people who have lived experience of the criminal justice system, recognising the value their insight brings to service improvement and inclusion. Nationally and across London, several initiatives support meaningful involvement. These include peer mentoring programmes, and the Going Forward into Employment (GFIE) scheme, which recruits individuals with criminal records into government roles. These programmes ensure that people with lived experience have opportunities to influence practice, contribute to service design, and move into sustainable employment.

Locally, we support initiatives such as the recruitment of Peer Mentor Coordinators—roles specifically designed for individuals with lived experience of probation or custody. Staff are encouraged to share these opportunities with people on probation who may be well-placed to contribute their insight and experience to the service. Through these mechanisms, the organisation is continuing to broaden representation, amplify lived-experience voices and ensure that service developments reflect the diverse needs of under-represented communities and individuals with protected characteristics.

Central & North West London Foundation NHS Trust (CNWL)

Within Brent CNWL, we hold a monthly Patient Care Race Equality meeting, chaired by the CNWL Director for Brent. The meeting brings together partners from the voluntary, social enterprise, and third sectors. We review local demographic data and information related to areas such as admission rates for acute mental health conditions into CNWL acute services. Brent mental health services have also established a Health Inequalities Team that collaborates with the Brent Health Matters service to reach previously unreached communities.

We also agree and review community engagement activities. This has included engaging with communities across Brent in a variety of settings, including temples and mosques, as well as working with community leaders. In addition, we have developed a programme to train spiritual leaders in mental health to support acute services. As part of this, CNWL commissions the Somali Advice and Forum of Information (SAAFI), which entails advice, information, and guidance; addressing health and social inequalities, such as health, education, and employment; facilitating skills development and training for employment and self-employment; advocating on matters affecting mothers and their children, such as unemployment, health, education, housing, immigration, and benefit cuts; and organising cultural events, exhibitions, and arts activities to celebrate heritage, fostering self-esteem and confidence within the community.

SYSTEM PROGRESS

London Ambulance Service (LAS)

To help ensure we deliver the best possible care for our patients and their families, we work with a wide number of patient groups and charities to seek their advice and input into the decisions we make.

In June 2020, we launched the London Ambulance Service Public and Patients Council, which brings together a wide range of patients and the public representatives from across London at regular intervals to provide feedback on the care we provide and to help shape the way care is delivered.

The Council provides a voice for patients, the public and carers in the design, development and delivery of Trust services and advises on ways to gain broader engagement, as necessary. Our Learning Disabilities and Vulnerabilities Lead, has also set up a Learning Disabilities and Autism specific patient council that engages with those with lived experience from these patient groups to ensure that they can shape the services that they receive.

Imperial College NHS Healthcare Trust (ICHT)

Measures the Trust implement include:

- All referrals have mandatory section to be completed around Making Safeguarding Personal (MSP)
- The Trust has an Independent Mental Capacity Advocate (IMCA) on one site one day a week
- We have Increased communications around use of Independent Mental Capacity Advocates and also use of Mental Capacity assessments
- It is standard process that Equality Impact Assessments are completed on all policies introduced in the Trust.
- Reasonable adjustments made as required, which application continues to be strengthened

London North West University Healthcare NHS Trust (LNWH)

The Trust recognises the importance of engaging with people who have lived experience of health and care services, particularly adults with protected characteristics and those from under-represented or marginalised communities. This is essential to ensuring safeguarding practice is equitable, person-centred, and responsive to individual needs.

Safeguarding training across the organisation encourages staff to reflect on discrimination, unconscious bias, and the lived experiences of individuals with protected characteristics. This supports a culture where staff are better equipped to listen, recognise structural inequalities, and tailor safeguarding responses to meet cultural, communication, and accessibility needs.

Key areas of work include:

John's Campaign and Carer Passport: The Trust has implemented John's Campaign, a national initiative that promotes the involvement of families, carers, and loved ones as partners in care, particularly for people living with dementia, older adults, and other vulnerable groups. This includes flexible visiting arrangements, enabling carers to remain with patients outside standard visiting hours where clinically appropriate, supporting continuity, reassurance, and improved patient outcomes.

Learning Disability and Autism Support: The Trust's Learning Disability Nurses provide both clinical and strategic leadership to ensure that adults with a learning disability and/or autism receive safe, equitable, and person-centred care. They work directly with patients with complex needs, offering specialist advice, advocacy, and support to ensure reasonable adjustments are identified and implemented across both emergency and planned care pathways. Initiatives such as the use of calm bags in high-pressure environments, particularly Emergency Departments, help reduce distress and improve patient experience. The team also supports a network of Learning Disability Champions to embed best practice at ward level and improve staff confidence.

Domestic Abuse: The Trust has also developed a Domestic Abuse Staff Toolkit and an Easy Read Domestic Abuse Guide for patients with learning disabilities and/or autism, ensuring that support is accessible and inclusive, and enabling individuals to better understand and disclose their experiences safely.

Patient and Carer Engagement: The Dementia Matron and Lead Nurse for Learning Disabilities actively contribute to a multi-agency Patient and Carer Steering Group across Brent, Harrow and Ealing. This forum, led by the Trust's Head of Patient Experience, focuses on strengthening collaboration with community and voluntary sector partners, improving support for carers, and gathering feedback on patient and carer experience.

In addition, the Trust facilitates an internal Patient and Carer Participation Group, ensuring that lived experience directly informs service development and improvement.

SYSTEM PROGRESS

Central London Community Healthcare NHS Trust (CLCH)

The CLCH Equality Strategy sets out how the Trust engages with our patients (and staff) to support engagement from all communities. The CLCH Patient Advisory and Liaison Service (PALS), complaints and complements team seek feedback from those accessing our services, which is then reported at Board level and learning /changes in practice are put in place.

Each year we invite people who have had lived experience of services to our annual safeguarding conference to share their experiences for us to learn from and CLCH have an active Patient engagement team with co-production initiatives in place. Patient stories are collated and presented at divisional meetings. Alongside this, the recruitment to managerial and frontline positions frequently includes interview panel members who are carers or patients

CLCH is committed to working in partnership with patients and the public and actively seeks patient representation to help design safe and accessible services. We use advocacy services, ensuring that people who may lack capacity or have communication barriers are supported to express their views throughout the safeguarding process.

A shared governance model includes patient representatives, complaints and investigation for consideration, being open culture.

Sub-groups progress board priorities and key work in relation to protected characteristics

The CLCH Learning Disability Group includes carers with lived experience and includes feedback from the NWL ICB regarding data relating to death reviews of people with learning disability and autism (especially those from BAME communities) and share learning from Learning from Lives and Deaths – People with a Learning Disability and Autistic People Reviews (LeDeR).

Staff complete Oliver McGowan Autism awareness training to further develop and strengthen understanding of Learning disabilities.

SYSTEM PROGRESS

What measures are being taken to embed the London Safeguarding Adults Policy and Procedures?

We asked partners and member agencies to provide evidence of how they had commenced implementing the revised Pan London Policy and Procedures for Safeguarding Adults which was launched in November 2025.

It is vital that multi-agency system in Brent complies with the Pan London Policy and procedures which were compiled in consultation with all London SABs and agencies. There are changes to the procedures for addressing issues such as when there are concerns about providers such as care homes. The focus has changed to how the providers can be supported to improve, therefore, early help to prevent abuse or neglect of those in the care of the provider. Additionally, the Pan London document provides guidance on areas of safeguarding such as self-neglect and exploitation which have seen an increase nationally.

The Brent SAB has set up a group to review how the Pan London document is being implemented in the borough, and to identify any areas that need further guidance or procedures locally or where there is good practice which can be shared across London.

Brent Adult Social Care (ASC)

A multi-team workshop in December 2025 formally introduced the refreshed London Multi-Agency Safeguarding Adults Policy and Procedures across ASC, ensuring all teams understood the updated statutory expectations and practice standards. Internally, local safeguarding standard operation procedures, including Section 42(1) and 42(2) enquiries, provider concerns, and threshold guidance have been rewritten and aligned directly to the London procedures.

Case management software safeguarding workflows are being updated to incorporate London-aligned requirements, including outcome letters, strengthened evidence capture, and consistent recording templates.

Additionally, all safeguarding training delivered through the ASC Skills Academy is being refreshed to reflect the updated London Policy and Procedures, ensuring staff apply consistent thresholds, use MSP effectively, and follow statutory guidance in their enquiries.

Further embedding work continues through supervision, audit feedback and safeguarding clinics, where application of the London procedures is routinely reinforced and monitored in live casework.

Central London Community Healthcare NHS Trust (CLCH)

In CLCH, the London Multi-Agency Adult Safeguarding Policy and Procedures are embedded through trust-wide safeguarding policies and standard operating procedures, shared, referenced, and promoted via safeguarding supervision sessions with staff.

Mandatory role specific staff training is delivered via induction, e-learning, and face to face updates via a clearly defined pathway aligned to the Care Act 2014 principles. Safeguarding assurance frameworks are reflected within quarterly reports to the ICB alongside mid-year and annual reports.

Safeguarding concerns are escalated through line management and the Trust safeguarding teams with referrals made to the local authority in line with multi-agency procedures and any discordance or ongoing concerns are then escalated through the Brent High-Risk panels and local escalation pathways. CLCH is an active member in multi-agency partnership working, ensuring proportionate, timely, and accountable responses to safeguarding concerns.

MET Police

The Metropolitan Police Service implements this policy by:

- Embedding Pan-London procedures into local policing practice
- Identifying and safeguarding adults at risk alongside investigations
- Working in partnership with safeguarding agencies
- Applying trauma-informed, person-centred approaches
- Learning from SARs and continuous improvement processes

SYSTEM PROGRESS

VIA - New Beginnings

The Via Safeguarding Adults at Risk policy and procedures are reviewed annually and aligned with the Pan London Safeguarding Adults policy. All changes are shared with the safeguarding leads who disseminate to local teams to ensure that teams know and understand the changes to policies.

During service audits adherence to policy and procedure is reviewed and reported back to managers. Elements of policy and procedure are frequently agenda items at the organisation wide safeguarding leads forum. Additionally, key messages and topics from these meetings are cascaded to local safeguarding meetings. For example, we recently spent time looking at effective working with pregnant clients and ensuring safeguarding procedures are understood and being appropriately used.

The organisation does an audit every two years (based on Section 11, but for all safeguarding) where services self-assess. This is used to both inform where training and support would be beneficial and to pull together a Via wide action plan. The National and Quality Team safeguarding leads also met with each service individually to discuss anything relevant to their specific service. The Brent S11 audit action related to the roll out of Trauma Informed Care training, alongside partners CNWL, for staff, this has been completed and is a mandatory requirement for all staff.

London North West University Healthcare NHS Trust (LNWH)

The Trust's Safeguarding Adults Policies and practice are aligned with the London Multi-Agency Adult Safeguarding Policy, Practice, Guidance and Procedures, ensuring a consistent and coordinated approach to safeguarding across partner agencies. Embedding of the London framework is supported through a number of key measures:

- **Training and Workforce Development:** The Trust maintains high standards of safeguarding training in line with the Intercollegiate Document for Healthcare Staff. This includes Level 3 safeguarding training, which incorporates the six safeguarding principles outlined in the Care and Support Statutory Guidance and promotes consistent application in practice.
- **Making Safeguarding Personal (MSP):** A strong emphasis is placed on person-centred practice, ensuring that adults are involved in decisions about their safety wherever possible. Staff are supported to balance risk, autonomy, and protection, in line with MSP principles.
- **Multi-agency Working and Section 42 Enquiries:** The Trust works closely with partner agencies to prevent and reduce abuse and neglect, contributing to effective multi-agency safeguarding arrangements. This includes active participation in Section 42 enquiries, strategy discussions, and safeguarding investigations.

Policy Framework and Specialist Safeguarding Areas

The Trust has a robust policy framework supporting key safeguarding areas, including:

- Persons in Positions of Trust (PiPoT)
- Safeguarding and pressure ulcers
- Responding to adults experiencing homelessness
- Recognition of emerging risks, including online abuse
- Transitional Safeguarding

The Trust has established a Transitional Safeguarding Board to support young people moving into adulthood, recognising the additional vulnerabilities associated with transition and ensuring continuity of safeguarding support across services.

A revised Domestic Abuse Policy, underpinned by a clear “golden thread” of Recognising, Responding, Supporting and Preventing Harm, ensuring a consistent and structured approach across services. The Trust is committed to being a safe place for adults, where safeguarding is recognised as everyone's responsibility. This is supported through clear policies, accessible guidance, and ongoing visibility of safeguarding across clinical and non-clinical services.

The Trust has also contributed to national work through participation in the NHSE Safeguarding Adults National Network (SANN) Task and Finish Group, which developed an All-Age Professional Curiosity Rapid Read Practitioner Briefing. This resource has been shared with partner agencies supporting wider system learning and strengthening professional curiosity in safeguarding practice, including Brent, where it informed the development of a local 7-minute briefing to support practice. Embedding is further supported through ongoing learning from safeguarding reviews and local partnership activity

Imperial College Healthcare NHS Trust

ICHT has updated internal policies to reflect the updated procedures and made amendments to training content offered so that it aligns with the Pan London Policy. The Policy itself has been added to our internal safeguarding intranet pages as a resource.

SYSTEM PROGRESS

London North West University Healthcare NHS Trust (LNWH)

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Central & North West London Foundation NHS Trust (CNWL)

Our Named Professional for Safeguarding Adults and the Mental Capacity Act is a member of the task and finish group commissioned by the Brent Safeguarding Adults Board, and this group is currently reviewing and implementing local safeguarding policy to ensure compliance with the London Safeguarding Adults Policy and Procedure.

Our own Safeguarding Adults policy is also under review to reflect the London Policy and to embed learning from Safeguarding Adults Reviews.

North West London Integrated Care Board (ICB)

The ICB continues to play a central role in coordinating the health system's approach to safeguarding adults across its partner organisations. This includes regular engagement with contracted providers, such as primary care services, acute and inpatient services, and community services, including mental health services, continuing healthcare, and district nursing. The ICB also works directly with services commissioned through pan-London arrangements, such as the London Ambulance Service.

The ICB's ability to coordinate policy responses is delivered via established reporting mechanisms and multi-agency forums, through which the ICB works to align safeguarding practice and promote consistent implementation of the London Safeguarding Adults Policy and Procedures.

The ICB maintains a quarterly reporting process through the Safeguarding Health Outcomes Framework (SHOF). In addition, it further strengthens oversight and harmonisation of policies and procedures via a rolling quarterly "hot topic". This enables the ICB to better calibrate how health providers deliver against specific safeguarding issues, with partners asked to provide targeted assurance and evidence of practice.

For example, a recent "hot topic" focused on carers' assessments. Learning from local Safeguarding Adults Reviews and Domestic Homicide Reviews has highlighted the need to improve awareness of carers' assessments across multi-agency services, with concerns that opportunities to identify carers are sometimes missed during care delivery. In response, partner organisations were asked to demonstrate:

- How they promote carers' health and social wellbeing as part of patient care and treatment.
- Whether there is a clear policy and/or pathway in place for carers' assessments.
- How referrals to local authorities for carers' assessments are identified and recorded.
- How a "whole-family approach" is embedded in assessment and support, particularly in relation to young carers and their families.

STRATEGIC PLAN PROGRESS 24-26

Brent's progress on agreed priorities in 25/26

PRIORITY 1 – SELF NEGLECT

What have Partners achieved?

Brent Adult Social Care (ASC)



The self-neglect toolkit produced by the Brent Safeguarding Adults Board is now routinely applied across triage, safeguarding clinics, supervision, and case audits, ensuring consistent assessment of risk and executive functioning.

Staff have received targeted safeguarding training aligned to Pan-London procedures, with specialist mental health and threshold training scheduled for March 2026. Weekly reflective sessions and coaching reinforce learning from SARs and complex cases.

Joint safeguarding clinics and stronger cross-team coordination have improved consistency, reduced repeat referrals for high-risk individuals, and enabled earlier joint interventions in complex self-neglect cases. Strengthened governance and learning from SARs have improved defensibility.

North West London Integrated Care Board (ICB)



the ICB delivers its safeguarding responsibilities primarily through its oversight of contracted operational partners. This includes promoting the use of established mechanisms such as the self-neglect toolkit and other offers such as a rolling programme of training, and other system-wide resources designed to support best practice.

From a commissioning standpoint, the ICB holds providers to account where such measures are not effectively implemented. The ICB routinely monitors training compliance and other performance data in addition to other safeguarding KPIs — including: trends in the number and nature of safeguarding concerns raised within specific areas, such as self-neglect, domestic abuse or acts of omission.

Where persistent issues or gaps are identified, these are escalated with providers and addressed through contractual and performance management processes.

Metropolitan Police



Use of the Toolkit

The Police are not using the tool kit routinely at present.

Workforce Training

There has been no training on the tool kit or self-neglect at present. However, the tool kit has been shared with the neighbourhood policing teams Inspectors for Brent for them to review, and any training requests will be followed up.

London North West University Healthcare NHS Trust (LNWH)

The Trust continues to support the Brent Safeguarding Adults Board priority on self-neglect through active engagement in multi-agency forums, workforce development, and safeguarding practice.

A Trust representative regularly attends the Brent High Risk Panel, where complex self-neglect and hoarding cases are discussed. Where individuals are admitted to hospital, the Trust contributes to multi-agency planning, supporting coordinated actions and facilitating safe and appropriate discharge arrangements. This reflects strong partnership working across Brent.

Within the organisation, self-neglect is recognised as a complex safeguarding issue requiring a coordinated and proportionate response.

Staff are supported to:

- Identify and escalate safeguarding concerns appropriately
- Seek advice from the Safeguarding Adults Team to support decision-making
- Recognise cumulative and escalating risks, including environmental hazards and fire risk
- Apply the Mental Capacity Act as a central component of assessment and risk management

The Trust works collaboratively with partner agencies where adults with capacity remain at high risk, contributing to the development of shared risk management plans that balance autonomy and protection.

While the statutory duty to undertake safeguarding enquiries sits with the Local Authority, the Trust fully cooperates with Section 42 enquiries, ensuring timely information sharing and contribution to safeguarding decision-making.

