

	Brent Health and Wellbeing Board 2 April 2025
	Report from the Brent Integrated Care Partnership
Going Local - Integrated Neighbourhoods Teams and Radical Place Leadership	

Wards Affected:	All
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt: <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	N/A
List of Appendices:	Appendix 1 – Presentation of Achievements
Background Papers:	None
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1.0 Executive Summary

- 1.1 This paper provides an update on progress and next steps to develop Integrated Neighbourhood Teams (INTs), as well as the ongoing work to develop a Radical Place Leadership approach in Brent. Specifically, this report includes:
- What we are trying to achieve from this work
 - Who we are trying to work with

- What the arrangements between LA and Health partners will be (including IT arrangements)
- What culture change is required to make this work a success

2.0 Recommendation(s)

- 2.1 The Board is asked to note and provide comment on the progress made, and approve the overall strategic approach taken in the continued development of INTs and Radical Place Leadership in the Borough.
- 2.2 The Board is asked to:
- Approve the next steps set out for the INTs and Radical Place Leadership development, including the strategic road map and key enabler workstreams
 - Comment on how best to ensure the next phase of work involves meaningful input from communities and residents themselves.

3.0 Detail and Contribution to the Borough Plan Priorities and Strategic Context

- 3.1 INTs are not developed in isolation but align and support a range of existing plans and strategies across the council and all stakeholders. INTs and development of MDTs will not be limited to health issues and will also take into consideration the wider social determinants. Appendix 1 highlights in detail the alignment with the key corporate strategic policies.
- 3.2 The development of Radical Place Leadership in Brent forms part of the Council's wider Strategic Change Programme. This seeks to deliver on the [Brent Borough Plan 2023-2027](#) in a way that supports the financial sustainability of public services by starting with the person not with the service, and by working collaboratively across different sectors. More background detail regarding Radical Place Leadership and the approach taken can be found at point 5.

4.0 Background - Health INTs

- 4.1 This report builds on what has been previously presented to the Health and Wellbeing board and seeks to reiterate that the development and implementation of INTs is a scale transformation programme that involves all system partners.
- 4.2 The development of INTs stems from the Fuller Report (May 2022). The initial development has continued to focus, engage, co-produce and work jointly with partners to *discover, design, develop, implement, evaluate and sustain / spread* models of care and better ways of joint, integrated work for our neighbourhoods.
- 4.3 A report by Lord Darzi has emphasised the need to transform health and care, providing care close to or at home for a resident, this has been further reiterated by the Neighbourhood Health Guidance released by NHSE (30th January 2025).

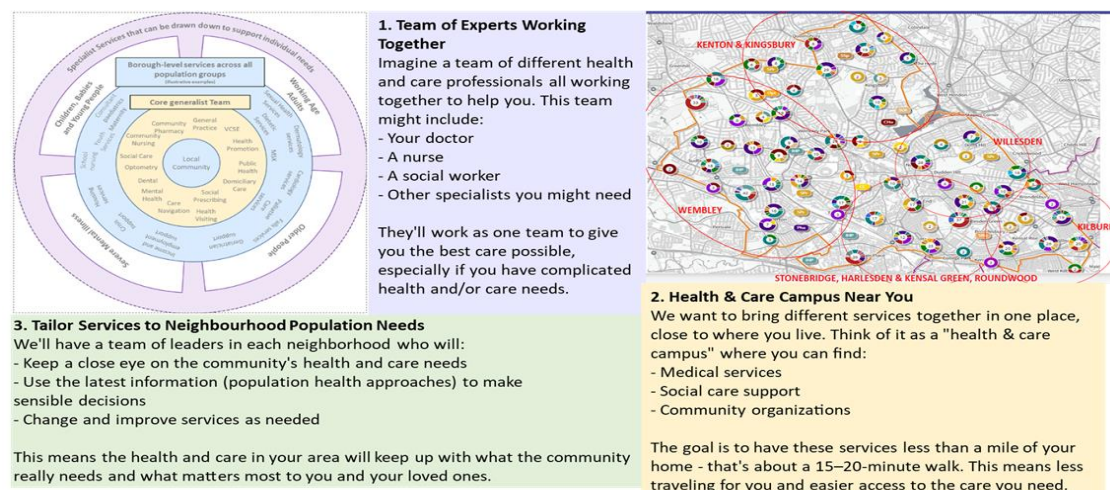
4.4 Neighbourhood health reinforces a new way of working for partners with the aim to create healthier communities, helping people of all ages live healthy, active and independent lives for as long as possible. This will be done through 3 key shifts in the health mission:

- From hospital to community: providing care closer to or in people's own homes.
- From treatment to prevention: promoting health literacy, early intervention and reducing deterioration or avoidable exacerbations of ill health
- From analogue to digital: having a greater use of digital infrastructure and solutions to improve care.

4.5 Whilst we continue to work towards these 3 key shifts, this will be enabled by an 'align' function: engagement and co-production with partners at a neighbourhood level. There are also 3 enabler workstreams to support these aims further:

- **Workforce and partnership working:** ensuring we are developing the roles and skills that we need in our neighbourhoods and supporting further collaboration and partnership working amongst NHS, Council and VCSEs staff and partners
- **Estates optimisation:** developing integrated health and care hubs within the neighbourhoods, utilising, and optimising existing estates, to deliver closer to home integrated services in a campus-style premises
- **ICT, Data and Digitalisation: ensuring staff can access the information** they need about a resident/patient to deliver the best possible care, and to support effective communication between staff working for various organisations. Also, to ensure residents are digitally included in the integrated neighbourhood teams' developments.

4.6 This is further strengthened by the development of our key models of delivery, as outlined in the image below.

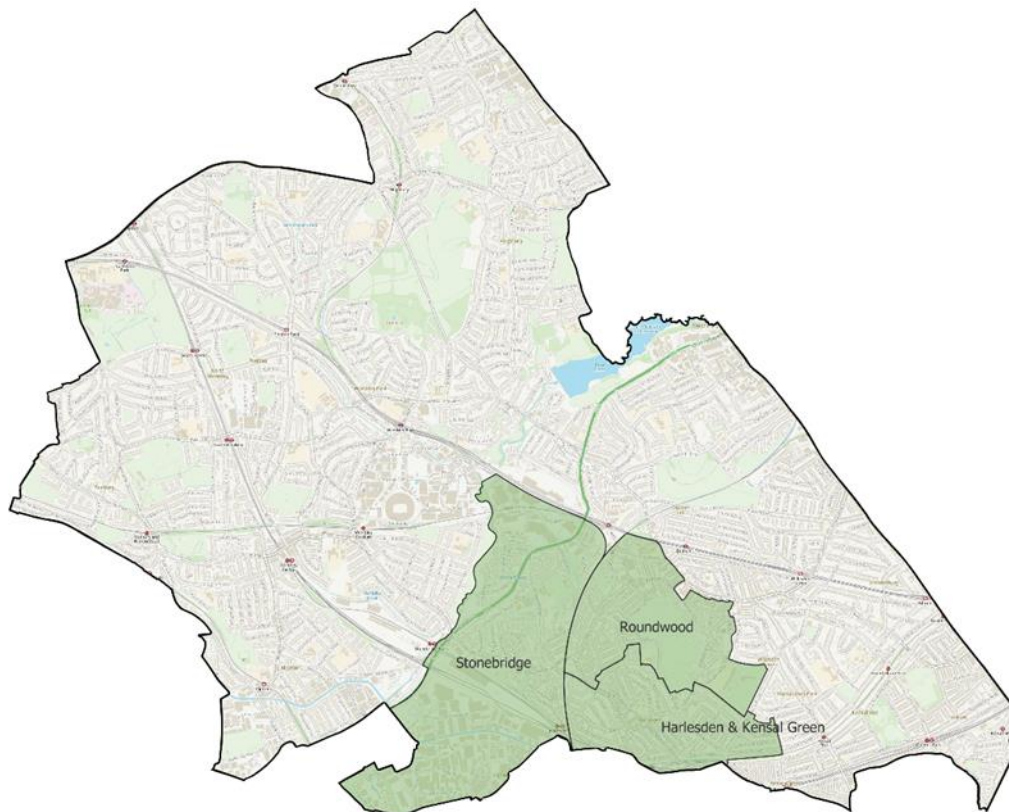


4.7 Progress and an outline of what has been achieved so far can be found in Appendix 1.

5.0 Background – Brent Radical Place Leadership

- 5.1 To build on the ongoing work to develop INTs in the health and wellbeing space, and embed stronger place-based working, we are also seeking to develop our approach to Radical Place Leadership.
- 5.2 This approach forms a fundamental part of Brent Council's Strategic Change Programme, which seeks to develop radical solutions to tackle the current and emerging challenges for local communities. This means rethinking the way we organise and provide services in Brent so that Brent Council can best support everyone who lives and works in the borough to live their best lives.
- 5.3 Fundamentally, Radical Place Leadership is about rethinking how we design public services in a way that starts and ends with the person and recognises that many of the issues that people may face are interconnected. Currently, residents must repeatedly tell their story to different public services, causing huge waste in the system as well as poor outcomes for vulnerable people. Radical Place Leadership promotes closer and more innovative working between public sector and partner organisations to better support and empower residents.
