

Health and Wellbeing Board

Monday 30 October 2023 at 6.00 pm

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

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

The meeting will be open for the press and public to attend or alternatively can be followed via the live webcast. The link to follow proceedings via the live webcast is available [HERE](#).

Membership:

Councillor Nerva (Chair)	Brent Council
Dr Mohammad Haidar (Vice-Chair)	Brent Integrated Care Partnership Executive
Councillor Donnelly-Jackson	Brent Council
Councillor Grahl	Brent Council
Councillor Tatler	Brent Council
Councillor Kansagra	Brent Council
Robyn Doran	Brent Integrated Care Partnership Executive
Simon Crawford	Brent Integrated Care Partnership Executive
Jackie Allain	Brent Integrated Care Partnership Executive
Ali Wright	HealthWatch Brent
Basu Lamichhane	Brent Nursing and Residential Care Sector
Kim Wright	Brent Council - Non-Voting
Rachel Crossley	Brent Council - Non-Voting
Nigel Chapman	Brent Council - Non-Voting
Dr Melanie Smith	Brent Council - Non-Voting
Claudia Brown	Brent Council - Non-Voting

Substitute Members (Brent Councillors)

Councillors: M Butt, Farah, Knight and Krupa Sheth

Councillors: Hirani and Mistry

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

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Notes for Members - Declarations of Interest:

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

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

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

***Disclosable Pecuniary Interests:**

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

****Personal Interests:**

The business relates to or affects:

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

or

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

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

Introductions, if appropriate.

Item	Page
1 Apologies for absence and clarification of alternate members	
For Members of the Board to note any apologies for absence.	
2 Declarations of Interest	
Members are invited to declare at this stage of the meeting, the nature and existence of any relevant disclosable pecuniary or personal interests in the items on this agenda and to specify the item(s) to which they relate.	
3 Minutes of the previous meeting	1 - 14
To approve as a correct record, the attached minutes of the previous meeting held on 25 July 2023.	
4 Matters arising (if any)	
To consider any matters arising from the minutes of the previous meeting.	
5 Winter Planning Update and Community Resilience	15 - 36
To update the Health and Wellbeing Board on a comprehensive winter plan with input and engagement across system partners in Brent.	
a) <u>Better Care Fund Submission</u>	37 - 40
To seek comment and approval from the Health and Wellbeing Board for the Better Care Fund Plan for 2023-24, which has been agreed by the Brent Integrated Care Partnership (ICP) Executive and submitted in draft pending approval to the National Better Care Team.	
6 Community Services Workstream Update	41 - 66
To provide an update to the Health and Wellbeing Board on key community transformation work streams.	

7 Brent's Air Quality Action Plan and Opportunities for Partnership Health Improvements 67 - 244

To update the Health and Wellbeing Board on the status of the Air Quality Action Plan (AQAP) and acknowledge the critical role that health partners can play in the delivery of the AQAP and improving health outcomes through reducing pollution and raising awareness of its impacts.

8 Towards a Food Strategy for Brent 244 - 255

To provide an update to the Health and Wellbeing Board on the progress of a new food strategy, highlighting the emerging themes and outlining next steps.

9 Any other urgent business

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

Date of the next meeting: Monday 22 January 2024



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- The meeting room is accessible by lift and a seats are provided for members of the public on a first come first served basis. Alternatively it will be possible to follow proceedings via the live webcast [HERE](#).



North West London

MINUTES OF THE HEALTH AND WELLBEING BOARD **Held as a hybrid meeting on Tuesday 25 July 2023 at 6.00 pm**

Members in attendance: Councillor Nerva (Chair), Dr Mohammad Haidar (Vice-Chair), Councillor Mili Patel (Brent Council), Councillor Grahl (Brent Council), Councillor Donnelly-Jackson (Brent Council), Councillor Kansagra (Brent Council), Jackie Allain (Director of Operations, CLCH), Robyn Doran (Director of Transformation, CNWL, and Brent ICP Director), Helen Coombes (Corporate Director Care, Health and Wellbeing, Brent Council – non-voting), Nigel Chapman (Corporate Director Children and Young People, Brent Council – non-voting), Dr Melanie Smith (Director of Public Health, Brent Council – non-voting),

In attendance: Tom Shakespeare (Integrated Care Partnership Director), Tom Pickup (Policy, Partnerships and Scrutiny Manager, Brent Council), Hannah O'Brien (Senior Governance Officer, Brent Council), Steve Vo (NWL NHS), Sarah Nyandoro (Head of Mental Health, Learning Disabilities and Autism, NHS NWL), Dr Charlotte Benjamin (Chief Medical Officer, NWL ICS), Olivia Clymer (Head of Community Engagement and Partnerships, NWL ICS), Jason Antrobus (Deputy Chief Operating Officer, LNWUHT)

1. Apologies for absence and clarification of alternate members

Apologies for absence were received from the following:

- Kim Wright (Chief Executive, Brent Council)
- Claudia Brown (Director Adult Social Care, Brent Council)
- Ali Wright (CEO, Brent HealthWatch)
- Simon Crawford (Deputy Chief Executive, LNWUHT), substituted by Lisa Knight (Chief Nurse, LNWUHT)

2. Declarations of Interest

None declared.

3. Minutes of the previous meeting

RESOLVED: That the minutes of the meeting, held on 29 March 2023, be approved as an accurate record of the meeting.

4. Matters arising (if any)

The Chair advised the Board that he would be amending the order of business to take item 9 – 2023-25 Better Care Fund Update first.

5. 2023-25 Better Care Fund Update

Tom Shakespeare (Managing Director, Brent Integrated Care Partnership) introduced the report, which set out the process that the Brent Integrated Care

Partnership (ICP) had taken over recent months in response to the late publication of guidance and requirements of the joint Better Care Fund (BCF). In updating the Board, he highlighted the following key points:

- The report highlighted the review process NWL Integrated Care Board (ICB) were looking to undertake around the BCF and set out that, locally, there was now an agreed plan.
- There was no change to the overall quantum of spend in the current year's BCF plan but there was a proposal for a joint NWL ICB review of all BCFs for 2024-25, with commitment from the Chief Financial Officer within the ICB to jointly agree those principles. Brent ICP had put forward a number of principles in the paper under section 3.2 of the report, which the NWL ICB had now responded to on the day of the meeting and which the Health and Wellbeing Board were asked to endorse.
- The next steps were to bring the BCF to the ICP executive and submit to NHSE by the deadline, pending formal approval from the Health and Wellbeing Board which would be obtained virtually or through ratification at the next formal Health and Wellbeing Board meeting.
- The positive was that funding was secured for the current year and there was a commitment from the ICB around the contribution of additional funding which would contribute to local schemes supporting discharge and flow in Brent.
- The Chair added that he was very aware of the concerns individual NWL partnerships had about the manner in which the NWL ICB had conducted discussions around funding for 2023-24 and was pleased that a resolution for Brent had been achieved. The review that would take place needed to cover all partners across the joint health and care system and learn from what the third sector had achieved. He highlighted it was imperative to get a clear timetable on that review so that everyone involved was confident in the process.

The Chair then invited contributions from those present. The following issues were raised:

- The Board queried whether the table in section 3.1.3 of the report showed there would be a funding shortfall. Tom Shakespeare highlighted that there would be no shortfall during the current year but that the funding detailed in that table was at potential risk for future years depending on the outcome of the joint review for 2024-25. The Chair added that if that money were to be withdrawn this would put NHS discharge arrangements at great risk, therefore there was an incentive for the NHS as a partner to ensure there were smooth pathways for discharge.

RESOLVED: To note the BCF related risks and commend the ICP approach to the NWL ICB 2024-25 BCF review.

6. **Draft Integrated Care System Strategy Consultation**

Dr Charlotte Benjamin (Chief Medical Officer, NWL ICS) and Olivia Clymer (Head of Community Engagement and Partnerships, NWL ICS) delivered a presentation to detail the work done so far in relation to the current draft of the Integrated Care

System (ICS) Strategy. They recalled that many members of the Health and Wellbeing Board had taken part in some of the strategy sessions and that Brent ICP had submitted a response to the draft strategy which was included in the pack. In presenting the item, they highlighted the following key points:

- The strategy presented had drawn information from across all 8 NWL boroughs looking at individual Joint Strategic Needs Assessments (JSNA) and Health and Wellbeing Strategies.
- The NWL Integrated Care Board (ICB) were in the engagement phase of the draft strategy. This had included publishing one-page summaries online, strategy chapters, and asking for feedback and considerations that may have been missed or not emphasised enough to help with the next iteration of the strategy. The seven other NWL boroughs had already provided feedback through their Health and Wellbeing Boards with Brent's Health and Wellbeing Board being the final one.
- Different modes of engagement had involved a residents' forum, which had received over 100 attendees at its most recent event, and a citizens panel with around 4,000 members from a diverse range of the population. Overall, the strategy had received feedback from over 1,000 residents. It was highlighted that the engagement had managed to obtain views from a broad age range, with 47% of respondents aged between 26-35 years old which had been a surprise. In addition, there were slightly more men responding than women which was not usually the case.
- Some of the headlines from survey analysis, which would be triangulated with feedback from the 8 ICPs and other community outreach work, were outlined. 73% of residents agreed that they thought the strategy captured the right areas for the ICS to work on, and 67% agreed that the strategy was meaningful.
- One of NWL ICS's main challenges was workforce, which led to variation in access and service provision, particularly mental health provision at a time when mental health needs had gone up across NWL and nationally since the Covid-19 pandemic. The ICS was aware from surveys and insight reports that those challenges continued to concern residents.
- In relation to outcomes, the ICS was using 'marmot' principles, focusing on measures that would be shared across the ICB on the 6 priority areas. Those priority areas were employment, inequalities, integrated neighbourhood teams, streamlining primary care and community access, focusing on children and young people, and productivity and quality of services, which should support the other priorities referenced.

In considering the presentation, the Board raised the following points:

- The Board asked what the timeline was for signing off the strategy and moving into the delivery and workplan phase. Olivia Clymer explained that a crunch of the data and the draft would be shared with the Association of Directors of Adult Social Services and Directors of Public Health over the next few weeks, with the aim of a final draft to be presented to the next ICB meeting on 26 September 2023.
- The Board asked for assurance that disabled people were consulted appropriately and that the various engagement techniques used were

accessible, including the citizens panel. Olivia Clymer advised the Board that she had a small team dedicated to challenging themselves on whether protected characteristics were being appropriately addressed in the work they did. Engagement did focus on particular groups and the team had gone the extra mile, with an easy read version to support summary documents and an offer in place stating that if it was helpful for the engagement team to visit groups to talk about the strategy then this could be done. The citizen's panel was an online forum and was accessible in that sense but there might be more that could be done to improve accessibility there.

- The Board felt that the information on slide 6 of the presentation could be construed as ableist where mental health, learning disability and autism were included only in the delivery column as potential service users and not also in the networks column as part of the networks that the ICS consulted with. Olivia Clymer felt this was a valid point and she was happy to take that on board, agreeing that people with disabilities were not passive recipients but active members of the community.
- The Board highlighted they would be interested to see further details on the number of people on out of work benefits that related to disability. Presenting officers agreed to look into that.
- The Board were advised that outreach work with deaf families and deaf parents and carers had been done.
- In relation to the slide in the presentation which detailed the gap in employment rate between those with a physical or mental health condition, members of the Board highlighted that for people without a disability the employment rate was around 80-90%. In comparison, for those with a physical disability the employment rate was around 50%, and for those with autism the employment rate was only around 6%. They asked for those figures to be highlighted in future iterations.
- The Board asked how the citizens panel was recruited to and diversity was ensured. Olivia Clymer explained that recruitment to the citizens panel took a representative sample of NWL communities. NWL ICS were doing some specific recruitment for people with disabilities and young people to join the panel where they felt there was a gap. It was highlighted that the citizens panel was a very valuable resource, and the tool was available for partners to use.
- The Board would like more detail about health inequalities included in the strategy, including what data analysis would be involved and how deep community links could be made in tackling health inequalities. Olivia Clymer agreed that there were further examples that could be used for how health inequalities were being tackled and specific examples for Brent.
- The Board asked for further emphasis to be made regarding informal carers.
- The Board were pleased that the strategy focused on the experience of Black women in childbirth. They asked for this topic to return to the Health and Wellbeing Board to see how the priorities were progressing.
- Dr Charlotte Benjamin agreed to provide some information around continuity of care for patients more at risk of having adverse events in pregnancy.
- The Board asked whether gambling as a risk for health had been considered when developing the strategy. This had been raised at the most recent Full Council meeting on behalf of residents' concerns. Dr Charlotte Benjamin agreed

that gambling was recognised as a health risk and featured in some of the mental health strategies being developed. The Chair felt this would be useful to take forward as a joint piece of work.

- The Board highlighted the findings from the survey that 19% of respondents had felt they had not been treated equally by the NHS. They asked whether any further follow up had taken place with those people. Olivia Clymer explained that 19% of respondents feeling excluded was challenging and there was further work going on internally about how to address that. Those in the survey who answered as such had not been followed up specifically but that would be seen in the strategy and the work of population health and equalities colleagues.
- In relation to 45% of respondents finding it difficult to book an appointment, Olivia Clymer advised the Board it was hoped that would now start to improve. The insights report gathered monthly was showing that there was movement in this statistic because of the work being done around access and the primary care campaign that was helping people navigate the health system and understand the different roles within primary care. One of the major pieces of work being done across NWL was around GP access. The ICS recognised that electronic communications and online consultation was a benefit for people who could use those systems but they were not intended for everybody, and so the aim was to get those who were able to use online systems to do that, thus freeing up phone lines for those who could not.
- The Board asked whether there were any standouts in terms of variation in response from different trusts or boroughs regarding resident experience of services. Olivia Clymer explained that when the early analysis was undertaken there were some issues coming through more in some areas than others, particularly around the wider determinants of health such as housing. She agreed to see whether there had been any change as further engagement work took place.
- In response to what the meaning of proportionate universalism was, Dr Charlotte Benjamin explained it was a broad approach looking at everybody across the spectrum to improve health across the board.
- In response to what DALYs were, Dr Charlotte Benjamin explained this was disability adjusted life years and was a public health measure of the impact of illness on someone's life.

RESOLVED: to agree Brent ICP's response to the ICS Strategy and highlight the addition of informal carers within the strategy and the need to elevate the third sector as a strength in NWL, and to receive further granular information about residents' experience of services, particularly in relation to the wider determinants of health.

7. **Mental Health and Wellbeing Work Stream Update**

Robyn Doran (Director of Transformation, CNWL and Brent ICP Director) introduced the report, which detailed the progress of the ICP mental health and wellbeing workstream, which was one of 4 ICP priorities. In introducing the item, she highlighted the following key points:

- The mental health executive subgroup was representative and had members from the third sector, all agencies, and a Community Champion. Within the mental health workstream there were 4 priorities which had been established following discussions with residents, service users and partners. The priorities set were around improving access to employment and training for people with mental health conditions, improving access to accommodation and good housing, improving access to CAMHS, and support for children and young people that focused on early intervention and prevention through the THRIVE model.
- Accessibility was highlighted as a challenge. Managing access and increased demand was a big challenge in Brent, particularly adult mental health and CAMHS. This tied in with the discussions around levelling up, as Brent was an area that traditionally had high demand for mental health services for both adults and children and was an area with lower core funding for those services.
- A snapshot of data was provided to give the Board a picture of mental health in Brent:
 - There was an average of 65 crisis presentations per week in Brent over the last 6 months. In comparison, the average number of presentations was 36 in Westminster and 34 in Kensington and Chelsea. This showed the clear high demand at A&E in Brent and it was added that Northwick Park Hospital was one of the busiest in terms of activity around mental health.
 - Of the people presenting to A&E, 50% were unknown to mental health services, which was a new picture following Covid-19 and unique to Brent.
 - The average length of inpatient stay in Brent was 32 days, which had reduced over the last few years from 39 and was slightly below the CNWL average.
 - The hotspots for crisis presentations were NW10 and NW2 and closely followed by HA9 and NW6. The importance of working with GPs in those areas was highlighted, as they had a big role to play around mental health access to services. There was a joint working group led by Dr Haidar with GPs and all partner agencies looking at how GPs were supporting mental health needs, how people were accessing mental health services, what wraparound support was available within GP practices and social prescribing. Referrals were hugely variable amongst GPs so the ICP was looking to understand why some GPs were referring more than others.
 - IAPT services had not been performing to target for a while during and after Covid and it was found that the workforce had not necessarily representative of the people being served in the community. As a result, the ICP had worked with communities and GPs to employ people directly from communities so that the IAPT team was much more representative. Now, IAPT access target rates had gone up to 96% as well as the recovery rate.
- It was highlighted that this was only a snapshot of the data and not the full picture, which the ICP were currently trying to build. It was essential that the ICP

had a clear understanding of mental health in Brent in order to put that to the NWL Integrated Care Board (ICB) to ask for levelling up.

Tom Shakespeare (Managing Director, Brent ICP) added further context around funding for mental health services. He highlighted that officers had been working hard locally and across CNWL as the mental health provider with GP colleagues to gather data and tell that story about the pressure points in the system. From that, the ICP expected to be able to bring that to the ICB to show where the gaps were and where resources were needed urgently. There had been a slight increase in funding to mental health services as a result of the Mental Health Investment Standard, so the ICP would be working with CNWL to understand how much of that would go to Brent. It was understood that it would not be enough to get funding where it needed to be, so the ICP would be looking for additional funding for particular areas and potentially from some non-committed reserve funds within the ICB.

In considering the report, the following points were raised:

- The Chair highlighted that the overarching themes detailed in paragraph 5.9 of the report provided helpful metrics for the Board to monitor success against. He felt that there was an opportunity for a whole system approach for early intervention and prevention, in order for the NWL ICB to be able to offer a standard service across the system.
- Officers would bring back further information on mental health in autumn, likely October – November 2023.
- The Board were pleased to see proposals to bring down the CAMHS waiting lists in Brent. They highlighted that the mental health support package available for young people could be very different to what was then available as they entered adulthood. As such, the Board asked what transitional arrangements were in place to support young adults' mental health through that transitional period, which was often crucial in terms of outcomes in health, employment and education. Robyn Doran highlighted that transitions was a large area of work that needed attention. Across the ICB and CNWL there had been a piece of work done over the past year, with young people going through transitions, to look at what their needs were and how they could be met in different ways. It was agreed that officers could bring back more information on transitions at a later meeting.
- In response to whether there were any proposals to bring down the waiting times for ADHD diagnosis in children and adults, Robyn Doran explained that the challenge in demand for diagnosis was around resources. There were limited resources locally, with some access commissioned across other providers, but there were not enough resources to meet the need. ADHD diagnosis was on the list to discuss with the ICB.
- The Board welcomed the section in the report around increasing the number of disability confident employers locally and the work being done with Sure Trust and Brent Works to support people into employment. They proposed that employers that were already working towards becoming disability confident may be good candidates to train as mental health first aiders to support people with mental health difficulties to stay in work. Mental health first aid was something

that had been looked at by Brent ICP and could be explored further. There were employment teams within Trusts, but those were limited, and it was thought that having access to mental health first aid would make a difference.

- The Chair asked for a future report to focus on resource, service and performance issues around mental health services for Brent residents, which was one of residents' biggest concerns. This should focus on the issues locally, at a NWL system level, and at a national level.

The Board **RESOLVED**:

- i) To note the content of the report, in particular the collaborative approach taken by the Integrated Care Partnerships, which ensures mutual accountability, clear priorities, and responds to issues from NWL ICB and from across Brent partners, and is committed to supporting all partners across health, the Council, and the Community and Voluntary Sector to work better together.

8. **Brent Children's Trust Progress Report**

Nigel Chapman (Corporate Director Children and Young People, Brent Council) introduced the report, which provided a 6-month overview of the activity of Brent Children's Trust (BCT). There had been three areas of primary strategic focus:

- The start of the year focused on preparing Brent for inspection, both for the Local Authority Children's Services Inspection and the Ofsted CQC Inspection of Children with SEND. The Inspection of Local Authority Children's Services had taken place in February 2023 and Brent had received an overall 'good' rating. As part of that process the Council had received support from health colleagues, particularly in relation to the safeguarding work that took place and support for looked after children and care leavers. The Council were expecting a possible inspection from Ofsted CQC before the end of the year but were unsure when this would take place so were in mobilisation. The BCT had received assurance from colleagues in health and the local authority around the preparedness for that.
- The BCT had looked in more detail at the implementation of the SEND Strategy and the 'delivering better value' programme, which was a DfE intervention to support Councils to reduce their spend for children with SEND.
- Work progress had been reviewed on early help, particularly the supporting families programme and the best start for life programme which had started in April 2023. It was felt there was effective joined up planning with primary care, midwifery and the health visiting service to address issues there for young people.
- The BCT had also streamlined governance. It was felt that some areas worked particularly well with effective joined up work with ICB colleagues. The BCT was now making better use of the ICP Executive Groups. For example, the BCT mental health and wellbeing group now sat underneath

- the ICP Executive Group on mental health, helping to maintain focus and clarify the need to talk with one unified voice on the issue.
- The BCT were using partnership influence to address levelling up decisions that needed to be made at a NWL level.

The Chair invited comments and questions from those present, with the following issues raised:

- The Board asked whether Brent had an Autism Board and Autism Strategy, and if so, whether it should be featured in this report. Sarah Nyandoro (Head of Mental Health, Learning Disability and Autism, NHS NWL) explained that the Autism Board had not met during Covid. It had been resumed in April 2023 and covered all ages to ensure there was no division in what was done for adults and children. Since resuming, one of the priorities agreed was to review the Autism Strategy from 2018 to ensure it was up to date. Nigel Chapman added that there was consideration of the issues around autism at the BCT. For example, within the mental health and wellbeing workstream there was consideration of neurodiversity, and within the SEND work there was consideration of autism because approximately 40% of children with an Education, Health and Care Plan (EHCP) had an autism diagnosis. He agreed for more explicit reference to be included in future reports.
- The Board asked for more information about the work on transitional safeguarding. Nigel Chapman explained that there was a working group which met to develop joint standards between adults and children's social care for that critical age range of 18-25 years old. The working group was looking at those young people without an EHCP and who were not a care leaver because the Council were more confident in their wraparound support for care leavers and those with an EHCP in comparison to those young people who were not known to services otherwise and who may be vulnerable. Helen Coombes (Interim Corporate Director Care, Health and Wellbeing, Brent Council) added that herself and Nigel Chapman would be meeting to explore the joined up activity happening between adults and children's social care, discussing whether the right governance arrangements were in place for both safeguarding boards, if the approach was family focused, whether there was clear differentiation between prevention, early intervention, keeping people safe and giving people resilience in the transitional period, and safeguarding interventions. There was work being done on standards and ensuring good governance, that the departments were sharing good practice, and that individual professionals felt confident about using the tools available to them. It was agreed that future reports could include this in more detail.
- The Board asked how the actions on paragraph 3.3.2 were progressing. Nigel Chapman explained that an update against those actions was due at the next update, but highlighted that the ICP Executive Groups had seen a refresh and focus on children within those meetings, there was a member of the Children and Young People department on every ICP Executive Group, and progress was being made towards the mental health levelling up agenda.

RESOLVED:

- i) To note the strategic oversight activity of the Brent Children's Trust for the period of January 2023 to June 2023.

9. Joint Strategic Needs Assessment

Dr Melanie Smith (Director of Public Health, Brent Council) introduced the report, which provided an update on the recently published Joint Strategic Needs Assessment (JSNA). Appendix 1 highlighted some of the key messages. She highlighted that the JSNA mainly drew from published data available from the Office of National Statistics (ONS) and the Office for Health Improvements and Disparities (OHID). Public Health now needed to explore the areas of particular concern in more detail. In order to do that there was a need to move beyond the published data to aggregate information and data that may be held within services, organisations and community groups. The Board was asked to delegate to the ICP Executive the decisions on which areas to look at in more detail and commit to participate in those deeper dives by mobilising staff resource to draw on expertise across organisations and partners. It was highlighted that some proposals for deep dive were at a more advanced stage of preparation, but it may be that when officers started to scope out some of the proposed deep dives there may not be enough data or other priorities may arise.

In considering the report, the following issues were raised:

- The Board asked why childhood immunisations was not included as an area of focus, highlighting the statistics for immunisation rates were concerning. Dr Melanie Smith highlighted that there was a focus on childhood immunisations in the overall JSNA, but the reason it was not selected for deep dive was because the issue was about the timeliness of the data rather than the need to better understand it. She believed that Brent had a good understand of the issues surrounding childhood immunisation uptake, and that Brent simply needed to be acted upon it rather than conduct further analysis.
- The potential for gambling to be a focus for a deep dive was noted, which the Board welcomed. They were concerned that there may not be enough data on the topic and the deep dive would be abandoned as a result. Dr Melanie Smith highlighted that there may be a need to take a broader understanding of 'data' in some cases. For example, if there was no quantitative data then officers could look to use qualitative data and case histories in order to improve the depth of understanding.

RESOLVED:

- i) To note the format and headline findings of the JSNA 2023 and delegate authority to the ICP executive to agree the final list of 'deeper dives'.
- ii) To reconfirm their organisation's commitment to full participation in the JSNA process, including ensuring that relevant officers take an active role in scoping, sharing data, and providing subject matter expertise in future health intelligence work, with a particular focus on improving granular understanding of health inequalities.

10. **Annual Health and Wellbeing Board Terms of Reference Refresh**

Tom Pickup (Policy, Partnerships and Scrutiny Manager, Brent Council) introduced the report which proposed changes as part of the annual review of the Board's Terms of Reference. The updates ensured that the Terms of Reference aligned with the changes in the governance structure at an Integrated Care System (ICS) level, formalised the current vice chair arrangements, and specified quoracy. The full changes were included in the report.

RESOLVED: to agree the proposed updated Terms of Reference for 2023-2024.

11. **Refresh of Joint Health and Wellbeing Strategy**

Dr Melanie Smith (Director of Public Health, Brent Council) provided a verbal report which asked to revisit the delivery plans of the previously approved Health and Wellbeing Strategy. She highlighted that the Joint Health and Wellbeing Strategy was approved the previous year following extensive consultation and engagement and consisted of 5 themes, each with their own delivery plan. There was no proposal to move away from those 5 themes, but within the delivery plan officers were proposing to examine, for each of the commitments, whether they had been achieved, whether they were still relevant, and whether there were any omissions that now needed to be included. The Board were also asked to contact Dr Melanie Smith if they would like to participate in a semi-structured interview and if there were any particular groups the Board wished to take part in the refresh. Dr Melanie Smith would get in touch with the Disability Forum as a group to take part in the refresh.

RESOLVED: to note the update.

12. **Modular 32 Bedded Ward at Northwick Park Hospital**

Jason Antrobus (Deputy Chief Operating Officer, LNWUHT) introduced the report, informing the Health and Wellbeing Board of the bid the Trust had made to NHSE to increase acute bedded capacity ahead of winter. He advised the Board that all Trusts nationally had been asked to put these bids forward following the challenges of the previous winter, recovering from various waves of the pandemic and other pressures. The Board was being asked to support the bid for 32 beds in an additional acute medical unit for patients coming through from A&E. The unit would act as a 'short stay admission' before the patient was placed in a specialist ward or went home to use community services. From a build point of view, the Trust planned to place the unit on top of the existing A&E building so the physical footprint on the ground floor was not increased due to current space restrictions. The Trust did not envisage any operational impact on A&E or wider services as the build was completed. The unit was planned to be in place by January/ February 2023, and the Trust had also made a commitment to NHSE that from 1 October 2023 it would ramp up additional beds across the 3 hospitals to start seeing the increased capacity when winter starts. In introducing the report, Jason Antrobus highlighted that the report demonstrated that Northwick Park Hospital now had one of the busiest A&E sites in the country. The department was completely full on a daily basis and patients were waiting for beds. The modular would help to increase safety, reduce waiting times in A&E and reduce the waiting times for ambulance

services. Due to the timescale to have this in place by January, there was a planning application submitted to Brent Council and it was expected the outcome of that would be known in September, but work had already started on the modular.

In considering the report, the following issues were raised:

- The Board noted that Simon Crawford (Deputy Chief Executive, LNWUHT) had reported to the Board on several occasions the challenges in supporting users with acute mental health needs in A&E, and asked what collaborative working was going on across mental health and acute providers to reduce waiting times. Jason Antrobus highlighted that mental health patients were in A&E cubicles every day and may have security, 1 to 1 nursing or an additional mental health nurse supporting them. This disrupted the flow in A&E and they were a cohort that needed to be managed on a daily basis. There was a good partnership relationship with both Central and North West London NHS Foundation Trust (CNWL) and West London NHS Trust for the Northwick Park and Ealing site where the majority of mental health patients presented. Northwick Park Hospital had the highest number of mental health patients attending out of the whole of NWL and would sometimes have double or triple the number of mental health patients of other sites. The escalation process was in place every day to work through the flow and capacity. As a result of building the modular, some of the side rooms could be built to be more mental health appropriate. Although they would not be fully suitable mental health beds, it was recognised that often 30% of patients in A&E were mental health patients waiting for next steps. With the addition of the modular, patients could be spread more safely across the site so that they were not condensed in one area, which was a contributing factor to ambulance handover delays.
- A member of the Board asked whether all wards in Northwick Park Hospital were fully occupied and operational or whether there were any vacant wards the beds could be placed instead. Jason Antrobus explained that on a daily basis Northwick Park Hospital was almost 100% occupied. The Trust and NHSE would expect a much lower occupancy so that more patients could be admitted. Due to the occupancy level, Northwick Park Hospital was cohorting patients, taking them off ambulances and putting them in corridors before they could be treated in A&E. Each morning, patients were being moved out of A&E or the acute medical unit and being 'plus one'd' so that once discharges were made throughout the day they could be moved into those bays. There were a few escalation beds but the hospital was full. He added that a ward block had been demolished in the last 12 months because it was a condemned building and no longer safe for clinical care purposes. Part of the long-term plan for the hospital was for that critical care rebuild but that was a number of years away.

RESOLVED: to support the process as the Trust continues to mobilise additional bed capacity and support the Trust's bid to NHSE for additional beds.


13. **Any other urgent business**

None.

The meeting was declared closed at 7:40 pm

COUNCILLOR NEIL NERVA
Chair

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	Brent Health and Wellbeing Board 30 October 2023
	Report from the Integrated Care Partnership (ICP)
	Lead Cabinet Member Councillor Nerva
Winter Planning and Community Resilience	

Wards Affected:	All Brent
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 – Winter Care Planning Presentation
Background Papers:	N/A
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	<p>Steve Vo Assistant Director of Integration and Delivery, NWL ICB – Brent Borough stevetruong.vo@nhs.net</p> <p>Antoinette Jones NWL ICB Head of Delivery Brent Borough antoinettejones@nhs.net</p> <p>Helena Frean National Management Trainee, Integration and Delivery, NWL ICB – Brent Borough helena.frean@brent.gov.uk</p>

1.0 Executive Summary

- 1.1 This report aims to update the Health and Wellbeing Board on a comprehensive winter plan with input and engagement across system partners in Brent.
- 1.2 The severity of the pressure on health and wellbeing systems is due to a combination of factors. There is the known trend of increasing demand and acuity (i.e., Seasonal Flu, sicker and frailer patients), as well as limited capacity (across the ambulance, mental health, community, and acute sectors, all of which contribute to urgent and emergency care performance), workforce shortages (particularly in community nursing), and ongoing capacity challenges in primary and social care.

1.3 The Place Plan for Brent will focus on:

- Taking preventative action to mitigate where possible, the impact of illness of individuals, families and the health and care system, through our flu, and COVID immunisation delivery, particularly amongst groups experiencing the highest levels of health inequalities.
- Communication with local citizens to support them to navigate the local health and care offer, so care can be provided by the right service and/or individual in the right place.
- Support to all residents experiencing homelessness and asylum seekers through on-site vaccination clinics by the Brent Health Matters Teams and / or Find and Treat Team.
- Improving patient flow to free up hospital beds by providing effective, prompt and high impact interventions in and out of hospital care.
- Continuing to strengthen our support and capacity in primary and community teams to prevent admissions to hospital and ensure a robust discharge pathway out of hospital.
- Reducing variation in inpatient care and length of stay for our mental health service users by implementing in hospital efficiencies and bringing forward discharge processes.
- Securing efficient discharge pathways to reduce the length of time our citizens spend in the hospital once medically fit to leave by maximising the use of DHSC funding.

2.0 Recommendation(s)

- 2.1 It is recommended that the board notes and reviews the local Winter Planning initiatives that have been identified as proactively looking after our residents over the winter period.
- 2.2 It is recommended that the board provides a steer as to whether they are confident all key areas have been addressed and suggest any areas where system partners can build on schemes or improve on.

3.0 Detail

3.1 Contribution to Borough Plan Priorities & Strategic Context

- 3.1.1 This paper contributes to a number of strategic priorities within Brent Council's Borough Plan 2023 – 2027 and the Health and Wellbeing Strategy 2022 - 2027. The central priority it relates to is strategic priority 5 'A Healthier Brent', and looks to tackle health inequalities and provide localised services for local needs around health and wellbeing. This paper provides details on various schemes that meet the outcomes of strategic priority 5, as well as outcomes within the Health and Wellbeing Strategy throughout the winter period.
- 3.1.2 It also supports the Council's strategic priority 1 'Prosperity and Stability' to tackle inequality and to provide the best possible support for residents with complex needs. Additionally, it contributes to strategic priority 2, 'A Cleaner,

Greener Future' with the Brent Well and Warm programme, which is outlined below. The Brent Well and Warm programme also seeks to deliver against outcomes in the Climate and Ecological Emergency Strategy 2021 – 2030.

3.1.3 Finally, it supports the outcomes of the Homelessness and Rough Sleeping strategy 2022 – 2025. This paper provides a series of direct and indirect interventions that aim to support homeless people and rough sleepers throughout the winter period.

3.2 Seasonal infections

3.2.1 As at the end of week 40 (12/10/23), COVID 19 rates had shown a slight increase in the UK. As the weather becomes colder and people mix more indoors, COVID 19 infections are expected to further increase. As we are now learning to live safely with COVID, testing is much reduced, and we do not have reliable data on local rates in the community. The new variant BA.2.86 is circulating alongside earlier variants. Data is limited but there is no evidence at present that BA.2.86 infection is more likely to cause serious illness than other circulating variants nor that the protection offered by vaccination will be less. Flu rates and flu admissions remain low and stable. The usual seasonal increase in Respiratory Syncytial Virus (RSV) in young children has begun. RSV is usually mild causing cold like symptoms, but in babies, and the elderly, can be a more serious disease.

3.2.2 Prevention

3.2.2.1 Robust flu and COVID vaccination programme across all cohorts

3.2.2.2 ICB COVID and Vaccination Programme: There is a robust flu and COVID vaccination programme across all cohorts. A new COVID-19 variant, BA.2.86, has been detected with evidence of established community transmission in the UK. The UK Health Security Agency (UKHSA) has advised that the public health intervention with the greatest impact is the vaccination of eligible groups. Accordingly, the autumn COVID vaccination programme has been brought forward, which commenced on 11th September. The aim of this programme is to vaccinate as many eligible people as possible by the end of October. The co-administration of flu vaccination alongside this accelerated delivery of COVID vaccination will have operational and public health benefits. The eligibility for flu and COVID vaccination remains unchanged, although this will be kept under review by Joint Committee on Vaccination and Immunisation (JCVI). There has been no change in advice or action on COVID-19 testing, infection prevention measures, outbreak management measures or treatment.

Alongside several Community Pharmacies, local PCNs are also supporting the acceleration programme for COVID and, where possible, dual vaccination with Influenza. Under the new targeted deployment model, all sites will be initiating a starting amount of vaccine followed by automated replenishment, dependent on weekly bookings using local and national booking systems. Regular reviews with the NWL team and the PCN leads to ensure all eligible

patients are vaccinated on time. Practices can also provide vaccination through local arrangements with their PCN and network. With the Roving Team offering support, PCNs coverage and cohorts are highlighted in the table below:

Network	Covering	Vaccination Site	Offer to	Roving Support
Harness	Harness North & South	Park Royal Medical Centre	Carehome, Housebound & those Eligible	Full PCN coverage, no roving support
K&W	K&W North, South, West & Central	Wembley Centre for Health & Care	Carehome, Housebound & those Eligible	PCN Coverage with additional support provided by Roving team
Kilburn	Kilburn Partnership	Willesden Centre for Health and Care (Confirmation of agreement with NWL Estates?)	Carehome, Housebound & those Eligible	Full PCN coverage, no roving support

There is also outreach work taking place at a Black and Black British event at the Wembley Centre on 21st October which will look to directly tackle health inequalities linked to the community.

3.2.2.3 Of 621 care home residents 382 have accepted a COVID vaccination which equates to 61.5% as at 17 October. All residents have been or will be offered a COVID and flu vaccination by 22 October. Of the 65+ resident group 11,386 of 45,999 have been vaccinated for COVID in a period of 5 weeks.

Brent Civic Vaccination Centre: the COVID19 autumn booster and Flu vaccinations will be available to eligible residents at the Brent Civic Vaccination Centre on the first floor. The centre is open and providing vaccinations on Mondays and Tuesdays between 9:30am – 4:30pm. Residents can book their vaccinations through the NHS UK website.

3.3 Primary Care – GP Delivery Model and enhanced services

3.3.1 GP Surgery services are available during the core hours of Monday – Friday between 8am and 6.30pm. Services are required to be open during these times including Christmas and New Year’s Eve. Practices are required to confirm their opening hours with the NW London Primary Care Teams. There is also a redirection service available from NHS 111 back to practices.

3.3.2 Primary care has an enhanced service for carers. The service aims to provide support to carers. The focus of the service is to create an environment where carers are identified and supported to look after their health and wellbeing while caring for their loved one, promoting positive health and wellbeing for carers. The intention is to reduce carer crisis and family breakdown as well as

unwarranted variations in carer support and to tackle health inequalities. There will be work done to identify 'hidden carers' who despite having a caring responsibility, do not recognise themselves as a carer. Carers will be offered on-going advice, information and support.

3.3.3 Primary care also has an enhanced service for under-represented groups providing pro-active health and wellbeing assessment. The groups include those who are:

- Housebound through physical or psychological illness
- Homeless including rough sleepers, those living in accommodation which is unreasonable to occupy, people living in hostels or supported accommodation.
- The hidden homeless such as people in 'squats' or 'sofa surfers' as well as those in Supported Living, Extra Care and Supported Care Services (that are not covered under the Care Home ES).

This service promotes a multi-disciplinary approach with partners to support patients.

3.4 **Brent Well & Warm Programme**

3.4.1 The Brent Well and Warm service offers vital support to vulnerable residents by providing access to practical high quality energy advice and assistance, helping residents to keep bills down and to heat their home more efficiently. The service aims to provide a valuable safety net for those most vulnerable and fuel poor residents, who are suffering hardship through being unable to heat their homes.

3.4.2 Brent commissioned Groundwork to deliver this service. Residents are triaged through existing routes within Brent Council (such as Community Hubs, Family Wellbeing Centres, outreach workers in roles, which make regular day to day contact with residents, such as housing or social care) and through partner organisations, who are well placed to judge if a resident requires support and may be eligible to be signposted to the service.

3.4.3 Groundwork carries out an initial virtual consultation to provide a comprehensive assessment of the residents' energy needs and will identify what (if any) interventions are necessary and suitable. Where suitable, the service provider will also conduct in-home energy advice visits to similarly identify interventions.

3.4.4 The scheme is not designed to be a self-referral scheme for any Brent resident. It is targeted at the most vulnerable to ensure that resources are being deployed efficiently.

3.4.5 To date, Groundwork have undertaken 206 first consultations (49 in person, 157 by phone). The advice provided so far, if residents follow through with the interventions recommended to them, is estimated to have saved Brent residents £44,913 in energy bills, 144,045kg of carbon emissions, and 3,643,963 litres of water. The small measures that have been provided on site

(LED lightbulbs, radiator panels etc.) are estimated to have delivered £2,632 of energy bill savings and 10,298kg of carbon emission savings.

3.4.6 The service has funding until Spring 2024 and scope for up to a further 794 consultations over the course of this winter.

3.5 **Communication and engagement campaigns with local communities**

3.5.1 There is a programme of communication taking place and plans to support local citizens in navigating the local health and care offer so that the appropriate service and/or individual can provide care in the right place. This will build on the following:

- NW London-wide communications and engagement winter plan to support residents with decisions about their health and the services they use, by providing information and redirecting people at the point of need. The plan uses data from previous winter campaigns and the Whole Systems Integrated Care Dashboard to target and support the right areas and communities.
- Full winter messaging flyers have launched this month. The Flu campaign and Children and young people campaign launched in September. The Self-care messaging will launch in November. All campaigns will continue throughout the winter period, with focus on Urgent and emergency care and Vaccination (flu/Covid booster). All resources are and will be available on a specific communications and engagement resources page on the NW London ICS website. Plans and updates will be discussed regularly at various NW London Health forums. Evaluation began in September and will continue to March 2024. Partners will receive monthly updates on activities and reach.
- Brent Health Citizen Forums that took place in September will also take place in December and March, with a focus on Winter Wellness messaging.
- Greater coordination of communication channels across Borough Based Partnership (BBP) to ensure the efficiency of messaging.

3.5.2 Brent Council Winter Communications Campaign: As in previous years, the NHS in London with UKSHA (UK Health Security Agency) and OHID (Office for Health Improvement and Disparities) will be producing a number of key public messages on keeping well in Winter. These messages and an accompanying tool kit (including imaging and text which will resonate with London's diverse communities as well as translated text) are expected to be released at the end of October. Key messages are likely to include the importance of vaccination but also respiratory and hand hygiene, warmth in the home, keeping active and tips for mental wellbeing. These messages will be amplified through the usual Council communications channels for example the Council's website, e-newsletter and social media.

3.6 Housing and Asylum Seekers support

- 3.6.1 During Winter, the Severe Weather Emergency Protocol (SWEP) is activated by St Mungo's. This is triggered when the weather drops to 0 degrees or below, whereby individuals sleeping rough are prioritised for shelter. They are supported by their connect worker to be registered with a GP practice, if not already, and provided with a proactive health assessment.

In addition, all people experiencing homelessness and asylum seekers housed in the Interim Accommodation Sites are encouraged to have their flu vaccine through attendance at their GP practice and arranging for on-site vaccination clinics by the Brent Health Matters Teams and / or Find and Treat Team.

The Hospital Based Outreach Team for people experiencing homelessness will continue to provide a multi-disciplinary health intervention, social care, housing, advocacy, and practical input so that patients are discharged in an improved situation, reducing hospital re-admittance and homelessness.

- 3.6.2 Brent Council Housing Needs Preparedness: The Council's commissioned services for single homeless people and rough sleepers will operate as normal throughout the winter months. These include:

- The Turning Point: Drop-in service provided by the Council based at the Design Works building in Harlesden for single homeless people to access support and advice service, including drug and alcohol services.
- Brent Outreach Service: Commissioned service provided by St Mungo's. The Outreach Team are out four nights and one day every week, engaging with rough sleepers in a timely manner.
- VIA New Beginnings Service: Commissioned service that provides drug and alcohol services to local residents including street outreach services, as well as a dedicated 24/7 response line. Once in treatment, service users also have access to a range of practical support, including warm winter clothes and essential items.
- Street Link: Referral service for members of the public to report when they see someone sleeping rough, as well as a dedicated phone number for people to self-refer.
- Winter Shelter: the Council will be providing a Winter shelter, open 7 nights a week for up to 15 rough sleepers throughout the cold weather months. Last year's shelter opened on 7 January and closed on 31 March. The Council work with voluntary sector partners and the Brent Homelessness Forum to ensure a multi-agency effort providing a safe space for rough sleepers during the Winter nights. Specialist support for drug and alcohol services will be provided on site through Via New Beginnings.

3.7 Trust Provider Plans

3.7.1 Central London Community Healthcare

3.7.1.1 The Brent Rapid Response Team will maintain business as usual levels of activity for winter 2023/24 of over 3,000 patient contacts per month (including follow up visits). The service averaged 450 referrals per month for 2022/23. For 22/23 service performance was 99% against its KPI of a 2-hour response time for all referrals and it is anticipated that this will be maintained in line with performance over winter 2022/23.

3.7.2 London North West University Hospital Trust (LNUHT) Acute Initiatives to support Winter Resilience

3.7.2.1 For the 2023-24 winter plan, the Trust submitted the following summary plan to the ICB:

- £2,990k (Oct 23 – 31 March 24) for 32 beds at Northwick Park Hospital.
- Additional winter flow schemes £2,000k (1 Oct 23 – 31 March 24).
- LNUHT has a plan to open up 33 beds pre modular phasing in from this month, then the additional 32 modular from March.
- Additionally, a plan is in progress for 20 additional medical beds at Northwick Park Hospital by reconfiguring surgical bed base (part of step 1)
- There is also plan for additional staffing to support the increase patient demand for the winter months.

3.7.3 CNWL Initiatives to Support Winter Resilience

3.7.3.1 The NWL MHLDA Provider Collaborative ran a joint planning session to share practice, understand and respond to winter challenges in 2023/24. Senior operational leads in Adult, Older Adult and CAMHS services attended, agreeing high impact actions and a shared understanding of challenges facing the system this winter.

3.7.3.2 Operational staff agreed that challenges facing the system mirrored those identified by NHSE, with added local complications including:

- High presentations of patients with drug and alcohol needs, often with no fixed abode.
- Expected impact of new covid waves on older adult admissions and capacity
- London-wide closures of CAMHS private beds, which will impact overall capacity and flow.
- Continued bed pressures since winter 2022/23
- High number of unknown patients presenting at A&E

3.7.3.3 The session focused on learning from major programmes that had supported flow in winter 22-23. These included:

- The introduction of a new MH Crisis Assessment Service, which enabled CNWL to keep MH A&E presentation below August 2022 levels and stabilise 12-hour inappropriate waits and improve admission avoidance rates.
- The use of step-down bed capacity in WLT to improve overall flow.

- Incorporating rehab beds into both Trusts capacity oversight, creating better flow and appropriate lengths of stay in those settings.
- Expanding CAMHS service, including crisis support services as an alternative to crisis admissions.

3.7.3.4 A number of short and long term activities are now being considered by the Provider Collaborative to improve acute pressures further. In the short term, these focus on joint communications to partners – particularly around how to access crisis alternative services - and consistency of processes that are common across both Trusts (such as CRFD definitions). In the longer term, focus included understanding support options for more complex patients (ASD, drug and alcohol etc.), and exploring common assessment processes. Via the local community substance misuse treatment and recovery service is promoting it's 24/7 helpline, duty system and referral process to mental health and acute health professionals. There will be a joint operational planning exercise, including a mid-winter 'check in' to test impact of actions already taken.

3.8 Integrated Care Partnership's Approach to address Winter Pressures

3.8.1 The Winter Planning Programme was initiated by DHSC with a specific focus on strengthening discharge pathways and reducing length-of-stay in the hospital, delivering on the best outcomes for our residents to be better supported at their place of residence.

3.8.2 Since 22/23, Brent has implemented an established Winter Planning process and governance to agree, monitor and assess all winter schemes. Brent ICP Executive requested we develop our plans to mitigate the risks associated with NHS funding for 'Discharge to Assess' ending in NW London on September 22, which potentially posed an additional risk for hospital trusts, particularly for more complex needs.

3.8.3 Key stakeholders from Brent Integrated Care Partnership (ICP) have come together as a single Borough team to jointly establish various schemes to support pressures on the hospital system and Council services during Winter. Partners on the ICP include Brent Council, London North West University Hospital NHS Trust (LNUHT), Central and North West London NHS Foundation Trust (CNWL), and Central London Community Healthcare NHS Trust (CLCH) have come together via multiple Task and Finish Groups.

