

Health and Adult Social Care Policy and Accountability Committee Agenda

Monday 17 November 2025 at 7.00 pm

145 King Street (Ground Floor), Hammersmith, W6 9XY

Watch live on YouTube: [youtube.com/hammersmithandfulham](https://www.youtube.com/hammersmithandfulham)

MEMBERSHIP

Administration	Opposition
Councillor Natalia Perez (Chair) Councillor Genevieve Nwaogbe Councillor Lydia Paynter Councillor Ann Rosenberg	Councillor Jackie Borland
Co-optees	
Victoria Brignell, Action On Disability Lucia Boddington Jim Grealy, H&F Save Our NHS	

CONTACT OFFICER: Liam Oliff
Governance and Scrutiny
Email: Liam.Oliff@lbhf.gov.uk
Web: www.lbhf.gov.uk/committees

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Date Issued: 13 November 2025

Health and Adult Social Care Policy and Accountability Committee Agenda

If you would like to ask a question about any of the items on the agenda, please email Liam.Oliff@lbhf.gov.uk by 12pm, 14 November 2025

<u>Item</u>	<u>Pages</u>
1. APOLOGIES FOR ABSENCE	
2. DECLARATIONS OF INTEREST If a Councillor has a disclosable pecuniary interest in a particular item, whether or not it is entered in the Authority's register of interests, or any other significant interest which they consider should be declared in the public interest, they should declare the existence and, unless it is a sensitive interest as defined in the Member Code of Conduct, the nature of the interest at the commencement of the consideration of that item or as soon as it becomes apparent. At meetings where members of the public are allowed to be in attendance and speak, any Councillor with a disclosable pecuniary interest or other significant interest may also make representations, give evidence or answer questions about the matter. The Councillor must then withdraw immediately from the meeting before the matter is discussed and any vote taken. Where Members of the public are not allowed to be in attendance and speak, then the Councillor with a disclosable pecuniary interest should withdraw from the meeting whilst the matter is under consideration. Councillors who have declared other significant interests should also withdraw from the meeting if they consider their continued participation in the matter would not be reasonable in the circumstances and may give rise to a perception of a conflict of interest. Councillors are not obliged to withdraw from the meeting where a dispensation to that effect has been obtained from the Standards Committee.	
3. MINUTES OF THE PREVIOUS MEETING To approve the minutes of the previous meeting as an accurate record and to note any outstanding actions.	4 - 8
4. HAMMERSMITH AND FULHAM HEALTH AND CARE PARTNERSHIP UPDATE To provide an update on the work of the Hammersmith and Fulham Health and Care Partnership.	9 - 23
5. H&F SAFEGUARDING ADULTS BOARD REPORT 2024/25 To provide an overview of the work of the Safeguarding Adults Board in 2024/25.	24 - 48

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|-----------|--|---------|
| 6. | CHARING CROSS HOSPITAL CO-PRODUCTION | 49 - 65 |
| | To update the Committee on the work undertaken in partnership with Charing Cross Hospital. | |
| 7. | DRUG STRATEGY | 66 - 90 |
| | To comment on the upcoming Drug Strategy. | |
| 8. | DATES OF FUTURE MEETINGS | |
| | To note the following dates of future meetings: | |
| | <ul style="list-style-type: none">• 27 January 2026• 22 April 2026 | |

Health and Adult Social Care Policy and Accountability Committee Minutes

Tuesday 8 July 2025

PRESENT

Committee members: Councillors Natalia Perez (Chair), Genevieve Nwaogbe and Jose Afonso

Co-opted members: Lucia Boddington

Other Councillors: Councillors Alex Sanderson (Deputy Leader, acting Cabinet Member for Adult Social Care and Health, and Rowan Ree (Cabinet Member for Finance and Reform)

Officers:

Jacqui McShannon (Executive Director – People)

Joe Gunning (Head of Programmes – Commissioning)

Katie Estdale (Strategic Head Performance and Quality – Adult Social Care)

Helen Byrne (Head of Public Health Commissioning)

Sarah Bright (Director, Commissioning Transformation and Health Partnerships)

Liam Oliff (Committee Coordinator)

1. APPOINTMENT OF CO-OPTED MEMBERS

APPROVED

That Victoria Brignell, Lucia Boddington and Jim Grealley be appointed as non-voting co-opted members for the 2025/26 Municipal Year.

2. APOLOGIES FOR ABSENCE

Apologies were submitted by Councillor Lydia Paynter, Councillor Ann Rosenberg, Victoria Brignell and Jim Grealley.

3. DECLARATIONS OF INTEREST

The were no declarations of interest.

4. MINUTES OF THE PREVIOUS MEETING

RESOLVED

That the minutes of the meeting held on 28 April 2025 were agreed as an accurate record.

5. ADULT SOCIAL CARE UPDATE

Jacqui McShannon (Executive Director – People) introduced the item which highlighted that in May 2024, Children’s Services, Adult Social Care and Public Health were brought together through the creation of the People’s Directorate. During this time, a professional assessment of the service was undertaken, alongside a CQC Assessment and extensive engagement and listening to key partners and stakeholders across health, the voluntary and community sector, providers and residents. The assessments and engagement recognised Adult Social Care required improvement. A summary of the priorities from the engagement and assessments and the transformation roadmap was provided.

Councillor Jose Afonso asked what key performance indicators (KPIs) would be used to measure efficiency gains, and what the expected timeframe would be to measure these gains. Jacqui McShannon responded that this would vary across different workstreams. She noted the importance of retaining agency workers where appropriate and ensuring the right governance structures were in place. Work was ongoing to engage with partners and establish a partnership board to oversee the strategy. In five years’ time, the aim was to have the appropriate local provision in place.

The Chair raised the importance of performance and asked what constituted a good quality service in terms of expectations. Jacqui McShannon explained that there needed to be clarity around the service offer, which should maximise opportunities within the community and be delivered in partnership. Councillor Alex Sanderson (Deputy Leader) highlighted the significant demographic growth in the population with care needs, she added that the newest generation of older people had different needs. Jacqui McShannon added that there was a need to link with research to explore how new technologies could be utilised.

Lucia Boddington (Co-Opted Member) noted that there were a large number of agency workers being used and asked whether this would continue to be the model. Jacqui McShannon clarified that this would not continue to be the case. While some agency workers were highly valued and the intention was to retain them permanently, the overarching goal was to build a stable, permanent workforce that was well-trained and well-supported. Sarah Bright (Director, Commissioning Transformation and Health Partnerships) emphasised the importance of having the right people in the right roles.

RESOLVED

That the Health and Adult Social Care Policy and Accountability Committee noted the report.

6. ADULT SOCIAL CARE CO-PRODUCTION

Sarah Bright introduced the report which set out an overview of co-production work in Adult Social Care and set out the new approach, which aimed to build on previous engagement activity whilst bringing together a wider forum of stakeholders to ensure sufficient scope of influence in line with delivering the transformation agenda at the scale and pace required. Feedback from coproduction groups, internal stakeholders, the recent CQC assessment and a professional assessment of ASC services had informed the new direction. Previous examples of co-production in the directorate included the dementia strategy which was co-produced with the transitions team and the new direct payments system with the disability team.

Councillor Jose Afonso enquired about the types of tests that would demonstrate whether co-production was functioning effectively, rather than being a consultative layer. Sarah Bright responded that it was essential to ensure that local needs were being met. Councillor Alex Sanderson shared an example concerning young people, where they were being allocated housing, but with the available budget being used for flooring and white goods. A co-produced solution was subsequently developed, which increased the funding, secured sponsorship for white goods, and introduced a requirement for flooring to meet a defined standard. This solution had emerged directly through engagement with young people.

Lucia Boddington asked for further examples of co-production, particularly involving parents and carers. Sarah Bright explained that the transformation programme would involve co-production across all areas of Adult Social Care.

Lucia Boddington queried the membership of the partnership board and emphasised the importance of including carers and parents of children with special needs. Sarah Bright stated that the intention was to include public representation on the partnership board. Jacqui McShannon acknowledged that it would not be possible to include everyone on the board but assured that there would be opportunities for wider input. She confirmed that co-production would be embedded within work programmes. Joe Gunning (Head of Programmes – Commissioning) clarified that the working groups would be the primary forums for substantive work, while the partnership board would provide strategic oversight.

The Chair asked whether individuals would be invited to participate in the working groups. Jacqui McShannon responded that the structure had not yet been determined. Joe Gunning added that once the strategy had been finalised, the necessary working groups would be established accordingly.

RESOLVED

That the Health and Adult Social Care Policy and Accountability Committee noted the report.

7. HAMMERSMITH AND FULHAM FOOD PLAN

Helen Byrne (Head of Public Health Commissioning) introduced the report which set out the LBHF 5-year Food Plan, building on the H&F Food Matters: Action Plan 2019- 2024. The collaborative approach addressed immediate food needs while aiming to reduce long-term causes of food insecurity, created a sustainable local food culture and lessened reliance on crisis support. The plan was co-produced with residents who were experiencing food poverty. In 2023, funding was secured for a partnership coordinator to work on the plan. In March 2025, H&F received a leadership and most improved Council Award at the Good Food Local report launch at London City Hall.

Councillor Jose Afonso inquired about the projected or net cost of the plan. Helen Byrne responded that this information could be provided following the meeting. She noted that many of the initiatives were aspirational in nature, and that the Food for All partnership would seek external funding to support those initiatives.

Councillor Afonso requested information on metrics to measure success of the plan. Helen Byrne explained that food banks ideally should not need to exist. Within Hammersmith & Fulham, the aim was to maintain low levels of childhood obesity, ensure food security for families, and support infant feeding. She also highlighted the promotion of Rose Vouchers. She added that social isolation was a concern, and that outcomes would be assessed in terms of reducing isolation and preventable illnesses.

Jacqui McShannon noted that the Greater London Authority (GLA) assessed the performance of the plan, and that the borough was ranked among the top six in London.

The Chair asked about the methods and partners involved in community engagement. Helen Byrne stated that the coordinator role funded by the GLA had been performing effectively. Mapping of community connections had already been undertaken.

Lucia Boddington mentioned that there had been healthy fresh food packages at food banks, which had been successful but ultimately unsustainable due to cost. She queried what healthy options were currently available at food banks.

Helen Byrne confirmed that food banks were not providing fresh options, but were providing other healthy options, but that Rose Vouchers were being used to enable access to fresh fruit and vegetables.

Lucia Boddington asked whether fresh food was being provided in schools and whether it was prepared on-site or bought in. Joe Gunning responded

that it was a mixed approach and that standards for school meals were set by central government.

Lucia Boddington raised the issue of communal spaces and the availability of allotments, she asked where the allotments were in the Borough. Helen Byrne stated that the main allotment site was located at Wormwood Scrubs and that there were plans to promote it more widely.

RESOLVED

That the Health and Adult Social Care Policy and Accountability Committee noted the report.

8. DATES OF FUTURE MEETINGS

The following dates of future meetings were noted:

- 17 November 2025
- 27 January 2026
- 22 April 2026

Meeting started: 7:05pm
Meeting ended: 8:00pm

Chair

Contact officer: Liam Oliff
Governance and Scrutiny
Email: Liam.Oliff@lbhf.gov.uk

Report to: Health and Adult Social Care Policy and Accountability Committee

Date: 17/11/2025

Subject: Progress on the work of the Hammersmith and Fulham Health and Care Partnership

Report author: Caroline Farrar, Managing Director Health and Care Partnership
Donna Barry, Assistant Director Adult Social Care

Responsible Director: Jacqui McShannon, Executive Director of People

SUMMARY

The paper details the progress of the Hammersmith and Fulham Health and Care Partnership, over the past year, including the refreshed approach to working collaboratively to improve health and wellbeing across the borough. This is particularly focused on integrated care efforts and the development of the Integrated Community Access Point (ICAP).

RECOMMENDATIONS

1. For the Committee to note and comment on the report.
-

Wards Affected: All

Our Values	Summary of how this report aligns to the H&F Corporate Plan and the H&F Values
Building shared prosperity	The Partnership promotes equitable access to services and resources across the borough, reducing inequality, improving employment and training pathways for residents.
Creating a compassionate and inclusive council	Through listening to diverse voices and ensuring services are accessible to all, including through inclusive engagement practices and policies.
Doing things with local residents, not to them	The Partnership focuses emphasises co-production and collaboration with residents to inform service and programme design.

Being ruthlessly financially efficient	The delivery of services is focussed on a cost-effective approach, including streamlining processes and leveraging partnerships to maximise impact.
Taking pride in H&F	The Partnership celebrates local achievements, with a commitment to high standards and continuous improvement in service delivery.
Rising to the challenge of the climate and ecological emergency	The Partnership encourages environmentally responsible behaviours including sustainability goals.

Background Papers Used in Preparing This Report

None.

DETAILED ANALYSIS

1. The paper updates on the progress of the Health and Care Partnership, since its renewed commitment in September 2024, with a focus on collaborative working across organisations to improve health and wellbeing.
2. Through an integrate care focus and development of an Integrated Community Access Point (ICAP), there has been an emphasis on transforming care for people with complex needs, improving access through streamlined pathways and making support more personalised.
3. Full details, including next steps, can be found in the attached presentation.

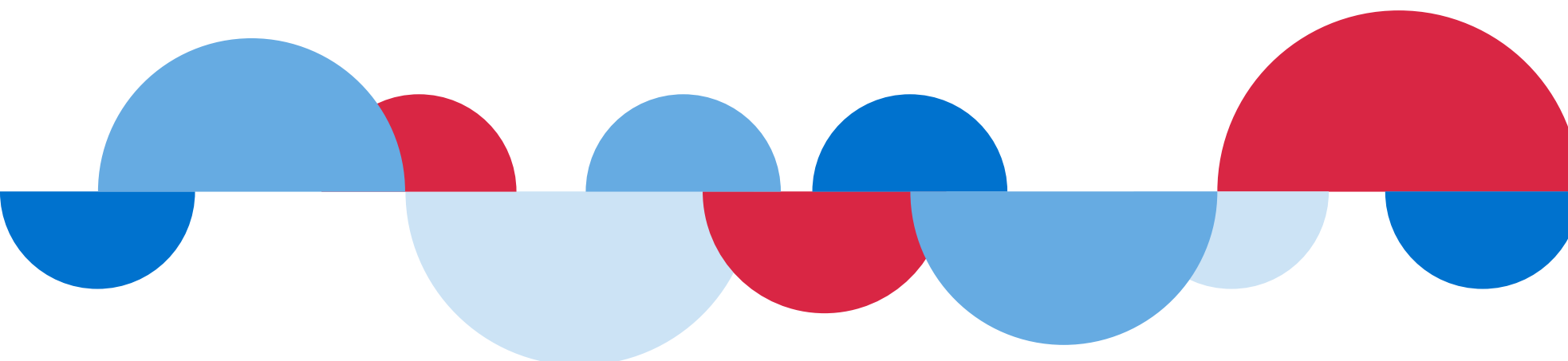
LIST OF APPENDICES

Appendix 1 – Progress on the work of the Hammersmith and Fulham Health and Care Partnership, 17 November 2025

Progress on the work of the Hammersmith and Fulham Health and Care Partnership

Health and Adult Social Care Policy and Accountability Committee

17 November 2025



Overview



As a partnership we have very strong foundations locally, including high quality, resilient organisations and great people. In September 2024, partners met to refresh our approach and we reaffirmed our collective commitment to working collaboratively to improve the health and wellbeing of the population of Hammersmith and Fulham. We know that we will make the biggest impact if we do this together, and we agreed a small number of high impact areas to work on initially.

