

BRENT SAFEGUARDING ADULTS BOARD ANNUAL REPORT

24-25



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Foreword

Brent Safeguarding Adults Board Independent Chair



This is my second annual report for Brent Safeguarding Adults Board (BSAB). I would like to commend this report and the work of the Board over the past year.

The BSAB has made good progression with the priorities set out in the 2024-26 strategic plan published in January 2024. The report sets out the progress made with the strategic priorities as well as providing clarity on the forward plan for 2025-26 to ensure that these priorities are delivered to be business as usual in 2026-27.

During 2024-25, the governance of the BSAB has been strengthened. This has included revising the work programmes for the subgroups to achieve the aims of the BSAB. There has also been good working together with the Brent Safeguarding Children's Partnership which has culminated in a joint conference and a joint group to take a leadership role in promoting transitional safeguarding, as well as the establishment of a joint Executive group to oversee the work of the Brent SCP and Brent SAB.

There has been a considerable improvement in the BSAB's commitment to consider the commissioning of Safeguarding Adults Reviews and publishing those undertaken. During 2024-26, three reviews have been completed and reports approved for publication, either the full review or a learning report. There has been an additional SAR ongoing during 2024-2025, which was delayed due to unforeseen circumstance, this will be published in the first quarter of 2025-26.

There has also been work undertaken to go back to SARs previously published in Brent to check the impact of the learning from these SARs. This work identified an area for more improvement - the application of the Mental Capacity Act. This continues to feature in SARs nationally. A task and finish group was set up in Brent and this group will continue until the summer of 2025 to help to shape training and toolkits to support workers to apply the Act in a more effective way which promotes safeguarding.

In the last annual report, I set out how I planned to get out to meet community groups. During the year, I worked with Brent Healthwatch to establish a community engagement project which was approved by the BSAB in January 2025. This project will run until November 2025 and will involve hearing from community groups, meeting community leaders, Brent Health Matters, and the Brent Council Co-Production Team.

During 2024-25, there have been major changes nationally and internationally which have an impact on the lives of the Brent population. The BSAB is taking particular notice of the issue of rough sleeping and homelessness as safeguarding issues and receive regular updates from services to provide assurance that people are supported to keep safe.

A handwritten signature in black ink, which appears to read 'N Brownjohn'.

Nicola Brownjohn
Independent Chair for Brent Safeguarding Adults Board

02 BRENT SAFEGUARDING ADULTS BOARD ARRANGEMENTS



Brent Safeguarding Adults Board (SAB)

The Board is a partnership made up of statutory and non-statutory partners. The statutory partners are; The Metropolitan Police, Northwest London NHS Integrated Care Board and Brent Council. There are also many non-statutory partners who provide a valuable contribution. The Board meets quarterly.

Role of the SAB

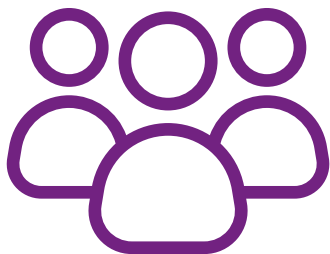
The SAB is a strategic board that provide oversight and direction to help partners work better together to achieve agreed strategic priorities. It also works to seek assurance from partners that sound systems are in place to effectively manage safeguarding concerns. It does this via reviews, audits and various sub-group activities

There are currently four active sub-groups that assist the SAB in carrying out its duties. These sub-groups meet at agreed frequencies by each group members. Each sub-group has different aims and objectives but all work to feed into the SABs overall priorities and responsibilities.

Case Review Group (CRG)	This CRG multi-agency group considers serious cases submitted for potential Safeguarding Adult Reviews. The sub-group aims to ensure that lessons learned are shared, acted upon and impact is assessed. During the reporting period the group met each month in 2024, this frequency moved to bi-monthly in 2025.
The Executive Group	This group has been trialled as a joint Executive with the SCP, as the Partners are the same and there are cross cutting themes.
Multi-agency Learning and Development Group	A joint sub-group with the Safeguarding Children Partnership. Its purpose is to consider and develop the multi-agency safeguarding Learning and Development programme, and ensure it is linked to the Strategic Plan over the coming years. This group has previously met quarterly and It has been agreed that this will increase to bi-monthly in 2025/2026.
Performance & audit subgroup	Implemented in October 2024, the new Performance subgroup focuses on seeking out data to understand priority areas of Safeguarding in Brent that have been identified as needing further scrutiny and attention.
Mental Capacity Task & Finish group	This is a time-limited working group, set up to respond to the need for system learning around Mental Capacity assessments. The group will conclude by summer 2025.
Transitions sub group	Work on the group has progressed, with a TOR set, focus cohort agreed. Workshops are planned for early 2025/26 with a view to hold a bi-annual group check in going forward.

03 BUDGET, INCOME AND EXPENDITURE

The Safeguarding Adults Board budget comprises of monetary contributions from the Statutory Partners, with the Local Authority also contributing additional funding of staffing support and resource to the Board. The Independent Chair is funded via the Statutory Partner contributions.



Staffing
1 full time Strategic Partnerships Lead (SAB Business Manager)
1 full time Strategic Partnerships Manager
1 part time joint Learning and Development Officer (0.8 FTE)

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

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

Below is a summary of Board expenditure covering the financial period since the last annual report:

Expense	Value (£)
Independent Chair Fees	22,500
Information systems development	3,405.76
Meeting & Event costs	1,398
Joint Conference fees	5,182.42
Safeguarding Adult Review (SAR) fees	17,563.24
Learning and Development programme	1,800
Total	51,849.42



This year, the majority of the Board expenditure was allocated to Chair fees, with an equal contribution as the Children’s Partnership being made to the Partnerships joint Learning and Development programme and it’s supporting IT solutions. During this financial year, the contribution included the implementation cost of the Brent Safeguarding Partnerships joint conference.

The Safeguarding Adults Board has undertaken various reviews over the last 2 years. Some fees for Independent review work undertaken on SARs last year fell into this financial year due to payments being made only after report sign off and approval. We anticipate the coming years contribution to SAR fees to be reduced. These spends are in line with an expected expenditure for a Safeguarding Adults Board.