3.8.4 There have already been many efforts across the NWL system overall and Brent ICP to ensure an efficient level of beds in both hospitals and Community, best usage of the current capacity, and a reduction in A&E and urgent care demand. In addition, key representatives from each ICP partner met to propose a long list of schemes started in July 2022. The Winter Planning Task and Finish Group is responsible for bringing together all system partners to work up the schemes. Further meetings to refine the schemes with clear objectives, finance, plans and key deliverables. As a result, the long list has been prioritised to create the following local schemes as depicted in the detail below. These

schemes were discussed at their respective Executive Groups and ultimately signed off by the ICP Executive.

- 3.8.5 In addition to existing joint working, the proposed Brent Winter plan builds on a Better Care Fund Plan, which includes several schemes in development with adult social care. This ensures a resilient social care system to support further integration between health and social care. The BCF schemes include provision for additional Social Workers to assist with flow and hospital discharge, a handyperson service to assist residents at home, housing for residents with homelessness issues, and step-down beds to assist patient flow.
- 3.8.6 The primary purposes of the proposed schemes are to support the system's resilience in the coming winter months to reduce avoidable unplanned admissions to hospitals and other Urgent Emergency Care services, improve pro-active care, improve access to community (out-of-hospital) services and promote self-care and wellbeing.
- 3.8.7 Total Funding Allocation of Winter Schemes as Part of BCF Discharge Funding is **£3.5m** for 23/24:
- DHSC Direct Local Authority Allocation £1.87m
 - NWL ICB DHSC Allocation £1.67m

Fifteen schemes have been included, with most re-instated in 23/24, and they have undergone a rigorous review process at Brent ICP Task and Finish Groups. There has been joint agreement and buy-in from all stakeholders that these schemes should be included in the 23/24 programme.

All schemes stated in **Section 3.9** below meet four main criteria:

- Support flow and discharge, demonstrating an impact across the system.
- Support patients discharged to the best place that meets the requirements of home first and discharges to the usual place of residence.
- Facilitate earlier discharge from acute wards.
- Meet ASC and health benefits.

3.9 Department of Health and Social Care (DHSC) Funded Schemes

The following are the discharge schemes to ensure that hospital discharge flow will continue to be supported as a priority.

- 3.9.1 Overnight Service – Preventing Avoidable Admissions: The overnight service will support patients in their own homes, reducing the need for repeated hospital visits and admissions, as well as a reduction in nursing homes admissions. The service involves two carers working in pairs, responding to an average of 12 patients a night. The service would enhance our existing services and operate during hours when BAU services are closed.
- 3.9.2 24-Hour Complex Care: The complex care service provides 24-hour support at home for the most complex care patients discharged from the hospital, who

often require residential placements that can be difficult to secure. Twenty-two people have used this service since January 2023. The service supports quicker discharge as these patients (pathway 2) would often have delayed discharge of 3 weeks or more until an appropriate placement had been found, which is often a care home rather than residential.

- 3.9.3 **Take Home and Settle Service:** This is a reactive discharge service that supports the discharge of patients predominantly aged 50 and older across the hospital. The service supports transport to get the patient home and a staff member to settle them back at home and ensure appropriate follow-ups are in place. The patient and their carer are also signposted to relevant third-sector organisations to obtain more comprehensive support for the long term.
- 3.9.4 **Additional Social workers/7-day working:** The additional social workers would support post discharges. The team would be able to manage 4-5 clients per week. Ability to manage the increased number of referrals for assessment for patients who have non-complex needs and are discharged through (Home First), as well as those with more complex needs and situations post-discharge.
- 3.9.5 **Step-Down Beds:** Provide additional step-down beds in the Community to support more complex patients. Clear referral criteria jointly agreed between CHC, Complex Care and Adult Social Care (ASC). This scheme will ensure there is sufficient support to enable care for complex clients, including Non-Weight Bearing (NWB) and Delirium.
- 3.9.6 **Enhanced Dementia Support Following Discharge:** Due to the increasing number of patients placed in care homes due to dementia. The service will support enhanced dementia support following discharge for care in the Community. Non-residential care settings. Dementia specialist workers working with the acute hospital discharge team can provide immediate intervention monitoring and support. Training groups of care workers and informal networks, such as family members, around the management of challenging behaviour. The service model will include enhanced dementia support wrap-around care following discharge.
- 3.9.7 **Trusted Nurse Assessor:** As a system, we have identified patients who were experiencing delays to their discharges to care homes, with the assessment process being protracted and confusing. There are significant pressures in the system to improve patient flow across acute hospitals, including accident and emergency, high levels of delayed transfers of care and poor health outcomes for patients.

Delays in patient discharge can harm patients, but most can be avoided, mainly if the delay is caused by waiting for a care provider to assess and accept a patient into their service.

Brent launched a pilot in November 2022, funded by DHSC Discharge funding and ICP Sec 256 from October 2023, with a Trusted Assessor Model. The Trusted Assessor supports patients assessed as needing a care home placement discharge from hospitals to care homes. The pilot has been

developed in collaboration with Care Home Managers, LNWHUT, Brent LA and the Brent Integration and Delivery team. The Trusted Assessor Pilot aims to: (a) improve the discharge and transfer process for patients from the acute (LNWUHT) to an appropriate care home; (b) reduce the time taken to transfer patients successfully; (c) improve relationships and communication for patient transfers.

3.9.8 Bridging Provisional Proposal: Funding of £862k has been allocated from NWL ICB as part of the winter funding to implement a 'Bridging Provision Proposal' replicating/scaling up the Hillingdon model to have a maximum impact on discharge performance. Each borough procures a dedicated care provider to deliver up to 5 days of care to enable any patient to be discharged home within 12 hours from referral. Patients are then assessed at home for either reablement or longer term. The service would be integrated with existing reablement home first services and local authority teams.

3.9.9 Northwick Park Hospital Adult Mental Health Emergency Centre (7-day working): The Mental Health Emergency Centre will be funded on a 7-day working basis, staffed by 3 MH workers and two outreach workers, who will work to offer contact at the point of admission. The outcome of this scheme is to reduce avoidable admission to general acute or mental health and facilitate earlier discharge from A&E. The joint team would work to support and divert people to settings that better meet their needs while improving patients' experience.

3.9.10 Emergency Support Increase Rapid Response Capacity for Urgent Mental Health Provided: In addition to the Mental Health schemes above, the following scheme will provide preventative holistic support for patients with mental health via Community and Voluntary Sector partners. The Brent Mental Health Crisis Support provides emergency and essential support for patients with Mental Health and Learning Disabilities experiencing emotional distress or crisis. This service also supports people living with dementia in Brent during Winter. The aim is to provide quality support to patients and avoid unnecessary avoidable A&E attendance by providing early intervention for patients at higher risk of experiencing mental health crises.

3.9.11 Community Equipment: Maintaining discharge protocols and delivering an ever-increasing complexity in the products needed to support individuals in their homes has increased demand and faster delivery speeds for community equipment being prescribed. Our program will also support and manage the increased requests for community equipment for patients discharged from the hospital, with the core aim and objective – enabling people to live full, active, and independent lives for as long as possible.

3.10 Risks to the Place Plan for Brent

3.10.1 There is a risk that winter demand exceeds acute capacity which would lead to pressures on all unplanned care services. To mitigate the impact of this action will be taken locally to monitor capacity. There will also be a focus on working

with partners across the system to mitigate the risk to unplanned care services and manage capacity.

3.10.2 There is a risk that staffing will be insufficient for winter capacity plans which would lead to poor staff with limited capacity and low morale amongst staff. There is local action planned such as schemes specifically targeted at promoting staff wellbeing, improving recruitment and improving attrition rates. Performance of these schemes will be monitored by staff impact measures.

4.0 Stakeholder and ward member consultation and engagement

4.1 All ICP Winter Planning Schemes have been worked through and agreed upon by all ICP stakeholders.

4.2 There are no further stakeholder and ward member consultation and engagement comments specific to this paper.

5.0 Financial Considerations

5.1 There are no specific financial considerations relating to this paper.

6.0 Legal Considerations

6.1 There are no specific financial considerations relating to this paper.

7.0 Equality, Diversity & Inclusion (EDI) Considerations

7.1 The Health and Equality clinics are dedicated clinics operating over the weekends to support the needs of our vulnerable patients, including housebound residents who would not be able to access healthcare otherwise.

8.0 Climate Change and Environmental Considerations

8.1 The climate change and environmental considerations are covered above in this paper.

9.0 Communication Considerations

9.1 There are no specific communication considerations relating to this paper.

Report sign-off:

Helen Coombes
Corporate Director Care, Health and Wellbeing

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Brent Health and Wellbeing Board

Winter Planning and Community Resilience

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Collated by

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30 October 2023

Introduction

What is behind the increasing Winter Pressure

The severity of the winter pressure is due to a combination of factors. There is the known trend of increasing demand and acuity (i.e. Seasonal Flu, sicker and frailer patients), as well as limited capacity (across the ambulance, mental health, community and acute sectors, all of which contribute to urgent and emergency care performance), workforce shortages (particularly in community nursing), and ongoing capacity challenges in primary and social care.

The Winter Place Plan for Brent will focus on:

- Taking preventative action to mitigate where possible, the impact of illness of individuals, families and the health and care system, through our flu, and COVID immunisation delivery, particularly amongst groups experiencing the highest levels of health inequalities
- Communication with local citizens to support them to navigate the local health and care offer, so care can be provided by the right service and/or individual in the right place
- Support to all residents experiencing homelessness and asylum seekers through on-site vaccination clinics by the Brent Health Matters Teams and / or Find and Treat Team.
- Improving patient flow to free up hospital beds by providing effective, prompt and high impact interventions in and out of hospital care.
- Continuing to strengthen our support and capacity in primary and community teams to prevent admissions to hospital and ensure a robust discharge pathway out of hospital
- Reducing variation in inpatient care and length of stay for our mental health service users by implementing in hospital efficiencies and bringing forward discharge processes
- Securing efficient discharge pathways to reduce the length of time our citizens spend in the hospital once medically fit to leave by maximising the use of DHSC funding

Seasonal Infections

- As at the end of week 40 (12/10/23), COVID 19 rates had shown a slight increase in the UK.
- As the weather becomes colder and people mix more indoors, COVID 19 infections are expected to further increase.
- Data is limited but there is no evidence at present that BA.2.86 infection is more likely to cause serious illness than other circulating variants nor that the protection offered by vaccination will be less.
- Flu rates and flu admissions remain low and stable.
- The usual seasonal increase in Respiratory Syncytial Virus (RSV) in young children has begun. RSV is usually mild causing cold like symptoms, but in babies, and the elderly, can be a more serious disease.

Prevention 1

There are a number of prevention activities taking place throughout the winter period to support the health and social care system which include:

- A robust flu and COVID vaccination programme across all cohorts
 - The UK Health Security Agency (UKHSA) has advised that the public health intervention with the greatest impact is the vaccination of eligible groups. Accordingly, the autumn COVID vaccination programme has been brought forward, which commenced on 11th September. The aim of this programme is to vaccinate as many eligible people as possible by the end of October.
 - Several Community Pharmacies, local PCNs and the Brent Civic Vaccination Centre are also supporting the acceleration programme for COVID and, where possible, dual vaccination with Influenza.
- Primary Care – GP Delivery Model and enhanced services
 - GP Surgery services are available during the core hours of Monday – Friday between 8am and 6.30pm. Services are required to be open during these times including Christmas and New Year's Eve. Practices are required to confirm their opening hours with the NW London Primary Care Teams. There is also a redirection service available from NHS 111 back to practices.
 - Primary care has an enhanced service for carers.
 - Primary care also has an enhanced service for under-represented groups providing pro-active health and wellbeing assessment.
- Brent Well & Warm Programme
 - The Brent Well and Warm service offers vital support to vulnerable residents by providing access to practical high quality energy advice and assistance, helping residents to keep bills down and to heat their home more efficiently. The service aims to provide a valuable safety net for those most vulnerable and fuel poor residents, who are suffering hardship through being unable to heat their homes.
 - The service has funding until Spring 2024 and scope for up to a further 794 consultations over the course of this winter.

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Prevention 2

There are a number of prevention activities taking place throughout the winter period to support the health and social care system which include:

- Communication and engagement campaigns with local communities
 - There is a programme of communication taking place and plans to support local citizens in navigating the local health and care offer so that the appropriate service and/or individual can provide care in the right place.
 - NW London-wide communications and engagement winter plan to support residents with decisions about their health and the services they use, by providing information and redirecting people at the point of need.
- Brent Council Winter Communications Campaign
 - As in previous years, the NHS in London with UKSHA (UK Health Security Agency) and OHID (Office for Health Improvement and Disparities) will be producing a number of key public messages on keeping well in Winter.
 - Key messages are likely to include the importance of vaccination but also respiratory and hand hygiene, warmth in the home, keeping active and tips for mental wellbeing. Partners will amplify these messages through their usual communications channels for example the Council's website, e-newsletter and social media.
- Housing and Asylum Seekers support
 - The Severe Weather Emergency Protocol (SWEP) is activated by St Mungo's when the weather drops to 0 degrees or below, whereby individuals sleeping rough are prioritised for shelter.
 - All people experiencing homelessness and asylum seekers housed in the Interim Accommodation Sites are encouraged to have their flu vaccine through attendance at their GP practice and arranging for on-site vaccination clinics by the Brent Health Matters Teams and / or Find and Treat Team.
 - The Hospital Based Outreach Team for people experiencing homelessness will continue to provide a multi-disciplinary health intervention, social care, housing, advocacy, and practical input so that patients are discharged in an improved situation, reducing hospital re-admittance and homelessness.
 - The Council's commissioned services for single homeless people and rough sleepers will operate as normal throughout the winter months.

Trust Providers Plans

Providers have a number of initiatives to support winter resilience:


- Central London Community Healthcare
 - The Brent Rapid Response Team will maintain business as usual levels of activity for winter 2023/24 of over 3,000 patient contacts per month (including follow up visits). The service averaged 450 referrals per month for 2022/23.
- London North West University Hospital Trust (LNUHT) Acute Initiatives to support Winter Resilience
 - For the 2023-24 winter plan, the Trust submitted the following summary plan to the ICB:
 - £2,990k (Oct 23 – 31 March 24) for 32 beds at Northwick Park Hospital.
 - Additional winter flow schemes £2,000k (1 Oct 23 – 31 March 24).
- NWL Initiatives to Support Winter Resilience
 - The NWL MHLDA Provider Collaborative ran a joint planning session to share practice, understand and respond to winter challenges in 2023/24. Senior operational leads in Adult, Older Adult and CAMHS services attended, agreeing high impact actions and a shared understanding of challenges facing the system this winter.
 - A number of short and long term activities are now being considered by the Provider Collaborative to improve acute pressures further. In the short term, these focus on joint communications to partners – particularly around how to access crisis alternative services - and consistency of processes that are common across both Trusts (such as CRFD definitions).

Integrated Care Partnership Approach

- The Winter Planning Programme was initiated by DHSC with a specific focus on strengthening discharge pathways and reducing length-of-stay in the hospital, delivering on the best outcomes for our residents to be better supported at their place of residence.
- Total Funding Allocation of Winter Schemes as Part of BCF Discharge Funding is £3.5m for 23/24:
 - DHSC Direct Local Authority Allocation £1.87m
 - NWL ICB DHSC Allocation £1.67m
- Fifteen schemes have been included, with most re-instated in 23/24, and they have undergone a rigorous review process at Brent ICP Task and Finish Groups. There has been joint agreement and buy-in from all stakeholders that these schemes should be included in the 23/24 programme.
 - Overnight Service
 - 24-Hour Complex Care
 - Take Home and Settle Service
 - Additional Social workers/7-day working
 - Step-Down Beds
 - Enhanced Dementia Support Following Discharge
 - Trusted Nurse Assessor
 - Bridging Provisional Proposal
 - Northwick Park Hospital Adult Mental Health Emergency Centre (7-day working)
 - Emergency Support Increase Rapid Response Capacity for Urgent Mental Health Provided
 - Community Equipment

Brent system risks to the delivery of the winter plan 23/24

There is a risk that...	Leads to...	Local Action...
Winter demand exceeds acute capacity	Significant pressures on all unplanned care services	Monitoring capacity and working with partners to mitigate risk and manage capacity.
Staffing will be insufficient for winter capacity plans	poor staffing, capacity being limited and low morale	Schemes specifically targeted to promote staff wellbeing, improve recruitment and improve attrition rates - performance monitored by staff impact measure

	Brent Health and Wellbeing Board 30 October 2023
	Report from the Corporate Director of Health Care and Wellbeing
	Lead Cabinet Member Councillor Nerva
Better Care Fund submission	

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:	None
Background Papers:	None
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	Nipa Shah Programme Director, Brent Health Matters Nipa.Shah@brent.gov.uk Tel: 07825106079

1.0 Executive Summary

1.1 The purpose of the report is to seek approval for the Brent Better Care Fund plan for 2023/24, and to delegate authority for senior officers to enter into the formal Section 75 arrangements in order to allow funding to be transferred to the local authority and establish the pooled budget. The plan has been agreed by the Brent ICP Executive and in draft to the Health and Wellbeing Board on 25th July 2023 pending signoff from the NW London Integrated Care Board and the national Better Care Fund team. The plan has now been submitted and approved by the national team, pending formal ratification of the Health and Wellbeing Board of the final draft” which has been agreed by the Brent ICP Executive and submitted in draft pending approval to the national Better Care team.

2.0 Recommendation(s)

2.1 Approve the 2023/24 Better Care Fund plan.

3.0 Detail

- 3.1 The BCF submission has been completed working with all the teams and stakeholders in Brent. The uplift amount has been used to support some new schemes that support transformation and winter pressures.
- 3.2 Few programmes from last year have been repurposed and some new programmes were added to ensure the current priorities are supported.
- 3.3 New programmes added included:
- Additional OT to support Hospital discharges (equipment needs)
 - Additional Programme Support for hospital flow ensuring swift provision of community equipment, aids and adaptations, prevention in health decline and mobility admission avoidance and carer
 - Programme worker to map out and develop Autism pathway
 - Additional Social worker to support patients in-patient MH unit to facilitate early discharge
 - Additional Reablement to support integrated team Rehabilitation and Reablement team

3.2 Contribution to Borough Plan Priorities & Strategic Context

- 3.2.1 This paper contributes to a number of strategic priorities within Brent Council's Borough Plan 2023 – 2027 and the Health and Wellbeing Strategy 2022 - 2027. The central priority it relates to is strategic priority 5 'A Healthier Brent', and looks to tackle health inequalities and provide localised services for local needs around health and wellbeing. The BCF plan provides details on various schemes that meet the outcomes of strategic priority 5, as well as outcomes within the Health and Wellbeing Strategy.

3.3 Background

- 3.3.1 Integration of health and social care services and joint working has been a national and local priority for some time, during which the Council has worked together with NWL ICB to provide a range of integrated and jointly commissioned services. Following the introduction of the National Service Act 2006 (NHS Act 2006) this co-operation has been pursuant to s75 of that Act. Parties have entered into partnership agreements pursuant to Section 75 of the NHS Act 2006 ("Section 75 partnership London Borough of Brent agreements"). Under Section 75 partnership agreements the parties pooled their budget to jointly provide or commission services.
- 3.3.2 Officers have met with colleagues from NWL ICB to review current arrangements and considered that continuation of the Section 75 partnership agreements are the most operationally advantageous way forward for the Council and NWL ICB to continue to fulfil their work in a seamless and integrated way to improve outcomes for service users.

4.0 Stakeholder and ward member consultation and engagement

- 4.1 All BCF Planning Schemes have been worked through and agreed upon by all stakeholders.
- 4.2 There are no further stakeholder and ward member consultation and engagement comments specific to this paper.

5.0 Financial Considerations

- 5.1 The table below details the value of the BCF Pooled Budget for 2023/24. The level of contribution from the NWL ICB has increased as per the specified inflationary increases, which has been uniformly applied to all Health and Wellbeing Boards at 5.66%. This is demonstrated further in our BCF Planning Template submission for 2023/24.

Better Care Fund 2023-2024	2022-2023 (m)	2023-2024 (m)	Increase
DFG	£5.317	£5.317	0.00%
Minimum NHS Contribution	£25.836	£27.298	5.66%
iBCF	£13.344	£13.344	0.00%
Additional LA Contribution	£0.000	£0.000	0.00%
Additional NHS Contribution	£0.071	£1.486	
Local Authority Discharge Funding	£1.119	£1.870	67.11%
ICB Discharge Funding	£1.115	£1.670	49.78%
Total	£46.802	£50.985	

- 5.2 National funding for the Disabilities Facilities Grant in 2023 to 2024 and 2024 to 2025 is also £573million for both years. This has remained at the same level since 2020/21. Brent's proportion of the funding is £5.317m.
- 5.3 The Improved Better Care Fund has remained at the same level since 2023 with Brent's allocation remaining at £13.345m.
- 5.4 DHSC National funding was set at £600m for 23/24, this has meant an increase in Brent's allocation of 67.11% for the Direct LA grant and 49.78% for NWL ICB allocation.
- 5.5 The movement in additional NHS contribution is due to change in category of the funds.

6.0 Legal Considerations

- 6.1 Following approval, officers will progress the Section S75 agreement, the legal mechanism to enable the transfer of funding

7.0 Equality, Diversity & Inclusion (EDI) Considerations

- 7.1 None, as all the existing and new programmes will be delivered to everyone across Brent

8.0 Climate Change and Environmental Considerations

8.1 There are no specific climate and environmental considerations relating to this paper.

9.0 Human Resources/Property Considerations (if appropriate)

9.1 There are no specific Human Resources/Property considerations relating to this paper.


10.0 Communication Considerations

10.1 There are no specific communication considerations relating to this paper.

Report sign off:

Helen Coombes

Corporate Director, Care Health and wellbeing

 <p>Brent North West London</p>	<p>Brent Health and Wellbeing Board 30 October 2023</p>
	<p>Report from Brent Integrated Care Partnership</p>
	<p>Cabinet Member for Public Health and Adult Social Care</p>
<p>Community Services Work Stream Update</p>	

Wards Affected:	All Brent
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 - Brent Borough Based Partnership Priority Deep Dive – Developing Community Care
Background Papers:	N/A
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	<p>Simon Crawford Deputy Chief Executive, LNWUHT (Co-Chair Community Executive) simon.crawford1@nhs.net</p> <p>Jackie Allain, Director of Operations CLCH (Co-Chair Community Executive) j.allain@nhs.net</p> <p>Tom Shakespeare Brent ICP Managing Director Tom.Shakespeare@brent.gov.uk</p> <p>Steve Vo Assistant Director Integration & Delivery, NHS NW London ICB - Brent Borough stevetruong.vo@nhs.net</p>

1.0 Executive Summary

1.1 This report provides detailed updates on key Community transformation work streams and seeks for steering and advice from Brent ICP Board on areas of Brent residents' needs that are not covered in this report.

2.0 Recommendation(s)

- 2.1 The Board is asked to note and comment on the contents of this report and the work undertaken so far to improve Community services in Brent.
- 2.2 Given the financial constraints with the NHS, the board is asked to provide steering on key community healthcare services that we should be focusing on.
- 2.3 Although we have done major comms campaigns for key programme such as Palliative Care, hypertension, and diabetes, there may be other key areas where Health and Social Care can join up to promote our services to our residents in Brent. The Board is asked to provide steering on these key areas.

3.0 Background and Context

- 3.1 Brent's Borough Based Partnership (BBBP) brings together commissioning and provider organisations to support the improvement of local health and wellbeing outcomes and reduce inequalities across Brent's communities and residents.
- 3.2 The Partnership has 4 priorities:
 - Priority 1 - Reduce health inequalities.
 - Priority 2 - PCN Development and reduction in practice variation.
 - Priority 3 - Improve community and intermediate health and care services.
 - Priority 4 - Improve mental health and wellbeing.
- 3.3 This report focuses on Priority 3 – Improve community and intermediate health and care services.

4.0 Detail Community Services Executive Group

- 4.1 The Community Services Executive Group (CSE), one of the four Executive Groups accountable to the Brent Integrated Care Partnership (ICP) Executive, oversees the integration of the health, social care and voluntary sector services to improve quality of care for Brent residents.
- 4.2 CSE has representation from London North West University Healthcare NHS Trust (LNUHT), Central London Community Health Care Trust (CLCH), NWL ICB Brent Borough team, Brent Local Authority, GPs, Voluntary Sector Organisations (CVS) and Healthwatch. The group is chaired by the Deputy Chief Executive from LNUHT and Director of Operations from CLCH. The group provides an oversight over key Health and Social Care programmes in Community. The group also provides steering to business cases, issues, and risks.
- 4.3 The purpose of this group is to facilitate a joint partnership approach to designing, developing and implementing community service transformation.

5.0 Transformation of Community Services

5.1 Below are the key agreed Transformation work streams currently being reported to CSE. Please note that this list only includes key transformation programmes and is not meant to be exhausted of all Community services in Brent as progress of other Community services are reported to CSE.

- Respiratory
- Care Home
- Heart Failure
- Frailty
- Integrated Neighbourhood
- Rehab and Reablement

5.2 There is a Task and Finish group for each of the key work stream above to ensure progress and accountability. These Task and finish groups meet regularly to agree on the proposed phasing of priorities, new models of care and pathways for these services.

5.3 System partners have worked proactively and collaboratively to bring about wider support in service transformation.

5.4 The Borough Team's programme leads provide assurance on the delivery of the transformation work streams to CSE on a monthly basis, which enables effective oversight of the programme to ICP partners.

6.0 Community Respiratory Service

6.1 Aims: The work stream aims to provide a high quality community respiratory service to adults with long-term respiratory conditions, enabling them to reach their maximum potential empowered by clear, locally agreed integrated care pathways.

6.2 Deliverables:

- Reducing NEL admissions for acute exacerbations of COPD
- Meeting the Pulmonary Rehab (PR) waiting time of 90 days from referral to enrolment (class start date)
- Contacting and assessing all patients referred into service within 7 working days of their discharge date

6.3 Progress to Date and Accomplishments:

6.3.1 The Chronic obstructive pulmonary disease (COPD) Exacerbation Case Management Pilot was concluded after 4 months with an evaluation produced in August showing 18% reduction of non-elective activity for COPD patients in hospitals from the same period last year. The evaluation also shows positive impact on patients' personal life, Dyspnoea, Anxiety levels, Depression levels, and patient information needs. Finalising the ongoing review of adult community service specification and respiratory pathways for transition of care between acute, community and primary care services.

- 6.3.2 Home oxygen new patient initiation rolled out in Brent.
- 6.3.3 PR offer increased as new site opened at Willesden Centre, which reduced waiting list significantly.
- 6.3.4 Imperial College Healthcare NHS Trust opened the new Willesden Community Diagnostic Centre (CDC) on 19th June. Although spirometry test was not in scope, we have managed to work with the CDC to take on spirometry testing to assist Brent GPs with the spirometry backlog.

6.4 Next Steps:

- Draft specification has been finalised by Respiratory Task and Finish group and oxygen new assessments are now included as part of the service provision. The expectation is to present the final spec to CSE in September for sign-off.
- Future services will provide a seamless and integrated pathway for patients with severe COPD and other respiratory diseases.

7.0 Care Homes Service

7.1 Aims: Our aim is to work collaboratively with Brent Adult Social Care to ensure safe and quality services for our residents in care homes.

7.2 Deliverables:

- Improving care home CQC rating
- Reducing A&E attendances from care homes
- Improving community and intermediate health and care service
- Supporting care home with workforce retention and recruitment via facilitating training

7.3 Progress to Date and Accomplishments:

- Peer Support Programme, a 12- week intensive programme to support care home with improving their processes and CQC rating. The programme has supported 16 care homes in Brent. All care homes that had their CQC inspection post peer support have improved their CQC rating.
- The Brent Care Home Dashboard has been developed by the NHS Brent Borough Team to provide a comprehensive dataset and assist system partners with monitoring our key care home metrics including LAS call-outs, A&E and non-elective activity, CQC rating and Vaccination.
- The team has worked proactively and collaboratively with NWL ICB and NHSE to promote and improve uptake on COVID vaccination in the Spring COVID vaccination booster campaign.

7.4 Next Steps:

- The Peer Support Programme continues to provide support for the 2 care homes currently on the programme and work with Brent Adult Social Team to invite additional care homes to the programme.
- The Borough Team will be focusing on the COVID vaccine Autumn campaign.

8.0 Heart Failure (HF) Service

8.1 Aims: We aim to provide a patient-centred model of care closer to home using a case management approach, supporting HF patients manage their long term condition.

8.2 Deliverables:

- Meeting the target of managing 100% of patients post 2-week discharge pathway
- Treating and seeing patients within 2 weeks of referrals
- Reducing HF preventative admissions and activity in hospital

8.3 Progress to Date and Accomplishments:

- Our HF Task and Finished group consisted of clinicians and managers from NWL ICB Borough Team, CLCH, LNWUHT and Primary Care developed a gold-standard service specification, tailored for the local needs in Brent. The specification requires additional resources which is recognised by NWL ICB who is reviewing HF services across the sector. A Business Case is being developed at NWL level with input from Brent to request for further funding and implement the new service specification.
- The CLCH HF Team has improved its service provision whilst taking on feedback from GPs and clinical consultants from hospitals.
- End of Life Heart Failure pathway is being led by our clinical lead in Brent which is to be implemented across NWL.
- Lead HF clinicians including HF nurse consultant in primary care, our GP HF Lead, and HF consultant at LNWUHT, in Brent have come together to prepare and provide an educational presentation to Brent GPs at this month's GP Forum.

8.4 Next Step:

- We will continue working with our colleagues at NWL ICB to advocate for Brent and ensure that our residents' needs are met with the right level of funding and resources.

9.0 Frailty Service

9.1 Aims: We aim to provide an integrated Frailty service for Brent patients, focusing on patients' needs aligned to the Integrated Neighbourhood Model. We aim to optimise our resources and improve patients' journey through seamless and integrated Frailty pathways managed by Primary and Community clinicians alongside Brent Adult Social Care.

9.2 Deliverables:

- Creating an integrated and seamless model of care to improve patient journey and quality of care with streamlined resources across different services in Community.

- Meeting the 75% target on hospital admission avoidance for patients who have gone through the Community Frailty service.

9.3 Progress to Date and Accomplishments:

- Clinicians across primary, community and acute have jointly worked with managers from the Brent Borough Team and Brent LA to devise a new model of care for Frailty and Complex Care patients. This new model of care is in discussion to be implemented with the providers, creating a Single Point of Access (SPA) for patients with frailty and complex healthcare needs.

9.4 Next Steps:

- Continue the discussion with the providers to roll out the SPA model.

10.0 Integrated Neighbourhood

10.1 Aims: Our aim is to deliver health, social, and care services that are tailored to the local neighbourhood needs in Brent, which are aligned to the 5 Connect Areas – Kilburn, Kenton & Kingsbury, Wembley, Willesden and Harlesden/ Stonebridge/ Roundwood/ Kensal Green. This would allow our residents to access care health and well-being services closer to home at a single space / campus of premises, allowing stronger and sustained integration amongst health, social and care services.

10.2 Deliverables:

- Create a resilient multidisciplinary workforce, who are motivated, engaged and flexible.
- Establish integrated and closer-to-home care, health and social hubs across the 5 Connect Areas in Brent
- Create inter-operable Information Systems across provider partners, allowing real-time information/data sharing.

10.3 Progress to Date and Accomplishments:

- We completed a directory for Brent care, health and social services with 130 service lines commissioned by the NHS, Council, Voluntary Sector and Public Health in Brent. The directory is hosted online, and refreshed in real time, making them available in the Brent Council and ICP website for the public to access.
- Local Brent Partnership Strategic Estates Group is on-going – this is a platform for partners to discuss estates /premises queries, escalations and innovations. Pipeline developments underway: Wembley Park – aim to ‘go live’ Feb. 2024. South Kilburn and Alperton – to follow in the near future. Local Brent Estates Strategy will be available sometime in October/November '23.
- Local Brent Strategic Integrated Care Team (ICT), Data & Digitalisation has been ongoing. Mapping exercise with partners has been completed.

On-going frontline staff deep dive on connectivity aspirations and priorities to establish working group on ICT connectivity/data sharing.

- “Have your say” survey has been completed with 85+ responses from stakeholders and wider Brent residents. This is to help shape the programme going forward.
- Data packs on population demographics, prevalence and characteristics were shared to the 5 neighbourhoods. This forms part of the baseline data to measure future attributions on achievements / lack of development with the programme.

10.4 Next Steps:

- Create a Brent Borough Strategic Workforce and Organisational Development steering group – planned for the 19th of Sept. (inaugural meeting)
- On-going specification development of integrated health and care hubs, looking at the synergies of existing hubs in Brent.
- ICT, Data & Digitalisation – continue to identify quick wins, short/medium/long term priorities, and testing system connectivity with neighbourhood teams.
- Develop Neighbourhood dashboard that has Health and Care Inequalities demographics and determinants. This will help our local neighbourhood teams to near real-time access to population health characteristics, better understand them so they can tailor their services to local needs.

11.0 Rehab and Reablement Service

11.1 Aim: We aim to build a fully integrated Therapy and reablement service that will flexibly meet the needs of the local population.

11.2 Deliverables:

- Full achievement of outcomes and goals following 6-week rehabilitation treatment
- Full achievement of outcomes and goals following 6-week reablement service
- Overall reduction in ongoing care such as homecare following the 6-weeks of rehab and reablement for at least 3 months.

11.3 Progress to Date and Accomplishments:

- Three models of care have been established including bronze, silver and gold, with the bronze model has already made progress with the aim of achieving the gold in the future years with appropriate funding.

11.4 Next Steps:

- To continue with implementing the bronze model of integrated rehab and reablement services that are currently commissioned separately between the NHS and Brent Local Authority.

12.0 Community Services Metrics

- 12.1 We are actively working with our BI Team to monitor how community services are having an impact on hospitals, keeping our residents safe post hospital discharge and avoiding hospital admissions in the first place.
- 12.2 Once data has been validated, we will present this at future updates.

13.0 Risk and Issues

- 13.1 Special School Nursing: Due the additional placements of special school this year onwards, there is an urgent need of NHS investment to special school nursing to fund additional nurses. CLCH has provided their paper detailing the demand and capacity, indicating a 2.5 WTE to their nursing team by September 2023. This has been escalated to NWL ICB but we have yet to receive a response. Lack of additional resources means that there are risks to whether children can safely attend school. There is an interim arrangement from Brent ICP to agree funding in the interim but long term funding will still needs to be approved.
- 13.2 Children Enuresis Service: Currently there is lack of Community Children Enuresis Service in Brent. There is risk of increase of emotional, psychology mental health issues for both children and parents as a result of this. Previously, we have submitted a business case for Brent but was not approved. Brent and Harrow are working on a joint Business Case to get the appropriate funding to establish this service in the two boroughs.
- 13.3 Community Frailty: We previously have prepared a Business Case to procure a new Frailty service for Brent. This was not approved by LNW ICB, who requested for a NWL Frailty wide review to understand the core offer across the sector prior to agreeing to the procurement. Currently, we are having to make appropriate changes, moving towards the new Frailty model within the existing contractual constraints. Brent has been nominated to lead on the NWL wide Frailty review work.

14.0 Stakeholder and ward member consultation and engagement

- 14.1 Engagement with Ward Members, system partners, Brent residents, community service users and Voluntary Sector Organisations is on-going. Involvement and inclusion of the Brent population continue to be supported by Brent Health Matters, Community Champions and NW London Residents' Forum.

15.0 Financial Considerations

- 15.1 Currently, the transformation work is delivered from within the existing core budgets from the NHS and Better Care Fund.

15.2 However, various transformation schemes would require additional funding from NWL ICB with Business Cases being developed at NWL ICB level such as Heart Failure and Integrated Care Neighbourhood.

16.0 Legal Considerations

16.1 There are no legal implications.

17.0 Equality, Diversity & Inclusion (EDI) Considerations

17.1 All substantial changes to service provision for any of the transformation work streams would require an Equality Health Impact Assessment.

17.2 Furthermore more, the following services are specifically focusing on health equality

- **Cancer Black Care (CBC):** The service has been serving the Brent community for years, offering a range of services including counselling, support groups, education, employment advice, patient navigation, advocacy, befriending, and wellness activities. The programme operates under the premise that cancer care extends beyond medical treatment, encompassing emotional and psychosocial well-being. CBC aims to reduce health inequalities and improve health outcomes by addressing the cultural and emotional needs of people affected by cancer and family, friends, and carers by providing a comprehensive support service to all members of the community affected by cancer. It is pivotal to delivering holistic and wellbeing cancer services and committed to providing a high-quality and patient-centred service to Brent residents and those from adjoining boroughs registered with Brent GPs.
- **Community Diagnostic Hubs (CDH) in Brent:** Community Diagnostic Hubs within the Brent Borough play a crucial role in tackling health inequalities by focusing on accessibility, targeted services, education, and collaboration. Accessible Locations, for all users and within travelling distance of 40 minutes in the borough. CDH offers all residents efficient diagnosis and intervention. This helps to reduce health disparities with equitable service provision for all residents, regardless of socioeconomic status, ethnicity, or other demographics, to have equal access to diagnostic services. Brent CDHs contribute effectively in reducing health inequalities and improving the overall health and well-being of residents in boroughs.

18.0 Climate Change and Environmental Considerations

18.1 There are no climate change and environmental implications.

19.0 Human Resources/Property Considerations (if appropriate)

19.1 There are no HR/Property implications.

20.0 Communication Considerations

20.1 For all service change and promotion of health care services, we work close with the NWL ICB Comms Team as well as Brent Health Matter to reach hard to reach population.

Report sign off:

Helen Coombes

Corporate Director Care, Health and Wellbeing

Brent Borough Based Partnership Priority Deep Dive – Developing Community Care

Health & Wellbeing Board Report

Introduction & Overview

This is a **high level report** for the Health & Wellbeing Board about the current collaborative working undertaken by all system partners in regards to the development and progress to date of key community transformation workstreams.

The Health & Wellbeing Board is asked to:

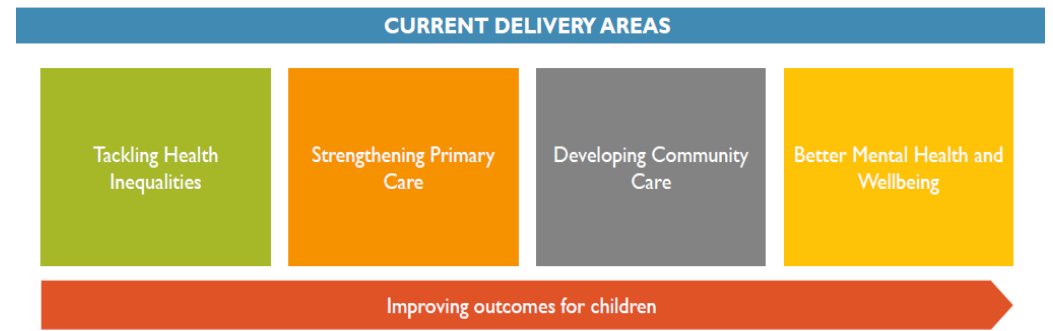
- Note and comment on the contents of this report and the work undertaken so far to improve Community services in Brent.
- Provide steering on key community healthcare services that we should be focusing on.
- Provide steering on future comms campaign for key areas where we should be focusing on to promote our services to our residents in Brent.

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Background & Context

Brent's Borough Based Partnership (BBBP) brings together commissioning and provider organisations to support the improvement of local health and wellbeing outcomes and reduce inequalities across Brent's communities and residents.

- Page 53
- The Partnership has 4 priorities:
- Priority 1 - Reduce health inequalities.
 - Priority 2 - PCN Development and reduction in practice variation.
 - **Priority 3 - Improve community and intermediate health and care services.**
 - Priority 4 - Improve mental health and wellbeing.

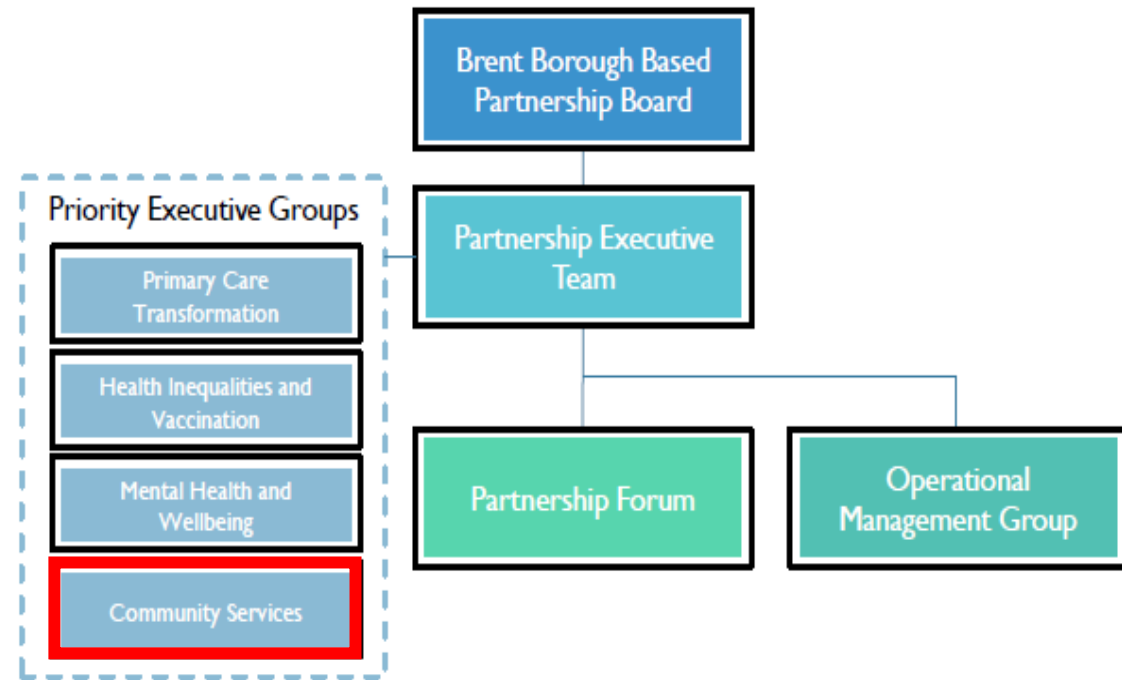


Community Services Executive Group

The **Community Services Executive Group (CSE)** oversees the integration of the health, social care and voluntary sector services to improve quality of care for Brent residents.

The group provides an oversight over key Health and Social Care programmes in Community, and steer to business cases, issues, and risks.

The group facilitates a joint partnership approach to designing, developing and implementing community service transformation.



Community Services Executive Group

The CSE has representation from London North West University Healthcare NHS Trust (LNWUHT), Central London Community Health Care Trust (CLCH), NWL ICB Brent Borough team, Brent Local Authority, GPs, Voluntary Sector Organisations (CVS) and Healthwatch.

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Partnership priority:

Delivering Community Care

Improving outcomes for children

Partnership Chairs:

Simon Crawford (LNWUHT) and Jackie Allain (CLCH)

SRO:

Steve Vo
Assistant Director Integration and Delivery

Clinical Leads:

Dr Lyndsey Williams

Dr Anne Murphy (Children and Young People Clinical Lead)

Hasmita Patel (Professional Lead)

Key Projects:

Transformation of Community Services
Community Neighbourhood Teams & Super Hubs

Transformation of Community Services

The agreed transformation workstreams are currently being reported to CSE, as well as the rest of the services operating as BAU Transformation/BAU.

A Task and Finish Group is set up for each key workstream to ensure progress and accountability. These Task and finish groups meet regularly to agree on the proposed phasing of priorities, new models of care and pathways for these services.

The Borough Team's programme leads provide assurance on the delivery of the transformation work streams to CSE on a monthly basis, which enables effective oversight of the programme to all partners.



Respiratory

Transformation Workstream Aim:

To provide a high quality community respiratory service to adults with long-term respiratory conditions, enabling them to reach their maximum potential empowered by clear, locally agreed integrated care pathways.

Deliverables

- Reducing NEL admissions for acute exacerbations of COPD.
- Meeting the Pulmonary Rehab (PR) waiting time of 90 days from referral to enrolment (class start date).
- Contacting and assessing all patients referred into service within 7 working days of their discharge date.

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Progress to date and Accomplishments

- The Chronic obstructive pulmonary disease (COPD) Exacerbation Case Management Pilot was concluded after 4 months with an evaluation produced in August showing 18% reduction of non-elective activity for COPD patients in hospitals from the same period last year. The evaluation also shows positive impact on patients' personal life, Dyspnoea, Anxiety levels, Depression levels, and patient information needs.
- Community service specification and respiratory pathways finalised.
- Home oxygen new patient initiation rolled out in Brent.
- PR offer increased as new site opened at Willesden Centre, which reduced waiting list significantly.
- Imperial College Healthcare NHS Trust opened the new Willesden Community Diagnostic Centre (CDC) on 19th June. Although spirometry test was not in scope, we have managed to work with the CDC to take on spirometry testing to assist Brent GPs with the spirometry backlog.

Next steps

- Draft specification has been finalised by Respiratory Task and Finish group and oxygen new assessments are now included as part of the service provision. The expectation is to present the final spec to CSE in November for sign-off.
- Future services will provide a seamless and integrated pathway for patients with severe COPD and other respiratory diseases.

Care Homes

Transformation Workstream Aim:

To work collaboratively with Brent Adult Social Care to ensure safe and quality services for our residents in care homes.

Deliverables

- Improving care home CQC rating.
- Reducing A&E attendances from care homes.
- Improving community and intermediate health and care service.
- Supporting care home with workforce retention and recruitment via facilitating training.

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Progress to date and Accomplishments

- Peer Support Programme, a 12- week intensive programme to support care home with improving their processes and CQC rating. The programme has supported 16 care homes in Brent. All care homes that had their CQC inspection post peer support have improved their CQC rating.
- The Brent Care Home Dashboard has been developed by the NHS Brent Borough Team to provide a comprehensive dataset and assist system partners with monitoring our key care home metrics including LAS call-outs, A&E and non-elective activity, CQC rating and Vaccination.
- The team has worked proactively and collaboratively with NWL ICB and NHSE to promote and improve uptake on COVID vaccination in the Spring COVID vaccination booster campaign.

Next steps

- The Peer Support Programme continues to provides support for the 2 care homes currently on the programme and work with Brent Adult Social Team to invite additional care homes to the programme.
- The Borough Team will be focusing on the COVID vaccine Autumn campaign.

Heart Failure (HF)

Transformation Workstream aim:

To provide a patient-centred model of care closer to home using a case management approach, supporting HF patients manage their long term condition.

Deliverables

- Meeting the target of managing 100% of patients post 2-week discharge pathway.
- Treating and seeing patients within 2 weeks of referrals.
- Reducing HF preventative admissions and activity in hospital.

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Progress to date and Accomplishments

- Our HF Task and Finished group had representation from clinicians and managers from NWL ICB Borough Team, CLCH, LNWUHT and Primary Care developed a gold-standard service specification, tailored for the local needs in Brent. The specification requires additional resources which is recognised by NWL ICB who is reviewing HF services across the sector. A Business Case is being developed at NWL level with input from Brent to request for further funding and implement the new service specification.
- The CLCH HF Team has improved its service provision whilst taking on feedback from GPs and clinical consultants from hospitals.
- End of Life Heart Failure pathway is being led by our clinical lead in Brent which is to be implemented across NWL.
- Lead HF clinicians including HF nurse consultant in primary care, our GP HF Lead, and HF consultant at LNWUHT, in Brent have come together to prepare and provide an educational presentation to Brent GPs at this month's GP Forum.