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A year ago, we reflected on the challenges facing organisations following many years of austerity followed by the pandemic. All organisations are challenged financially and we have inherited an NHS provider landscape that is highly fragmented following years of commissioner focus on competition rather than collaboration. The external environment has continued to be difficult with uncertainty precipitated by the restructure and realignment of responsibilities within NHS ICB, regional and national teams.

Locally we are determined to overcome these challenges together and have huge ambition for the future. The 10 Year Health Plan has brought renewed clarity of purpose that confirms our direction of travel towards integration and collaboration. One year on from our partnership refresh we want to share some of our progress, which has built stronger foundations for us to make the biggest difference with and for our communities in Hammersmith and Fulham.



Our partnership purpose and priorities

We will work together as partners in Hammersmith and Fulham to improve health and wellbeing and reduce inequalities.

We will develop more integrated, connected services that deliver tangible improvements that are better for our population and more sustainable for our organisations.

We will focus on tackling the wider factors that influence health and wellbeing.

We will work with local people to develop trusting relationships, empower communities and co-produce service changes.

Integrating Services

Getting the right care to the right people, at the right time will improve quality and outcomes and reduce costs across the system.

We will:

- Join up our services for people with more complex needs
- Share care and risk collectively, rather than perpetuating a referral culture
- Develop more accessible services and support
- Improve quality of care
- Reduce repetition and duplication and address gaps

Creating health

Supporting communities to be more resilient with improved health and wellbeing will improve outcomes and reduce costs across the system.

We will:

- Focus on the wider determinants of health and wellbeing and work on reducing health inequity
- Empower communities to create health
- Leverage our social capital
- Support self-care and independence
- Ensure a focus on children

We will be guided by the more detailed priorities listed in the Hammersmith & Fulham Health and Wellbeing Strategy

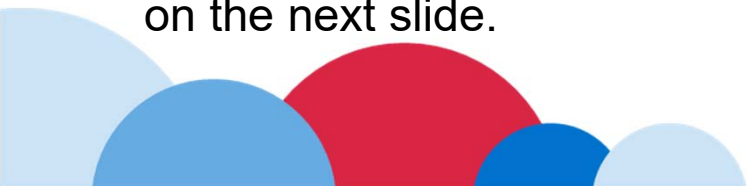


Focus on integrated care

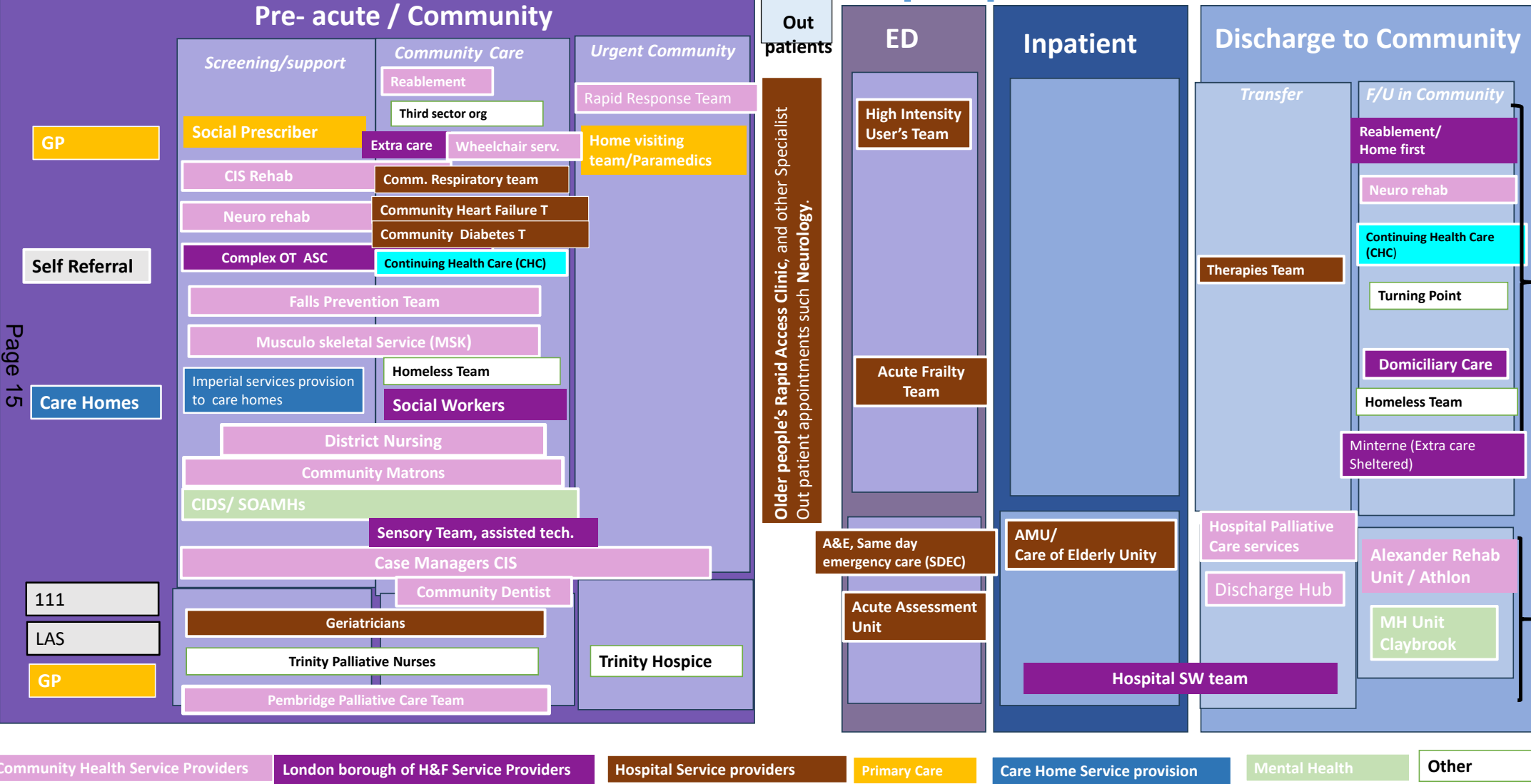
Over the last year we have focused on how we work together to make a difference for some of the people in our borough with the most complex needs – through working differently on transforming care and outcomes together. We have some amazing teams in the borough who are deeply committed to working differently and making the most of our joint investment. Our frontline professionals are eager to work in a more collaborative way but have been unclear about where to start, and what permission they have and tools they can use to help.

Our development of the Integrated Community Access Point (ICAP) has given our teams a real focus for their energy. The following slides set out the work we have been doing and the progress we have made, as well as the further work needed to extend and embed our approach.

Our starting point is one of multiple services and teams within six main statutory organisations and multiple private and voluntary sector services, created over many years as new services have been developed and layered over existing services – our high-level service map is shown on the next slide.



High level mapping of services for older people



Integrated Community Access Point (ICAP)

ICAP is an alliance of clinicians and professionals across organisations working with people with the most complex needs, which has been developed in response to the fragmentation of services across multiple providers.

Our aim is for providers and clinicians to work in an integrated way and break down organisational boundaries. Developing a proactive model that keeps people living as independently as possible for longer, and out of hospital where possible, is at the heart of our approach.

We started with a test and learn approach, developing an ICAP “prototype” in the South Neighbourhood area initially, as older people are a priority in this area. The prototype began in May, bringing together professionals from existing teams – this is about building new ways of working using existing resources.

We acknowledge that we are not starting from scratch and want to build on existing work, learning from good practice both in the borough and more widely across North West London and beyond.



Principles of our approach

The Integrated Community Access Point is a core team of professionals working together across organisations and disciplines, to support people with complex needs. The team includes physical health, mental health and social care professionals, and links to a wider set of teams and resources through multidisciplinary (MDT) team meetings at PCN or INT level. Any adult with a combination of physical health, mental health and social needs can be referred.

Integrated Community Access Point

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- ✓ We will make sure that right from the start of your journey, individual needs are assessed jointly by an integrated team
- ✓ We will make services easier to access - 'No door is the wrong door'
- ✓ We will provide personalised care that meets your needs and that is well coordinated with all our community services
- ✓ We will avoid you having to tell your story more than once

Wider MDT meetings – at PCN or INT level

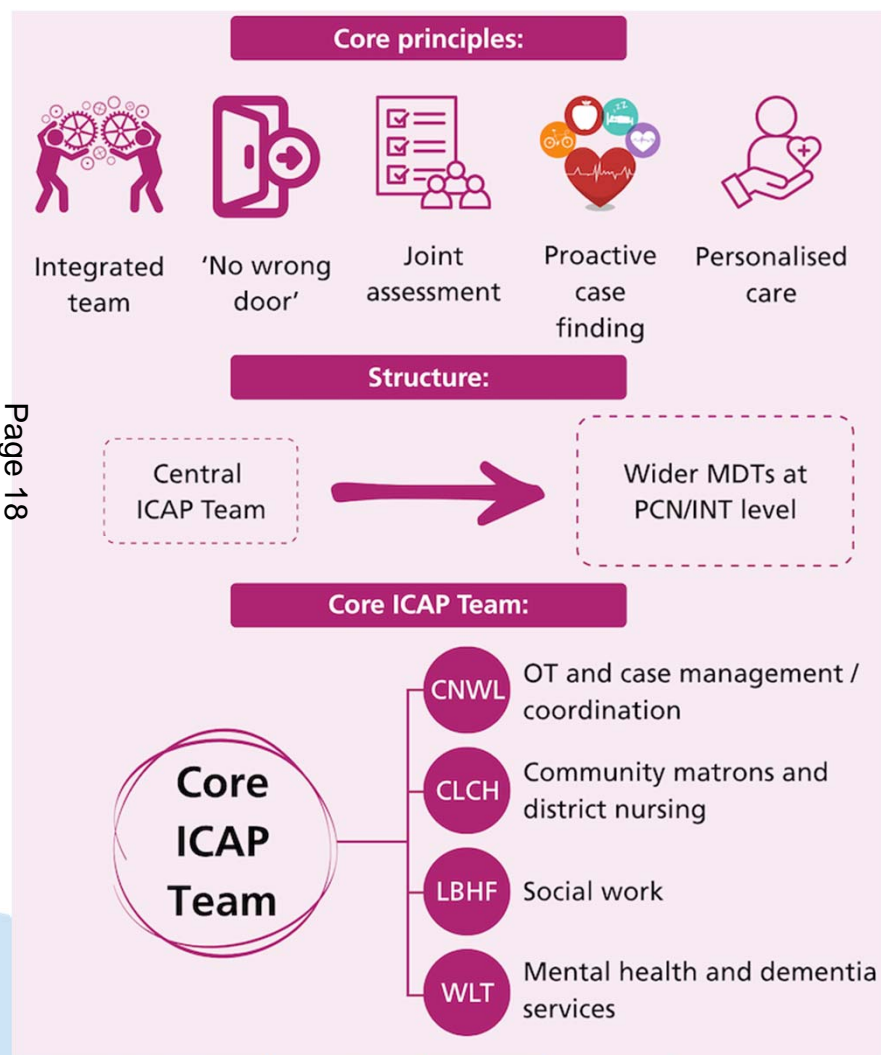
- ✓ We will ensure that people with more complex needs are directed to the MDTs
- ✓ We will agree integrated action plans that are shared with people who are important to you
- ✓ We will ensure you know who to contact about your care as the need arises

Proactive care

- ✓ We will work with other local services to identify people before their needs reach a crisis



Our model



The core ICAP team meets daily to allocate referrals and arrange joint visits so that there is one coordinated response.

The team interfaces with GPs, geriatricians, other community teams and voluntary and community sector services, including through weekly multidisciplinary team meetings at neighbourhood level.

Once the relevant assessments have been completed, a person-centred plan is developed with the person and their carer, using the Universal Care Plan where possible so the person's needs and wishes are available if they need urgent care.

Benefits we have seen so far through this approach have included:

- ✓ Faster responses
- ✓ Streamlined pathways
- ✓ Better communication
- ✓ More personalised support

Case study

Background



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Mr. X, an elderly gentleman with advanced Alzheimer's dementia, severe frailty, and complex physical health needs, was referred to the Integrated Community Access Point (ICAP) to facilitate multidisciplinary input into his deteriorating condition and high-risk home situation. He lacked the capacity for decisions regarding his health and place of care. His wife, also living with severe dementia, was unable to provide effective support, and their son was the primary informal carer.

Medical and Social Context

- Diagnosis: Alzheimer's Dementia (no capacity), Chronic Kidney Disease (CKD), recurrent pneumonia (linked to suspected aspiration), and unintentional weight loss (47kg when last weighed)
- Medications: Donepezil discontinued under the Community Integrated Dementia Service (CIDS), with the expectation of reducing episodes of fainting
- Skin Integrity: Sacral pressure sore (category 2), managed by District Nurses
- Advance Care Planning: Not for further medical investigations or hospital admissions unless necessitated by traumatic injury

Referral to ICAP

Mr. X was referred to ICAP for:

- Specialist Occupational Therapy (OT) assessment
- Joint working with District Nurses (DNs) and Adult Social Care (ASC)
- Provision of essential equipment (e.g., hoist, riser recliner)
- Assessment to prevent further decline or falls
- Coordinated planning to ensure comprehensive care at home

Case study

Seamless Interdisciplinary Response

1

Triage and Allocation

- ICAP triage promptly identified the case as complex and allocated it for joint assessment by a Community Matron and Social Worker
- The patient was already referred by his GP to Neurorehabilitation Speech and Language Therapy due to aspiration risk

2

Community Matron's Leadership

- Led a holistic palliative needs assessment, identifying end-of-life care priorities
- Initiated and coordinated joint home visits with:
 - Neurorehabilitation SLT
 - Dementia services
 - Complex OT from ASC
- Conducted a Comprehensive Geriatric Assessment and completed a Universal Care Plan to ensure shared understanding across services

3

Occupational Therapy Intervention

- Complex OT provided crucial equipment (e.g., hoist, riser recliner) to support safe mobility and reduce carer strain
- OT Case Manager worked in close alignment with the Matron and Social Worker to review ongoing risks and functional needs

4

District Nurses

- Managed the sacral pressure sore with regular home visits
- Provided day-to-day palliative support under the Community Matron's guidance

5

Adult Social Care (ASC)

- The Social Worker ensured that all required care packages and home support systems were in place
- Recognised that standard homecare support was insufficient given the palliative trajectory

6

Key Outcome: Fast Track CHC

- Based on joint assessments and the patient's palliative condition, the Community Matron initiated a Continuing Health Care (CHC) Fast Track application, ensuring rapid access to end-of-life care funding and services
- Daily ICAP triage meetings facilitated ongoing updates and joint planning with input from OT Case Managers and ASC

7

Long-Term Management

Following six weeks of intensive multidisciplinary support, the case remained on the Community Matron's caseload for long-term case management, ensuring continuity and ongoing monitoring in the community

Case study

Conclusion

This case illustrates exemplary interdisciplinary collaboration, with seamless working between:

- Community Matron (clinical lead and care coordinator)
- District Nurses (daily clinical support)
- Complex OT and OT Case Manager (functional safety and equipment provision)

- Adult Social Care (holistic support and care package oversight)
- Through integrated assessment, coordinated home visits, shared documentation, and daily team communication, the team delivered a safe, dignified, and person-centred palliative care pathway that enabled Mr. X to remain at home in accordance with his care plan and best interests



Patient and staff feedback

So far, 41 care plans have been completed by the ICAP core team. Patient feedback forms are issued prior to discharge from ICAP. Feedback received so far has shown that:

- ✓ People feel listened to and that the goals of the care or treatment plan are agreed jointly
- ✓ People feel that they are supported to regain some independence as a result of ICAP
- ✓ People feel that they are treated with dignity and respect

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The ICAP core team came together in October to review their progress and develop plans for the future:

- ✓ The team are overwhelmingly positive about the new ways of working and benefits for patients, highlighting improved communication and supportive relationships between professionals and across organisations.
- ✓ Lots of opportunities for joint training have been identified, to build understanding and team cohesion.
- ✓ The team are working together to plan for rollout across the whole borough.