04 TIMELINE OF ACTIVITY

THE SAB KEY ACTIVITIES IN THIS REPORTING YEAR

MONTH	ACTIVITY
May 2024	23/05 - Case review group: Colleagues reviewed progress against 2 SAR action plans, agreeing actions. The group also had a presentation on effective SAR Panel activity and implementing learning.
June 2024	<p>07/06 - Joint Executive: The first of the combined executive for the SAB/SCP. The group discussed and agreed ways of working, priorities, Transitional Safeguarding and annual reports.</p> <p>04/06 - Joint Learning & Development group: The group discussed course data, emerging themes that will translate to training needs.</p> <p>18/06 - SAB: The Board received presentations and discussed Fatal fire deaths, Cuckooing, the DARD Panel and also reviewed and signed off the 23/24 annual report.</p> <p>25/06 - Case review group: This meeting, colleagues heard about the OWHR pilot in Brent, reviewed and signed off Carers assessment briefing and had a discussion around managing 'red carding'.</p>
July 2024	30/07 - Case review group: The group received a Learning from lives and deaths – People with a learning disability and autistic people (LeDeR) update from NHS colleagues, alongside progression SAR action plans.
Sept 2024	<p>4/09 - Joint Executive: The group reviewed the TOR, Board updates from the partnerships and progress on planning for the Transitions subgroup.</p> <p>10/09 - SAB: The Board signed off 2 SAR reports, approved the new escalation policy and received updates on the ministerial letter and assurance on pressure ulcer protocols.</p> <p>17/09 - Joint Learning & Development group: The members discussed alignment of the programme with Partnership Board priorities, and set up a Task and Finish group for the joint conference.</p> <p>19/09 - Case review group: The group heard a new case referral to be considered for a SAR, and also progressed work on SAR action plans.</p>
Oct 2024	<p>15/10 - Performance & Audit subgroup: The group held it's first introductory meeting to agree the TOR, workplan and approach.</p> <p>22/10 - Case review group: The group concluded discussions on the previously referred case heard in September 2024, agreeing that the case did not meet the review criteria. In addition, ongoing SAR action plans were reviewed.</p>
Nov 2024	<p>5/11 - Joint Learning & Development group: This session focused largely on firming up conference planning including agreed outcomes, case study details and input on spotlight & facilitator roles.</p> <p>12/11 - SAB: The Board heard updates on the Self Neglect Toolkit, inspection outcomes, the housing picture in Brent and thematic issues arising from substance misuse and housing.</p>
Dec 2024	<p>11/12 - Joint Executive: In relation to Adults, the Executive received a strategic update from Statutory Partners, Board and review updates and a briefing on joint work with SCP including the joint conference.</p> <p>17/12 - Case review group: The Chair gave a presentation on effective SAR panels which was followed by a group discussion. The group agreed to change the meeting frequency to bi-monthly.</p>
Jan 2025	<p>21/01 - SAB: The SAB met post-development day, receiving an update on LeDer & Care Education and Treatment Review processes and discussed subgroup updates, the forward plan and the SAB community engagement project.</p> <p>23/01 - Performance & Audit subgroup: The group shared data on safeguarding referrals, discussed how they are managed and how data trends could be further explored.</p>
Feb 2025	<p>18/02 - Case review group: The group discussed proposed SAR recommendations for ADULT I and shaped and refined these. They also reviewed action plan progress for Thematic SARs.</p> <p>25/02 - Joint Learning & Development group: The group welcomed a new Co-Chair representing the SAB, discussed conference outputs, next years learning plan, membership and reviewed the TOR. There was an agreement to uplift the meeting frequency to bi-monthly.</p>
Mar 2025	<p>18/03 - Performance & Audit subgroup: The group discussed local cuckooing data and the high risk panel.</p> <p>25/03 - SAB: At this meeting, the Adult I SAR report was signed off, an update given on revised strategic priorities plan, and a presentation from the Built for Zero project that focuses on community based homeless reduction, of which Brent is pilot borough.</p>

05 SAB PROGRESS 2024-2025

Development Work

- The Safeguarding Partnership Audit Tool (SAPAT) was reviewed by the SAB, with the outputs explored at the board development day held in January 2025. This has supported in refining the updated strategic plan and targeted actions for 25/26.
- The SAB Chair has established a North West London Chairs and Business Managers network which will provide peer support and challenge.
- The SAB Chair and Business Manager have attended team meetings to share learning from SARs and delivered presentations to improve understanding of SAR processes.
- Improved SAB governance, reporting and forward planning, including training on effective SAR panels.
- Strengthened relationships with key partners such as Community Safety, London Ambulance Service and Housing.
- Delivery of a successful joint conference with the Safeguarding Children's Partnerships, focusing on improving multi-agency partnership work and relationships.
- Implementation of two further working groups, in the form of the Performance and Audit, and Mental Capacity Task and Finish groups
- Completed four SARs during the period.
- Completed an audit of legacy SARs, ensuring that themes revisited.

Self Neglect

- Development and publishing of the Brent Self-Neglect Toolkit - which will be revised and tested in 2025/2026
- Delivered targeted training to Brent Housing colleagues on Self Neglect and Hoarding to improve awareness.
- Published a SAB multi-agency escalation process, detailing how professionals can escalate cases where there are multi-agency professional disputes that cannot be resolved.
- Promotion and review of the Brent Multi-agency High Risk Panel - increasing awareness and monitoring its effectiveness.

Housing & Substance Misuse

- Following the issuing of the ministerial letter, the SAB identified a named lead on the Board for Homelessness.
- Supporting partner awareness of local projects, such as BuiltforZero and Groundswell
- Exploring Cuckooing data via the Performance subgroup
- Developed a plan to review the purpose of several panels that exist in Brent to consider deaths, and how these can be better co-ordinated and linked in with the SAB.

Learning from SARs

- Set up a joint transitions working group to focus on the three cohorts agreed by the SCP Scrutineer, SAB Chair and Joint Executive Group.
- Commencement of a SAB community engagement project for 2025: HealthWatch, Brent Council Community Safety and Brent Health Matters are supporting the SAB to identify key community groups to meet and hear about their lived experience of safeguarding. There will be an evaluation of the project and plans established for how to make community feedback business as usual for the SAB.
- Development of a co-produced briefing on carers assessments, building on the need for carers to receive support.
- Commissioned training on coercion & controlling behaviour in response to SAR themes.

05 BOARD MEMBER ACTIVITY

Brent Adult Social Care



An overview from Marcia Richards, Head of Access, Care & Support

Since the updates for the 2023/24 Brent SAB reporting period, progress has been made across the Board's key priorities. This includes the creation of a standalone Supportive Multi-Agency Response Team 24 (SMART 24), which provides a joined-up response to Brent residents living with complex issues such as: An intersecting cycle of homelessness, acute or underlying mental health problems, drug and/or alcohol dependencies, experience of exclusion, and risk of self-neglect.

The Brent ASC restructure and creation of a Safeguarding Risk Unit (semi-centralised specialist coordinators who manage high-risk enquiries where high-level multi-agency risk assessment conferences are required) will see positive advancements and development of expertise and consistency in practice, robust and effective multi-agency partnership arrangements and strengthened support for individuals at risk of 'falling through the net.' The High-Risk Panel has been relaunched with more cases being presented at the panel. Safeguarding Adults Review (SAR) briefings are regularly held to enable multi-agency learning and for practitioners and managers to reflect on their practice and systems.

The ICB has restructured its safeguarding adults training offer to strengthen the overall package available to GPs, primary care colleagues, and ICB staff involved in commissioning. In parallel, the Safeguarding Adult's Team launched an expanded calendar of safeguarding training events over the past year. These sessions have seen high levels of engagement and have been well-received, with each session offering valuable, actionable learning.

Key learning from serious incidents in Brent and across other boroughs within North West London has been consistently shared with commissioning teams, primary care, and continuing healthcare colleagues. This has been achieved through a combination of regular bulletins, integration into training sessions, and ongoing direct engagement with operational teams. The ICB remains committed to ensuring that learning is disseminated not only within boroughs but also across the wider North West London footprint, reinforcing the importance of joined-up care that is not limited by local boundaries.

Designated Safeguarding Adults Leads are now routinely involved in commissioning processes. They play an active role in the development of new contracts, from shaping tender specifications to participating in bid evaluations. As a result, safeguarding adults has become an integral component of healthcare commissioning across North West London. All prospective providers are now expected to demonstrate how they will safeguard vulnerable individuals from the outset of the procurement process. The aim is to ensure that safeguarding considerations are embedded from the earliest stages of service planning and contract development, rather than being reviewed at later stages in response to concerns.

NWL Integrated Care Board (ICB)



An overview from David MacSweeney, Designated Lead for Safeguarding Adults

Metropolitan Police



An overview from DCI Sukh Kanwar

Improvements have been made in the following areas:

- Implementation and embedding of Right Care Right Person (RCRP)
- Implementation and embedding of new software system, CONNECT.
- Improved Multiagency Safeguarding Hub (MASH) processes
- Improved staffing for Public Protection teams
- Routine training for frontline staff
- Keeping safeguarding a priority by implementing further training to staff regarding MASH referrals.
- Collaborative work with SAB and its subgroups, with timely completion of actions.

The Probation Service implemented change programmes during the year that resulted in increased numbers of people on probation being released from prison earlier than expected.

Brent Probation, together with community safety colleagues, facilitated a working group of key partners to ensure measures were in place and individuals with a need to access adult safeguarding services were notified to social care.

The Probation Service has continued to facilitate MAPPA in which adult social care is a core member, contributing to level 2 and level 3 meetings. Effective and robust risk management plans have been put in place via the facilitation of these multi-agency meetings.