The Brent Self-Neglect Toolkit is being incorporated into Level 3 safeguarding training to strengthen workforce understanding and application. However, consistent use of the toolkit in practice remains a challenge due to clinical pressures and competing demands within acute settings.

STRATEGIC PLAN PROGRESS 24-26

Brent's progress on agreed priorities in 25/26

PRIORITY 1 – SELF NEGLECT

What have Partners achieved?

Central London Community Healthcare NHS Trust (CLCH)

Self-neglect remains the highest criteria for referral to social care and is often the areas staff find most difficult, especially when patients have capacity.

Complex cases are discussed in two weekly case discussion that all staff can refer into, discussion helps identify cases where early intervention and support may be required and we use this to agree next steps for clinicians.

CLCH cover self-neglect and abuse during safeguarding adults training at all levels and encourage practitioners to discuss cases with the safeguarding team. We make risk assessment tools readily available for staff and discuss them during all training.

We have noticed a better awareness around the links between Hoarding, Self-neglect, and Fire risk – increased use of clutter rating scale and fire risk assessment

Staff training

- The Brent toolkit was recirculated across all Brent teams and staff are encouraged to use the guidance
- SAB training is shared with staff and teams across Brnet, and self-neglect and hoarding is incorporated into staff mandatory training Levels 1-3.
- Two Weekly case discussion and reflection reinforce learning from SARs and complex cases.

Multi-Agency Work has resulted in stronger links with social care and early multi-agency meetings have helped develop more consistency, especially when also discussing case at complex case meetings.

Going forward, teams would benefit from earlier or prompter update to cases from social care in relation to actions and support put in place. This would allow for continued improvements to outcomes.

Imperial College Healthcare NHS Trust (ICHT)

IN ICHT, the Brent self-neglect toolkit has been shared across safeguarding committee representatives for wider cascade to teams who would benefit from it and added to our internal Safeguarding intranet pages.

The toolkit is also referenced in training.

We are seeing safeeguarding referrals increasing around self-neglect presentations and undertaking discussions within safeguarding supervision

Central & North West London Foundation NHS Trust (CNWL)

The Self-neglect Toolkit has been distributed to all services and put into practice. We have collected solid evidence of its practical use when considering raising safeguarding concerns. This has strengthened our approach through multi-agency safeguarding meetings, promoting early identification and intervention for at-risk individuals.

Practice has been discussed during safeguarding supervision and reflective sessions and has become a fundamental part of every safeguarding discussion or consultation, and the Self-neglect Tool has been incorporated into safeguarding and MCA training to increase staff awareness.

CNWL's Brent Borough Director and the Brent Lead Occupational Therapist are developing a pathway for practitioners dealing with low-level self-neglect/hoarding cases that do not meet the threshold for multi-agency intervention. This issue was also highlighted in recent fatal fire death reviews.

Our Safeguarding Adults team has circulated the new Self-Neglect and Hoarding Toolkit in clinical areas. They also promoted the 'Safe Tea' podcast to local teams, where the SAB Chair discusses current issues. Recently, the SAB Chair issued a statement on the importance of MCA in practice with the Deputy Safeguarding Head at CNWL. Initial feedback from practitioners has been positive regarding the themed podcasts.

STRATEGIC PLAN PROGRESS 24-26

Brent's progress on agreed priorities in 25/26

PRIORITY 1 – SELF NEGLECT

What have Partners achieved?

VIA - New Beginnings

From an organisational perspective during 2025 – 2026, Via has seen an increase of referrals submitted to local authorities due to complexity of self-neglect and have continued to support individuals who may refuse a statutory intervention.

The ongoing challenge is when referrals are not accepted, as individuals may not meet threshold and their behaviours can be seen as an unwise decision and that the person referred is making a lifestyle choice.

While an individual may not be deemed to meet the threshold their needs and potential risks are still more significant than can be addressed by a community drug and alcohol service in isolation.

Brent New Beginnings has a comprehensive Outreach Team and during 2025 - 2026 delivered a number of key objectives in line with our published Outreach Strategy. This outreach enables the team to identify those in the community most at risk of self-neglect and harm.

The comprehensive Outreach Team also supports the facility of home visiting which allows professionals, including clinicians and Dr's to see individuals in their home.

Identifying care and support and particular issues in relation to self-neglect. During 2025 - 2026 the outreach service carried out a minimum of **281 home visits** (at time of writing, reporting for March 2026 is not yet finalised.)

Brent Probation Services

Practitioners have been supported to improve identification and escalation of self-neglect through reflective supervision, quality practice hubs and increased awareness of local pathways.

This has contributed to more consistent use of multi-agency forums—including multi-agency safeguarding hubs, Integrated offender management, Multi-agency public protection arrangements, and Exploitation, violence & vulnerability panels—to monitor risk, share information and agree coordinated actions for adults with intersecting vulnerabilities.

Brent Regulatory services

Our Environmental Health participate in multi-agency meetings to assess self-neglect cases and hoarding behaviour, agree action plans including enforcement actions to tackle public health risks and nuisance arising from this kind of behaviour.

In appropriate cases legal enforcement notices have been issued, ahead of the council utilising its powers to carrying out works in default.

Where cases require a multi-disciplinary approach, they are referred to the 'High Risk Panel' to be assessed by Safeguarding, ASC, Community Mental Health and the GPs to try and effect a programme of resolutions. These cases are referred through the 'Self-neglect Toolkit' (which was introduced by the Safeguarding team) by officers from EH, PRS, ASC and other units.

STRATEGIC PLAN PROGRESS 24-26

Brent's progress on agreed priorities in 25/26

PRIORITY 3 – LEARNING FROM SARS

What have Partners achieved?

Brent Adult Social Care (ASC)



Learning from local and national SARs has directly informed updated to safeguarding standard operating procedures, decision-making guidance, audit tools and training content.

Themes from the Adult H SAR—including escalation, chronologies, advocacy, Making Safeguarding Personal and Mental Capacity Act have been embedded into practice, risk planning approaches and quality assurance processes.

SAR learning has been shared through Lunch & Learn sessions, management briefings and reflective practice forums.

messages have been incorporated into induction, supervision templates, coaching sessions and audit feedback loops, ensuring SAR themes are consistently applied across teams and integrated into everyday practice.

The ICB's multi borough footprint means it is uniquely positioned to disseminate safeguarding learning at scale across North West London. This reach ensures the ICB has the ability to drive consistency, reduce variation in practice, and embed safeguarding standards across a complex health economy. In this context, the ICB plays a critical system leadership role to ensure that learning from Safeguarding Adults Reviews other safeguarding intelligence is translated into practice.

North West London Integrated Care Board (ICB)



This is achieved through a structured approach to information sharing and partner engagement, including multi-agency forums such as the quarterly North West London Safeguarding Leads Meeting, primary care and GP safeguarding leads interface meetings, and wider place-based network arrangements. These forums provide a tried and tested vehicle for both cascading information, and professional challenge, reflective learning, and the triangulation of safeguarding themes across and between health partners.

In addition, the ICB actively signposts partners to relevant safeguarding boards and sub-groups across the North West London safeguarding system, ensuring alignment with local priorities. Key lessons are further reinforced through contractual and performance management processes that enable the ICB to seek assurance that providers have embedded recommendations from reviews into policy, training, and practice.

New contracts are routinely reviewed against current safeguarding legislation, policy, and emerging best practice, ensuring that safeguarding requirements are explicit, measurable, and enforceable. This enables the ICB to utilise its contractual weight not only to hold providers to account but also drive improvement and a culture of proactive rather than reactive safeguarding

Metropolitan Police



Changes made in response to SARs

Learning from local and national SARs has directly informed updates to safeguarding Standard Operating Procedures, decision-making guidance, audit tools and training content.

How learning has been disseminated and embedded

SAR learning is being shared through the teams via their managers at team meetings. Presentations have been given to response officers when they parade for duty.

Brent Probation Service

Probation have actively strengthened practice in line with themes arising from the Indira SAR and the current learning emerging from the HR SAR. Our focus has been on embedding learning that improves professional curiosity, the use of interpreters, information-sharing and the timely escalation of safeguarding concerns.

Quality Practice Hubs have supported this by increasing opportunities for face-to-face skills development, case discussion and peer learning. These hubs have helped reinforce practitioners' confidence in recognising safeguarding indicators, understanding referral pathways and escalating risk where concerns persist. This aligns directly with SAR themes relating to multi-agency communication, coordinated risk management and clarity of professional roles.

In addition, annual safeguarding training—delivered both online and in person—continues to be mandatory for all staff, with follow-up monitoring to ensure completion. This has strengthened practitioner understanding of self-neglect, hoarding, substance misuse and mental-health-related vulnerabilities, alongside reinforcing responsibilities under the Care Act. Regular refreshers ensure that learning from SARs is embedded consistently across the team. Together, these improvements have enhanced our ability to identify, respond to and escalate safeguarding concerns at an earlier stage, supporting safer and more coordinated practice across Brent's multi-agency safeguarding system.

STRATEGIC PLAN PROGRESS 24-26

Brent's progress on agreed priorities in 25/26

PRIORITY 3 - LEARNING FROM SARS

What have Partners achieved?

Central London Community Healthcare NHS Trust (CLCH)

Learning from local and national SARs has informed updates to safeguarding standard operating procedures, decision-making guidance, audit tools, and training content. Themes are also discussed within Safeguarding committee and incorporated within the Safeguarding annual workplan.

Themes from the Adult H SAR, included escalation, chronologies, advocacy, making safeguarding personal and the mental capacity act, all of which are ongoing areas of discussion with staff and cases, and we continue to embed into practice, risk assessments, and quality assurance.

SAR learning has been shared through Lunch & Learn sessions, briefings, and reflective practice forums. Key messages are incorporated into induction, supervision templates, and audit feedback, ensuring SAR themes are consistently applied and integrated into everyday practice.

The annual CLCH safeguarding conference agenda uses the preceding year's themes and topics from SAR's to reflect and update about National policy and guidance and encourages professional curiosity to challenge and ask questions.

This year's conference was titled: CLCH Safeguarding Conference 2025 - See Me, Hear Me - Make the Difference and included discussion presentations on considering executive function / the Mental Capacity Act in decision making, and working with families when access to a vulnerable patient is blocked or there is a breakdown in relationships.

CLCH and system-wide webinars have been delivered on trauma-responsive services, drawing on learning from the Stephen SAR and associated 7-minute briefing, as well as sessions covering self-neglect, no access, and the Mental Capacity Act (MCA).

In addition to the above, the following SAR-driven activity has taken place:

- An online seminar presented by Alex Ruck Keene (Mental Capacity legal expert) was promoted across teams.
- The Associate Director of Safeguarding has delivered webinars / training on SARs.
- Fire Deaths: Survey completed, and fire risk included in training. Evidence of referrals to fire and rescue services
- Multi-exclusion homelessness~(MEH): Included in training re: risk and seeing MEH as a safeguarding concern.
- CLCH homeless health team held a conference which had a session on safeguarding adults delivered by a member of the Safeguarding team.

CLCH has delivered a quarterly journal club webinar that have included topics:

- Was not brought/ No access
- Restrictive Intervention
- PIPOT/Lado
- Fire Review
- Escalation

VIA - New Beginnings

Via commissioned and delivered the Domestic Abuse Routine Enquiry (DARE Toolkit) training following a review which focused on working with individuals who cause harm. This was rolled out to all safeguarding leads.

A key change being implemented for couples in treatment is the importance of reviewing them in multi-disciplinary teams as a couple as well as reviewing their individual needs, this is particularly pertinent when there are concerns of possible domestic abuse and violence in their relationship

On completion of external reviews, any learning and recommendations are presented at the quarterly safeguarding committee meeting and service safeguarding leads are required to share the learning within their local team meetings to ensure lessons are learnt.

STRATEGIC PLAN PROGRESS 24-26

Brent's progress on agreed priorities in 25/26

PRIORITY 3 – LEARNING FROM SARS

What have Partners achieved?

London North West University Healthcare NHS Trust (LNWH)

The Trust has continued to strengthen its approach to learning from both local and national Safeguarding Adult Reviews (SARs), ensuring that learning is translated into practice and embedded across the organisation.

SAR findings and recommendations are systematically reviewed by the Safeguarding Adults Team and escalated through internal governance structures, including the Safeguarding Adults Committee, Integrated Safeguarding Board, and relevant training forums. This ensures organisational oversight and accountability for implementation.

Learning from the Adult G SAR and another local SARs informed a targeted audit of the use of the Safeguarding Adults Decision Guide for Patients with Pressure Ulcers. This provided assurance around practice and identified areas for improvement in the recognition and escalation of safeguarding concerns related to tissue viability.

In response to SAR learning, the Trust delivered multi-agency “lunch and learn” sessions for both LNWH staff and community partners. These sessions, delivered jointly by the Safeguarding Adults Team and the Trust Consultant Tissue Viability Nurse (TVN), focused on the identification, classification, and management of pressure ulcers, as well as when concerns should be escalated as safeguarding issues.

Learning from SARs is also embedded within safeguarding training programmes and wider educational activity, supporting staff to reflect on practice, strengthen professional curiosity, and improve decision-making in complex safeguarding situations.

This approach supports a culture of continuous learning and improvement, ensuring that safeguarding practice evolves in response to both local and national learning.

Central & North West London Foundation NHS Trust (CNWL)

Learning recommendations from various SARs are included in each quarterly divisional report to promote learning and raise awareness among management and staff. The main themes this year have been:

- Inconsistent use, recording, and application of the Mental Capacity Act
- Complex self-neglect that is not adequately recognised, addressed, and escalated when necessary;
- Carers are not recognised as carers, nor offered assessments or support, which may lead to carers' stress contributing to increased risk and harm;
- Fragmented multi-agency working, with information not shared appropriately;
- Hidden exploitation of adults with care and support needs, and misinterpretation of “lifestyle choice” where coercion is involved, including cuckooing/home invasion.

We have implemented key recommendations from recent SARs by enhancing information-sharing protocols and reinforcing professional curiosity during case reviews. Safeguarding training now includes SAR learning modules that focus on systemic issues and improving safeguarding decision-making. To improve staff knowledge and expertise in applying the Mental Capacity Act, as it is a recurring theme in SAR recommendations, a week of Mental Capacity Act awareness activities was organised in May, featuring various workshops, presentations, and case discussions, and a second week is planned for May 2026 as well.

Imperial College Healthcare NHS Trust (ICHT)

Strengthening learning around Mental Capacity Act, advocacy, making safeguarding personal, fatal fire work continues, in addition to safeguarding and mental health concerns, professional curiosity and difficult conversations.

Learning is shared across the ICT safeguarding committee to divisional representatives who will take key information back for wider cascade. The Trust participated in safeguarding adult week with training and learning from SARs that included sessions on ‘Today I Learnt Something’ and ‘Back to the Floor and In the Know’ sessions. SAR learning is used with safeguarding training and safeguarding supervision presentations.

STRATEGIC PLAN PROGRESS 24-26

Brent's progress on agreed priorities in 25/26

PRIORITY 2 – HOUSING NEED AND SUBSTANCE MISUSE

What have Partners achieved?

Brent Adult Social Care (ASC)



Staff confidence in working with people who misuse substances

Staff confidence has strengthened through targeted safeguarding training, weekly reflective clinics, and updated legal-literacy sessions focused on mental health, substance misuse and risk planning. These improvements form part of the wider workforce development programme and safeguarding clinics reinforced in 2025–26.

Staff awareness of referral routes to drug and alcohol services

There are clear referral pathways into Change Grow Live (CGL) and homelessness services have been widely disseminated across teams through updated standard operating procedures and supervision discussions. This ensures practitioners understand how to refer, escalate and coordinate multi-agency responses when substance misuse is a factor.

Organisational response to cuckooing and home invasion

ASC follows the Brent Multi-Agency Cuckooing Protocol, ensuring immediate risk assessment, joint visits with Housing and Police, and safeguarding referrals where exploitation is suspected. Indicators of cuckooing and home invasion are also captured through strengthened provider-concerns oversight and multi-agency intelligence, enabling earlier detection and coordinated intervention.

Strengthened multi-agency coordination

ASC has enhanced joint working through:

- SMART24, which provides rapid multi-agency decision-making on adults at risk with overlapping needs such as substance misuse, homelessness and exploitation.
- Regular Housing Clinics, jointly chaired by ASC Mental Health Team and Housing, enabling coordinated risk planning, earlier intervention and consistent escalation pathways for adults experiencing housing insecurity and substance-related harm.

These structures help ensure shared risk ownership, faster problem-solving, and more consistent safeguarding responses across agencies.

The ICB fulfils its safeguarding responsibilities by seeking assurance from its contracted partners. Where concerns arise, it holds providers to account through established mechanisms, including performance and assurance reviews.

In this context, significant issues — such as emerging trends indicating a failure to respond appropriately to risks such as cuckooing/home invasion, or substance misuse — these are identified through routine monitoring and escalated via contractual performance processes.

This ensures that concerns are addressed promptly and that providers are supported and challenged to improve practice where required.

North West London Integrated Care Board (ICB)



Metropolitan Police



Staff confidence in working with people who misuse substances

Brent neighbourhood policing teams work very closely with VIA, who are commissioned by Brent Council for drug and alcohol misuse.

Staff awareness of referral routes to drug and alcohol services

Project ADDER (Addiction, Diversion, Disruption, Enforcement and Recovery) within the Metropolitan police service, allows police to complete a referral for anyone that needs support. Prior to this, police would refer direct into VIA.

Organisational response to cuckooing and home invasion

Inspector Zhang, Brent NPT, is in regular contact with the head of service for public health. They information share and feed into each other's plans. For examples, police can direct VIA outreach into area with Class A use. SNT sergeants will attend the monthly Community MARAC meetings.

It's at these CMARAC meetings that cases of cuckooing are discussed. Information is shared with Adult Social Care, Public Health and Police. There are **currently 9 live cases with about 60 cases dealt with** in the last year. Between the partners on the CMARAC an action plan will be formulated, normally consisting of police attendance to confirm welfare of subject and dealing with any criminal offences.

STRATEGIC PLAN PROGRESS 24-26

Brent's progress on agreed priorities in 25/26

PRIORITY 2 – HOUSING NEED AND SUBSTANCE MISUSE

What have Partners achieved?