Impact and next steps

While it's still early days and there's more to do to evaluate the benefits and impact of our new approach, we can clearly identify the following so far:

- ✓ All people accepted onto the ICAP caseload were contacted within 24 hours of their case being discussed at the daily team meeting.
- ✓ All people seen by ICAP to date have had a comprehensive assessment of their needs, and goals jointly agreed with them.
- ✓ Improved communication between professionals and organisations.
- ✓ Reduced duplication amongst professionals – assessments are shared and not duplicated.
- ✓ Reduction in time taken to engage teams outside of ICAP.

Next steps include:

- ☐ Preparing for rollout across the borough – resource is secured from within existing teams, but we will monitor demand and capacity closely.
- ☐ Further development of evaluation and outcome measures to see impact, for example on hospital admissions.
- ☐ Planning further ICAP team workshops and joint training.

Agenda Item 5

LONDON BOROUGH OF HAMMERSMITH & FULHAM

Report to: Health and Adult Social Care Policy and Accountability Committee

Date: 17/11/2025

Subject: H&F Safeguarding Adults Board (SAB) Annual Report 2024/25

Report author: Ceri Gordon, SAB Manager

Responsible Director: Katharine Willmette, Director Adult Social Care

SUMMARY

The 2024/25 SAB Annual Report outlines how the SAB has delivered its statutory duties including summary of Safeguarding Adults Review under Section 44 of the Care Act and exploration of how the partnership has sought to progress our objectives under our three key priority areas: Effective systems and processes, creating a culture of learning and communication and partnership.

Key issues for consideration: This report highlights the proactive efforts of partners to continue to improve professional responses to support adults with care and support needs who are at risk of abuse and neglect. The SAB is now moving into the final year of its three-year strategy, with our focus in the next year being on reviewing our impact and strengthening assurance mechanisms.

RECOMMENDATIONS

1. For the Committee to note and comment on the report.

Wards Affected: None

Our Values	Summary of how this report aligns to the H&F Values
Building shared prosperity	The SAB is guided by nationally agreed principles for adult safeguarding, including empowerment, prevention, proportionality, protection, partnership and accountability. Through the continuing commitment to these principles the SAB's work supports shared prosperity by promotion of adult wellbeing.
Creating a compassionate council	This report outlines learning from multi-agency audits and Safeguarding Adults Reviews which have highlighted key

	themes of trauma-informed practice, professional curiosity and empowering adults to make their own decisions. The report further outlines work undertaken by the partnership to embed this learning to improve future outcomes for adults at risk in our borough.
Doing things with local residents, not to them	A key objective of the SAB is to ensure that the voice of lived experience informs our work, in line with the principles of Making Safeguarding Personal. This report outlines how the SAB intends to deliver this objective moving forward.
Being ruthlessly financially efficient	This report demonstrates the way in which the partnership aims to utilise multi-agency collaboration, existing resources, knowledge and skills to build on its initiatives.
Taking pride in H&F	This report reflects a borough-wide commitment from partners to strengthen responses to adult safeguarding concerns and improve outcomes for adults at risk, with examples of how services have sought to provide support for local residents.
Rising to the challenge of the climate and ecological emergency	N/A - This report does not have any direct impact on climate or ecological implications.

Background Papers Used in Preparing This Report

None.

DETAILED ANALYSIS

1. The Annual Report for 2024/25 demonstrates the wide range of activity undertaken across the Hammersmith & Fulham Safeguarding Adults Board in the last financial year.
2. This includes overview of:
 - Activity under Section 44 of the Care Act which required the Safeguarding Adults Board to undertake a review in circumstances where an adult with care and support needs either dies or suffers serious harm, and when abuse or neglect (including self-neglect) is thought to have been a factor and there is potential learning about the way multiple agencies worked together to safeguarding the adult.

- The role of the SAB subgroups in progressing our strategic objectives and capturing assurance on the quality of multi-agency adult safeguarding practice in Hammersmith and Fulham.

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Appendix 1 – Hammersmith and Fulham Safeguarding Adults Board Annual Report 2024/2025

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Foreword

I am so pleased to be asked to introduce the Hammersmith and Fulham Safeguarding Adults Board's (H&F SAB) Annual Report. 2024/25 marks the second year of our three-year strategy, with a focus on building on our initiatives in 2023/24. This report highlights continuation of existing projects as well as the introduction of new pieces of work. It provides fascinating detail on how partners rose to the challenge of safeguarding adults locally throughout the last year. It also identifies further opportunities for action as we move into the final stage of our [strategic plan](#) and shift our view to reviewing the impact of these initiatives.

I was appointed as Independent Chair to the Board in July 2024 so would like to thank Mike Howard who stepped down after six years as the Chair. I also want to pay tribute to the many people from across our workforce and communities who welcomed me and so generously shared their skills and knowledge to support the H&F SAB's common goals. I have been impressed by the compassion, energy and conscientiousness across the board. I particularly want to pay tribute to our SAB manager, Ceri Gordon, who has

worked tirelessly to enable SAB partners to undertake their many important statutory functions. Her leadership (at a time of considerable structural and financial change across the public sector) to develop tools and practice guidance, thereby embedding learning from Safeguarding Adults Reviews has already been recognised by partners and the workforce. In addition, the work she has done to develop the H&F SAB website is remarkable!

I hope you will agree with me that there is much of interest within this report. I look forward to working with partners and our communities in the coming year. We saw such innovation with services working across geographical and organisational boundaries to pro-actively anticipate need and respond to reduce risk to our most vulnerable residents. It is clear to me that, despite the challenges, the responsibility to safeguard adults must remain 'business as usual'.

Fiona Bateman
Independent Chair

Safeguarding Adults in Hammersmith & Fulham

The Care Act statutory guidance defines adult safeguarding as: "Protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances" ([14.7](#)).

The Hammersmith & Fulham Safeguarding Adults Board (H&F SAB) is a multi-agency partnership that leads on adult safeguarding work in the borough, and is a statutory body required by the Care Act 2014. The H&F SAB is not an operational body and so not responsible for the delivery of services - our [partner agencies](#) lead on the delivery of services for adults with care and support needs. However, the H&F SAB brings partners together and facilitates the building of collaborative relationships to prevent abuse and neglect where possible and ensure timely and proportionate responses when abuse or neglect have occurred. The SAB also has responsibility for providing a systems oversight and quality assurance function. We work across partners and other partnerships within Hammersmith and Fulham, but also with regional and national bodies to raise awareness of risk, opportunities for improved practice and lobby, when needed, for policy change.

If you have reason to believe that an adult with care and support needs is being harmed in any way, by another person please do not ignore it.



In an emergency, or if you suspect you or someone else is in immediate danger, call [999](#).

If you do not need immediate help from the police or are worried about calling them, you can contact H&F Adult Social Care (ASC) on freephone [0800 145 6095](#). This phone line is open 8:45am to 5pm, Monday to Friday. You can also email the adult safeguarding hub at safeguardingadults@lbhf.gov.uk.

Outside of these hours you can call [020 8748 8588](#).


You can find out more about raising adult safeguarding concerns in Hammersmith and Fulham on the [H&F Council website](#).

Safeguarding Adults Reviews

What is a Safeguarding Adults Review?

When an adult at risk either dies or suffers serious harm, and when abuse or neglect (including self-neglect) is thought to have been a factor, Hammersmith & Fulham SAB may seek to review what has happened in order to identify multi-agency learning. This is called a Safeguarding Adults Review (SAR) and is a statutory duty of the SAB under Section 44 of the Care Act. A SAR is a review of past events and only undertaken in specific circumstances.

The main purpose of these reviews is to find out if we can learn anything about the way different organisations worked together to support and protect the person who suffered harm to prevent future harm if similar circumstances arise. This could identify barriers, but it could also identify good practice and help us to make positive changes to the way we work.

 These reviews are not the same as safeguarding enquiries which are routinely undertaken in response to live concerns of abuse and neglect of an adult at risk under Section 42 of the Care Act. Safeguarding enquiries aim to determine whether abuse or neglect has happened and put plans in place to protect the adult from future harm. If there is concern about an adult at immediate risk of harm, actions will be taken very quickly to protect the adult at risk of abuse or neglect and anyone else who may also be at risk. The process is a supportive one which seeks to work with the person at risk of harm to achieve personalised outcomes.

If you are worried about possible abuse and neglect for yourself or another adult you know, it is important to [report your concerns](#) and seek support. .

The role of the Safeguarding Adults Case Review Group

The Safeguarding Adults Case Review Group (SACRG) is a subgroup of the H&F SAB which aims to ensure that our statutory responsibilities are carried out in respect of Safeguarding Adults Reviews (SARs). Its responsibilities include reviewing referrals where cases may meet criteria for a SAR, as well as monitoring responses to recommendations from previous reviews. The group is currently co-chaired by Liz Hughes (Principal Social Worker and Strategic Lead for Adult Safeguarding, LBHF Adult Social Care) and Mark Staples (Detective Chief Inspector, Central West BCU Metropolitan Police Service).

In 2024/25, following reflection on the experiences in engaging with processes for SAR Alison and SAR Brian, the SACRG set out to establish a [H&F SAB SAR Policy](#) in collaboration with the Quality in Practice Subgroup. This has led to clearer expectations for all stages of the SAR Process. SAB members reflected on the positive impact of this at our recent Development Day (March 2025) and in response to the Safeguarding Adults Partnership Audit Tool (SAPAT).

In July 2024 the SACRG established a review of historic referrals to the subgroup which did not proceed to a SAR. An initial review of these cases identified that whilst learning was being captured within the SACRG it was not being disseminated more widely, and some of these cases may have met statutory criteria for a SAR under Section 44. In order to ensure the learning is not lost, available records have been reviewed in order to capture case summaries, identify learning themes and confirm next steps ([see Appendix 4](#)).

This approach has ensured a proportionate response to case review, with recognition of the passage of time in the cases being revisited. In some cases, the learning from these cases have been fed into other review processes. As part of our objective to share the learning more widely and gather insights on how subsequent changes to local practice expectations would impact on similar cases today, individual case summaries have also been developed into workshop exercises to engage with operational leads and frontline staff. The outcomes of these exercises will be developed into learning briefings for wider dissemination, with reporting to the SAB to support assurance of current safeguarding practice and identify any areas for further exploration by the SAB.

Since this time, the SACRG has also reviewed its Terms of Reference and introduced new decision-making tools which should support clearer discussion of the three criteria for the Section 44 duty and a rationale for the final decision. Moving forward, the SACRG will continue to undertake its core function of reviewing new referrals and making recommendations on whether criteria for SAR is met and what this will look like. The SACRG have recommended an improvement action to review our tracker process for embedding learning from SARs to ensure that this is robust and that we have sufficient

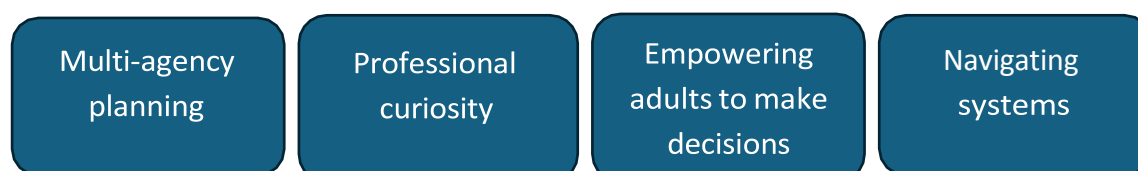
assurance of our responses to SAR learning. This review will be an initial focus of 2025-26, looking to introduce clarity of what it is we want to achieve with each action point and how we will secure assurance from partner organisations to better evidence and monitor progress.

What we've learnt

In March 2025, the H&F SAB accepted the findings of a SAR which explored the circumstances surrounding a near fatal incident leading to life-changing injuries for a young man in his early 20s called 'Hussain' (pseudonym). Hussain was receiving care and support for his health and social care needs from multiple local agencies, but there was a lack of clarity about which agency was leading on identifying relevant services and support for Hussain. In addition to mental health needs, Hussain presented with signs that indicated he may have autism spectrum disorder (ASD) and / or a learning disability. Hussain's family members supported him with all his daily needs, providing significant support during appointments by providing information and responding to questions on Hussain's behalf. Hussain had no formal secondary school education in the UK, and no Education, Health and Care Plan (EHCP) and was subsequently not supported by usual transitions processes.

The SAR sought to identify learning in relation to pathways of support where multiple health and social care services are involved, multi-agency working and information sharing, and assessment and appropriate support provision timeliness.

Learning was identified in several areas, including:



Multi-agency planning:

The review found that there was limited evidence of multi-agency approaches, such as identifying a lead professional, holding multi-agency strategy meetings, or the development and management of multi-agency care plans, and risk management plans.

This approach would also have strengthened information sharing, which the review noted could have been improved to affect meaningful and collaborative working relationships.

This learning reinforces the need for the H&F SAB to continue to promote existing resources to support frontline professionals in adopting multi-agency approaches as part of standard responses to potential risk.

Professional curiosity

The review suggested there was a lack of professional curiosity about how Hussain's lived experience may influence his needs.

The H&F SAB has developed resources in response to previous learning to support understanding of professional curiosity which is available for use within team meetings and reflective spaces and will commit to continued promotion of this [resource](#).

Empowering adults to make decisions

Whilst Hussain's family are an important source of support for him, the review noted that professionals had an overreliance on Hussain's family members to make decisions and communicate on his behalf. A timely mental capacity assessment and resulting appropriate actions would likely have increased opportunities for Hussain to be supported to make his own decisions and communicating his views about his treatment, care, and support, independently of his family.

Navigating systems

Hussain and his family found it difficult to navigate the complex local health, social care and housing landscape, and the review has suggested work be undertaken to improve access to information on local systems and services in accessible formats.

The review has also highlighted the need for timely assessment and diagnosis (including Care Act assessments and Carers Assessments) noting the potential this had to improve outcomes for Hussain.

Wider context and good practice

It is important to note that the independent reviewers sought to place this learning within the wider context of increasing operational pressures and limited resources which are faced by all partners. Good practice was also noted, including evidence of timely and proportionate responses to presenting information. For example, professionals responded in an appropriate and timely manner to Hussain's family's concerns that he had undiagnosed ASD by referring him for an ASD assessment in 2021.

Responses to learning

The reviewers for SAR Hussain posed a series of questions to SAB members in relation to the key themes identified within the review.

Partners have been invited to respond to these questions outlining how their individual organisation will respond. This will be used to formulate subsequent SAB action plans.

The SAB has also continued to promote learning from previous reviews and build on our existing thematic action plan. This has included using key themes and topics emerging from local reviews to develop [reflective learning spaces](#).

In addition to responding to the learning from SAR Hussain, we have also continued to develop responses to specific recommendations from previous SARs in H&F.

Responding to abuse of staff

SAR [Brian](#) found that on occasion Brian would display racist and abusive behaviour in various settings and towards professionals, and could be aggressive to professionals from all backgrounds. It was recommended that the SAB review local policy and processes for challenging abuse towards staff. Two surveys were developed to get a better understanding of what support was currently in place for staff working in Hammersmith & Fulham. The first was aimed at SAB members and sought to gather assurance on existing policies and guidance within partner organisations. A second survey was aimed at staff to measure awareness of existing policies, procedures and guidance and to gather their views. Partner members have been given access to this data to allow for consideration of internal responses to the feedback from staff and report back to the SAB in order to determine any future role for the partnership.