Next steps

- We will continue working with our colleagues at NWL ICB to advocate for Brent and ensure that our residents' needs are met with the right level of funding and resources.

Frailty

Transformation Workstream aim:

To provide an integrated Frailty service for Brent patients, focusing on patients' needs aligned to the Integrated Neighbourhood Model. We aim to optimise our resources and improve patients' journey through seamless and integrated Frailty pathways managed by Primary and Community clinicians alongside Brent Adult Social Care.

Deliverables

- Creating an integrated and seamless model of care to improve patient journey and quality of care with streamlined resources across different services in Community.
- Meeting the 75% target on hospital admission avoidance for patients who have gone through the Community Frailty service.

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Progress to date and Accomplishments

- Clinicians across primary, community and acute have jointly worked with managers from the Brent Borough Team and Brent LA to devise a new model of care for Frailty and Complex Care patients.
- This new model of care is in discussion to be implemented with the providers, creating a Single Point of Access (SPA) for patients with frailty and complex healthcare needs.

Next steps

- Continue the discussion with the providers to roll out the SPA model.

Rehab and Reablement

Transformation Workstream aim:

To build a fully integrated therapy and reablement service that will flexibly meet the needs of the local population.

Deliverables

- Full achievement of outcomes and goals following 6-week rehabilitation treatment.
- Full achievement of outcomes and goals following 6-week reablement service.
- Overall reduction in ongoing care such as homecare following the 6-weeks of rehab and reablement for at least 3 months.

Progress to date and Accomplishments

- Three models of care have been established including bronze, silver and gold, with the bronze model has already made progress with the aim of achieving the gold in the future years with appropriate funding.

Next steps

- To continue with implementing the bronze model of integrated rehab and reablement services that are currently commissioned separately between the NHS and Brent Local Authority.

Integrated Neighbourhood

The aim of the programme is to deliver health, social, and care services that are tailored to the local neighbourhood needs in Brent, which are aligned to the 5 Connect Areas – Kilburn, Kenton & Kingsbury, Wembley, Willesden and Harlesden/Stoenbridge/Roundwood/Kensal Green. This will allow our residents to access care health and well-being services closer to home at a single space / campus of premises, allowing stronger and sustained integration amongst health, social and care services.

Deliverables

- Create a resilient multidisciplinary workforce, who are motivated, engaged and flexible.
- Establish integrated and closer-to-home care, health and social hubs across the 5 Connect Areas in Brent.
- Create inter-operable Information Systems across provider partners, allowing real-time information/data sharing.

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Progress to date and Accomplishments

- Completion of a directory for Brent care, health and social services with 130 service lines commissioned by the NHS, Council, Voluntary Sector and Public Health in Brent.
- Local Brent Partnership Strategic Estates Group is ongoing. This is a platform for partners to discuss estates /premises queries, escalations and innovations.
- Pipeline developments underway: Wembley Park – aim to ‘go live’ Feb. 2024. South Kilburn and Alpertown – to follow in the near future. Local Brent Estates Strategy will be available sometime in October/November ’23.
- Local Brent Strategic Integrated Care Team (ICT), Data & Digitalisation has been ongoing. Mapping exercise with partners has been completed. On-going frontline staff deep dive on connectivity aspirations and priorities to establish working group on ICT connectivity/data sharing.
- “Have your say” survey has been completed with 85+ responses from stakeholders and wider Brent residents.
- Data packs on population demographics, prevalence and characteristics shared with the 5 neighbourhoods. This forms part of the baseline data to measure future attributions on achievements / lack of development with the programme.

Next steps

- Create a Brent Borough Strategic Workforce and Organisational Development steering group – planned for the 19th of Sept. (inaugural meeting).
- On-going specification development of integrated health and care hubs, looking at the synergies of existing hubs in Brent.
- ICT, Data & Digitalisation – continue to identify quick wins, short/medium/long term priorities, and testing system connectivity with neighbourhood teams.
- Develop Neighbourhood dashboard that has Health and Care Inequalities demographics and determinants. This will help our local neighbourhood teams to near real-time access to population health characteristics, better understand them so they can tailor their services to local needs.

Key Children Work Streams Reported to Community Executive Group

Neurodiversity Pathway

Speech and Language Therapies

Special School Nursing

Children Enuresis and Continence

Top Programmes Issues & Risks

Special School Nursing

Current position	Mitigations
<p>There is an urgent need of NHS investment to special school nursing to fund additional nurses due to the additional placements of special school this year.</p> <p>Lack of additional resources means that there are risks to whether children can safely attend school.</p>	<p>CLCH has provided a paper detailing the demand and capacity, indicating a 2.5 WTE to their nursing team by September 2023. This has been escalated to NWL ICB but we have yet to receive a response.</p> <p>In the interim, there is an interim arrangement from Brent ICP to agree funding in the short-term but long term funding will still need to be approved.</p>

Children Enuresis Service

Current position	Mitigations
<p>Lack of Community Children Enuresis Service in Brent.</p> <p>There is risk of increase of emotional, psychology mental health issues for both children and parents as a result of this. Previously, we have submitted a business case for Brent but was not approved.</p>	<p>Brent and Harrow are working on a joint Business Case to get the appropriate funding to establish this service in the two boroughs.</p>


Top Programmes Issues & Risks

Community Frailty

Current position	Mitigations
<p>Business Case developed to procure a new Frailty service for Brent. It was taken to NWL ICB however it was not approved.</p> <p>Page 65</p>	<p>NWL Frailty Wide review to understand the core offer across the sector prior to agreeing to the procurement. Currently, we are having to make appropriate changes, moving towards the new Frailty model within the existing contractual constraints.</p> <p>Brent has been nominated to lead on the NWL wide Frailty review work.</p>

Top Delivery Areas to Promote Health Equality

Cancer Black Care	Community Diagnostic Centre (CDC)
<p>Cancer Black Care has been serving the Brent community for over 21 years, offering a range of services including counselling, support groups, education, employment advice, patient navigation, advocacy, befriending, and wellness activities.</p> <p>The service aims to reduce health inequalities and improve health outcomes by addressing the cultural and emotional needs of people affected by cancer and family, friends, and carers by providing a comprehensive support service to all members of the community affected by cancer.</p>	<p>Two of the three CDC in NW London will be based in Brent. The Willesden Facility opened on 19/06 and the Wembley Facility due to open by November this year.</p> <p>The CDCs are focused on helping combat health inequalities, by locating them in areas where there is most need, closer to home and to speed up diagnosis for a range of conditions so that patients can get their treatment faster.</p> <p>The CDCs will provide access for all users and with travelling distance of 40 minutes within the borough, reducing health disparities with equitable service provision for all residents, regardless of socioeconomic status, ethnicity, or other demographics.</p>

	Brent Health and Wellbeing Board 30 October 2023
	Report from the Corporate Director of Resident Services
	Lead Cabinet Member - Cllr Krupa Sheth
Air Quality Action Plan and Public Health	

Wards Affected:	All
Key or Non-Key Decision:	Key
Open or Part/Fully Exempt: <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
List of Appendices:	Appendix A - Air Quality Action Plan – Full version Appendix B - Consultation Report for the Draft Air Quality Action Plan
Background Papers:	None
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	Sandor Fazekas Head of Healthy Streets and Parking Sandor.Fazekas@brent.gov.uk Lauren Salisbury Air Quality Policy and Project Officer Lauren.Salisbury@brent.gov.uk

1.0 Executive Summary

- 1.1 The London Borough of Brent (LBB) recognises that air pollution remains a significant problem and is committed to taking action to improve air quality and raise awareness of its impacts, especially amongst our most vulnerable residents.
- 1.2 Brent’s Air Quality Action Plan (2023– 2027) (AQAP) (Appendix A) outlines thirty-seven measures the Council will undertake, in partnership with others, to reduce levels of two key air pollutants; nitrogen dioxide (NO2) and particulate matter (PM10 and PM2.5), both known to be harmful to health. The measures are split into five themes; Theme 3 is “Public health and awareness raising”.
- 1.3 The AQAP also proposes the extension of Brent’s Air Quality Management Area (AQMA) to cover the entire borough. AQAPs are developed to manage pollution within AQMAs; extending the boundary of Brent’s AQMA has the benefit of ensuring the AQAP is applicable to the whole borough and also

reflects that, despite improvements, pollution across the whole of the borough needs to continue to be reduced.

- 1.4 Both the Director of Public Health and Director of Environment and Leisure are signatories of the AQAP demonstrating shared responsibility for driving down pollution and reducing exposure in the borough.
- 1.5 Consultation on the draft AQAP was agreed by Individual Cabinet Member Decision on 13 March 2023. Since then, the action plan has been subject to public consultation. Over 400 people were spoken with, and 92 members of our community responded to the consultation (Appendix D). Feedback from the consultation was used to adjust the plan where appropriate.
- 1.6 The target date for publication of the plan is 12th December 2023, after it has received approval from Cabinet. The new plan will supersede the previous AQAP (2017-2022). Work will be undertaken to provide detailed implementation plans outlining how each air quality action plan measure will be delivered.
- 1.7 The purpose of this report is to update the Health and Wellbeing Board (HWB) on the status of the AQAP and to acknowledge the critical role that health partners can play in the delivery of the AQAP and improving health outcomes through reducing pollution and raising awareness of its impacts.

2.0 Recommendation(s)

- 2.1 That the HWB notes the Final Air Quality Action Plan (2023-2027) (Appendix A), with particular attention to the actions within Theme 3 “Public health and awareness raising” (page 65-76).
- 2.2 That the HWB considers how health partners can contribute to reducing pollution and raising awareness, especially with vulnerable patients, including through the delivery of the AQAP.
- 2.3 That the HBB considers how health partners can engage with stakeholders on air pollution to improve health outcomes.
- 2.4 That the HWB notes the next steps and timescales for adopting the AQAP and the extension of the Air Quality Management Area (AQMA) order.

3.0 Detail

3.1 Background

- 3.1.1 Progress has been made in reducing air pollution concentrations across the borough for the key pollutants (NO₂, PM₁₀, and PM_{2.5}). However, some areas in the borough are still exceeding the legal limits for NO₂ and most of the borough exceeds the new PM_{2.5} limit set by government in 2023. Moreover, pollution levels across the whole borough are higher than the health-based World Health Organisation (WHO) guidelines.

- 3.1.2 Therefore, despite some improvements, air pollution continues to harm our health and economy and worsen inequalities. Research has enabled a deeper understanding of the harm pollution can cause to all our health, even at low levels. With Brent's existing AQAP expiring at the end of 2022, a review of the plan has been undertaken. This review resulted in a new draft of the AQAP (2023-2027), which was consulted on in Spring 2023. A proposed final version of the AQAP is presented in Appendix A.
- 3.1.3 Air pollution is the largest environmental threat to public health in the UK. Exposure to air pollution is estimated to cause 36,000 premature deaths each year¹. In 2019, 4,100 deaths in London were caused by air pollution, 149 of these were in Brent. Outer London boroughs (such as Brent) suffer a higher mortality burden from air pollution, as a proportion of the population, than inner London boroughs². This, in part, is due to a higher proportion of elderly people in these areas and asthma rates. Collectively, PM2.5 and NO2 are responsible for 8.3% of all deaths in Brent³.
- 3.1.4 Even where the outcome is not mortality, pollution affects the quality of life of all residents and their future health outcomes, contributing to the development of asthma, heart disease, cancer, and dementia even if someone does not have underlying health conditions. For those living with particulate pollution that is worse than the 2040 England target, there is an extra 20% chance of having multiple long-term illnesses (researchers looked at more than 360,000 people aged between 40 and 69 who had health data in the UK Biobank). They found greater chances of multiple neurological, respiratory, cardiovascular and common mental health conditions such as depression and anxiety, even having allowed for differences in income⁴.
- 3.1.5 This has an economic impact on the health and care system; the 2019 Clean Air Strategy⁵ estimated air pollution in England could cost £5.3bn a year in terms of health and social care by 2035 if no action is taken. This is a cumulative cost for health conditions strongly associated with air pollution: coronary heart disease; stroke; lung cancer; and childhood asthma. When wider health conditions associated with pollution are added, the costs could reach £18.6bn by 2035. These include chronic obstructive pulmonary disease; diabetes; low birth weight; and dementia.

¹ [Air pollution: applying All Our Health - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

² [Dajnak, D., Evangelopoulos, D., Kitwiroon, N., Beevers, S.D. and Walton, H., 2021. London health burden of current air pollution and future health benefits of mayoral air quality policies. City Hall.](#)

³ [GLA Air Quality in LB Brent: A Guide for Public Health Professionals \(2022\)](#)

⁴ Ronaldson, A., Arias de la Torre, J., Ashworth, M., Hansell, A.L., Hotopf, M., Mudway, I., Stewart, R., Dregan, A. and Bakolis, I., 2022. Associations between air pollution and multimorbidity in the UK Biobank: A cross-sectional study. *Frontiers in Public Health*, 10, p.1035415.

⁵ [Clean Air Strategy 2019](#)

3.1.6 It is known that some people are more susceptible to the impacts of pollution, exacerbating inequalities. This includes:

- People with existing health conditions, such as asthma and heart disease
- Children
- Elderly
- Pregnant women
- Communities in areas of higher pollution, such as close to busy roads

3.1.7 With respect to inequalities, the GLA have found that the most deprived communities of London still more commonly live in the most polluted areas and the areas in London with the lowest NO₂ and PM_{2.5} concentrations have a disproportionately white population. Furthermore, the inequalities in exposure to air pollution experienced between ethnic groups are more pronounced **in Outer London boroughs (figure 1 and 2)**; in Outer London, the lowest NO₂ concentration decile comprises a 71% white population, whereas in Inner London, the lowest NO₂ concentration decile is 56% white, in 2019.⁶

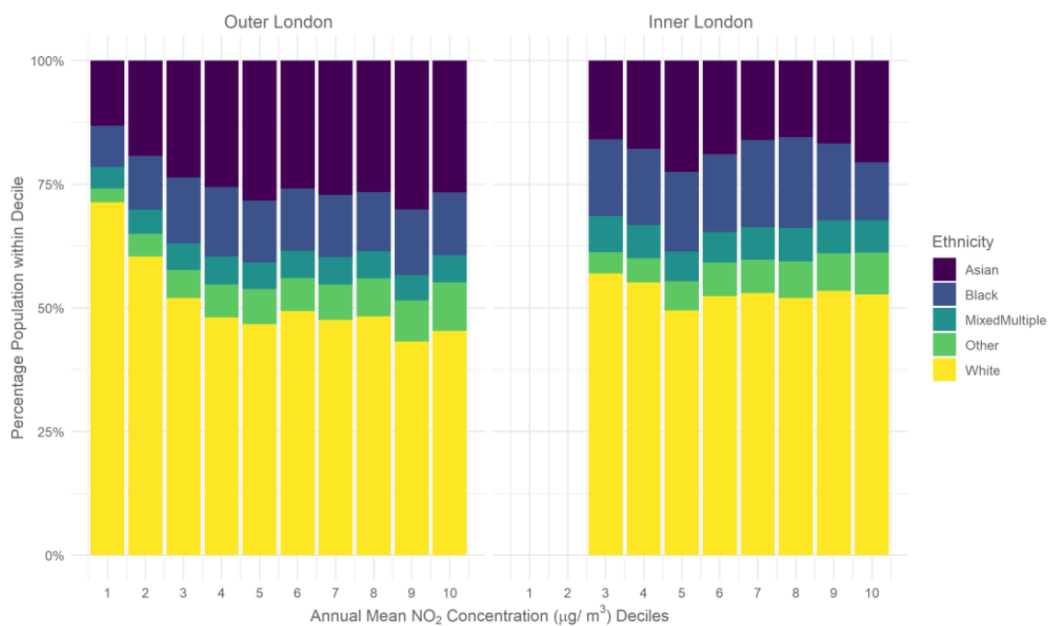


Figure 1. Percentage of population of each ethnicity group by NO₂ Concentration deciles for Outer and Inner London in 2019

⁶ [Greater London Authority air quality exposure and inequalities study \(2023\)](#)

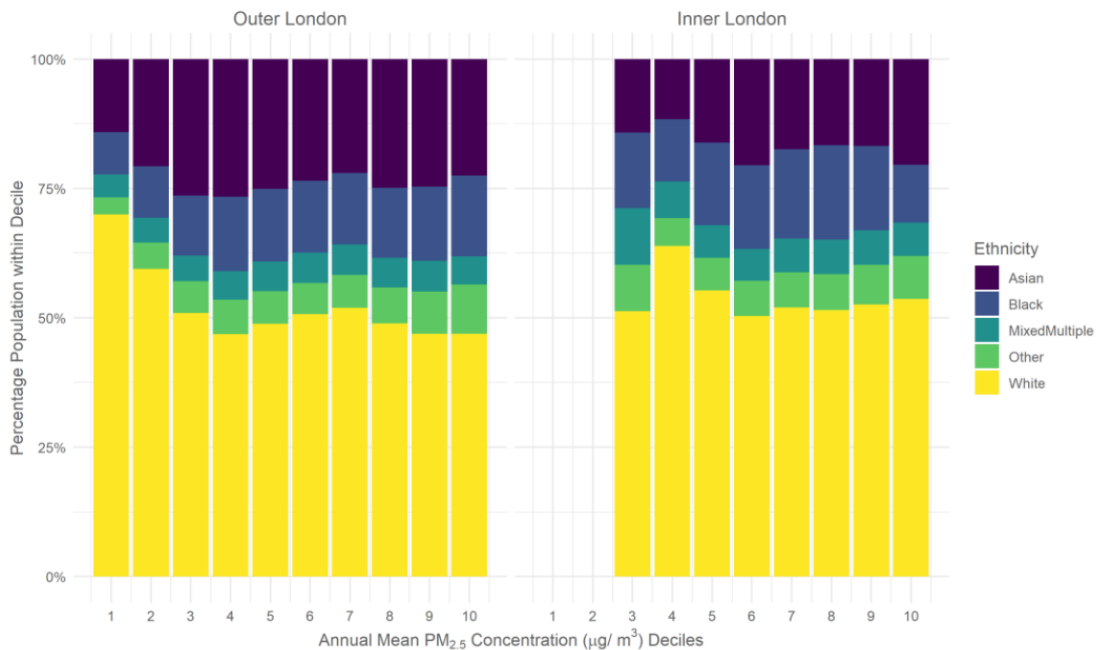


Figure 2. Percentage of population of each ethnicity group by PM2.5 concentration deciles for Outer and Inner London in 2019

3.1.8 In Brent, there are 18,537 people who suffer with asthma, 2,409 of whom are children. In 2022, 168 0-14 year olds were admitted to hospital for asthma and 340 65+ for asthma or COPD (WSIC DID, 2023). The tragic passing of nine-year-old Ella Adoo-Kissi-Debrah, who is the first person to have air pollution listed as a cause of death after suffering a fatal asthma attack, illuminates the importance of tackling pollution; it can save the lives of the most vulnerable in our society. The Prevention of Future Deaths report⁷ stated that: “Ella’s mother was not given information by health professionals about the health risks of air pollution and its potential to exacerbate asthma. If she had been given this information she would have taken steps which might have prevented Ella’s death.” The report concluded that national and local government, as well as medical and nursing professionals, have a role to play in bringing about greater awareness of pollution levels and communicating the adverse health effects of pollution.

3.1.9 The AQAP acknowledges the scale of this issue and sets out what we can and will do, both on our own and in partnership with others, to secure a future for Brent in which our air is as clean as it can possibly be. It outlines the Councils’ strategy for reducing local emissions of NO2 and PM. This is a legal duty, a requirement under the Environment Act 1995, as amended 2021; all local authorities must publish and regularly review their action plan once an AQMA has been declared.

3.1.10 The London Local Air Quality Management (LLAQM) regime is the regional mechanism for determining compliance with our legal duties. The Council will be expected to provide annual updates and demonstrate progress with the air

⁷ [REGULATION 30: ACTION TO PREVENT FUTURE DEATHS \(judiciary.uk\)](https://www.judiciary.uk/regulation-30-action-to-prevent-future-deaths/)

quality objectives outlined in the plan to the Mayor of London. This is the minimum requirement for all London authorities.

- 3.1.11 The AQAP comprises thirty-seven measures, across five themes, which the council will implement to tackle local air pollution at source as well as raise awareness of the health impacts amongst Brent residents (see Appendix A for the AQAP). There are 16 actions which have been identified as a priority (Appendix A page 7); they have been selected through consultation and as they will deliver the greatest impact in pollution reduction and awareness raising over the next five years.
- 3.1.12 Theme 3 “Public Health and Awareness Raising” (page 65-76 in Appendix A) contains nine actions detailing how the Council will work with health professionals, as well as other partners with access to vulnerable community members such as schools, to empower those who are most vulnerable to the health impacts of air pollution by providing good quality information.
- 3.1.13 In addition, through a detailed review of air quality data across the borough in relation to the Air Quality Objectives and World Health Organisation guidelines, the AQAP provides an update to Brent’s Air Quality Management Area (AQMA) (to be extended to cover the whole borough) and Air Quality Focus Areas (AQFAs), which are defined as pollution hotspots where there are also high levels of population exposure (e.g. town centres).
- 3.1.14 Once approved by Cabinet, this plan will supersede our previous action plan published in 2017.

4.0 Stakeholder engagement

- 4.1 The AQAP was developed using community outreach, an internal officer Air Quality Steering Group, a review of air quality data for the borough conducted by WSP Ltd, and Action Planning workshops held with council officers and external stakeholders where relevant (e.g., TfL, NHS North West London Integrated Care Board, Central and North West London NHS Foundation Trust, and Brent CVS). Further details on this methodology are included in Section 4 of Appendix A. In addition to this, the London Local Air Quality Management System (LLAQMS) was used as a framework for developing the plan and actions.
- 4.2 At the outset of the AQAP development process in October 2021, community outreach was undertaken to understand the priorities of people who work and live in Brent. The primary goal was for residents to have their say on deciding the priorities of draft AQAP. Led by Kaizen Partnerships Ltd, this engagement took place over 27 days in twenty-one locations within Brent, including all Town Centres and all GLA 2016 AQFAs. Interviews were designed to target residents that might ordinarily miss out on environmental messaging, particularly amongst disproportionately affected groups or the digitally excluded. An online survey also allowed residents not involved in the focus groups to voice their concerns. 94% of people engaging via outreach saying

that their views had never been consulted before (83%) or not much before (11%). 488 people gave their views which fed into the draft AQAP.

4.3 Once developed, the draft AQAP was subject to public consultation, following an Individual Cabinet Member Decision on 13 March 2023. An online survey was live for six weeks and was promoted as detailed in the consultation report in Appendix B. Pop-up events took place at a range of locations across the borough, along with presentations at community forums to inform the local community about the draft plan and signpost to the online survey.

4.4 The consultation was circulated to Brent's Health and Wellbeing Board on 17 April 2023 and to medical practices through the NHS North West London Integrated Care Board on 3 April 2023.

4.5 In total over 400 people interacted with the engagement team during pop-up events and were informed about the draft AQAP and how to share their views. 92 people gave their views either online or on a paper questionnaire with the following headline views:

- 62% of people responded positively (saying "Love it" or "Like it") to the Council's vision statement around air quality
- 71% believe that Core Aim 1 - "Reduce Pollutions Concentrations" should be the main priority
- 57% thought that "Discourage unnecessary engine idling" would be the most impactful proposed action, followed by "Provide infrastructure to support walking and cycling" (56%)
- Overall, only 10% of people who gave their views expressed a negative opinion of the draft plan. 40% of people expressed a positive view, 41% said "it's OK", and 8% weren't sure.

4.6 In response to the consultation, the key changes that have been made to the Air Quality Action Plan are:

- Changing the prioritisation of the actions to reflect resident priorities
- Adding a new action (CT12) Encourage walking and cycling in the borough by providing support to reflect the need to provide services to enable more walking and cycling
- Additional actions to work more closely with the Canal & River Trust
- More specific information on which greening projects we expect to deliver

5.0 Financial Considerations

5.1 The AQAP will be delivered within existing budgets and funding structures where possible. Additional funds can be applied for when grant opportunities arise, such as through the Defra Air Quality Grant.

6.0 Legal Considerations

6.1 The Council has a statutory duty to comply with the requirements of the Environment Act 1995, as amended by Environment Act 2021. This states

that all local authorities must publish an air quality action plan, working with Air Quality Partners, once they have declared an Air Quality Management Area and continue to review and assess local air quality until national targets are met.

- 6.2 Governance of this regime for London local authorities has been devolved to the Mayor. As a result, the council must demonstrate compliance with the London Local Air Quality Management (LLAQM) regime and provide regular updates regarding compliance with Air Quality Objectives to the London Mayor.
- 6.3 This AQAP is therefore a statutory document and has been produced as part of our duty to LLAQM. It has been developed in recognition of the legal requirement on the local authority to work towards Air Quality Objectives Part IV of the Environment Act 1995 (as amended by the Environment Act 2021) and relevant regulations made under that part and to meet the requirements of the London Local Air Quality Management statutory process.

7.0 Equality, Diversity & Inclusion (EDI) Considerations

- 7.1 S149 of the Equality Act 2010 provides that the Council must have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations between those who share a protected characteristic, and those who do not.
- 7.2 Inequalities in exposure to air pollution exist across the UK. Analysis has demonstrated that areas characterised by deprivation tend to pollute the least and yet are exposed to higher levels of pollution (Air Quality Management Resource Centre, 2019). Furthermore, vulnerable citizens (children, elderly or those in ill-health) are at greater risk of being harmed by poor air quality.
- 7.3 Projects linked to reducing local air pollution are critical to address these environmental and health inequalities.
- 7.4 An Equalities Impact Assessment is being conducted for the AQAP.
- 7.5 Following assessment, it is considered that, on balance, the significant benefits that the objectives and measures within the AQAP will bring, including those to protected characteristics, will significantly outweigh any disbenefits to these groups. However, where negative impacts have been identified, it is anticipated that these can be addressed, or mitigated, as projects and schemes are further developed. A requirement to engage closely with local communities, our partners and a wide range of stakeholders at all stages of project development will ensure this.

8.0 Climate Change and Environmental Considerations

- 8.1 The Air Quality Action Plan directly supports the Council's environmental objectives and climate emergency strategy.

8.2 Many of the sources of outdoor air pollution are also sources of carbon dioxide emissions. For example, using fossil fuels for power generation, industry, and transport are all major sources of both particulate matter, nitrogen dioxide and carbon dioxide. Therefore, tackling these sources for improvements in air quality will also complement the climate emergency strategy.

9.0 Communication Considerations

9.1 Once the AQAP has been adopted, it will be published online. Relevant stakeholders will be notified via a communications plan which is in development.

Report sign off:

Peter Gadsdon
Corporate Director of Resident Services

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LONDON BOROUGH OF BRENT



AIR QUALITY ACTION PLAN

2023-2027



Page 77



The air we breathe affects our health. This is why reducing air pollution in the borough is a priority. This Air Quality Action Plan (AQAP) outlines the actions we will take to improve air quality in the London Borough of Brent (LBB) over the next five years, between 2023 and 2027 (inclusive).

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Our vision for cleaner air

- Air pollution is **harmful to everyone** and it can affect all **organs of the body**
- There is **no “safe” amount of air pollution** – long-term exposure to even low levels of air pollution can impact our health in the future
- The health impacts of air pollution are **unequal**, leading to unacceptable **health inequalities**

Therefore, improving air quality remains a priority for LBB.

Our vision is to ensure 'Clean air for everyone living in, working in, or visiting Brent.'

The core aims we have set to help us achieve this vision are to:

- **Reduce pollution concentrations**, striving for World Health Organisation (WHO) guidelines;
- **Raise awareness** of the health impacts;
- **Influence change** and lead by example.



WHAT ACTION HAS BEEN TAKEN OVER THE LAST FIVE YEARS?

This action plan replaces the previous plan which ran from 2017 to 2022. Highlights of the projects delivered through the past action plan include:

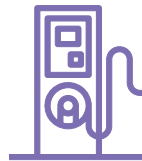
- Tackling unnecessary idling by taxis, coaches and other vehicles;



15 no-idling events at schools across the borough

- 482 drivers engaged as part of idling events and ongoing no-idling enforcement

- Supporting the installation of on-street electric vehicle charge points throughout Brent;



- 350 electric vehicle charge points installed between 2017 and 2022

- 34% of on-street households in Brent are within a 5-minute walk from a public charger

- Engaging with business to reduce air pollution and promoting options for less polluting deliveries;

- 103 businesses signed up to the Brent Environmental Network

- 2 cargo-bike pilots, with 7 businesses trialling cargo bikes



- Promoting air quality action days;
 - annual engagement events held for Clean Air Day and Car Free Day



- Targeted upgrades of green infrastructure;
 - 1,294 trees planted in Brent between 2017 and 2021
 - two green screens installed at two schools where playgrounds are bound by busy roads



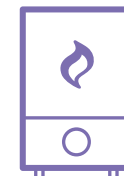
- Promoting air pollution forecasting and route planner tools;
 - 206 subscribers to airTEXT



- Limiting impact of new development using planning policies;
 - Air Quality Neutral applicable to all developments
 - Air Quality Positive introduced for major developments within Growth Areas Areas and Air Quality Focus Areas



- Enforcing Combined Heat and Power (CHP) and biomass air quality policies;
 - London Plan limits the potential of major developments to use gas boilers



- Promoting energy efficiency retrofitting projects in workplaces and homes;
 - 400 residents have consulted the Warmer Home Advice Service since 2018
 - 89 households identified for the Green Homes Grant



- Improving energy efficiency in council buildings;
 - 68% reduction in CO2 emissions in 2021/22 compared to 2010/11 baseline



- Updating procurement policies
 - Sustainable Procurement Policy published March 2021



- Working with schools to raise awareness and reduce air pollution
 - rolled out 28 permanent school streets
 - delivered air quality engagement at 80 Brent schools through the Breathe Clean project



IN THE SPOTLIGHT: BRENT SCHOOL STREETS

Delivered in partnership with TfL and the borough's schools, the School Streets programme aims to make the roads safer for pupils and to cut local air pollution.

In 2020, the council rolled-out emergency School Streets at 30 schools across the borough. This reduced the number of cars around school gates and helped families to social distance during the Covid-19 pandemic. By discouraging car use, more people are encouraged to walk and cycle as part of their daily routine. Schools in Church End, Cricklewood, Harlesden, Neasden and Stonebridge are among the schools where School Streets have been introduced. Locations were selected on the basis of a number of criteria, including road safety issues; exposure to poor air quality; and where support was needed to enable social distancing.

Schemes were introduced as temporary measures using an experimental traffic order with a view to either making schemes permanent or removing them after an independent review. In September 2022, the vast majority of these were made permanent.

There are now 31 school streets in the borough, 28 of these are permanent. To allow for better monitoring and enforcement, cameras are being installed at all permanent school streets.

For more information, visit www.brent.gov.uk/schoolstreets

'I think it is best that cars are not on the road when kids are out because of the pollution. It can damage lungs and affect breathing, especially because of my asthma.'

Christine, who is in year 6 at John Keble school (which has a school street)



IN THE SPOTLIGHT: CARGO BIKE TRIALS WITH BRENT BUSINESSES

Businesses and organisations in Harlesden and Willesden Green town centres had the opportunity to trial cargo bikes for free through two pilot projects, in 2021 and 2022 respectively. Subsidies were made available to help businesses switch from using petrol and diesel vehicles to transport goods in a more environmentally friendly way.

In Harlesden, the trial ran for a month and 3 organisations switched to use cargo-bikes during the trial. During this pilot, Harlesden Mutual Aid, who deliver food parcels to the local community, used cargo bikes to make 60 deliveries, distributing 1,920 meals.

In Willesden Green, the project (funded by Defra through the Cross River Partnerships Clean Air Village 4 programme) also ran for a month with 4 businesses trying out cargo bikes. For the Willesden Green pilot, 72 deliveries were made for a total of 4 businesses, equating to 56 miles of cargo bike travel.

We are expanding these pilots to offer other businesses and organisations across the borough the opportunity to pilot cargo bikes as an environmentally friendly way to transport goods around Brent.

For more information, visit www.brent.gov.uk/bikesforbusiness



THE WIDER CONTEXT

Air pollution causes a number of adverse health impacts; it can cause asthma, heart disease, cancer, and is also linked to dementia. Even if you have no underlying health issues, air pollution can still impact your future health.

It is therefore important that we do all in our power to reduce air pollution in the borough and help people to reduce their exposure to poor air quality.

This is particularly critical for those who are most susceptible to air pollution, as they are even more likely to be affected by high-pollution episodes as well as long-term exposure to lower levels of pollution. This includes:

- People with existing health conditions, such as asthma and heart disease
- Children

- Elderly
- Pregnant women
- Communities in areas of higher pollution, such as close to busy roads

Did you know?

Living near busy roads in London may stunt lung growth in children by up to 12.5% (1)



It is also known that areas with poor air quality, and therefore worse health outcomes, are often the less affluent areas (2, 3). **Air pollution therefore exacerbates health and social inequalities.**

Not only does air pollution harm our health, it also harms our economy. It is estimated that the health problems resulting from air pollution cost the UK up to £20 billion per year (4).

It is therefore critical that we all play a role in tackling air pollution in the borough, for our own health and for the health of others.



(1) KCL. (2019). Personalising the Health Impacts of Air Pollution: Summary for Decision Makers.

(2) Barnes, J. et al.,. Emissions vs exposure: Increasing injustice from road traffic-related air pollution in the United Kingdom. Transportation research part D: transport and environment 73 (2019): 56-66.

(3) Greater London Authority air quality exposure and inequalities study (2023)

(4) Royal College of Physicians, Every Breath We Take: The Lifelong Impact of Air Pollution, (2016)

ACTION WE WILL TAKE OVER THE NEXT FIVE YEARS

In developing this AQAP, we have spoken with over 400 Brent residents to understand where they would like to see action taken first (6). From this, and in line with guidance from the Greater London Authority (GLA), we have developed 37 actions under five broad themes, including the following 16 priority actions. The full list of 37 actions can be seen in Section 5.



Theme 1 - Cleaner transport

Road transport is the main source of air pollution in London. We will incentivise walking and cycling, providing infrastructure to make our streets safer and more inclusive, aiming for a reduction in traffic. We will deliver electric vehicle charging infrastructure and work with TfL to provide clean public transport. We will work to reduce emissions from vehicles delivering goods and services. This includes LBB's fleet such as mini-buses and refuse collection vehicles. Tackling our own fleet means we will be leading by example.

Priority actions:

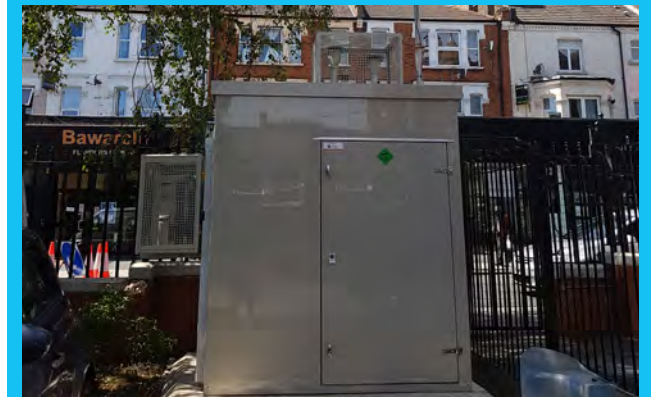
1. Provide walking and cycling infrastructure
2. Encourage walking and cycling in the borough by providing support
3. Discourage unnecessary idling
4. Reduce emissions from deliveries
5. Reduce emissions from council fleets
6. Install electric vehicle charging infrastructure

Theme 2 - Monitoring air pollution and other core statutory duties

Critical for understanding where pollution is worst, and what reduction measures are effective. There are also a number of other statutory duties undertaken by boroughs, which form the basis of action to improve pollution.

Priority actions:

7. Share air quality monitoring data in an easy-to access format, reporting against both UK Air Quality Objectives and WHO targets
8. Maintain and expand monitoring networks and fulfil other statutory duties



(5) Kaizen Partnership, Brent Air Quality Action Plan Engagement Insight Research Report, (January 2022)

(6) Kaizen Partnership, Report on LB Brent Consultation on the Draft Air Quality Action Plan (June 2023)

Theme 3 - Public health and awareness raising

Drives behavioural change to lower emissions, reducing exposure to air pollution and leading to direct health benefits.

Priority actions:

- 9. Work with schools and nurseries to improve air quality and to raise awareness about pollution in the local area
- 10. Collaborate with Brent's Public Health team, the Brent Integrated (health and social care) Partnership, and other partners to reduce exposure of those most vulnerable to poor air quality, both indoor and outdoor
- 11. Promote air pollution alerts and route planner tools

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Theme 4 - Emissions from homes, buildings, and developments

This includes emissions from construction, industry, and our own homes such as wood burning stoves and boilers. Collectively, these are responsible for a significant amount of NO2 and PM emissions in the borough.

Priority actions:

- 12. Promote and deliver energy efficiency and retrofitting projects in workplaces and homes throughout Brent
- 13. Enforce non-road mobile machinery (NRMM) air quality policies and reduce emissions from developments
- 14. Ensure the Smoke Control Zone is promoted and enforced



Theme 5 - Localised solutions

These seek to improve the environment of neighbourhoods through a combination of measures with a local focus.

Priority actions:

- 15. Introduce Green Neighbourhoods across the borough, focussing sustainable solutions in priority areas
- 16. Develop location specific action plans for Air Quality Focus Areas as part of the Local Implementation Plan (LIP) programme



Improving air quality in the borough requires joined up thinking and collaborative action. We have worked hard to engage with stakeholders and communities and would like to thank all those who have worked with us. We look forward to working with you again, as well as with new partners, as we deliver this new action plan over the coming years.

In this AQAP we outline how we plan to effectively use local levers to tackle air quality issues within our control and work with partners to contribute to this. However, we recognise that there are a large number of air quality policy areas that are outside of our influence (such as Euro standards, national vehicle taxation policy, taxis and buses). We will therefore continue to work with the lobby regional and central government on policies and issues beyond LBB's influence.

Responsibilities and Commitments

The AQAP was prepared by the Healthy Streets and Parking Department of LBB in partnership with WSP UK Ltd. This AQAP has been produced in line with GLA guidance and has been influenced by internal discussions through Brent's Air Quality Steering Group as well as through community outreach. The AQAP has been approved by:



Dr Melanie Smith,
Director of Public Health



Chris Whyte
Director of Environment and Leisure

This AQAP will be subject to an annual review, appraisal of progress and reporting to the Director of Public Health and the Cabinet Member for Environment, Infrastructure and Climate Action. Progress each year will be reported in the Annual Status Reports produced by LBB, as part of our statutory London Local Air Quality Management duties.

If you have any comments on this AQAP, please send them to:
Brent Civic Centre
Engineers Way
Wembley
HA9 0FJ

Telephone: 020 8937 5230
Email: airquality@brent.gov.uk

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ABBREVIATIONS

AQAP	Air Quality Action Plan
AQFA	Air Quality Focus Area
AQMA	Air Quality Management Area
AQO	Air Quality Objective
BEB	Building Emission Benchmark
CAB	Cleaner Air Borough
CAZ	Central Activity Zone
EV	Electric Vehicle
GLA	Greater London Authority
LAEI	London Atmospheric Emissions Inventory
LAQM	Local Air Quality Management
LBB	London Borough of Brent
LLAQM	London Local Air Quality Management
NRMM	Non-Road Mobile Machinery
NO ₂	Nitrogen Dioxide
PM ₁₀	Particulate matter less than 10 micron in diameter
PM _{2.5}	Particulate matter less than 2.5 micron in diameter
TEB	Transport Emission Benchmark
TfL	Transport for London
ULEV	Ultra Low Emission Vehicle
ULEZ	Ultra Low Emission Zone
WHO	World Health Organisation



FOREWORD



In 2020 a coroner made history by ruling that the death of a child in South London, Ella Kissi-Debrah, was due to air pollution.

Just this death alone should be enough for us all to stop and reflect on air pollution in Brent and in London. Poor air quality can affect anyone and we know that over 4,000 premature deaths are attributed to poor air quality in London and Brent has 149 of them. There is increasing evidence about the detrimental effects to our health, increasing the chances of developing dementia, being at risk of having a stroke and respiratory conditions, such as asthma.

Only 50% of Brent has access to a motor car, but we know that residents from poorer backgrounds are disproportionately affected by poor air quality. Highlighting this health inequality is important so that we can make sure Brent's air is safe for everyone to breathe.

There are ways that we can improve air quality though and this is our action plan in making sure that the air we breathe is not harmful to residents.

Councillor Neil Nerva, Cabinet Member for Public Health and Adult Social Care



Our air quality action plan works in tandem with our aim to become carbon neutral by 2030 and we know that achieving that is about empowering you.

So that you can take actions to tackle climate change and improve air quality.

Our core aims focus on reducing Nitrogen Dioxide in the atmosphere by encouraging cleaner travel. We will do this by installing more electric charging points, making our roads safer for cyclists and our streets more desirable to use sustainable forms of transport. We also aim to reduce emissions from homes by retrofitting some council properties, making them more energy efficient and having less of a need to use fuels to heat homes.

We are proud to back many projects, including rewilding, our popular Schools Streets and supporting local community groups that develop green spaces, but we want to support more of you. I encourage all residents that want to create a borough with safer air quality, to take action today – from cycling clubs to volunteering.

Councillor Krupa Sheth, Cabinet Member for Environment, Infrastructure and Climate Action

1 INTRODUCTION AND CONTEXT

This report outlines the actions that LBB will deliver between 2023 and 2027 (inclusive) to improve air quality across the borough and reduce exposure to pollution; thereby improving the health and quality of life of residents and visitors to the borough and reducing inequalities.

This AQAP is a statutory document and has been produced as part of our duty to London Local Air Quality Management (LLAQM). It has been developed in recognition of the legal requirement on the local authority to work towards air quality objectives Part IV of the Environment Act 1995 and relevant regulations made under that part and to meet the requirements of the London Local Air Quality Management statutory process (7).

What is Air Pollution?

Air pollution is contamination of the environment (indoor or outdoor) by any chemical, biological or physical agent that changes the natural characteristics of the atmosphere.



The top pollutants of concern are nitrogen dioxide (NO₂) and particulate matter (PM).

NO₂ is a gas which is produced during combustion (burning) processes. Exposure to NO₂ can aggravate respiratory diseases and irritate airways.

PM are microscopic particles of solid or liquid matter in the air. PM of less than 10 micrometres (µm) in diameter are referred to as PM₁₀, while PM of less than 2.5 µm in diameter are referred to as PM_{2.5}. PM is capable of penetrating deep into the lungs and enter the bloodstream causing cardiovascular and respiratory impacts, as well as potentially contributing to the development of other diseases such as dementia. There is also evidence that PM_{2.5} can cross the blood-brain barrier and there is emerging evidence of a direct link between PM_{2.5} and lung cancer.

1.1 WHY IS THIS AIR QUALITY ACTION PLAN (AQAP) NEEDED?

Despite improvements in air quality over the last five years, air pollution continues to harm our health and economy, and worsen inequalities.

1.1.1. Air pollution and health

Air pollution is the largest environmental threat to public health in the UK. Exposure to air pollution is estimated to cause 36,000 premature deaths each year. In 2019, 4,100 deaths in London were caused by air pollution and 149 of these were in Brent. PM_{2.5} alone is responsible for over 8% of all deaths in the borough (8).

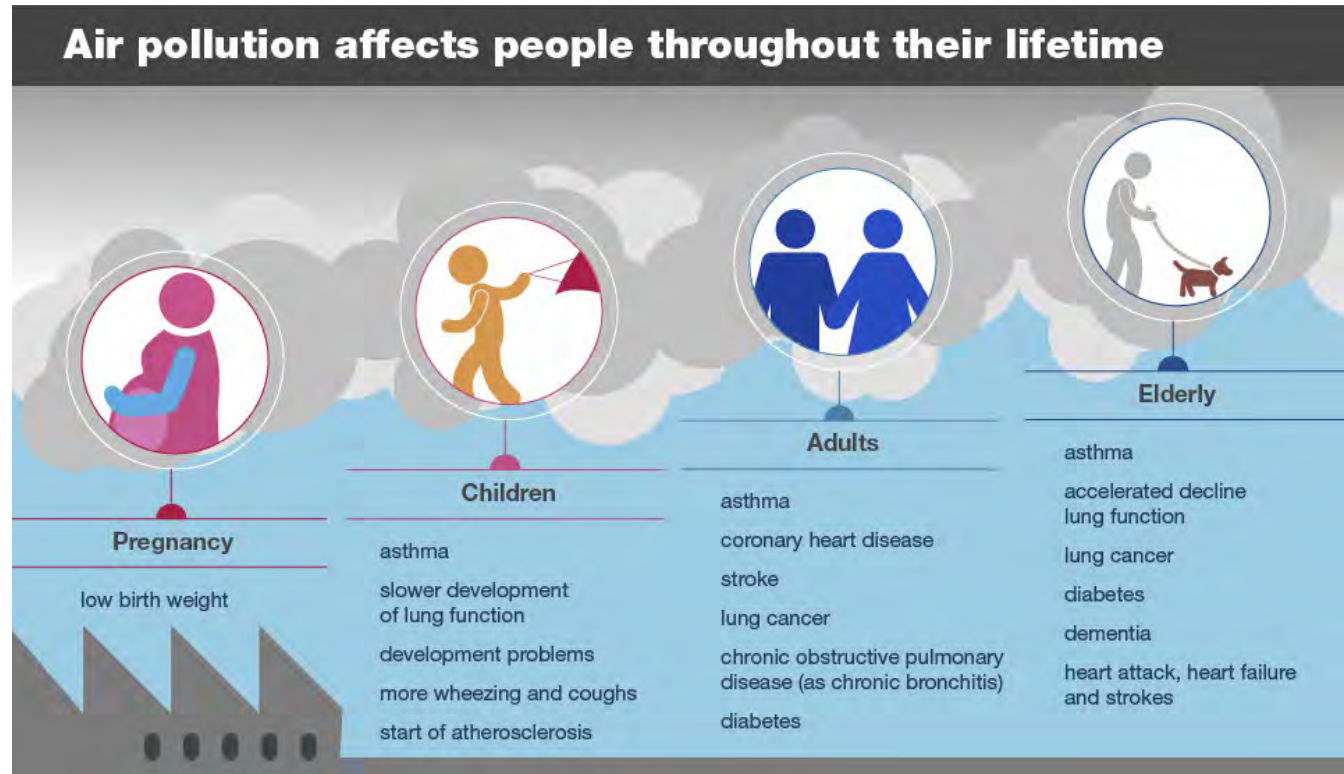
Air pollution causes a number of adverse health impacts; it can cause asthma, heart disease, cancer, and is also linked to dementia. Even if you have no underlying health issues, air pollution can still impact your future health.

It is therefore important that we do all in our power to reduce air pollution in the borough and help people to reduce their exposure to poor air quality.

(7) LLAQM Policy and Technical Guidance (2019) (8) GLA Air Quality in LB Brent: A Guide for Public Health Professionals (2022)

This is particularly critical for those who are most susceptible to air pollution, as they are even more likely to be affected by high-pollution episodes as well as long-term exposure to lower levels of pollution This includes:

- People with existing health conditions, such as asthma and heart disease
- Children
- Elderly
- Pregnant women
- Communities in areas of higher pollution, such as close to busy roads



Did you know?
Living near busy roads in London may stunt lung growth in children by up to 12.5% (9).