Central London Community Healthcare NHS Trust (CLCH)

Strengthening staff confidence when dealing with patients who misuse substances is an ongoing priority for the coming year. Staff will bring cases to complex case meetings and supervision for discussion and recognise impact these risks can have on patient recovery and care. Future updates form substance misuse services will be planned in 26/27.

This year's CLCH safeguarding conference was titled: See Me, Hear Me – Make the Difference and included discussion presentations on considering executive function and included presentations from Professor Michael Preston Shoot.

Multi-exclusion homelessness (MEH) is Included in training re: risk and seeing MEH as a safeguarding concern. The CLCH homeless health team held a conference which included a session on safeguarding adults delivered by a member of the Safeguarding team, the team are also available to advice and guide clinicians.

Staff are aware of referral routes to drug and alcohol services and there are clear referral pathways into services, which are shared across Brent teams.

Cuckooing is an ongoing area of concern for staff; work is ongoing re: recognising cuckooing by being professionally curious and escalating concerns promptly. We have seen escalations over the last year and more curiosity. This work also incorporates importance of staff safety and lone working policies. The SAB 7-minute briefing has been shared across teams. Indicators of cuckooing and home invasion are also captured through early case discussion and escalation and incorporated into training across the Trust.

Central & North West London Foundation NHS Trust (CNWL)

Local CNWL services are, together with the local authority, running substance misuse services and are aware of the referral pathways and processes involved. Substance misuse and dependency are assessed as a part of routine initial assessments and documented and referrals to substance misuse services are offered where there are identified challenges or issues in relation to substance misuse.

In 2025 a meeting was held with service managers for substance misuse services and mental health services promoting a better understanding of referral pathways and processes relating to substance misuse and relevant presentations were provided to local teams.

CNWL is a core member of the High Risk Panel, addressing health-related concerns and implementing interventions as needed. We also contribute to general discussions when the Multi-disciplinary Team agrees on the best course of action. The High Risk Panels meet weekly.

Cuckooing/home invasion has long been part of our standard safeguarding training, and learning from a recent SAR with a large element of cuckooing in another London Borough has been shared with clinical teams. This included responding to indicators, and these are linked in to local procedures and pathways.

VIA - New Beginnings

The Brent New Beginnings service is available to provide training and support including 1:1 case support for case discussion. This support is available 24/7 through the New Beginnings helpline which is available 24hrs a day every day of the year.

The Brent New Beginnings service is available to support referrers with any queries; referrals can be made online or in person by professionals. Individuals can be supported to complete referrals over the phone, as above this facility is available 24/7.

The organisational procedure is that all victims of cuckooing / home invasions are placed on the service safeguarding tracker for ongoing monitoring and management oversight and that services follow their local referral pathway.

STRATEGIC PLAN PROGRESS 24-26

Brent's progress on agreed priorities in 25/26

PRIORITY 2 – HOUSING NEED AND SUBSTANCE MISUSE

What have Partners achieved?

London North West University Healthcare NHS Trust (LNWH)

The Trust continues to support the Brent Safeguarding Adults Board priority on housing need and substance misuse through targeted pathways, partnership working, and staff support. The Trust has a dedicated Homeless Pathway Team, which supports patients who are homeless or have no fixed abode. The team works with individuals during admission to complete relevant assessments, establish eligibility for housing, and liaise with Local Authority housing services, supporting safe and appropriate discharge planning.

In relation to substance misuse, staff are supported through established referral pathways and partnership working. Emergency Departments and inpatient wards can refer directly to the Alcohol Liaison Nurse Service (provided by CNWL), and there are well-established links with local substance misuse services, including VIA, enabling timely referral with patient consent.

Staff confidence in working with individuals who misuse substances is supported through safeguarding training, access to specialist advice (including the Safeguarding Adults Team and liaison services), and multidisciplinary working. However, as with other complex safeguarding themes, confidence may vary depending on staff experience and exposure, and this remains an area for continued development through training and reflective practice.

Staff are made aware of referral pathways through training, clinical guidance, and support from specialist teams, ensuring that individuals can be signposted or referred to appropriate local services.

In relation to cuckooing and home invasion, the Trust responds in line with safeguarding procedures under the Care Act 2014. Where concerns are identified, safeguarding referrals are made to the relevant Local Authority, and immediate risks are assessed, including the safety of discharge arrangements.

The Trust works collaboratively with partner agencies, including Local Authority safeguarding teams, housing services, and the police, recognising that these situations require a coordinated multi-agency response. Where appropriate, cases are escalated to multi-agency high-risk forums to support effective risk management and safeguarding planning.

Imperial College Healthcare NHS Trust (ICHT)

At ICHT, alcohol services are embedded in emergency departments and patients are tracked across the Trust to give assistance to patients in community and whilst as an in-patient.

Safeguarding supervision is available for all staff and we have also commenced an audit around alcohol use and safeguarding response. Cases will be brought to safeguarding supervision and/or to the safeguarding team for advice. Following this, safeguarding referrals will be submitted and/or professional meetings will be held.

Brent Probation Service

Practitioners have benefited from high levels of support and visibility from local substance misuse partners, including VIA and Forward Trust, who provide regular office-based sessions and swift pathways into treatment. This improved accessibility has enabled earlier intervention, more coordinated care planning and increased engagement from individuals with complex needs. In relation to housing, practitioners have continued to make timely referrals to Brent Housing, St Mungo's and Commissioned Rehabilitative Service for accommodation support, ensuring individuals at risk of homelessness or unsafe living environments receive specialist assessment and intervention.

Routine use of personal wellbeing assessments and joint working with the Community Mental Health Team has further strengthened our response to adults where self-neglect, mental health decline or hoarding behaviours present safeguarding concerns.

 Brent  West and North London	Brent Health and Wellbeing Board 17 September 2026
	Report from the West and North London Integrated Care Board (WNL ICB)
West and North London 10-Year Strategy	

Wards Affected:	All Brent
Key or Non-Key Decision:	Not applicable
Open or Part/Fully Exempt: (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
List of Appendices:	Appendix 1 – Presentation: WNL 10-Year Strategy
Background Papers:	None
Contact Officer(s): (Name, Title, Contact Details)	Radhika Balu GP & Clinical Director - Mental Health WNL ICB radhika.balu@nhs.net

1.0 Executive Summary

- 1.1 This report introduces the emerging West and North London (WNL) 10-Year Strategy and seeks the Health and Wellbeing Board's views on how the proposed strategic direction should be translated into local priorities, partnerships and delivery plans. The strategy has been developed following the creation of the new WNL Integrated Care Board and aims to improve population health outcomes, reduce inequalities and make better use of the £12bn health and care budget.
- 1.2 This report is presented for discussion and strategic input. Feedback from the Board will help ensure that the final West and North London 10-Year Strategy reflects local priorities, supports delivery at borough level and contributes to improving outcomes for residents across the system.

2.0 Recommendation(s)

- 2.1 The Health and Wellbeing Board is asked to:

- i) **Note** the emerging West and North London 10-Year Strategy and its proposed direction of travel.
- ii) **Consider whether the emerging priorities align with local needs**, including:
 - JSNA findings;
 - local health inequalities;
 - prevention priorities; and
 - wider determinants of health.
- iii) **Identify where shared delivery is most important locally**, particularly in relation to:
 - neighbourhood health;
 - children and young people;
 - mental health;
 - prevention; and
 - reducing inequalities.
- iv) **Advise on actions, dependencies and enablers** required to support implementation within the borough.
- v) **Highlight any risks, gaps or local considerations** that should inform the final strategy.
- vi) **Agree that Board feedback should be shared with the ICB** to inform further development of the strategy and associated delivery plans.

3.0 Detail

3.1 Contribution to Borough Plan Priorities & Strategic Context

3.1.1 Borough Plan Priority – A Healthier Brent

3.2 Background

3.2.1 West and North London serves approximately 4.5 million residents across 13 boroughs and faces significant challenges, including widening health inequalities, increasing demand for services, rising public expectations and growing financial pressures. The strategy proposes a long-term shift towards prevention, earlier intervention, neighbourhood-based care and targeted action to reduce inequalities.

3.2.2 The emerging strategy is built around three interconnected aims:

- Improving health outcomes and reducing inequalities.

- Reducing pressure on health and care services.
 - Making the best use of available resources.
- 3.3.3 The strategy proposes a stronger focus on prevention, integrated neighbourhood working, community-based support, co-production with residents and commissioning based on outcomes and value.
- 3.2.4 Emerging population priorities include:
- Early years and family support.
 - Children and young people.
 - Adults living with serious mental illness.
 - People at risk of, or living with, long-term conditions.
 - Adults with complex health and social needs.
 - Healthy ageing and end-of-life care.

4.0 Strategic Implications

4.1 Population Health and Health Inequalities

- 4.1.1 The strategy places equity at the centre of its approach, recognising the significant variation in outcomes experienced across West and North London communities. The proposed direction is to target action and resources where need is greatest and embed equity as a core design principle rather than a standalone programme.

4.2 Prevention and Early Intervention

- 4.2.1 A major shift is proposed from reactive care towards prevention, earlier intervention and proactive support. This has implications for partnership working across health services, local government, public health, education, housing and the voluntary and community sector.

4.3 Neighbourhood Health and Integration

- 4.3.1 The strategy proposes strengthening integrated neighbourhood models with primary care, community services and mental health services at their core. This will require stronger collaboration between NHS organisations, local authorities, place partnerships and community organisations to improve outcomes and provide more coordinated care.

4.4 Financial Sustainability

- 4.4.1 The evidence presented suggests that an increasing proportion of resources is being absorbed by hospital and crisis care, limiting investment in prevention and community-based services. The strategy seeks to improve value and sustainability through earlier intervention and more effective use of resources.

4.5 Role of the Health and Wellbeing Board

4.5.1 The presentation highlights a key role for Health and Wellbeing Boards in:

- Anchoring the strategy in borough priorities and JSNAs.
- Aligning shared delivery across partners.
- Defining local commitments, actions and ownership.
- Providing a clear route for feedback into the ICB.

5.0 Stakeholder and ward member consultation and engagement

4.1 Details on consultation and engagement with stakeholders and members is included in the main body of the report and presentation.

5.0 Financial Considerations

5.1 Detailed in the main body of the report.

6.0 Legal Considerations

6.1 There are no direct legal implications arising from this report.

7.0 Equity, Diversity & Inclusion (EDI) Considerations

7.1 Detailed in the main body of the report.

8.0 Climate Change and Environmental Considerations

8.1 There are no direct environmental sustainability implications.

9.0 Human Resources/Property Considerations (if appropriate)

9.1 Not applicable.

10.0 Communication Considerations

10.1 Detailed in the main body of the report.

Report sign off:

Dr Radhika Balu
GP & Clinical Director - Mental Health
WNL ICB

West and North London 10-year strategy: Health and Wellbeing Board discussion

17 September 2026

A new organisation creates the opportunity to think and commission differently

Bringing together the legacy North Central London and North West London footprints creates a £12bn budget to improve health and care across our population. This organisational moment gives us the opportunity to set a clear long-term direction as the strategic commissioner responsible for improving the health of our population.

Combining scale with a sharper focus on place, population and outcomes.

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THINK DIFFERENTLY

Combine insight, relationships and strengths across both legacy systems — while staying rooted in borough and neighbourhood needs.

COMMISSION DIFFERENTLY

Use population evidence, outcomes and value to shape priorities, resource decisions and the services needed for the future.

FOCUS RELENTLESSLY

Put inequalities at the centre, targeting action and investment where need is greatest.

The pressure on our health and care system is converging across outcomes, access and cost

WNL is a £12bn system facing widening health gaps, rising expectations for, convenient access, personalised care and advice, digital-first experiences, joined-up services, and greater control over health — while costs shift toward crisis care.

OUTCOMES & INEQUALITY

17-year

gap in healthy life expectancy between WNL neighbourhoods

23-year

fall in healthy life expectancy over the last decade

1 in 3

five-year-olds have tooth decay; mental health needs continue to rise

ACCESS IS SHIFTING

14%

of UK adults hold private medical insurance — 7.6m people

24%

already use AI tools or social media for health guidance

32%

lower private GLP-1 prescription uptake in the most deprived communities

HOSPITAL & COST

51% → 56%

acute share of spend, from 2019/20 to 2025/26

13% / 16%

potentially preventable emergency inpatient activity / low-intervention A&E attendances

>£1bn

projected “do nothing” deficit by 2035/36

Why this matters

Without change, unequal access will grow while more of the budget is absorbed by avoidable hospital and crisis care.

West and North Londoners are clear about what they need from us

Feedback from engagement with our communities, staff and other stakeholders highlights that people want simpler access; fairer, joined up services; a greater focus on prevention and proactive care; and trusted relationships with their care teams.

Views from our:

Theme	Residents and communities	Staff and clinicians	Partners and stakeholders	Implications for our 10-year strategy
 Make it simpler	Access is difficult, services are hard to navigate, information is inconsistent, and people do not know where to go for help.	Pathways are complex and fragmented, creating inefficiencies for both staff and patients.	System structures and organisational boundaries can make services difficult to access and coordinate.	Design around people's lives , not organisational structures — with simpler access, clearer navigation and seamless pathways.
 Make it fairer	Some communities experience greater barriers, lower trust, discrimination and poorer access to services.	Services need to be more inclusive, culturally competent and responsive to differing needs.	Reducing inequalities and improving outcomes for underserved populations must be a core priority.	Make equity core design principle rather than a standalone programme, targeting resources where need is greatest.
 Make it work together	People experience fragmented care, repeated assessments and poor coordination between services.	Integrated teams, continuity of care and neighbourhood working are essential for quality and sustainability.	Stronger collaboration across health, local government and the VCSE sector is needed to improve outcomes.	Shift towards integrated neighbourhood models , with shared responsibility for outcomes and stronger partnership working.
 Focus on prevention	People want support earlier, closer to home and before problems reach crisis point.	Rising demand cannot be met through treatment alone; prevention and self-management are critical.	Wider determinants, community resilience and long-term population health are key concerns.	Rebalance investment towards prevention , early intervention and community-based support.
 Build trust and relationships	People want to be listened to, involved in decisions and treated as individuals.	Stable teams and continuity of relationships improve outcomes and staff experience.	Trusted community organisations play a vital role in engagement and service uptake.	Put relationships, co-production and trusted community partnerships at the centre of delivery.

We want to improve outcomes for the 4.5 million people living across our 13 boroughs



West and North London

1 Healthier lives for everyone

- Help people stay well for longer
- Prevent illness, not just treat it
- Reduce health gaps between communities

2 Less pressure on services

- Support people earlier and closer to home
- Focus help on those who need it most
- Make it easier to manage health day-to-day

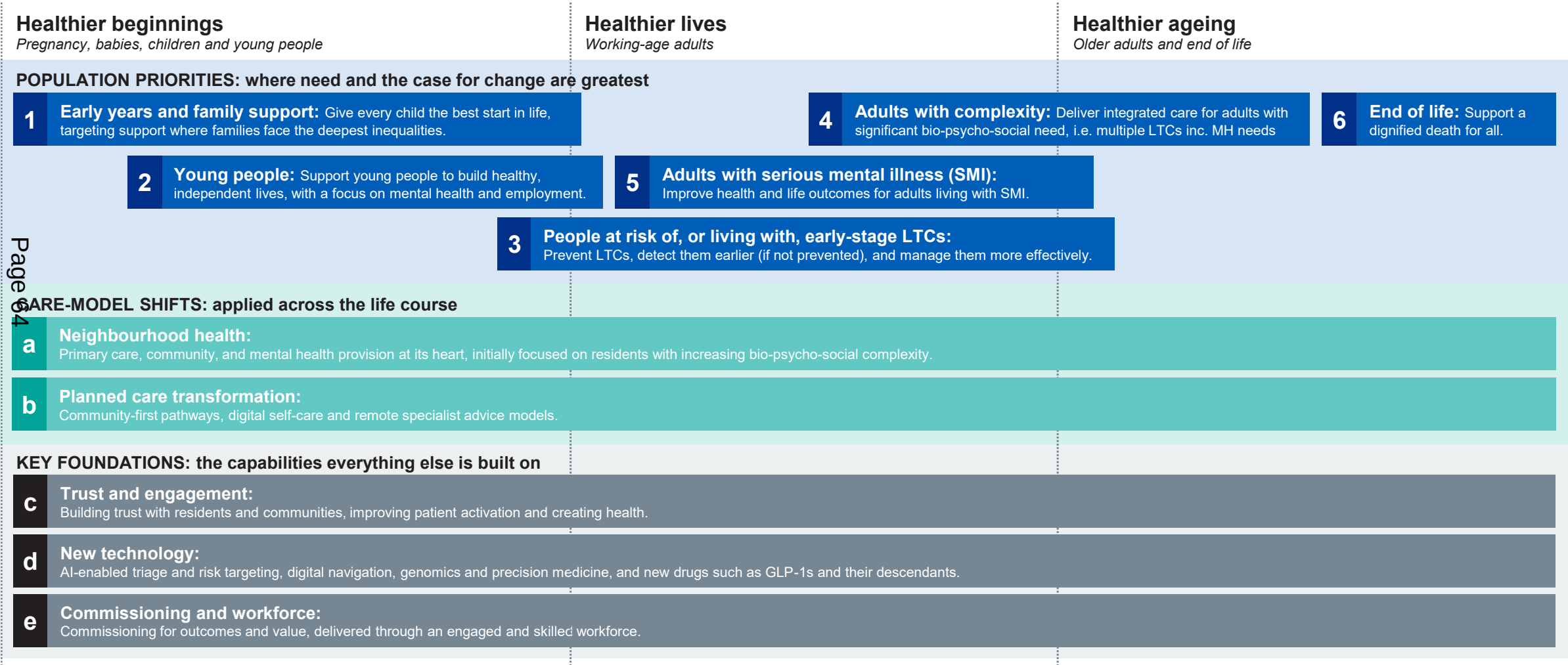
3 Make the best use of our money

- Spend where it makes the biggest difference
- Reduce waste and variation
- Keep services affordable for the future

Three connected goals guide our strategy — improving outcomes, easing pressure and making the best use of resources.

Six population groups are emerging as strategic priorities

Our strategy is framed around the life course, putting people at the heart, with a clear strategic shift towards prevention, proactive care and neighbourhood delivery and a focus on reducing disease progression, demand and inequalities.