Supporting multi-agency responses

Both SAR Brian and SAR [Alison](#) made recommendations focused on multi-agency working, including promotion of best practice expectations and frameworks which seek to support professionals in practice. The SAB continues to highlight these recommendations and [promote tools that can support professionals](#) in this area, with recognition of continued need to increase confidence in establishing multi-agency meetings and shared action plans.

Improving quality of Independent Management Reports (IMRs)

The lead reviewer for SAR Brian also recommended that the SAB consider development of training to support the completion of IMRs to ensure quality and consistency. Following consideration by the SAB, it was agreed that resources needed to be developed as part of wider standards and processes when inviting anyone to be part of a SAR panel.

This work needed to incorporate considerations of how we support staff, with any introductory session needing to caveat what we are going to be talking about in acknowledgement that this content can sometimes be distressing, and some agencies may not have been privy to all information up to this point.

The newly drafted Term of Reference for the SACRG sets out responsibilities and expectations for future SAR processes to support this aim, including proposal for introductory meeting at start of process. This is complemented by new [H&F SAB guidance on completion of IMRs](#).

Newly commissioned SARs

The number of referrals being received at the SACRG has increased in 2024/25, rising to nine from just three referrals in 2023/24¹. The quality of referrals has also improved following review of the SACRG referral form, and many of the new referrals have led to a decision to commission a SAR. The following reviews have been commissioned in 2024/25:

Adult D: Adult D was a 58-year-old man who had care and support needs relating to his learning disability and mobility. Adult D died in December 2023. His death was linked to bowel perforation and sigmoid volvulus (where the sigmoid colon twists on itself). A package of care was in place to support Adult D with personal care, meal preparation and accessing the community. Adult D lived alone in his own home and had previously lived with his brother, with whom he was very close prior to his brother's death in 2022. Early themes identified in Adult D's case include timeliness of assessment and appropriate care planning, identification of and response to risk, including information sharing, and timely exploration of mental capacity.

Thematic Review of Suicide: This SAR aims to better understand what is happening locally that means death by suicide is happening at a greater rate in H&F than our neighbours. A thematic review model will be adopted, examining key issues and learning from a selected sample of cases in order to identify insights into safeguarding strategies that can enhance the effectiveness of interventions to reduce suicide rates in H&F. This review has been funded by LBHF Public Health.

Adult E and Adult F: This SAR has been commissioned in response to two separate referrals reviewed by the H&F SACRG where domestic abuse was a feature. In both cases there was identification of an adult at risk who had survived a serious assault. As the adults had experienced significant harm as a result of the abuse it was agreed that Section 44 criteria for a Safeguarding Adults Review were met. Whilst there were different circumstances in the two cases, it was felt that there were similar themes, and it was proposed that a joint approach could be taken to the reviews. The SACRG have proposed that key lines of enquiry will include identification and response to domestic abuse, including exploration of generational and cultural silence, multi-agency responses, support for carers, and application of the Mental Capacity Act.

Thematic Review: Chemsex: This SAR has been commissioned in response to case of Adult H, a young man who experienced poor mental health which was compounded by high-risk drug use, including chemsex. During a welfare check by hostel staff in December 2024, Adult H was found to be unresponsive. Adult H is one of three recent chemsex deaths in Hammersmith & Fulham since September 2024. As this is a new

¹ This data is based on date of referral rather than date of decision by SACRG. Some referrals will have been considered by SACRG in following financial year (2025/26).

and emerging phenomenon noticed by NHS, drug treatment and criminal justice agencies, we want to understand thematically what can be learned from these three deaths in addition to the specific learning from Adult H's case. This review will be funded by LBHF Public Health.

Adult I: The SACRG made recommendation to proceed with a SAR in response to the death of Adult I, a 54-year-old man who was receiving palliative care at the time of this death. He required support with mobility, and carers provided support with daily living tasks, and had a history of rough sleeping dating back to his childhood. Adult I had also experienced neglect in his childhood. The impact of actions taken in response to the recommendations from SAR Brian (published in 2023) will also be considered in this review, which will seek to identify recurring learning themes. This includes areas such as impact of homelessness, past trauma, and drug use on engagement, the effectiveness of information sharing, case coordination and decision making and understanding of organisational duties.

Our progress against our strategic aims

2024/25 marked the second year of our three-year strategic plan, where we sought to build on the projects we established in 2023/24. With this focus, the SAB has accomplished a number of key initiatives including our first multi-agency audit, development of new SAB-led learning opportunities and the introduction of new escalation pathways.

Our strategy has three priority areas, each with their own focused aims and measurements for success.

Effective systems and processes: We will use an evidence-based approach to develop our responses to potential abuse and neglect and areas of complexity

Responses to self-neglect

We set out to embed key messages of the [SAB multi-agency self-neglect guidance](#) (agreed in 2023/24) as part of our ongoing commitment to improve our response to, and understanding of, self-neglect and make use of analysis to identify pathways for earlier interventions and support. In December 2024, the Quality in Practice subgroup (chaired by Helena Peros, H&F Designated Professional Safeguarding Adults, NHS North West London ICB and Mark Dronfield Senior Operations Manager, Turning Point) presented the findings of a multi-agency self-neglect audit which identified recommendations to support improved responses to self-neglect.

The audit findings pointed to the importance of professional strategy meetings being held at the beginning of any process to enable risk assessment and identification of a lead agency; any agency should be able to call this meeting proportionate to their role,

under the risk assessment process. Professionals must also ensure that concerns are being responded to, and we need to collectively encourage a culture of owning responsibility for our concerns and ensuring that someone is picking up on referrals being made. To help embed this, it was recommended:

- That the H&F SAB seeks to embed this as best practice in multi-agency responses to risk via promotion of existing resources, including risk management tools and multi-agency meeting and action planning templates, which considers whether all appropriate agencies are being involved in the discussion and timely information sharing.
- That the H&F SAB establishes a multi-agency escalation pathway, in line with [existing SAB work-plan for 2024/25](#).

The audit panel also reflected on the importance of professionals avoiding assumptions and pre-judgments (including those based on presentation without official diagnosis). This could impact professional curiosity, and there could be more to the story that is being missed by making these assumptions. It is important to be clear on source of information, as it may influence how person is supported, and professionals must be careful in their use of language when making referrals and keep it factual. Links were also made to professional challenges in the presumption of mental capacity and responding to repeated 'unwise decisions'. Recommendations were made:

- That the partnership considers how best to embed lessons on application of the Mental Capacity Assessments within the context of self-neglect.
- That The H&F SAB supports messaging in relation to use of language and professional curiosity, with each partner agency committing to support this aim by ensuring messages are shared within their organisation.

These recommendations will be taken forward in 2025/26.

In addition to the focus on the self-neglect audit, the SAB has continued to promote the existing multi-agency guidance and accompanying tools. Over the year we held six 'Lunch and Learns' to explore topics that link to the guidance, including a focused session which presented the findings of the multi-agency audit.

Self-neglect remains a key theme for our partnership, and our focus in the next year will be to determine how we measure our impact.

Understanding of how abuse and neglect impacts different communities

The Quality in Practice subgroup have incorporated regular data reporting via the quarterly dashboard which provides breakdown of demographics across safeguarding concerns received in Hammersmith & Fulham.

The SACRG have also sought to ensure that newly commissioned SARs seek to understand the impact of a person's cultural background and how intersectionality with

other characteristics such as age and disability have influenced their experiences, and that this is clear within key lines of enquiry. Once published these reviews will complement the reflections already provided by SAR Brian last year, which explored the impact of Brian's background on his interactions with services.


The SAB will continue to ensure that this approach is embedded in SAB business as part of standard practice.

Ensuring effectiveness of safeguarding activity

The SAB has sought to strengthen its assurance processes in order to ensure the effectiveness of safeguarding activity and that safeguarding practice is continuously improving. As part of this, the SAB has introduced regular themed assurance pieces to its quarterly SAB meetings, whereby SAB members have been asked to respond to focused questions outlining the data they collect and how this can be used to assure ourselves of responses to specific areas of safeguarding, sharing examples of services or programmes which target a specific need. Themed assurance pieces to date have included transitional safeguarding and adult safeguarding and homelessness, the latter of which informed response to ministerial letter sent in May 2024 with recommendations for SABs regarding individuals who are rough sleeping (see [Appendix 1](#) for more details of these assurance pieces).

The Quality in Practice subgroup also plays a key role in scrutinising local data and has identified areas for further analysis, allowing for more in-depth understanding of local responses to risk of abuse or neglect. This has included a review of cases which did not proceed to enquiry which has led to development of [new briefing](#) to support professionals when raising an adult safeguarding concern, with plans to develop more in-depth guidance in the next year.

The Quality in Practice subgroup is now firmly established in its core activity and will continue to provide this oversight whilst responding to emerging themes or learning leading to specific assurance pieces.



Partner spotlight: In May 2024, Adult Social Care commissioned a review in collaboration with partners in Health and Care and undertaken by Making Connections to consider how we discharge our duty of care under the 2014 Care Act. This led to a safeguarding improvement plan to develop local responses to adult safeguarding – [find out more about the actions taken in our partner spotlight](#).

Supporting multi-agency escalation pathways

Last year, SAR Brian highlighted the importance of knowing when to escalate agency concerns regarding work relating to the Safeguarding of Adults at Risk.

In December 2024, the SAB agreed a new escalation pathway, which was [published on the H&F SAB website](#) in April 2025 following final amendments.

The terms of reference for the High-Risk Panel have also been adjusted to ensure that this complements the new pathway, reestablishing the role of the [High-Risk Panel](#) as part of the escalation mechanism once all usual multi-agency pathways have been considered.

Creating a culture of learning: We will promote continuous improvement in safeguarding practice by learning from experience and supporting workforce development.


Joint development of multi-agency resources and learning opportunities

This year, the SAB wanted to renew our collective commitment to the joint development of multi-agency resources and learning opportunities which promote learning and best practice, with specific focus on multi-agency working.

As part of these aims, the SAB launched a programme of 'Lunch & Learns' which focused on key areas of learning identified by the SAB, including self-neglect, trauma informed practice and transitional safeguarding. These are open to all professionals working in H&F and registration numbers are gradually increasing, however we have continued to see a high drop-out rate from initial sign-up with attendance averaging at 36%. As we explore how the SAB's programme of focused workshops will be renewed in 2025/26, we will consider how different approaches may support aims to increase our reach and see greater numbers of professionals accessing this space.

We also have examples of training sessions designed and delivered by partners in response to specific areas of learning including our very first 'Lunch & Learn' delivered by Sally Jackson (Partnership Manager, Standing Together) which focused on domestic abuse and older adults, and a workshop which explored mental capacity and substance use using the example of SAR Brian delivered by Dr Effie Kavatha and Mark Dronfield (Turning Point). These follow the workshop on home fire safety previously delivered by Jim Berry (London Fire Brigade) in 2023/24.

The Quality in Practice subgroup has also continued to contribute to the design of shared resources in response to learning, such as new guidance to support professionals when referring safeguarding concerns to the local authority. Responses submitted to the SAB survey also outline work within organisations that support this objective, and Quality in Practice subgroup members also regularly share details of external training opportunities with links to local learning so that these can be shared more widely.



Partner Spotlight: As part of the annual participation in the Safeguarding Adults Partnership Audit Tool, our partners have shared details about internal learning and development offers. In addition to assurance on delivery of mandatory training, partners shared examples of how they seek to embed learning. One example of best practice comes from the safeguarding team at Central London Community Healthcare NHS Trust. The team hold journal club webinars open to all staff to share learning from national and local SARs, as well as writing and disseminating 7-minute learnings via the monthly quality forums and through bespoke training sessions to share learning from national and local SARs. Primary Care Providers have also reported feeling that they are better informed about SAR outcomes than in previous years. Recognition must be given to the work of the Designated Lead Professional for Adult Safeguarding in promoting this learning, with a dedicated slot for adult safeguarding at each quarterly GP forum. In addition, the Designated Lead Professionals facilitate bi-monthly reflective safeguarding supervision for Continuing Healthcare and Complex Mental Health Placements staff which provides an opportunity to discuss the practice issues identified in the SAB 7-min briefings and other learning.

Increasing engagement with frontline staff

The SAB wants to support frontline staff to feel confident to respond to adult safeguarding concerns.

As part of these efforts, the SAB has established mechanisms for seeking to share resources and guidance with frontline staff, including the now embedded newsletter and website. The 'Lunch & Learns' have also been a first step in trying to increase our engagement with frontline staff and have been designed so that they provide space for professionals to share their own experiences and insights on adult safeguarding practice.


It is recognised that more is needed to strengthen this engagement, and plans are in place to allow for more direct input on the development of future priorities as we near the end of our three-year strategy. A particular focus for the SAB in the next year will be to seek to increase confidence in establishing multi-agency meetings and shared action plans in response to risk and for this to be a standard part of practice prior to any escalation, including to High-Risk Panel, utilising tools developed by the SAB.

Ensuring the voice of lived experience informs our work

It has been a key objective of the SAB to ensure that we develop mechanisms to capture the voice of those with lived experience of adult safeguarding enquiries in H&F and using this to inform practice. This was highlighted in our last annual report as an area for improvement.

In response to this, new templates have been developed to allow feedback on experiences of safeguarding processes. These templates include prompts to think about how we are involving people in safeguarding work and whether we are giving opportunities for people to express their views and wishes. There is a plan for an initial trial of these tools by Libra Advocacy Services beginning in April 2025, before considering how other partner agencies can utilise these tools.

As we seek to develop our plans for new strategy in 2026/27, we will also be seeking to introduce stronger co-production, allowing direct input into the SAB's priorities.



Partner Spotlight: Our partners have lots of examples of proactive and positive engagement with adults with lived experience. This includes patient participation groups and co-production groups. Imperial College Healthcare NHS Trust have also highlighted plans to adapt [Martha's Rule](#) to assist people with vulnerabilities to be able to raise a cause of concern regarding their care.

Communication and partnership: We will work to build active partnerships and expand our network.

Building stronger relationships with local voluntary and community sector

We want to build stronger relationships with the local voluntary and community sector (VCS) in our borough, as we recognise that these groups often have a strong insight into local issues and can help the SAB to increase our engagement with residents.

Initial planning work to strengthen our relationships with the VCS began in September 2024 working with key SAB members such as Libra Advocacy Ltd and Carers Network.

This has led to a proposal that the SAB offer support to the VCS via a focus groups offering practical support – for example support to collectively work through an audit process for VCS services, establishing a peer support network to share resources and advice. It has not yet been possible to deliver a targeted session built around this offer despite exploration of different approaches to doing so, however it is hoped that this will be delivered as part of our 2025/26 workplan.

The SAB Chair and SAB Manager have also recently been invited to attend key forum spaces such as the Providers of Older People's Services Forum. Following these interactions, we are also exploring engagement with the newly re-vitalised residents' forums to increase our reach.

We are very much at the start of this journey, and as we establish the above offers, we will be able to review the impact and consider the links to service users and residents.

Developing mechanisms to raise awareness of adult safeguarding

Much of our focus in the initial stages of this strategy has been on establishing resources which support professional practice. The SAB recognises the need to ensure we also develop mechanisms to raise awareness within H&F communities on how to spot signs of potential abuse and neglect, and how to seek support and as such this was stated as a specific aim for 2024/25.