- 5.4 This also means developing new cultures and ways of working that put neighbourhoods and communities at the heart of decision making, facilitating a shift to working *with* communities rather than simply delivering services *to* communities. This will support a shift from traditional community engagement to more meaningful community power.
- 5.5 To develop the vision and priorities for Radical Place Leadership in Brent, a series of engagement events with key partners were hosted in 2024. 6 core principles to underpin our approach to Radical Place Leadership were codesigned with partners, these are:
- Starting with the person
 - *Prioritising individual needs over organisational structures*
 - A genuinely shared vision
 - *A vision that is co-produced with communities and neighbourhoods within a place*
 - Empowerment and engagement
 - *Transforming the way statutory and community partner organisations work together and delegating power to organisations and towards neighbourhoods and communities*
 - Enabling leadership of anchor institutions
 - *Key public service organisations should embrace their role as enabling anchor institution and contribute positively to the wellbeing and prosperity of a place*
 - Releasing tangible financial savings
 - *Change should realise tangible savings and measurable benefits to partners and communities*
 - Community decision making and action
 - *Putting neighbourhoods and communities at the heart of decision making and trusting them to take action, rather than just being a source of data and ideas.*

- 5.6 It was decided that new approaches should be tested in a smaller geographical locality, with Harlesden (made up of Harlesden and Kensal Green, Stonebridge and Roundwood wards), chosen as focus area for the initial pilot. A number of factors influenced this decision, including the population size for this area, evidence of complex and interdependent needs (including deprivation, life expectancy, long term illness, unemployment, social isolation etc.), as well as a strong will and energy across partner organisations in this area.



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- 5.7 As part of the development of Radical Place Leadership, a test-and-learn Integrated Neighbourhood Team will be established to focus on this locality. This will align closely with ongoing health INT work in the area and will engage more with the wider determinants of health and preventative interventions.
- 5.8 The team itself will bring together partners from a range of services and organisations in order to best support the multiple and interconnected needs of Harlesden residents. Learning from this pilot will support the development and roll-out of similar approaches across other localities in the borough.
- 5.9 Alongside partners, three priority themes were established for this INT to focus on. These themes are listed below:
- People at risk of homelessness
 - People living with debt
 - Children not being ready for school