Our methodology combines engagement with evidence and analysis

Residents and staff shape the strategy throughout; a five-step approach turns that insight into priorities.

ENGAGEMENT THROUGHOUT

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Residents & service users

Review of existing engagement across West and North London

800+

engagement events

160,000+

residents engaged or reached

WNL health & care system staff

System-wide call for evidence and workshops shaping the vision and detailed strategy

ICB staff

Internal call for evidence and all-staff drop-ins as the strategy develops

EVIDENCE-LED DEVELOPMENT APPROACH

- 1

Understand people's needs

Population, service-use and resident insight
- 2

Look ahead

Growth, ageing, illness and demand forecasts
- 3

Check resource use

Spend, variation and external benchmarks
- 4

Find opportunities

Better outcomes, prevention, demand and value
- 5

Agree priorities

Evidence of what works and clear investment choices

Engagement and evidence come together at every stage — from understanding need to agreeing priorities.

Strategy development roadmap: from final strategy to delivery

	Completed work <i>May – July</i>	Analysis & refinement <i>Late July – mid-September</i>	Final strategy & governance <i>September – October</i>	Mobilisation & delivery <i>October onwards</i>
Strategy development	• Draft strategy and priorities • Interim IHNA evidence base • Guiding principles agreed • Initial delivery approach	• Final IHNA and inequalities analysis • Finance/activity model to align resource to need • Cohorts, enablers and delivery framework	• Final strategy documentation • Leadership socialisation • ICB governance preparation	• Strategy delivery plan agreed • Priority programmes and delivery teams mobilised • Strategy informs the provider planning round
Engagement, OD & enablers	• Staff engagement approach in place • Stakeholder survey issued • Residents forum complete • Further engagement plan	• Analyse call for evidence • Ongoing staff and stakeholder engagement • Additional resident engagement	• External communications materials as needed • Staff engagement on final strategy and implications	• OD work begins to build a high-functioning strategic commissioner • Enabling work mobilised to support delivery • Staff, provider and partner engagement continues

Health and Wellbeing Boards: Translating the strategy into action

WNL direction of travel should help to focus borough priorities, shared delivery and the actions needed locally.

Actions for Health and Wellbeing Boards

- 1

Anchor the strategy in borough priorities

Test the direction against the JSNA, local health inequalities, prevention priorities and wider determinants.
- 2

Align shared delivery

Identify where local government, place partnerships and the ICB need to act together – particularly on neighbourhoods, children and young people, mental health, prevention and left shift.
- 3

Define local commitments

Surface the specific actions, owners and dependencies needed locally to implement the strategy – including what the Board can help unlock.

How this should work in practice

- Common direction

Use one shared narrative about the direction of travel
- Borough lens

Ask what the strategy means for this borough, where shared delivery matters most and what needs to change locally.
- Clear accountability

Ensure leadership for action, with sufficient structure to identify issues, actions and ownership.
- One feedback route

Feed agreed issues and actions into the ICB through a clear route, avoiding multiple parallel conversations.

The ask today

Where is shared delivery most important for this borough – and what can the Board help to unlock?

Appendix / archive



Our ambition for the future health and care system: bend the three curves simultaneously

Our strategy must start with what changes for our residents and communities: earlier support, care wrapped around the whole person, and services that help people stay well.

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1 Bending the outcome curve

Improve population health and equity by preventing progression of long-term conditions and narrowing disparities across 4.5m residents.

Population health outcomes improve by 2035

2 Bending the demand curve

Reduce avoidable acute demand by intervening earlier, closer to home, and moving from reactive treatment to proactive care.

Avoidable demand growth reduced vs do-nothing

3 Bending the cost curve

Optimise value from the £12bn budget, reduce unwarranted variation and move onto a sustainable financial trajectory.

Sustainable trajectory by 2035/36

Success means bending all three curves together — not trading outcomes, demand and cost off against one another.

Change is needed now across the health and care system

Growing pressures and rising expectations are widening the gap between need and what the health and care model can deliver.

West and North London has world-class assets and a £12bn budget — but demand, complexity and expectations are now moving faster than the system is designed to respond.



Growing pressures

Need is rising in scale, complexity and acuity.

- More years spent in poor health
- Demand exceeds capacity
- Increasing health inequalities
- Financial pressure continues to grow
- A care model weighted to reaction



Patient expectations

People increasingly expect care to feel joined-up, digital and personalised.

- Instant access and convenience
- Personalised care and advice
- Digital-first experiences
- Joined-up services around people
- Greater control over their health

Outcomes and inequalities are not improving, and some people are already looking elsewhere for support

Outcomes and inequalities

People are living longer, but not healthier lives — and where you live shapes how long and how well you live.

≈3 year

fall in healthy life expectancy over the last decade

17-year

gap in healthy life expectancy between WNL neighbourhoods

1 in 3

five-year-olds have tooth decay; mental health needs continue to rise

Seeking alternatives — but not equally

Access to private, digital and AI-enabled support is easier for people with resources, leaving those with greater need less able to benefit and widening inequalities.

14%

of UK adults now hold private medical insurance (7.6m people)

24%

already use AI tools or social media for health guidance

32%

lower uptake of private GLP-1 prescriptions in most deprived communities despite significantly higher obesity rates

Why this matters

Without change, there is a risk of a **two-track health system** emerging: people with the means, confidence or digital access increasingly find alternatives, while others spend longer in poor health and become more dependent on increasingly pressured health, care and community services.

More resources are being absorbed by hospital and crisis care

Funding is shifting

51% → 56%

acute spend share increased
between 2019/20 and 2025/26

≈£600m

of 2025/26 budget linked to acute-
share rise

Reactive demand persists

13%

emergency inpatient
activity potentially
preventable through
community care

16%

A&E attendances with
no investigation or
significant treatment

The trajectory is unaffordable

>£1bn

projected “do nothing” deficit by
2035/36

Cost drivers

Demography, inflation, drugs and
workforce costs continue to rise

Why this matters The system cannot spend its way out of the problem. We must change where and how support is delivered — shifting from reactive treatment to proactive, community-first care and support.

To develop our strategy, we are using data to understand the needs of our residents

Strategy development approach

1 Understand people's needs

- Population data (age, health conditions, inequalities)
- Service use (GP, hospital, community)
- Resident and patient feedback

2 Look ahead to future demands and needs

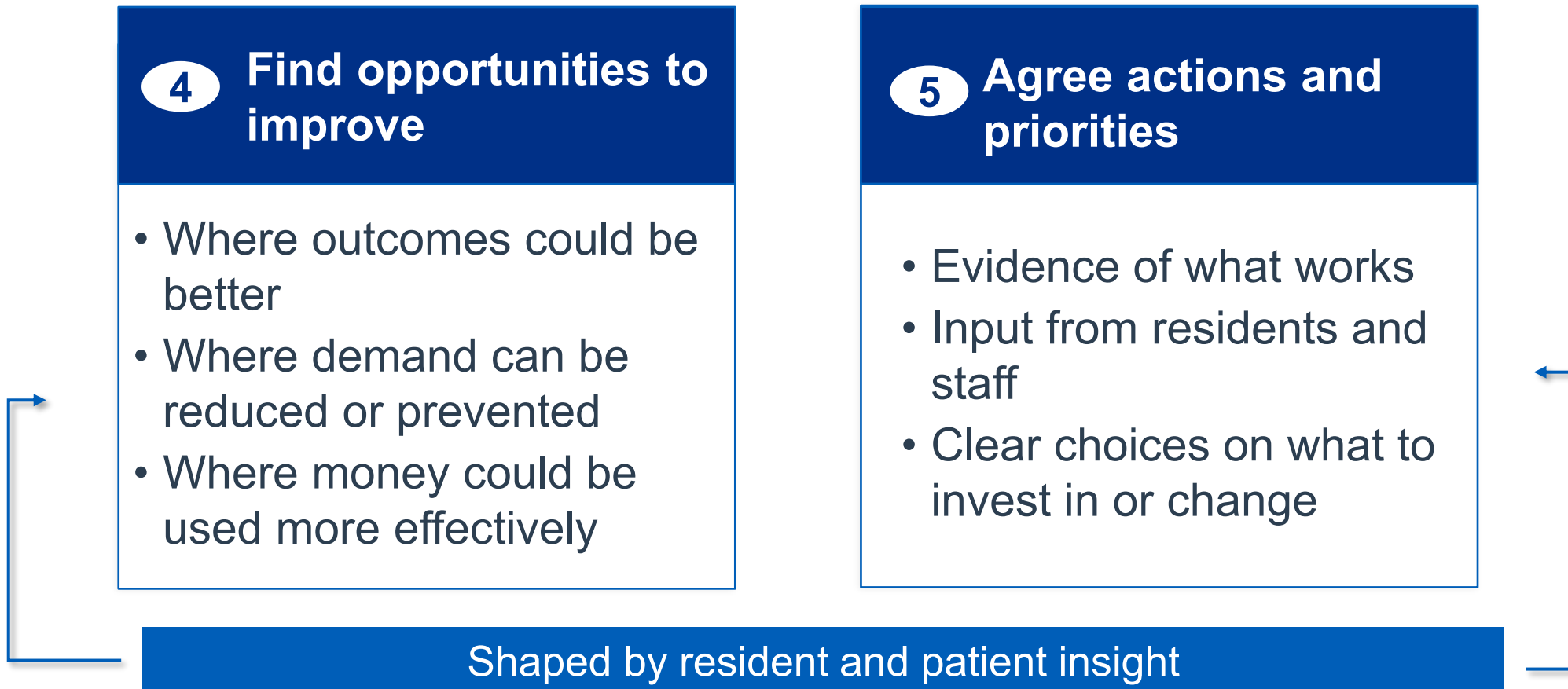
- Population growth and ageing trends
- Changes in illness and long-term conditions
- Forecasts of service use and capacity

3 Check how resources are being used

- Current spending across services and areas
- Differences between places and groups
- Benchmarks vs other healthcare systems

To develop our strategy, we are using data to understand the needs of our residents

Strategy development approach



 Brent  West and North London	Brent Health and Wellbeing Board 17 September 2026
	Report from the Brent Integrated Care Partnership (ICP) Executive
Brent Neighbourhood Health Geographies	

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
List of Appendices:	- Appendix A: Letter from Health and Wellbeing Board Chair and Vice Chair to stakeholders - Appendix B: Options and data - Appendix C: Letter from the ICP Executive to all stakeholders
Background Papers:	None
Contact Officer(s): (Name, Title, Contact Details)	Robyn Doran* Director of Transformation and Brent ICP Director, Central and North-West London NHS Foundation Trust robyn.doran@nhs.net Tom Shakespeare Director, Brent Integrated Care Partnership (ICP) tom.shakespeare@brent.gov.uk *In capacity as joint chair of the Brent Integrated Care Partnership Executive

1.0 Executive Summary

This report:

- 1.1. Provides an update on the review undertaken to determine the most appropriate geographical footprints for NHS neighbourhood health in Brent – this being a requirement of the national NHS Neighbourhood Health Framework and a

foundation for improved services and support for residents and patients in the borough.

- 1.2. Summarises the evidence and stakeholder feedback considered as part of the review, including population size and need, health inequalities, accessibility, operational delivery, partnership alignment, and future sustainability.
- 1.3. Outlines the different geographical options considered through the ICP Neighbourhood and Health Inequalities Executive, and subsequently the Brent ICP Executive.
- 1.4. Recommends that Brent adopts four NHS neighbourhood footprints (Harlesden, Wembley, Kingsbury and Kenton, Kilburn and Willesden) and sets out the rationale for this model, including its ability to support sustainable integrated neighbourhood working, align partner resources and provide sufficient scale for effective use of enabling infrastructure.
- 1.5. Clarifies that the proposed footprints provide a strategic and operational framework for neighbourhood working, but there will continue to be flexibility for delivery at a more local level, reflecting the needs and distinct communities within each neighbourhood and across Brent's population.
- 1.6. Recommends that if there is no agreement to adopt the four-neighbourhood model, then Brent continues to operate to the current configuration of five NHS neighbourhood areas, with no changes made.

2.0 Recommendation(s)

2.1 The ICP Executive recommends to the Health and Wellbeing Board that it:

- (i) Agrees the adoption of four NHS neighbourhood health footprints for Brent, comprised of the following Wards:
 - *Harlesden*: Harlesden and Kensal Green, Roundwood, Stonebridge
 - *Wembley*: Northwick Park, Sudbury, Wembley Central, Alperton, Preston, Wembley Hill, Wembley Park, Tokyngton
 - *Kingsbury and Kenton*: Kenton, Queensbury, Kingsbury, Barnhill, Welsh Harp
 - *Kilburn and Willesden*: Kilburn, Queen's Park, Brondesbury, Willesden Green, Dollis Hill, Cricklewood and Mapesbury
- (ii) Confirms that, if the four-neighbourhood model is agreed, support be provided by the ICP to the merged Kilburn and Willesden area to establish effective collaborative leadership and representation arrangements.
- (iii) Agrees that, if the four-neighbourhood model recommended is not agreed, Brent continues to work to the current five neighbourhood-model with no changes made (*noting that this recommendation will be obsolete if recommendation (i) above is agreed*):

- *Harlesden*: Harlesden and Kensal Green, Roundwood, Stonebridge
- *Wembley*: Northwick Park, Sudbury, Wembley Central, Alperton, Preston, Wembley Hill, Wembley Park, Tokyngton
- *Kingsbury and Kenton*: Kenton, Queensbury, Kingsbury, Barnhill, Welsh Harp
- *Willesden*: Willesden Green, Dollis Hill, Cricklewood and Mapesbury
- *Kilburn*: Kilburn, Queen's Park, Brondesbury

(iv) Requests that a further update on neighbourhood health implementation is presented to the Health and Wellbeing Board in November 2026.

3.0 Detail

3.1 The proposed four-neighbourhood model supports the delivery of Brent's Borough Plan by providing a consistent geographical foundation for partnership working across health, local government, primary care, NHS providers, voluntary, community, faith and social enterprise organisations and local communities.

3.2 It contributes to several of the Borough Plan priorities, including:

- **A Healthier Brent**: by shifting care towards prevention, early intervention and proactive neighbourhood-based support, enabling residents to remain healthier and more independent for longer.
- **The Best Start in Life**: through the continued development of Child Health Hubs, integration with Family Wellbeing Centres and coordinated support for children, young people, and families.
- **Thriving Communities**: by strengthening community capacity, improving access to local services, increasing resident participation, and addressing the wider social determinants of health through integrated, place-based partnership working.

3.3 The proposed neighbourhood footprints also support the delivery of wider local and national strategic priorities, including:

- Brent Joint Health and Wellbeing Strategy, through its focus on prevention, reducing health inequalities and partnership working.
- Brent Joint Strategic Needs Assessment (JSNA), by using population health intelligence to identify local priorities and inform neighbourhood action plans.
- NHS 10-Year Health Plan, supporting the three strategic shifts from hospital to community, treatment to prevention, and analogue to digital.
- NHS Neighbourhood Health Framework, which establishes neighbourhood working as the operating model for integrated health and care and identifies Health and Wellbeing Boards as key partners in neighbourhood development.

3.4 Establishing four agreed footprints will support greater alignment of neighbourhood leadership, integrated teams, population health planning,

community engagement and enabling workstreams, including workforce, estates, digital, and data.

- 3.5 The proposed model also retains flexibility for services to operate at a smaller locality or community level where appropriate.
- 3.6 Clarity on the geographical footprints is required now as it provides the foundation for delivery on the NHS 10-year plan and Brent's ambitions to tackle health inequalities, including the anticipated additional Integrated Care Board (ICB) investment into Brent neighbourhood health as part of the "left shift" towards prevention.

4.0 Background

- 4.1 Brent has been developing its Working in Neighbourhood programme to bring together health, care, council, primary care, VCSFE (Voluntary, Community, Faith, and Social Enterprise) organisations and communities to deliver more coordinated, preventative, and person-centred support. Brent currently works across five neighbourhood footprints: Harlesden, Wembley, Kenton and Kingsbury, Willesden, and Kilburn.
- 4.2 A review of these footprints was undertaken through July-September 2026 to ensure that they provide a sustainable foundation for the future development of NHS neighbourhood health in Brent, including integrated neighbourhood teams, neighbourhood action plans, and aligned service delivery. The review considered whether the current arrangements reflect population need and community identity, while also providing sufficient scale to support effective partnership working, leadership capacity and the use of shared resources.
- 4.3 Evidence and views were invited from stakeholders (see Appendix A), and these were received from primary care, NHS providers, and Brent Council. The review was also informed by population and demographic data, deprivation and health inequalities, travel and accessibility, existing service and partnership arrangements, community identity, operational deliverability, and future sustainability.
- 4.4 The submissions from stakeholders highlighted a range of preferred options, with differing views and no single clear consensus about the optimal configuration (see Appendix B for further detail). The various positions proposed can be summarised as:
 - Creating a four-neighbourhood model by merging the current Kilburn and Willesden neighbourhoods, with the others remaining as they are
 - No change – remaining with the current five neighbourhood areas as they are unchanged
 - Remaining with a five-neighbourhood model but moving the Mapesbury and Cricklewood Ward from Willesden into Kilburn
 - Splitting Wembley into three neighbourhoods, resulting in seven neighbourhoods, if no other changes

- 4.5 The review underlined the challenge of finding a balance between maintaining a strong local focus and establishing footprints of sufficient scale to be operationally viable and effective for residents. Smaller footprints can support a more localised focus but may require additional leadership, governance, workforce, and infrastructure. Larger footprints can support more sustainable integrated planning and delivery but must retain flexibility to respond to distinct communities and local needs.
- 4.6 With a no clear consensus through the submissions, the ICP Health Inequalities and Neighbourhoods Executive and subsequently the ICP Executive (02/09/26) have carefully considered the evidence and agreed a recommendation to the Health and Wellbeing Board.