Many of the SAB's partners delivered awareness raising campaigns as part of National Safeguarding Adults Week in November 2024. For example, Adult Social Care colleagues established a presence in Hammersmith throughout the week to share information about adult safeguarding and engage with residents. This activity was also supported by London Fire Brigade who joined stalls to share information about home fire safety. There is ambition to improve on this as part of November 2025 activities, involving a greater range of partners and visiting different locations.

As part of this activity, new leaflets were drafted focusing on both a general introduction to adult safeguarding and more focused information on self-neglect. The SAB website has also been used to introduce new content aimed at adults at risk, carers and H&F residents, and these resources will be continually developed throughout 2025/26.

As we move into the final year of our strategy, we will also be exploring how we ensure our resources are accessible to all without overreliance on digital literacy.

Our next steps

At our Development Day in March 2025, SAB members reviewed our achievements in the last year and considered our future challenges in order to identify specific aims for the next year. These aims will be incorporated into our wider work plan as we enter the final year of our three year [strategic plan](#), with our focus in the final year being to review our impact.

A key focus for the Quality in Practice subgroup in 2025-26 will be to consider the impact of the resources which have been generated by the SAB in the last couple of years. This will include reviewing data in relation to allegations against [Persons in Position of Trust \(PiPOT\)](#) and establishing mechanisms to assess the impact of learning tools and guidance, with specific focus on the discriminatory abuse briefing and multi-agency self-neglect guidance and tools – including use of escalation. The Safeguarding Adults Case Review Group will continue to undertake its core function of reviewing new referrals and making recommendations on whether criteria for a SAR is met and what this will look like, as well as reviewing the way in which we seek assurance on our responses to learning to ensure that we can evidence change.

To find out more about our plans, see our latest [updates on workplan](#) which complements our overarching strategic plan.

Appendix 1: SAB Deep-dives

Adult Safeguarding and homelessness

The ministerial letter of May 2024 sent to Directors of Adult Social Care, Housing & SAB Chairs made a series of recommendations for SABs to consider.

In order to respond to these recommendations, the H&F SAB completed a deep dive in September 2024, which provided assurance on the support available to people at risk of rough sleeping to secure appropriate accommodation as well as access to health and social care. Partners spoke with confidence about the range of services available and operational partnership cooperation to address complex presentations. This was for both for those experiencing rough sleeping as well as in-reach substance misuse services, social care, mental and physical health assessments within homeless accommodation provision in the borough. Areas of emerging risk (e.g. rise in rough sleeping caused by people leaving asylum accommodation, prison discharge) was also discussed with agencies agreeing next steps to mitigate these risks at a local level and escalate ongoing concerns via national channels. Our discussions also highlighted that pathways are in place to discuss high-risk concerns relating to rough sleepers, such as at the Street Population Action Group (SPAG).

Clare Dorning (Head of Homelessness Prevention and Assessment, LBHF) confirmed their active involvement with the SAB as a named lead for rough sleeping, reporting regularly on progress and challenges. They have also reported good partnership working across LBHF public health, housing and police in addressing risks for our vulnerable street population but welcomed a focus by the SAB due to heightened risks that would benefit from wider partnership support, including addressing needs for adults with no recourse to public funds and working with adults at risk due to synthetic substance misuse and severe self-neglect.

In terms of additional assurance mechanisms, it was also noted that the Homeless Health team are overseen by the NHS North West London Homeless Health Steering Group (including inclusion project outcomes) and report to the Health and Wellbeing Board. There is also a homeless health stakeholder group and plans to engage directly with experts by experience. In order to ensure that the SAB has an active presence in system-wide governance discussions, the SAB Chair now regularly attends the Community Safety Partnership (CSP), enabling stronger interface between SAB priorities and issues escalated to the CSP in respect of combatting drugs, anti-social behaviour, crime and domestic abuse. Neil Thurlow (AD Community Safety, LBHF) is also a committed member of the SAB.

To date, the SAB has not commissioned a SAR involving rough sleeping, but remain committed to considering this obligation if concerns arise regarding the death or serious harm of an adult at risk in the area. In addition, H&F public health have agreed to consider expansion of an existing review group for drug and alcohol related deaths to also include deaths of people on the homeless pathway. The SAB will receive reports on learning from those reviews and are committed to disseminating these.

SAB partners have also indicated a commitment to understand themes/ issues arising from high-risk concerns and 'near misses' as reported through the SPAG.

The SAB will continue to consider how we can support promotion of workforce safeguarding and legal literacy, including via workshop and bitesize learning sessions which will aim to provide support to frontline practice to address common pitfalls identified in SARs where homelessness, self-neglect, addiction and multiple disadvantages were themes. We will also seek to draw attention to online free resources such as [Homeless Link's knowledge hub](#) and [NRPF network](#).

Transitional Safeguarding

In December 2025 SAB partners submitted information on responses to transitional safeguarding, which provided assurance that there are established mechanisms in place across CSC and ASC to encourage early transition planning with managerial oversight provided and clear governance.

This identified data sets which are currently utilised to understand the likely needs for young people at risk or requiring services to keep themselves safe, such as improved data dashboards used within Adult Social Care to monitor transitions to adulthood, to the Safeguarding Health Outcomes framework which local NHS trusts share with NHS North West London ICB. NHS West North London ICB also submits the Emergency Care Data Set to the CSP.

The CSP also plays a key role in transitional safeguarding and routinely gathers information from a range of key stakeholders including the Youth Crime Prevention Partnership, Local Safeguarding Children's Partnership (LSCP), Youth Council and corporate parenting board. Multi-agency risk panels (e.g., Cuckooing Panel and CMARAC) are also able to share data which inform understanding of risk levels. The CSP are also able to demonstrate direct engagement with young people, gathering information via the Gangs Violence and Exploitation Unit (GVEU) who complete assessments which capture young people's views on perceptions and feelings of safety. Clear links with the [Serious Violence Duty](#) were also identified.

Partners also shared positive examples of work with young adults who may be at risk, including example from CSP of a number of young people who have been working with the GVEU and engaged on a scheme called Rebel Records. Rebel Records is a music production company where young people undertake a 10-week course learning how to develop, record and produce music and, at the end of the course they perform their track(s). The impact of Redthread in acute settings was also highlighted, noted statistics on reduction of risk of further harm and support to manage risk of exploitation and plan for future.

It was agreed that moving forward, governance will sit with the LSCP, with any relevant themes for adult safeguarding to be reported to the H&F SAB as required.

Appendix 2: Partner Spotlight – Adult Social Care

Safeguarding Improvements

Following a peer review in 2023 one of the recommendations was a review of the Hammersmith & Fulham Adult Social Care safeguarding process. The recommendation included a review of system processes.

This review was commissioned in collaboration with Partners in Health and Care and undertaken by Making Connections in May 2024. Making Connections are a well-established training provider for safeguarding and the main safeguarding training provider for H&F.

The report was completed in May 2024 as a time limited piece of work to look at how H&F discharge our duty of Care under the 2014 Care Act with a particular focus on:

- Reviewing the current Safeguarding Standard Operating Procedure and drafting a new fit for purpose one
- Reviewing the current team structure, with a focus on roles and responsibilities
- Reviewing the local SAB in particular the multi-agency workflow and effectiveness of learning
- Auditing of Safeguarding cases

Methodology

Making Connections undertook 10 case audits to identify themes.

The following key themes were identified:

- Making Safeguarding Personal missing
- Poor communication between teams
- Triaging and decision-making needs improving
- Delay in triaging cases

Making Connections had the opportunity to view the SAB and subgroup ToR, and minutes. They further scrutinised policies and procedures and the SAB Development Day information pack.

Actions Taken Following the Report

Following publication of the report, a safeguarding improvement plan was interpreted from the report and created by the safeguarding lead at pace.

The action plan contained a 3 phased approach to key changes needed across the service with priority actions that were rag rated, dated then tracked and scrutinised in the senior leadership meeting.

Standard Operating Procedures

A new and clear Standard Operational Procedure for safeguarding was developed by the Principal Social Worker (PSW) and operational leads and went live in July 2024, this now sits in the staff resource portal after being socialised across the service in staff meetings.

Safeguarding Training Mandated

All staff safeguarding training was mandated in March 2024.

Monthly Safeguarding Adults Managers (SAMs) Meeting

The safeguarding lead runs monthly SAMs meetings to look at complex cases, potential SARs and showcase cases. This is well attended and is the opportunity to increase confidence in practice and decision making.

Further Audits

The PSW undertook further deep dive audits in August 2024 to identify themes and to triangulate the learning; this was then linked to the workforce development plans.

Developing a Safeguarding Adult Managers (SAMS) checklist

A SAMS checklist has been co-produced to ensure quality and identify gaps prior to any case closures.

Weekly Safeguarding Performance Meeting

A weekly meeting has been set up by the safeguarding head of service to go through all open cases with managers to ensure clear understanding of data and action needed.

Safeguarding All Staff Conference

Our first safeguarding conference was held in March 2025 and was well attended.

Introduced Key Performance Indicators for Safeguarding

The indicators are included in the new audit cycle and monitored for compliance.

A further action has been to strengthen triaging which has been demonstrated in local data which shows an increase in the proportion of safeguarding concerns which proceed to enquiry.

Appendix 3: H&F SAB Workplan 2025/26

Our key priorities

The SAB is entering the final year of its three-year strategy with three key priority areas:

- Effective Systems and Processes
- Communication and Partnership
- Creating a culture of learning

(To find out more about how these areas were identified, take a look at our [2023-24 Strategic Plan](#)).

2025/26 will focus on reviewing our impact.



Our work plan for 2025/26 has therefore been developed with this focus in mind, whilst also being mindful of new emerging themes which require the attention of the SAB.

Priority 1

Effective systems and processes

The SAB will:

- Undertake a review of responses to previous SAR recommendations to provide assurance on lessons learnt and approaches to embedding this in practice.
- Undertake a series of themed deep dive audits and data analysis, building on existing quality assurance frameworks and inviting greater input from wider partnership in order to provide strategic oversight.
 - Themes identified for 2025/26 include domestic abuse, training assurance and repeat referrals.

Measurements for success

The SAB will:

- Be able to demonstrate quarterly reporting to SAB partners on the status of SAR action plans and review of recommendations.
- Be able to demonstrate regular updates to SAB on safeguarding activity and trends with clear action planning in response to findings.

Priority 2

Creating a culture of learning

The SAB will:

- Host regular webinars, workshop or focus group discussions with frontline practitioners (wherever possible inviting input from experts by experience) to provide a forum for multi-agency discussions. Additional workshops will be scheduled to promote learning from Safeguarding Adults Reviews and H&F SAB audits upon conclusion of any process.
- Review the impact of previous resources introduced by SAB as part of strategic objectives, including multi-agency self-neglect guidance.

Measurements for success

The SAB will:

- Be able to evidence improved attendance at SAB led events.
- Be able to demonstrate impact of workshops, resources and other initiatives via completion of the lessons learnt template.

Priority 3

Communication and partnership

The SAB will:

- Continue to develop the SAB website and produce SAB bulletin with aim that this be produced at least quarterly, with aim that our reach is extended.
- Prioritise development of resources and engagement opportunities for adults, carers, H&F residents and community sector organisations.

Measurements for success

The SAB will:

- Evidence increased engagement via web analytics.
- Demonstrate delivery of focused workshop, co-produced with community partners.

Report to: Health and Adult Social Care Policy and Accountability Committee

Date: 17/11/2025

Subject: Charing Cross Hospital Co-production

Report author: Action on Disability and Imperial College Healthcare Trust

Responsible Director: Matt Ayres, Hospital Director, Charing Cross Hospital

SUMMARY

Action on Disability undertook a review in 2024 titled “Disabled People’s Experiences of the NHS”. Action on Disability collected views by distributing a questionnaire to members and holding a hybrid in-person and online group meeting. Contributions were received from 26 disabled people. The report was shared with the Health and Adult Social Care Policy and Accountability Committee in November 2024.

This report describes the response to the issues raised within the report and provides an update on the work undertaken and progress made in collaboration and partnership with Action on Disability.

RECOMMENDATIONS

For the Committee to note and comment on the report.

Wards Affected: All

Background Papers Used in Preparing This Report

None.

LIST OF APPENDICES

Appendix 1: Charing Cross Hospital Co-Production: Action on Disability and Imperial College Healthcare Trust

Charing Cross Hospital Co-Production

Action on Disability and Imperial College Healthcare Trust



Background



Report to HASPAC October 2024

DISABLED PEOPLE'S EXPERIENCES OF THE NHS - A REPORT BY ACTION ON DISABILITY

Introduction

Action on Disability asked its members to contribute their views on the treatment they had received from the NHS. Evidence was collected by distributing a questionnaire to members and holding a hybrid in-person and online group meeting. Contributions were received from 26 disabled people.

1. Overall Experience

Overall experiences with the NHS varied significantly among members, with both positive and negative encounters.

Several members expressed satisfaction with certain aspects of the NHS. For example, one individual who moved to London in 2020 praised their local GP for being attentive and providing phone appointments that were thorough, contrasting this experience with rushed appointments in Portsmouth. Another participant shared a positive experience regarding hip surgery performed at University College Hospital (UCH) in 2020, which was well-coordinated and supported by their GP's efficient referral process. Their autistic son received comprehensive support for allergies and a deviated septum, underscoring a more positive side of NHS services.

However, despite these positive experiences, significant challenges remain. During the group meeting, multiple participants shared instances of inadequate care. One participant spoke about arriving at a hospital after informing staff in advance of their need for a hoist, only to find that the equipment wasn't available. This experience highlights the ongoing problem of insufficient preparedness for disabled patients in medical settings.

Another participant described the difficulty in accessing mental health support, sharing that they had to wait two years to transfer their care to a local service because they were considered "too complex." This issue is echoed by many who feel that mental health support is slow and insufficient. Additionally, one participant explained that GP appointments, which once were easily accessible, had become difficult to book due not only to long waiting lists but also the lack of physical accessibility at some facilities, particularly for those with mobility issues.

Site Visits

March 2025 – Initial Access Visits

AOD Visit to CX (25 & 27 March 2025).

Purpose: Assess accessibility, environment, and patient experience at Charing Cross Hospital.

Areas Visited: Emergency Department, Riverside Ward, Outpatients, Diagnostics, Radiotherapy.

Key Findings:

- Poor signage and inconsistent wayfinding.
- Long waiting times and lack of quiet areas.
- Physical barriers (corridors, toilets) and limited wheelchair access.
- Staff generally open to feedback; radiotherapy team praised for person-centred care.

Resident Suggestions:

- Clear signage and improved navigation.
- Sensory-friendly waiting areas.
- Refresher disability awareness training for staff.
- Ongoing involvement of Disabled residents in redesign.

Next Step: Written summary of actions from Hospital Director Matt Ayres and commitment to co-production.

Meeting

May 2025 – First Co-production Meeting

Attendees: AoD Trustees, Disabled residents, Matt Ayres (Hospital Director).

Main Issues:

- Long appointment delays and unclear processes.
- Need for assistance for neurodivergent patients.
- Poor lift reliability and door accessibility.
- Audio and Braille guidance lacking.

Actions & Commitments:

- Matt to create an action tracker.
- Explore volunteer support for Disabled and neurodivergent patients.
- Investigate door automation and wayfinding (NaviLens, RNIB).
- Improve signage, Easy Read materials, and car park accessibility.
- New Changing Places toilet proposed in redevelopment.
- Nikos appointed as AoD's primary contact with hospital and architects.

Outcome: Agreement for regular (monthly) follow-up meetings and stronger co-production structure.



Further meetings and architect engagement

June 2025 – Co-production Peer Support Meeting

Focus: Review updates since March and May; meet with architects and design leads.