Brent Probation Service



An overview from Alexandra Johnson, Head of Service. Brent PDU

05 BOARD MEMBER ACTIVITY

Brent Public Health



An overview from Andy Brown, Head of Substance Misuse, Public Health

By the end of 24/25 there will be an estimated 1410 residents engaged in local structured treatment for problematic drug and alcohol misuse with an estimated 76% having some level of co re-occurring levels of mental health. – this represents some of Brent’s most vulnerable clients. Via New Beginnings continue to take over 125 referrals a month.

Locally it has been identified that there are some barriers to substance misusers accessing treatment, including an individual’s willingness to recognise they have a problem and need help, and that effective help is available. In 24/25 there has been a concerted effort to minimise these barriers, for example, there are no waiting times to access treatment in Brent, the 24-hour helpline is open to anyone worried about their or someone else’s substance misuse and the service continually reaches out to residents, clinicians, and partners to encourage referrals.

Drug and Alcohol Services in Brent are provided by Via Care, The New Beginnings Service covers two sites: Cobbold Road, which is the community hub, and Willesden Centre for Health and Care where the majority of clinical services are provided, (although there is clinical outreach at Cobbold Road). Services at Cobbold Road are open 5 days a week from 9.00 am to 5.30 pm with extended opening to 7.00 pm on Mondays, Tuesdays, Wednesdays and Thursdays backed by a 24/7 helpline: 0800 107 1754. In addition, outreach work takes place in the early morning and late evenings.

At weekends Cobbold Road Treatment and Recovery Service is also open for the BSAFE (Brent Social Access for Everyone) which is run by B3 Service User Council.

The service offer is tailored to individual health and social care needs with all service users having an individual care plan and a personal keyworker in a treatment and recovery model aimed at supporting people from addiction through to abstinence-based recovery pathways – safeguarding is an integral part of the treatment offer. There are no waiting times to access structured treatment services in Brent.

Through the 24/25 Substance Misuse Treatment and Recovery Grant (SSMTRG) key investments have been made to support Mental Health In-Reach Team, an Intensive Harm Reduction Team and outreach teams working across a range of settings from acute and primary care to community services and the criminal justice system.

The Intensive Harm Reduction Team will continue the focus on maintaining micro elimination of Hepatitis C, opt out testing, chem sex pathways and the continued roll out of naloxone across the borough.

The outreach service will continue to build on the relationships developed with Transport for London (TfL) staff based at Tube stations in Brent on the use of Naloxone. Naloxone will continue to be a key focus for harm reduction in relating to preventing opiate overdose deaths across the borough

In 25/26 there will a strategy to continue to strengthen the Local Drug Information System (LDIS) and increase the closer working with local Project Adder leads from the Metropolitan Police and a redrafted professional information network with primary and secondary leads for onward dissemination across a range of networks including rough sleeping and homelessness forums.

The recent experience relating to the major public health outbreak in Camden saw key messages communicated across and beyond the partner agencies involved in BDAP in which there were joint outreach and engagement session between VIA New Beginnings and the Police clinical alerts and housing providers notified within 24 hours.

05 BOARD MEMBER ACTIVITY

Brent Community Safety



An overview from - Silvia Costa, Community MARAC Coordinator

This year, ASB team made significant steps effective safeguarding in Brent through the Community MARAC (Multi-Agency Risk Assessment Conference). Our focus has been on addressing safeguarding concerns arising from anti-social behaviour (ASB) and repeated calls involving vulnerable individuals, particularly through police interventions in complex cases.

Significant actions have been undertaken in case management and coordination within the panel, encompassing the processing of 55 cases that adopt a comprehensive approach. This involved a thorough assessment of risks, support requirements, and the implementation of pertinent intervention strategies. We have facilitated the escalation of cases through more than 25 case conferences and professional meetings, aimed at fostering collaboration and ensuring timely interventions from involved agencies. Additionally, there have been over seven escalations to senior management to evaluate and strengthen our response strategies and improve coordination, particularly concerning referral pathways.

Joint visits have been conducted with partners such as police and housing officers to enhance risk assessments for high-risk cases, allowing us to prioritise actions effectively. The relationships established with Anti-Social Behaviour (ASB) officers and safeguarding teams have been instrumental in refining early intervention strategies. Moreover, we undertake new training initiatives for frontline workers focused on identifying and responding to emerging risks, specifically addressing issues like cuckooing and modern slavery.

As a result of the targeted interventions implemented through Community Multiagency Risk Assessment Conference (CMARAC), we have achieved improved outcomes for victims having a 36% risk reduction. This effort ensured adequate safeguarding measures are established, particularly in cases of cuckooing and substance misuse dependence where some individuals were moved into supported housing, rehabilitation programmes and implementing care and support packages through the Adult Social care team. In some cases, enforcement action such as closure orders to safeguard victims from perpetrators especially for the cuckooed cases.

Additionally, we have developed community engagement strategies that raise awareness and improve accessibility. Our presence at community engagement events and the training of new members and relevant agencies have led to an increase in referrals to the CMARAC panel for partnership working to safeguard vulnerable individuals thus increasing our capacity to oversee 45 cases at any time across the 3 localities. The CMARAC has established a strong partnership with the safeguarding team and has expanded safeguarding tools through training. Metropolitan Police contacts are assessed to identify learning opportunities and to prevent recurring missed opportunities and information is shared for early joint intervention. Meetings are scheduled for reviews and follow-ups, alongside a case review schedule for timely actions. Coordinated meetings with police, safeguarding leads, and ASB officers to enhance responses to Cuckooing during joint visits.

London Ambulance Service



An overview from Alan Taylor, Head of Safeguarding & Prevent

The London Ambulance Service (LAS) NHS Trust is a pan-London organisation. We have continued to maintain and improve our support to children and those at risk of abuse and neglect during the year. We see an increase in concerns and referrals from staff year on year. We have now moved to an electronic safeguarding referral platform (Doc_Works) that allows practitioners to make referrals direct to the relevant safeguarding partner. This partnership with Doc_Works is working well and we continue to refine to improve the quality and user experience of the platform.

Safeguarding activity and compliance has continued to increase throughout the year with the addition of a new Safeguarding Specialist for Integrated Urgent Care, ensuring all areas of the Trust have a named local contact for safeguarding. The Trust undertakes Disclosure and Barring Checks on eligible staff and the Trust is 99.9% compliant with this. From 2023 the Trust began undertaking a full recheck and requires staff to sign up to the update service to improve internal recruitment and DBS checking. We held our annual Safeguarding Conference in March 2025 with the theme of 'Hear my story' focusing on safeguarding issues and topics that are less obvious, recognised or spoken about both professionally and within our communities. The aim of the day was to shine a spotlight on these topics and enable further understanding as well as strengthen our awareness of these subject matters. We had expert speakers from both a professional and lived experience background sharing with us their knowledge, expertise and insight.

05 BOARD MEMBER ACTIVITY

London North-West University Hospital Trust



An overview from - Angela Sobers, Lead Professional for Adult Safeguarding

The Trust Adult Safeguarding Team has built strong and positive working relationships with the team in Brent. As our hospital is based in Brent, we manage allegations against the organisation (e.g. unsafe discharges, Persons in a position of trust (PIPOT) cases and share outcomes of any enquiries with the Brent Local Authority Team. We meet with them monthly to discuss any relevant cases and exchange information. This regular communication helps to ensure momentum is maintained.

The Trust Safeguarding Team represents the organisation at the Brent Adult Safeguarding Board meetings, subgroups, and the High-Risk Panel. This enables us to support robust safeguarding arrangements across Brent, contribute to shared learning from Safeguarding Adult Reviews (SARs), and participate in the development of action plans, policies and procedures that are aimed at protecting the most vulnerable members of our community who access our services. We are actively supporting the Board's work around the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) by completing a staff survey to assess current understanding and inform future training and development.