Recommendation for a four-neighbourhood model from the ICP Executive

- 4.7 Following consideration of the submissions the ICP Executive recommends that Brent moves to a four-neighbourhood model where the current Kilburn and Willesden NHS neighbourhood areas are merged, with the existing configurations for Harlesden, Kingsbury and Kenton, and Wembley remaining unchanged. The proposed neighbourhoods would therefore be:

NHS neighbourhood area	Wards	Population	GP registered population
Harlesden	Harlesden & Kensal Green, Roundwood, Stonebridge.	56,965	83,455
Kilburn & Willesden	Kilburn, Queen's Park, Brondesbury Park, Willesden Green, Dollis Hill, Cricklewood & Mapesbury.	102,700	111,809
Kingsbury & Kenton	Kenton, Queensbury, Kingsbury, Barnhill, Welsh Harp.	75,663	89,538
Wembley	Northwick Park, Sudbury, Wembley Central, Alperton, Preston, Wembley Hill, Wembley Park, Tokyngton	104,487	249,046

- 4.8 The four-neighbourhood model is considered to provide the strongest balance across the key factors considered and is therefore the best prospect for improved services and support for residents. This model will:
- provide sufficient scale for integrated service planning and multidisciplinary working
 - support greater leadership resilience and workforce flexibility

- support more effective use of workforce, leadership, estates, digital and data resources
 - avoid creating additional neighbourhood structures which could spread limited workforce and resources across a greater number of footprints
 - reduce organisational, governance and provider interfaces for borough-wide, community, and specialist services
 - create a more sustainable footprint across Willesden and Kilburn while providing a response to the longstanding issue around the Cricklewood and Mapesbury Ward and its established primary care relationships with Kilburn
 - avoid significant levels of change to current arrangements by largely retaining established neighbourhood identities and partnership arrangements
- 4.9 The ICP Executive recognises that larger neighbourhood footprints encompass distinct communities, each with their own characteristics, needs and identities. The proposed model would therefore retain flexibility for delivery at both locality and community level within neighbourhoods, ensuring that services can continue to respond to local needs while maintaining resident voice and community identity. This mitigation is considered more achievable than addressing the operational pressures that a larger number of smaller neighbourhoods would place on key service providers.
- 4.10 It should also be noted that regardless of the final neighbourhood geographies adopted, Brent will continue to apply a population health approach to inform overall resource allocation, as well as the targeting and design of services and support.
- 4.11 If the recommended four-neighbourhood model is not agreed, it is proposed that Brent continues with the current five neighbourhood configuration unchanged. The other changes and options received as part of the review process are not recommended (see Appendix B for details).
- 4.12 Subject to approval by the Health and Wellbeing Board, detailed implementation arrangements will be developed with partners. This will include neighbourhood governance and leadership, alignment of operational teams, development of neighbourhood action plans, stakeholder communications, and ongoing monitoring of the new arrangements. If approved, the ICP will provide support to the newly merged Kilburn and Willesden area to ensure effective collaborative leadership and representation arrangements.
- 4.13 As part of ongoing implementation the ICP Executive will consider the merit of any further review of geographies as or when there are material and significant changes to population data and the operating environment.

5.0 Stakeholder and ward member consultation and engagement

- 5.1 In July 2026, the Chair and Vice-Chair of the Health and Wellbeing Board wrote to NHS, council, VCFSE and other partners inviting further evidence and views on Brent's neighbourhood geographies (Appendix A). Evidence and feedback were received from a range of partners, including Primary Care Networks, NHS

providers, Brent Council services and clinical and operational leaders. Submissions supported a range of options.

- 5.2 The evidence and options were reviewed by the ICP Neighbourhood and Health Inequalities Executive, and then the Brent ICP Executive on 02/09/26 (see Appendix B).
- 5.3 To ensure advance awareness of the recommendation from the ICP Executive, a further letter was sent stakeholders (see Appendix C) which:
 - explained the emerging recommendation to move to four neighbourhoods
 - confirmed that the recommendation would be presented to the Health and Wellbeing Board
 - provided details of the next stage of the decision-making process including the process for requesting representation at the Health and Wellbeing Board
- 5.4 The key messages in this letter were also shared verbally at the Brent Borough Partnership Forum meeting on 09/09/26.
- 5.5 The Health and Wellbeing Board received an earlier update on the neighbourhood geography review in July 2026. Relevant ward members will continue to be engaged as the agreed footprints are implemented and neighbourhood action plans are developed.
- 5.6 Following the Board's final decision, a coordinated communication and engagement approach will be undertaken with partners, staff, residents, community organisations, and ward members to explain the agreed footprints and support implementation.

6.0 Financial Considerations

- 6.1 There are no direct financial implications arising from the decision to adopt four neighbourhood footprints.
- 6.2 Initial implementation will be managed through existing partnership resources and will primarily involve staff time associated with:
 - updating governance and leadership arrangements
 - aligning neighbourhood plans, population health data, and reporting
 - communicating the agreed changes to partners, staff, and residents
 - supporting the transition to the combined Willesden and Kilburn footprint
- 6.3 Moving to four neighbourhoods can support more efficient use of existing resources by:
 - reducing duplicated meetings, governance, and reporting requirements
 - reducing the number of interfaces for borough-wide and specialist services
 - strengthening workforce flexibility and leadership resilience
 - supporting more coordinated use of estates, digital and data infrastructure

- 6.4 No specific financial savings are assumed at this stage. Any future investment or service changes arising from the development of neighbourhood action plans will be subject to separate business cases and the relevant financial approval processes.

7.0 Legal Considerations

- 7.1 There are no direct legal implications arising from the proposed change to Brent's neighbourhood footprints. The recommendation establishes a partnership geography for planning, governance and integrated neighbourhood working and does not alter the statutory responsibilities or decision-making powers of individual partner organisations.
- 7.2 All partner organisations will remain responsible for complying with their relevant statutory duties, governance requirements and contractual arrangements when delivering services within the agreed footprints.
- 7.3 Any subsequent proposals involving changes to commissioned services, contracts, workforce arrangements, information sharing or the use of property will be considered separately and subject to the appropriate legal, procurement, consultation, and organisational approval processes.

8.0 Equity, Diversity & Inclusion (EDI) Considerations

- 8.1 Reducing health inequalities is a central objective of Brent's Working in Neighbourhoods programme. The review has therefore considered population need, deprivation, demographic differences, health outcomes, and the wider determinants of health across the proposed footprints.
- 8.2 The four-neighbourhood model is intended to strengthen the ability of partners to plan and deliver coordinated, preventative support while making effective use of available leadership, workforce, and infrastructure.
- 8.3 It is recognised that the proposed Wembley and Kilburn and Willesden footprints contain large and diverse populations, with distinct communities and different patterns of need. There is a risk that inequalities impacting smaller communities could be masked if information is considered only at the overall neighbourhood level. This risk will be mitigated through:
- analysing population health information at ward, locality, and community level
 - maintaining locality-level delivery arrangements where appropriate
 - targeting resources and interventions according to identified need
 - involving residents and communities in the development of neighbourhood action plans
 - ensuring accessible and inclusive communication and engagement
 - monitoring the impact of the footprints on groups with protected characteristics and communities experiencing the greatest inequalities

- 8.4 Equality considerations will remain integral to the implementation of the neighbourhood model and to any subsequent service redesign or commissioning decisions. Any proposals resulting in material changes to services will be subject to further equality analysis and, where required, a full Equality Impact Assessment.

9.0 Climate Change and Environmental Considerations

- 9.1 Neighbourhood working supports the delivery of services closer to residents' homes, reducing unnecessary travel and making greater use of community-based facilities.
- 9.2 The larger Willesden and Kilburn footprint could potentially result in some longer travel and coordination routes if all activity is organised at neighbourhood level. This would be mitigated by:
- retaining locality-level delivery where appropriate
 - using accessible community venues
 - supporting co-location of partner services
 - using digital meetings and information-sharing tools where effective
 - considering public transport and accessibility when selecting delivery locations.
- 9.3 Opportunities to reduce travel, make efficient use of public-sector estates and support sustainable service delivery will continue to be considered during implementation.

10.0 Human Resources/Property Considerations (if appropriate)

- 10.1 No immediate staffing or property decisions are required as a result of this report. The proposed footprints establish the geographical basis for neighbourhood working and do not directly change the employment arrangements of staff working within partner organisations.
- 10.2 Any future proposals involving changes to roles, responsibilities or organisational structures will be managed by the relevant employing organisation through its established workforce policies and consultation processes.
- 10.3 The four-neighbourhood model can potentially support more coordinated use of NHS, council, and community estates. Any specific proposals relating to co-location, property use or investment will be considered separately through the appropriate organisational and estates governance arrangements.

11.0 Communication Considerations

- 11.1 A coordinated communication and engagement approach will support the confirmation and implementation of the four-neighbourhood model.
- 11.2 Communications will:

- explain the agreed neighbourhood footprints and the reasons for the decision
- clarify what the change means for partners, staff, residents and communities
- emphasise that larger footprints will retain flexibility for locality-level delivery
- provide clear information about implementation timescales and transitional arrangements
- maintain consistent messaging across partner organisations
- provide opportunities for questions, feedback, and continued involvement.

11.3 Communications will be shared with:

- Primary Care Networks and GP practices
- NHS provider organisations
- Brent Council services and ward members
- VCFSE organisations and community partners
- staff working within neighbourhood services
- residents and local communities.

11.4 Specific communication and engagement will be undertaken with colleagues and communities in Willesden and Kilburn, where the formal neighbourhood arrangements will change. This will support the development of collaborative leadership and governance arrangements and ensure that the identities and needs of different localities remain visible within the combined footprint.

11.5 Updates will continue to be provided through the Health and Wellbeing Board, Brent Integrated Care Partnership governance and existing neighbourhood partnership forums.

Relevant documents:

Neighbourhood Health - National Guidance and Brent's approach to Working in Neighbourhoods, Health and Wellbeing Board, 30 July 2026

Report sign off:

Tom Shakespeare
Brent ICP Director

Brent Health & Wellbeing Board

Brent Health & Wellbeing Board
Brent Civic Centre,
Engineers Way,
Wembley Park,
London,
HA9 0FJ

Date: 13/07/26

Dear Colleagues,

RE: Neighbourhood Geographies in Brent - Invitation to submit any further evidence

As you will be aware, the NHS Neighbourhood Health Framework places neighbourhoods at the centre of future health and care planning, delivery and integration.

A key requirement for the next phase of this work is the confirmation of Brent's neighbourhood geographies, which will provide the foundation for our neighbourhood health services, population health management, multidisciplinary working and future neighbourhood-based delivery models.

At the Brent Health and Wellbeing Board (HWBB) meeting in September 2026 we will make a formal decision on Brent's neighbourhood geographies. Ahead of this decision, we are writing to all partners so there is an opportunity to submit any further evidence into this process.

The Brent ICP (Integrated Care Partnership) Executive and the Health Inequalities and Neighbourhoods Executive have reviewed and reaffirmed the criteria against which neighbourhood geographies should be assessed. The slides presented at both Executive meetings are attached for your information. As you will see, two key issues have been identified for further consideration. These are the areas where we are aware that differing views remain. However, partners are welcome to submit evidence against any aspect of the neighbourhood geography alignment.

If you do wish to submit further evidence, please do so in reference to the framework set out in the slides – in summary:

1. Population and Need - Does the geography support a balanced and sustainable population footprint?
2. Community and Place - Does it reflect natural communities and resident experience?
3. Operational Delivery - Can services work effectively within the footprint?
4. Partnership and System Alignment - Does it align with key partners and local structures?
5. Future Sustainability - Will the arrangement remain viable over the next 3–5 years?

Deadline for submissions

To allow sufficient time for review and consideration, we would be grateful if you can please share any further evidence by **Friday 7th August 2026**.

Any submissions should please be sent to Wendy Marchese, Strategic Partnerships Manager (**Wendy.Marchese@brent.gov.uk**) and Hannah O'Brien, Senior Governance Officer (**Hannah.O'Brien@brent.gov.uk**) and should clearly set out:

- The neighbourhood geography being commented on;
- Whether the submission supports the current geographies we are using or proposes a change;
- The evidence supporting the position; and
- How the evidence relates to one or more of the agreed assessment criteria.

For clarity note that this is an opportunity for NHS, local authority, voluntary, community and partner organisations to contribute evidence and views into the decision-making process, not a formal public consultation.

It is also important to recognise that, whatever configuration is agreed, our success will depend on effective collaboration, appropriate representation, shared leadership, and coordinated operational delivery.

We would like to thank all partners in advance for their continued engagement and support as we work together to strengthen neighbourhood working and address health inequalities across Brent.

Yours sincerely,



Cllr Dr Gwen Grahl
Chair, Brent Health and Wellbeing Board



Dr Rammya Mathew
Vice-Chair, Brent Health and Wellbeing Board

Attached:

Neighbourhood Geographies, Brent Integrated Care Partnership Executive 08/07/26

APPENDIX B

Options and data: Review of Brent's NHS Neighbourhood Health Footprints (July-Sept 2026)



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Process so far

- Brent needs to confirm its neighbourhood geographies as a foundation for neighbourhood health services, population health management, multidisciplinary working and future neighbourhood-based delivery.
- In June 2026 the ICP Executive reaffirmed the five criteria for assessing neighbourhood geographies (slide 5).
- In July 2026, the Chair and Vice-Chair of the Health and Wellbeing Board wrote to NHS, council, VCFSE and other partners inviting any further evidence or views on this matter.
- Submissions were requested against the agreed assessment criteria, with stakeholders asked to indicate whether they supported the current geography or proposed a change of any kind.
- Responses were received from stakeholders with various options for neighbourhood footprints in Brent – there was no clear single consensus view.
- The Health Inequalities and Neighbourhoods Executive (19/08/26) and Brent ICP Executive (02/09/26) reviewed the responses agreed the recommendation to the Health and Wellbeing Board.

Clarification on definitions used

- “Neighbourhoods” has a specific meaning in the context of the NHS Neighbourhood Health Framework
- Through discussions it is helpful to re-iterate that this definition sits alongside other scales/geographies for planning, delivery and engagement, and that our partnership-wide commitment to “working in neighbourhoods” is about a way of working rather than exclusively one organising scale or set of services

NHS Neighbourhood Health Framework

Neighbourhoods are becoming the organising unit for:

- Neighbourhood Health Services
- Population health management
- Multi-disciplinary working
- Prevention and community-based care
- Future neighbourhood contracts (expected to operate around coherent neighbourhood geographies)

More broadly....

Neighbourhoods are both places where:

- People live, defined by the communities themselves; and
- For public services, descriptions of geographical units for planning and integration of operations.

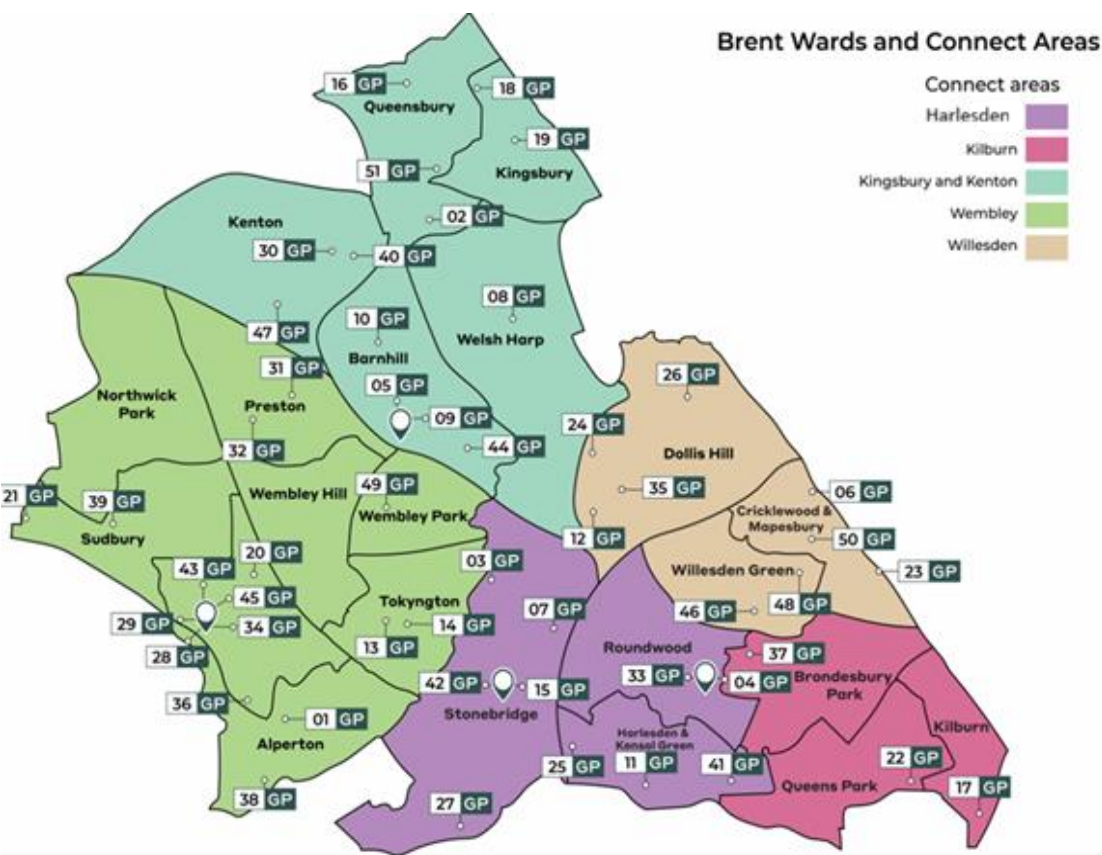
‘Working in Neighbourhoods’ describes how public services operate together alongside communities within neighbourhoods, demonstrating:

- Genuine connection across services to improve outcomes for residents through earlier preventative support
- Deep collaboration and capacity building with communities and the VCFSE, including shifting power
- Innovation and new solutions

The current Five Neighbourhood Health Geographies

(also listing all GP Surgeries and Primary Care Networks)