Discussion Points:

- Evaluate progress and areas needing action.
- Plan future engagement of Disabled residents in redevelopment design.

Outcome: Strengthened AoD–Imperial partnership and renewed commitment to continuous dialogue.

May–June 2025 – Concept Design Stage

Documents: Ground & First Floor Concept Sketches (May–June 2025).

Architects: Ansell & Bailey Ltd.

Key Developments:

- Relocated reception and customer care area near accessible lifts.
- Café and courtyard garden spaces to support calm waiting environments.
- Changing Places toilet included in early concepts.

Next Step: Gather resident feedback before sign-off.

Further meetings and architect engagement

July 2025 – Mid-Year Co-production Update

- Tracker shared by Nikos with group:
- heavy doors audit complete
- autism passports awareness week discussed
- disability flags integrated into IT project ongoing
- Plan to link disabled access maps to appointment letters;
- Oxygen cylinders removed to facilitate return of disabled parking bays
- Help alarms issue in disabled toilets resolved.
- Additional issue raised: Lack of BSL interpreters on site and consequences for d/Deaf patients.

3 September 2025 – Follow-up Meeting

Focus: Review of progress on estates and accessibility works, staff awareness, and implementation of previous action points.

Actions: Continued collaboration with Imperial Charity and Estates Team; preparation for next review meeting in October.

Further meetings and architect engagement cont.

August–September 2025 – Detailed Design Stage

Documents: Proposed Ground & First Floor Plans (Aug 2025); WC Layout (Sept 2025).

27 August: Drawings issued for sign-off – included reception, café, and WC layouts.

3 September meeting: Detailed WC plan confirmed Changing Places provision and accessible WCs.

Progress: Accessibility features integrated following AoD feedback.

Remaining Gaps: Sensory design, signage testing, and real-world user validation still pending.

October 2025 – Ongoing Partnership meeting

Meeting (22 October): Matt Ayres and Giorgio Caruso (Volunteering Manager) joined AoD to discuss volunteer support. Inclusive wayfinding guides introduced.

Focus: Embedding lessons from access visits into staff and volunteer training.

Status: Architectural plans approaching approval – further views fed back to architects regarding WCs; AoD remains key co-production partner.

Next meeting 4th December

Summary of progress



Focus Area	Progress	Remaining Gaps
Physical Accessibility (new build)	Incorporated in architectural plans (Changing Places, lifts, WCs)	Confirmation through Disabled user audit
Physical Accessibility (existing build)	Survey of all ground floor and first floors and commitment for all doors to have electric release or magnetic hold backs	Timeline to be confirmed
Wayfinding & Signage	NaviLens and colour coding explored	Further co-designed testing required
Volunteer support	Pilot for booking dedicated support commencing December 2025	
Sensory Environment	Calmer waiting and café zones included	Quiet/sensory room not confirmed
Staff Awareness	Volunteer training in planning stage	Need formal disability awareness rollout
Co-production Governance	AoD recognised as formal partner	Need written protocol for ongoing panel
Staff Training	M S-S to attend December meeting	TBC
Plan for d/Deaf patients and BSL Interpreters	TBC	TBC

Action tracker



Source	Subject	Description / intention	Timeline	Owner	Comments/Next Key actions	Status
CX Walkround	Lack of wheelchair space in ED	Difficult to navigate from front door through to majors in wheelchair	In progress	Matt	Walkround with estates colleagues, tie in to SDEC works?	Ongoing
CX Walkround	Heavy doors in corridors	Lots of heavy doors across site with no push button access make them difficul/impossible for disabled person	In progress	Matt	Walkround with estates colleagues. Audit completed and costs submitted	Today
CX Walkround	Signs in braille	Why don't we have signs in braille	In progress	DO	Review current position and look at Navilens possible solution	Ongoing
CX Walkround	No signs on floor	Why don't we have signs on floor as they have at Paddington station	In progress	Matt	Was looked at and not deemed suitable, to look at with new front entrance	Ongoing
CX Walkround	Easy Reading leaflets	Why don't we have them?	In progress	Matt/MS-S	Find out what we have and ensure clinical areas are aware	Ongoing
CX Walkround	Lack of knowledge regarding Autism passports	Many staff unaware	In progress	MS-S	See if we can have a weeks focus through comms - awaiting date. Margaret joining December meeting	Ongoing
CX Walkround	Disability flags on IT systems	Peoples disabilities should be flagged to all staff dealing with the patient	In progress	Matt/RW	Matt to meet Rachel to see how we can progress. Met with Rachel and is part of current IT project	Ongoing
CX Walkround	No clear wayfinding from car parks	It's not obvious to wheelchair user how to access hospital, epsecially from rear car parks	In progress	Matt/DC/ AA	Acknowledged and Trust to provide proposal to resolve. New signs being ordered	Ongoing
CX Walkround	Disabled access maps/plans should be available/sent with appointments	Letters don't provide maps/plans. Trust does have up to date plans but departments aren't all using them. Project with AccessAble underway	In progress	Matt/AA	Acknowledged and Trust to provide proposal to resolve. Maps developed and will be a link in appointments (date tbc) AA to join December meeting and engage with AOD in meantime to help with design of new system	Ongoing
CX Walkround	Clutter in corridors	Clutter in corridors make it difficult for wheelchair users to navigate	In progress	Matt/GE/SH	Weekly walkrounds with facilities and security arranged. AOD to be invite to attend	Close but BAU
CX Walkround	Dedicated wheelchair lifts	Can we have a deicated lift for wheelchair users	In progress	Matt	Front door project to focus on increasing escalator/stairs usage to free lifts. Use of volunteers	Close but new action for volunteers
CX Walkround	Loss of disabled parking spaces	Storage containers have taken disabled spaces	In progress	Matt	Oxygen cylinders removed 26_07_25	Ongoing
CX Walkround	Height of signs	Signs not at right height for wheelchair users	In progress	Matt	Darius has fed back that wayfinding signs should all be at correct height. Needs fruther investigation	Ongoing
CX Walkround	Help alarms	Help cords tied up in disbaled toilets	In progress	Matt	Gareth has instructed cleaners to ensure this does not happen in future	Close
AOD meetings	Practical support for disabled patients	Difficult for people to access/navigate hospital for appointments	In progress	GC	Pilot being introduced for AOD members to be able to 'book' a volunteer to meet them on arrival at hospital and support visit	Ongoing
AOD meetings	Influence design of new front entrance, including toilets/changing places	Need to ensure AOD meaningfully contributes to design of new entrance and ground floor area	In progress	Matt/DC/NT	DC attended September meeting and incorporated feedback/suggestions into design. Further feedback given after October meeting.	Ongoing

Action on Disability summary

- **Overall Summary for HASPAC**
- The AoD–Charing Cross Hospital collaboration has matured from initial access visits into an established co-production process influencing both design and patient experience. Architectural designs (Aug–Sept 2025) reflect significant accessibility improvements. Ongoing work focuses on ensuring continuous involvement of Disabled residents, sensory design, and sustained staff awareness. AoD remains a coordinating body for co-production with Imperial NHS, ensuring Disabled people's lived experiences directly shape the hospital's future development.

Imperial summary

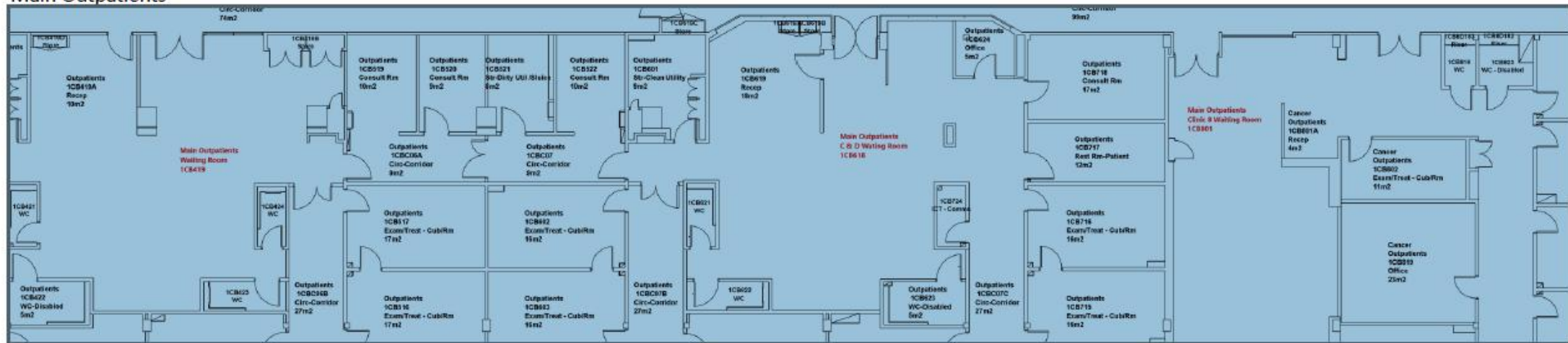
- Offered a new lens and perspective for looking at the hospital
- Challenging
- Need to focus on practical steps (eg estates) and as importantly our person centred approach which will include awareness/understanding/training/whole person view
- Overall an incredibly positive relationship to have built, with the ability to have a material impact on how we deliver services and interact with our local population

Appendices

Appendix 1: Doors survey example

Outpatients Waiting Areas

Clinic Block
Main Outpatients



1CB419 Main Outpatients
Main waiting room
Doors are normally closed.

1CB618 Main Outpatients
Waiting room C & D
Door normally wedged open

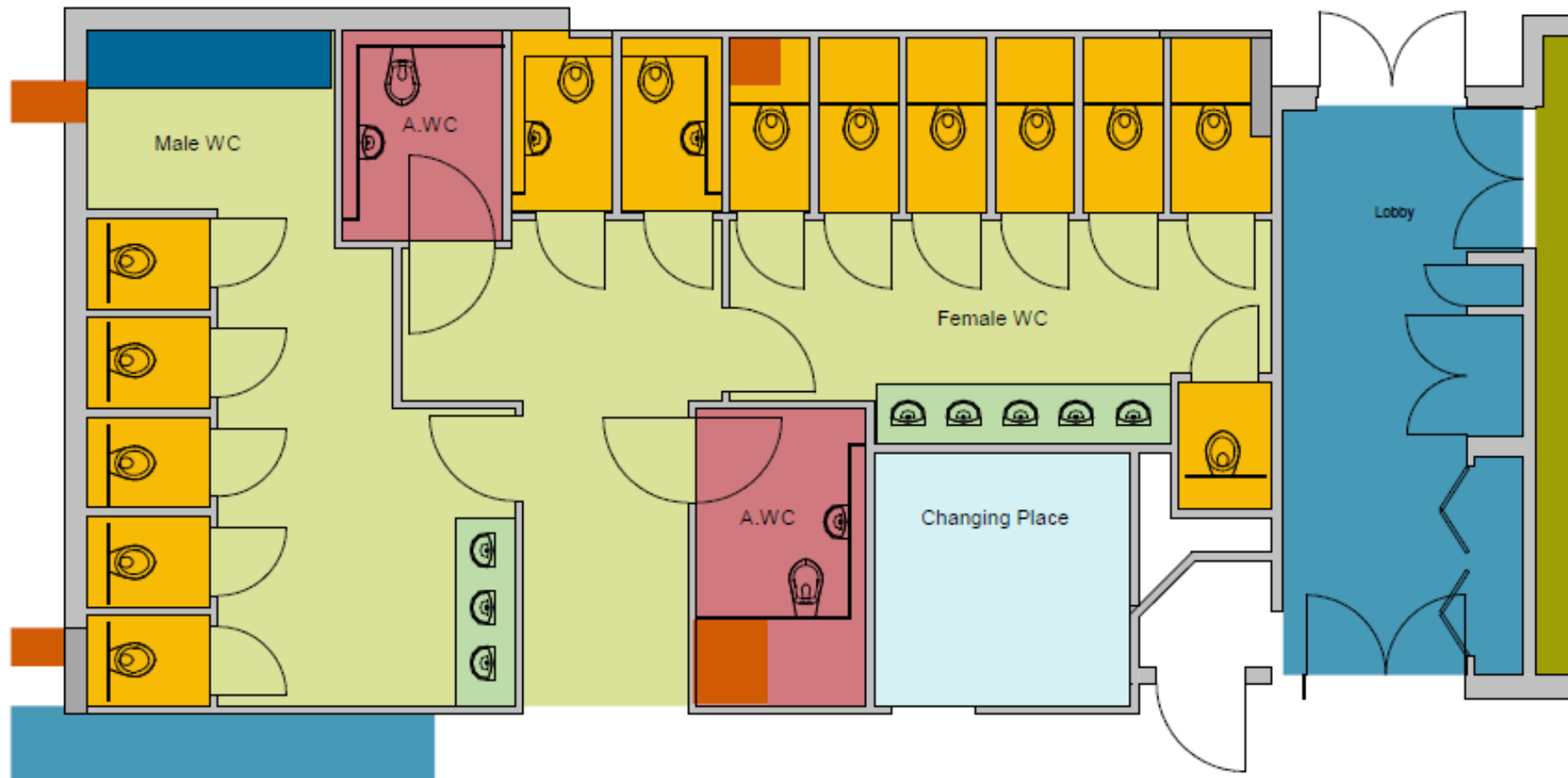
Main Outpatients
Clinic 8 (cancer)
Door is normally held open



Appendix 2: Architect (draft) plans Front entrance



Appendix 2: Architect (draft) plans WCs



Appendix 3: AccessAble summary info

7 North

Charing Cross Hospital, Fulham Palace Road, London, W6 8RF

020 3311 5234 (tel:020 3311 5234)

Send email (multimediapals@nhs.net)

Visit website (<https://www.imperial.nhs.uk/our-locations/charing-cross-hospital>)



Access Guide

Photos



Getting To (7 North)

- The most accessible route from the Main Entrance Car Park has a slight ramp or slope, uneven surfaces, a dropped kerb and bollards.
- **View further information about parking at the hospital (opens new tab)** (<https://www.accessable.co.uk/imperial-college-healthcare-nhs-trust/charing-cross-hospital/access-guides/parking-at-charing-cross-hospital>)
- Access to 7 North is via the Main Accessible Entrance.
- There is a drop-off point at this entrance.
- **View further information about entrances (opens new tab)** (<https://www.accessable.co.uk/imperial-college-healthcare-nhs-trust/charing-cross-hospital/access-guides/entrance-main-charing-cross-hospital>)
- 7 North is located on the seventh floor of the main tower.
- 7 North is approximately 10m from the main tower lifts.
- Enter the hospital via the Main Accessible Entrance and proceed along either corridor to the left or right of the reception desk.
Follow the main hospital corridor to the main tower lifts located ahead.
Take a lift to the seventh floor.
Exit the lift and turn right.
Continue along the corridor and the entrance to 7 North is located straight ahead.
- Internally the most accessible route has step-free level access and a lift.
- Some flooring along the route is shiny.
- There are resting areas along the route.
- Wayfinding signage is provided.
- Signage is clearly visible with high contrasting colours.
- The following toilet facilities are available along the route; a toilet with adaptations (with left hand transfer), a toilet with adaptations (with right hand transfer) and standard toilets.
- **View information about accessible toilet facilities in public areas (opens new tab)** (<https://www.accessable.co.uk/imperial-college-healthcare-nhs-trust/charing-cross-hospital/access-guides/toilet-at-charing-cross-hospital>)
- **View more information on getting to and around the hospital (opens new tab)** (<https://www.accessable.co.uk/imperial-college-healthcare-nhs-trust/charing-cross-hospital/access-guides/getting-to-and-getting-around-charing-cross-hospital>)

Parking (Main Entrance Car Park)



Agenda Item 7

LONDON BOROUGH OF HAMMERSMITH & FULHAM

Report to: Health and Adult Social Care Policy and Accountability Committee

Date: 17.11.25

Subject: Drug Strategy

Report author: Elizabeth Eagle- Substance Misuse and Suicide Prevention Lead

Responsible Director: Dr Mayada Abu Affan- Director of Public Health

SUMMARY

A pre-published version of the Hammersmith and Fulham Drug Strategy is being presented for approval. This Drug Strategy builds on the work of the Hammersmith and Fulham Combatting Drug Partnership, which was set up locally in 2022. All local areas were asked to set up such partnerships in 2022 following the Dame Carol Black Review and the implementation of the National Drug Strategy 'From Harm to Hope'¹, a 10 year plan to cut crime and reduce drug deaths (2021).