A recent report (10) found that outer London boroughs (such as Brent) experienced more deaths caused by air pollution than inner London boroughs. This, in part, is due to a higher proportion of elderly people in these areas. Additionally, there are over 500,000

people in outer London boroughs that suffer from asthma and are therefore more susceptible to the impacts of toxic air (11).

Within Brent, there are over 18,000 people who suffer with asthma, almost 2,500 of whom are children.

It is therefore critical that we all play a role in tackling air pollution in the borough, for our own health and for the health of others.

(9) KCL. (2019). Personalising the Health Impacts of Air Pollution: Summary for Decision Makers. (10) Environmental Research Group. London health burden of current air pollution and future health benefits of mayoral air quality policies (2021) (11) Greater London Authority and Transport for London., London Atmospheric Emissions Inventory Road Transport Emissions Analysis (January 2022)

1.1.2. Air Pollution and inequality

The most vulnerable in our society are often those who contribute to pollution the least and whose health is most at risk.

It is clear that air pollution has a severe impact on Brent residents. However, we are not all affected equally – there are well established links between air quality exposure and both deprivation and ethnicity (12, 13). Air pollution therefore exacerbates health and social inequalities.

A key finding from a 2023 report by the GLA (13) was that:

‘The most deprived communities of London still more commonly live in the most polluted areas... [and] the areas in London with the lowest NO2 and PM2.5 concentrations have a disproportionately white population. The inequalities in exposure to air pollution experienced between ethnic groups are much more pronounced in Outer London than Inner London.’

Socio-economically deprived communities, Black, Asian, and minority ethnic populations,

our children, and elderly relatives all experience worse health outcomes as a result of air pollution. Often it is the case that these communities are contributing to the pollution the least. This is an environmental and health injustice and has led us to develop the vision

and aims for this AQAP, set out in Section 1.2.

Addressing socio-economic inequality is a priority for the council and is a strategic theme in the Borough Plan. This AQAP can play a role in addressing the inequalities arising from air pollution in the borough.



(12) Barnes, J. et al., Emissions vs exposure: Increasing injustice from road traffic-related air pollution in the United Kingdom. Transportation research part D: transport and environment 73 (2019): 56-66. (13) Greater London Authority air quality exposure and inequalities study (2023)

1.1.3. Air pollution and the economy

Not only does air pollution harm our health, it also harms our economy. It is estimated that the health problems resulting from air pollution cost the UK up to £20 billion per year (14).

The health impacts of air pollution affects the NHS. In 2017 it was estimated that in England the cost to the NHS and social care systems from air pollution was £157 million.

There are also direct costs to our local businesses; the health impacts of air pollution contribute to increased sick days and reduced productivity in employees.



(14) Royal College of Physicians, Every Breath We Take: The Lifelong Impact of Air Pollution (2016)

1.1.4. Air pollution and the Climate and Ecological Emergency

Air quality and the climate and ecological emergency are closely linked and have similar solutions. Therefore, action we take in the borough to tackle air pollution, and vice-versa, will be win-win – it helps to improve air quality and helps to reduce carbon dioxide emissions.

What is the difference between air quality and the climate crisis?

The pollutants we talk about in relation to “air pollution” or “air quality” are NO₂, PM₁₀, and PM_{2.5}. These are the pollutants which are of greatest concern in relation to air quality as, at present, they cause the greatest harm **directly** to human health in the UK. It is the pollutants themselves which cause us harm, for example through causing inflammation of the respiratory system.

When talking about the climate and ecological emergency, the main gases are carbon dioxide (CO₂) and methane (CH₄). These are known as greenhouse gases and anthropogenic emissions of these gases damage the Earth’s climate and ecosystems through being the main contributor to global heating. They therefore have a significant **indirect** impact on our health and

well-being. It is the changing climate, resulting from excess greenhouse gases, that causes us significant harm.

What are the links between air quality and the climate crisis?

Many of the sources of outdoor air pollution are also sources of CO₂ emissions. For example, using fossil fuels for power generation, industry, and transport are all major sources of both PM, NO₂, and CO₂. Therefore, tackling these sources for improvements in air quality will also help to reduce CO₂.

It is also the case that some pollutants associated with “air quality” contribute to global heating, and that pollutants associated with global heating worsen air quality. For example, black carbon, or soot (for example, from wood burning), is one type of PM_{2.5} which is associated with respiratory and cardiovascular disease. It is also one of the largest contributors to global warming after CO₂. Also, with warmer temperatures, longer growing seasons, and damper conditions, we are more likely to have increased concentrations of ozone (which is a pollutant that irritates eyes and lungs and is also a greenhouse gas) and increased concentrations of allergens such as pollen and mould.

For more information about the climate and ecological emergency, and what Brent are doing to reduce carbon dioxide emissions, visit: <https://www.brent.gov.uk/neighbourhoods-and-communities/community-priorities/climate-emergency>



1.2 OUR VISION FOR CLEANER AIR

Progress has been made in reducing pollution levels over the past five years. However, there is still more work to do.

We know that:

- Air pollution is harmful to everyone and it can affect all organs of the body
- There is no “safe” limit of air pollution – long-term exposure to even low levels of air pollution can impact our health in the future
- The health impacts of air pollution are unequal, leading to unacceptable health inequalities

Therefore, improving air quality remains a priority for LBB. Our vision is to ensure:

Clean air for everyone living in, working in, or visiting Brent.



The core aims we have set to help us achieve this vision are to:

- Reduce pollution concentrations, striving for World Health Organisation (WHO) guidelines;
- Raise awareness of the health impacts;
- Influence change and lead by example.

Tackling air pollution is a real challenge and takes joined up action. Achieving our vision will depend on international, national, and regional (London) environmental policy, as well as the actions we take as a borough and as individuals.



Core Aim 1

Reduce pollution concentrations

Reduce nitrogen dioxide and particulate matter concentrations as quickly as possible, striving for compliance with WHO guidelines

Focus will be on areas where air quality is worst, where vulnerable members of the community are most at risk, and where planned developments risk introducing further exposure to poor air quality.

Core Aim 2

Raise awareness

Raise awareness of the health impacts of air pollution and address health inequalities

Empower those who are most vulnerable to pollution by providing information on health impacts and ways to reduce personal exposure, while maintaining a focus on reducing emissions across the borough.

Core Aim 3

Influence change

Influence change by leading by example and working with strategic partners

Where air pollution is not within our direct control, we will work with partners to take further action to improve air quality

Key Driver 1:

Reduce pollution concentrations

There is no 'safe' limit of air pollution - outdoor air pollution is associated with mortality and morbidity even at low levels

Key Driver 2:

Raise awareness

Air pollution can harm all organs of the body and affects everyone

Key Driver 3:

Reduce inequalities

However, the health impacts of air pollution are unequal, leading to unacceptable health inequalities

1.3 POLICY CONTEXT

This AQAP sits within a framework of international, national, regional, and local policies and guidelines. This section outlines the context that the AQAP was developed within.

1.3.1. International context

In July 2022, the United Nations (UN) General Assembly declared access to a clean and healthy environment a human right – **this includes clean air**. Although this is not legally binding, it formalises the right to breathe clean air and is an important step towards protecting human health as well as the health of the planet.

The WHO are a UN agency that aims to connect nations to promote health and give everyone an equal chance to live a healthy life. In relation to air pollution, it estimates that air pollution (indoor and outdoor combined) is associated with 7 million premature deaths annually. The WHO assesses the health effects of air pollution and provides guidelines for pollution levels in the atmosphere based on risk to human health. The most recent update to the WHO guidelines was September 2021. These thresholds are not legally binding but they provide information on the levels of pollution in the air which are

considered to be harmful to human health, according to a wide body of scientific research.

1.3.2. National context

The UK has a long history of air pollution policy, with the Clean Air Act 1956 being introduced in response to the 1952 smog in London, extended in 1968 and then consolidated in 1993.

The Environment Act 1995 as amended by the Environment Act 2021 requires the Government to produce an Air Quality Strategy. The Clean Air Strategy 2019 sets out actions required across government and society to tackle air pollution in England. The clean air chapter of the Environmental Improvement Plan 2023 builds on and updates the 2019 Clean Air Strategy. Additionally, the 2023 Air Quality Strategy: FRAMEWORK FOR LOCAL AUTHORITY DELIVERY sets out the actions that Defra expects local authorities to take in support of the air quality targets.

Pollution levels are regulated by the Air Quality Standards Regulations 2010, meaning that there are legally binding limits for concentrations in outdoor air for major air pollutants that impact human health, including NO₂, PM₁₀, and PM_{2.5}. (Table 1, page 23.) These limits are higher than the WHO 2021 guideline thresholds.

Most recently, the Environment Act 2021

included amendments to the Clean Air Act 1993 as well as extending the Environment Act 1995, requiring the Government to set two new air quality targets. The air quality targets set in the Environmental Targets (Fine Particulate Matter) (England) Regulations 2023 are:

- Annual Mean Concentration Target ('concentration target') - a maximum concentration of 10µg/m³ to be met across England by 2040
- Population Exposure Reduction Target ('exposure target') - a 35% reduction in population exposure by 2040 (compared to a base year of 2018).

Additionally, interim targets have been set stating that by January 2028:

- An annual average of 12 µg/m³ for PM_{2.5} is not exceeded at any monitoring station.
- Population exposure to PM_{2.5} is at least 22% less than in 2018.

At the time of writing, the Clean Air (Human Rights) Bill had its first reading in the House of Commons. It aims to enshrine the human right to healthy air in UK law. The proposed legislation, Ella's law, has been named after nine-year-old Ella Adoo-Kissi-Debrah who is the first person to have air pollution listed as a cause of death after suffering a fatal asthma attack.

1.3.3. Regional context

The Environment Act 1995 (Part IV) requires local authorities in the UK to review air quality in their area and designate air quality management areas if improvements are necessary. Where an air quality management area is designated, local authorities are also required to produce an air quality action plan describing what they will do to contribute to achieving air quality limit values in the local area.

Air Quality (England) (Amendment) Regulations 2022 and the Environmental Targets (Fine Particulate Matter) (England) Regulations 2023, provide the statutory basis for the national air quality objectives. These have been taken forward at the London level by the Mayor in the London Local Air Quality Management (LLAQM). The LLAQM system is a statutory process by which London local authorities monitor, assess and take action to improve local air quality.

The London Environment Strategy 2018 sets out how the Mayor of London is tackling air pollution across London, including its aim to meet WHO health-based guidelines for PM2.5 by 2030 and implement the Ultra Low Emission Zone.

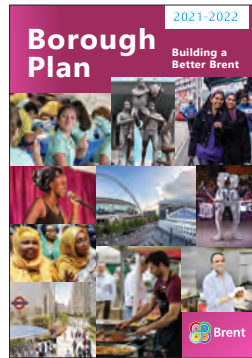


1.3.4. Local context

There are several council policies which link to air quality and that this AQAP aligns with. These include:

Brent Borough Plan

2023-2027: Sets out the Council's vision for the next four years. Its primary aim is 'Moving Forward Together', Improving Brent's air quality is included as a priority for the council under the strategic theme "A cleaner, greener future".



Climate & Ecological Emergency Strategy

2021-2030: In July 2019, Brent Council declared a climate and ecological emergency and committed to do all in its gift to strive for carbon neutrality by 2030. This target is borough-wide, not just direct council emissions, because of the scale and urgency of this issue.



Inclusive Growth Strategy (IGS) 2019-2040:

The aim of this strategy is to reduce poverty and inequality, increase the borough's resilience, and enhance the economic and social wellbeing of the community. "Health" and "Environment" are two key themes in Brent's IGS under which improving air quality is prioritised. The stated objective is to "Reduce the negative health impacts of pollution" with a further aim of reducing health inequalities related to pollution.



Brent's Long Term Transport Strategy:

Provides the strategic direction for investment in transport in Brent, with the aim of improving transport options for all and to reduce the negative impacts of travel on the borough, including air pollution. Our aim is to reduce traffic in Brent by 25% by 2041.



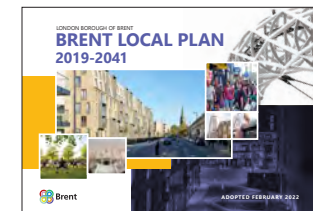
Draft Joint Health and Wellbeing Strategy:

This strategy includes a theme of "Healthy Places" which incorporates the requirement to create a borough where residents have access to clean air.



Brent's Local Plan:

The Local Plan is a collection of planning documents that, alongside national planning policy and the Mayor's London Plan, sets out our strategy for future development in Brent. It includes policies around housing, town centres, open space employment, community facilities, the built and natural environment and transport. This includes a specific policy on air pollution.



2 AIR QUALITY IN BRENT

Air quality monitoring is undertaken across the borough to understand how pollution levels are changing over time and to compare these with the thresholds set for protecting human health. As part of this AQAP, we are committing to strive for both the UK Air Quality Objectives and the WHO guidelines.

The UK's Environmental Improvement Plan 2023 and the 2023 Air Quality Strategy: Framework for Local Authority Delivery provide the overarching strategic framework for air quality management in the UK and contains national air quality standards and objectives established by the Government to protect human health. The objectives take into account EU Directives that set limit values which member states are legally required to achieve by their target dates. These objectives are shown in Table 1.

The WHO has also published guidelines for pollution limits and these are also shown in Table 1. These are much lower than the legal limits that the borough is obliged to achieve, in recognition of the fact that there are health impacts for us all, even at lower concentrations.

This is why LBB will not stop prioritising air quality once all of the legal limits are met.

We are committed to strive towards the WHO guidelines and will report against them on an annual basis to show progress made.

Table 1: Air Quality Objectives and WHO Air Quality Guidelines

Pollutant	Averaging time	Air Quality Objective (µg/m3)	Interim WHO targets (µg/m3)				WHO Air Quality Guideline (µg/m3)
			1	2	3	4	
NO2	Hourly mean	200a	-	-	-	-	-
	Daily mean	-	120	50	-	-	25
	Annual mean	40	40	30	20	-	10
PM10	Daily mean	50b	150c	100c	75c	50c	45c
	Annual mean	40	70	50	30	20	15
PM2.5	Daily mean	-	75c	50c	37.5c	25c	15c
	Annual mean	12 by 2028; 10 by 2030 (lowered from 20)	35	25	15	10	5

a Not to be exceeded more than 18 times per year

b Not to be exceeded more than 35 times per year

c 99th percentile (i.e. 3-4 exceedance days per year)

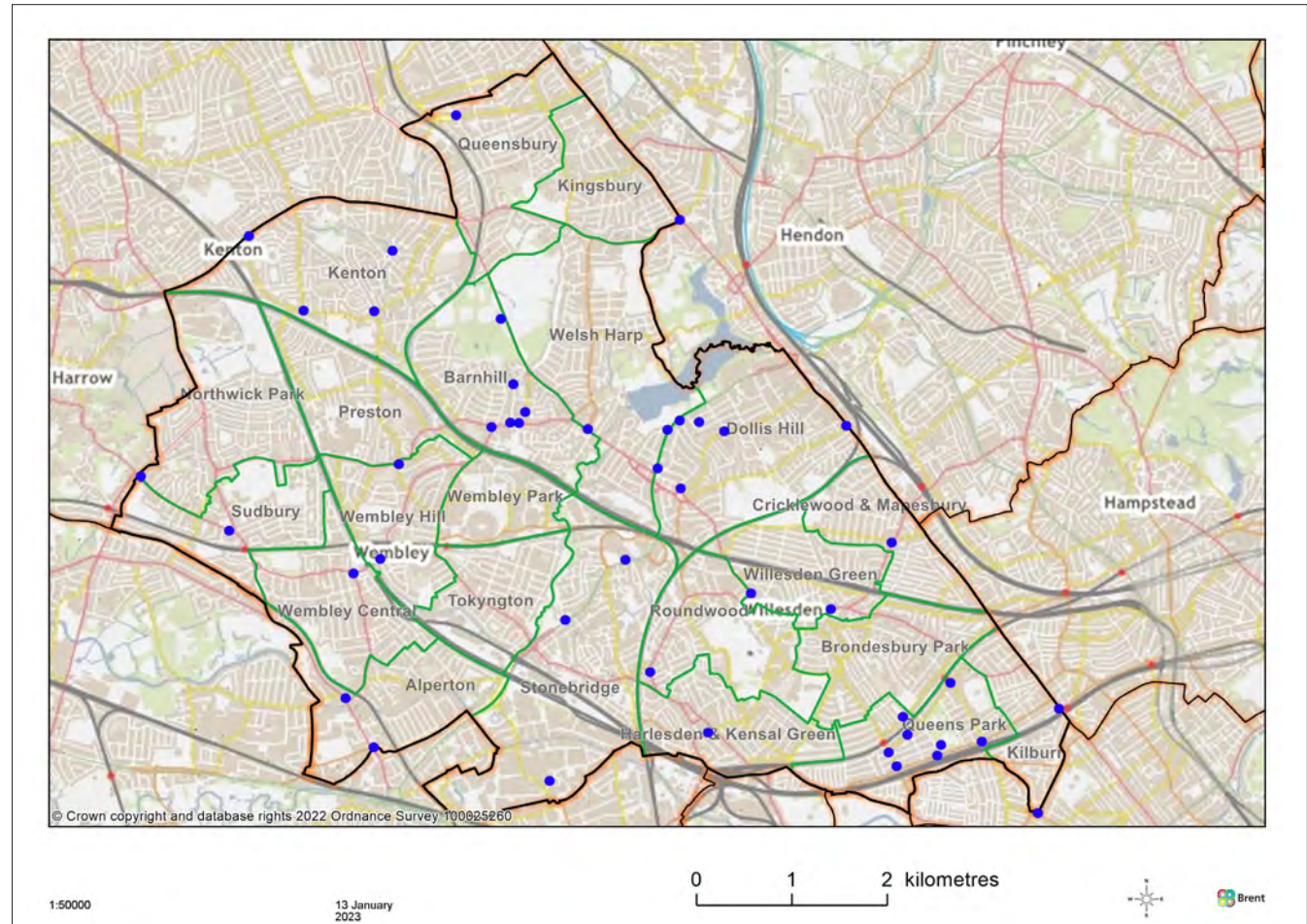
2.1 MONITORING AIR POLLUTION IN THE BOROUGH

A review of the monitoring data collected between 2016 and 2021 shows a general decreasing trend in NO₂, PM₁₀ and PM_{2.5} concentrations across the majority of Brent. However, some areas in the borough are still exceeding the legal limits. Moreover, pollution levels across the whole borough are higher than the WHO guidelines.

2.1.1 How does Brent monitor air pollution?

LBB currently operates four automatic monitoring stations and a diffusion tube network comprising 45 monitoring locations. All four automatic stations monitor NO₂ and PM₁₀, while two also measure PM_{2.5}. Figure 1 shows the locations of air quality monitoring across the borough. The 45 diffusion tube locations monitor NO₂ only. The data collected each year is published in Annual Status Reports and are made available on the council's website (15).

Figure 1: Locations of air quality monitoring across Brent



2 AIR QUALITY IN BRENT (continued)

2.1.2 Trends in pollution levels across Brent

The monitoring data indicates that pollutant concentrations are generally decreasing over time and therefore air quality in Brent is improving.

This improving trend was also observed at all diffusion tube locations, with the exception of Fryent Country Park (location 33a), a site which measures background concentrations, where no change has been recorded since 2016, and Harlesden High Street (location BRT55), where a slight decrease was observed in 2019 but an increase in 2021 was reported which exceeds 2016 levels for annual mean NO₂ concentrations.

It should be noted that monitoring data from 2020 should be treated with caution, as pollutant concentrations were affected by COVID-19 restrictions. The annual mean NO₂ concentrations recorded from the four automatic sites can be seen in Figure 2. Annual mean PM₁₀ concentrations for the same locations are shown in Figure 3. PM_{2.5} annual mean concentrations recorded at BT4 and BT8 are shown in Figure 4.

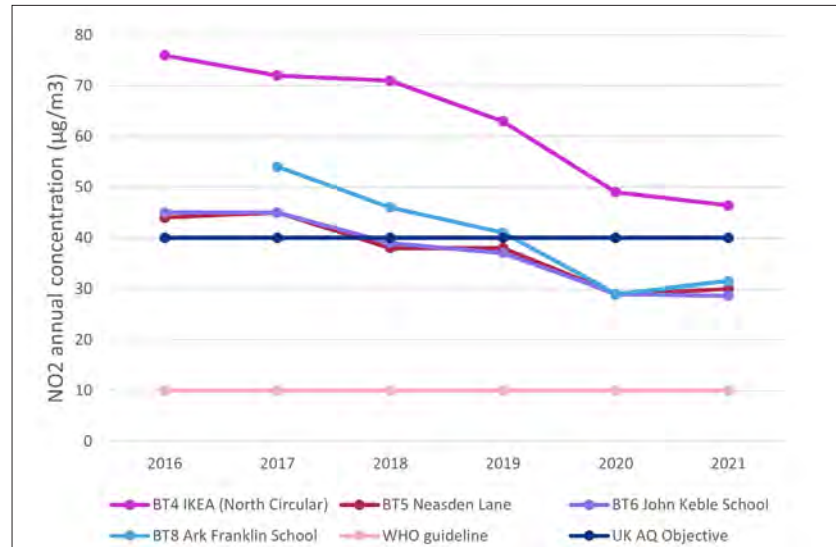


Figure 2: Annual Mean NO₂ Concentrations at BT4 (Ikea), BT5 (Neasden Lane), BT6 (John Keble Primary School), and BT8 (Ark Franklin Primary School)

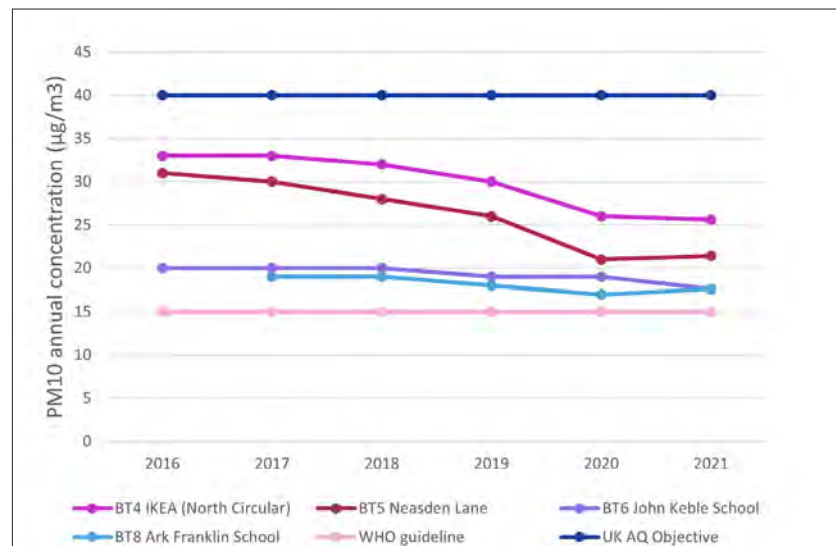


Figure 3: Annual Mean PM₁₀ Concentrations at BT4 (Ikea), BT5 (Neasden Lane), BT6 (John Keble Primary School), and BT8 (Ark Franklin Primary School)

2 AIR QUALITY IN BRENT (continued)

Air quality in the borough has generally improved in recent years, as demonstrated by the monitoring data. Data from the London Atmospheric Emissions Inventory (LAEI) demonstrates that average concentrations of NO₂ were approximately 22% lower in 2019 than in 2016. Analysis of NO₂ monitoring in Brent also demonstrated this same reduction over the same time period. LAEI data also demonstrates that in 2016, air quality at 10 schools in the borough did not meet the annual mean NO₂ AQO. Data from the modelling undertaken for this AQAP (detailed in section 2.2) demonstrates that this has reduced to 4 schools (including school playgrounds). Therefore, improvements are being observed.

However, there is still much work to do. LBB is currently meeting the objectives for PM₁₀. However, the objectives for NO₂ and PM_{2.5} are not yet being met at some locations within the borough. Also, the PM_{2.5} and NO₂ legal objectives are far higher than the WHO recommended guideline limit. For this reason, in the London Environment Strategy the Mayor has committed to meeting the WHO healthbased guideline limit (interim 4) for PM_{2.5} across London by 2030. A key area of focus for the council will be to strive towards meeting the most recent WHO guideline limits (as published in 2022) and help the Mayor meet the 2030 target.

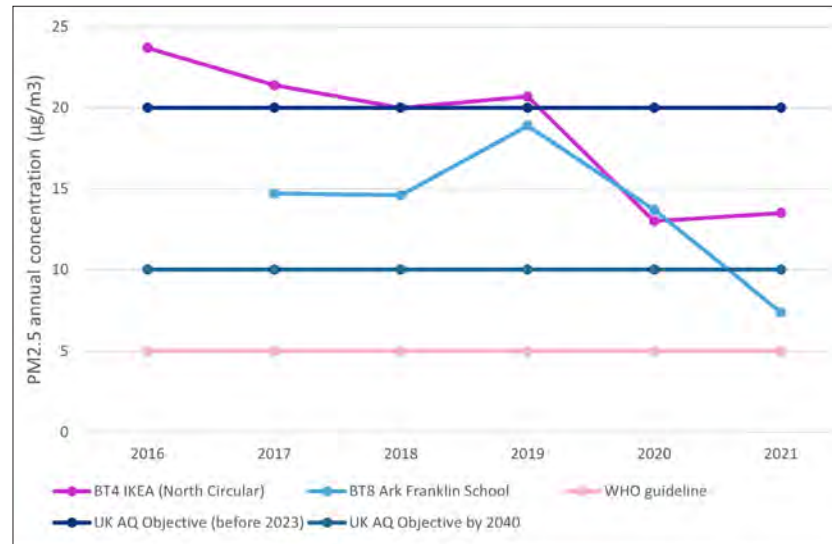


Figure 4: Annual Mean PM_{2.5} Concentrations at BT4 (Ikea), and BT8 (Ark Franklin Primary School)



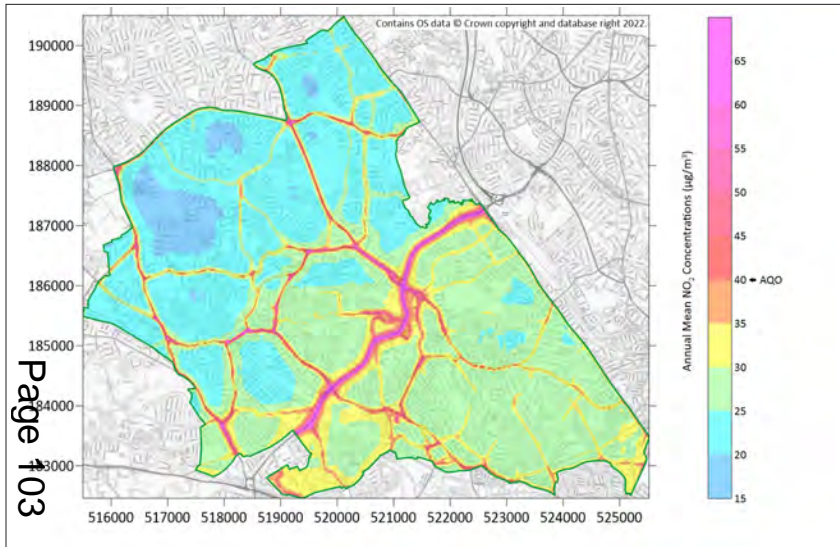


Figure 5: Modelled map of annual mean NO2 concentrations

2.2 AIR QUALITY MODELLING

LBB has undertaken borough specific modelling as part of the AQAP update. The model covered the entire borough of Brent, including a 200m buffer zone beyond the LBB’s boundary to avoid underpredicting pollution concentrations close to the LBB boundary. The modelling was based on 2019 traffic data from the LAEI. Full details of this modelling can be found in the report **London Borough of Brent Air Quality Action Plan 2023-2027: Air Dispersion Modelling.**

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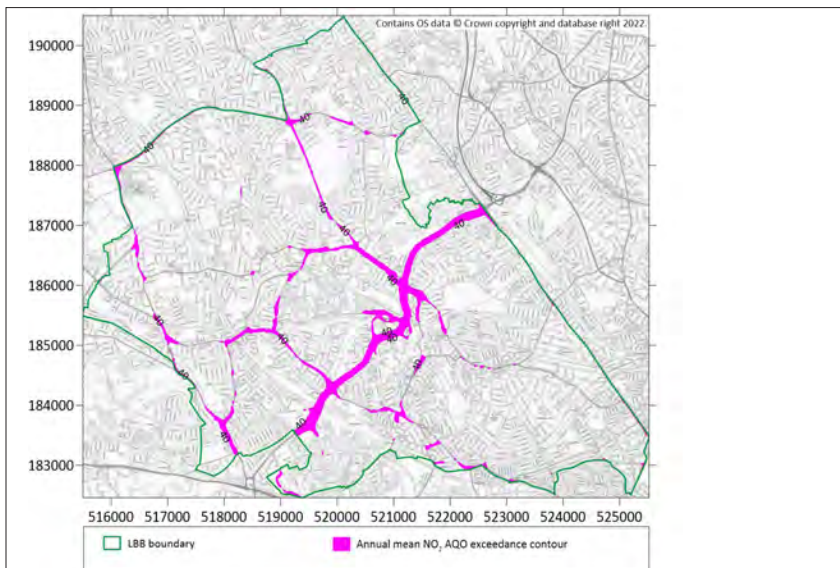


Figure 6: Modelled map of annual mean NO2 AQO exceedances

2.2.1 Results of modelling air quality for 2019

Figure 5, Figure 7, and Figure 8 present the predicted annual mean NO2, PM10 and PM2.5 concentrations across LBB, based on LBB specific dispersion modelling using LAEI 2019 traffic data. As displayed in Figure 5, the annual mean NO2 concentrations are predicted to exceed the annual mean NO2 air quality objective (AQO) (40µg/m3, as per Table 1) along major roads. Figure 6 further illustrates this and displays the areas that do not meet the annual mean NO2 AQO. Figure 7 shows that the annual mean PM10 AQO (40µg/m3) is predicted to be met except along major road links. The annual mean PM2.5

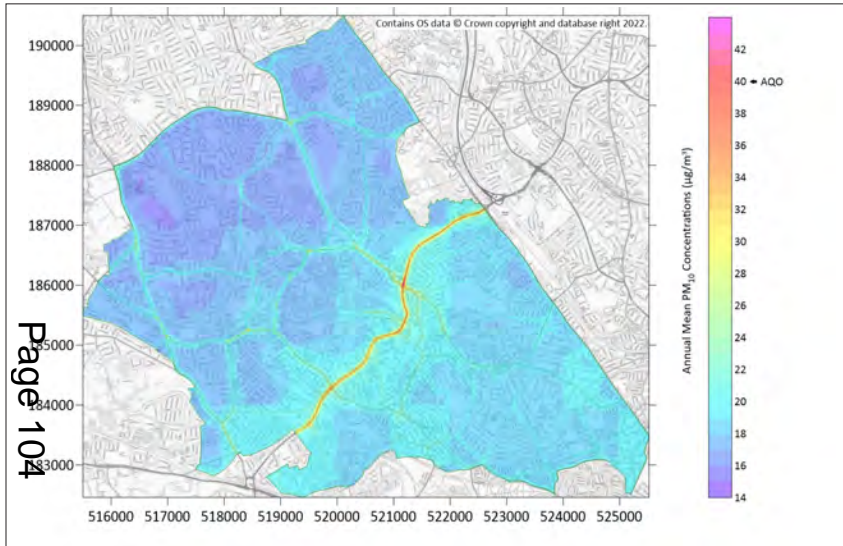


Figure 7: Modelled map of annual mean PM10 concentrations

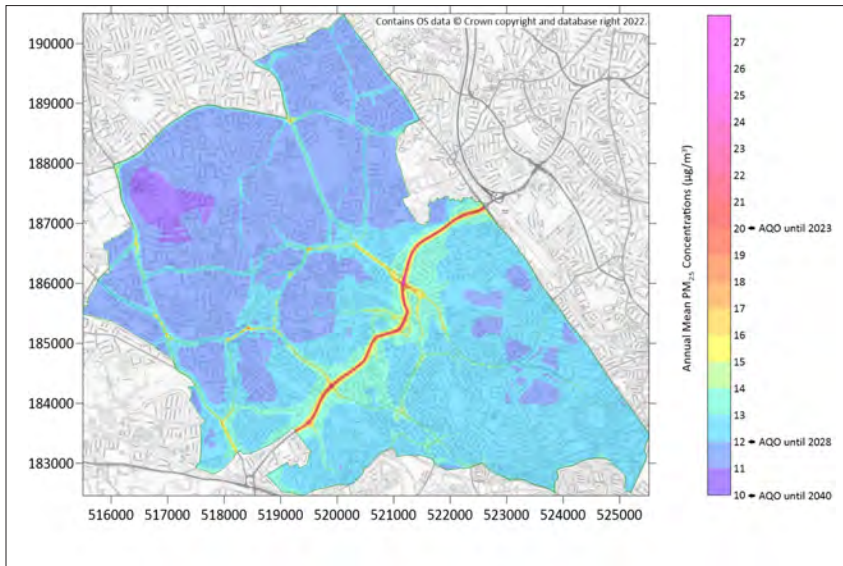


Figure 8: Modelled map of annual mean PM2.5 Concentrations

AQO (prior to 2023) ($20\mu\text{g}/\text{m}^3$) is also predicted to be exceeded along major roads and junctions, in particular the North Circular Road, as shown in Figure 8. The updated AQO of $10\mu\text{g}/\text{m}^3$ was predicted to be exceeded across the whole borough.

Further analysis of the air pollutant dispersion modelling work has found that the annual mean NO₂ AQO is predicted to be exceeded at 4,400 sensitive receptor locations within the 2019 baseline scenario. Of these, exceedances are predicted at 4,385 residential receptor locations, 2 schools (1.6% of schools), 2 nurseries and 2 playgrounds. The annual mean PM10 AQO is predicted to be met at all receptor locations in the 2019 baseline scenario. However, exceedances of the annual mean PM2.5 AQO ($20\mu\text{g}/\text{m}^3$) are predicted at a total of 33 receptor locations, of which all are residential receptors. The updated PM2.5 AQO of $10\mu\text{g}/\text{m}^3$ is predicted to be exceeded at all sensitive receptor locations

What are 'Sensitive Receptors'?

Sensitive receptors are people and places that may be at risk from exposure to air pollutants. Sensitive receptors include, but are not limited to, residential properties, hospitals, GPs, schools, nurseries, playing fields and nursing homes.

In addition to the 2019 baseline, modelling was carried out for another scenario: Scenario 1 (SC1). SC1 modelled the expansion of the Ultra Low Emission Zone (ULEZ) to the North Circular for the year 2022.

Fewer exceedances were predicted in the SC1 model than in the 2019 baseline model. However, the modelling found that the annual mean NO₂ AQO is predicted to be exceeded, and therefore not met, at a total of 868 sensitive receptor locations in SC1. Of these, 867 receptor locations are residential receptors, with the other 1 receptor location at another education (Colleges, further education) receptor. The annual mean PM₁₀ AQO is predicted to be met at all receptor locations for the SC1 scenario. A total of 3 exceedances of the annual mean PM_{2.5} AQO (20µg/m³) are predicted for the SC1 scenario, of which all are residential receptors. The updated PM_{2.5} AQO of 10µg/m³ is predicted to be exceeded at 100% of sensitive receptors in 2022. These results demonstrate the work needed to reduce NO₂ and PM_{2.5} levels further but also highlight the air quality improvements brought about by the policies such as the expansion of the ULEZ to the North (and South) Circular roads, which resulted in a pollution emissions reduction of 26% within the expanded ULEZ area.

The WHO guidelines and modelling output

Both the 2019 baseline and SC1 2022 models found that the annual mean concentrations of NO₂, PM₁₀ and PM_{2.5} are predicted to **exceed the revised 2022 WHO annual mean air quality guidelines throughout the borough**. Further details of the population exposure analysis can be found in Appendix A.

LBB's aim is to strive towards meeting the revised WHO guidelines, although it is noted that these are likely not achievable through borough scale actions alone. This is due to factors outside of the borough's direct control, such as transboundary pollution, and therefore would take strong international, national, and regional collaboration.

What is 'transboundary pollution'?

Air pollution does not respect boundaries – once produced, it moves around depending on wind and global air circulation patterns. Transboundary air pollution is pollution that originates in one area or country but has travelled to cross into another border through movement in the air. Therefore, the effects of that pollution are felt in a location which might be far away from where the pollution was produced. Over half of London's concentrations of PM_{2.5} come from regional, and often transboundary (non-UK) sources outside of London (16).

(16) GLA, Air Quality in London 2015-2020. London Environment Strategy: Air Quality Impact Evaluation (2020).

2.3 BRENT'S AIR QUALITY MANAGEMENT AREA

Based on the review of air quality data undertaken as part of the AQAP update, and the fact that WHO guidelines are not being met across the borough, the current Air Quality Management Area (AQMA) is being extended to encompass the entire borough.

In 2006, LBB declared an AQMA within the borough. The AQMA covered the area south of the North Circular Road and all housing, schools and hospitals along the North Circular Road, Harrow Road, Bridgewater Road, Ealing Road, Watford Road, Kenton Road, Kingsbury Road, Edgware Road, Blackbird Hill, Forty Lane and East Lane. Figure 9 shows the extent of the 2006 AQMA.

What is an 'Air Quality Management Area'?

An Air Quality Management Area (AQMA) is an area where the air quality objectives are not likely to be achieved and there is relevant public exposure. Areas that have been declared as an AQMA must have an action plan to detail measures to address the air pollution problem.



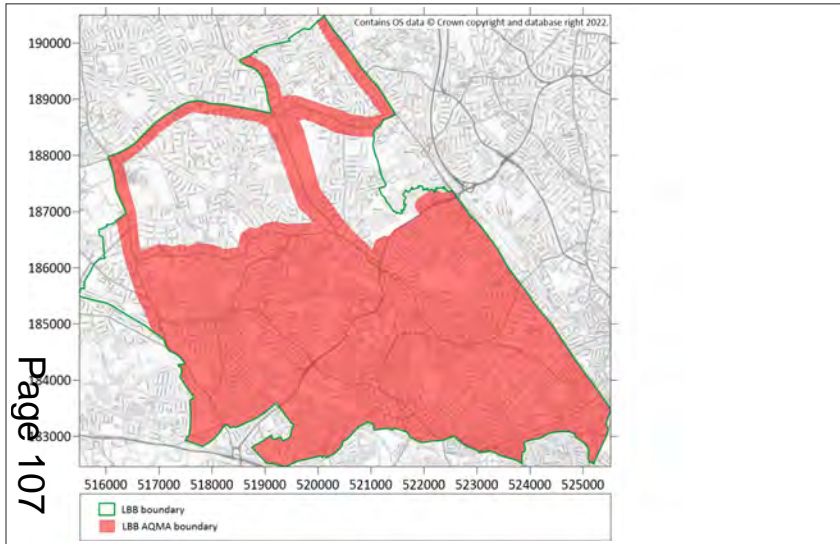


Figure 9: 2006 LBB AQMA boundary

The AQMA was declared in 2006 for the following pollutants:

- NO₂ annual mean: Brent was failing to meet the EU annual mean limit for NO₂ at some of the monitoring locations throughout the borough. Additionally, modelling indicated exceedances of the AQO in several locations across the borough;
- PM₁₀ 24-hour mean: Monitoring of PM₁₀ across Brent showed exceedances of the PM₁₀ 24-hour mean AQO, however this AQO has been met in recent years.

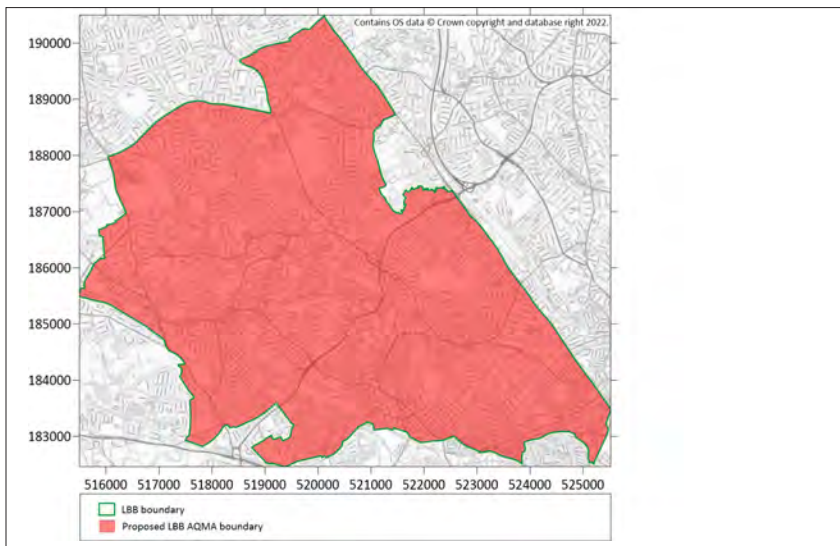


Figure 10: New borough-wide AQMA boundary

Based on the outcome of the air quality dispersion modelling undertaken as part of the AQAP update, and the fact that WHO guidelines are not being met across the borough, the current AQMA will be extended to encompass the entire Borough of Brent as shown in Figure 10. The AQMA is already declared for annual mean NO₂ and daily mean PM₁₀. As discussed, the air quality dispersion modelling carried out using 2019 LAEI data shows that, in 2022, PM_{2.5} concentrations are predicted to exceed 10µg/m³ and therefore not meet the Mayor of London's target for 2030, or the 2040 UK AQO, over the entire borough. Therefore, the AQMA will be extended to cover the borough.

2.4 BRENT'S AIR QUALITY FOCUS AREAS

Our core aims commit to focussing on tackling air pollution where communities are most exposed to poor air quality in order to eliminate health inequalities. Identifying Air Quality Focus Areas (AQFAs) allows us to prioritise where to focus our attention to deliver these aims.

Analysis conducted on pollution levels, deprivation, and population exposure have led to a total of 21 AQFAs being identified, as shown in Figure 11. This increases the total number from 15 (there were eleven AQFAs identified by the GLA LAEI within the borough and also four LBB Air Quality Action Areas (AQAA), as identified within the previous AQAP).

What is an 'Air Quality Focus Area'?

An Air Quality Focus Area (AQFA) is a location that has been identified as having high levels of pollution as well as high levels of human exposure.

As part of the air dispersion modelling undertaken for the AQAP update, an analysis of modelled pollution exposure was undertaken together with a map of the Indices of Multiple Deprivation (IMD) (to identify the level of deprivation across the borough ranked 1-10, with 1 being high deprivation and 10 being low deprivation), existing LAEI AQFAs and LBB AQFAs, as well as town centres and designated growth areas (to further identify locations of existing and future population exposure).

It was identified that a further 10 AQFAs are to be proposed within LBB. The 11 LAEI AQFAs have also been extended where relevant. Therefore, a total of 21 AQFAs have been identified as outlined in further detail in Table 2 and shown in Figure 11, along with an overlay of the IMD deciles within Brent. It should be noted that some areas were identified within the area under the jurisdiction of the Old Oak and Park Royal Development Corporation (OPDC). As such, these were not incorporated into the AQFAs presented within this document, however we will work with the OPDC to identify collaborative actions to tackle air pollution in the Park Royal area.

Further details of each of the AQFAs and the sources of pollution within each area are discussed further in section 2.5.