Neighbourhood Alignment	Practice Name	PCN	Map Ref
Kingsbury & Kenton	Brampton Health Centre	North K&W	2
Kingsbury & Kenton	Chalkhill Family Practice	Central K&W	5
Kingsbury & Kenton	Church Lane Surgery	Harness North	8
Kingsbury & Kenton	Ellis Practice	Central K&W	9
Kingsbury & Kenton	Forty Willows Surgery	Harness South	10
Kingsbury & Kenton	Jai Medical Centre (Brent)	North K&W	16
Kingsbury & Kenton	Kings Edge Medical Centre	North K&W	18
Kingsbury & Kenton	Kingsbury Health & Wellbeing	North K&W	19
Kingsbury & Kenton	Preston Hill Surgery	Harness North	30
Kingsbury & Kenton	The Frynt Way Surgery	North K&W	40
Kingsbury & Kenton	Tudor House Medical Centre	Central K&W	44
Kingsbury & Kenton	Uxendon Crescent Surgery	North K&W	47
Kingsbury & Kenton	Willow Tree Family Doctors	Harness North	51
Wembley	The Surgery, Harrow Road	Harness North	13
Wembley	Hazeldene Medical Centre	West K&W	14
Wembley	Preston Medical Centre	Harness North	31
Wembley	Preston Road Surgery	Central K&W	32
Wembley	Wembley Park Drive Med Centre	Harness North	49
Wembley	Alperton Medical Centre	West K&W	1
Wembley	Lancelot Medical Centre	West K&W	20
Wembley	Lanfranc Medical Centre	Harness North	21
Wembley	Pearl Medical Practice	Harness North	28
Wembley	Premier Medical Centre	West K&W	29
Wembley	SMS Medical Practice	Harness North	34
Wembley	Stanley Corner Medical Centre	West K&W	36
Wembley	Sudbury & Alperton Medical Centre	West K&W	38
Wembley	Sudbury Surgery	Central K&W	39
Wembley	Sunflower Medical Centre	Harness North	43
Wembley	The Wembley Practice	West K&W	45



Neighbourhood Alignment	Practice Name	PCN	Map Ref
Harlesden	Brentfield Medical Centre	Harness South	3
Harlesden	Burnley Medical Practice	South K&W	4
Harlesden	Church End Med Centre	Harness South	7
Harlesden	Freuchen Medical Centre	Harness South	11
Harlesden	Hilltop Medical Practice	Harness South	15
Harlesden	St Andrew's Medical Centre	North K&W	25
Harlesden	Park Royal Medical Centre	Harness South	27
Harlesden	Roundwood Park Medical Centre	Harness South	33
Harlesden	The Law Medical Group Practice	Beacon	41
Harlesden	Stonebridge Medical Practice	Harness South	42
Willesden	Chichele Road Surgery	Kilburn Partnership	6
Willesden	Gladstone Medical Centre	South K&W	12
Willesden	Mapesbury Medical Centre	Kilburn Partnership	23
Willesden	Neasden Medical Centre	North K&W	24
Willesden	Oxgate Gardens Surgery	Harness South	26
Willesden	St George's Medical centre	South K&W	35
Willesden	Willesden Medical Centre	South K&W	46
Willesden	Walm Lane Surgery	Harness South	48
Willesden	Willesden Green Surgery	Beacon	50
Kilburn	Kilburn Park Medical Centre	Kilburn Partnership	17
Kilburn	Lonsdale Medical Centre	Beacon	22
Kilburn	Staverton Surgery	Kilburn Partnership	37

Assessment Approach

Evidence was sought against the following criteria, with an expectation that any change would need a strong rationale given work is already underway in the current five neighbourhood configuration.

Domain	Key Question
1) Population & Need	Does the geography support a balanced and sustainable population footprint?
2) Community & Place	Does it reflect natural communities and resident experience?
3) Operational Delivery	Can services work effectively within the footprint?
4) Partnerships & System Alignment	Does it align with key partners and local structures?
5) Future Sustainability	Will the arrangement remain viable over the next 3-5 years?

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Summary of responses submitted by stakeholders in August

There is no single consensus position

- Submissions support different proposals:
 - combining the Kilburn and Willesden areas
 - retaining the current configuration of five with no changes
 - moving the Cricklewood & Mapesbury Ward from the Willesden area into the Kilburn area
 - creating three Wembley neighbourhoods, thereby increasing the total number of neighbourhoods by at least two

Primary care perspectives

- Kilburn and Beacon PCNs (Primary Care Networks) provided substantial evidence of longstanding joint working across Kilburn and Cricklewood and Mapesbury as a basis for moving this Ward into the Kilburn area.
- Harness South and the Willesden Strategic Group emphasised continuity, wider partner alignment and the disruption associated with changing established boundaries.

Summary of responses submitted by stakeholders in August

Several providers favour fewer neighbourhood areas / structures

- The Brent Medical Director, CLCH (Central London Community Healthcare NHS Trust) CNWL (Central North West London NHS Trust) and ASC (Adult Social Care, Brent Council) support or see merit in creating a four-neighbourhood model by combining Kilburn and Willesden.
- This is primarily based on leadership, workforce and operational capacity considerations.
- Needs to be considered in terms of mitigating the larger scale of neighbourhood areas that contain differences in population and community dynamics.

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Wembley

- Its current and projected population supports examining smaller footprints.
- Harness North proposes three neighbourhoods.
- Splitting Wembley would increase the total number of neighbourhood areas to seven assuming no other changes.
- Needs to be carefully considered in terms of GP registrations, leadership capacity, partner alignment and the initial small scale of Wembley South.

Specific options that the responses identified

Option	In submission from	Summary of key points
(A) Create a four-neighbourhood model by merging the Kilburn and Willesden neighbourhoods	Brent Medical Director CLCH CNWL ASC	Preserves primary care relationships without reducing Willesden's scale; may strengthen leadership and resilience; reduces the number of structures for borough-wide services; offers closer alignment with wider provider operating models
(B) Remain unchanged with the current five neighbourhood areas	Harness South PCN Willesden Strategic Group Survey	Continuity of current planning and delivery; alignment with existing partnership structures; concerns about disruption, reworking population analytics and reforming teams; request for a consistent borough-wide approach to any boundary changes
(C) Move the Cricklewood and Mapesbury Ward from Willesden into Kilburn	Kilburn and Beacon PCNs	More than 10 years of locality collaboration; unanimous preference of affected practices; PCN and workforce alignment; continuous Kilburn–Shoot-Up Hill–Cricklewood corridor; joint breast-screening project with Royal Free
(D) Wembley is split into three neighbourhoods	Harness North PCN	Responds to Wembley's scale and projected growth; proposes smaller operational footprints; argues for closer local alignment with communities, primary care and partner structures

Further detail on each of the above can be found in the next section

Detail on options and data

These following slides include the options appraisal materials that the Neighbourhoods and Health Inequalities Executive and the ICP Executive reviewed as part of their decision making.

For each of the specific options that the submissions identified it sets out the following:

- Page 95
- Summary of the rationale and supporting evidence provided Initial consideration of key risks and potential mitigations
 - Key population and operational data
 - Indicative travel times, where relevant
 - Population and needs profiles where a neighbourhood area merger or split has been proposed

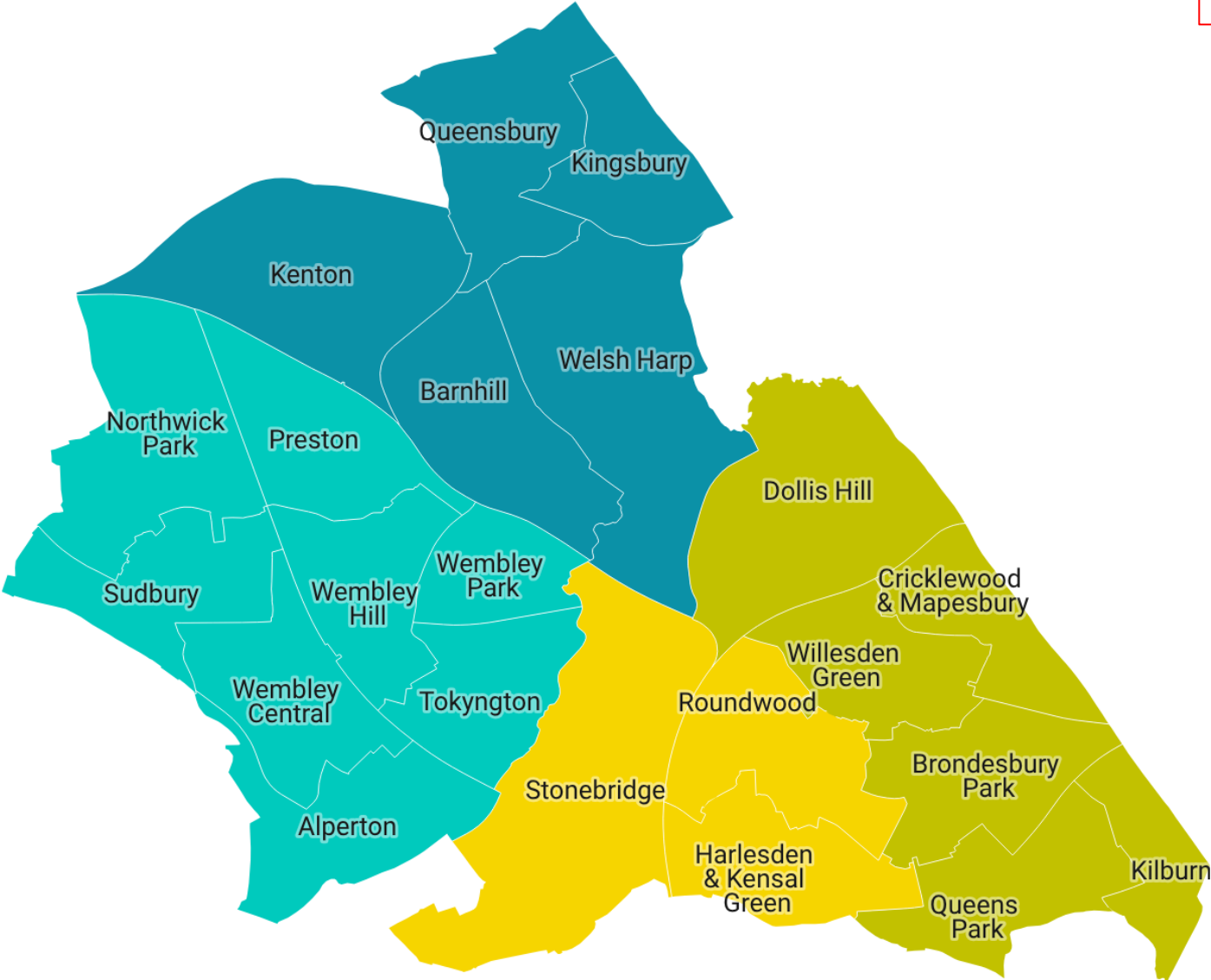
The data referenced is drawn from the following sources:

- <https://data.brent.gov.uk/dataset/population-projections-for-brent-gla-2wq58> <https://data.brent.gov.uk/dataset/brent-joint-strategic-needs-assessment-jsna-emgrl> <https://data.brent.gov.uk/dataset/2021-census-brent-ward-profile-tool-vdd8m>
- wsicanalytics.nw.london.nhs.uk
- Microsoft Power BI
- Census 2021 Population – NOMIS
- 2023-based BPO population projections - ONS

Option (A):
Create a four-
neighbourhood
model by merging
the Kilburn and
Willesden areas

Four neighbourhoods

ICP Executive recommendation:
This is the recommended option



NHS Neighbourhood Area

■ Harlesden ■ Kingsbury & Kenton ■ Wembley ■ Willesden & Kilburn

Option (A): Create a four-neighbourhood model by merging the Kilburn and Willesden areas

Configuration proposed:

- **Harlesden:** Harlesden & Kensal Green, Roundwood and Stonebridge
- **Wembley:** Northwick Park, Sudbury, Wembley Central, Alperton, Preston, Wembley Hill, Wembley Park and Tokyngton.
- **Kenton & Kingsbury:** Kenton, Queensbury, Kingsbury, Barnhill & Welsh Harp
- **Willesden & Kilburn:** Willesden Green, Dollis Hills, Cricklewood & Mapesbury, Kilburn, Queens Park and Brondesbury

Neighbourhood	Population	Projected Growth (By 2041)	GP Registered Population (now)
Kilburn and Willesden (merged)	102,700	112,641	111,809
Harlesden	56,965	74,200	83,455
Kingsbury & Kenton	75,663	92,000	89,538
Wembley	104,487	165,600	249,046

Key points from submissions:

- Creates four formal neighbourhoods across Brent, with only Kilburn and Willesden requiring a change to the existing configuration.
- Responds to the longstanding issue around Cricklewood & Mapesbury, while preserving established primary care relationships between Kilburn and Cricklewood & Mapesbury.
- Avoids transferring population and capacity from Willesden to Kilburn.
- Reduces the number of organisational, governance and provider interfaces across Brent – this is supported by evidence submitted by multiple providers/ stakeholders.
- Strengthens leadership resilience and workforce flexibility, particularly for borough-wide and specialist services and commissioning – in particular addresses the relatively low GP rehghistered population in Kilburn area
- Avoids increasing the number of neighbourhoods and the associated risk of diluting workforce, services and resources across additional structures.
- Locality-level delivery can continue within larger neighbourhood footprints to ensure services remain responsive to distinct communities and population needs.

Potential limitations and considerations (based on submission and/or data):

- Creates a large footprint containing distinct communities and different patterns of need.
- Longer travel and coordination routes may make local delivery more difficult.
- Community identity and resident voice could become diluted.
- Existing Kilburn and Willesden leadership arrangements would need to be redesigned.
- A locality-level delivery model would be needed to prevent needs being averaged across the combined footprint.

Travel and practical accessibility

Combined Kilburn and Willesden longest indicative journey approximately 4.2-4.7 miles
Approx 20-30 mins by car
Approx 30-45 mins by public transport
Longest route Queens Park to Cricklewood and Mapesbury

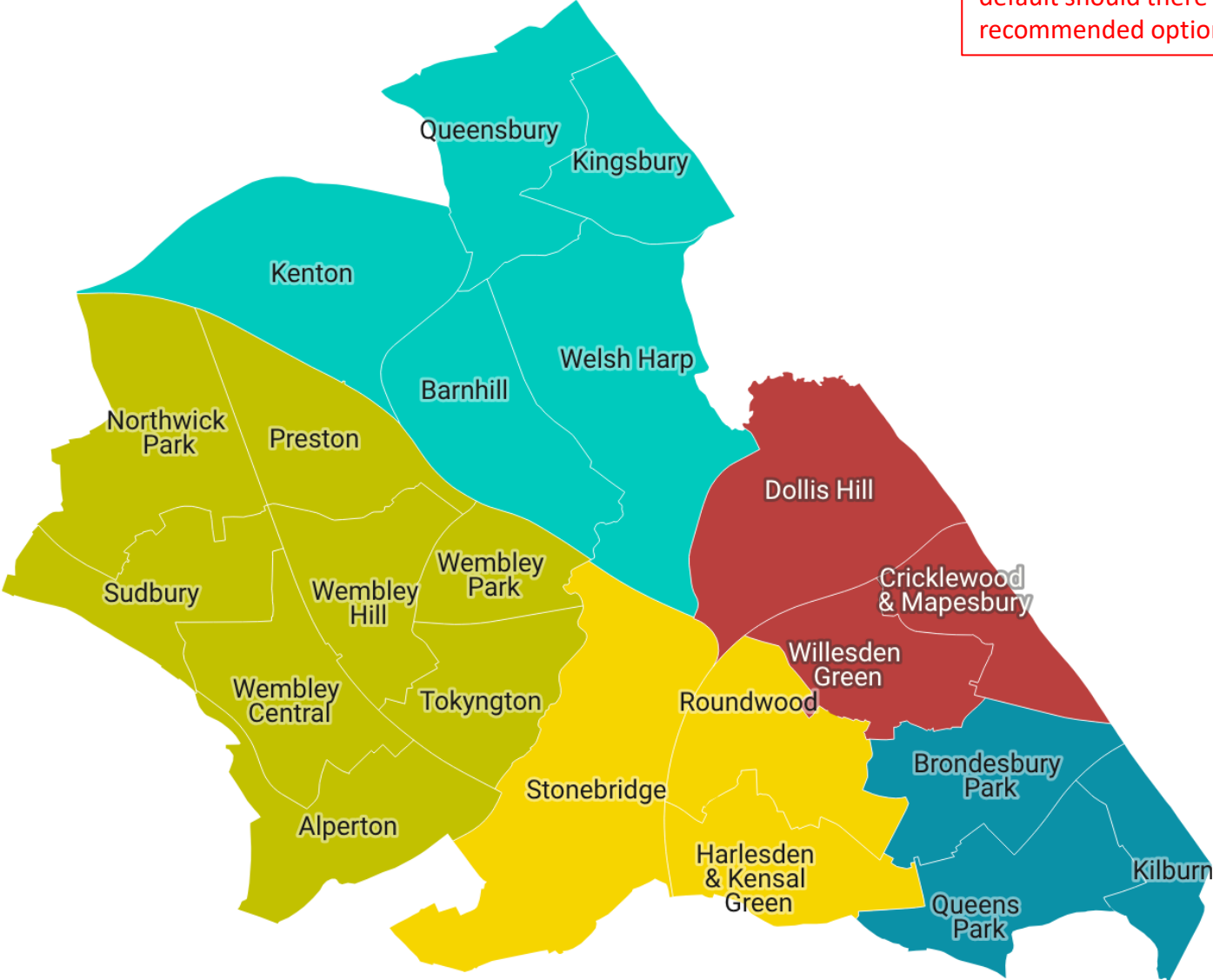
Option (A) continued: Creating a four-neighbourhood model by merging the Willesden and Kilburn areas: Population and needs profile summary

Evidence theme	Willesden	Kilburn	What the evidence suggests
Population growth	55,972 in 2023, rising to 61,235 by 2041 (+9%)	47,673 in 2023, rising to 51,406 by 2041 (+8%)	Both are showing similar steady increases over time
Age profile	Under 16: 19.3%; age 65+: 11.2%	Under 16: 17.7%; age 65+: 11.3%	Willesden has slightly higher proportion of children
Ethnic diversity	Asian/Asian British: 22.1%; Black/Black British: 16.2%; BAME: 58%	Asian/Asian British: 12.8%; Black/Black British: 16.8%; BAME: 47%	Willesden has a higher ethnically diverse population compared to Kilburn
Migration and language	Born outside UK: 55%; cannot speak English well or at all: 8%	Born outside UK: 46%; cannot speak English well or at all: 4%	Language and accessible communication needs are greater in Willesden
Housing pressures	Overcrowded households: 15.2%; private rented/other tenure: 43%	Overcrowded households: 10.9%; private rented/other tenure: 35%	Willesden has greater overcrowding and more privately-rented properties
Children and families	Income deprivation affecting children: 70.3%; Reception obesity: 13.1%	Income deprivation affecting children: 41.7%; Reception obesity: 6.3%	Significant difference in deprivation among children with Willesden having far greater need.
Health and vulnerability	Older people aged 65+ living alone: 30%; self-harm emergency admission ratio: 18.4	Older people aged 65+ living alone: 37.3%; self-harm emergency admission ratio: 15.6	Willesden has higher need relating to mental health; Kilburn has higher need relating to older people living alone
Challenges (inc. wider determinants)	Deprivation among children and families, childhood obesity, children's oral health	Long-term Unemployment, Prevalence and emergency hospital admissions for COPD, SMI prevalence, Treatment targets for diabetes	Willesden's biggest challenges relate to children's health whilst Kilburn's challenges revolve around the working-age population.