In July 2024, the Trust launched the "How Safe Do You Feel?" (HSDYF) routine enquiry campaign, led by Head of Safeguarding, Ludmila Ibesaine. The campaign focuses on routine enquiry to assess individual safety and promote disclosure of domestic abuse through asking questions, such as "How safe do you feel?", in a sensitive and trauma informed way. The campaign was implemented across EDs (Emergency Departments) and Maternity with an ambition to roll it out across the Trust. We are creating a safe space for our patients but also our colleagues by normalising safety and routine enquiry despite any indicators of abuse. The approach ensures that individuals remain at the centre of all decision-making, with appropriate support offered where needed.

As part of the HSDYF campaign, we introduced a Spotlight Series, highlighting communities and groups that experience domestic abuse at disproportionately high rates and may face barriers to accessing support. This includes raising awareness of hidden harms and topics related to domestic abuse. To increase accessibility, public-facing campaign materials such as posters are now available in Gujarati, Arabic and Romanian.

The Safeguarding Team continues to enhance support for ED staff around safeguarding procedures, domestic abuse pathways, the "Think Family" approach and delivery of holistic care. We also continue to develop the All Age Advanced Safeguarding Practitioner role, with a focus on transitional safeguarding and adopting a Think Family/Think Household approach to safeguarding practice across the life course. We are committed to collaborative partnership working and we are contributing positively to shared learning, system-wide improvement, and the development of integrated safeguarding strategies.

The Trust has conducted several Internal Learning Reviews (ILRs) and thematic reviews, leading to the identification of key focus areas for improvement. The following actions represent our commitment to continuous improvement of safeguarding in mental health services through enhanced professional curiosity, inter-agency collaboration, and a robust understanding of crisis care pathways.

Central North West London NHS Foundation Trust



An overview from - Matt Henshaw, Borough Director for Mental Health & Learning Disability Services

We look forward to further developments and the positive impact these initiatives will have on service users.

Professional Curiosity: The Lead Nurse for Brent and the Deputy Director of Nursing for the Division organised three training sessions attended by 36 staff members across the Mental Health services. This simulation training utilised real examples from ILRs, prompting staff to reflect on cases and share insights. The sessions, supported by the senior nursing team, focused on enhancing professional curiosity and identifying missed opportunities for addressing potential concerns. A proposal has been submitted to the SAB to specifically explore inter-agency collaboration by developing a joint workshop/ training programme. This initiative aims to engage staff across local authorities, CNWL, Integrated Care Partnerships (ICP), and the third sector.

Inter-Agency Collaboration on Safeguarding: Brent Mental Health Service have initiated a broader mapping of inter-agency collaboration. A Senior Management Team Multi-Disciplinary Team forum has been established in partnership with Central London Community Healthcare NHS Trust and Primary Care with senior managers from each attending. This forum serves as a platform for escalating complex cases, thereby facilitating early intervention and better meeting the needs of service users with mental health challenges.

05 BOARD MEMBER ACTIVITY

Brent Regulatory Services



An overview from Simon Legg, Head of Regulatory services

Brent Regulatory Team operates a Trading Standards 'rapid response' service seeking to prevent, disrupt, and deter financial abuse by doorstep criminals. In one example alone, a resident was saved from parting with £9,000 for unnecessary home repairs. Complaints about building, roofing and renovation services are assessed and staff supported residents by arranging for Building Control and if necessary, surveyors to visit and check work to assist and provide support to protect vulnerable residents from handing over cash.

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. Scams include fake lotteries, deceptive prize draws, get-rich-quick schemes, investments, miracle cures, and clairvoyant/spiritual fiddles. Our Trading Standards received up to 10 referrals per month from the NTS Scams team, of residents who have responded to such mail with cheques totalling up to £450. Victims were contacted, advised and where possible their monies were returned to them, importantly disrupting the scammers.

The team are Friends Against Scam 'SCAM Champions' and can therefore provide training to other community advocates on how to support and reduce the chances of being a scam victim. In September 2024 an officer presented to Safeguard Practice Month (ASG) - This is one of the actions of the Safeguarding Improvement Plan. Including roles and responsibilities, undertaking safeguarding referrals, liaison, and co-operation of Trading with ASG.

Over the reporting period, CLCH has made improvement in the following areas:

- Safeguarding training compliance (including level 3 adult safeguarding and Mental Capacity Act training) is >90%
- Evidence of robust system working in complex cases
- Voice of the adult at risk/carers captured in records and personalised care planning is evident
- Cases escalated when concerns about thresholds /decision making
- CLCH Safeguarding Conference considered trauma informed working /working with change resistant drinkers and homelessness /exclusion using case studies and learning from research
- NHS approach to learning from incidents (Patient safety incident response framework -PSIRF) is now embedded in practice and has been used in some boroughs to support learning in a discretionary SARs.
- CLCH 7-minute learning briefings developed and cascaded in response to incidents with a safeguarding focus, alongside briefings from the SAB.
- Patient stories recorded and presented at forums to support learning around how patients and their families experience our services and what makes a difference
- Recording ethnicity is a mandatory reporting requirement and is monitored across the Brent teams /Trust. The Trust Recording Keeping Audit evidence assurance ethnicity is recorded in line with Trust Policy.
- CLCH MCA 'live' audit undertaken in tandem with a staff survey of staff working in CLCH bedded units. MCA Training sessions undertaken with staff across all bedded units prior to the audit being completed.
- Safeguarding supervision audit undertaken across all services (adult and children).
- The CLCH Pressure Ulcer Policy was updated in 2024 to capture the revised DHSC Safeguarding adults protocol: pressure ulcers and raising a safeguarding concern (2024) and our internal processes revised to ensure safeguarding referrals in relation to the use of the pressure ulcer protocol are discussed with the safeguarding team/ data validated prior to a safeguarding referral being raised.
- CLCH is signed up to the NHS England Sexual Safety Charter and a Sexual Safety Policy with CNWL and West London Trusts has been developed. This links to the NHS staff survey and organisational values and wondering how this is being considered by BSAB re: safeguarding and protecting vulnerable adults from unwanted sexual behaviours and abuse.

Central London Community Healthcare NHS Trust



An overview from Donna Thornley, Head of Safeguarding North

05 BOARD MEMBER ACTIVITY

The Department is constantly learning from themes and issues raised by internal reviews and recommendations from SAR's and Domestic Abuse Related Death Reviews (DARDR's). This learning forms the ongoing work of continuous improvement activities, ensuring colleagues have the necessary tools and confidence to respond.

Department of Work & Pensions



An overview from Rose Moore, DWP

Your paragraph Staff guidance, training and ongoing management and coaching is all designed to embed and facilitate the practices outlined in DWP's Memorandum of Understanding with the National Network of Safeguarding Adult Board Chairs.ext

The following is an outline of some of the actions being taken by DWP in response to issues found in SARs and DARDRs. There will be other changes being worked through so this list is not exhaustive. DWP will engage at a local level with SABs and stakeholders through the ACSSL network.

It should be noted that there are two reports expected shortly which may have an impact on the approach taken in this area:

- Recommendations coming from the Work and Pensions Select Committee, particularly the inquiry into Vulnerable Customers & Outcomes of the Equalities and Human Rights investigation into accessibility.
- Where DWP staff do have concerns, they will engage with benefit claimants and, where appropriate, direct or refer them to agencies – including local authorities, social services, and the police – who can investigate those concerns.
- DWP colleagues are trained to support our most vulnerable customers and have access to a wide range of guidance and signposting to support them. Where further specialist help is required, DWP has a national network of Advanced Customer Support Senior Leaders who can provide additional advice and support.
- Where a claimant or a child faces clear and significant risks to their welfare or safety DWP explicitly empowers its staff to proactively disclose information to the relevant body without the claimant providing explicit consent and to take any reasonable steps felt necessary to address those risks. It expects that staff will take action to volunteer to disclose information without any undue delay.