Figure 11: LBB Air Quality Focus Areas and IMD

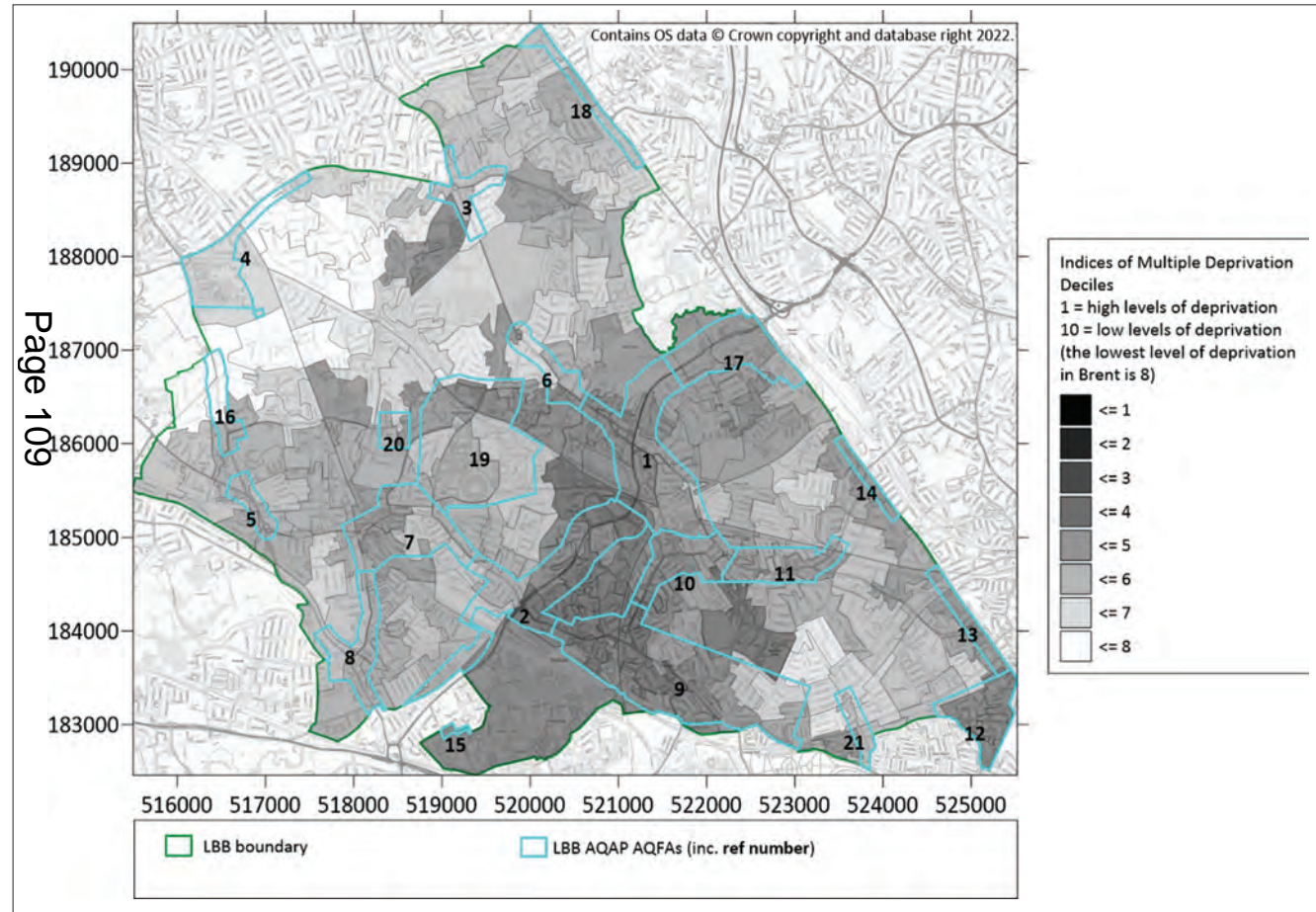


Table 2: Air Quality Focus Area in London Borough of Brent

ID	Name	Justification	Area (m2)	Modified or new designation?
Page 110	1 A406/ Neasden/ Neasden Stations	<ul style="list-style-type: none"> • A406 corridor and Neasden Lane junction. • Large number receptors (1,042) not meeting annual mean NO2 AQO. • High to moderate deprivation. • Covers all of Neasden Stations Growth Area. • Covers all of Neasden Town Centre. 	1,269,653	Modified from previous LBB AQAA
	A406/ Harrow Road	<ul style="list-style-type: none"> • A406 corridor. • Large number receptors (520) not meeting annual mean NO2 AQO. • High to moderate deprivation. • Covers part of Alperton Growth Area. • Does not cover any Town Centres. 	1,248,170	Modified from previous Brent AQAA
3	Kingsbury	<ul style="list-style-type: none"> • Moderate number of receptors (80) not meeting annual mean NO2 AQO. • Moderate to low deprivation. • Does not cover any Growth Areas. • Covers all of Kingsbury Town Centre. 	299,868	New AQFA
4	Kenton Road/ Northwick Park	<ul style="list-style-type: none"> • Moderate number of receptors (78) not meeting annual mean NO2 AQO. • Moderate to low deprivation. • Covers all of Northwick Park Growth Area. • Covers most of Kenton Town Centre 	543,946	New AQFA
5	Sudbury Town Centre	<ul style="list-style-type: none"> • Moderate number of receptors (61) not meeting annual mean NO2 AQO. • Moderate deprivation. • Does not cover any Growth Areas. • Covers all of Sudbury Town Centre. 	176,925	New AQFA

Table 2: Air Quality Focus Area in London Borough of Brent (continued)

ID	Name	Justification	Area (m2)	Modified or new designation?
6	Blackbird Hill/ Salmon Street	<ul style="list-style-type: none"> Moderate number of receptors (139) not meeting annual mean NO2 AQO. High to moderate deprivation Does not cover any Growth Areas or Town Centres. 	289,329	Extension of LAEI AQFA
7	Wembley Town	<ul style="list-style-type: none"> Large number of receptors (500) not meeting annual mean NO2 AQO. Moderate deprivation. Covers southern part of Wembley Growth Area. Covers southern part of Wembley Town Centre.. 	816,820	Modified from previous Brent AQAA
8	Alperton/Ealing Road	<ul style="list-style-type: none"> Large number of receptors (369) not meeting annual mean NO2 AQO. Moderate deprivation. Covers part of Alperton Growth Area. Covers all of Ealing Road Town Centre. 	476,909	New AQFA
9	Harlesden	<ul style="list-style-type: none"> Large number of receptors (527) not meeting annual mean NO2 AQO. High to low deprivation. Does not cover any Growth Areas. Covers Harlesden Town Centre. 	2,057,828	Modified from previous Brent AQAA
10	Church End	<ul style="list-style-type: none"> Small number of receptors (24) not meeting annual mean NO2 AQO. High to moderate deprivation. Covers all of Church End Growth Area. Covers all of Church End Town Centre. 	489,837	Modified from previous Brent AQAA
11	Willesden Green	<ul style="list-style-type: none"> Moderate number of receptors (56) not meeting annual mean NO2 AQO. High to moderate deprivation. Does not cover any Growth Areas. Covers all of Willesden Green Town Centre 	442,782	Extension of LAEI AQFA

Table 2: Air Quality Focus Area in London Borough of Brent (continued)

ID	Name	Justification	Area (m2)	Modified or new designation?
12	South Kilburn	<ul style="list-style-type: none"> • Moderate number of receptors (78) not meeting annual mean NO2 AQO. • High to moderate deprivation. • Covers all of South Kilburn Growth Area. • Covers southernmost parts of Kilburn and Queen's Park Town Centres. 	473,632	Modified from previous Brent AQAA
13	Kilburn	<ul style="list-style-type: none"> • Moderate number of receptors (62) not meeting annual mean NO2 AQO. • High to moderate deprivation. • Does not cover any Growth Areas. • Covers most of Kilburn Town Centre 	210,128	Modified from previous Brent AQAA
14	Cricklewood	<ul style="list-style-type: none"> • Moderate number of receptors (66) not meeting annual mean NO2 AQO. • High deprivation. • Does not cover any Growth Areas. • Covers all of Cricklewood Town Centre. 	110,328	Extension of LAEI AQFA
15	Park Royal	<ul style="list-style-type: none"> • Small number of receptors (37) not meeting annual mean NO2 AQO • High deprivation. • Does not cover any Growth Areas or Town Centres. 	23,732	Extension of LAEI AQFA
16	Watford Road	<ul style="list-style-type: none"> • Moderate number of receptors (73) not meeting annual mean NO2 AQO. • Moderate to low deprivation. • Does not cover any Growth Areas or Town Centres. . 	246,322	New AQFA
17	A406/ Staples Corner	<ul style="list-style-type: none"> • Moderate number of receptors (129) not meeting annual mean NO2 AQO. • High to moderate deprivation. • Covers all of Staples Corner Growth Area. • Does not cover any Town Centres. 	669,141	Extension of LAEI AQFA

Table 2: Air Quality Focus Area in London Borough of Brent (continued)

ID	Name	Justification	Area (m2)	Modified or new designation?
18	Burnt Oak/ Colindale/ The Hyde	<ul style="list-style-type: none"> • Small number of receptors (6) not meeting annual mean NO2 AQO. • Moderate to low deprivation. • Covers large part of Burnt Oak/ Colindale Growth Area. • Covers all of Colindale/ The Hyde and Burnt Oak Town Centres. 	210,128	Extension of a 2016 LAEI AQFA (which was removed in the 2019 LAEI).
19	Wembley Park/Ark Academy	<ul style="list-style-type: none"> • Small number of receptors (6) not meeting annual mean NO2 AQO. • Moderate to low deprivation. • Covers large part of Burnt Oak/ Colindale Growth Area. • Covers all of Colindale/ The Hyde and Burnt Oak Town Centres. • Large number receptors (373) not meeting annual mean NO2 AQO (including several schools). • Moderate deprivation. • Covers most of northern section of Wembley Growth Area. • Covers northern part of Wembley and all of Wembley Park Town Centres. 	1,574,094	Modified from previous Brent AQAA
20	Wembley Hill Road/ West Lane/Preston Road	<ul style="list-style-type: none"> • Small number receptors (3) not meeting annual mean NO2 AQO. • Moderate deprivation. • Does not cover any Growth Areas or Town Centres. 	130,202	Modified from previous Brent AQAA. Extension of LAEI AQFA.
21	Kensal Rise	<ul style="list-style-type: none"> • Small number receptors (27) not meeting annual mean NO2 AQO. • Moderate to low deprivation. • Does not cover any Growth Areas. • Covers most of Kensal Rise Town Centre. 	157,089	New AQFA

2.5 WHERE DOES POLLUTION COME FROM IN BRENT?

Pollution in Brent comes from a variety of sources. This includes pollution from sources outside of the borough. In the case of particulate matter, a significant proportion of this comes from outside of London and even the UK. Of the pollution that originates within the borough, the main sources of NO_x and PM_{2.5} emissions are road transport, and the main source of PM₁₀ is construction.

2.5.1. Sources of Nitrogen Dioxide in Brent

Of the pollution that originates within the borough, the main sources of NO_x emissions are **road transport**, followed by **industrial/commercial heat/power**.

NO_x emissions in Brent by source are outlined in Figure 12 and the breakdown of NO_x emissions by transport type is shown in Figure 13. As shown, the top three road traffic sources are diesel cars (36%), diesel LGVs (26%) and HGVs (10%).

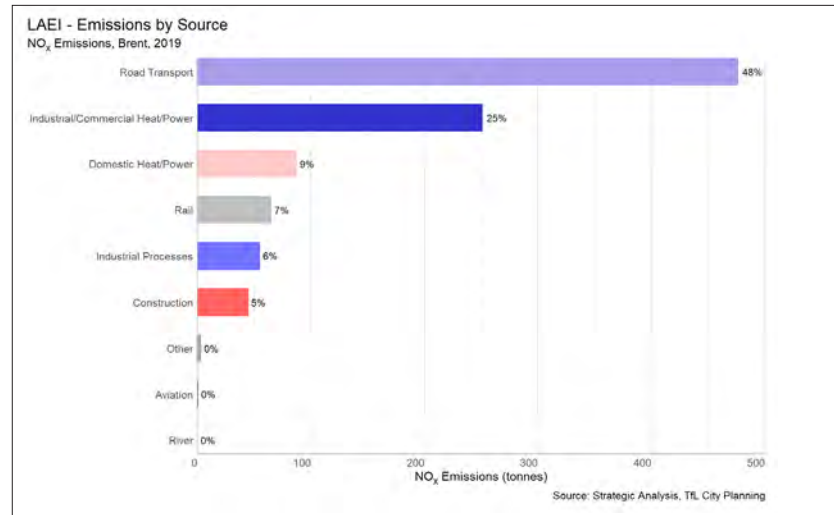


Figure 12: NO_x Emissions by Source (LAEI 2019)

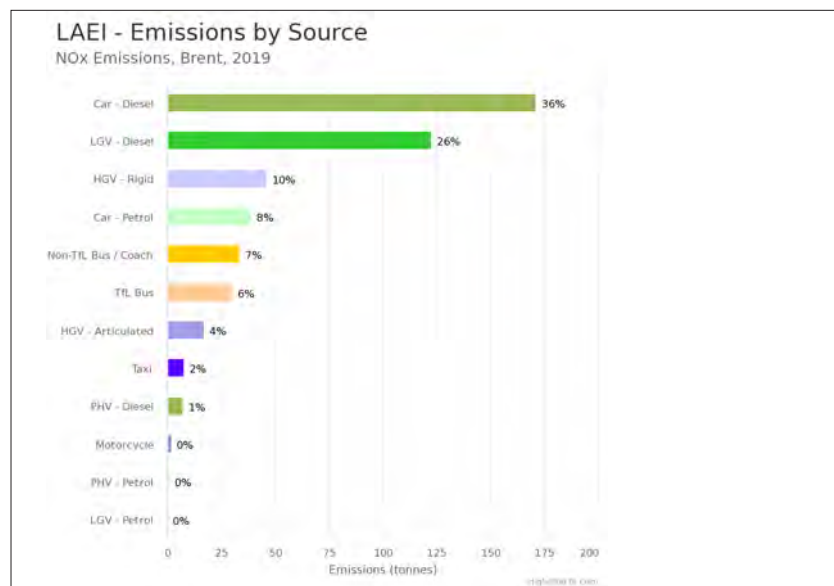


Figure 13: NO_x Emissions by Transport Type (LAEI 2019)

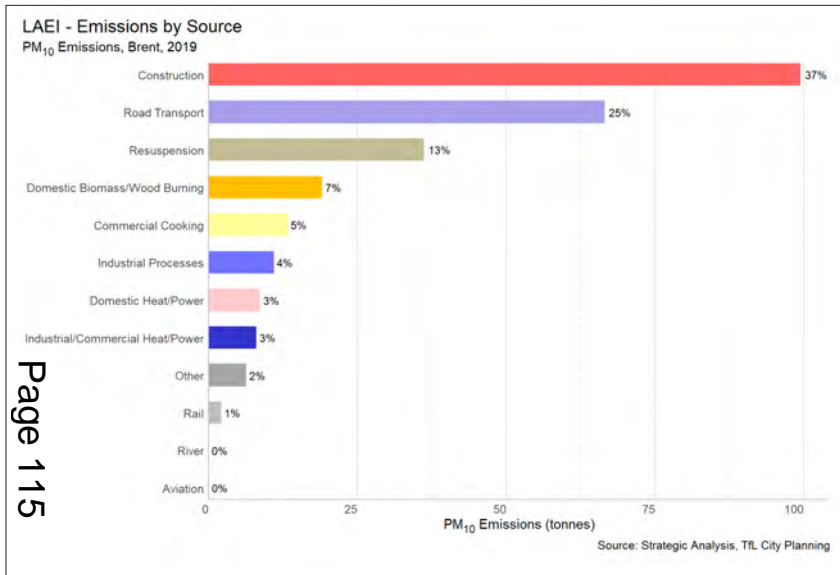


Figure 14: PM10 Emissions by Source (LAEI 2019)

2.5.2. Sources of PM10 in Brent

Figure 14 shows that the main sources of PM10 are **construction** (37%) and **road transport** (25%). Of the road transport sources, Figure 15 shows that petrol cars (30%) and diesel cars (26%) are the top two emissions sources.

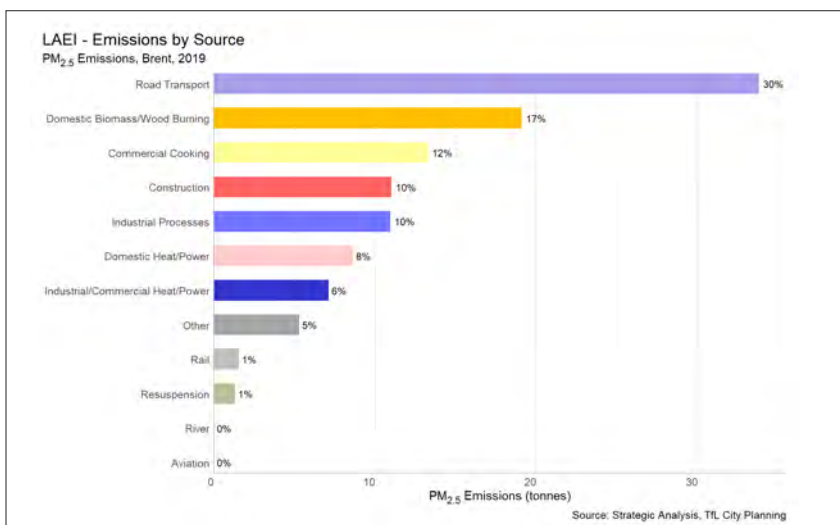


Figure 15: PM10 Emissions by Transport Type (LAEI 2019)

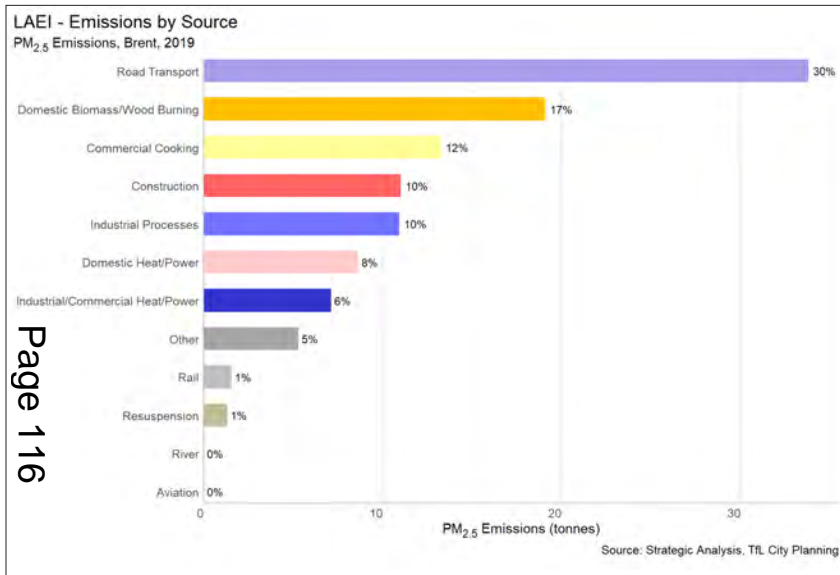


Figure 16: PM_{2.5} Emissions by source and vehicle type (LAEI 2019)

2.5.3. Sources of PM_{2.5} in Brent

Figure 16 shows that, of the pollution originating from within Brent, the main sources of PM_{2.5} are **road transport** (30%) and **domestic biomass/wood burning** (17%). Of the road transport sources, Figure 17 shows that diesel cars (29%) and petrol cars (27%) are the top two emissions sources.

2.5.4. Source Apportionment within AQFAs

As outlined within Section 2.4, a total of 21 AQFAs have been identified within LBB. Source Apportionment has been carried out for each AQFA. This enables us to understand, for road transport (the main source of pollution in the borough), which type of vehicles are causing the pollution in each local area.

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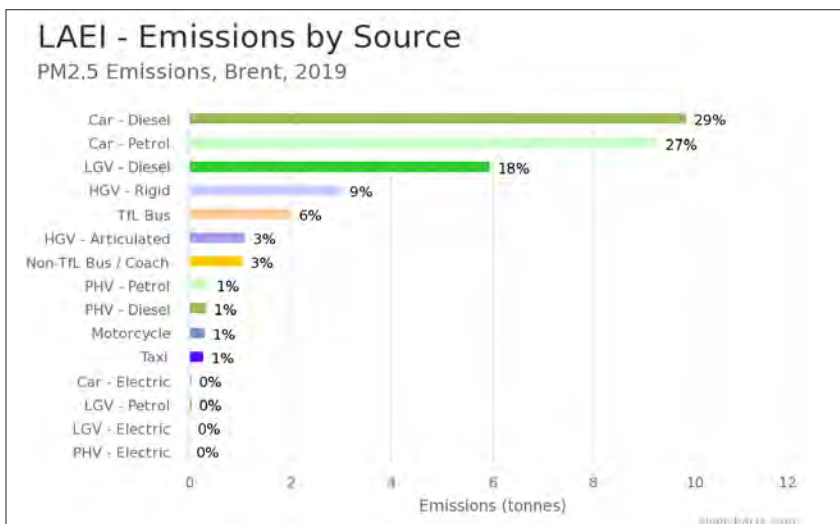


Figure 17: PM_{2.5} Emission by Transport Type (LAEI 2019)

The source apportionment for each of these AQFAs have been outlined in detail in the report London Borough of Brent Air Quality Action Plan 2023-2027: Air Dispersion Modelling, and a brief summary has been provided in Table 3.

2 AIR QUALITY IN BRENT (continued)

AQFA number	AQFA name	Top 3 road NOx emission sources	Top 3 road PM10 emission sources	Top 3 road PM2.5 emission sources
1	A406/ Neasden/ Neasden Stations	Diesel Cars (34.2%)	Petrol Cars (28.8%)	Diesel Cars (27.9%)
		Diesel LGVs (25.5%)	Diesel Cars (25.6%)	Petrol Cars (26.8%)
		Rigid HGVs (12.9%)	Diesel LGVs (17.8%)	Diesel LGVs (18.2%)
2	A406/ Harrow Road	Diesel Cars (33.9%)	Petrol Cars (29%)	Diesel Cars (28.1%)
		Diesel LGVs (26.5%)	Diesel Cars (25.7%)	Petrol Cars (27%)
		Rigid HGVs (12.8%)	Diesel LGVs (18.4%)	Diesel LGVs (18.8%)
3	Kingsbury	Diesel Cars (36.9%)	Petrol Cars (34%)	Diesel Cars (33.7%)
		Buses/Coaches (25.2%)	Diesel Cars (30.9%)	Petrol Cars (31.2%)
		Diesel LGVs (15.5%)	Diesel LGVs (12.8%)	Diesel LGVs (13.1%)
4	Kenton Road/ Northwick Park	Diesel Cars (40.4%)	Petrol Cars (33.3%)	Diesel Cars (33.3%)
		Buses/Coaches (17.8%)	Diesel Cars (30.4%)	Petrol Cars (30.6%)
		Diesel LGVs (16.8%)	Diesel LGVs (12.5%)	Diesel LGVs (12.8%)
5	Sudbury Town Centre	Diesel Cars (33%)	Petrol Cars (29.2%)	Diesel Cars (29.7%)
		Buses/Coaches (23.7%)	Diesel Cars (27%)	Petrol Cars (26.8%)
		Diesel LGVs (15.1%)	Buses/Coaches (13.2%)	Buses/Coaches (13.1%)
6	Blackbird Hill/ Salmon Street	Diesel Cars (31.3%)	Petrol Cars (31.4%)	Diesel Cars (30.9%)
		Buses/Coaches (27.8%)	Diesel Cars (28.3%)	Petrol Cars (29%)
		Diesel LGVs (16.9%)	Diesel LGVs (14.7%)	Diesel LGVs (15%)
7	Wembley Town	Buses/Coaches (42.4%)	Petrol Cars (26.7%)	Diesel Cars (27.2%)
		Diesel Cars (25.9%)	Diesel Cars (24.8%)	Petrol Cars (24.4%)
			Buses/Coaches (22.5%)	Buses/Coaches (22.7%)

Table 3: Source Apportionment of Road Source Emissions in each AQFA



2 AIR QUALITY IN BRENT (continued)

AQFA number	AQFA name	Top 3 road NOx emission sources	Top 3 road PM10 emission sources	Top 3 road PM2.5 emission sources
8	Alperton/ Ealing Road	Diesel Cars (29.8%)	Petrol Cars (27.9%)	Diesel Cars (28.2%)
		Buses/Coaches (22.6%)	Diesel Cars (25.7%)	Petrol Cars (25.6%)
		Diesel LGVs (15.8%)	Diesel LGVs (13.6%)	Diesel LGVs (14%)
9	Harlesden	Diesel Cars (28.7%)	Petrol Cars (26.1%)	Diesel Cars (26.3%)
		Buses/Coaches (24.8%)	Diesel Cars (24.2%)	Petrol Cars (24.1%)
		Diesel LGVs (19%)	Diesel LGVs (16.4%)	Diesel LGVs (17.1%)
10	Church End	Diesel Cars (28.8%)	Petrol Cars (26.5%)	Diesel Cars (26.5%)
		Buses/Coaches (26.8%)	Diesel Cars (24.4%)	Petrol Cars (24.6%)
		Diesel LGVs (17.1%)	Diesel LGVs (14.6%)	Diesel LGVs (15.2%)
11	Willesden Green	Diesel Cars (28.9%)	Petrol Cars (25.2%)	Diesel Cars (25.4%)
		Buses/Coaches (27.7%)	Diesel Cars (23.4%)	Petrol Cars (23.2%)
		Diesel LGVs (18.5%)	Diesel LGVs (15.4%)	Diesel LGVs (16%)
12	South Kilburn	Buses/Coaches (36.2%)	Petrol Cars (25.7%)	Diesel Cars (25.5%)
		Diesel Cars (24.9%)	Diesel Cars (23.6%)	Petrol Cars (23.7%)
		Diesel LGVs (15.4%)	Buses/Coaches (15%)	Buses/Coaches (15.5%)
13	Kilburn	Buses/Coaches (36.9%)	Petrol Cars (20.5%)	Diesel Cars (20.7%)
		Diesel Cars (20.9%)	Diesel Cars (19.1%)	Petrol Cars (18.8%)
		Diesel LGVs (16.3%)	Buses/Coaches (17.5%)	Buses/Coaches (18.1%)
14	Cricklewood	Diesel Cars (26.3%)	Petrol Cars (24.1%)	Diesel Cars (24.4%)
		Buses/Coaches (26.2%)	Diesel Cars (22.4%)	Petrol Cars (22.3%)
		Diesel LGVs (20.9%)	Diesel LGVs (18%)	Diesel LGVs (18.7%)

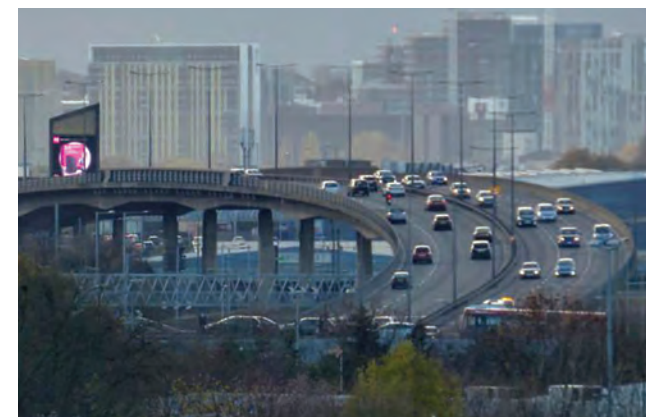
Table 3: Source Apportionment of Road Source Emissions in each AQFA (continued)



2 AIR QUALITY IN BRENT (continued)

AQFA number	AQFA name	Top 3 road NOx emission sources	Top 3 road PM10 emission sources	Top 3 road PM2.5 emission sources
15	Park Royal	Diesel Cars (34.1%)	Petrol Cars (27%)	Diesel Cars (26.9%)
		Diesel LGVs (30%)	Diesel Cars (24.7%)	Petrol Cars (25.1%)
		Rigid HGVs (18.3%)	Diesel LGVs (22.4%)	Diesel LGVs (23.1%)
16	Watford Road	Diesel Cars (35.9%)	Petrol Cars (30.9%)	Diesel Cars (30.4%)
		Diesel LGVs (18.5%)	Diesel Cars (27.8%)	Petrol Cars (28.6%)
		Buses/Coaches (16.5%)	Diesel LGVs (13.7%)	Diesel LGVs (14%)
17	A406/ Staples Corner	Diesel Cars (31.6%)	Petrol Cars (28.1%)	Diesel Cars (27%)
		Diesel LGVs (27.2%)	Diesel Cars (24.8%)	Petrol Cars (26.1%)
		Rigid HGVs (13.1%)	Diesel LGVs (19.2%)	Diesel LGVs (19.7%)
18	Burnt Oak/ Colindale/ The Hyde	Diesel Cars (37%)	Petrol Cars (32.4%)	Diesel Cars (32.9%)
		Buses/Coaches (28.8%)	Diesel Cars (30.1%)	Petrol Cars (29.5%)
		Diesel LGVs (15.8%)	Buses/Coaches (14.5%)	Buses/Coaches (14.5%)
19	Wembley Park/ Ark Academy	Buses/Coaches (31.9%)	Petrol Cars (27.4%)	Diesel Cars (27.6%)
		Diesel Cars (28.3%)	Diesel Cars (25.2%)	Petrol Cars (25.2%)
		Diesel LGVs (15.8%)	Buses/Coaches (15.4%)	Buses/Coaches (15.5%)
20	Wembley Hill Road/ West Lane/ Preston Road	Diesel Cars (34.7%)	Petrol Cars (31.2%)	Diesel Cars (32.3%)
		Buses/Coaches (33.9%)	Diesel Cars (29.5%)	Petrol Cars (28.4%)
		Diesel LGVs (14.2%)	Buses/Coaches (17.5%)	Buses/Coaches (17.4%)
21	Kensal Rise	Diesel Cars (29.9%)	Petrol Cars (25.7%)	Diesel Cars (26.1%)
		Buses/Coaches (25.3%)	Diesel Cars (24%)	Petrol Cars (23.5%)
		Diesel LGVs (23.9%)	Diesel LGVs (20.2%)	Diesel LGVs (21%)

Table 3: Source Apportionment of Road Source Emissions in each AQFA (continued)



3 LONDON BOROUGH OF BRENT'S AIR QUALITY PRIORITIES

In developing this AQAP, we have spoken with over 400 Brent residents to understand where they would like to see action taken first (17). From this, and in line with guidance from the GLA, we have developed 37 actions under five broad themes.

The AQAP consists of 37 actions that we will implement to deliver air quality improvements. These are split into the following key themes:

Theme 1 - Cleaner transport: road transport is the main source of air pollution in London. We will incentivise walking and cycling, providing infrastructure to make our streets safer and more inclusive, aiming for a reduction in traffic. Of car trips made by Londoners, over half could be cycled in around 10 minutes, and more than a third could be walked in under 25 minutes (18). We will deliver electric vehicle charging infrastructure and work with TfL to provide clean public transport. We will work to reduce emissions from vehicles delivering goods and services. This includes LBB's fleet such as mini-buses and refuse collection vehicles. Tackling our own fleet means we will be leading by example;

Theme 2 - Monitoring air pollution and other core statutory duties: critical for

understanding where pollution is most acute, and what reduction measures are effective. There are also a number of other statutory duties undertaken by boroughs, which form the basis of action to improve pollution;

Theme 3 - Public health and awareness raising: drives behavioural change to lower emissions, reducing exposure to air pollution, leading to direct health benefits;

Theme 4 - Emissions from homes, buildings, and developments: this includes emissions from construction, industry, and our own homes such as wood burning stoves and boilers. Collectively, these are responsible for a significant amount of NO₂ and PM emissions in the borough;

Theme 5 - Localised solutions: these seek to improve the environment of neighbourhoods through a combination of measures with a local focus.

Of the 37 actions detailed in Section 5, 16 actions have been identified as key priorities, through community outreach with over 400 residents, and through analysis of key sources of pollution. These 16 actions are as follows:



(17) Kaizen Partnership, Brent Air Quality Action Plan Engagement Insight Research Report, (January 2022)

(18) TfL, Travel in London (Report 11), (2018) <https://content.tfl.gov.uk/travel-in-london-report-11.pdf>

Theme 1 - Cleaner transport

1. Provide walking and cycling infrastructure
2. Encourage walking and cycling in the borough by providing support
3. Discourage unnecessary idling
4. Reduce emissions from deliveries
5. Reduce emissions from council fleets
6. Install electric vehicle charging infrastructure

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Theme 2 - Monitoring air pollution and other core statutory duties

7. Share air quality monitoring data in an easy-to access format, reporting against both UK Air Quality Objectives and WHO targets
8. Maintain and expand monitoring networks and fulfil other statutory duties



Theme 3 - Public health and awareness raising

9. Work with schools and nurseries to improve air quality and to raise awareness about pollution in the local area
10. Collaborate with Brent's Public Health team, the Brent Integrated (health and social care) Partnership, and other partners to reduce exposure of those most vulnerable to poor air quality, both indoor and outdoor
11. Promote air pollution alerts and route planner tools



Theme 4 - Reducing emissions from homes, buildings, and developments

12. Promote and deliver energy efficiency and retrofitting projects in workplaces and homes throughout Brent
13. Enforce non-road mobile machinery (NRMM) air quality policies and reduce emissions from developments
14. Ensure the Smoke Control Zone is promoted and enforced.

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Theme 5 - Localised solutions:

15. Introduce Green Neighbourhoods across the borough, focussing sustainable solutions in priority areas
16. Develop location specific action plans for Air Quality Focus Areas as part of the Local Implementation Plan (LIP) programme

Progress against each action will be reported each year in our Annual Status Report, and published on our website. Details on how we will measure success and timescales for each action can be found in Section 5.



3.1 HEALTH CONTEXT AND MAIN SOURCES

A review of the Indices of Multiple Deprivation (IMD) for 2019 has been carried out. The IMD is an aggregated national statistics dataset published by the Government(19). The IMD are based on seven different domains of deprivation: income, employment, education, health, crime, barriers to housing & services and living environment.

The published data are grouped in discrete geographical areas and organised into 'deciles', where decile 1 is the most deprived 10% of the population, and decile 10 is the least deprived 10% of the population.

Figure 11 shows the IMD dataset across Brent, together with the AQFAs identified within this AQAP. It is clear that areas with high exposure to poor air quality correlates to areas that have higher levels of deprivation. This is particularly clear along the North Circular and the A5. The North Circular and the A5 are the main sources of pollution within Brent and pass through some of the most deprived areas.

3.2 PLANNING CONTEXT

The Local Plan identifies 8 Growth Areas and various major, district and local town centres (see Local Plan policies map: Brent Local Plan 2022 Policies Map). When prioritising areas of improvement, town centres and Growth Areas have been taken into consideration, as these are areas with high predicted population growth, high number of sensitive receptors and heavy footfall.

3.3 COUNCIL POLICIES

The actions outlined in this AQAP are aligned to tie in with the following key council policies:

- LBB's Long Term Transport Strategy
- Climate & Ecological Emergency Strategy
- Brent Borough Plan
- Health and Wellbeing Strategy
- Brent's Local Plan

This was undertaken through close liaison with the relevant LBB officers and departments through steering groups and other communication channels.



4 DEVELOPMENT AND IMPLEMENTATION OF LONDON BOROUGH OF BRENT'S AQAP

In developing/updating the action plan we have worked with other local authorities, agencies, businesses, and the local community in order to improve local air quality for all.

4.1 DEVELOPING THE AQAP - COMMUNITY OUTREACH

At the beginning of the AQAP development process, we undertook extensive community outreach to understand the priorities of people who work and live in Brent, in relation to air pollution. The community outreach ensured that Brent's community had the opportunity to help to shape the AQAP and that those who are most impacted by the health impacts of air pollution have their voices heard (20).

The outcome of this can be found in Appendix B. The headline statistics from this outreach are

- 27 days of outreach engagement with individual and small group conversations.
- Engagement over twenty-one locations within Brent, including all Town Centres in the borough and all Air Quality Focus Areas (AQFAs).

- Online survey promoted by Brent and open for 2 months.
- 488 people gave their views.
- 303 people shared views in-depth in one-on-one conversations in the community.
- 86% live in Brent. 27% work in the borough and 2% run a business in Brent.
- Those engaged via outreach were broadly reflective of the known Brent demographics.
- 94% of people engaged via outreach said that their views had never been consulted before (83%) or not much before (11%).

4.2 DEVELOPING THE AQAP - STEERING GROUP

An Air Quality Steering Group was established in January 2022 to monitor the implementation of the AQAP. The group consists of members of the following teams:

- Healthy Streets and Parking team
- Public Health
- Planning Policy

- Energy and Sustainability
- Employment Skills and Enterprise
- Communications
- Regulatory Services
- Environmental Strategy and Climate Change

The group met up on seven occasions over the course of developing this AQAP. Meetings covered the following topics:

1. Introduction and reviewing progress against current actions.
2. Update on AQAP programme inc. community outreach, modelling methodology and modelling scenarios.
3. Update on baseline modelling, population exposure methodology.
4. Review of baseline modelling outcomes, options for AQMA boundary updates (based on modelling) and group discussion on AQMA boundary options.
5. Review of outcomes of population exposure assessment, setting the vision statement, setting the core aims, setting the AQAP themes and priorities.

4 DEVELOPMENT AND IMPLEMENTATION OF LONDON BOROUGH OF BRENT'S AQAP (continued)

6. AQFA defining in the context of planning and growth areas.
7. AQFA overview, methodology for defining the LBB AQAP AQFAs, proposed LBB AQAP AQFAs. At each meeting, members were encouraged to discuss each element so that feedback could be provided and incorporated to the process and so that questions and clarifications could be raised and answered.

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Further to the steering group meetings, there were five action planning workshops for each of the five key themes to go through the list of actions and to allow each stakeholder a chance to comment on the actions and to provide insight on how best to go about achieving them. These were held between September and October 2022 and included the steering group members as well as other relevant stakeholders such as members of the NWL NHS Clinical Care Commissioning Group, Brent CVS, and TfL. These action planning workshops allowed for cross-group discussion on each of the air quality actions. The outcomes of these discussions were then incorporated into the final list of air quality actions within this AQAP.

4.3 CONSULTATION ON THE DRAFT AQAP

In developing/updating the action plan we have worked with other local authorities, agencies, businesses and the local community to improve local air quality. Schedule 11 of the Environment Act 1995 requires local authorities to consult the bodies listed in Table 4.

An online survey was live for six weeks and was promoted as detailed in the consultation report (21). Pop-up events also took place at a range of locations across the borough, along with presentations at community forums to inform the local community about the draft plan and signpost to the online survey.

Full details on the consultation process and the list of stakeholders can be found in the consultation report (21) and a summary in Appendix C of this report. In total over 400 people interacted with the engagement team during pop-up events and were informed about the draft AQAP and how they could see the plan and share their views. 92 people gave their views either online or on a paper questionnaire with the following headline views:

- 62% of people responded positively (saying "Love it" or "Like it") to the Council's vision statement around air quality
- 71% believe that Core Aim 1 - "Reduce Pollutions Concentrations" should be the main priority
- 57% thought that "Discourage unnecessary engine idling" would be the most impactful proposed action, followed by "Provide infrastructure to support walking and cycling" (56%)
- Overall, only 10% of people who gave their views expressed a negative opinion of the draft plan. 40% of people expressed a positive view, 41% said "it's OK", and 8% weren't sure.

In response to the consultation, the key changes that have been made to the Air Quality Action Plan are:

- Changing the prioritisation of the actions to reflect resident priorities
- Adding a new action (CT12) **Encourage walking and cycling in the borough by providing support** to reflect the need to provide services to enable more walking and cycling
- Additional actions to work more closely with the Canal & River Trust

- More specific information on which greening projects we expect to deliver

The Air Quality Action Plan sets out the Council's priorities for tackling air pollution. Specific schemes will be prioritised as funding becomes available and in accordance with other Council

Plans, such as the Long Term Transport Strategy.

Table 4 Consultation undertaken

Yes/No	Consultee
Yes	Greater London Authority
Yes	Defra
Yes	Environment Agency
Yes	Transport for London
Yes	NHS North West London Integrated Care Board
Yes	All neighbouring boroughs Lead Members and Air Quality Officers (Harrow, Barnet, Camden, Westminster,
Yes	Ealing, Hammersmith and Fulham, Kensington and Chelsea
Yes	Brent residents and community groups
Yes	Medical Practices through NHS ICB
Yes	Businesses



5 ACTION PLAN TABLE

This section details the specific actions that we will take over the next five years to improve air quality and raise awareness of its impacts. The actions have been grouped into five themes:

- 1) Cleaner transport
- 2) Monitoring air pollution and other core statutory duties
- 3) Public health and awareness raising
- 4) Homes, buildings, and developments
- 5) Localised Solutions

Table 5 shows the London Borough of Brent's AQAP. It contains:

- A list of actions that form part of the plan;
- The responsible individual and departments/ organisations who will deliver this action;
- Estimated cost to the council;
- Expected benefit in terms of emissions and concentration reduction;
- The timescale for implementation;



- The outputs, targets and Key Performance Indicators
- How progress will be monitored

Table 5: Air Quality Action Plan
THEME 1: CLEANER TRANSPORT

Action ID	Action name	How will this action be achieved?	Responsibility	Cost	Expected emissions/ concentrations benefit	Timescale for implementation	Outputs, Targets and KPIs
CT1	Ensure that Transport and Air Quality policies and projects are integrated	CT1.1. Long-term transport strategy has been adopted; emerging plans must adhere to this strategy	LBB Air Quality Officer, LBB Transport Team LBB Healthy Streets and Parking Team	Low	Reduced emissions from transport within the borough	Throughout 5 years	CT1.1. Transport officers to sit on the quarterly Air Quality Steering Group
CT2	Update Council Procurement policies to reduce pollution from logistics and servicing	CT2.1. Annual review of the Procurement process (linked to the Sustainability policy) to embed best practice into the tender process where a contract involves vehicles and transport	LBB Air Quality Officer LBB Procurement Team	Low	Reduced emissions from logistics and servicing by following sustainable procurement policy	Annual review of Procurement sustainability policy	CT2.1. Number of vehicle and transport tenders procured where sustainability questions have been included in the tender process

5 ACTION PLAN TABLE (continued)

THEME 1: CLEANER TRANSPORT(Continued)

Action ID	Action name	How will this action be achieved?	Responsibility	Cost	Expected emissions/ concentrations benefit	Timescale for implementation	Outputs, Targets and KPIs
CT3	Installation of Ultra-low Emission Vehicle (ULEV) infrastructure (electric vehicle charging points, rapid electric vehicle charging point and hydrogen refuelling stations)	<p>CT3 1. Increase number of electric vehicle charge points installed (including at LBB property where there is demand). Ensure key messages include benefits of active travel as this is the priority</p> <p>Promote benefits of electric vehicle uptake to local businesses</p> <p>Identify additional opportunities for electric mooring for canal boats</p>	LBB Air Quality Officer, LBB Transport Team LBB Healthy Streets and Parking Team LBB Planning Team	Low (because funding is likely be available from TfL/OLEV)	Reduced emissions from transport within the borough	Ongoing, with: Year 1 develop infrastructure plan	<p>CT3.1. Development of an infrastructure plan to identify suitable locations for different types of chargers, including analysis of existing charge point usage statistics</p> <p>Continued applications for funding and review of lessons learnt with each application.</p> <p>Report on the number of charging points installed per year</p> <p>the total number of charge points required is estimated to be between 1,100 –1,300 by 2025 That equates to around 200 charge points a year.</p> <p>Review options for “at-home” charging infrastructure for residents with no off-street parking</p>

5 ACTION PLAN TABLE (continued)

THEME 1: CLEANER TRANSPORT(Continued)

Action ID	Action name	How will this action be achieved?	Responsibility	Cost	Expected emissions/ concentrations benefit	Timescale for implementation	Outputs, Targets and KPIs
CT4	Continue to work in partnership with TfL to prioritise actions required to improve local air quality in Brent	<p>CT4.1. Local Implementation Plan developed in line with TfL</p> <p>CT4.2. Identify TfL schemes that impact Brent's roads and how we can collaborate on this e.g. how can Brent feed into existing schemes such as. bus route electrification/ other bus route works to increase efficiency, Harlesden to Wembley cycle lane</p> <p>CT4.3. Hold regular partnership meetings between LBB & TfL</p>	LBB Air Quality Officer, LBB Transport Team, LBB Healthy Streets and Parking Team, TfL	Low	Reduced emissions from buses and other forms of road transport through various schemes/ plans	Year 1 and ongoing – LBB and TfL partnership meetings have been reinstated post-COVID	CT4.1. TfL schemes to take into account air quality and ensuring positive outcomes in air pollution and modal shift for example by collaborating closely on TfL's plan to decarbonise the bus network, which aims to introduce new electric buses on 7 routes across Brent

5 ACTION PLAN TABLE (continued)

THEME 1: CLEANER TRANSPORT(Continued)

Action ID	Action name	How will this action be achieved?	Responsibility	Cost	Expected emissions/ concentrations benefit	Timescale for implementation	Outputs, Targets and KPIs
CT5	Encourage Car Clubs to use low emission and alternative fuel vehicles in their fleet by increasing the proportion of electric, hydrogen and low emission vehicles	<p>CT5.1. Review the approach for Car Club, and other forms of shared mobility, provision in the borough, to encourage increased uptake</p> <p>CT5.2. Maintain dialogue with operators to work towards replacing fleet with ULEVs, including provision of charging infrastructure to enable this</p>	LBB Air Quality Officer, LBB Transport Team, LBB Healthy Streets and Parking Team, LBB Procurement Team	Low	Reduced reliance on private vehicles and increased uptake of shared low emission vehicles. Will reduce emissions from the individual car club vehicles as well as having the potential to reduce overall traffic flows on the roads.	Ongoing – understand supply and demand and use this to set benchmarks for realistic expectations with car club operators. Dialogue with suppliers and other boroughs	<p>CT5.1. Publication of a shared mobility action plan</p> <p>Report on utilisation of car club vehicles across the borough</p> <p>CT5.2. Proportion of car club vehicles using low emissions vehicles</p> <p>100% of car club vehicles to be low/zero emission by 2030</p>

5 ACTION PLAN TABLE (continued)

THEME 1: CLEANER TRANSPORT(Continued)

Action ID	Action name	How will this action be achieved?	Responsibility	Cost	Expected emissions/ concentrations benefit	Timescale for implementation	Outputs, Targets and KPIs
CT6	Hold regular temporary car free days	CT6.1. Support Car Free Day annually and continue providing free Play Streets for residents, promoting this service effectively	LBB Healthy Streets and Parking Team	Low	Reduced exposure for local residents on car free days, with the aim of incremental change in driver behaviours	Years 1-5	CT6.1. Aim to have at least ten streets participate in London car free day in year 1, with the aim to increase this year on year. To be reported in ASR Work with communities to promote and carry out other car free days
CT7	Discouraging unnecessary engine idling	CT7.1. Build upon previous anti-idling work to promote anti-idling guidance and carry out anti-idling events at schools, hospitals and other institutions or at events that reach out to large numbers of the Brent community. This can be tied in with measures such as RA7.1.	LBB Healthy Streets and Parking Team; Environmental Enforcement	Medium	Reduced emissions from idling across the borough	Year 1 – promotion of 2021 anti-idling guidance to as many Brent residents/ schools/ hospitals/ businesses as possible Years 1-5 – carry out anti-idling events with the aim to run one idling event per month	CT7.1. Delivery of one idling event per month Report on number of drivers engaged with Number of idling complaints per year received

5 ACTION PLAN TABLE (continued)

THEME 1: CLEANER TRANSPORT(Continued)

Action ID	Action name	How will this action be achieved?	Responsibility	Cost	Expected emissions/ concentrations benefit	Timescale for implementation	Outputs, Targets and KPIs
CT8	Provision of infrastructure to support walking and cycling	<p>CT8.1. Incorporate the Healthy Streets approach into the Local Implementation Plan, ensuring schemes prioritise walking/cycling infrastructure</p> <p>CT8.2. Work with TfL to implement active transport infrastructure as per action CT4.1.</p> <p>CT8.3 Work with planning team to implement site permeability measures at all major developments to facilitate active travel in line with air quality positive measures and action HD4.</p> <p>CT8.4. Partner with the Canal & River Trust to create improvements to the Grand Union Canal towpath</p>	LBB Healthy Streets and Parking Team, LBB Air Quality Officer, LBB Planning Team, LBB Transport Team, TfL	High	Increased uptake of walking and cycling, lowering emissions from road transport	Years 1-5	<p>CT8.1. Production and publication of the Active Travel Action Plan Where possible, report on improvements in Healthy Streets scores, or similar, for public realm improvement schemes</p> <p>Increase the proportion of residents who have access to a safe and pleasant cycle network. This is measured by the proportion of borough residents living within 400m of the London-wide strategic cycle network. Target of 80% by 2041</p> <p>Deliver a way-finding “Legible London” project in Alperton with a view to identify other areas for similar schemes, to improve ease of walking in the borough</p>

5 ACTION PLAN TABLE (continued)

THEME 1: CLEANER TRANSPORT(Continued)

Action ID	Action name	How will this action be achieved?	Responsibility	Cost	Expected emissions/ concentrations benefit	Timescale for implementation	Outputs, Targets and KPIs
CT9	Use parking policy to reduce pollution emissions	<p>CT9.1. Maintain the emissions based pricing scheme for resident permits and diesel surcharge, currently at £100, to encourage motorists to switch to less polluting vehicles.</p> <p>CT9.2. Review policies to identify measures that will encourage an impact on driver behaviour</p>	LLB Healthy Streets and Parking Team, LBB Air Quality Officer, LBB Transport Team	Low	Changes in driver behaviour to reduce emissions from road transport	Ongoing	<p>CT9.1. and CT9.2. Reduction in diesel parking permits issued per year</p> <p>Reduction in number of households with multiple vehicle permits</p>
CT10	Reducing emissions from deliveries to local businesses and residents	<p>CT10.1. Borough wide cargo bike business engagement scheme with subsidies to encourage trials by businesses</p> <p>CT10.2. Investigate feasibility of delivery consolidation lockers in the borough</p>	LBB Healthy Streets and Parking Team, LBB Air Quality Officer, LBB Transport Team, LBB Procurement Team	Medium	Reduced emissions from delivery vans	Year 1-2 roll out borough-wide cargo bike engagement scheme	CT10.1. Number of businesses engaged and cargo bike trials completed

5 ACTION PLAN TABLE (continued)

THEME 1: CLEANER TRANSPORT(Continued)

Action ID	Action name	How will this action be achieved?	Responsibility	Cost	Expected emissions/ concentrations benefit	Timescale for implementation	Outputs, Targets and KPIs
CT11	Reducing emissions from council fleets/ accelerate uptake of new low emission vehicles in borough fleet	CT11.1. The council will speed up the upgrade or replacement of vehicles used for council business with those of the lowest, current emission standard. The council will upgrade or replace vehicles used for council business with low emission, electric vehicles where feasible	LBB Healthy Streets and Parking Team, LBB Air Quality Officer, LBB Transport Team, LBB Procurement Team, Climate Emergency Team	High	Reduced emissions from LBB fleet and drivers	Year 1. Corporate review of fleet management processes Years 2-5. provide statistics year on year on: % increase of new vehicles in council fleet which meets highest standards % increase in new / upgraded in council fleet which use alternative fuels % increase in number of clean buses in operation in borough Years 1-5. Roll out and refresh Smarter Driver Training Year 2. Develop a Corporate Travel Plan	CT11.1. Report year on year turnover rates for LBB fleet retiring combustion engine vehicles and replacing with electric vehicles Consultancy being commissioned to review the fleet management process Annual report on fleet renewal/ replacement/ upgrade to less polluting standards, aiming for 100% of fleet to be low/zero emission by 2030 Develop and roll-out a Corporate Travel Plan Potential to roll out Smarter Driver Training to train borough fleet drivers to improve fuel efficiency