Option (B): Retain current five neighbourhoods

Current five neighbourhood areas

ICP Executive recommendation: This is the recommended default should there not be agreement on the preferred recommended option (A)



NHS Neighbourhood Area

Harlesden Kilburn Kingsbury & Kenton Wembley Willesden

Option (B): Retain current five neighbourhoods

Configuration proposed:

- **Harlesden:** Harlesden & Kensal Green, Roundwood and Stonebridge
- **Wembley:** Northwick Park, Sudbury, Wembley Central, Alperton, Preston, Wembley Hill, Wembley Park and Tokyngton.
- **Kenton & Kingsbury:** Kenton, Queensbury, Kingsbury, Barnhill & Welsh Harp
- **Willesden:** Willesden Green, Dollis Hills, Cricklewood & Mapesbury,
- **Kilburn:** Kilburn, Queens Park and Brondesbury

Key points from submissions:

- Avoids resetting neighbourhood plans, population analytics, governance and emerging MDT relationships
- Retains alignment with the model used to develop the current configurations
- Allows larger footprints to be managed through sub-neighbourhood delivery arrangements
- Avoids uncertainty elsewhere in Brent

Potential limitations and considerations (based on submission and/or data):

- Does not resolve the disagreement about the Kilburn boundary and longstanding primary care relationships involving Cricklewood & Mapesbury practices.
- Kilburn retains the smallest GP-registered population.
- Wembley remains significantly larger than the other neighbourhoods and is projected to reach approximately 165,500 residents by 2041.
- Providers (CLCH, CNWKL, Council) will need

Neighbourhood	Population	Projected Growth (By 2041)	GP Registered Population (now)
Kilburn	47,913	53,600	34,538
Willesden	54,787	66,800	77,803
Harlesden	56,965	74,200	83,455
Kingsbury & Kenton	75,663	92,000	89,538
Wembley	104,487	165,600	249,046

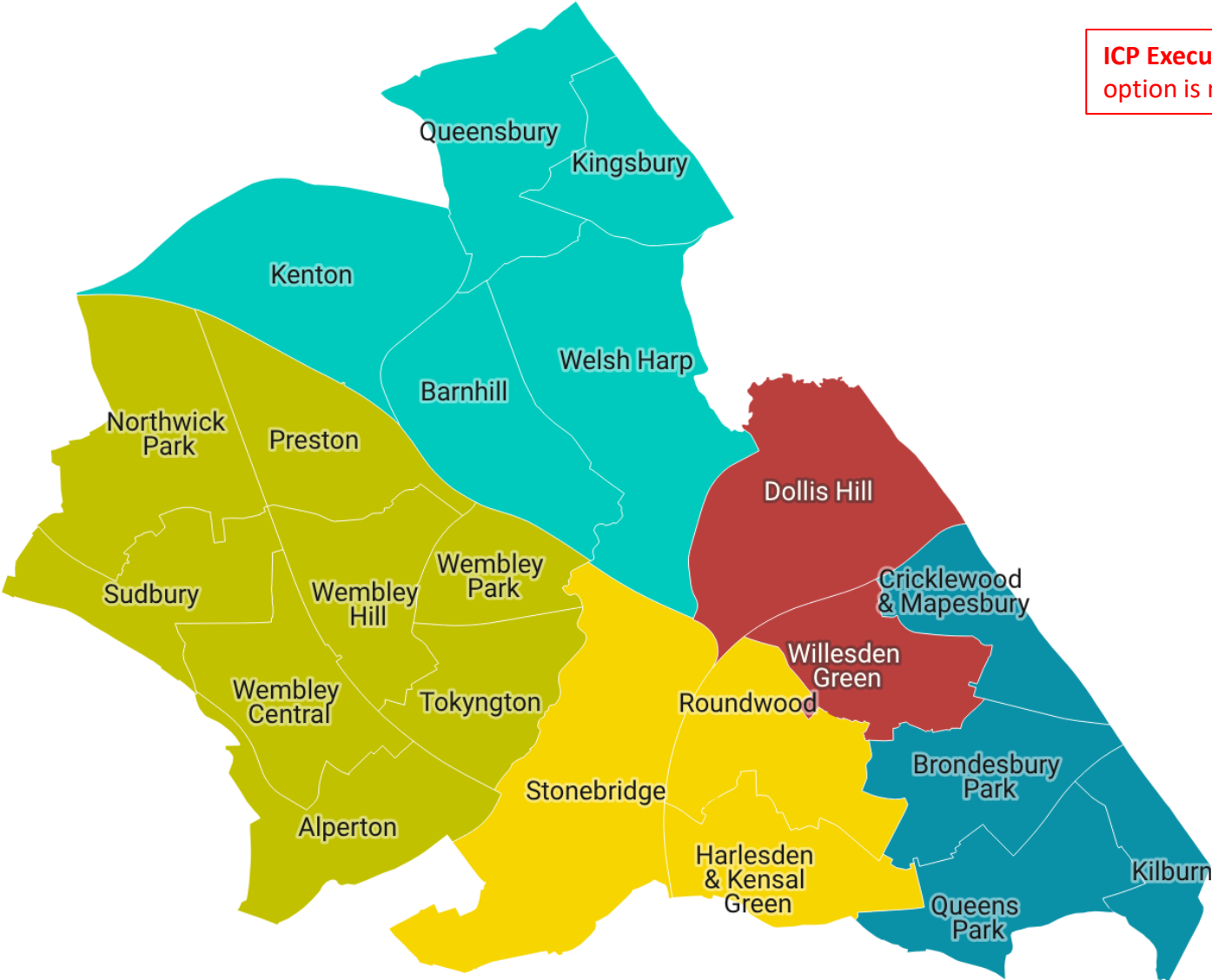
Travel and practical accessibility:

- Harlesden longest indicative journey approx. 2.2 miles, 15 mins by car and 15-25 mins public transport
- Willesden: approx. 2.5 miles, 12-18 mins by car and 20-30 mins by public transport
- Kilburn: approx. 1.6 miles, 8-12 mins by car and 10-20 mins by public transport
- Kenton and Kingsbury: approx. 3.7 miles, 15-20 mins by car and 25-40 mins by public transport
- Wembley: approx. 4.5-5 miles, 20-30 mins by car and 35-50 mins by public transport

Moves C&M Ward into Kilburn

Option (C):
Move the
Cricklewood &
Mapesbury
Ward from
Willesden into
Kilburn

ICP Executive recommendation: This is option is not recommended



NHS Neighbourhood Area

Harlesden Kilburn Kingsbury & Kenton Wembley Willesden

Option (C): Move the Mapesbury & Cricklewood Ward from Willesden into Kilburn

Configuration proposed

Move Cricklewood & Mapesbury from Willesden to Kilburn, creating a four-ward Kilburn neighbourhood comprising Kilburn, Queen's Park, Brondesbury Park and Cricklewood & Mapesbury.

Key points from submissions:

- All practices within the Ward support alignment with Kilburn instead of the Willesden neighbourhood, citing more than 10 years of locality collaboration.
- Six out of seven main practices across Kilburn partnership and Brent Beacon PCNs would sit within the new four-ward proposed footprint.
- Willesden Green Surgery's main and branch sites would no longer sit in separate neighbourhoods.
- The Kilburn-Cricklewood corridor is presented as a continuous community and travel geography.
- The Royal Free breast screening pilot demonstrates existing cross-PCN population-health delivery; 8 practices collaborated.

Potential limitations and considerations (based on submission and/or data):

- Reduces Willesden's resident and GP- registered populations.
- Disrupts Willesden planning and relationships developed on the current footprint.
- Responses suggest that provider reconfiguration alone should not determine neighbourhood boundaries.

Current

Neighbourhood	Population	Projected Growth (By 2041)	GP Registered Population (now)
Kilburn	47,913	53,600	34,538
Willesden	54,787	66,800	77,803

Proposed change

Neighbourhood	Population	Projected Growth (By 2041)	GP Registered Population (now)
Kilburn with Mapesbury and Cricklewood added	61,871	66,150	62,688
Willesden (without Mapesbury and Cricklewood)	40,829	42,456	49,560

Wembley split into three making seven neighbourhoods

Option (D):
Wembley is split
into three
neighbourhoods

ICP Executive recommendation: This is option is not recommended



NHS Neighbourhood Area

- Harlesden
- Kilburn
- Kingsbury & Kanton
- Wembley East
- Wembley South
- Wembley West
- Willesden

Option (D): Wembley is split into three neighbourhoods

Configuration proposed

Divide the current Wembley area into:

- **Wembley East:** Wembley Hill, Wembley Park and Preston
- **Wembley West:** Northwick Park, Sudbury and Wembley Central
- **Wembley South:** Alperton and Tokyngton

Key points from submissions:

- All three areas are projected to become viable neighbourhood-sized populations.
- Wembley South is projected to more than double in population by 2041.
- Distinct demographic, housing and health-inequality patterns support tailored responses.
- Smaller footprints could strengthen local accountability, resident engagement and MDT coordination.
- Harness North argues that the geography reflects identifiable regeneration, high-street and residential corridors.

Potential limitations and key considerations (based on submission and/or data):

- Wembley South begins below the typical 30,000 population range.
- Registered populations are highly uneven, particularly because some practice lists include out-of-borough and digital registrations.
- The submission does not quantify the workforce and leadership required for three neighbourhood structures.
- Creating three neighbourhoods could increase meeting and interface requirements, contrary to submissions from providers favouring fewer structures.

Current

Neighbourhood	Population	Projected Growth (By 2041)	GP Registered Population (now)
Wembley	104,487	165,600	249,046

Proposed

Proposed neighbourhood	Population	Projected Growth (By 2041)
Wembley East (Wembley Hill, Wembley Park and Preston)	41,193	57,214 (+38.9%)
Wembley West (Northwick Park, Sudbury and Wembley Central)	45,368	55,031 (+21.3%)
Wembley South (Alperton and Tokyngton)	25,745	53,267 (+106.9%)

Option (D) continued: Wembley is split into three neighbourhoods

Population and needs profile summary

Evidence theme	Wembley East	Wembley West	Wembley South	What the evidence suggests
Population growth	41,193 in 2023, rising to 57,214 by 2041 (+38.9%)	45,368 in 2023, rising to 55,031 by 2041 (+21.3%)	25,745 in 2023, rising to 53,267 by 2041 (+106.9%)	South starts below the typical 30,000 neighbourhood range but is projected to more than double; West grows more moderately
Age profile	Under 16: 17.5%; age 65+: 9.0%	Under 16: 18.4%; age 65+: 12.4%	Under 16: 18.5%; age 65+: 11.8%	West has the largest older population proportion; South has the largest proportion of children
Ethnic diversity	Asian/Asian British: 42.5%; Black/Black British: 12.2%; White groups: 32.1%	Asian/Asian British: 58.2%; Black/Black British: 11.1%; White groups: 20.0%	Asian/Asian British: 55.2%; Black/Black British: 14.9%; White groups: 19.7%	All three areas are diverse, but their ethnic profiles differ
Migration and language	Born outside UK: 63.3%; limited English: 7.0%	Born outside UK: 63.1%; limited English: 9.9%	Born outside UK: 65.5%; limited English: 12.7%	Language and accessible communication needs are greatest in South
Housing pressures	Overcrowded households: 19.6%; private rented/other: 46.9%	Overcrowded households: 22.5%; private rented/other: 36.1%	Overcrowded households: 23.4%; private rented/other: 35.5%	East has the greatest private-rental exposure; overcrowding is highest in South
Children and families	Child income deprivation: 20.2-51.8%; Reception obesity: 8.1%	Child income deprivation: 18.6-47%; Reception obesity: 7.1%	Child income deprivation: 19.1-23.7%; Reception obesity: 9.0%	Child deprivation is highest in East, while Reception obesity is highest in South
Health and vulnerability	Older people living alone: 26.6%; self-harm admission ratio: 21.7	Older people living alone: 19.8%; self-harm admission ratio: 14.1	Older people living alone: 20.4%; self-harm admission ratio: 14.9	East shows higher need relating to older people living alone and self-harm admissions

Integrated Care Partnership Executive recommendations to HWB

The Health Inequalities and Neighbourhoods Executive and subsequently the ICP Executive have reviewed the submissions from stakeholders and considered the pros and cons of the different options against the agreed criteria. They have also factored in the impacts of making changes. They agreed to make the following recommendations to the HWB

Recommendations to HWB	Summary rationale
(1) Agrees the adoption of four NHS neighbourhood health footprints for Brent by merging Kilburn and Willesden [option A]	- Provides the best balance between maintaining locally responsive delivery and creating sustainable neighbourhood structures and leadership that partners can effectively support - Merging Kilburn and Willesden provides a response to the longstanding disagreement over which area the Cricklewood & Mapesbury Ward sits in - Leaving the other three neighbourhoods unchanged - where there are no similar strong disagreements - avoids further change and results in a sustainable overall structure of four neighbourhood areas.
(2) Agrees that, if the four-neighbourhood model recommended is not agreed, Brent continues to work to the current five neighbourhood-model with no changes made [option B]	- Continue to build on existing working arrangements and avoid further change should recommendation (1) not be supported. - Avoid ongoing uncertainty about the geographies that risks undermining neighbourhood health development and Brent's ability to draw on additional funding for its communities and patients.
(3) No other alternative changes are recommended [options C,D]	- Other options that would create more than the current five neighbourhood areas (option D) would significantly increase leadership, governance and operational requirements across the system. - This would create additional interfaces for borough-wide providers, stretch limited workforce and leadership capacity, and risk diluting services and resources across a greater number of neighbourhood structures. - On balance it is judged that mitigating the potential risks of larger neighbourhoods is more achievable than mitigating the potential risks of smaller neighbourhoods (see slide 22) - Moving the Cricklewood & Mapesbury Ward from Willesden to Kilburn (option C) would reduce Willesden's resident and GP registered populations

**Fewer, larger
neighbourhoods**

**A mix of smaller
and larger
neighbourhoods**

**More, smaller
neighbourhoods**

x4

ICP Executive
recommendation

x5

Current number of
neighbourhoods

x6

x7

Advantages

- Stronger match with Council and Provider footprints
- Easier to pool resources and specialists
- Reduces management and governance overheads
- Stable population size for data and funding

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Advantages

- Sense of place & community ownership
- Better understanding of local needs, assets and inequalities
- Supports prevention, outreach and relationship-based working

Risks (that require mitigations)

- Can feel remote from communities
- Harder to build relationships between residents, VCFSE and frontline staff
- Risk that affluent areas dominate and pockets of deprivation get masked
- Less flexibility to tailor services to local needs

Risks (that require mitigations)

- Can make performance and demand data less reliable
- May not be large enough to sustain specialist roles or services
- More neighbourhoods means more governance + meetings
- Risk of fragmentation and inconsistency between areas

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Brent Integrated Care Partnership
Brent Civic Centre, Engineers Way,
Wembley Park
London HA9 0FJ
Website: www.brentICP.nhs.net

Date: 7th September 2026

Dear colleagues,

Re: Proposed Brent neighbourhood geographies – recommendation to the Health and Wellbeing Board

I am writing on behalf of the Brent Integrated Care Partnership (ICP) Executive to update you on the review of Brent's neighbourhood geographies and the recommendations that we will be presenting to the Brent Health and Wellbeing Board (HWB) at its public meeting on 17 September 2026.

There will be further details in the formal public report when it is published in due course, but we wanted to share the headline position from the ICP Executive now, ahead of the final decision-making stage.

Review process

Over recent months we have been reviewing Brent's neighbourhood health footprints, considering population size and need, community identity, operational delivery, partnership alignment and future sustainability.

As you know this is an issue on which there has been ongoing debate and discussion, and with the publication of the NHS Neighbourhood Health Framework it is crucial that, as a system, we now arrive at a confirmed position in Brent as a foundation for delivery on the NHS 10-year plan and our local ambitions to tackle health inequalities.

The Chair and Vice Chair of the Health and Wellbeing Board wrote to all stakeholders and partners in July to seek evidence and views in this matter. As set out in the ICP Executive slides (dated 08/07/26) that accompanied that letter, the next step was that the ICP Health Inequalities and Neighbourhoods Executive (10/08/26) would review the evidence submitted ahead a formal report to the HWB on 17 September.

Firstly, we would like to thank all partners who contributed thoughtful evidence and views to this process, which have helped us understand the different perspectives and implications of the options considered.

Submissions

The headline is that no single clear consensus view emerged from the submissions received, and there are strong opposing views and arguments about what the optimal configuration should be. These positions can be summarised as:

- No change – remaining with the current five neighbourhood areas as they are
- Moving the Mapesbury and Cricklewood Ward from Willesden into Kilburn
- Merging the Kilburn and Willesden Neighbourhoods (and others remaining as they are) thereby creating a four neighbourhoods model
- Splitting Wembley into three neighbourhoods (resulting in seven neighbourhoods, if no other changes)

Given the lack of clear consensus, and to help move towards a conclusion, the Health Inequalities and Neighbourhoods Executive resolved to make a clear recommendation on a preferred option to the ICP Executive, in order that it could subsequently confirm its recommendation to the Health and Wellbeing Board.

Recommendation from the ICP Executive

Following consideration of the submissions on 02/09/26 the ICP Executive will be recommending to the Health and Wellbeing Board that Brent moves to a four-neighbourhood model.