DWP Strategy - Trauma Informed Approach

The DWP is continuously working on ways to support vulnerable customers, including raising awareness around domestic abuse, we are committed to fostering a compassionate and supportive environment for all. As part of this dedication, the DWP is committed to becoming a more Trauma Informed organisation to understand and respond to the needs of individuals who have experienced adversity and trauma. We have a dedicated programme which will integrate the six pillars of the Trauma Informed Approach which are safety, trustworthiness, choice, empowerment, collaboration, and cultural consideration (Office for Health improvements and Disparities, December 2022). Our programme looks at these six pillars within the contexts of application to our colleagues, our customers, our culture, and the context of the interaction – whether that is physical, telephony, digital or postal interaction.

Imperial College Helathcare trust, in the last reporting year, have taken the following actions:

- Ensuring all adult social care referrals having making safeguarding personal completed so the views of the patient are known and heard.
- Fatal fire work – awareness and processes to follow.
- Ensuring staff understand mental capacity and its processes as well as fluctuating capacity understanding and applications for DoLS.
- Safeguarding supervision for adult cases. Assurance regarding proportionate referrals to adult social care around pressure ulcers.

Imperial College Healthcare Trust



**An overview from Nicci Wooton,
Head of Safeguarding**

06 MULTI-AGENCY LEARNING & DEVELOPMENT

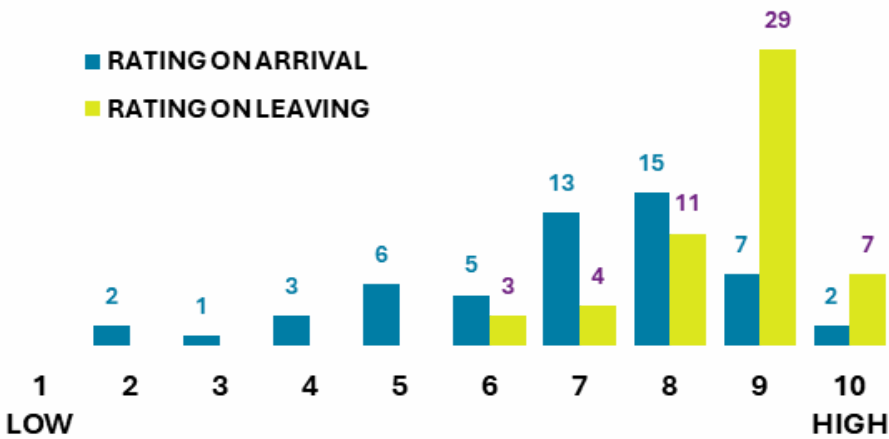


BRENT SAFEGUARDING PARTNERSHIPS CONFERENCE

In December 2024, the Brent Safeguarding Adults Board (SAB) and the Brent Safeguarding Children Partnership (SCP) came together to host a joint safeguarding conference for the first time, with the aim of bringing together professionals from both sectors to address safeguarding across all age groups.

The conference was attended by 155 delegates representing a broad range of statutory and community organisations. A deliberate decision was made to adopt an interactive format that prioritised active participation. Instead of traditional keynote speeches, attendees engaged in multi-agency table discussions centred around a case study. This approach proved to be extremely effective.

Each table had a facilitator who guided the discussions. Participants were asked to log their insights, decisions, learning, and actions onto a web-based platform throughout the day. This provided real-time, anonymised feedback visible to all attendees on a main screen. The case was presented in stages to the multi-agency groups, allowing participants to gradually understand and assess the complexities of a multi-generational family, their diverse needs, and the appropriate responses and support that agencies should provide in similar situations.



Attendees were asked to rate their knowledge of effective multi-agency safeguarding when they arrived, and again at the end of the conference: (1 = Low Knowledge 10 = High Knowledge).

When asked, **31%** of attendees stated that the conference would have some positive impact on their confidence working with other agencies.

69% said the impact would be significant.

51% of attendees identified working through the case scenario as the most valuable aspect of the day. The evaluations received from participants were overwhelmingly positive. One key indicator of success we aimed for was a "noisy room", a sign of active engagement. This goal was clearly achieved, as attendees were deeply involved in debate and discussion throughout the event.

Below are a few representative comments shared by participants about their experience:

'The idea of multi-agency working on each table was fantastic. Discussion was effective, so much constructive feedback came forward'

'I have a clearer path/route identified for progressing multi-agency working which I will share with the team'

'This conference has significantly raised my awareness of how much support is out there and how to locate it'

06 MULTI-AGENCY LEARNING & DEVELOPMENT



BRENT SAFEGUARDING PARTNERSHIPS MULTI-AGENCY TRAINING OFFER

Supporting the SAB and learning dissemination

The learning and Development group, and the learning offer has a stronger link to the SAB through attendance of the SAB Case Review Group (CRG) and associated task and finish groups. This has created a more robust thread between the SAB, case learning and the learning offer. L&D Group Members have a renewed focus on supporting adult-facing practitioners and volunteers and ensuring the three SAB priorities of self-neglect, housing and substance misuse and learning from SARs are met. More partners are now involved in supporting training delivery and development of content to be included in training, such as the Police and Regulatory Services. Members also ensure emerging issues are shared and considered for potential inclusion.

Evaluation, impact and attendance

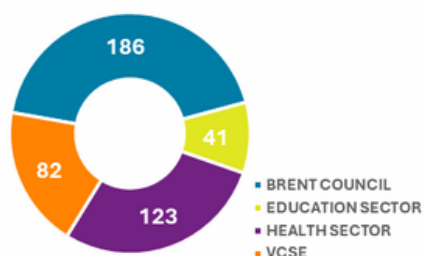
The platform used for all the multi-agency training currently includes a staged evaluation process:

- Pre-course Evaluation - This includes questions designed to measure their current knowledge & confidence.
- Post-course Evaluation - Sent to attendees directly after a session which mirrors the initial evaluation
- Post-course Stage 2 Evaluation & Line Manager Evaluations - Both sent two months later to try to gauge impact/actions resulting from the training from attendee and management perspectives

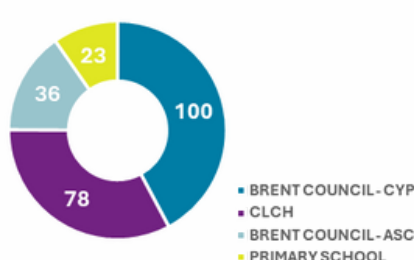
Whilst the pre-course evaluation is answered by the highest number of attendees, the remaining evaluation stage response rates require improvement. Those who do complete the post-course evaluation, regularly measure a 20% increase in self reported subject matter knowledge. The gains in other areas, such as confidence in dealing with the subject matter show similar increases.

We are now focused on improving the evaluation aspect in order to better understand impact and what attendees will go on to do differently as a result of attending the training. A Task and Finish group has been set up to review how we improve the dissemination of learning and better measure the impact in teams or service areas.

TOP FOUR SECTOR ATTENDANCE



TOP FOUR AGENCY TYPE ATTENDANCE



There has been some success with reaching voluntary organisations, which the 2024 conference highlighted as important partners in Safeguarding referrals and support.

The attendance by different key sectors is notable and we are working with those agencies to better understand their needs, internal offers and to identify barriers, duplication and gaps that effects uptake.

Forward plan

For 2025/26 we plan to focus on:

- Strengthening the dissemination of learning via links to strategic priorities and learning form reviews
- Increasing the number of unique topic sessions offered
- Balancing the offer to equally service adults and children's partnership training needs
- Increasing the range of agencies attending
- Increasing attendance and reducing no shows
- Better understanding of impact
- Increasing the number of shorter sessions to aid attendance (and monitoring this)

07 STRATEGIC PLAN UPDATE 24-26



Brent's forward plan and progress on agreed priorities in 24/25

PRIORITY 1 – SELF NEGLECT PARTNER PROGRESS IN 24-25

To address this key priority area, Brent ASC has focused training and practice forums on developing practitioners' knowledge and understanding of person-centred and outcome-focused care and support. This concentrates on building trust and rapport, multi-agency approaches, risk assessment, mental capacity assessment including executive functioning and legal literacy.