Our strategy covers 3 themes.

1. Breaking drug supply chains (enforcement). We will make it harder for organised crime networks to operate in our borough, disrupting all parts of the supply chain and reducing associated violence and exploitation.
2. World class treatment services. We will treat addiction as a health problem, recognising the role played by adverse personal circumstances such as trauma, poverty and mental health conditions, breaking down stigma and saving lives.
3. Achieving a generational shift in the demand for drugs. We will try to reduce demand, giving residents the best possible start in life, and working with young people in the borough to change attitudes to drug-taking.

RECOMMENDATIONS

1. For the Committee to note and adopt the accompanying Drug Strategy.

Wards Affected: All

¹ [From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK](#) last accessed 11.5.25

Our Values	Summary of how this report aligns to the H&F Corporate Plan and the H&F Values
Building shared prosperity	Tackling substance misuse harms and drug-related crime in the borough is very important for all our partners and residents. This strategy aims to reduce the supply of drugs, tackle drug-related crime and reduce substance misuse-related harms in the borough. The partnership approach taken in this strategy will strengthen our co-ordinated response to breaking the supply, delivering world class services and making a generational shift.
Creating a compassionate and inclusive council	Supporting this Strategy aligns with the Council's commitment to being a compassionate and inclusive council. It will improve support available to residents who are experiencing drug use and provide support to communities who are impacted by drug use.
Doing things with local residents, not to them	This strategy has been informed by the voices of residents with lived experience and has been coproduced within a partnership. It is aligned with the Council's commitment to working with third sector organisations to deliver shared priorities and enhance our partnerships with them.
Being ruthlessly financially efficient	The partnership approach taken to this strategy will mean that the cost of drug use to individuals and communities will reduce. Services are more integrated, access to support is more streamlined, and burden on acute care costs will be alleviated.
Taking pride in H&F	Reducing drug related harms and deaths in in H&F means improving health, wellbeing, and social outcomes across the borough. The strategy promotes quality, sustainable, local support options being available.

Rising to the challenge of the climate and ecological emergency	The collaborative approach to tackling drug use means that services are local across the borough.
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Financial Impact

This strategy has been developed by Public Health, in conjunction with key partners, within existing approved service budgets. Actions within the action plan are expected to be contained within existing service budgets.

Cheryl Anglin-Thompson, Principal Accountant ASC Commissioning & PH

Legal Implications

The strategy proposed in this report will better enable H&F to carry out a range of its functions. It is both incidental to these functions and conducive to their exercise as it will enable individuals to engage with the Council more effectively.

Background Papers Used in Preparing This Report

[H&F Health & Wellbeing Strategy 2024-2029](#)

DETAILED ANALYSIS

Proposals and Analysis of Options

1. Approve the Drug Strategy 2025-2028 to provide the borough with a strategic approach to reducing the harms and deaths caused by drug use to individuals and the community amongst Hammersmith & Fulham residents – **recommended**. This will ensure better collaboration between relevant stakeholders and the joining of enforcement and treatment of drug use within the borough. It will ensure that partners are delivering priorities that are aligned, and data-driven.
2. Do nothing – **not recommended**. Hammersmith & Fulham currently has one of the highest drug related deaths in London alongside increasing levels of resident concern about drug taking and environmental paraphernalia in the borough. A strategy is required to drive work in this area. It is vital that a multi-agency partnership approach is taken to break the cycle of drug use and supply.

Reasons for Decision

3. Hammersmith & Fulham Council is committed to supporting residents to have long, healthy and fulfilling lives.
4. Tackling drug use and supply is a key priority for Hammersmith & Fulham. We have invested in the drug treatment service, the LET team and have a nationally recognised cuckooing service. We will monitor impact of this strategy across the whole system and to track progress towards better outcomes and avoid any unintended consequences

Equality Implications

5. The H&F Equality Impact Analysis (EIA) has been completed for this strategy and is attached below. It has concluded no direct negative implications for groups who share protected characteristics as listed under the 2010 Equality Act and would have positive consequences.

Verified by Mary Lamont, Assistant Director People & Talent,

Risk Management Implications

6. Hammersmith & Fulham has the one of the highest drug related deaths in London. This strategy aims to reduce the supply of drugs, tackle drug-related crime and reduce substance misuse-related harms in the borough. The strategy will continue to work in collaboration with partners, local support organisations and other stakeholders.
7. There is a risk that some groups may react negatively to the strategy. Where this occurs, the situation will be dealt with sensitively and practically, actions taken where appropriate and all responses recorded.

David Hughes, Director of Audit, Fraud, Risk and Insurance,

Climate and Ecological Emergency Implications

8. The H&F Equality Climate Implications Toolkit has been completed for this strategy and is attached below. It has concluded no direct negative implications for the climate.

Verified by Hinesh Mehta, Assistant Director of Climate Change

Consultation

9. Hammersmith & Fulham Council is committed to doing things with residents, not to them, and understand that a co-ordinated community response is required to tackle drug related harms.
10. This strategy has been coproduced with the Community Drugs Partnership. Public Health have conducted frequent consultations with stakeholders including NHS, Metropolitan Police, third sector organisations, and residents with lived experience.

LIST OF APPENDICES

Appendix 1 – Drug Strategy v.10

Hammersmith and Fulham

Drug and alcohol strategy

2025-2028

v10

Forewordⁱ

People who use drugs are amongst the most stigmatised members of society, as their drug use is often set against a backdrop of drifting in the margins of society. Addiction does not occur in a vacuum, it thrives in circumstances of poverty, desperation, homelessness, trauma, and in people affected by mental and physical illness.

Taking a public health approach to drug use is the best way to address such a complicated issue, encompassing prevention and early intervention, as well as partner agencies like housing and criminal justice, high quality and welcoming treatment and recovery services, and strong peer support networks.

Working with the criminal justice system (police, prisons and probation) is an inevitable part of taking a public health approach, as a high proportion of criminal justice clients have addiction issues. This helps us maximise our opportunities as a public health system to find highly vulnerable residents.

This strategy describes the work taking place in Hammersmith and Fulham, the way we identify drug users and support them into treatment, and our new plans to tackle the roots of addiction and trauma. This is complicated and painstaking work, and we are grateful to all the agencies working in the borough to prevent drug use, find vulnerable users and deliver good and safe services to save lives and enable recovery.

Councillor Alex Sanderson

Deputy Leader, Hammersmith & Fulham Council

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Introduction

This Drug Strategy builds on the work of the Hammersmith and Fulham Combatting Drug Partnership, which was set up locally in 2022. All local areas were asked to set up such partnerships in 2022 following the Dame Carol Black Review 'From Harm to Hope'¹, a ten-year plan to cut crime and reduce drug deaths (2021).

We know that tackling drug and alcohol addiction and its causes is inherently difficult and complicated. This is a difficult problem, involving all stages of life, with some risk factors present before children are even born, i.e. *in utero*.

Tackling substance misuse harms and drug-related crime in the borough is very important for all our partners and residents. This strategy aims to reduce the supply of drugs, tackle drug-related crime and reduce substance misuse-related harms in the borough. Although we refer to this as a drugs strategy, we include alcohol implicitly.

This strategy also aims to tackle emerging threats such as new synthetic opioids (like Nitazenes), chemsex ('intentional sex under the influence of psychoactive drugs'²) and novel (new) psychoactive substances like cannabis-like substances and more.

Nationally, the use of illegal drugs has a grave impact on society, costing up to £20 billion each year³. These issues can include deterioration to physical and mental health, unemployment and housing problems, anti-social behaviour, exploitation and organised crime. Evaluating social return on investment (SROI) helps commissioners make evidence-based decisions about how to allocate resources effectively to improve health and wellbeing outcomes.

People using substances may struggle with multiple problems and it is often the case that residents and at-risk groups including young people are most affected. The drugs 'trade' unfortunately exploits vulnerable children into dealing and selling, destroying their lives and those of their families as a consequence. We recognise the effects that drugs can have on the families of those using substances, and the impact on the wider community being affected by anti-social behaviour and crime connected to drug use.

Behind the numbers, the complexities associated with the use and sale of illegal substances can be difficult to address, with a need for all agencies to work together. Considerable investment has already been made to the drug treatment and recovery sector nationally and locally in recent years, resulting in an increase in the number of people accessing services for support, better workforce capability and value to local communities, with a significant return on the government's investment of £4 for each £1 invested (2023-24)⁴. This has been combined with actions taken by the Council, Police and the Crown Prosecution Service to tackle the supply of drugs in the borough.

¹ [From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK](#) last accessed 11.5.25

² [What is chemsex and why does it matter? | The BMJ](#) 11.5.25

³ [Reducing the harm from illegal drugs - Committee of Public Accounts](#) 11.5.25

⁴ [Alcohol and drug prevention, treatment and recovery: why invest? - GOV.UK](#) 11.5.25

Roles of different agencies (who does what)



Understanding the impact of drug and alcohol use in Hammersmith and Fulham

<p>Numbers in treatment (drugs and alcohol) In 2024-5 there were 1,489 residents in treatment for substance misuse, of whom 900 used opiate and crack.</p> <p>However, 78% of opiate users and 71% of opiate and crack users are not in treatment.</p> <p>If only 25% of users are in treatment, we estimate there might be 6000 people with substance misuse problems in the borough</p>	<p>Type of drug use The most used substances in LBHF are alcohol, cannabis, opiates, crack cocaine and cocaine</p>	<p>Alcohol related admissions In 2023-4 LBHF had an alcohol related hospital admission rate of 497 per 100,000 people, higher than London (at 403 admissions per 100,000 people) and similar to England (504 admissions per 100,000 people)</p>
<p>Continuity of care from prison (people identified with a drug need in prison who are successfully picked up in the community in LBHF, regardless of prison)</p> <p>One of the highest pick-up rates in London, at 48% (higher than the London average of 43%)</p>	<p>Dual diagnosis (people with both a substance misuse and mental health need) 59% of our homeless hostel residents have a coexisting substance misuse and mental health need⁵ Of the 269 people in drug treatment who reported a mental health need, only 192 (71%) were receiving treatment for both mental health and substance misuse</p>	<p>Drug related deaths LBHF has the highest drug related death rate in London, at 11.3 per 100,000 persons for 2021-23⁶</p>
<p>School suspensions 5% of school suspensions in LBHF were related to drugs and alcohol, which is higher than the London average of 3% and England average of 2%.</p>	<p>Wards with the highest levels of drug related crime These wards are concentrated in the North including College Park and Old Oak, Shepherds Bush Green, Coningham as well as Hammersmith Broadway</p>	<p>Cuckooing - where a vulnerable person's home is taken over by someone who exploits them⁷ Locally, 90% of all cuckooing is related to drug related crime</p>

⁵ [H&F Homeless health factsheet](#)

⁶ [Deaths related to drug poisoning by local authority, England and Wales - Office for National Statistics](#) accessed 8.5.25

⁷ [Cuckooing - His Majesty's Inspectorate of Constabulary and Fire & Rescue Services](#) A tactic where a drug dealer (or network) takes over a vulnerable person's home to prepare, store or deal drugs. It is commonly associated with exploitation and violence.

<p>The local enforcement team</p> <p>During 2024/25 the LET was called out 729 times to deal with drug problems and disperse people either dealing or using drugs in public.</p>	<p>CCTV</p> <p>£4.5 million has been invested over the last 4 years</p>	<p>Hidden Harm</p> <p>Only 7% of new substance misuse clients report they live with children, which is lower than the England average of 15%. This suggests that women with children are less likely to come forward for treatment, which we need to address.</p>
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Drugs and crime

From January 2024 to December 2024 there were 1,035 drug-related offences in LBHF, which represents an increase of 11% since 2023, although numbers remain below pre-pandemic levels. Theft increased by 9% between 2023 and 2024 and is the highest offence type in the borough.

LBHF has the **6th highest rate per population** of drug offences in London. with a number of clients cycling between custody and community, using significant quantities of substances and very likely to be shoplifting or committing acquisitive crime to gain sufficient funding to support their drug and alcohol use.

Victimisation and crime

There were **121 'cuckooed' addresses** from April 2023 to March 2025. This means 121 addresses locally where someone was being exploited by someone taking over their home for drug dealing.

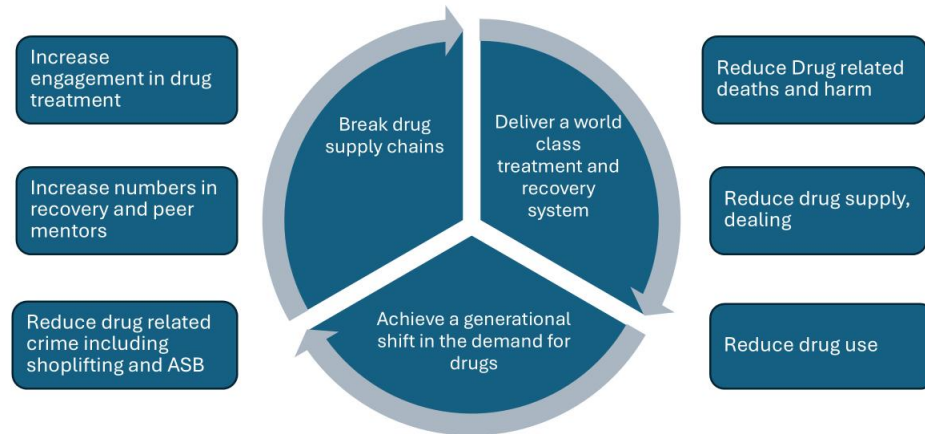
There were **49 complaints** about drug use in the borough in that time, as well as 100 complaints about **anti-social behaviour** due to drugs.

What has been done so far?

We have increased the number of people in drug and alcohol treatment	We have increased the number of people in drug treatment by 22% since 2021. In 2021-22 we had 1,218 people in treatment, and in 2024-25 (three years later) we have 1,489 in treatment, an increase of 22%. However, treatment completions have reduced in that time from 29% to 20%.
We're offering more specialist women-only treatment	We have set up a women's drug and alcohol treatment pathway, and created two hubs just for women to be treated in the borough, to improve their chances of recovery
People with complex needs	<p>We have improved pathways for residents in our homeless hostels, with a specialist team for people with co-existing drug and alcohol and mental health needs. This has reduced the use of mental health crisis services.</p> <p>We have simplified the routes to get into detox and rehab, so this is now managed by our specialist drug and alcohol services (Turning Point), reducing the time people have to wait for such treatment.</p>
Children and young people	<p>We have developed a new school inclusion pathway for young people excluded from school for drug and alcohol use.</p> <p>We have developed a cannabis only service aimed at young people, which has increased the number of young people using our services by 89%.</p> <p>Our youth services - including children in care - have access to a specialist young people's service called Resilience</p>
Hospital drug and alcohol workers	We have increased the size of our specialist drug and alcohol teams working in Accident and Emergency and hospital wards so that more people get into specialist treatment.
Working with the police	<p>We have worked closely in partnership to tackle drug related crimes including</p> <ul style="list-style-type: none"> • Premises closures • Tenancy enforcement • Criminal Behaviour Orders and/or injunctions • Disruption/reassurance patrols • Ensuring people who are arrested are offered drug treatment after being in custody
Law Enforcement Team	The Hammersmith & Fulham Law Enforcement Team (LET) seeks to address crime, ASB, provide viable reassurance patrols and deterrence, undertake weapons sweeps and community engagement. The LET undertakes circa 4000 weapons sweeps a year both intelligence lead and proactive. These sweeps, in areas most likely to be used to store and/or hide weapons, or drugs, results in items being found and removed which – when drug focused – disrupts markets etc. The LET ensures that vulnerable individuals are signposted to support, for example to Turning Point and other services.
CCTV sweeps and taskings	With the largest CCTV network in the Country and with circa 500 arrests a year, directly attributable to the service, our operators are highly skilled, trained, and knowledgeable. Where they identify known drug dealers, they will monitor behaviour and, as needed, call the Police to respond.