5 ACTION PLAN TABLE (continued)

THEME 1: CLEANER TRANSPORT(Continued)

Action ID	Action name	How will this action be achieved?	Responsibility	Cost	Expected emissions/ concentrations/ benefit	Timescale for implementation	Outputs, Targets and KPIs
CT12	Encourage walking and cycling in the borough by providing support	<p>CT12.1. Continue to provide free adult and child cycle training</p> <p>CT12.2. Continued provision of Peddle My Wheels service – maintaining the Try Before You Bike scheme (including electric, cargo, and normal bikes)</p> <p>CT12.3. Complete a trial of social prescribing and social influencers in the Green Neighbourhoods</p> <p>CT12.4. Provide free bike maintenance sessions for residents through Dr Bike sessions a minimum of 10 a year</p> <p>CT12.5. Deliver Cargo bike coffee morning trials in schools to reduce car use for getting to school in five schools</p>	LLB Healthy Streets and Parking Team,	Medium	Reduced emissions from transport across the borough through reduction in traffic	<p>Year 1-5 Continued delivery of CT12.1, CT12.2, CT12.4</p> <p>Year 1-2 Complete a trial of social prescribing and social influencers in the Green Neighbourhoods and provide cargo bike coffee morning trials to five schools</p>	<p>CT12.1. Report on the number of cycle training sessions delivered annually</p> <p>CT12.2. Report on the number of residents using the Try Before you Bike scheme and how this has been advertised</p> <p>CT12.3. Share outcomes of the social prescribing trials</p> <p>CT12.4. Hold a minimum of 10 Dr Bike sessions per year</p> <p>CT12.5. Hold cargo bike sessions in at least 5 schools</p>

THEME 2: MONITORING AIR POLLUTION AND OTHER CORE STATUTORY DUTIES

Action ID	Action name	How will this action be achieved?	Responsibility	Cost	Expected emissions/ concentrations benefit	Timescale for implementation	Outputs, Targets and KPIs
M1	Maintaining and where possible expanding monitoring networks, and fulfilling other statutory duties	M1.1. Maintain all existing automatic and diffusion tube monitoring in Brent's core monitoring network, with a high standard of data capture	LBB Regulatory Services	Low	Ability to pinpoint problematic areas due to enhanced monitoring coverage	Monthly records to be kept for diffusion tube changeovers and reported in ASRs. Maintenance records to be kept for any maintenance/ repair work undertaken on automatic stations Annual summaries to be included in ASRs.	M1.1. Data capture to be reported in ASRs and comments included to explain any data gaps (e.g. diffusion tube missing on arrival when changeover was taking place) Add in current number as of ASR 2021 Continue to maintain the polycyclic aromatic hydrocarbon (PAH) monitor as part of the Defra network

THEME 2: MONITORING AIR POLLUTION AND OTHER CORE STATUTORY DUTIES (Continued)

Action ID	Action name	How will this action be achieved?	Responsibility	Cost	Expected emissions/ concentrations benefit	Timescale for implementation	Outputs, Targets and KPIs
Page 138		<p>M1.2. Enhance the monitoring network by installing further PM2.5 monitors and upgrading NOx analysers, liaising with the GLA as appropriate</p>				<p>Records to be kept as and when upgrades/ installations occur and should be reported annually in the ASR.</p> <p>Two new PM2.5 monitors installed in 2023/2024; one at Neasden Lane and one at John Keble Primary School.</p> <p>Also upgrading two NOx analysers, modernising the equipment.</p>	<p>M1.2. Records kept of station upgrades/ additional monitoring sites (as well as removed sites along with a reason for removal) to be logged year on year and reported against this action in the ASRs. To include number of new locations and upgrades compared with previous year and a running total for the AQAP period</p>
		<p>M1.3. Complete and submit Annual Status Reports to the GLA on time and make these publicly available once approved</p>					<p>M1.3. Air Quality Annual Status Report submitted to GLA by deadline and published online at https://www.brent.gov.uk/environment/air-quality/air-quality-reports</p>

5 ACTION PLAN TABLE (continued)

THEME 2: MONITORING AIR POLLUTION AND OTHER CORE STATUTORY DUTIES (Continued)

Action ID	Action name	How will this action be achieved?	Responsibility	Cost	Expected emissions/concentrations benefit	Timescale for implementation	Outputs, Targets and KPIs
M2	Review Brent's monitoring network identifying areas which require further monitoring to ensure it meets our aim of protecting the most vulnerable in the borough	M2.1. Produce a report identifying gaps in monitoring. Use existing data to investigate gaps in monitoring (e.g. Church End area).	LBB Air Quality, Public Health Team	Low (staff resource is required)	Ability to identify vulnerable receptors that are at risk from air pollution issues	By end of 2024	M2.1. Production of a report identifying gaps in monitoring, with recommendations.
M3	Support new monitoring technologies e.g. supporting the GLA/ICL Breathe London monitoring regime	M3.1. Maintain the three Breathe London nodes which are currently in place until the end of the Breathe London programme (currently end of 2024) with a view to extending support to the programme beyond this, subject to funding	LBB Air Quality	Low (staff resource is required)	Supplementary expanded monitoring network to identify areas where air pollution is a problem, encourage community engagement, and to inform appropriate mitigation to improve air quality in worst affected areas	Ongoing until end of 2024, with a view to continue after	M3.1. 100% of Breathe London nodes in place for the duration of the programme

THEME 2: MONITORING AIR POLLUTION AND OTHER CORE STATUTORY DUTIES (Continued)

Action ID	Action name	How will this action be achieved?	Responsibility	Cost	Expected emissions/ concentrations benefit	Timescale for implementation	Outputs, Targets and KPIs
M4	Monitor the impact of Transport schemes implemented in the borough by working with Healthy Streets and Parking	M4.1. Schemes which involve changes to traffic flow will have AQ monitoring /modelling incorporated into the project	LBB Air Quality, LBB Healthy Streets and Parking, Planning and Development Service	Low-Medium (staff resource is required)	Ability to quantify effectiveness of various schemes in order that the most effective can be rolled out more widely	Year 1 and ongoing	M4.1. To record number of relevant initiatives that include air quality monitoring, with the aim to have all relevant schemes including air quality monitoring with results shared in the ASR or on the council website
		M5.1. Continue to provide automatic monitoring data through LondonAir	LBB Air Quality	Low-Medium (staff resource is required)	Will directly feed into awareness raising action category and will empower users to understand air quality issues in their areas and what can be done about it.	Annually	M5.1. Continued membership of LondonAir
M5	Share air quality monitoring data in an easy-to access format	M5.2. Create reporting dashboard for ease of viewing data and air quality trends across the borough	LBB Air Quality	Low-Medium (staff resource is required)	Aim to lead to good dialogue between residents and council to further identify problem emitters and undertake necessary actions to reduce emissions.	Dashboard in place by end of year 1. Refinement of dashboard by end of year 2 following user feedback.	M5.2. Online dashboard for easy access to Air Quality data for Brent residents and other users. To include a function to easily provide feedback to improve dashboard user experience. Data to be updated annually

5 ACTION PLAN TABLE (continued)

THEME 3: PUBLIC HEALTH AND AWARENESS RAISING

Action ID	Action name	How will this action be achieved?	Responsibility	Cost	Expected emissions/concentrations benefit	Timescale for implementation	Outputs, Targets and KPIs
RA1	Public Health department taking shared responsibility for borough air quality issues and implementation of Air Quality Action Plans	RA1.1. Ensure that Directors of Public Health (DsPHs) are regularly briefed on the scale of the problem in the local authority area; what is being done, and what is needed	LBB Air Quality Officer, LBB Public Health Department	Low-Medium (staff resource is required)	Exposure reduction for local residents, particularly those who are especially vulnerable with health conditions that could be worsened by poor air quality. Development of a communications pathway to facilitate an effective process by which local communities are empowered to make their voices heard about air pollution issues such that LBB can focus specific actions on these and reduce emissions and exposure.	Annually/Quarterly	RA1.1. Air Quality Action Plan is formally signed off by the Director of Public Health Annual status report to be circulated to the Director of Public Health and presented to the Health and Wellbeing Board Implementation of the actions in the AQAP to be reported to the Health and Wellbeing Board on a annual basis

THEME 3: PUBLIC HEALTH AND AWARENESS RAISING (Continued)

Action ID	Action name	How will this action be achieved?	Responsibility	Cost	Expected emissions/ concentrations benefit	Timescale for implementation	Outputs, Targets and KPIs
Page 142		<p>RA1.2. Public health officials are actively involved in air quality engagement with local stakeholders (businesses, schools, community groups and healthcare providers)</p>	<p>LBB Air Quality Officer, LBB Public Health Department</p>			<p>Ongoing communication to identify events and prepare materials. Annual reporting in ASRs</p>	<p>RA1.2. Create a series of air quality information assets which include simple actions that vulnerable groups can take to lower their exposure, to promote at health and wellbeing events and through CVS Brent</p> <p>Report on number of events with air quality information in the ASR</p> <p>Asthma data to be collated from asthma clinics/ primary care with potential for this to be used to highlight problem areas for asthma such that focussed action can be applied</p> <p>Senior Public Health Analyst to sit on quarterly air quality steering group</p>

5 ACTION PLAN TABLE (continued)

THEME 3: PUBLIC HEALTH AND AWARENESS RAISING (Continued)

Action ID	Action name	How will this action be achieved?	Responsibility	Cost	Expected emissions/ concentrations benefit	Timescale for implementation	Outputs, Targets and KPIs
Page 143		RA1.3. We will incorporate up to date air quality information within the Joint Strategic Needs Assessment (JSNA) and to include air quality within Health and Wellbeing Board priorities	LBB Air Quality Officer, LBB Public Health Department Performance Team			Annual updates to be provided to Public Health Department Performance Team	RA1.3. Review and update of the AQ JSNA every other year

THEME 3: PUBLIC HEALTH AND AWARENESS RAISING (Continued)

Action ID	Action name	How will this action be achieved?	Responsibility	Cost	Expected emissions/ concentrations benefit	Timescale for implementation	Outputs, Targets and KPIs
RA2	Raise awareness of the health impacts of air pollution, encouraging community action through the Brent Environmental Network, Brent Schools' Climate Champion Network, and through Brent volunteering organisations (e.g. Brent CVS), giving the private sector, community organisations and campaign groups information on air quality, what is going on in the borough and the opportunity to take action	<p>RA2.1. Have an active two-way dialogue between LBB and local communities to discuss air quality issues</p> <p>RA2.2. Introduce a rolling plan of air quality pop-up events in Air Quality Focus Areas, with information tailored to the local area (one per quarter). Year 1 pop-up to include Harlesden, Church End and Alperton</p>	LBB Healthy Streets and Parking Team, LBB Air Quality Officer, LBB Public Health Department, LBB Climate Emergency Team	Low	Reduced exposure and emissions on action days	<p>Annual support of Clean Air Day and Car Free Day.</p> <p>Year 1. Identify community groups and appropriate LBB point of contact, develop a communications plan</p> <p>Year 2. Roll out communications campaign with communities and introduce mechanism by which LBB can be contacted about air pollution issues</p> <p>Years 3-5. Continued monitoring/ actions/ dialogue with communities with the aim to have regular face to face information sharing activities</p>	<p>RA2.1. and RA2.2. Number of air pollution action days to be reported in the ASR</p> <p>At least one newsletter a month to be sent to the Brent Environmental Network</p> <p>Number of meetings with the Brent Schools' Climate Champion Network per year and the number of meetings with each Green Neighbourhoods' cluster.</p> <p>Setup of local Brent Environmental Advisory Groups and report on number of meetings</p>

5 ACTION PLAN TABLE (continued)

THEME 3: PUBLIC HEALTH AND AWARENESS RAISING (Continued)

Action ID	Action name	How will this action be achieved?	Responsibility	Cost	Expected emissions/ concentrations benefit	Timescale for implementation	Outputs, Targets and KPIs
RA3	Ensure schools join the TfL STARS accredited travel planning programme	<p>RA3.1. Encourage schools and nurseries to engage with the STARS scheme and gain accreditation through a programme of engagement, led by members of the Road Safety and Travel Planning team</p> <p>RA3.2. Ensure Air Quality information is included in the School Travel plan programme</p>	LBB Healthy Streets and Parking Team, Individual Schools, LBB Climate Emergency Team	Low	Exposure reduction for pupils, emission reductions from reduced car usage.	<p>By 2024, 70% of schools to have a School Travel Plan. By 2028, 80% of schools to have STARS accredited travel plan . Of the AQAP delivery. 85% of school travel plans to have achieved gold standard by Year 5</p> <p>As of 2021, 47% of schools had a STARS accredited travel plan, of which 77% are at gold standard</p>	<p>RA3.1. Percentage of schools in the borough which have engaged with the scheme and mode shift achieved away from private vehicles</p> <p>Success to be measured by the level of accreditation obtained by the schools (bronze, silver or gold). Report on number of schools which have upgraded their accreditation each year</p> <p>Promote the STARS programme at least once a year at the Early Years Provider Forum. Report on number of nurseries engaged</p> <p>RA3.2. Air Quality element of the programme to be reviewed on an annual basis</p>

THEME 3: PUBLIC HEALTH AND AWARENESS RAISING (Continued)

Action ID	Action name	How will this action be achieved?	Responsibility	Cost	Expected emissions/ concentrations benefit	Timescale for implementation	Outputs, Targets and KPIs
RA4	Work with schools and nurseries to improve air quality and to raise awareness about pollution in the local area	<p>RA4.1. Promote the London Mayor’s School Pollution Helpdesk to all schools and nurseries</p> <p>RA4.2. Deliver a programme of air quality engagement at schools and nurseries, prioritising those in Air Quality Focus Areas and Green Neighbourhoods</p> <p>RA4.3. Produce low pollution route maps for all schools and Local Authority nurseries in the borough.</p> <p>RA4.4. Continue the expansion of the School Streets programme</p>	LBB Healthy Streets and Parking Team	Low	Reduced exposure for school children.	<p>Annual reporting of number of schools in programme/ audited per year.</p> <p>All schools and nurseries in Focus Areas to have had air quality engagement by end of Year 3</p> <p>Annual reporting of school streets</p>	<p>RA4.1. Promotion of the service in quarterly Head Teacher bulletin and as part of School Travel Planning engagement</p> <p>RA4.2. 100% of schools and nurseries receive air quality engagement by 2028</p> <p>Number of meetings with the Brent Schools’ Climate Champion Network per year and the number of meetings with each Green Neighbourhoods’ cluster</p> <p>RA4.3. 100% of school and nurseries to have pollution maps</p> <p>RA4.4. At least two new school streets per year, increasing from 26 to 36 by 2028 , and look at expanding existing schemes where needed</p>

5 ACTION PLAN TABLE (continued)

THEME 3: PUBLIC HEALTH AND AWARENESS RAISING (Continued)

Action ID	Action name	How will this action be achieved?	Responsibility	Cost	Expected emissions/ concentrations benefit	Timescale for implementation	Outputs, Targets and KPIs
RA5	Engage with businesses, supporting them to reduce emissions from their operations	RA5.1. Publish guidance on reducing local air quality impacts for Brent businesses	Economic Development Team, Climate Emergency Team	Medium	Reductions in local emissions	RA5.1. Guidance to be developed, published and disseminated to businesses operating within the borough by end of Year 2	RA5.1. Air Quality Guidance to be included in sustainable business communications and Green Business Guides
RA6	Work with Public Health and the Brent Integrated (health and social care) Partnership, to reduce exposure of patients to poor air quality, both indoor and outdoor	RA6.1. Produce resources to share with the Brent ICP for dissemination to primary care organisations such as videos on exposure reduction	LBB Healthy Streets and Parking Team LBB Air Quality Officer, LBB Public Health Department	Low	Reduce exposure of vulnerable patients to air pollution	Years 1-5. Disseminate annual Clean Air Day resources to put on display at GP surgeries, including health messaging	RA6.1. Number of resources created RA6.2. Number of primary care organisation which have received resources and number displaying resources RA6.3. Production of asthma statistics for GPs in Air Quality Focus Areas RA6.4. Introduce the Clean Air Hospital Framework at Brent hospitals and also share travel planning information to 100% health care settings in Air Quality Focus Areas

THEME 3: PUBLIC HEALTH AND AWARENESS RAISING (Continued)

Action ID	Action name	How will this action be achieved?	Responsibility	Cost	Expected emissions/ concentrations benefit	Timescale for implementation	Outputs, Targets and KPIs
Page 148		RA6.2. Engage with GP surgeries, pharmacies and care providers to reach vulnerable groups. The council commits to an annual communications campaign providing information on pollution exposure reduction and the airTEXT service (as per action RA7), working with Brent ICP to encourage messaging to be shared by GP surgeries all year round					
		RA6.3. Work with Brent ICP to improve access to asthma data so that resources can be tailored					
		RA6.4. Support health settings to reduce emissions from their own operations					

THEME 3: PUBLIC HEALTH AND AWARENESS RAISING (Continued)

Action ID	Action name	How will this action be achieved?	Responsibility	Cost	Expected emissions/ concentrations benefit	Timescale for implementation	Outputs, Targets and KPIs
RA7	Promote air pollution alerts and route planner tools	<p>RA7.1. Providing and promoting the airTEXT service, especially to people with heart and/ or lung conditions through communications networks (Public Health, GPs etc.). Promote and disseminate high pollution alerts</p> <p>RA7.2. Provide tools to reduce personal exposure to outdoor air pollution (e.g. clean air walking route on website)</p> <p>RA7.3. Promote air quality information more widely through GPs, schools, nurseries, at health care facilities, libraries, pharmacies and other frequently used facilities</p>	LBB Air Quality Officer LBB Public Health Department	Low - use existing communication channels and those that will be developed as part of this air quality action plan e.g. RA1.6	Exposure reduction as a result of people changing habits on high pollution days and changing usual travel routes to those that are less polluted	<p>Ongoing signup to airTEXT</p> <p>Year 1/2 publish guidance on options for low-pollution routes for walking/ cycling, alternative travel and other action to be taken on high pollution days.</p> <p>Year 1/2 and ongoing incorporate airTEXT awareness to ongoing GP communications e.g. including a link/ QR code on GP surgery slide reels as per action RA6.1.</p> <p>Year 1 and ongoing record view/ reshare statistics from air quality related social media posts</p>	<p>RA7.1. Continue to fund the subscription to AirTEXT (or similar) and increasing from 206 to 1,000 subscribers by the end yr5 by developing a communications plan for promoting the service</p> <p>Share 100% of the Mayor's social media pollution alerts through own social media channels.</p> <p>Cascade the London Mayors High and very High pollution alerts, investigating how this can be shared with health care professionals within the borough. Record social media view statistics where possible.</p>

THEME 3: PUBLIC HEALTH AND AWARENESS RAISING (Continued)

Action ID	Action name	How will this action be achieved?	Responsibility	Cost	Expected emissions/ concentrations benefit	Timescale for implementation	Outputs, Targets and KPIs
RA7						<p>Year 1 – produce 5 low pollution route maps to schools with a view to producing more during Years 2-5</p> <p>Year 1 and ongoing use slides/ reels/ videos from action RA7.1 and expand location types that these are shown at (e.g. health care facilities, libraries, pharmacies)</p>	<p>RA7.2. Embed a Clean Air Route Finder on Brent’s website. Publish guidance on options for low-pollution routes for walking/ cycling, alternative travel and other action to be taken on high pollution days on the website.</p> <p>RA7.3. Producing and sharing via social media low pollution route maps for schools and nurseries, as well as other key community hubs such as libraries, community centres and parks. Record how many maps have been produced</p> <p>Report number of facilities with AQ information present</p>

THEME 3: PUBLIC HEALTH AND AWARENESS RAISING (Continued)

Action ID	Action name	How will this action be achieved?	Responsibility	Cost	Expected emissions/ concentrations benefit	Timescale for implementation	Outputs, Targets and KPIs
Page 151						<p>Year 1 – produce 5 low pollution route maps to schools with a view to producing more during Years 2-5</p> <p>Year 1 and ongoing use slides/ reels/ videos from action RA7.1 and expand location types that these are shown at (e.g. health care facilities, libraries, pharmacies)</p>	<p>RA7.2. Embed a Clean Air Route Finder on Brent’s website. Publish guidance on options for low-pollution routes for walking/ cycling, alternative travel and other action to be taken on high pollution days on the website.</p> <p>RA7.3. Producing and sharing via social media low pollution route maps for schools and nurseries, as well as other key community hubs such as libraries, community centres and parks. Record how many maps have been produced</p> <p>Report number of facilities with AQ information present</p>

5 ACTION PLAN TABLE (continued)

THEME 3: PUBLIC HEALTH AND AWARENESS RAISING (Continued)

Action ID	Action name	How will this action be achieved?	Responsibility	Cost	Expected emissions/ concentrations benefit	Timescale for implementation	Outputs, Targets and KPIs
RA8	Raise awareness of indoor air pollution and how to reduce exposure	RA8.1. Produce and promote a toolkit on indoor air pollution and how to reduce personal exposure. Add information (both simple 'headline' information e.g. using extraction hoods when cooking, ensuring good ventilation when drying clothes indoors etc.) to the LBB website and share via social media and through other outreach initiatives e.g. action RA7.1	LBB Air Quality Officer	Low	Reduced exposure for residents and some workers in the borough 69% of respondents to the outreach survey were concerned about air pollution at home or at work	Year 1 and ongoing	RA8.1. Number of website visits to indoor air pollution page and number of times indoor air pollution information included in communications
RA9	Share air pollution data transparently with residents, reporting against both UK Air Quality Objectives and World Health Organisation targets	RA9.1. Share air quality monitoring data through a digital, interactive platform as per action M5.2 Link in with the JSNA as this will be interactive and updated every other year	LBB Air Quality Officer	Low	Making the data easier to access and understand can help make residents aware of the progress made and the current status of air quality in their local area	Year 1: JSNA dashboard to be developed Year 2-3: Interactive dashboard to be published	RA9.1. Online dashboard for easy access to Air Quality data for Brent residents and other users. To include a function to easily provide feedback. Data to be updated annually

5 ACTION PLAN TABLE (continued)

THEME 4: HOMES, BUILDINGS, AND DEVELOPMENTS

Action ID	Action name	How will this action be achieved?	Responsibility	Cost	Expected emissions/ concentrations/ benefit	Timescale for implementation	Outputs, Targets and KPIs
HD1	Ensuring emissions from construction are minimised by adhering to London Plan and LBB planning policy	<p>HD1.1. Update the London Borough of Brent (LBB) Code of Construction Practice (COCP), and the "Sustainable Environment and Development in Brent" Supplementary Planning Document (SPD), which sets requirements for AQDMPs and dust monitoring</p> <p>HD1.2. Ensure all major developments have detailed Demolition and Construction Management Plans during planning stage</p>	LBB Planning Team, LBB Nuisance Control Team, Environmental Monitoring (Regulatory Services)	Low-Medium (staff resource is required)	Analysis of complaints data will indirectly demonstrate that LBB approved Construction Environmental Management Plans (CEMPs)/ Air Quality and Dust Management Plans (AQDMPs) are being successfully implemented in line with the LBB COCP and adhered to, leading to minimised emissions from construction activities. Results of construction dust monitoring will indicate which sites are potentially giving rise to dust issues	Reporting/ recording of records to begin Q1 2023	<p>HD1.1. Reduction in number of dust complaints made. Nuisance control team to provide AQ team with quarterly reports on dust complaints</p> <p>HD1.2. Management plans to be collated via the LBB document management system and audited to ensure all major developments have relevant plans</p>

5 ACTION PLAN TABLE (continued)

THEME 4: HOMES, BUILDINGS, AND DEVELOPMENTS (Continued)

Action ID	Action name	How will this action be achieved?	Responsibility	Cost	Expected emissions/concentrations benefit	Timescale for implementation	Outputs, Targets and KPIs
Page 154		HD1.3. Ensure Construction Dust Monitoring is required through planning conditions					HD1.3. 100% of all relevant developments to include specific construction dust planning condition Ensuring that all medium and high dust risk sites undertake construction dust monitoring in their planning conditions
	HD2	Ensuring enforcement of non-road mobile machinery (NRMM) air quality policies	HD2.1. Review NRMM planning condition wording to ensure most up to date version is being used HD2.2. Continue to subscribe, where possible, to LB Merton's NRMM scheme, who conduct audits on an annual basis and record the findings on a register	Environmental Monitoring, LBB Enforcement Team, LBB Property Department, LB Merton	Low-Medium (enforcement required, tools are being developed by the GLA to assist)	This will ensure that NRMM emissions standards are adhered to and that emissions do not exceed those specified by the GLA HD2.1. From now and ongoing HD2.2. Contact to be made with LB Merton before next set of audits	HD2.2. Continued subscription to the NRMM scheme LBB to work with LB Merton so that non-compliant sites are flagged LBB to share a list of active construction sites with LB Merton prior to audits being undertaken 100% of all relevant applications to include appropriate NRMM planning condition

5 ACTION PLAN TABLE (continued)

THEME 4: HOMES, BUILDINGS, AND DEVELOPMENTS (Continued)

Action ID	Action name	How will this action be achieved?	Responsibility	Cost	Expected emissions/ concentrations benefit	Timescale for implementation	Outputs, Targets and KPIs
Page 155		HD2.3. Conduct internal audits of operations using NRMM to ensure that construction of LBB owned property/ road maintenance continues to strictly adhere to NRMM and other construction requirements. (e.g. for construction of Brent owned developments, including property, road maintenance and NRMM associated with events)				HD2.3. From now and ongoing	HD2.3. LBB Property Department to provide information on all LBB property construction projects clearly outlining the air quality related planning conditions put in place for construction of LBB property. LBB Highways team to provide similar information for roadworks

5 ACTION PLAN TABLE (continued)

THEME 4: HOMES, BUILDINGS, AND DEVELOPMENTS (Continued)

Action ID	Action name	How will this action be achieved?	Responsibility	Cost	Expected emissions/ concentrations benefit	Timescale for implementation	Outputs, Targets and KPIs
HD3	Reducing emissions from Combined Heat and Power	HD3.1. Ensure planning policy is followed and that all major developments have heat predominantly provided by heat pumps and any supplementary boilers to be ultra-low NOx or electric boilers	LBB Energy & Sustainability Team, LBB Planning Team, Environmental Monitoring	Low-Medium (staff resource is required)	Significant reductions in local NOx emissions associated with centralised combustion sources	HD3.1. From now and ongoing HD3.1. anticipating changes in legislation that will require to change CHP engines and boilers to heat pumps, expected 2030-2035	HD3.1. All major developments to have a low emission heat source Annual reporting of ultra low NOx boilers and heat pumps installed each year Data to be compiled from Sustainability SPD checklists and assessed annually to ensure that the number of boilers installed is decreasing and number of heat pumps increasing. If not seen to be the case, further action required with LBB Planning/ Energy & Sustainability teams to ensure reduction in boilers being installed

THEME 4: HOMES, BUILDINGS, AND DEVELOPMENTS (Continued)

Action ID	Action name	How will this action be achieved?	Responsibility	Cost	Expected emissions/ concentrations benefit	Timescale for implementation	Outputs, Targets and KPIs
Page 157		<p>HD3.2. All major developments to comply with London Plan energy hierarchy and fully assessed for air quality where relevant</p>				<p>HD3.2. Planning policy to reflect this. Annual appraisal for previous year in Q1 each year</p>	<p>HD3.2. Planning policy to require this and annual appraisal of all major developments to ensure hierarchy included in energy strategies. Sustainable Environment and Development in Brent SPD checklist can be used to compile this data</p>
		<p>HD3.3. Encourage existing gas fire heat networks to decarbonise by signposting to relevant grants and encourage them to expand their networks as they decarbonise</p>				<p>HD3.3. Work with local heat network operators to develop a Decarbonisation strategy</p> <p>The number of fossil fuel based systems taken away as a result of linking to a decarbonised system</p>	

THEME 4: HOMES, BUILDINGS, AND DEVELOPMENTS (Continued)

Action ID	Action name	How will this action be achieved?	Responsibility	Cost	Expected emissions/ concentrations benefit	Timescale for implementation	Outputs, Targets and KPIs
HD4	Enforce Air Quality Neutral, Air Quality Positive policy and Healthy Streets approaches, with more stringent application of mitigation required in the Brent Air Quality Focus Areas and Growth Areas	HD4.1. Require all major developments in AQFAs and the borough's Growth Areas to be Air Quality Positive (AQP) and all other developments to be air quality neutral, as detailed in the Sustainable Environment and Development in Brent SPD	Environmental Monitoring, LBB Planning Team	Low-Medium (staff resource is required)	Reduced emissions due to air quality positive measures, contribution fund to go towards air pollution offsetting	HD4.1. From now and ongoing	HD4.1. All major developments in AQFA and the borough's Growth Areas to have an Air Quality Assessment and Air Quality Positive Statement submitted at planning application stage. Early engagement with the Council and developer on air quality positive and healthy streets measures. Engagement with GLA and TfL where relevant. This should be documented against each planning application in order to evidence this for all major developments. Ensure 100% of relevant developments adhere to Brent's Sustainable Environment and Development SPD air quality requirements

THEME 4: HOMES, BUILDINGS, AND DEVELOPMENTS (Continued)

Action ID	Action name	How will this action be achieved?	Responsibility	Cost	Expected emissions/ concentrations benefit	Timescale for implementation	Outputs, Targets and KPIs
HD5	Ensuring adequate, appropriate, and well-located green space and infrastructure is included in new and existing developments	<p>HD5.1. Ensure the relevant greening policies of the London and Local Plan are followed by developers, such as biodiversity, trees and adequate provision of open green space</p> <p>HD5.2. Air quality and parks officers to jointly comment on green infrastructure</p>	LBB Planning Team	Low-Medium (staff resource is required)	Screening of receptors from emissions sources	From now and ongoing	HD5.1. Report on number of new developments meeting the Urban Greening Factor of 0.4 (residential) and 0.3 (commercial)

5 ACTION PLAN TABLE (continued)

THEME 4: HOMES, BUILDINGS, AND DEVELOPMENTS (Continued)

Action ID	Action name	How will this action be achieved?	Responsibility	Cost	Expected emissions/ concentrations benefit	Timescale for implementation	Outputs, Targets and KPIs
HD6	Promote and enforce Smoke Control Zones and ensuring they are fully promoted and enforced	HD6.1. Review fuel guidance on council website	LBB Air Quality Officer	Low	17% of PM2.5 comes from wood burning within LBB, so even though complaints not currently being generated the source apportionment is quite high. Potential to significantly reduce this percentage. An overall output from this action will be to see if the total annual emissions and/ or source apportionment reduce in the next round of LAEI assessment	HD6.1. Dissemination of fuel guidance currently being undertaken	HD6.1. Share fuel guidance on multiple platforms and evidence this
		HD6.2. Monitor wood suppliers within the borough and investigate non-compliance. Suppliers are required to provide information on solid fuel burning equipment and how this complies with legislation	Trading Standards				HD6.2. Register of suppliers who have been audited, identify suppliers where non-compliance has been flagged and provide guidance
		HD6.3. Review the borough process for handling smoke complaints in accordance with Environment Act 2021	LBB Air Quality Officer, Environmental Monitoring Team (Regulatory Services), and Nuisance Control Team				HD6.3. Publish the process on the website. To be actioned once Environment Act 2021 has been published

5 ACTION PLAN TABLE (continued)

THEME 4: HOMES, BUILDINGS, AND DEVELOPMENTS (Continued)

Action ID	Action name	How will this action be achieved?	Responsibility	Cost	Expected emissions/ concentrations benefit	Timescale for implementation	Outputs, Targets and KPIs
Page 161		HD6.4. Undertake an annual awareness raising campaign on the impacts of wood burning and smoke pollution	LBB Air Quality Officer			HD6.4. Annually from 2023	HD6.4. Evidence that campaign has taken place and to collate any feedback received and action if necessary
		HD6.5. Reduce bonfires and waste burning, for example through improved information of garden waste services and provide advisory and enforcement interventions where applicable	LBB Air Quality Officer, LBB Nuisance Control Team			HD6.5. Information campaign to be tied in with annual awareness campaign	HD6.5. Report annually on the number of bonfire complaints
		HD6.6. Continue membership of the GLA wood burning group	LBB Air Quality Officer			HD6.6. From now and ongoing	HD6.6. Evidence of information sharing on tackling wood burning issues and involvement in any wider campaigns being run by the group

5 ACTION PLAN TABLE (continued)

THEME 4: HOMES, BUILDINGS, AND DEVELOPMENTS (Continued)

Action ID	Action name	How will this action be achieved?	Responsibility	Cost	Expected emissions/ concentrations benefit	Timescale for implementation	Outputs, Targets and KPIs
HD7	Promoting and delivering energy efficiency and retrofitting projects in workplaces and homes throughout Brent	<p>HD7.1. Distribute information on support available for local SME businesses to become more energy efficient</p> <p>HD7.2. Distribute information on support available for residents to reduce their energy use</p> <p>HD7.3. Use of RE:FIT for projects targeting council owned infrastructure such as offices or other council buildings</p> <p>HD7.4. Work with community schools to develop decarbonisation plans and support delivery of these, where possible, as well as distribute information on support available for schools to reduce their energy use</p>	Energy and Sustainability Team	Low-medium	Reduced emissions from workplaces and homes due to improved energy efficiency	From now and ongoing as these programmes are already underway	<p>HD7.1. Pilot of the Energy Efficiency Advice Service for businesses. Take learnings from the pilot, report on the emissions reductions and the number of businesses impacted. Produce case studies to share with other businesses</p> <p>HD7.2. Continuation of Brent's energy advice service ("Green Doctors") for residents. Report on number of residents accessing service. Roll-out of "Brent Warm and Well" - 1000 referrals per year, providing energy advice for the most vulnerable in the borough</p> <p>HD7.3. For RE:FIT, report on the amount of CO2 emissions reduced</p>

5 ACTION PLAN TABLE (continued)

THEME 4: HOMES, BUILDINGS, AND DEVELOPMENTS (Continued)

Action ID	Action name	How will this action be achieved?	Responsibility	Cost	Expected emissions/ concentrations benefit	Timescale for implementation	Outputs, Targets and KPIs
Page 163		<p>HD7.5. Decarbonise Brent's own housing stock</p> <p>HD7.6. Ensure that any applications for heating system replacements or upgrades under these programs use low emission alternatives</p>					<p>HD7.4. 100% of community schools to have received information on reducing energy use To report on number of schools which have a decarbonisation plan and number which have commenced delivery</p> <p>HD7.5. Apply for the social housing decarbonisation fund Report on the reduction in carbon linked to this work Track the percentage of boroughs' social housing stock which has been updated through the scheme.</p> <p>HD7.6. Where the boiler emission rate or NOx class is known direct savings can be calculated from reductions in the boiler use/savings achieved through entire replacement of fossil fuel system</p>

5 ACTION PLAN TABLE (continued)

THEME 5: LOCALISED SOLUTIONS

Action ID	Action name	How will this action be achieved?	Responsibility	Cost	Expected emissions/ concentrations benefit	Timescale for implementation	Outputs, Targets and KPIs
L1	Expand and improve green Infrastructure across the borough (GI)	<p>L1.1. Undertake assessment/ review to identify areas where upgrades to green infrastructure are required that will have a positive impact on air quality, especially linked in with Air Quality Focus Areas</p> <p>L1.2. Implement a range of greening projects across the borough, working towards delivery of the Council's Green Infrastructure Vision, and the aim to make Brent one of the greenest boroughs in London</p>	Environmental Enforcement	Medium	Reduced exposure to air pollutants in key locations through encouraging walking and cycling through a more pleasant public realm	<p>Year 1 – LBB Air Quality Officer to share Mayor of London Green Infrastructure air quality guidance with Parks, Leisure, and Cemeteries and Highways Management Teams Team</p> <p>Year 2-5 – AQ officer to work with the GI programme team to focus on areas of specific benefit (e.g. AQ focus areas) and where possible look to assist in securing funding</p>	<p>L1.1. Number and impact of green infrastructure projects per year for the borough as a whole and per Air Quality Focus Area and Green Neighbourhood areas</p> <p>Report on modal shift where green infrastructure enhances the walking and cycling environment</p> <p>Measure the impact on air quality where green infrastructure is installed as a dispersion barrier e.g. green screens, and report in the ASR</p> <p>Report on reduction in green space deficiency</p> <p>Report on local changes in tree canopy cover and numbers of trees planted</p>

THEME 5: LOCALISED SOLUTIONS

Action ID	Action name	How will this action be achieved?	Responsibility	Cost	Expected emissions/ concentrations benefit	Timescale for implementation	Outputs, Targets and KPIs
Page 165							<p>L1.2. Continue the borough's tree planting programme – aimed at areas of low canopy cover, poor air quality and deprivation, reporting on number of trees</p> <p>Install new rain gardens in Silver Jubilee Park, Kensal Corridor and along four School Streets</p> <p>Implement new biodiversity information boards in Brent parks</p> <p>Work with partners to create a new mini-forest in King Edwards Park</p> <p>Install new Bee and Bug Hotels in Brent parks</p> <p>Refurbish Northwick Park Pavilion as the borough's first eco-pavilion</p> <p>Establish a wildflower area along the length of the river Brent feeder that runs through Northwick Park</p>

5 ACTION PLAN TABLE (continued)

THEME 5: LOCALISED SOLUTIONS (Continued)

Action ID	Action name	How will this action be achieved?	Responsibility	Cost	Expected emissions/ concentrations benefit	Timescale for implementation	Outputs, Targets and KPIs
L2	Introduce Green Neighbourhoods across the borough, with the aim of focussing sustainable solutions in priority areas	L2.1. Implement Church End and Kingsbury Green Neighbourhoods in 2022- 2024 and roll out a subsequent programme	LBB Healthy Streets and Parking Team LBB Air Quality Officer, Climate Emergency Team	High	Reduced emissions at street level in neighbourhoods with high air pollution levels and therefore reduced exposure for local residents in these areas	Years 1-5 implement Green Neighbourhoods programme	L2.1. Report on the lessons learnt from the two pilot Green Neighbourhoods. Roll-out of two new development-led Green Neighbourhoods. Number of air quality pop-up information events held in Green Neighbourhood areas.
L3	Ensure AQAP is aligned with LBB Climate Emergency strategy	L3.1. Climate Emergency and Air Quality Officers to sit on relevant steering groups.	LBB Climate Emergency Team LBB Air Quality Officer	Low	Alignment with emissions reductions strategies as a result of the Climate Emergency Strategy	Throughout 5 years	L3.3. Steering group attendance and number of AQ information events in Green Neighbourhoods

5 ACTION PLAN TABLE (continued)

THEME 5: LOCALISED SOLUTIONS (Continued)

Action ID	Action name	How will this action be achieved?	Responsibility	Cost	Expected emissions/ concentrations benefit	Timescale for implementation	Outputs, Targets and KPIs
L4	Develop location specific action plans for Air Quality Focus Areas as part of the Local Implementation Plan (LIP) programme	L4.1. Develop and implement a rolling program to alleviate congestion in Air Quality Focus Areas and delivering these year on year. Investigate link with TfL buses and bus routes and maintain partnership with TfL on this	LBB Health Streets and Parking Team LBB Air Quality Officer	Low (if funding can be secured)	Improvements to air quality in Focus Areas – reductions in emissions and therefore concentrations	Year 1 – undertake one study for a scheme linking with LIP programme Year 2 – if successful, implement the funded scheme, and undertake a study for a different scheme. Years 3-5 repeat process using lessons learnt from previous years.	L4.1. Develop prioritised list of studies. Feasibility study of improvement in Harlesden Town Centre in yr 1, with delivery from year 2 Deliver one study and one implementation per year

APPENDIX A POPULATION EXPOSURE ANALYSIS

Table A1: 2019 Baseline Annual Mean NO2 population exposure

Overall Class	UKAQO/ WHO Interim Target 1		90% UKAQO/ WHO Interim Target 1		WHO Interim Target 2		WHO Interim Target 3		WHO AQG Level	
	40µg/m3		36µg/m3		30µg/m3		20µg/m3		10µg/m3	
	Number meeting	Number not meeting	Number meeting	Number not meeting	Number meeting	Number not meeting	Number meeting	Number not meeting	Number meeting	Number not meeting
Schools Summary	123	2	120	5	86	39	0	125	0	125
Nurseries Summary	93	2	90	5	64	31	0	95	0	95
Playgrounds (inc. School and Nursery Playgrounds) Summary	171	2	167	6	123	50	5	168	0	173
Other Education (Colleges, Further Education) Summary	9	1	9	1	8	2	0	10	0	10
Hospitals/ Hospices Summary	8	0	8	0	3	5	0	8	0	8
GP Surgeries Summary	78	7	68	17	43	42	0	85	0	85
Care/Nursing Home Summary	95	1	88	8	76	20	0	96	0	96
Residential Summary	126,479	4,385	121,620	9,244	98,403	32,461	2,806	128,058	0	130,864
TOTAL	127,056	4,400	122,170	9,286	98,806	32,650	2,811	128,645	0	131,456

APPENDIX A POPULATION EXPOSURE ANALYSIS (Continued)

Table A2: SC1 2022 Annual Mean NO2 population exposure

Overall Class	UKAQO/ WHO Interim Target 1		90% UKAQO/ WHO Interim Target 1		WHO Interim Target 2		WHO Interim Target 3		WHO AQG Level	
	40µg/m3		36µg/m3		30µg/m3		20µg/m3		10µg/m3	
	Number meeting	Number not meeting	Number meeting	Number not meeting	Number meeting	Number not meeting	Number meeting	Number not meeting	Number meeting	Number not meeting
Schools Summary	125	0	125	0	122	3	20	105	0	125
Nurseries Summary	95	0	94	1	90	5	13	82	0	95
Playgrounds (inc. School and Nursery Playgrounds) Summary	173	0	173	0	168	5	30	143	0	173
Other Education (Colleges, Further Education) Summary	9	1	9	1	9	1	1	9	0	10
Hospitals/ Hospices Summary	8	0	8	0	8	0	1	7	0	8
GP Surgeries Summary	85	0	83	2	73	12	6	79	0	85
Care/Nursing Home Summary	96	0	95	1	93	3	25	71	0	96
Residential Summary	129,997	867	129,278	1,586	124,546	6,318	22,884	107,980	0	130,864
TOTAL	130,588	868	129,865	1,591	125,109	6,347	22,980	108,476	0	131,456

APPENDIX A POPULATION EXPOSURE ANALYSIS (Continued)

Table A3: Population exposure change SC1 2022 annual mean NO2 – 2019 Baseline annual mean NO2

Overall Class	UKAQO/ WHO Interim Target 1		90% UKAQO/ WHO Interim Target 1		WHO Interim Target 2		WHO Interim Target 3		WHO AQG Level	
	40µg/m3		36µg/m3		30µg/m3		20µg/m3		10µg/m3	
	Change in number meeting	Change in number not meeting	Change in number meeting	Change in number not meeting	Change in number meeting	Change in number not meeting	Change in number meeting	Change in number not meeting	Change in number meeting	Change in number not meeting
Schools Summary	▲2	▲2	▲5	▼5	▲36	▼36	▲20	▼20	0	0
Prseries Summary	▲2	▲2	▲4	▼4	▲26	▼26	▲13	▼13	0	0
Playgrounds (c. School and Nursery Playgrounds) Summary	▲2	▲2	▲6	▼6	▲45	▼45	▲25	▼25	0	0
Other Education (Colleges, Further Education) Summary	0	0	0	0	▲1	▼1	▼1	▼1	0	0
Hospitals/ Hospices Summary	0	0	0	0	▲5	▼5	▲1	▼1	0	0
GP Surgeries Summary	▲7	▼7	▲15	▼15	▲30	▼30	▲6	▼6	0	0
Care/Nursing Home Summary	▲1	▼1	▲7	▼7	▲17	▼17	▲25	▼25	0	0
Residential Summary	▲3,518	▼3,518	▲7,658	▼7,658	▲26,143	▼26,143	▲20,078	▼20,078	0	0
TOTAL	▲3,532	▼3,532	▲7,695	▼7,695	▲26,303	▼26,303	▲20,169	▼20,169	0	0

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Table A4: 2019 Baseline Annual Mean PM10 population exposure

Overall Class	UKAQO		WHO Interim Target 3		WHO Interim Target 4		WHO AQG Level	
	40µg/m3		30µg/m3		20µg/m3		15µg/m3	
	Number meeting	Number not meeting	Number meeting	Number not meeting	Number meeting	Number not meeting	Number meeting	Number not meeting
Schools Summary	125	0	125	0	106	19	0	125
Nurseries Summary	95	0	95	0	85	10	0	95
Playgrounds (inc. School and Nursery Playgrounds) Summary	173	0	173	0	150	23	0	173
Other Education (Colleges, Further Education) Summary	10	0	10	0	8	2	0	10
Hospitals/ Hospices Summary	8	0	8	0	8	0	0	8
GP Surgeries Summary	85	0	85	0	65	20	0	85
Care/Nursing Home Summary	96	0	96	0	87	9	0	96
Residential Summary	130,864	0	130,693	171	116,550	14,314	0	130,864
TOTAL	131,456	0	131,285	171	117,059	14,397	0	131,456

Table A5: SC1 2022 Annual Mean PM10 population exposure

Overall Class	UKAQO		WHO Interim Target 3		WHO Interim Target 4		WHO AQG Level	
	40µg/m3		30µg/m3		20µg/m3		15µg/m3	
	Number meeting	Number not meeting	Number meeting	Number not meeting	Number meeting	Number not meeting	Number meeting	Number not meeting
Schools Summary	125	0	125	0	124	1	0	125
Nurseries Summary	95	0	95	0	92	3	0	95
Playgrounds (inc. School and Nursery Playgrounds) Summary	173	0	173	0	168	5	0	173
Other Education (Colleges, Further Education) Summary	10	0	10	0	9	1	0	10
Hospitals/ Hospices Summary	8	0	8	0	8	0	0	8
GP Surgeries Summary	85	0	85	0	75	10	0	85
Care/Nursing Home Summary	96	0	96	0	93	3	0	96
Residential Summary	130,864	0	130,829	35	125,945	4,919	19	130,845
TOTAL	131,456	0	131,421	35	126,514	4,942	19	131,437

Table A6: Population exposure change SC1 2022 annual mean PM10 – 2019 Baseline annual mean PM10

Overall Class	UKAQO		WHO Interim Target 3		WHO Interim Target 4		WHO AQG Level	
	40µg/m3		30µg/m3		20µg/m3		15µg/m3	
	Change in number meeting	Change in number not meeting	Change in number meeting	Change in number not meeting	Change in number meeting	Change in number not meeting	Change in number meeting	Change in number not meeting
Schools Summary	0	0	0	0	▲18	▼18	0	0
Nurseries Summary	0	0	0	0	▲7	▼7	0	0
Playgrounds (inc. School and Nursery Playgrounds) Summary	0	0	0	0	▲18	▼18	0	0
Other Education (Colleges, Further Education) Summary	0	0	0	0	▲1	▼1	0	0
Hospitals/ Hospices Summary	0	0	0	0	0	0	0	0
GP Surgeries Summary	0	0	0	0	▲10	▼10	0	0
Care/Nursing Home Summary	0	0	0	0	▲6	▼6	0	0
Residential Summary	0	0	▲136	▼136	▲9,395	▼9,395	▲19	▼19
TOTAL	0	0	▲136	▼136	▲9,455	▼9,455	▲19	▼19

Table A7: 2019 Baseline Annual Mean PM2.5 population exposure

Overall Class	UKAQO		WHO Interim Target 3		WHO Interim Target 4		WHO AQG Level	
	20µg/m3		15µg/m3		10µg/m3		5µg/m3	
	Number meeting	Number not meeting	Number meeting	Number not meeting	Number meeting	Number not meeting	Number meeting	Number not meeting
Schools Summary	125	0	125	0	0	125	0	125
Nurseries Summary	95	0	95	0	0	95	0	95
Playgrounds (inc. School and Nursery Playgrounds) Summary	173	0	172	1	0	173	0	173
Other Education (Colleges, Further Education) Summary	10	0	9	1	0	10	0	10
Hospitals/ Hospices Summary	8	0	8	0	0	8	0	8
GP Surgeries Summary	85	0	84	1	0	85	0	85
Care/Nursing Home Summary	96	0	96	0	0	96	0	96
Residential Summary	130,831	33	129,617	1,247	0	130,864	0	130,864
TOTAL	131,423	33	130,206	1,250	0	131,456	0	131,456

Table A8: SC1 2022 Annual Mean PM2.5 population exposure

Overall Class	UKAQO		WHO Interim Target 3		WHO Interim Target 4		WHO AQG Level	
	20µg/m3		15µg/m3		10µg/m3		5µg/m3	
	Number meeting	Number not meeting	Number meeting	Number not meeting	Number meeting	Number not meeting	Number meeting	Number not meeting
Schools Summary	125	0	125	0	0	125	0	125
Nurseries Summary	95	0	95	0	0	95	0	95
Playgrounds (inc. School and Nursery Playgrounds) Summary	173	0	173	0	0	173	0	173
Other Education (Colleges, Further Education) Summary	10	0	10	0	0	10	0	10
Hospitals/ Hospices Summary	8	0	8	0	0	8	0	8
GP Surgeries Summary	85	0	85	0	0	85	0	85
Care/Nursing Home Summary	96	0	96	0	0	96	0	96
Residential Summary	130,861	3	130,010	854	0	130,864	0	130,864
TOTAL	131,453	3	130,602	854	0	131,456	0	131,456

Table A9: Population exposure change SC1 2022 annual mean PM2.5 – 2019 Baseline annual mean PM2.5

Overall Class	UKAQO		WHO Interim Target 3		WHO Interim Target 4		WHO AQG Level	
	20µg/m3		15µg/m3		10µg/m3		5µg/m3	
	Change in number meeting	Change in number not meeting	Change in number meeting	Change in number not meeting	Change in number meeting	Change in number not meeting	Change in number meeting	Change in number not meeting
Schools Summary	0	0	0	0	0	0	0	0
Nurseries Summary	0	0	0	0	0	0	0	0
Playgrounds (inc. School and Nursery Playgrounds) Summary	0	0	▲1	▼1	0	0	0	0
Other Education (Colleges, Further Education) Summary	0	0	▲1	▼1	0	0	0	0
Hospitals/ Hospices Summary	0	0	0	0	0	0	0	0
GP Surgeries Summary	0	0	▲1	▼1	0	0	0	0
Care/Nursing Home Summary	0	0	0	0	0	0	0	0
Residential Summary	▲30	▼30	▲393	▼393	0	0	0	0
TOTAL	▲30	▼30	▲396	▼396	0	0	0	0

APPENDIX B RESPONSE TO COMMUNITY OUTREACH

Summary

Outreach engagement was undertaken for 27 days with individual and small group conversations.