**Brent Adult
Social Care
(ASC)**



Multi-agency partnership arrangements has been recognised as the most comprehensive and consistent approach to addressing self-neglect and hoarding whilst avoiding duplication of work and issues, such as absence of information sharing which has been a common theme in many SARs.

To strengthen our multi-agency partnership working arrangements, regular Safeguarding Lead meetings have been set up to address any challenges, and discuss complex cases, recent research and case law. Brent ASC has realigned its Front Door, the Access and Information Team and SMART 24, to build capacity and focus on early intervention programmes, access to community resources, promoting self-management and strengthening social networks. Brent ASC is moving towards Integrated Neighbourhood Teams model where professionals from different organisations, such as health, social care, mental health services and the voluntary sector are brought together to provide coordinated and community-based services to meet local needs including self-neglect and hoarding.

**North West
London Integrated
Care Board (ICB)**



The ICB remains committed to working in partnership across the health and social care system to improve responses to self-neglect and hoarding. This includes both providing health-specific clinical advice and contributing to the design of services that bridge the gaps between health, housing, and social care provision.

At a system-wide level, the ICB has actively supported multi-agency forums that identify and share learning on complex safeguarding issues, including self-neglect, hoarding, housing instability, and substance misuse. Significant work has been undertaken to highlight the health-related factors that often underpin self-neglect, with a particular focus on individuals facing multiple disadvantages.

The ICB has taken a leading role in learning discussions within suicide prevention forums across North West London. These discussions have drawn attention to the links between housing instability, substance misuse, and self-neglect, particularly among younger males. This insight has informed the strategic direction of suicide prevention work, helping to ensure that broader social determinants, including the lasting impacts of the COVID-19 pandemic, are recognised and addressed. The learning emerging from this work continues to shape how services are designed and commissioned, ensuring more integrated, trauma-informed, and preventative approaches for those at risk of self-neglect or hoarding behaviours

When officers have concerns for in regards to self-neglect /hoarding they create an adult 'come to notice' report, this is picked up and reviewed by the MASH team and flagged to relevant partners.

**Metropolitan
Police**



Probation: At present, there are effective arrangements in place with substance misuse providers to deliver sentence of the Court via drug and alcohol rehabilitation requirements, and to also ensure effective service delivery in Court via reciprocal arrangements with Harrow and Barnet treatment providers.

07 STRATEGIC PLAN UPDATE 24-26



Brent's forward plan and progress on agreed priorities in 24/25

PRIORITY 1 – SELF NEGLECT PARTNER PROGRESS IN 24-25

Imperial College Healthcare Trust: The Trust holds regular meetings between the discharge team and safeguarding team to ensure all safeguarding aspects are considered. Referrals to London fire brigade around potential fire concerns and any hoarding aspects in people's homes are made. We have Increased Authorised DoLS applications and ensured appropriate referrals for pressure ulcers are made..

Central London Community Healthcare NHS Trust (CLCH):

The trust has focused on:

- Escalation of cases when concerns arise and increased awareness of the Brent high risk panel has meant our staff feel able to be heard when working with complex and high-risk cases.
- There has been an increase in CLCH staff recognising and reporting concerns about people on their caseloads who are seen to be self-neglecting. Their concerns are captured on the CLCH Datix incident system and the safeguarding team are involved.
- Applying the Mental Capacity Act (MCA), cases of self-neglect, and the transition of children with care and support needs into adult services continues to be problematic, but the BSAB sub-groups are covering key work and there is evidence that there has been change regarding cases of multi-exclusion homelessness. In CLCH we have highlighted MCA, the increasing complexity of cases (including self-neglect) and supporting transition at the CLCH Safeguarding Committee, with work to be undertaken in CLCH and system-wide to ensure the application of thresholds.

London Ambulance Service: We have continued to develop safeguarding pathways including a fire safety referrals pathways direct and a high intensity user pathway to alert local authorities to children who call 999 three or more times a year

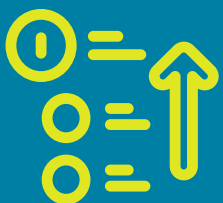
London North West University Hospital Trust (LNWUHT): A Trust representative attends the Brent High Risk Panel, where high-risk self-neglect and hoarding cases are discussed. When the individual is a hospital inpatient, we work closely with partners to support safe and timely discharge planning.

Brent Regulatory services: The Environmental Health Team have discussed several cases with Adult Social Care and Brent High Risk Panel to highlight cases of self-neglect, hoarding and filthy or verminous conditions in properties involving vulnerable residents.

Action plans have been agreed to improve the welfare of vulnerable residents and preserve the amenities of their neighbours through a streamlined referral process for difficult, complex and urgent cases. Joint visits have taken place with Brent Pest Control, Adult Social Care, Police and social landlords to review and assess the living conditions, the mental capacity and the works required to improve the home environment of affected vulnerable residents.

Examples include clearing of extensive hoarding with the assistance of Adult Social Care without the need of utilising any enforcement action. In another case where the residents did not want to engage, Adult Social Care, Neighbourhood Managers, Legal Services and the Police were involved supporting Environmental Health following an application for an entry warrant. A locksmith was required to assist gaining entry in what was a complex hoarding case which remains still ongoing with further intervention from all parties to safeguard the resident and their neighbours from the impact of the hoarded conditions. In a third hoarding case, Environmental Health sought support from Adult Social Care, Mental Health and Safeguarding teams along with the social landlord.

THE SAB FORWARD PLAN



- Publication of revised self-neglect protocol.
- Dissemination of learning across the system.
- Liaison with voluntary groups and agencies providing support for those who self-neglect
- Scrutiny of safeguarding data regarding self neglect.
- Multi-agency audits.
- Feedback from those with lived experience of self-neglect.



Brent's forward plan and progress on agreed priorities in 24/25

PRIORITY 2 – HOUSING NEED AND SUBSTANCE MISUSE PARTNER PROGRESS IN 24-25

A focus on integrated care, person-centred care and support, early intervention and addressing underlying issues, such as trauma and mental health is the approach taken by Brent ASC to improve outcomes for individuals living with substance use problems whilst also ensuring practitioners are adequately trained to promote evidence-based practice.

The High-Risk panel now provides an opportunity for frontline practitioners across all Brent Council departments to escalate cases for discussion, guidance and resolution. Housing surgery including ASC, Community Mental Health Teams (CMHT), Housing Needs and Brent Housing Management is also facilitated by the ASC Mental Health Team every month where case holders across these departments can present a case for guidance and oversight. The aim of the housing surgery is to strengthen relationships and explore innovative ways of working together with the view of providing early intervention and avoiding intervening in cases only at the point of crisis. The Commissioning Teams continue to work closely with ASC to identify and commission specialist housing, such as extra care and supported living accommodation and specialist residential placements to meet the complex housing needs of individuals living with substance use disorder who may not be suitable for general needs housing. The SMART 24 works in close partnership with CMHT and Via - New Beginnings, a charity who offers dedicated support to individuals living with substance use disorder and their families to move beyond the addiction.

**Brent Adult
Social Care
(ASC)**



Brent Community Safety: Recent cases CMARAC has supported have seen the panel help to facilitate coordinated efforts from all professionals to ensure a multi-agency approach to safeguard individuals unable to manage their situation in general need's accommodation. Joint professional efforts supported cases in court, resulting in individuals receiving placements in suitable rehabilitation units and secured supported accommodation that includes support workers on-site to support recovery journeys. This integrated approach not only provides individuals with a safe living environment but also significantly safeguards them from exploitation.

The CMARAC panel is dedicated to actively participating in and enhancing the safeguarding process by extracting, reviewing, and implementing lessons learned. We conduct reviews of CMARAC cases and analyse multi-agency responses to identify and escalate gaps to the appropriate agencies.

The ongoing reviews and active involvement of CMARAC ensure that historical shortcomings inform future strategies, thereby improving the overall efficacy of safeguarding interventions and risk management plans.