- 5.10 The focus of this pilot team will be strongly informed by data and insights about the locality. The team will focus on the three priority themes outlined at 5.9 above and will utilise data and community intelligence to proactively identify individuals and families that need support, enabling a shift to a stronger preventative approach.
- 5.11 A Harlesden Radical Place Leadership Steering Group has now been established to drive forward and oversee this work and is made up of representatives from across Brent Council, Police, Health, Schools and local VCSE organisations. This group is leading on the development of the Integrated Neighbourhood Team, its priorities, the personnel required and how cases are identified.
- 5.12 Alongside the roll-out of the Harlesden INT, we are also exploring opportunities to test new approaches to Community Power. We will seek to test new ways of co-producing services with residents, as well as devolving decision-making powers to local communities, so that solutions to community challenges are found within the communities themselves.
- 5.13 The work of the Harlesden INT and the broader Radical Place Leadership programme will seek to build on the impact of the health-focussed INT with a stronger preventative focus on the wider determinants of health.
- 5.14 New approaches will be tested in Harlesden from April onwards and will be overseen by the Harlesden Radical Place Leadership steering group. More information regarding the development of the Harlesden Radical Place Leadership INT and new approaches to Community Power can be found in Appendix 1.

5.15 **Implementation and Next Steps**

The INT will be launched as a pilot in Harlesden, following a phased ‘start small, scale fast’ approach. Key next steps include:

- **Finalising Team Composition:** Assigning core and specialist team members, including lead workers. The team will include professionals from housing, social care, health, VCSE, and community safety, ensuring a comprehensive support network for residents. An overview of the team’s key features can be found in Appendix 1.
- **Community Engagement:** Strengthening relationships with local organisations and faith leaders to ensure meaningful resident participation. This will involve asset mapping to identify existing community resources and ensuring that residents have a direct role in shaping services. This will also involve testing new approaches to Community Power and neighbourhood-level decision making, as outlined at 5.10.
- **Developing an Operational Framework:** Establishing case management protocols, governance structures, and mechanisms for data sharing. Weekly multi-agency ‘huddles’ will be introduced, where the INT team can discuss cases, share insights, and coordinate support.
- **Co-Location Pilot:** Identifying and securing a shared workspace in Harlesden where the team can operate.

- **Joint Training and Workforce Development:** Developing a learning and development programme for INT staff, with a focus on cultural competence, system thinking, and relational practice. This could include shadowing opportunities within VCSE organisations.
- **Monitoring and Evaluation:** Using a data-driven approach to track impact and refine the model for borough-wide implementation. A set of shared success measures will be agreed upon, including reductions in crisis interventions, improved resident satisfaction, and financial efficiencies.
- **Long-Term Expansion Planning:** Based on the learnings from Harlesden, a roadmap will be developed for expanding INTs across other Brent neighbourhoods. This will include an assessment of resource requirements, workforce planning, and potential areas for further joint commissioning.

6.0 Further Details

6.1 Key Partners

The success of INTs depends on effective partnerships across sectors, including:

- **Local Authority:** Brent Council (including Partnership, Housing & Resident Services, Community, Health & Wellbeing, Children & Young People Services, Neighbourhoods & Regeneration).
- **Health Services:** NHS NW London ICB/ICS, CNWL NHS Trust, CLCH NHS Trusts, GPs / PCNs, Acute NHS Trusts, and the Integrated Care Partnership.
- **Voluntary and Community Sector (VCSE):** To name a few: CVS Brent, Sufra NW London, Crisis Skylight, Ashford Place, Brent Centre for Young Carers, Age UK Brent and various local organisations.
- **Education Sector:** Schools, early years providers, and colleges.
- **Policing and Safety:** Brent Safer Neighbourhood Board and the Metropolitan Police.
- **Employment and Welfare:** DWP and employment support services such as Brent Star.

6.2 Arrangements Between LA and Health Partners

To support integration, the following collaborative arrangements are proposed:

- **Shared Leadership & Governance:** A Strategic Leadership Forum will oversee integration efforts, ensuring alignment with Brent's broader priorities. This forum will include representatives from key partner organisations, who will work together to remove barriers, provide strategic direction, and ensure alignment of resources.
- **Co-Location of Services:** Where possible, INTs will be physically co-located in accessible community hubs, such as Brent Hubs, Family Wellbeing Centres and the aspired Campus-style hubs. This will facilitate real-time collaboration and relationship-building among professionals from the NHS, Council and VCSEs, while also making services more accessible to residents, closer to where they live.