Engagement was undertaken at over twenty-one locations of Brent, including all Town Centres and AQFAs.

An online survey was promoted by Brent and open for a period of 2 months.

- 488 people gave their views.
 - Of these respondents:
 - 303 people shared views in-depth in one-on-one conversations in the community
 - 3 people gave their views over the phone
 - 108 people took part in 35 Street Focus Groups
 - 74 people gave their views online
 - 86% of respondents live in Brent
 - 27% work in the Brent
 - 2% run a business in Brent

Those who responded online who were not representative of the Borough demographics, however those engaged via outreach

were broadly reflective of the known Brent demographics.

94% of people engaged via outreach said that their views had never been consulted before (83%) or not much before (11%).

Respondents' views on air quality and air pollution:

- 53% think that the air quality in their local area is bad or very bad
- 85% believe that air quality is important or very important to them as an issue
- 69% are "quite" or "very" concerned about the indoor air quality in their home or place of work
- 94% think there's a connection between air pollution and health
- 51% think air quality in Brent has worsened in the last 3 years
- 33% of people said they had personal experience of health problems made worse by pollution in their local area

- Traffic, petrol or diesel cars and deliveries and freight via road are perceived to be the top contributors to air pollution in Brent

Respondent's priorities for Brent's updated AQAP

- 80% said that improving air quality should be a high priority for the Council (ranking 4 or 5 on a scale of 5)
- There was large majority support for all of the proposed AQAP priority themes
- The themes that were highest ranked as priorities were cleaner transport, monitoring air pollution, and awareness raising of public health impacts

Summary

The consultation on the draft plan was delivered by Brent Council over a six-week period from late March to early May 2023.

There were a range of methods used to both share the draft plan and encourage and support residents to share their views:

The draft AQAP was hosted on the Brent Council "Have your say" website and emailed to stakeholders. A range of materials were prepared to make the draft plan more accessible for residents.

- An online survey¹ was hosted by Brent Council and was open for six weeks (20th March to 2nd May). The link to this survey was published on Brent Council's website and social media, promoted through a press release, and distributed through Brent's resident and community networks.
- Pop-up events took place at a range of locations across the borough in order to inform the local community about the draft plan and signpost to the online survey. Roll-up banners were displayed to increase visibility of the pop-up stall, and the engagement team had hard copies of an 'easy read' version of

the Action Plan as well as leaflets and other materials

- Tablets were used as an interactive tool to show a promotional video about the process, to view the draft plan, to preview the online questionnaire, and on some occasions to enable a person to complete the online questionnaire on the spot. Paper questionnaires were also available. The pop-up locations included libraries and community hubs and thirteen Air Quality Focus Areas (AQFAs). The programme of these events was publicised through Brent Council. Kaizen engagement team provided support for the pop-ups.
- Presentations at Forums and Brent Connects Sessions – there were 2 presentations at community forums, with one virtual and one in person event, and 3 at Brent Connects sessions.
- Two online sessions were held for residents to hear about the draft Action Plan, to ask questions and to share their views.
- Residents could also share feedback on the draft plan via email, phone, and post.

Who shared views

- 92 people gave their views either online or on a paper questionnaire
- 23 people who attended forums shared their views via Mentimeter during the event
- 2 people shared their views via email or phone
- Of those who completed a survey:
 - 96% live in Brent. 20% work in the Borough and 3% run a business in Brent
 - 56% of people said that their views had never been consulted before (27%) or not much (29%)
- Additionally, over 400 people interacted with the engagement team during pop-up events and were informed about the draft AQAP and how they could see the plan and share their views

Views on the draft Air Quality Action Plan

- 62% of people responded positively (saying "Love it" or "Like it") to the Council's vision statement around air quality
- 71% believe that Core Aim 1 - "Reduce Pollutions Concentrations" should be the main priority

- 57% thought that “Discourage unnecessary engine idling” would be the most impactful proposed action, followed by “Provide infrastructure to support walking and cycling” (56%)
- Overall, only 10% of people who gave their views expressed a negative opinion of the draft plan. 40% of people expressed a positive view, 41% said “it’s OK”, and 8% weren’t sure.

Main concerns with the plan:

- Over a third of people who shared their views believed the draft plan could be clearer or desired more specific action from the Council
- One in five people suggested more could be done in terms of traffic reduction, improvement of public transport and parking
- A similar number of people also believed walking and cycling could be encouraged more
- A small number of people thought more green spaces and trees were needed





Report on LB Brent Consultation on the Draft Air Quality Action Plan

Prepared for Brent Council

JUNE 2023



Brent Together

Towards Zero



Kaizen Partnership

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Background

Brent Council commissioned Kaizen to support with community engagement around the draft new Air Quality Action Plan (AQAP), with the aim of raising awareness of the AQAP consultation, pointing people to the summary video and online survey, and sharing the key messages on the AQAP.

Kaizen, founded in 2000, is an award-winning social business that specialises in designing, delivering and facilitating cutting edge projects. Kaizen delivers work across the community sector including the areas of regeneration, education, employment, housing and the social care field. Kaizen has wide-ranging community engagement, research and consultation expertise.

The engagement described in this report comprises **Phase 2b** of the three phases to the communications and engagement plan around the 2023-2027 AQAP:

- **Phase 1: Before drafting the AQAP**

- The aim for phase 1 engagement was to gather views on themes and priorities for the AQAP from a representative cross-sectional sample of residents so the council can have confidence that the findings are robust. In particular it was important to include less heard and quieter voices alongside the views of residents who are passionate about the issue of air quality.
- 488 people who were broadly representative of the demography of the borough shared their views. This phase was completed in October 2021 (engagement was delivered by Kaizen). The report on engagement is available through this link: <https://haveyoursay.brent.gov.uk/en-GB/projects/air-quality-action-plan/>

- **Phase 2: After drafting the AQAP**

- **Phase 2a:** The draft plan was shared with GLA and Council Members for review
- **Phase 2b:** Statutory Consultation and Community Feedback – as outlined in this report

- **Phase 3: After consultation**

- Phase 3 will take place after the final AQAP is published. The final document will be shared with relevant groups and promoted through corporate channels.



Approach

The consultation on the draft plan was delivered by Brent Council over a six-week period from late March to early May 2023.

There were a range of methods used to both share the draft plan and encourage and support residents to share their views

- The draft AQAP was **hosted on the Brent Council “Have your say” website** and **emailed to stakeholders**. A range of materials were prepared to make the draft plan more accessible for residents.
- An **online survey**¹ was hosted by Brent Council and was open for six weeks (20th March to 2nd May). The link to this survey was published on Brent Council’s website and social media, promoted through a press release, and distributed through Brent’s resident and community networks.
- **Pop-up events** took place at a range of locations across the borough in order to inform the local community about the draft plan and signpost to the online survey. Roll-up banners were displayed to increase visibility of the pop-up stall, and the engagement team had hard copies of an ‘easy read’ version of the Action Plan as well as leaflets and other materials (see Appendix 5).
 - Tablets were used as an interactive tool to show a promotional video about the process, to view the the draft plan, to preview the online questionnaire, and on some occasions to enable a person to complete the online questionnaire on the spot. Paper questionnaires were also available. The pop-up locations included libraries and community hubs and thirteen Air Quality Focus Areas (AQFAs)². The programme of the these events was publicised through Brent Council. Kaizen engagement team provided support for the pop-ups.
- **Presentations at Forums and Brent Connects Sessions** – there were 2 presentations at community forums, with one virtual and one in person event, and 3 at Brent Connects sessions.
- Two **online sessions** were held for residents to hear about the draft Action Plan, to ask questions and to share their views.
- Residents could also share feedback on the draft plan via **email, phone, and post**.

1 The questionnaire was developed by Brent Council and Kaizen.

2 AQFAs are as defined by the Greater London Authority’s 2016 London Atmospheric Emissions Inventory.

About the data

Qualitative and quantitative data were analysed. Quantitative data and findings in this report (unless otherwise stated) are drawn from survey responses only, while qualitative findings are drawn from survey responses as well as discussions which took place in the forums. For charts, and in text, figures have been rounded to the nearest whole number so on occasion the total will be other than 100%. Statistics relate to the total percentage of people who answered a particular question, rather than to the total number engaged, as not all questions were answered by everyone.

For the open questions we performed thematic analysis, hand coding for themes that emerged using the principles and approach of Grounded Theory. The term ‘Grounded Theory’ refers to theory that is developed inductively from a body of data, rather than from the preconceptions of the researchers.

It’s important to note that, while the opportunity to share views on the draft Air Quality Action Plan was shared with a diverse range of Brent communities, the statistics and findings outlined in this report should not be interpreted as being reflective of the views of all Brent residents. This is for two reasons: (1) a small number of people (fewer than one hundred) shared their views, and (2) the demographics of the people who did share views are not representative of the Borough. Appendix 2 contains further information on the profile of people who shared their views in comparison with the profile of Brent residents using 2021 census data.



Headline Stats

Views on the draft Air Quality Action Plan

- 62% of people responded positively (saying “Love it” or “Like it”) to the Council’s vision statement around air quality
- 71% believe that Core Aim 1 - “Reduce Pollutions Concentrations” should be the main priority
- 57% thought that “Discourage unnecessary engine idling” would be the most impactful proposed action, followed by “Provide infrastructure to support walking and cycling” (56%)
- Overall, only 10% of people who gave their views expressed a negative opinion of the draft plan. 40% of people expressed a positive view, 41% said “it’s OK”, and 8% weren’t sure.

Stakeholder groups

- Three stakeholder groups gave a response:
 - Environment Agency
 - Canal & River Trust
 - Mums for Lungs
- Two of the groups (Canal & River Trust and Mums for Lungs) offered feedback on specific points which they believed would improve the plan or Brent Council’s approach to air quality. The Environment Agency did not provide specific feedback but responded with generic points which should be included in any AQAP.

Who shared views

- 92 people gave their views either online or on a paper questionnaire
 - 2 local Councillors shared their views (separately to the Councillor consultation in Phase 2a) (one online and one at a pop-up event)
- 23 people who attended forums shared their views via Mentimeter during the event
- 2 people shared their views via email or phone
- Of those who completed a survey:
 - 96% live in Brent. 20% work in the Borough and 3% run a business in Brent
 - 56% of people said that their views had never been consulted before (27%) or not much (29%)
- Additionally, over 400 people interacted with the engagement team during pop-up events and were informed about the draft AQAP and how they could see the plan and share their views

What was done

Materials

Brent Council produced a number of materials to make the draft AQAP itself, as well as the process of sharing feedback, as accessible as possible. These included:

- An **“easy read” version** of the draft Action Plan, which was available for perusal in hard copy at engagement events and also for download through the website
- A **video** which succinctly explained the issue of air pollution, shared the council’s vision, core aims, and actions that will be taken; and provided the URL where people could share their views. Link to video: [Air Quality consultation - have your say - YouTube](#)
- A **dedicated website** which contained all of the relevant information about the Action Plan and the ongoing engagement period (this was located at <https://haveyoursay.brent.gov.uk/en-GB/projects/air-quality-action-plan>)
 - Documents which could be downloaded from this website included:
 - Brent’s 2017-2022 Air Quality Action Plan
 - Brent’s 2023-2027 draft Air Quality Action Plan (full length)
 - Brent’s 2023-2027 draft Air Quality Action Plan (easy read version)
 - Report on engagement research, February 2022 (full length)
 - Report on engagement research, February 2022 (summary)
 - Air Quality Management Area order 2023
 - Programme of AQAP engagement events
 - AQAP consultation leaflet
 - The website additionally provided context for the Action Plan, outlined the phases on development of the Air Quality Action Plan, and provided up-to-date information on engagement events.
- Two **roll-up banners** which were used at pop-up events
- A **leaflet** which had a QR code to the “Have your say” webpage and was available at the pop-up events as well as being disseminated by email to Brent’s community networks.

Schedule of pop-up events

Date	Times	Locations - Pop-up events
30 th March	10am - 1pm	Wembley (AQFA) Brent Civic Centre, Engineers Way, Wembley Park, Wembley HA9 0FJ
	2:30pm – 5:30pm	Wembley Library / Brent Connects Brent Civic Centre, Engineers Way, Wembley Park, Wembley HA9 0FJ
31 st March	10:30am – 1pm	Kilburn Library (adjacent to AQFA) 42 Salusbury Rd, Kilburn, NW6 6NN
	2:30pm – 5:30pm	Queens Park (AQFA) 38 Salusbury Rd, London NW6 6LT <i>Moved to Kilburn Library mid-afternoon due to rain</i>
3 rd April	10am - 1pm	Cricklewood (AQFA) 142-152 Cricklewood Broadway, London NW2 3ED
	2:30pm – 5:30pm	Willesden Green (AQFA) Walm Ln, London NW2 4QT
4 th April	10:30am – 1pm	Kingsbury Library (AQFA) Kingsbury Library, Kingsbury Rd, London NW9 9HE
	2:30pm – 5:30pm	Kingsbury High Street (AQFA) 632-640 Kingsbury Rd, Kingsbury Circle, London NW9 9HN
6 th April	10am – 12:30pm	Colindale (AQFA) 287 Edgware Rd, London W2 1GN
	2:30pm – 5:30pm	Burnt Oak (AQFA) 43 Burnt Oak Broadway, Burnt Oak, Edgware HA8 5JZ
12 th April	10am - 1pm	Church End (AQFA) Willesden Market, Church Rd, NW10 9QH
	2:30pm – 5:30pm	Neasden (AQFA) 304 Neasden Ln, Neasden, London NW10 0AD
13 th April	10:30am – 1pm	Willesden Green Library (AQFA) 95 High Rd, London NW10 2SF
	2:30pm – 5:30pm	Brent Hub Kilburn: Hornbill house (AQFA) Hornbill house, 2 Rudolph Rd, London, NW6 5GG
17 th April	10am – 1pm	Kenton (AQFA) Kenton Rd, Harrow HA3 8AZ
	2:30pm – 5:30pm	Sudbury (AQFA) 818 Harrow Rd, Wembley HA0 3DQ

Date	Times	Locations - Pop-up events
20 th April	10am – 1pm	Ealing Road (AQFA) 204 Ealing Rd, Wembley HA0 4QG
	2:30pm – 5:30pm	Brent Hubs: Kingsbury Kingsbury Library, Kingsbury Rd, London NW9 9HE
21 st April	10am – 1pm	Kensal Rise (AQFA) outside Kensal Rise station, Chamberlayne road <i>Moved to Kilburn Library mid-morning due to rain</i>
	2:30pm – 5:30pm	Harlesden High Street (AQFA) <i>Moved to Kilburn Library due to rain</i>
2 nd May	11am – 2pm	Kensal Rise (AQFA) outside Gail's Bakery, Chamberlayne road (opposite no. 91)

Community Forums

Date	Event	Venue	Description
2 nd March	Brent Connects (Harlesden)	Online	Brent Council gave a brief presentation on the draft AQAP and air quality in Harlesden. About 10 minutes of the forum was dedicated to the AQAP.
13 th March	Brent Connects (Kingsbury and Kenton)	Online	Brent Council gave a brief presentation on the draft AQAP and air quality in the area. About 10 minutes of the forum was dedicated to the AQAP.
29 th March	Care Homes Forum	Online	Brent Council + Kaizen gave a brief presentation on the draft AQAP. About 10 minutes of the forum was dedicated to the AQAP.
30 th March	Brent Connects (Wembley)	Online	Brent Council gave a brief presentation on the draft AQAP. About 10 minutes of the forum was dedicated to the AQAP.
5 th April	Pensioner's Forum	In person at Brent Civic Centre	Brent Council + Kaizen gave a presentation on the draft AQAP. Mentimeter was used to gather views in real time. About 1 hour of the forum was dedicated to the AQAP.
19 th April	Residents' Forum	Online	Dedicated 1-hour online session where residents could hear a presentation about the AQAP, ask questions, and share views. Led by Brent Council + Kaizen. Mentimeter was used to gather views in real time.
20 th April	Residents' Forum	Online	Dedicated 1-hour online session where residents could hear a presentation about the AQAP, ask questions, and share views. Led by Brent Council + Kaizen. Mentimeter was used to gather views in real time.



Stakeholder Engagement

Communications were sent to the following stakeholders:

Internal Stakeholders

- Brent Council staff (leaflet drops in Civic Centre and website)
- Members (6th and 11th April 2023)
- Brent Health and Wellbeing Board (17th April)

External Stakeholders, including Statutory Stakeholders

- Greater London Authority (GLA) (21st March)
- the Secretary of State via Defra (21st March)
- the Environment Agency (21st March)
- Transport for London (22nd March)
- NHS North West London Integrated Care Board (21st March)
- All neighbouring boroughs Lead Members and Air Quality Officers (Harrow, Barnet, Camden, Westminster, Ealing, Hammersmith and Fulham, Kensington and Chelsea (21st March)
- Brent residents and community groups (30th March)
 - Additional emails sent to 60 BAME organisations and Young Brent Foundation membership with several hundred youth organisations and individuals across Brent (12th April).
- Medical Practices through NHS ICB – 3rd April
- Early Years Settings bulletin (20th April)
- Businesses (12th April)

Brent Council corporate communication channels

External:

- Your Brent e-news (23k subscribers) (24th March, 6th April)
- Press release: <https://www.brent.gov.uk/news-in-brent/2023/march/breathe-well-live-well>
- Brent website
- Social media: Facebook (13k followers), Twitter(24.3k followers) and Instagram (3.5k followers)
- Posters/leaflets in community hubs
- Brent business news e-newsletter (12th April)
- Headteachers via Best Brent
- Provider forums (Pensioners' forum, Care Homes forum)
- Library Noticeboards – leaflets, digital display
- Residential noticeboards (community hubs, libraries, community centres) – leaflets
- Faith centres - leaflets
- Environmental charities
- Brent Connects newsletters

Internal:

- Members' Briefing
- Members' bulletin
- Brent Health and Wellbeing Board
- Town centre managers
- Neighbourhood managers
- Brent news story
- Flyers

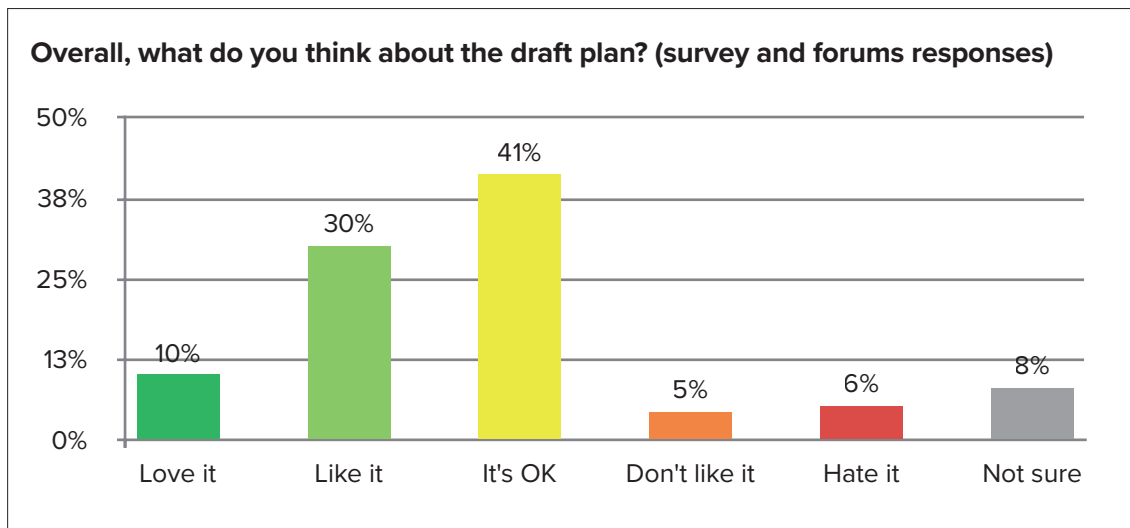
Other engagement activities

- Publishing on Brent Council social media channels
 - Facebook post with video – 24 March (>1,000 views)
<https://www.facebook.com/watch/?v=605217921165858>
 - Engagement pop-up and online events advertised on Facebook, reaching 636
 - Twitter post with video - 24 March (>3,500 views)
 - Online resident forums posted on Twitter – 18 April (>800 views)
https://twitter.com/Brent_Council/status/1648359002097565702
- Sharing the consultation information via email, including link, video, a copy of the leaflet, date of engagement events and online resident forums to the Council's Strategy and Partnerships contact list on 30 March; comprised of:
 - Chief Executives of Forums and Groups (26 contacts)
 - Brent's BCAP (Black Community Action Plan) mailing list (701 contact)
 - Neighbourhood Groups (61 contacts)
 - Internal Brent Contacts (28 contacts)
 - Brent Social Workers mailing list (11 contacts)
 - Pensioners mailing list (22 contacts)
 - Youth Organisations (50 contacts)
 - Multi-faith groups (74 contacts)
 - Disability groups (28 contacts)
 - Borough of Sanctuary mailing list (6 contacts)
 - Climate and Environment mailing list (31 contacts)
 - Irish Community group (1 contact)
 - Eastern European mailing list (17 contacts)
 - Emerging Communities (20 contacts)
 - Asian community mailing list (15 contacts)
 - Somalian community mailing list (8 contacts)
 - Black Community mailing list (12 contacts)
 - Brazilian Community Mailing list (3 contacts)
 - Arab Community mailing list (11 contacts)
 - Food bank mailing list (18 contacts)
 - Credit Unions (2 contacts)
 - Businesses mailing list (3 contacts)

Public feedback on the draft Air Quality Action Plan

Overall views about the draft plan

Overall, 40% of people who gave their views were positive about the draft plan (saying they loved it or liked it), while 41% believed it was OK.



Base = 109 (87 from surveys and 22 from forums)

There were 18 additional comments, for example:

“It’s very well produced, explained very well, not sure about some of the words.”

“Bit complicated in parts.”

“Anything that’s going to improve air quality in Brent is a good thing.”

“It’s a starting point. Hope you execute it.”

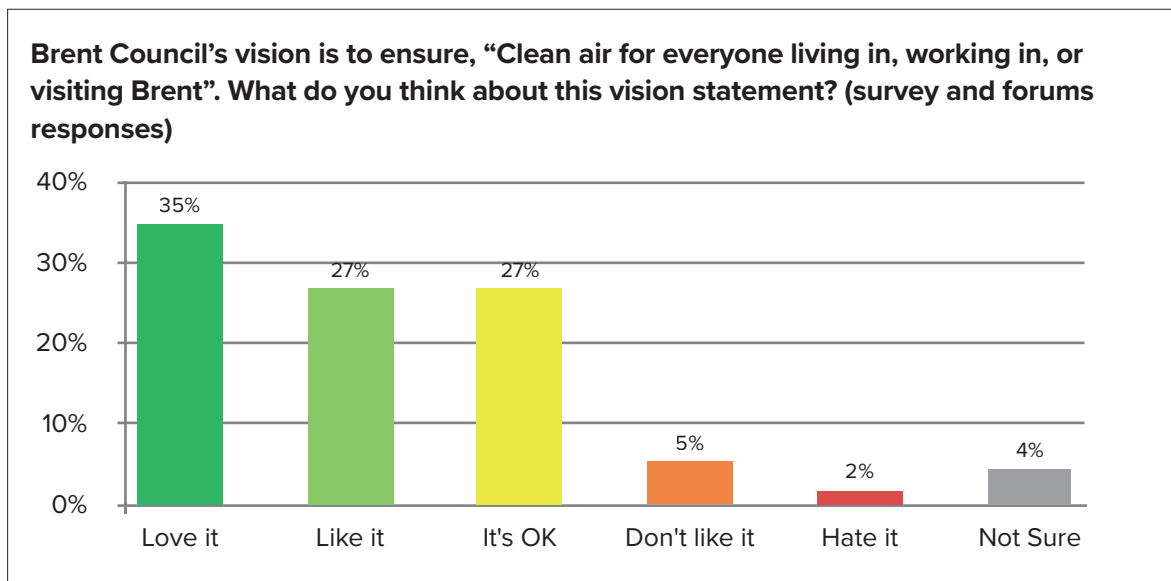
Two people who shared their views via email had specific criticisms:

“The plan is not adequate. It’s got too many escape clauses [...] It feels like the leadership of the council is not at all serious about doing anything that matters for pollution reduction. Just going through the motions.”

“It’s been 200 years since the industrial revolution. Things need to be done differently, we need to make sure there is co-ordination amongst boroughs.”

Feedback on the AQAP vision statement

People were asked how they felt about the Council’s vision statement for the AQAP. 62% responded positively (loved it or liked it), while 27% thought it was OK and 7% had negative views.



Base = 112 (89 from surveys and 23 from Mentimeter)

20 people made additional comments, mainly to clarify or reinforce their response, sometimes with a caveat.

“It’s a start. Clean air for everyone, full stop. Not just Brent.”

“If it can deliver, I don’t think Brent will achieve clean air, but it might get cleaner air.”

“Yes, why not, sounds great!”

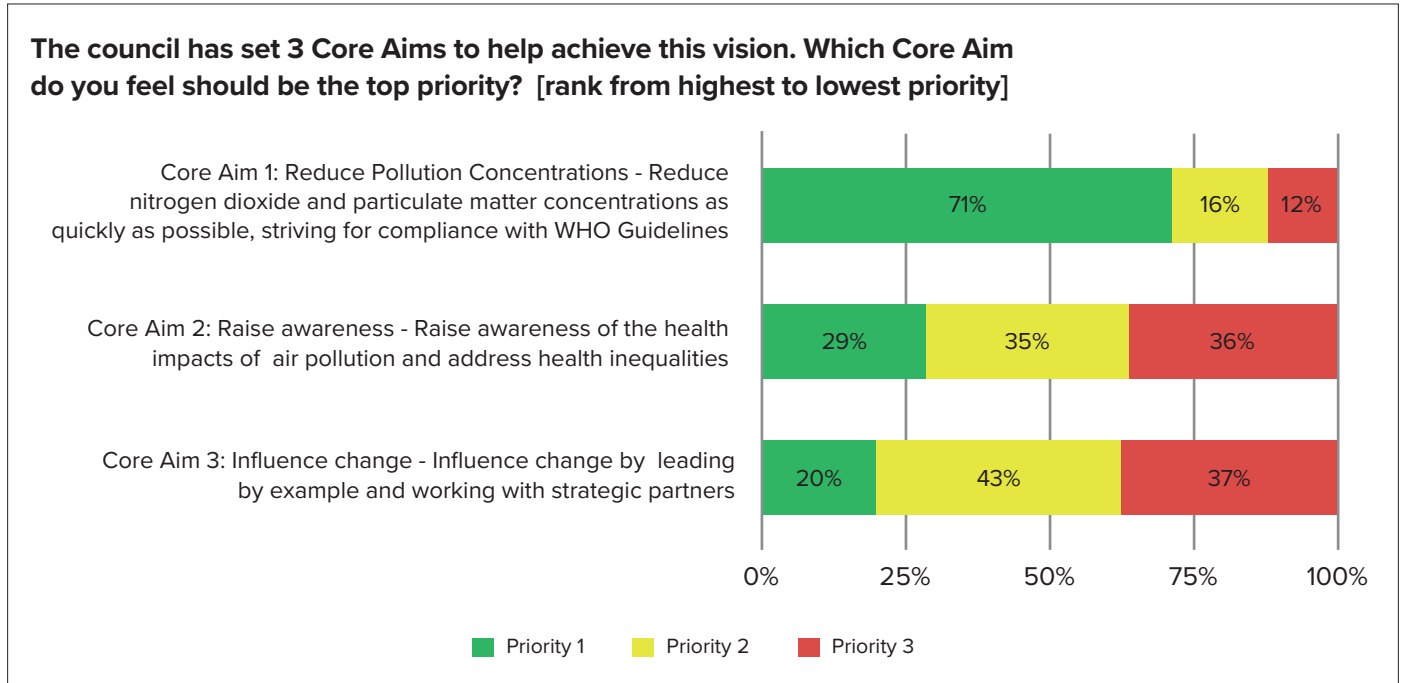
“Yes, very much, I can get behind it!”

“Just words that sound like a election pledge.”

Prioritisation of the Core Aims

People were asked which of the three core aims of the draft plan should be prioritised.

A sizeable majority (71%) believed Core Aim 1 - “Reduce Pollution Concentrations” should be the top priority for the plan.



Base = 91

53 additional comments and reflections were made on the core aims:

- A quarter of comments were related to traffic reduction, improved transport and infrastructure
- A similar number of comments mentioned all three Core Aims should be equal priorities
- About one in ten people reinforced their choice and mentioned education/awareness as a priority
- A similar number mentioned the plan needed to be clearer
- A few comments were related to the promotion of cycling
- Other comments included:
 - More penalties/restrictions
 - More trees
 - More action

“More than extending ULEZ and charging more we should help owners of old cars to switch to electric and prioritise sharing/ cycling and public transport.”

“Education of individuals responsible, advising of law and potential fines.”

“Better infrastructure, for example for cyclists to reduce cars especially HGVs in residential areas.”

“Penalties to influence non compliance.”

“Plant trees !!!”

“There is little point in ranking them. We need action, immediate action on all three.”

“Core aim 1 is specific, which is great. I think core aim 2 and 3 could do with a more precise goal, ie. what does it mean to ‘lead by example’?”

“Tackle transport-related emissions.”

Views on impact of proposed actions to reduce air pollution

People were also asked how big an impact they thought fifteen of the key proposed actions would have by ranking each action as having high, medium, or low impact.

Over half of people who gave their views on this thought that the following actions would have the greatest impact (percentages shown are the percent of people who ranked the action as “high”):

- Discourage unnecessary engine idling (57%)
- Provide infrastructure to support walking and cycling (56%)
- Promote and deliver energy efficiency and retrofitting projects in workplaces and homes throughout Brent (52%)
- Reduce emissions from deliveries to local business and residents (52%)
- Introduce Green Neighbourhoods across the borough, with the aim of focussing sustainable solutions in priority areas (51%).

The chart below shows the perceived impact of the proposed actions.



Base = 91

Ideas for improving air quality

People were asked what ideas they had for other things that could be done to improve local air quality. This was framed as an open question, and 68 people gave a response.

- Over a third of people who shared their views said that traffic reduction and better or more public transport would improve the air quality in Brent
- About a quarter said that encouraging cycling and walking would improve the air quality in the Borough
- A similar number of people believed that deterring measures and penalties or fines would improve the air quality
- A small number of people suggested more green spaces and more trees to be planted
- Other comments included:
 - promotion of electric cars
 - more information/awareness
 - zip cars and car clubs
 - better house insulation

“Urban forests, incentives to small businesses, higher fines for violations, less cars in the area.”

“Emphasise better pavements so it is safe to walk on. Better sidewalks and roads. Pavements are not safe!”

“Dynamically close roads by schools when the air pollution exceeds limits.”

“More trees and greenery. Better timed traffic lights around the National Stadium. Review traffic “calming measures” on event days because they currently make it WORSE! Better planning with roadworks to reduce jams...”

“Check the extractor/A/C and fan of the premises. Forbidden smoke outside the restaurant.”

“Actual enforcement of engine idling laws.”

“Spot checks on vehicles, used to happen. Cars that fail are taken off to the pound.”

“Hybrid buses. Look at other countries for ideas, don’t be too proud. Sweden comes to mind. Template.”

“Engage with local schools to come up with an advert campaign, to promote climate change. Poster: There is no planet B, sort this one first.”

“Reducing parking in town centres, encouraging making shorter journeys by foot, by bike, or on public transport.”

Things people didn't like about the draft AQAP

People were asked if there were any aspects of the plan they didn't like, or areas they thought the council could do more. 59 people shared a view.

- Over a third of people who shared their views believed the draft plan could be clearer or desired more specific action from the Council
- One in five people suggested more could be done in terms of traffic reduction, improvement of public transport and parking
- A similar number of people also believed walking and cycling could be encouraged more
- A small number of people thought more green spaces and trees were needed
- Other suggestions included:
 - more deterring measures and enforcement
 - incentives to reduce emissions
 - more education and raising awareness about air quality

“I think the plan needs to be more specific - explain exactly what the green areas are for example and set more specific targets rather than using general language like ‘improve’.”

“Less instruction, people are aware, they won't change without repercussions.”

“Residents can't wait another year; we need action now.”

“In general, it lacks quantitative targets, and the time to action is very slow. Installing cycle lanes and LTNs can be very quick if you have the political will.”

“Lead by example. ie the Council Leader should not cruise around the borough in a large Mercedes at election times. Get on a bike Councillor Butt.”

“Needs to be more focussed on active travel.”

“More trees planted.”

“I know it’s just a draft so I’ll reserve full judgement, but I wish it touched on logistics more.”

“Promote car clubs and reduce car ownership. Parked cars cause traffic jams which result in idling engines of stationery traffic.”

“Weak weak weak actions. Not bold enough. Too many actions. Really weak on actually taking measures to reduce cars and build infrastructure for active travel. Eg bikes/cars etc.”

“No, its okay as it is. Its both accessible & achievable, it’s a marathon not a sprint.”

Questions and concerns about the draft plan

Members of the community were also asked whether they had any questions or concerns about the draft plan. 47 people shared their views on this.

- Over a quarter of people expressed concerns about the clarity of the draft plan and the lack (or slow) action from the Council
- One in five people said they had no concerns about the draft plan
- A small number of people were concerned about the traffic reduction measures and the (lack of) enforcement of emission reduction rules
- A wide variety of other concerns included:
 - slow action and implementation
 - low engagement with the public
 - measures restricting freedom of movement
 - funding

“Concern is it will not lead to any change because it is vague ambitions and Brent has a track record of failure to enforce eg engine idling.”

“Implementation date?”

“Apart from the Action Plan, what else is Brent Council doing?”

“I want to know what will be done to reduce the very high number of HGVs driving across Harlesden high street every day.”

“Could be more accessible in its delivery.”

“Concerns that pollution and traffic will simply be pushed onto other residential areas.”

“Yes, I’d like to raise children in the council but failing to see improvements in the next 5 years will lead me to leave the area and raise them somewhere else.”

“Are the planning permission/ environment and noise team on board with it?”

How the Council can support residents in improving air quality in Brent

People were asked what things the council could do to support residents to play their part in improving air quality in Brent. 73 people shared their thoughts.

- A quarter of people mentioned actions to deter residents from producing emissions, as well as incentives to promote low emissions activities
- A similar number of people suggested more education and awareness about air quality, including information about measurements of pollution levels in the area
- Nearly one in five people also suggested encouraging active travel, through more and better cycling lanes and pedestrian areas
- A small number of suggestions related to the improvement of the infrastructure and better public transport
- Other suggestions included:
 - better waste management and recycling
 - electric charging points
 - better insulation for homes
 - more green spaces

“More protected cycle lanes.”

“Raise awareness and educate people. Drivers need to be more thoughtful. All steps need to be enforced.”

“Bonfires and home wood burners should be actively discouraged.”

“Rubbish. It’s the smell that’s wrecking the air pollution in Brent.”

“Provide ENORMOUS subsidies to insulate the cheaply built terraced houses of Brent pre-1919.”

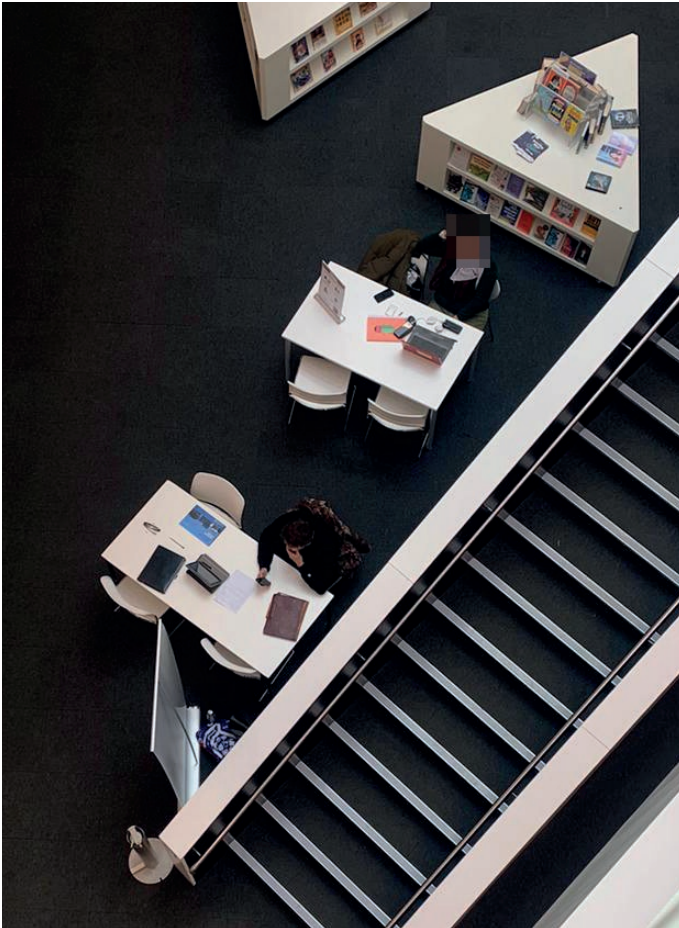
“Provide more green spaces, plant more trees and build less blocks of concrete flats destroying green spaces and impacting on all local services.”

“Make better and safer bike routes with better traffic management.”

“School streets should discourage school runs, not just shift drop off points. Head teachers need to be more engaged.”

“Monetary incentives to assist in transitioning to cleaner solutions.”

“Grants for plants.”



Additional feedback from the community forum meetings

During the virtual forums, two additional questions were asked using Mentimeter (an interactive app which allows for people to share their views in real time) which were not asked on the online survey.

What does air quality mean to you?

The word cloud below shows the words most frequently said, with “Health” and “Breathing” being the most commonly mentioned.



What action would you like to see us take on air pollution in the borough?

82 people responded, and their comments were similar to those expressed in the online survey.

- Many comments referred to the need for urgent action
- Another common theme was about measures to reduce and control traffic in the borough
- Enforcement of parking measures were also mentioned
- Other suggestions included:
 - more school streets
 - more cycling and walking areas
 - less woodburning
 - education and awareness

Questions raised, and any other comments and reflections

At the end of the survey, and at the end of the online and in-person forums, people were asked if they had any other comments or reflections. In addition, some people left questions or comments regarding the draft plan on question forms which were made available for people to voice their questions during engagement events. Together these added up to 154 comments, which covered a wide variety of topics:

Of those comments that related to the draft plan itself:

- About a quarter of people were critical of the plan, either because they disagreed with certain priorities or because they felt it was too weak
- About one in ten people expressed positive feedback on the plan, with some people adding that it was educational, or offering their thanks to the Council for their efforts
- About one in ten people left a comment with a specific suggestion about the plan or its priorities
- Some people suggested that the most important thing would be to take urgent action on air quality
- Some people made comments which offered other suggestions on the plan or on the council's priorities to address air quality
- Others expressed a desire for the Council to encourage active travel
- A few people said that the plan should be more ambitious
- A small number of people said that it needed to be clearer or more specific

Quite a few comments did not speak to the draft plan directly and instead addressed other topics, ranging from open-ended questions; challenges facing specific streets; active travel and public transport; ULEZ; people's experiences with local organisations; disturbances from construction; and feedback on the leaflet.

The themes of these comments are highlighted with the following quotes:

"Electric scooters - are they barred?"

"New developments have new open plan kitchen - need good ventilation in all homes."

"Are other boroughs going to do the same? Is there going to be any joint work with other boroughs as Brent is surrounded by a lot of major boroughs."

"All very interesting and going in the right direction. Communication is important to all age groups. All starts with individuals doing their part."

"Consider suggestions."

"Focus on businesses and manufacturers. Put air pollution alerts in schools."

“If you live on a street with high traffic you should not leave your window open as the pollution will damage your lungs leading to early death.”

“I look forward to its adoption.”

“Prioritise pedestrians.”

“AQAP could be a real opportunity for change, this draft will not achieve that.”

“Feeling the residents are way ahead of the council.”

“Good Plan. The next version should be more ambitious.”

“Thanks and all best wishes for your efforts. It’s tough but VITAL.”

“Thank you for doing this. I wish we could see less cars with only one occupant and more green buses and cycling paths (safe park walks).”

“Make it happen now!”

“Disappointing and unambitious.”

“In the current form it is just pointless greenwashing.”

“More in hope than feasibility.”

“Please prioritise funding and action in this area - the statistics about impact on health are very worrying, especially for a mother with young children.”

“It’s weak. Really bad. Lots of aspiration but very limited action.”

“It needs to be a lot less jargon driven.”

“Needs to be delivered in full.”

“Very informative, easy to read.”

“Every citizen is affected by our effort for improved air quality and yet only a dozen folks turned up to this consultation. Making clear and attainable each individual’s impact on air quality should be a priority. Educate the public.”

“Despite the frustrations we do appreciate you working on this.”

Feedback from Stakeholder Groups

The following stakeholder groups and organisations sent in a response to the draft Action Plan:

- Environment Agency
- Canal & River Trust
- Mums for Lungs

The complete comments are appended to this report (see Appendix 1), but here are a few main points:

- **Environment Agency** did not give either positive or negative feedback on the draft Action Plan. EA expressed regret that they are not able to provide detailed comments on the Action Plan, but they provided a summary of issues/priorities which should be common to any air quality action plan. These include:
 - Adherence to various UK and EU policies
 - An outline of the EA's preferred position for any Air Quality Action Plan
 - The necessity of working in partnership with transport policies and practices
 - Mitigating impacts of poor air quality resulting from new development
 - Guidance on the use of Non-Road Mobile Machinery
 - Encouraging the enclosure of waste handling sites

The Environment Agency's response also offered a point of contact for Brent to have a representative at the North London Air Quality cluster group, and indicated the Environment Agency would maintain a regulatory eye on specific waste activities in the borough.

"We suggest that any new air quality action plan adheres to the principles in the London Plan and Air Quality policy SI 1, including air quality neutrality and air quality positive, as well as the relevant SPD's. The plan must also help to bring local air quality below EU limit values for local pollutants- in particular PM10, PM2.5 and NO2, as expressed in the EU Air Quality Directive and implemented in the UK through the 2010 air quality regulations.."

- **Canal & River Trust** expressed their support of the sections of the draft plan which address cleaner transport modes, and suggested a few specific points where they felt the plan could be expanded to include further actions on this. These included:
 - Improvements to the Grand Union Canal towpath, as part of CT8, Provision of infrastructure to support walking and cycling
 - Partnering with Canal & River Trust to complete towpath improvements along specific routes, as part of the delivery of RA7.2, Clear Air Route Finder
 - Additional opportunities for electric mooring for canal boats

The Canal & River Trust also offered their led walks programme as a way to increase resident confidence.

"We're supportive of enabling cleaner transport modes, particularly active travel, and are keen to improve towpaths, accessibility and wayfinding, through Brent. Our particular focus is to be able to complete towpath improvements along the Paddington to West Drayton Quietway route, between Acton Lane and the North Circular on the Paddington Arm of the Grand Union Canal, subject to funding and we'd welcome a partnership approach to working with Brent Council to deliver this."

- **Mums for Lungs** welcome the proposals outlined in the draft AQAP, but expressed concern over the absence of clear air quality targets and emphasised that reducing the number of miles driven in Brent should be the overarching priority of the Action Plan. They expressed disagreement with the emphasis on EV charging points, believing these should be a minor focus rather than a major goal.

Additionally, the group listed several actions which Mums for Lungs recommends be prioritised:

- Ending new parking permits for diesel vehicles
- Expanding CPZ to the entire borough
- Increasing car parking charges
- Reducing on-street parking every year and increasing the creation of parklets
- Creating new School Streets
- Adopting a 20mph limit in residential streets
- Building new protected bike lanes
- Increasing the number of secure bike hangars and reducing rental price
- Delivering a campaign on impact of wood burning on health

“Mums for Lungs welcome the proposals listed in the Air Quality Action Plan 2023-27. We can see that the Brent administration has made significant strides with regards to understanding the severity of the public health crisis that affects every single one of the 340 000 Brent residents, whatever their age. [...] However, the absence of clear air quality targets in the Draft AQAP concerns us. [...] We are keen for Brent Council to show leadership in tackling air pollution for the sake of its children and other vulnerable residents. We would be happy to support an ambitious Clean Air Action Plan when it materialises.”