Probation: Focus has included the continued delivery of emergency accommodation for 84 nights for prison leavers at risk of homelessness to allow housing applications to be dealt with and minimise street homelessness. The Probation Service chairs a monthly resettlement panel meeting to review prison leavers at risk of homelessness.

Central London Community Healthcare NHS Trust (CLCH):
Priorities this year included:

- Safeguarding supervision is available to staff working in adult services in relation to complex / high risk cases, and senior management informed as required. For example following an after-action review the staff involved had the opportunity to debrief using a listen and learn approach delivered by safeguarding and patient experience team.
- Making safeguarding personal and professional curiosity is encouraged across all services, and accessibility to the safeguarding team. The safeguarding team support in MDTs and encourage personalisation
- Substance use (alcohol /drugs) and multi-exclusion homelessness were topics highlighted at the CLCH Annual Safeguarding Conference, with Mike Ward leading a discussion in relation to these key safeguarding areas of focus.

London North West University Hospital Trust (LNUHT):

The Trust has a Homeless Pathway Team to support patients admitted with no fixed address. This team assists with relevant housing forms and helps to establish eligibility for social housing. The Trust hosts an Independent Domestic Violence Advisor (IDVA) based at Northwick Park Hospital (NPH), supporting patients at high risk of domestic abuse who may require emergency accommodation or refuge support.

Central North West London NHS Foundation Trust (CNWL):

Many mental health service users use substances to manage their symptoms and trauma. We work with them in a trauma informed way and support them to find healthier coping strategies as well as harm minimisation.

07 STRATEGIC PLAN UPDATE 24-26



Brent’s forward plan and progress on agreed priorities in 24/25

PRIORITY 2 – HOUSING NEED AND SUBSTANCE MISUSE PARTNER PROGRESS IN 24-25

The ICB has adopted a more holistic and integrated approach to the interconnected issues of housing and substance misuse, placing greater emphasis on recognising when these challenges should be considered through a safeguarding lens. This has involved strengthening the connections between health services, local authority teams, and other partners across the North West London (NWL) footprint.

**North West
London
Integrated
Care Board
(ICB)**



In particular, there has been a focused effort to enhance collaboration with the London Ambulance Service safeguarding team, whose frontline role often brings them into contact with individuals facing both housing instability and substance misuse. This improved interface allows for earlier identification of risk, more timely interventions, and more effective signposting to appropriate services—such as substance misuse support, mental health care, adult social care, and housing services. The result is a more coordinated and responsive care pathway for individuals with complex needs. To ensure that learning is shared widely, the ICB ensures it promotes a strong messaging culture designed to cascade key learning across the health system. Key messages and insights—especially those emerging from Safeguarding Adult Reviews (SARs)—are shared with primary care teams and continuing healthcare colleagues through a range of mechanisms, including multidisciplinary case discussions, tailored learning events, and easily accessible materials such as 7-minute briefings and SAR summaries. Where beneficial, full SAR reports are also shared with relevant professionals to encourage deeper systems learning and reflective practice.

A particular area of focus has been cross-borough learning. The ICB actively promotes the sharing of safeguarding insights across all NWL boroughs, ensuring that lessons learned in one area inform practice across the entire patch. This approach ensures greater consistency in our safeguarding culture and amplifies the impact of shared learning across the wider health and care system. Furthermore, learning from SARs is now routinely embedded into core safeguarding training. This ensures that frontline staff remain equipped with the latest knowledge on emerging risks and effective interventions. Designated safeguarding adults leads also play a more strategic role in the commissioning process—supporting service design, contributing to bid development, and participating in the evaluation of tenders. This ensures that safeguarding considerations are embedded from the outset, helping to shape services that are more responsive to the complex intersection of housing, substance misuse, etc.

Brent Public Health The service has continued to maintain investment in the Rough Sleepers Outreach Team based in Via New Beginnings. The outreach team the DATRIG). The outreach team often referred to as the Brent Outreach and Engagement Teams (BOET) currently includes the following staff: Outreach and engagement Nurse, Women’s Engagement and Recovery Practitioner ,Senior Practitioner ,Homelessness Drug and Alcohol Practitioner, Complex Needs Navigator, Homeless Recovery Support Practitioner & Peer Advocacy and Engagement Practitioner

The outreach team has worked extensively and will continue to work with Council community protection/community safety officers, MPS Safer Neighbourhood Teams as well as working with rough sleeping teams for St Mungo’s and the Single Homeless Persons Team at Brent Council. They play a key educational and training role in raising awareness of naloxone and other harm reduction approaches. The team work with the rough sleeper hubs at Crisis Skylight and the Turning Point Single Homeless Access Hub as well as working with the community hubs, Police led multi agency initiatives and multi faith forums.

THE FORWARD PLAN



As a continued focus in 25/26, work will include:

- The SAB will have assurance that there are clear pathways in place to provide appropriate housing for those who misuse substances.
- Practitioners across agencies will have confidence in escalating concerns regarding the safeguarding of those who misuse substances.
- Feedback from those with lived experience of substance misuse.

07 STRATEGIC PLAN UPDATE 24-26

Brent's forward plan and progress on agreed priorities in 24/25



PRIORITY 3 - LEARNING FROM SARS PARTNER PROGRESS IN 24-25

COMPLETED SARS IN 24-25

'DRAKE'

The final report on the 'Drake' SAR was agreed by the Board in April 2024. A learning summary was published in June 2024. The SAR raised multiple themes, including Mental Health, exploitation, Learning Disabilities and substance misuse.

THEMATIC REVIEW: 'STEPHEN', 'MARK' & 'JOANNA'

This review produced 2 reports that drew learning from 3 cases all with themes of alcohol and substance misuse underpinning them.

'INDIRA'

After an unforeseen delay heard and approved the final report in March 2025. This SAR featured themes of neglect & Hoarding, Legal authority for decision making, and escalation and feedback loops. The report was signed off in late March. Board hopes to be able to report on progress in next years report.

PARTNER PROGRESS ON LEARNING FROM SARS IN 24-25

Metropolitan Police



Relevant learning is shared with MPS Adult Safeguarding lead responsible officer for consideration across London. Relevant learning is also shared with the training team so it can be incorporated into our localised training packages.



In response to the themes emerging from the SARs significant work has been undertaken within ASC to embed learning and ensure improvements in practice. Key areas identified for development have been addressed, particularly around timely involvement of ASC, communication or information sharing between agencies, transition of individuals with complex health needs from children to adult service and cultivating professional curiosity.

Training has been introduced to strengthen practitioners' understanding relating to the importance of assessing both decisional and executive capacity, especially when individuals repeatedly refuse care. Opportunities for training including monthly themed safeguarding practice forums have been made readily available to develop practitioners' understanding of multi-agency working and collaboration and use of legal frameworks. The monthly themed safeguarding practice forums have been well received and attended averaging about 120 to 130 attendees from ASC. The monthly safeguarding practice forum focuses on thematic learning from SARs, multi-agency partnership working and joint responsibility. To name a few key partners including the police have delivered training on Right Care, Right Person model, the Community Safety Team on cuckooing and anti-social behaviour, Environmental Health on self-neglect and hoarding and Legal on Mental Capacity Act and the Court of Protection process.

In relation to the transition of children with complex health needs to adult services, we have worked closely with Children & Young People colleagues to ensure a more coordinated approach during this crucial period. Partnership approach have been enhanced, with a particular focus on ensuring smoother transitions and earlier intervention where needed.

We have also focused on improving inter-agency and multi-agency communication/ information sharing particularly between health, housing, community safety team and adult social care teams to enhance our multi-agency approach. Through regular multi-agency meetings and case discussions, we are ensuring that all partners or stakeholders involved in a person's care are informed, engaged and working in partnership to support the person's needs. This has helped to address issues such as delays in support and treatment, miscommunication and the lack of proactive follow-ups. We are ensuring that the individual's voice is heard and their interests are represented by commissioning the right advocacy services. Regular audits of case and feedback mechanisms are in place to monitor these processes and ensuring that lessons learned from SARs are consistently applied across all cases.