- **Data Sharing:** Development of appropriate data-sharing agreements to enable real-time, person-centred decision-making while ensuring data security. The Integrated Care Partnership (ICP) will work with the council and partners to establish secure data-sharing protocols that comply with information governance standards. In particular, alignment with MOSAIC and LCR connectivity to enhance digital collaboration across partners.
- **Technology Integration:** Frontline staff will be provided with the necessary technology and training to support effective case assessment, management, follow-up and coordination.
- **Joint Commissioning and Resource Alignment:** Health and Brent Council partners will explore opportunities for joint commissioning of services, ensuring that funding is used effectively to support integrated care pathways.

6.3 Required Culture Change

For INTs to be effective, significant shifts in organisational culture are necessary:

- **From Siloed to Collaborative Working:** Breaking down traditional service boundaries and embracing multi-disciplinary teamwork. This requires fostering a mindset of shared ownership and mutual accountability among all partners.
- **From Reactive to Preventative Approaches:** Using shared intelligence to identify and support residents before crises escalate. This includes proactive risk stratification to target support where it is needed most.
- **Empowerment of Staff and Communities:** Enabling frontline professionals to take proactive decisions and supporting communities to play a greater role in service design and delivery. Staff need to be equipped with the autonomy to act as lead workers, guiding residents through integrated health and care services.
- **Flexibility and Innovation:** Adopting a 'test and learn' approach to continuous improvement, allowing for measured risk-taking. A culture of 'falling forward' will be encouraged, where teams are supported to experiment with new approaches and learn from both successes and setbacks.
- **Strength-Based and Person-Centred Practice:** Moving away from rigid eligibility criteria and towards a model that builds on the strengths of individuals and communities. Residents should feel like active participants in shaping their own support rather than passive recipients of services.
- **Leadership Commitment:** Senior leaders across the council, NHS, and VCSE sector must visibly champion the INT model, providing strong support for frontline staff and addressing systemic barriers to integration.

7.0 Conclusion

- 7.1 The INT model represents a transformative opportunity for Brent, aligning with national best practices in place-based working. By fostering radical collaboration, data-driven decision-making, and a commitment to prevention, Brent is positioned to deliver more responsive, effective, and equitable public services.

8.0 Stakeholder and ward member consultation and engagement

- 8.1 Engagement with ward members, councillors, system partners, Brent residents, community service users and voluntary sector organisations is on-going. Involvement and inclusion of the Brent population continues to be supported by Brent Health Matters, Primary Care Networks, Brent CVS, Community Champions and Residents' Forum.
- 8.2 The development of Brent's Radical Place Leadership approach is being driven and co-designed by a steering group consisting of a range of stakeholders from across Brent, including Brent Council, Brent ICP, CNWL, police, schools and voluntary sector partners.

9.0 Financial Considerations

- 9.1 There are no financial implications currently.

10.0 Legal Considerations

- 10.1 There are no legal implications currently.

11.0 Equity, Diversity & Inclusion (EDI) Considerations

- 11.1 Any change to service provision for any of the transformation work being proposed would require an Equality and Health Inequalities Impact Assessment (EHIA) and Quality Impact Assessment (QIA).

12.0 Climate Change and Environmental Considerations

- 12.1 There are no climate change and environmental implications currently.

13.0 Human Resources/Property Considerations (if appropriate)

- 13.1 There are no human resources/ property implications currently.

14.0 Communication Considerations

- 14.1 On-going relevant engagement, co-production and communications with partners and wider stakeholders (i.e. ward members, councillors, system partners, Brent residents, community service users and voluntary community faith sector organisations) on the transformation journey from all aspects of the programme including those of the 3 main key enablers: workforce and OD, estates and ICT. The programme continues to widen its reach especially to those residents and their families who are ordinarily been having difficulty accessing our services locally.

Report sign off:

Rachel Crossley

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