Drug related deaths	<p>We review all drug and alcohol deaths and have provided Naloxone (an antidote for opiates) across the borough in homeless hostels and our LET team have been trained to administer naloxone.</p> <p>We have a Pilot Project: Issue of Take-Home Naloxone in police custody: In total we have increased our distribution of naloxone from 367 to 515 packs</p>
Working with prisons and probation	<p>We work to ensure everyone leaving prison is picked up promptly by our local drug services</p> <p>Our drug and alcohol specialist services work in the probation office every day to see clients and get them into the right treatment</p>
Developing the workforce	<p>We have increased our workforce by 20%, as a result we have increased numbers into treatment.</p> <p>We plan to develop a workforce strategy and re-launch a training programme for professionals across the borough about drug and alcohol use.</p>
Cuckooing Risk panel	<p>The Cuckooing Risk Panel aims to overcome these obstacles by having a more detailed understanding of the situation and the associated risks by using intelligence from multiple agencies. 180 referrals have been made to the cuckooing safeguarding panel since 2021. 83% of cases reviewed at the cuckooing risk panel saw a reduction in their risk markers.</p>

What do we want to achieve?



What are we going to do?

Break drug supply chains (enforcement)

Break the cycle of exploitation	Reduce visible drug dealing and use	Support the police to tackle drug supply	Reduce antisocial behaviour and victimisation due to drug use
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World class treatment services

Streamline access to treatment including detoxification and rehabilitation	Improve the effectiveness of treatment	Recovery borough led by peer workers (people who have come through treatment themselves)	Harm reduction and death reduction
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Achieving a generational shift in demand for drugs

Promote awareness of how to get help	Stop the problem before it starts	Target specific substance misuse harms
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1 Break drug supply chains (enforcement)

Our Vision

We will make it harder for organised crime networks to operate in our borough, disrupting all parts of the supply chain and reducing associated violence and exploitation.

<p>Break the cycle of exploitation</p> <p>We will act immediately to help adults and young people who are victims of organised crime networks, so that they can escape exploitation</p> <p>Our Gangs violence and exploitation team (GVEU) is unique in comprising council staff, youth workers and police</p> <p>The GVEU provides meaningful diversion from crime, as well as mental health support</p> <p>We will increase early identification of parents using drugs and alcohol, and their affected families, to reduce 'hidden harm' and the risk of normalising drug use behind closed doors to children and young people</p> <p>We will expand our training offer to all social workers about drugs and alcohol, as well as all housing officers</p>	<p>Reduce visible drug dealing and use</p> <p>Open drug use and dealing within Hammersmith and Fulham is a serious concern for our residents</p> <p>We will improve intelligence gathering, information sharing and activity mapping for more targeted enforcement activities to tackle public drug use, drug-related litter and street dealing</p> <p>We will continue to work with Project ADDER to increase diversionary schemes as an alternative to criminal justice services</p> <p>We will continue to roll out our new joint tasking model between council enforcement officers and police to tackle hotspots</p> <p>Our new shoplifting pilot with ADDER, Turning Point and one of our Business improvement districts (BIDs) will identify problem shoplifters and get them into the right treatment to cut crime</p>
<p>Support the police to tackle drug supply</p> <p>The police are the lead agency with respect to organised crime networks involved in drug supply. Our role is to support this through information sharing, focussed deterrence approaches, the Project ADDER (Addiction, Diversion, Disruption, Enforcement and Recovery) rollout and the Prevent, Prepare and Protect strands of the Metropolitan Police Drugs Action Plan</p>	<p>Reduce antisocial behaviour and victimisation due to drug use</p> <p>We will continue to strengthen our criminal justice pathway for victims of exploitation, using testing on arrest and court orders to support access to treatment services. This includes supporting marginalised groups through provision of dedicated specialist outreach services e.g. for people involved in sex work.</p> <p>We are increasing our housing support for people on probation, in order to reduce crime.</p> <p>We will strengthen our cuckooing team with a specialist drug and alcohol worker, so that victims are identified and helped into treatment, to reduce their chances of being exploited</p>

2 World class treatment services

Our Vision

We will treat addiction as a health problem, recognising the role played by adverse personal circumstances such as trauma, poverty and mental health conditions, breaking down stigma and saving lives

<p>Streamline access to treatment including detoxification and rehabilitation</p> <p>We have our drug services co-located five days a week in the probation office, to make sure that everyone with a drug or alcohol issue is offered treatment immediately.</p> <p>We already have a treatment system for both drugs and alcohol since 2022. We will ensure better support to marginalised groups including women and sex workers, reviewing our offer for psychological and trauma-informed support, joining up interventions between our drug and alcohol service and mental health services, and reviewing the pathway to ensure better care for all</p>	<p>Improve the effectiveness of treatment</p> <p>We will further target underserved treatment populations including young people, women, LGBTQ+ cohorts (to increase the accessibility of our services to these groups)</p> <p>We will tackle emerging threats such as chemsex, lung damage due to crack cocaine use, crystal methamphetamine use, Nitrous Oxide and novel (new) opiates such as Nitazenes.</p>
<p>Creating a recovery borough</p> <p>We will build up our peer user forum, so that people with lived experience can support people who have yet to enter treatment or need support during and after treatment</p> <p>We will work to better understand the interactions between neurodiverse conditions and substance use, SEND groups and ways of providing tailored support to meet individual needs</p> <p>We are investing in an additional criminal justice housing officer and employment training and education officer in probation to ensure that probation clients have access the key factors that reduce reoffending (a place to stay and a job)</p> <p>We will continue our 'Get Connected' programme, a free offer for drug users to access adult education to get the skills they need to get off drugs and into work</p>	<p>Harm reduction and death reduction</p> <p>We will review our Drug and Alcohol-related deaths system for better identification of learning for services. As part of our review of treatment quality, we will ensure increased access to needle exchange provision, particularly in the South of the borough</p> <p>to reduce the risk of blood-borne viruses including Hepatitis C and HIV, providing faster access to treatment for those who test positive</p> <p>We will continue to distribute Naloxone (an antidote to opiate overdose) in all high-risk settings, and give Naloxone to the LET team and police in order to save lives</p> <p>We continue to respond quickly in real time to any reported incidents such as overdoses or deaths or findings where new or different drugs have been used, alerting users about how to avoid overdose and death</p>

3 Achieving a generational shift in the demand for drugs

Our Vision

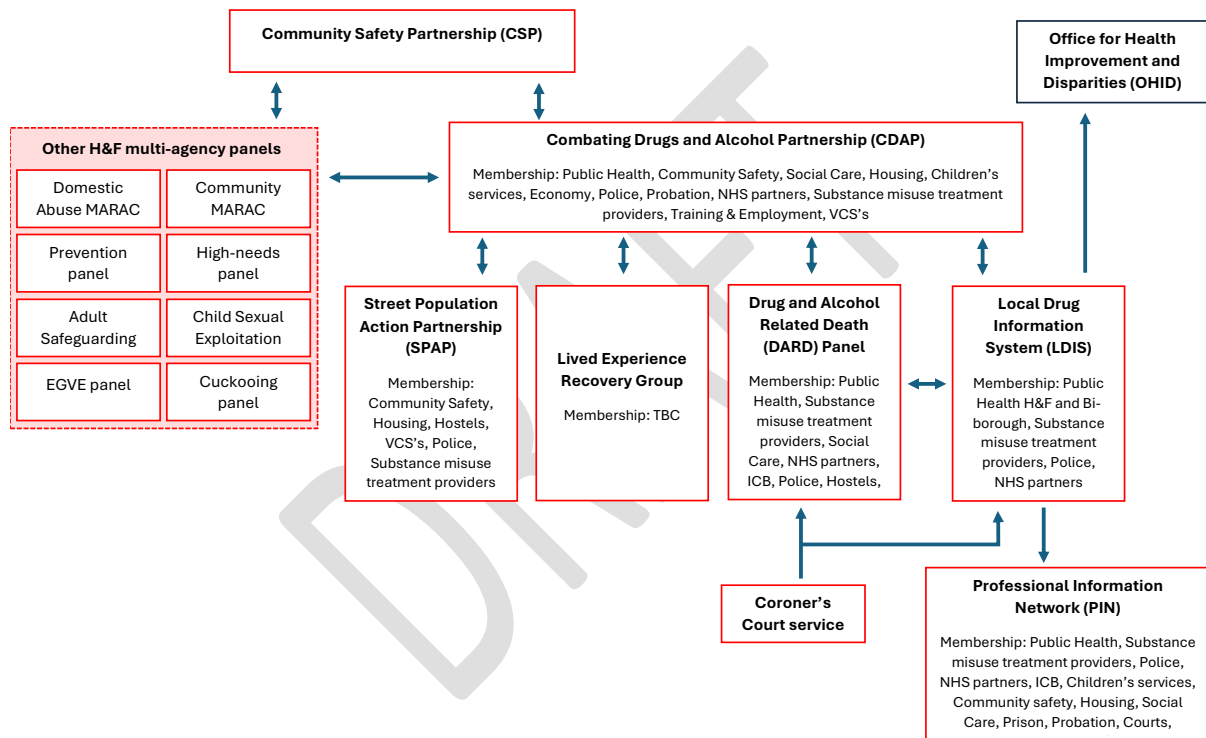
We will focus to prevent demand before it begins, give residents the best possible start in life, and work with young people in the borough to change attitudes to drug-taking

<p>Promote awareness of how to get help We will work to improve our marketing, health promotion and outreach approach to better reach more people and ensure those in need of treatment can access services, both through professional pathways and self-referral</p> <p>We will review our GP shared care services, so that patients are identified with a problem and referred quickly into services, and patients ready to step down into GP care can do so safely from specialist drug and alcohol services.</p>	<p>Stop the problem before it starts We want to prevent people from misusing substances in the first place by ensuring our interventions in early years, throughout childhood and when people first encounter drugs or alcohol, are effective. Our services will work with high-risk cohorts to support the early identification of at-risk young people.</p> <p>We already have substance misuse workers in family hubs, and our Enhanced Family support offer includes joint working between our treatment providers, maternity and health visiting teams and children and young people's services to better identify families affected by substance use and provide the right joined up treatment. We will ensure use of key partners including the Gangs Violence and Exploitation team to support how we reach more young people at risk</p>
<p>Target specific substance misuse harms We will run local campaigns, with key partners such as registered social landlords and housing providers, as well as promoting the use of consistent tools and approaches to improve professional referrals and knowledge of services across the system.</p> <p>We will focus preventative efforts and target areas such as dangerous drinking, 'new drugs' like synthetic cannabinoids, synthetic opioids like Nitazenes and Fentanyl, and Nitrous Oxide.</p> <p>Promote the use of national resources like 'Talk to Frank' so that young people understand more about drugs and their harms</p>	<p>Harm reduction We will continue to build on our harm reduction offer this includes increasing pharmacies participating in the Needle exchange programme. We will provide more sharp bins across the borough including in hostels and sexual health clinics. Initiate prescribing in first appointment and at hostels, askew road and other community sites</p> <p>Work to understand patient views on harm reduction and investing in technology to reduce the overall harms drugs cause to individuals and communities.</p> <p>Continue to invest in Nitazene testing strips so that high risk users can check what they are consuming, as a way to get into treatment</p>

How do we make this happen?

For each of the three priorities identified, we have subgroups to deliver the programmes and areas identified. The Combating Drugs and Alcohol Partnership will have oversight of these subgroups in capturing and reporting to the community safety partnership on progress to date.

Each subgroup will have an action plan that will feed into the wider CDAP delivery plan. These plans are live documents and will be published on our website enabling residents to track progress.



How do we know what we have achieved

Success relies on a wide range of local partners working together toward the ambitions of this strategy. We will focus on efforts to combat the supply of heroin and crack cocaine, enabling residents to access treatment and support they need. However, we recognise a growing need in the use of other drugs such as cannabis, powder cocaine, alcohol and synthetic drugs, including GHB and similar substances often involved in 'chemsex'. Our treatment system will be designed to provide long term recovery from these substances, we are aiming to become one of the first recovery boroughs in London. At the same time, we will work with our Police colleagues on pursuing the illegal supply of all drugs

We will monitor impact of this strategy across the whole system and to track progress towards better outcomes and avoid any unintended consequences, such as widening inequalities. We are doing three main things to support communities to flourish and succeed:

- continuing investment into services, to increase the numbers in treatment and reduce drug related deaths and drug related crime
- improving partnership working – we will build on our good partnership with project ADDER and other locally based partnership to ensure we maintain best practice
- monitoring of our local framework via the CDAP and reacting to intelligence in a timely manner.

Plan and measurements

Pillar	Outcome	Local measures
Breaking drug supply chains	Reduce drug supply	<p>Reducing the number of drug trafficking offences</p> <p>Reducing the number of acquisitive crime offences</p> <p>Reducing the number of repeat offenders for drug related offences</p> <p>Increasing the number of court orders such as DRR issued</p>
	Reduce drug related crime	<p>Reducing the number drug possession offences</p> <p>Reducing the number drug related deaths</p> <p>Total drug- and alcohol-related ASB calls to police and the council</p> <p>Total number of cuckooing cases</p> <p>Increasing the distribution of naloxone from custody and LET teams</p>
Delivering a world class treatment system	Increase engagement in drug treatment	<p>No. of new presentations</p> <p>Percentage of early unplanned exits</p> <p>Percentage of referrals who started structured treatment</p> <p>No. in treatment</p> <p>Numbers of young people in treatment</p> <p>Percentage of prisoners who engage with services following prison release</p>
	Improve drug recovery outcomes	<p>Percentage of individuals who have made substantial progress</p> <p>Percentage in effective treatment Residential Rehab uptake</p> <p>Inpatient Detox uptake</p> <p>No. in stable accommodation</p> <p>No. engaged in mental health services</p> <p>No. entering employment following treatment</p>
Achieving a generational shift in the demand for drugs	Reduce drug use	<p>No. of people leaving services successfully (substance-free/occasional user)</p>

		No. of young people in treatment No. young people in YJS
	Reduce drug related deaths and harms	Hospital admissions, drugs and alcohol-related Deaths while in structured treatment (both drugs and alcohol) Deaths related to drug misuse Fast prescribing for methadone Improved / increased needle exchange programme

What happens when the strategy ends?

Every Combating Drugs Partnership (CDP) is required to update its needs assessment, strategy and delivery plan every three years. This means that when one strategy and delivery plan is due to end, the process of producing a new strategy begins. There should therefore always be a 'live' Combating Drugs Partnership strategy