Brent Adult Social Care (ASC)



07 STRATEGIC PLAN UPDATE 24-26



Brent's forward plan and progress on agreed priorities in 24/25

PRIORITY 3 – LEARNING FROM SARS PARTNER PROGRESS IN 24-25

The ICB has taken a structured and proactive approach to embedding learning from Safeguarding Adult Reviews (SARs), ensuring that key themes are cascaded across all relevant areas of the health system.

Learning from SARs—including the recent reviews involving Drake, Joanna, Stephen, and Mark—is routinely shared with senior leaders and executive management within the ICB.

These reviews have raised important themes such as the importance of early identification of risk, consistent information sharing, and improving support during transitions of care—particularly for individuals experiencing multiple vulnerabilities. The ICB continues to play an active and collaborative role in all Safeguarding Adults Board (SAB) activity, as outlined in earlier responses. Over the past calendar year, the ICB has demonstrated its commitment to the SAB's priorities by chairing the Learning and Development Subgroup. This leadership role has been maintained despite changes in personnel, reflecting the organisation's ongoing commitment to strengthening safeguarding practice across the partnership.

Through this role, the ICB has contributed to shaping the multi-agency training agenda, embedding learning from Safeguarding Adult Reviews (SARs), and promoting a culture of continuous improvement across Brent's safeguarding workforce. The ICB's involvement ensures that health sector perspectives are fully integrated into the SAB's learning and development strategy and that opportunities for shared learning are maximised.

**North West
London
Integrated
Care Board
(ICB)**



Brent Public Health:

A key issue in a number of SARs involving drug and alcohol use as either a primary or secondary factor has been where referrals to Via New Beginnings specialist liaison drug and Alcohol service have not been made.

One of the key areas to address this has been the work of undertaken by Via to raise the profile of the New Beginnings Service and the treatment offer through presentation at teams meeting particularly Adult Social Care and Housing but also taking part in team/service area conferences and inter agency forums such as the Community MARAC

Central London Community Healthcare NHS Trust (CLCH):

- In November the Associate Director of Safeguarding delivered a webinar to all staff delivering key learning from national SARs.
- CLCH Safeguarding Conference considered trauma informed working /working with change resistant drinkers and homelessness /exclusion using case studies and learning from research
- CLCH homeless team are a resource to teams where MDT discussion may be required and also Brent health matters teams support teams to reach the more complex and vulnerable groups.
- Work is underway to develop a SEND and transition pathway for all CLCH staff and strengthening transition processes for care leavers and also SEND caseloads.
- Work is planned with teams to support professional curiosity and escalating concerns when disagreements.
- Ongoing attendance at complex case meetings and escalation to High-risk panels as required.
- CLCH safeguarding hub pages are being updated and will link to Local partnerships and SARs once published
- Safeguarding policies updated to reflect guidance and learning from reviews and Local and National SARs, e.g.: Disengagement and was no access policy, Prevent, fire. Hoarding and clutter scale ratings
- Work in progress regarding the delivery of domestic abuse and older adults with our Brent adult community services

07 STRATEGIC PLAN UPDATE 24-26



Brent’s forward plan and progress on agreed priorities in 24/25

PRIORITY 3 – LEARNING FROM SARS PARTNER PROGRESS IN 24-25

Central North West London NHS Foundation Trust (CNWL):

Drake - The Trust has trained staff on neurodiversity, enabling them to support people with neuro-diversity (ND) in mainstream services. This training, implemented in Talking Therapies and CMHTs, has improved understanding and support of users with ND across services.

Mark - Brent MHS has taken significant strides in embedding trauma-informed (TI) training and awareness across its services with prioritising educating and supporting staff to integrate TI practices into their daily interactions and care delivery. The service delivers TI training through team meetings and the ‘See Think Act’ forum, a platform dedicated to acute services. The ‘See Think Act’ approach focuses on continuous reflection and application of TI principles, using tools like the ‘See Think Act’ wheel to support staff in developing a deeper understanding of trauma and its impact.

CNWL is adopting open dialogue and this approach to care delivery is being tested on an adult MH ward. This approach fosters open communication and collaboration among staff, clients, and their social systems, promoting a more holistic and client centred approach to care planning. Through special forums, staff are encouraged to engage in reflective practice and dialogue, enhancing their ability to incorporate TI strategies into their work.

London North West University Healthcare Trust:

The Trust holds quarterly transition meetings to explore how to meet the needs of children and young people accessing our services, for instance, considerations for 16/17-year-olds on adult wards or transitions involving adults with complex needs. These meetings identify who needs to be involved in care planning to ensure safe transitions.

The Trust delivers neurodiversity training, led by our Lead Nurse for LD/Autism. This includes training as part of the Level 3 SGA course, bespoke sessions for staff, and delivery of the Care Certificate training for Healthcare Assistants. A bespoke training session delivered by Community Connex (including trainers with lived experience) took place on 2 April 2025. The Trust is over 85% compliant with Oliver McGowan Training (Tier 1), and we are preparing to roll out Tier 2 with support from the ICB later this year. Our LD/Autism Steering Group, chaired by the Lead Nurse for LD/Autism, continues to meet regularly. There is ongoing encouragement across departments to recruit LD/Autism Champions to support inclusive practice at service level. We follow the complex discharge pathway through MDT working. Improvements include increased discharge planning meetings, reduced unsafe discharges, and a decrease in repeat attendances for individuals with complex needs.

The Trust has a comprehensive Tissue Viability Policy and dedicated Tissue Viability Nursing (TVN) team. We participate in the Pressure Ulcer Collaborative, where the Adult Safeguarding Team contributes by delivering training and updates. We use the Safeguarding Adults Decision Process for Patients with Pressure Ulcers. For patients presenting with multiple Category 2, 3, 4 or Deep Tissue Injuries, a safeguarding referral is made if their score exceeds 15. The safeguarding and TVN teams regularly prompt staff to complete this assessment when relevant incident reports are received. Capacity is considered in all cases, with appropriate assessments carried out depending on the decision at hand and ensuring the most suitable person completes the assessment.

THE FORWARD PLAN



in 25/26 improvements will include:

- SAR recommendations and actions to improve are taken forward throughout the SAR process.
- There is SAB assured of changed systems within 6 months of the SAR completion.
- SARs are agreed and completed within 12 months of the referral to the SAB.

07 STRATEGIC PLAN UPDATE 24-26

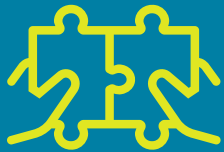
Brent's plan to progress in 25/26

GOLDEN THREAD - COMMUNITY ENGAGEMENT



- A Project plan for 2025 in place to engage community groups and hear local voices with a view to complete
- Links with Health watch & Brent Health Matters to help engage community voices
- In addition, practitioner groups will be visited by the Chair to establish what their concerns are on ground and test strategic priority impact.
- Project finalisation for November 2025

GOLDEN THREAD - TRANSITIONAL SAFEGUARDING



- A clear plan in place, working together with Brent Safeguarding Children's Partnership
- Priority cohorts identified and defined as: Additional needs, care experienced & Exploitation
- Seminars planned to gather professionals and forge a sustainable forward plan for improving how Brent manages transitions
- By end of 2025 the Partnerships hope to be in a place to report to Executive group on progress



We thank our partners for their continued support in our efforts to improve safeguarding practice and procedures in Brent

MORE INFORMATION CAN BE FOUND ON THE WORK OF THE SAFEGUARDING PARTNERSHIPS, AND ACCESS TO OUR LEARNING AND DEVELOPMENT OFFER:
[HTTPS://BRENTSAFEGUARDINGPARTNERSHIPS.UK/](https://BRENTSAFEGUARDINGPARTNERSHIPS.UK/)