This would see the existing Kilburn and Willesden neighbourhoods merged, with the current configurations for Harlesden, Kingsbury & Kenton and Wembley remaining unchanged. The proposed neighbourhoods would therefore be:

Neighbourhood area	Wards	Population	GP registered pop
Harlesden	Harlesden & Kensal Green, Roundwood, Stonebridge.	56,965	83,455
Kilburn & Willesden	Kilburn, Queen's Park, Brondesbury Park, Willesden Green, Dollis Hill, Cricklewood & Mapesbury.	102,700	111,809
Kingsbury & Kenton	Kenton, Queensbury, Kingsbury, Barnhill, Welsh Harp.	75,663	89,538
Wembley	Northwick Park, Sudbury, Wembley Central, Alperton, Preston, Wembley Hill, Wembley Park, Tokyngton	104,487	249,046

This four-neighbourhood model is considered to provide the strongest balance. It would:

- address the longstanding issue around the Cricklewood & Mapesbury Ward and its established primary care relationships with Kilburn (noting that there will be support provided to quickly establish new leadership and representation arrangements in the newly merged area).
- reduce organisational, governance and provider interfaces for borough-wide, community and specialist services.

- support greater leadership resilience and workforce flexibility.
- avoid creating additional neighbourhood structures which could spread limited workforce and resources across a greater number of footprints; and
- avoid significant levels of change to current arrangements

We recognise that larger neighbourhood footprints contain distinct communities and patterns of need. The proposed model would therefore retain flexibility for locality and community-level delivery within neighbourhoods, ensuring services can continue to respond to local needs and maintain resident voice and community identity.

The ICP Executive will also be recommending that:

- If the recommended four neighbourhoods model is not agreed, Brent should continue with the current five neighbourhoods configuration unchanged.
- No other alternative changes or options are recommended.

Next steps

These recommendations from the ICP Executive will be made to the Brent Health and Wellbeing Board at its meeting on 17 September 2026 for their consideration.

Details of the Health and Wellbeing Board, including membership, reports, meeting protocols and representations, can be accessed here:

<https://democracy.brent.gov.uk/mgCommitteeDetails.aspx?ID=365>

<https://www.brent.gov.uk/the-council-and-democracy/council-meetings-and-decision-making/take-part-in-a-meeting>

Please also note that all the evidence submissions made have been shared in original form directly with Health and Wellbeing Members to support their decision making. The formal public report will refer to the full range of options proposed and their key points, but it will not include the full submissions in original form given they were not requested with an explicit expectation of being published in this way.

We recognise that this has been and is a difficult issue to resolve given the different views and perspectives. The recommendations the ICP Executive and the final decision of the HWB will impact all partners and we are committed to working through the implications constructively together.

Thank you again for your input on this issue.

Yours sincerely,

Robyn Doran

In capacity as Co-Chair, Brent Integrated Care Partnership Executive

Director of Transformation and Brent ICP Director, Central and North West London NHS Foundation Trust

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 Brent  West and North London	Brent Health and Wellbeing Board 17 September 2026
	Report from the Interim Director of Public Health and Leisure
	Lead Cabinet Member for Community Safety and Public Health – Cllr Liz Dixon
Cancer Health Needs Assessment	

Wards Affected:	All Brent
Key or Non-Key Decision:	Not applicable
Open or Part/Fully Exempt: (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
List of Appendices:	Appendix 1 – Presentation: Cancer health needs assessment
Background Papers:	None
Contact Officer(s): (Name, Title, Contact Details)	Mai Stafford Head of Evidence & Insight, Public Health Mai.stafford@brent.gov.uk

1.0 Executive Summary

- 1.1 The purpose of presenting this cancer health needs assessment to Health and Wellbeing Board members is to highlight the statistics on cancer in our borough and our work to reduce cancer and its impact on Brent residents.
- 1.2 Cancer affects 1 in 2 people during their lifetime. Cancer is a leading cause of death. Cancer prevention and earlier diagnosis is a key clinical area for the NHS and for Public Health, nationally and locally in Brent.

2.0 Recommendation(s)

- 2.1 The board is recommended to note the presentation.
- 2.2 Board members are asked to advocate for cancer prevention and early detection services, especially for segments of the Brent population that are currently facing the greatest cancer-related risks.
- 2.3 Board members are asked to affirm that cancer prevention and care should be included in the new Health and Wellbeing Strategy which is currently being developed.

3.0 Detail

3.1 Contribution to Borough Plan Priorities & Strategic Context

- 3.1.1 The Borough Plan sets out the ambition for a healthier Brent, with narrower health inequalities between groups and culturally competent services where residents are involved in shaping local solutions. With cancer being a leading cause of death and morbidity, cancer services need to be part of the offer for a healthier Brent.
- 3.1.2 As laid out in the Health and Wellbeing Strategy (2022-2027), community-based health checks and health promotion activities focus on cancer, among other health conditions.
- 3.1.3 Regionally, the Royal Marsden (RM) Partners published the cancer strategy for North West London (2025-2030). RM Partners is the NW and SW London Cancer Alliance. Nationally, the Department for Health and Social Care recently released its 10-year strategy (2026-2035) for improving cancer care and outcomes.

3.2 Background

- 3.2.1 The cancer health needs assessment is one of Brent's Joint Strategic Needs Assessments (JSNA) products. The JSNA is a big-picture analysis which provides intelligence on health and health inequalities. It is regularly updated and or added to.
- 3.2.2 The JSNA products inform the Health and Wellbeing Strategy and other council strategies.
- 3.2.3 The cancer health needs assessment describes cancer morbidity, mortality, diagnosis and management in Brent. It highlights where public health and partners can play a role in improving cancer prevention and treatment.
- 3.2.4 A number of health challenges are identified in the needs assessment, including low uptake of cancer screening compared with benchmarks, and inequalities in cancer which disproportionately affect people living in more deprived areas and some ethnic groups.

4.0 Stakeholder and ward member consultation and engagement

- 4.1 There has been no statutory consultation on this cancer health needs assessment. However, several stakeholders have been engaged during its preparation. This includes stakeholders that are involved in commissioning or planning cancer services, as well as residents at higher risk of cancer. This engagement supported with data sharing, data collection, analysis and interpretation of findings.

5.0 Financial Considerations

- 5.1 There are no direct budgetary implications arising from this cancer health needs assessment. However, the needs assessment highlights areas where continued investment in services is wanted.

6.0 Legal Considerations

- 6.1 There are no direct legal implications arising from this cancer health needs assessment.

7.0 Equity, Diversity & Inclusion (EDI) Considerations

- 7.1 Within the presentation, we note where there are substantial inequalities in cancer health or cancer services. These inequalities exist across levels of deprivation (based on the Indices of Multiple Deprivation), ethnicity, and age.

8.0 Climate Change and Environmental Considerations

- 8.1 There are no direct environmental sustainability implications.

9.0 Human Resources/Property Considerations (if appropriate)

- 9.1 Not applicable.

10.0 Communication Considerations

- 10.1 There are no direct communication considerations arising from the cancer health needs assessment.

Report sign off:

Ruth du Plessis, Director of Public Health and Leisure, on behalf of Rachel Crosley, Corporate Director of Service Reform and Strategy

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Cancer health needs assessment

Summary presentation for the Health and
Wellbeing Board September 2026

Prepared by the Evidence and Insight and Public
Health teams

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COLLABORATE
PROACTIVELY

LEAD INCLUSIVELY

EMBRACE
CHANGE

BE BOLD
AND CURIOUS

CELEBRATE AND
SHARE OUR
SUCCESS

JSNA aims and scope

Click [here](#) to link to the Brent JSNA products

JSNA products

- JSNA = Joint Strategic Needs Assessment
- It is a big-picture analysis that provides intelligence on local health and health inequalities
- Local authority and partners (residents, service users, VCFSE and NHS) agree the local picture of health and wellbeing needs via the Health and Wellbeing board
- The JSNA informs the Joint Health and Wellbeing Strategy
- The Director of Public Health has a statutory duty to provide JSNA
- The Brent JSNA can be found [here](#). It is regularly being added to and updated

Interactive JSNA

Brent vs London / England
100+ health metrics



Local profiles

Neighbourhoods
Electoral wards



Deep dives

e.g. Gambling,
Gypsy/Roma/Traveller
health,
Sexual health, Cancer



Deep dive into cancer

- Aims to describe cancer morbidity, mortality, diagnosis and management in Brent and identify any inequalities by age, gender, ethnicity and deprivation
- To highlight where public health could play a role in improving cancer prevention and treatment
- Focus on the four most common cancers in the UK
 - Breast cancer
 - Prostate cancer
 - Lung cancer
 - Bowel cancer
- Also focus of a national screening programme
 - Cervical cancer
- And where Brent's population has high level of risk factors
 - Head and neck cancer
- This presentation covers the key findings. The full cancer health needs assessment can be found at this [link](#)

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20/05/2026

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SUCCESS

Evidence and Insight - Public Health

Key findings – screening

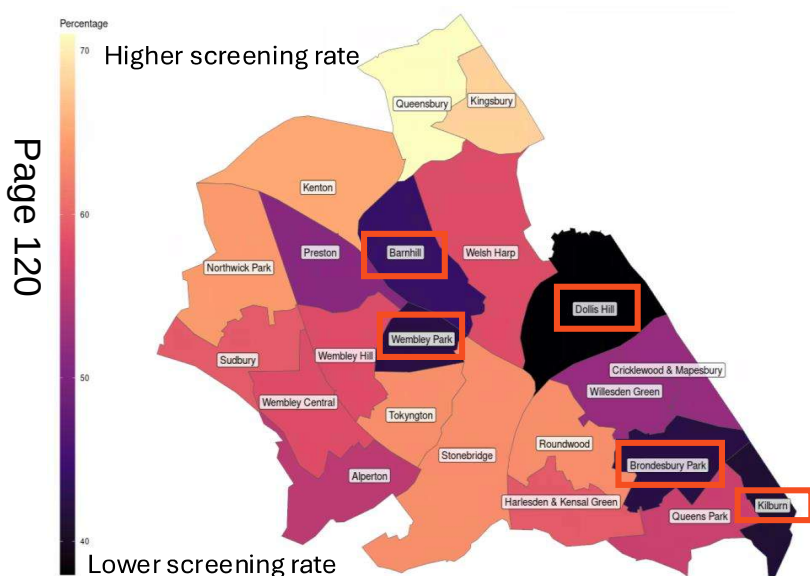
Brent is underperforming across the board and tracks below the Northwest London (NWL) average for all three national cancer screening programmes (cervical, breast and bowel)

HPV vaccinations are in decline. Substantially lower than both London and England averages, with a worrying downward trend in recent years

There is a substantial age gap for screening – younger eligible cohorts show lower screening uptake than older age groups across all three programmes

Lower uptake is strongly correlated with higher deprivation (with the exception of cervical screening)

Uptake rates vary by ethnic group, though the most affected demographics differ depending on the specific screening programme



More deprived areas in Brent tend to have lower breast screening rates



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Key findings – morbidity

There is a rising incidence in total cancer cases in Brent – number of new cancers has increased between 2017 and 2024

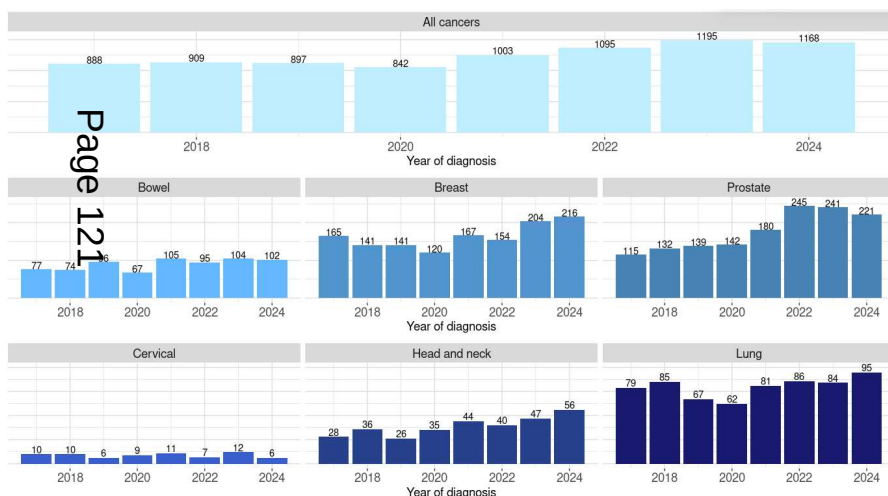
Overall cancer prevalence is highest among white ethnic groups and individuals living in more deprived areas

Those at highest risk of prostate cancer are Black ethnic groups, mirroring national trends. Local qualitative research reveals a critical lack of awareness regarding prostate cancer symptoms and when/how to seek medical response among Black African and Black Caribbean residents

Head and neck cancer is a specific local concern. Brent has considerably higher rates of head and neck cancer compared to the England average

Incidence of head and neck cancer is disproportionately higher in men and individuals from South Asian ethnic groups (compared to the Brent average)

Tobacco use – specifically smokeless tobacco, which is highly prevalent among men and South Asian communities – is identified as a major contributing factor to Brent's elevated rate of head and neck cancer



From 2022, post COVID-19, there is an increase in cancer diagnosis



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Key findings – diagnostic pathway

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**Incidence by diagnostic pathway and cancer type
(2017 - 2024)**

Characteristic	GP	NSP	Other
Overall	3,641 (46%)	303 (3.8%)	4,053 (51%)
Cancer			
Other	1,355 (38%)	0 (0%)	2,177 (62%)
Prostate	943 (67%)	0 (0%)	472 (33%)
Breast	678 (52%)	238 (18%)	392 (30%)
Bowel	265 (37%)	56 (7.8%)	399 (55%)
Lung	230 (36%)	0 (0%)	409 (64%)
Head and neck	148 (47%)	0 (0%)	164 (53%)
Cervical	22 (31%)	9 (13%)	40 (56%)

Diagnosis via national screening or GP referral leads to significantly more timely diagnosis and better treatment outcomes compared to emergency routes (e.g. A&E)

Brent is successfully moving away from emergency diagnoses. The proportion of total cancers diagnosed via non-optimal pathways dropped from 57% in 2017 to 46% in 2024

Despite overall improvements, certain cancers are still more likely to show delayed diagnoses

Lung, bowel, and cervical cancers were less commonly diagnosed through screening or GP referrals compared to total cancers.



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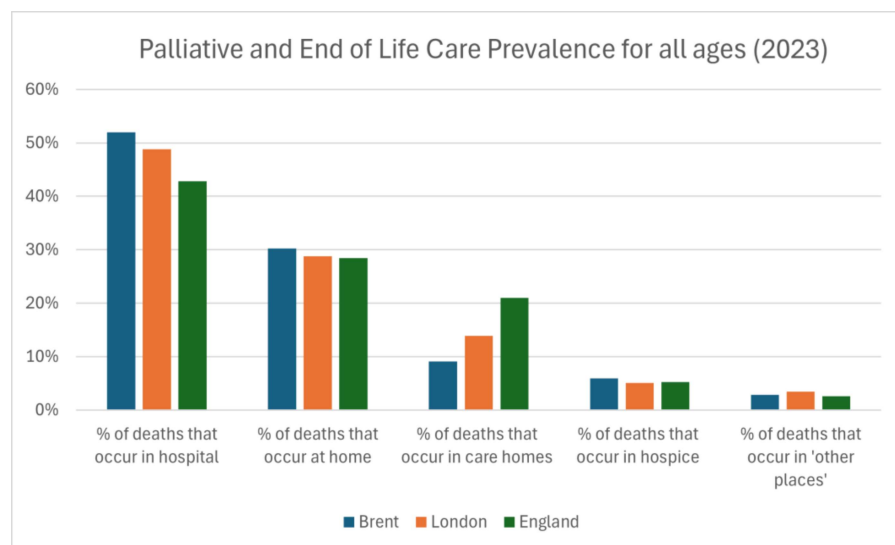
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Key findings – mortality rates and end of life



Both 3-year and 5-year survival rates are statistically significantly lower in Brent compared to the NWL average for cancers overall, and for lung cancer specifically

Survival rates are notably lower for head and neck cancer and lung cancer compared to cancers overall

A higher proportion of Brent residents die in hospital and a lower proportion die in a hospice compared to NWL average

What cancer initiatives are we providing?

Leverage community assets

- We integrate community perspectives and work with community champions to improve the reach and trust of cancer prevention services
- Successful, localized outreach models include:
 - The “Man Van” asset-based approach to prostate cancer screening for Black men
 - Brent Health Matters outreach activities e.g. cancer screening awareness events

Public Health and Integrated Care Partnership programmes

- Brent Stop Tobacco programme, including Smoke Free App digital support
- Chewing tobacco cessation initiative, designed to be culturally appropriate
- Primary care proactive targeting to registered smokers
- Lung cancer screening programme targeting current tobacco users
- Non-responder cancer screening calling project (for bowel cancer screening)
- Roll-out of HPV self-sampling through primary care
- Targeted, personalised support for people in CORE20 most deprived communities to access cancer prevention and early diagnosis through Brent Health Matters

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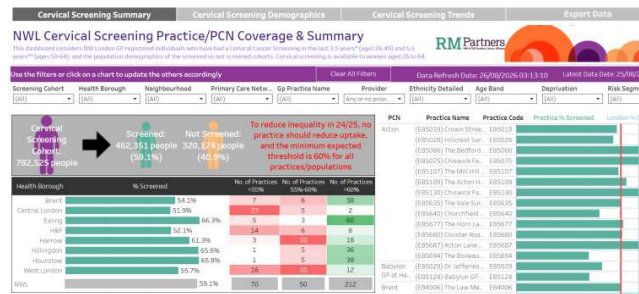
What other resources do we have?

Intelligence

- Brent and WNL ICB has detailed data for bowel, breast and cervical cancer screening, which supports inequalities monitoring and improvement
- We engage with communities to understand their barriers, needs and preferences for services and design our service offer around that
- Continue to review our services in line with NHS and other robust evidence on what works to increase screening uptake

Whole system approach

- RM Partners Cancer Alliance Strategy 2025-2030
- Integrating cancer prevention into other strategies, including Men's health strategy and Food strategy
- Multiple partners collaborating in neighbourhoods to target cancer support



RM Partners



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