Appendix 1: Views from Stakeholder Groups



Brent Council
 Planning and Regeneration, Brent Civic
 Centre
 Engineer's Way
 Wembley
 Middlesex
 HA9 0FJ

Your Ref N/a
 Our Ref CRTR-POL-2023-38713
 2nd May 2023

Dear Sir/Madam,

Proposal: Brent Air Quality Action Plan 2023-27 Consultation Draft

Waterways: Grand Union Canal, Brent Feeder, Brent Reservoir (Welsh Harp)

Thank you for your consultation.

We are the charity who look after and bring to life 2000 miles of canals & rivers. Our waterways contribute to the health and wellbeing of local communities and economies, creating attractive and connected places to live, work, volunteer and spend leisure time. These historic, natural and cultural assets form part of the strategic and local green-blue infrastructure network, linking urban and rural communities as well as habitats. By caring for our waterways and promoting their use we believe we can improve the wellbeing of our nation. The Trust is a statutory consultee in the Development Management process.

Within LB Brent the Canal & River Trust owns and manages the Grand Union Canal, and the Brent Reservoir (also known as the Welsh Harp) as well as some of the Brent Feeder that runs from the Brent Reservoir down to the Grand Union Canal (but runs through many other site ownerships along its route).

We have read the consultation documents and have the following general advice:

Page 55

We are pleased to note that infrastructure for walking and cycling is supported. Under the Action Plan for CT8 “Provision of infrastructure to support walking and cycling” we would add that improvements to the Grand Union Canal towpath, and accesses to it (as well as to the Brent Reservoir/Welsh Harp) would also support this. Wayfinding to these local amenity assets should also be included.

Page 71

RA7.2. Embed a Clean Air Route Finder on Brent’s website. Publish guidance on options for low-pollution routes for walking/ cycling, alternative travel and other action to be taken on high pollution days on the website.

We’re supportive of enabling cleaner transport modes, particularly active travel, and are keen to improve towpaths, accessibility and wayfinding, through Brent. Our particular focus is to be able to complete towpath improvements along the Paddington to West Drayton Quietway route, between Acton Lane and the North Circular on the Paddington Arm of the Grand Union Canal, subject to funding and we’d welcome a partnership approach to working with Brent Council to deliver this.

Canal & River Trust Planning Team

Canal & River Trust, National Waterways Museum, Ellesmere Port, South Pier Road, Ellesmere Port, Cheshire, CH65 4FW
 T: 0151 355 5017 E: nationalwaterwaysmuseum@canalrivertrust.org.uk W: canalrivertrust.org.uk

Patron: H.R.H. The Prince of Wales. Canal & River Trust, a charitable company limited by guarantee registered in England and Wales with company number 7807276 and registered charity number 1146792, registered office address National Waterways Museum, Ellesmere Port, South Pier Road, Ellesmere Port, Cheshire CH65 4FW

We'd also welcome opportunities for electric mooring for canal boats where these facilities are developed and operated by land developers or other third parties. We have some examples around our network in London.

The Trust can also support increasing resident confidence in walking through our led walks programme along the canal. More information is available on our website, but please feel free to contact me if you would like specific details: <https://canalrivertrust.org.uk/enjoy-the-waterways/walking/canal-and-river-walks-near-me>

Please do not hesitate to contact me with any queries you may have.

Yours sincerely,

Claire McLean MRTPI
Area Planner London

Claire.McLean@canalrivertrust.org.uk

<https://canalrivertrust.org.uk/specialist-teams/planning-and-design>

Canal & River Trust Planning Team

Canal & River Trust, National Waterways Museum, Ellesmere Port South Pier Road, Ellesmere Port, Cheshire, CH65 4FW
T: 0151 355 5017 E: nationalwaterwaysmuseum@canalrivertrust.org.uk W: canalrivertrust.org.uk

Patron: HRH, The Prince of Wales. Canal & River Trust, a charitable company limited by guarantee registered in England and Wales with company number 7807276 and registered charity number 1146792, registered office address National Waterways Museum, Ellesmere Port, South Pier Road, Ellesmere Port, Cheshire, CH65 4FW

Creating a better place for people and wildlife



Dear London Borough of Brent Council Pollution Team,

Thank you for the opportunity to comment on your Air Quality Action Plan 2023-2027. In future it would help if you can send requests for consultations to our National Customer Contact Centre (Email enquiries@environment-agency.gov.uk) so we can coordinate a response for you. Unfortunately, we are not able to provide detailed comments on every Air Quality Action Plan we receive so we have compiled a summary of the issues/priorities that we feel are common to each air quality action plan and where possible/appropriate, we have made borough specific comments.

General

Air quality has a significant role to play in the health and wellbeing of communities and the prospects of the natural environment, reducing both life expectancy and biodiversity in heavily polluted areas, and otherwise impacting upon the perception of the quality of life and amenity offered by the area. For example, figures show that there are between 3,600 to 4,100 early deaths per year in Greater London due to air pollution.

The Environment Agency – our role in Air Quality

We have a number of duties related to air quality;

1. We ensure that the industrial facilities we regulate comply with the Environmental Permitting (England and Wales) Regulations 2016, thus contributing to compliance with:
 - UK requirements such as the UK Air Quality Strategy, the Countryside and Rights of Way Act and the Natural Environment and Rural Communities Act; and
 - EU requirements on the UK such as Air Quality Directives, Habitats Directive, the National Emissions Ceiling Directive and the Industrial Emissions Directive.
2. We support local authorities in improving local air quality, particularly through providing technical guidance on behalf of Defra to local authorities in respect of industrial facilities they regulate.
3. We coordinate ambient air quality monitoring for incidents that may have a significant impact on air quality.
4. We were not generally responsible for assessing or monitoring ambient air quality until April 2016 when we took on the contract management of the latter in the form of the ten monitoring networks that were formally managed by Defra.

The Environment Agency is committed to working with local authorities and to play our part fully in Local Air Quality Management (LAQM). We have found that several sectors we regulate under the Environmental Permitting Regulations have the potential to affect air quality negatively. Nationally some individual installations in these sectors have already been found to contribute significantly and we have been working with the affected local authorities for some time to implement the necessary improvements. Installations we regulate may be covered by freestanding Air Quality Action Plans or ones, which are transport-related and incorporated into Local Transport Plans.

We suggest that any new air quality action plan adheres to the principles in the London Plan and Air Quality policy SI 1, including air quality neutrality and air quality positive, as well as the relevant SPD's. The plan must also help to bring local air quality below EU limit values for local pollutants- in particular PM10, PM2.5 and NO2, as expressed in the EU Air Quality Directive and implemented in the UK through the 2010 air quality regulations.

Preferred Position –

In principle any Air Quality Action Plan should;

1. Have a clear commitment to meeting the relevant air quality standards;
2. Clearly state the current status of air quality within the borough;
3. Clearly report on the progress against targets set out in any previously published Air Quality Action Plan (if appropriate);
4. Where the borough does not meet the relevant air quality standards, they should clearly detail what mitigation measures will be used to ensure compliance with air quality standards in the shortest possible time period. It should ensure that compliance is not just 'possible' but 'likely';

National Customer Contact Centre (8am-6pm) | 03708 506 506 [gov.uk/environment-agency](https://www.gov.uk/environment-agency)
National Environmental Incident Hotline (24/7) | 0800 80 70 60

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5. Make clear what other organisations the borough is working with/planning to work with to implement improvement measures (as in 2 above), and what they are agreeing to deliver;
6. Include basic costs required to implement the required mitigation standards and compare against the level of funding available;
7. Take steps to ensure the measures in the Mayor of London's SPDs on sustainable design and construction or any update thereof to an equal or higher standard are implemented into the air quality action plan; In particular this should include;
 - a) Require all new buildings be constructed and designed in a manner that minimises emissions of pollutants to the air both during construction and demolition and post-construction, making new development 'air quality neutral' or better;
 - b) In the case of a major development, include an air quality assessment (as set out in the Mayor of London's SPDs on sustainable design and construction, or update thereof, to an equal or higher standard) that considers the potential impacts of pollution from the major development and on neighbouring areas during construction and operation, including development related traffic and the potential for exposure to pollution levels above;
 - c) Implement any policies on transport which pertain to improving air quality;
 - d) Require any waste transfer stations to be in a building, enclosed on all vertical sites with small access and egress points covered by doors which default closed when not in use and an air extraction and filtration system to collect particulates as per London Plan Policy SI 8 E 4;
 - e) Require all industrial sites that use non road going mobile machinery to meet the latest NRMM standards on the date of purchase, or hire;
8. Contribute to achieving EU established health-based standards and objectives for the relevant air pollutants (particularly NO₂, PM₁₀, and PM_{2.5});
9. Take steps to ensure measures in the Mayor of London's London Environment Strategy (LES) are fully adopted by your Air Quality Action Plan.

Traffic –

Where there is a significant incidence of poor air quality within and adjacent to the area of concern (and in most cases this is directly attributable to emissions from road traffic) air quality policies must work in partnership with transport policies but also the authorities' own fleet procurement policies, and partner authorities/ organisations.

Developments –

Any new development, particularly in air quality 'hotspots' or development 'Opportunity areas', will need to consider how they mitigate the impacts of poor air quality. During construction the main air quality effects from development are anticipated to result from emissions of oxides of nitrogen (NO_x) and fine particulate matter and dust (PM₁₀ and PM_{2.5}) emanating from an increase in road traffic, and from traffic management schemes. Therefore, mechanisms for minimising air pollution will need to be closely tied into the transport policies in the London Plan and London Environment Strategy.

Major developments planned within the borough will need to significantly mitigate their emissions and thus contribute towards improving local air quality as per the requirements of Air Quality Neutral and Air Quality Positive. This is particularly the case where they include potentially new sources of emissions such as biomass boilers, data centres, diesel array power generation, combined heat and power plants, and increased traffic-generated emissions. The effects on air quality during construction will also need to be managed, both in terms of emissions that generated from traffic, and from the treatment and processing of material from demolition and excavation.

Construction and demolition works should be required to meet or exceed the requirements set out in the Institute of Air Quality Management's Guidance on the 'Assessment of Dust from Demolition and Construction' or the Mayor of London's published supplementary planning guidance on 'Sustainable Design and Construction', and the 'Control of Dust and Emissions' during Construction and Demolition or published updates thereof.

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National Environmental Incident Hotline (24/7) | 0800 80 70 60

[gov.uk/environment-agency](https://www.gov.uk/environment-agency)

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We are also aware that Air Quality Neutral, Air Quality Positive and 'Agent of Change' policies can affect existing industrial sites we regulate where they are within or adjacent to new development. In these cases, we encourage early contact with our relevant officers.

Non-Road Mobile Machinery –

Where a commercial or industrial site involves the use of any non-road going mobile machinery with a net rated power of 37kW and up to 560kW, that is used during construction, and/ or operation, and/ or demolition at that site, we strongly recommend that the machinery used shall meet or exceed the latest emissions standards set out in [Regulation \(EU\) 2016/1628](#) (as amended). This shall apply to the point that the machinery arrives on site, regardless of it being hired or purchased, unless agreed in writing with the Local Planning Authority. We also advise, the item(s) of machinery must also be registered (where a register is available) for inspection.

Waste Management Sites –

Waste management sites are a potential source of dust and fine particulate emissions to air. Those sites which mitigate the potential effects of air pollution by enclosing processes within buildings tend to be far less polluting and enclosure is now recognised as best practice for such sites. Consequently we encourage any new air quality management area declaration, Air Quality Action Plan and/or proposed Clean Air Zones to require the further enclosure of existing waste handling sites and expect future waste development to be fully enclosed within buildings to minimise health impacts, improve amenity, and contribute towards improving air quality.

Regional Approach to Local Air Quality –

It is recognised that the London borough of Brent will need to work with others on the implementation of the measures necessary to address poor air quality as the matter is not confined to one planning authority area, and development is often governed by separate regulatory regimes and legislation, such as building regulations and environmental permitting. It would be helpful if there was a Brent Borough representative at the North London Air Quality cluster group, with representatives from adjacent boroughs, the Environment Agency and the Greater London Authority. **Please contact Alan Urquhart @ alan.urquhart@walthamforest.gov.uk for attendance information.**

Summary –

It is important to note that we are not aware of any waste facilities or other industrial installations regulated by the Environment Agency in the London borough of Brent that are causing or contributing to failures of air quality standards, but we maintain a close regulatory eye on the waste activities at Neasden Goods yard and those in the vicinity of Wembley stadium on Hannah Close and the local roads.

If you have any questions, please do not hesitate to contact me in the first instance.
Kind regards,

David Rushton

Installations officer
Air Quality Champion
Environment Management
Hertfordshire and North London
Environment Agency | Alchemy, Bessemer Road, Welwyn Garden City, AL7 1HE
Email: david.rushton@environment-agency.gov.uk



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National Environmental Incident Hotline (24/7) | 0800 80 70 60

[gov.uk/environment-agency](https://www.gov.uk/environment-agency)



2 May 2023

Response to the Consultation on Brent’s Draft Air Quality Action Plan (AQAP) 2023 – 27

We are Mums for Lungs, a grassroots network of people campaigning for cleaner air to safeguard the health of children across the UK. Founded in 2017 in Brixton by a group of mothers in response to the toxic levels of pollution locally, we have since expanded. Our ever-growing group of activists and supporters campaign for a reduction in cars, an increase of School Streets, as well as a ban on the sale of new wood burners by 2027.

Air pollution is a major contributor to ill health. It stunts children’s lungs, causes and exacerbates asthma and cancer. It is also linked to a wide array of heart disease, dementia, diabetes and even mental health issues.

Sadly, the borough of Brent remains one of the most polluted areas in the UK. Out of three locations in London measured to have the highest concentration of nitrogen dioxide, two of these are located in Brent: in Harlesden High Street, and in Wembley High Road. In short, air pollution levels need to be reduced in our borough as a matter of urgency.

Mums for Lungs welcome the proposals listed in the Air Quality Action Plan 2023-27. We can see that the Brent administration has made significant strides with regards to understanding the severity of the public health crisis that affects every single one of the 340 000 Brent residents, whatever their age. Also, the local enforcement of School Streets by ANPR cameras at the end of last year has given us a renewed sense of hope that Brent is serious about tackling air pollution.

However, the absence of clear air quality targets in the Draft AQAP concerns us. Without any clear estimates of the impact of individually proposed activities, or a tight net of monitors across the borough, it remains unclear if and how the 37 actions outlined in the report will result in a quick and significant reduction in air pollution.

In order for Brent council to clean up the air for good, we believe that reducing the number of miles driven in Brent should be the overarching priority of Brent AQAP, in keeping with the Brent Climate & Ecology Strategy 2021-2030. According to this report, diesel and petrol journeys need to be at least halved by 2030. We are yet to see a pathway towards achieving this important target.

For the next AQAP to have the much-needed significant impact, Mums for Lungs recommend that the borough prioritises the following actions to ensure fewer and cleaner cars across the borough, and a reduction in pollution from wood burning:

- ending the supply of new parking permits for diesel vehicles, which remain extremely polluting despite car manufacturers’ claims;

1

- expanding Controlled Parking Zones (CPZ) to the entire borough;
- increasing car parking charges, especially for the biggest and most polluting cars;
- reducing on-street parking every year, and increases the creation of parklets and other green public spaces;
- creating new and effectively enforced School Streets;
- adopting and enforcing a 20mph speed limit in all residential streets;
- building new protected bike lanes across Brent;
- increasing the number of secure bike hangars, and reduce their rental price;
- delivering a strong awareness-raising campaign on the impact of wood burning on health.

The installation of EV charging points - presented as both a major achievement of the 2017-2022 Air Quality Action Plan, and the way forward - is not in itself sufficient to ensure significantly improved air quality, carbon reduction, or increased active travel. EV charging points can therefore only be a minor focus in the endeavor to clean up Brent's toxic air.

We are keen for Brent Council to show leadership in tackling air pollution for the sake of its children and other vulnerable residents. We would be happy to support an ambitious Clean Air Action Plan when it materialises.

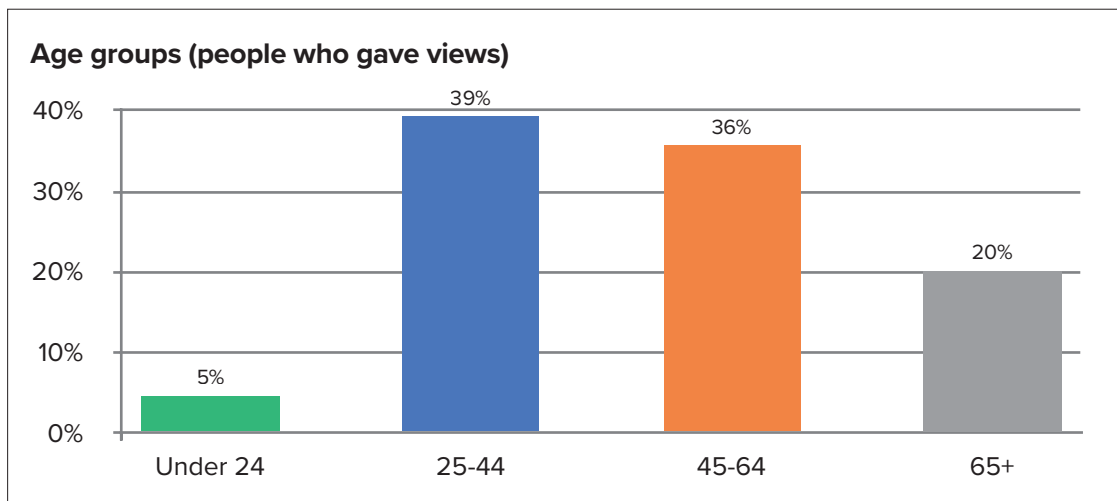
Yours sincerely,
Amandine Alexandre, Brent resident and Mums for Lungs campaigner
Jemima Hartshorn, Founder and Director Mums for Lungs

Appendix 2: Profile of who shared views

A total of 92 people shared their views through the survey. 65 of these were self-completed online, while 27 were completed on paper during the engagement events.

Age

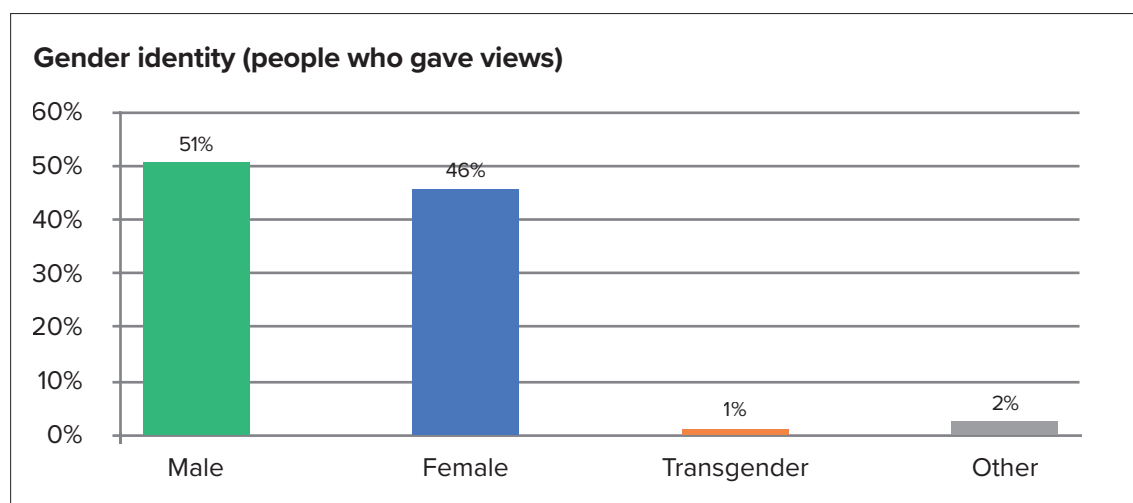
Age	2021 Census	People who gave views
<24	22%	5%
25-44	37%	39%
45-64	27%	36%
65+	13%	20%
Base	n/a	84



Base = 84

Gender identity

Gender identity	2021 Census	People who gave views
Male	49%	51%
Female	51%	46%
Transgender	1%	1%
Other	n/a	2%
Base	n/a	81

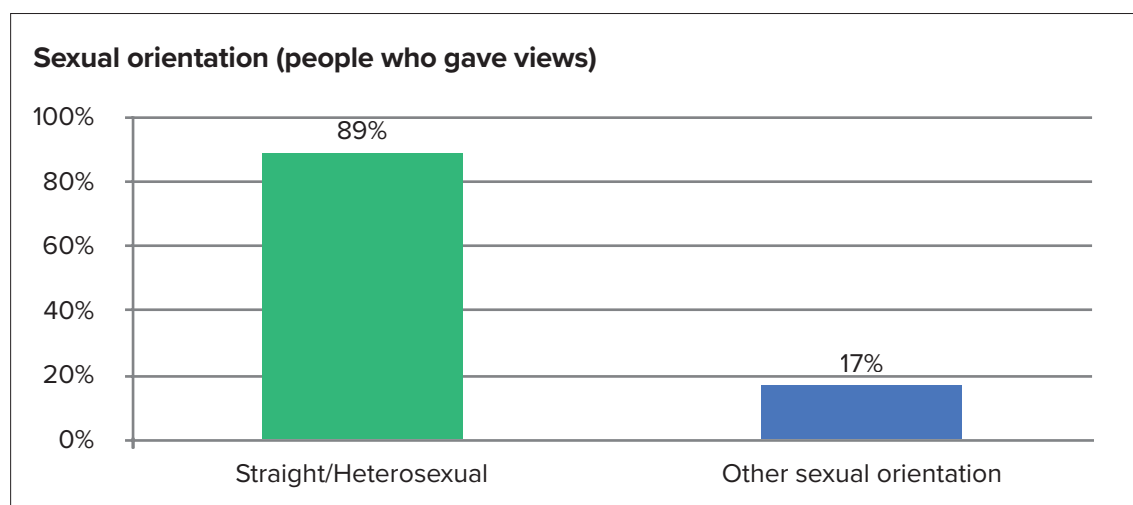


Base = 81

Sexual orientation

Sexual orientation	2021 Census	People who gave views
Straight/Heterosexual	96%	89%
Other sexual orientation*	4%	11%
Base	n/a	64

*The response options in the 2021 Census options were: Gay or Lesbian, Bisexual, Pansexual, Asexual, Queer, and All other sexual orientations. The response options in the public survey were: Gay or Lesbian, Bisexual, and Other sexual orientation.



Base = 64

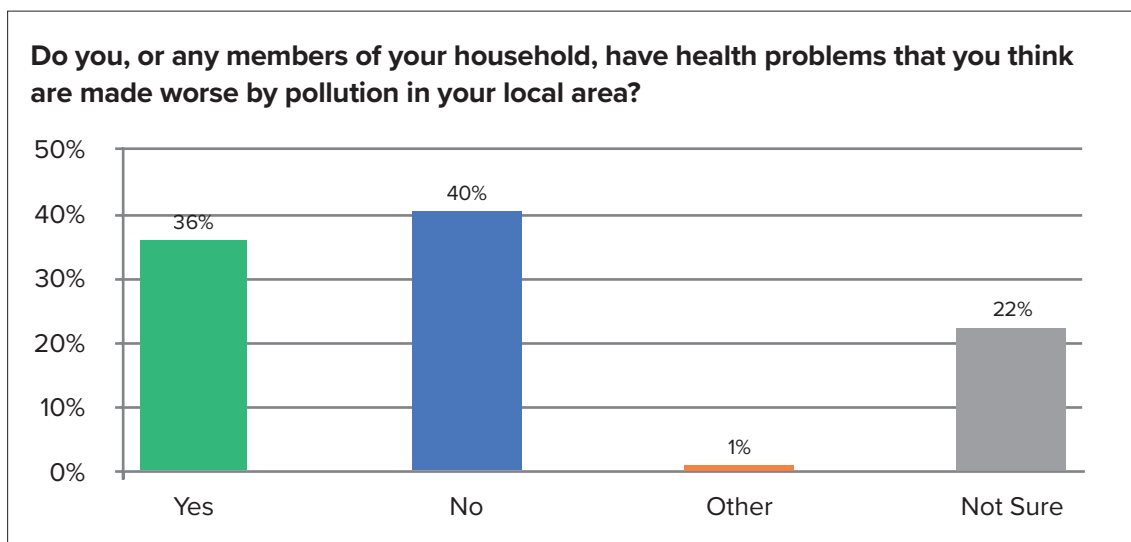
Disability

11% of people engaged considered themselves to have a disability or health problem that affects their daily activities (75 people answered this question). According to the 2021 Census, 12% of Brent’s population has a disability under the Equality Act which limits day-to-day activities.

Disability	2021 Census	People who gave views
Yes	12%	11%
No	88%	89%
Base	n/a	75

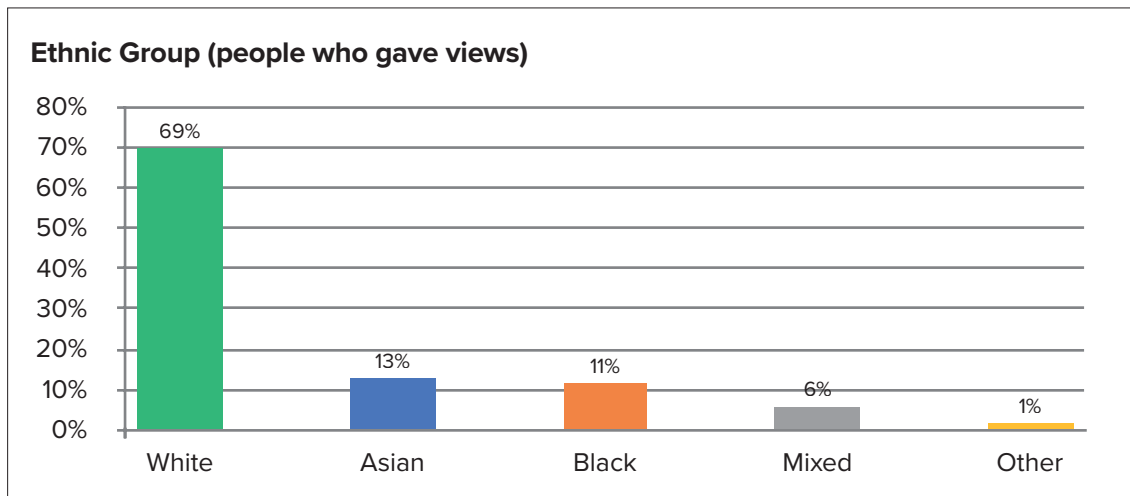
Health

36% of people believed they or a member of their household had health problems made worse by the pollution in the local area.



Base = 89

Ethnicity



Base = 72

Ethnicity	2021 Census	People who gave views
White	35%	69%
Black	18%	11%
Asian	33%	13%
Mixed & Other Ethnicities	15%	7%
Base	n/a	72

Religion

What is your religion (if any)?	2021 Census	People who gave views
No religious belief	15%	30%
Christian, including Catholic	42%	31%
Agnostic	n/a	13%
Hindu	17%	8%
Muslim	23%	5%
Humanist	n/a	5%
Buddhist	1%	3%
Jewish	1%	3%
Other	1%	3%
Base	n/a	64

Children

Over half of people (58%) said they had no children living in their household, while 42% had one more more children living with them.

Do you have children that live with you?	People who gave views
None	58%
Pre-school	15%
Primary school age	15%
Secondary school age	10%
Over age 18	14%
Base	81

Employment

Two thirds of people (68%) were economically active, while 20% were retired.

Which of these best describes what you're doing at present?	2021 Census*	People who gave views
Full Time work	59%	48%
Part Time work		6%
Self Employed		9%
Zero-hours contract		2%
Looking for work	5%	4%
Retired	12%	20%
Looking after the children/elderly/the home	7%	5%
Full Time Student	8%	2%
Unable to work	4%	5%
Other	5%	n/a
Base	n/a	82

Housing Tenure

A significant majority (76%) of people who responded own their home, 15% rent from a social landlord (council or housing association), 9% rent from a private landlord and 1% have other living arrangements.

Which of these best describe the home you live in?	2021 census	People who gave views
Own it outright/buying with a mortgage	40%	76%
Rent - council	24%	10%
Rent - housing association		5%
Rent - private landlord	36%	9%
Other	n/a	1%
Base	n/a	82

Connection to Brent

96% of people live in the borough, 18% work in Brent, 4% have another interest, and 3% run a business. A breakdown is also shown in the table below (multiple responses were possible).

What is your connection to Brent	People who gave views (count)	People who gave views (%)
Live	86	96%
Work	18	20%
Run a business	3	3%
Member of Brent Council staff	1	1%
Local Councillor	2	2%
Have another interest	4	4%
Base (multiple responses were possible)	114	90

How much views have been consulted before

56% of people who responded said that their views had never been consulted before (27%) or not much (29%). 21% said their views had been sought a little previously and 23% said they have been consulted quite a bit or a lot.

How much have your views about the Borough been consulted before?	People who gave views (%)
Not at all	27%
Not much	29%
A little	21%
Quite a bit	18%
A lot	5%
Base	84

Postcodes of people who shared their views

The number of people who shared views by postcode of residence is shown in the table below:

All valid shortened postcodes in Brent (alpha sort)	
HA0	7
HA8	2
HA9	9
N16	1
NW10	34
NW16	1
NW2	14
NW26	1
Nw6	11
NW66	2
NW67	2
NW9	5
SE16	1
Total	90

Appendix 3: Q&A – Brent Council responses to questions raised during Residents’ Forums



Brent Air Quality Action Plan

Residents' Forum – Question and Answer

Question 1: Exceeding WHO air pollution limits is appalling in C21st Brent. Lorries, planes, trains, cars, motorcycles, buses, industry, fossil fuels from homes too plus building works....what exactly are the statistics for affected people of all ages in Brent?

Answer 1: At present we do not have the data on number of residents living in areas of poor air quality split by age bands. However, Appendix A of the draft Air Quality Action Plan (from page 87) details the number of schools, nurseries, GP Surgeries, care homes and residents exposed to different pollution levels for both 2019 (baseline) and a projection for 2022 for NO₂, PM₁₀ and PM_{2.5}.

Question 2: How many of our children have asthma?

Answer 2: Within Brent, there are over 18,000 people who suffer with asthma, almost 2,500 of whom are children.

Question 3: Which areas in Brent are the worst in terms of Air Quality?

Answer 3: As part of the review of the Air Quality Action Plan, a thorough review was undertaken of pollution levels across the borough. Based on this, Air Quality Focus Areas (AQFAs) have been identified as areas with the highest level of pollution in the borough. The map of AQFAs can be found on page 32 of the draft plan.

Each year the borough publishes air quality monitoring data, which can be downloaded at: [Air Quality Annual Status Report](#). In the 2021 report, Harlesden High Street was identified as having the highest monitored concentration as an annual average. Air pollution levels fluctuate constantly due to variables such as the weather and levels of congestion so it isn't possible to determine where pollution is worst at a given time but the annual status reports show averages and provide information on where hotspots exist within the borough.

Question 4: What action will be taken to improve non-polluting transportation? For example, safe and inviting bike lanes/roads, bike storage, broader walking pedestrian friendly high streets?

Answer 4: Action CT8 (pg 55) is “Provision of infrastructure to support walking and cycling”.

To do this we will:

- Incorporate the Healthy Streets approach into the Local Implementation Plan, making sure all public realm improvement schemes prioritise walking/ cycling infrastructure. For example we have recently delivered improvements at [Kensal Rise](#), providing an improved environment for walking and cycling. Wembley High Road and Church End Public Realm Improvement schemes were also completed in the autumn providing new wider high quality footpaths, safer pedestrian crossings, lighting, street trees and greening as well as cycle parking. There are also plans for a public realm improvement scheme at Kilburn High Road (Kilburn Underground Station to Willesden Lane).
- Work with TfL to implement active transport infrastructure. For example we are working with TfL on the Wembley to Willesden Junction Cycleway (CFR23), more information



can be found at: [Wembley to Willesden Junction walking and cycling changes I Have Your Say Transport for London \(tfl.gov.uk\)](#). We have also installed over 100 bike hangars for our residents to use with more planned, aiming it easier for residents to store their bikes securely. We are also committed to making it easier to navigate the borough on foot, for example we aim to delivery way-finding “Legible London” projects.

- Work with planning team to ensure that all major developments implement site permeability measures to facilitate and enhance active travel routes within the borough in line with air quality positive measures

In addition, the council is in the process of developing an Active Travel Implementation Plan which include details of new/improved cycling and walking links and supporting infrastructure required to improve cyclist/pedestrian safety and accessibility and to encourage more journeys by these modes. There will be a consultation on the draft Active Travel plan in 2023.

Options are also being considered on how best to adapt street design that supports active travel as part of regeneration masterplans in our growth areas such as Church End and Staples Corner.

Question 5: How are we going to reduce vehicle movements in the Borough? Why is the reduction in driven miles not a part of the AQAP?

Answer 5: Brent has recently adopted a new Long Term Transport Strategy which specifies targets for reducing traffic, and aligns with the draft Air Quality Action Plan. Within this there is a target to reduce overall traffic levels by 10% by 2041. The Long Term Transport Strategy outlines that this will be achieved by:

- Traffic Management/ Reduction Measures
- ‘Behaviour Change’ Initiatives
- Public Transport Initiatives
- Cycling/Walking Scheme

The Long Term Transport Strategy can be found here [Brent Long Term Transport Strategy Review 2022](#)

Question 6: What action will be taken to inform the public of what the local particulate measurement is, teach the general public of the language for measuring/describing our air and what their own actions do to improve or harm our air quality.

Answer 6: Theme 3 in the draft AQAP is centred on public health and awareness raising. As part of this, we will ensure that Public Health officials are actively involved in air quality engagement with local stakeholders (businesses, schools, community groups and healthcare providers) and effectively communicate the health impacts of PM2.5. We will also be introducing a rolling plan of air quality pop-up events in Air Quality Focus Areas, with information tailored to the local area which will help to share this information.

Question 7: Will there be any action available to individuals holding barbecues — example, our meat loving neighbours hold long summer parties in their garden but all their smoke flows straight into our home such that in spite of the hot weather we must close all our windows and that still doesn’t keep their smoke out. Polite direct request has only aggravated relations.



Answer 7: Bonfires can be reported through the [statutory nuisance process](#). Within the draft AQAP we have included the following action to help tackle this:

Reduce bonfires and waste burning, for example through improved information of garden waste services and provide advisory and enforcement interventions where applicable

Question 8: How is engine idling enforced in the borough?

Answer 8: Idling is tackled in the borough through a behaviour change engagement programme. Idling events are held at hotspots (e.g. where we have received complaints). Enforcement officers are trained on the issue and are able to issue Fixed Penalty Notices in the event that a driver does not switch off their engine. The draft AQAP contains a target of holding one idling event per month.

Appendix 4: Questionnaires used in outreach and online surveys

Online survey:

“

London Borough of Brent
Have your say on Brent’s Air Quality Action Plan

The air we breathe affects our health. This is why reducing air pollution in the borough is a priority.

This Draft Air Quality Action Plan (AQAP) outlines the actions we will take to reduce air pollution in the borough and raise awareness of its health impacts. This AQAP covers a five-year period, between 2023 and 2027 (inclusive).

We spoke to more than 400 Brent residents to understand their views and priorities in relation to air pollution. This com

Powered by **Typeform**

→ **What is your connection to Brent?**
Select one or multiple

Choose as many as you like

- A** I live here
- B** I work here
- C** I run a business here
- D** I study here
- E** I am a member of Brent Council staff
- F** I am a local Councillor
- G** Other

→ **Brent Council’s vision is to ensure, “Clean air for everyone living in, working in, or visiting Brent”. What do you think about this vision statement? ***

- A** Love it
- B** Like it
- C** It’s OK
- D** Don’t like it
- E** Hate it
- F** Not Sure
- G** Other

Powered by **Typeform**

a. Which Core Aim do you feel should be the top priority? [rank from highest to lowest priority] *

	Priority 1	Priority 2	Priority 3
Core Aim 1: Reduce Pollution Concentrations - Reduce nitrogen dioxide and particulate matter concentrations as quickly as possible, striving for compliance with WHO Guidelines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Core Aim 2: Raise awareness - Raise awareness of the health impacts of air pollution and address health inequalities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Core Aim 3: Influence change - Influence change by leading by example and working with strategic partners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

b. Any other comments or reflections on these core aims - are there other things that you think should be a core aim?

4→ The council has developed 37 key actions to tackle poor air quality and pollution. Out of these, 15 actions have been identified as a priority. How big an impact do you feel the proposed actions will have?

	High	Medium	Low	Don't Know
1. Provide infrastructure to support walking and cycling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Install Ultra-Low Emission Vehicle infrastructure (electric vehicle charging points)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Discourage unnecessary engine idling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Reduce emissions from deliveries to local	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Reduce emissions from council fleets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Maintain and expand monitoring networks and fulfil other statutory duties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Share air quality monitoring data in an easy-to access format, reporting against both UK Air Quality Objectives and World Health Organisation targets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Promote air pollution alerts and route planner tools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Work with schools and nurseries to improve air quality and to raise awareness about pollution in the local area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Collaborate with Brent's Public Health team, Brent's NHS Clinical Commissioning Group,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Ensure the Smoke Control Zone is fully promoted and enforced	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Enforce non-road mobile machinery (NRMM) air quality policies and reduce emissions from developments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Promote and deliver energy efficiency and retrofitting projects in workplaces and homes throughout Brent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Introduce Green Neighbourhoods across the borough, with the aim of focussing sustainable solutions in priority areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5→ What ideas do you have for other things that could be done to improve local air quality?

Type your answer here...

OK ✓

6→ Overall, what do you think about the draft plan? *

- A Love it
- B Like it
- C Its OK
- D Don't like it
- E Hate it
- F Not sure
- G Other

7→ Are there aspects of the draft plan that you don't like, or areas you think the council could do more?

Type your answer here...

OK ✓

8→ Do you have any questions or concerns about the draft plan?

Type your answer here...

OK ✓

9→ What things could the council do to support residents to play their part in improving air quality in Brent?

Type your answer here...

OK ✓

10→ Do you have any other comments or reflections on the draft plan?

Type your answer here...

OK ✓



Air Quality Action Plan outreach – Community Questionnaire

1. What is your connection to Brent? [tick all that apply]: live work run a business study
 member of the Brent council staff I am a Councillor or have another interest

2. Brent Council’s vision is to ensure, “Clean air for everyone living in, working in, or visiting Brent”. What do you think about this vision statement?
 Love it Like it It’s OK Don’t like it Hate it Not sure Other
 Comment/Say more

The council has set 3 Core Aims to help achieve this vision. These core aims came from earlier engagement with residents as well as scientific best practice.

3. Which Core Aim do you feel should be the top priority? [rank from highest to lowest priority]

Action Plan Core Aims	Priority Ranking		
	1 st	2 nd	3 rd
Core Aim 1: Reduce Pollution Concentrations Reduce nitrogen dioxide and particulate matter concentrations as quickly as possible, striving for compliance with WHO Guidelines			
Core Aim 2: Raise awareness Raise awareness of the health impacts of air pollution and address health inequalities			
Core Aim 3: Influence change Influence change by leading by example and working with strategic partners			

Any other comments or reflections on these core aims – are there other things that you think should be a core aim?

4. The council has developed 37 key actions to tackle poor air quality and pollution. Out of these, 15 actions have been identified as a priority. How big an impact do you feel the proposed actions will have?

Action Plan Actions	How much impact			
	High	Medium	Low	Don’t Know
Provide infrastructure to support walking and cycling				
Install Ultra-Low Emission Vehicle infrastructure (electric vehicle charging points)				
Discourage unnecessary engine idling				
Reduce emissions from deliveries to local businesses and residents				
Reduce emissions from council fleets				
Maintain and expand monitoring networks and fulfil other statutory duties				

Action Plan Actions	How much impact			
	High	Medium	Low	Don't Know
Share air quality monitoring data in an easy-to access format, reporting against both UK Air Quality Objectives and World Health Organisation targets				
Promote air pollution alerts and route planner tools				
Work with schools and nurseries to improve air quality and to raise awareness about pollution in the local area				
Collaborate with Brent’s Public Health team, Brent’s NHS Clinical Commissioning Group, and other partners to reduce exposure of those most vulnerable to poor air quality, both indoor and outdoor				
Ensure the Smoke Control Zone is fully promoted and enforced.				
Enforce non-road mobile machinery (NRMM) air quality policies and reduce emissions from developments				
Promote and deliver energy efficiency and retrofitting projects in workplaces and homes throughout Brent				
Introduce Green Neighbourhoods across the borough, with the aim of focussing sustainable solutions in priority areas				
Develop location specific action plans for Air Quality Focus Areas as part of the Local Implementation Plan (LIP) programme				

5. What ideas do you have for other things that could be done to improve local air quality?

6. Overall, what do you think about the draft plan?

Love it Like it It's OK Don't like it Hate it Not sure Other
 Comment/Say more

7. Are there aspects of the draft plan that you don't like, or areas you think the council could do more?

8. Do you have any questions or concerns about the draft plan?

9. What things could the council do to support residents to play their part in improving air quality in Brent?

10. Any other comments or reflections on the draft plan?

ABOUT YOU

("PNTS" = "prefer not to say")

11. How much have your views been consulted before?

A lot Quite a bit A little Not much Not at all

12. Age <13 13-15 16-24 25-34 35-44 45-54 55-64 65-74 75-84 85+ PNTS

13. Which ethnicity do you feel best describes you? _____ Prefer not to say

14. Are your day to day activities limited due to a physical or learning disability or health problem?

Yes No Prefer not to say

15. What is your religion (if any) _____ Prefer not to say

16. Which of the following best describes your gender identity:

Male Female Transgender Non-binary Prefer to Self Describe _____
Other _____ Prefer not to say

17. Which of the following best describes your sexual orientation?

Straight/heterosexual Gay or Lesbian Bisexual Other sexual orientation _____ PNTS

18. Which of these best describes what you're doing at present?

Full Time work Part Time work Retired Self Employed Zero hours contract work
Full Time Student Looking after children/elderly/the home Looking for work Unable to work
Prefer not to say

19. Do you have children that live with you, and if so how old are they? [tick all that apply]

No children living with me Pre-school Primary Secondary Over age 18 Prefer not to say

20. Which of these best describes the home you live in?

Own it outright/buying with a mortgage Rent - council Rent – Housing Association
Rent – private landlord Shared Ownership Student Accommodation Staying with friends
Homeless Other _____ Prefer not to say

21. Please enter the first part of your postcode (up to four digits). This helps us know where in the borough we have reached (e.g. enter HA0) _____

22. Were you aware of the last Air Quality Action Plan? Yes No Not sure

23. Do you, or any members of your household, have health problems that you think are made worse by pollution in your local area? Yes No Not sure Other _____

LOCATION of Interview _____ Date _____ Interviewer _____



YOUR QUESTIONS ABOUT THE AIR QUALITY ACTION PLAN

Your contact details will be collected by the Kaizen Partnership (www.kaizen.org.uk - a specialist community engagement company) who are delivering community engagement on behalf of the Brent Council (<https://www.brent.gov.uk>). Your contact details below will be passed to the Brent Council who will store it and use it only to contact you in response to your question.

YOUR QUESTION:

HOW TO CONTACT YOU:

I would prefer to be contacted by:

- Phone
- Email
- Post

Name: _____

Telephone: _____

Email address: _____

Postal address: _____

Postcode: _____

Today's date: _____

By providing your contact information above, you indicate your consent to be contacted by Brent Council in response to your question. Our legal basis for collecting this information is your consent, and you can withdraw this consent at any time by emailing airquality@brent.gov.uk. We will not share your information for marketing purposes with any companies or other organisations. If you would like to know more about how Kaizen or the Brent Council process personal data and your rights in relation to data protection, please visit the websites listed below.

Privacy Policies

Kaizen: <https://kaizen.org.uk/privacy-policy/>

Brent: <https://www.brent.gov.uk/privacy-cookie-policy/>

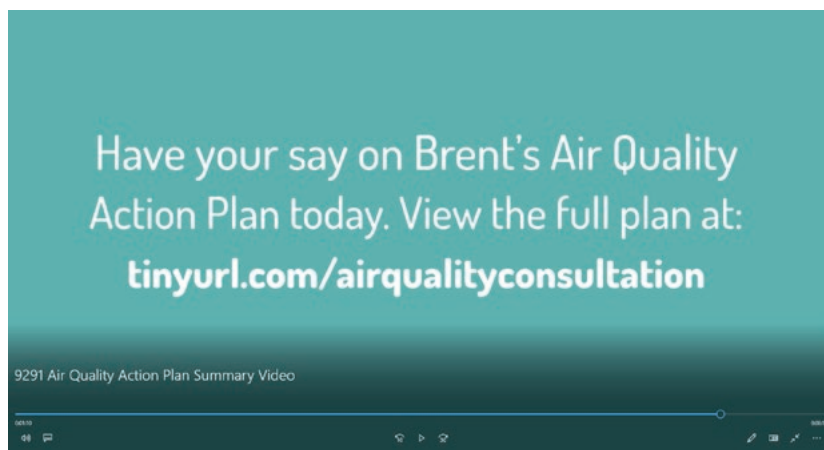
The Kaizen Partnership Ltd, 22a Cliff Villas, London NW1 9AT, Tel 020 8133 1089 Registered in England & Wales no. 4007786 VAT no. 756 6412 14

Appendix 5: Outreach Materials

Leaflet:



Video (thumbnail):



“Have your say” website:



Have your say on Brent's Air Quality Action Plan

Dirty air costs lives.

That's why we have made it a priority to work with our residents and businesses, TfL, the Mayor of London and national government to improve air quality across the borough. While great progress has been made in recent years, there is still work to do; and we want to hear your views on what action to take.

We are working to update our Air Quality Action Plan to make sure the action we take over the next five years will have the most impact, where it's needed most.

In 2019, 59% of Brent's monitoring sites had an annual nitrogen dioxide level higher than the legal limit. When it comes to particulate matter, both our PM2.5 sites and one of the PM10 sites exceeded World Health Organisation limits.

Clearly, more needs to be done. Air pollution is considered the world's largest environmental

[Read more](#)

About

- [6 phases](#)
- [22 events](#)
- [Share](#)

Brent Air Quality Action Plan - Engagement Research Report - Summary - February 2022.pdf	(929.2 KB)
Brent's Air Quality Action Plan 2017-2022.pdf	(1.3 MB)
Brent Air Quality Action Plan - Engagement Research Report - February 2022.pdf	(7.3 MB)
Brent's Draft Air Quality Action Plan 2023-2027 - for consultation.pdf	(2.1 MB)
Draft Easy Read version Air Quality Action Plan 2023-2027 - for consultation.pdf	(8.8 MB)

Clearly, more needs to be done. Air pollution is considered the world's largest environmental health threat, with over 4,000 deaths across London attributed to air pollution in 2019.

This is not just an inner London problem – a report by the GLA and Imperial College London shared that the highest number of these deaths were recorded in **outer London boroughs**.

We want to work with you, our residents, to improve air quality as quickly as possible.

Over the last year, we have worked to review progress made against our current Air Quality Action Plan and have updated it to make sure the actions taken over the next five years (2023-2027) are as ambitious as possible. This supports national and London-wide policies, such as the Ultra Low Emission Zone, to help protect Brent residents from the health impacts of poor air quality.

The review has had the following stages:

1) Developing the draft Air Quality Action Plan:

During the first stage in Brent's review and update of the Air Quality Action Plan, we wanted to hear your views on air quality in your local area and collect your ideas on action we can take to clean up the air we all breathe. To do this, we worked with Kaizen Partnership, a community outreach specialist, to speak with more than 400 people in locations across the borough about air pollution. Kaizen worked to make sure we collected the views of individuals who reflect Brent's diverse community.

Alongside this, residents could help shape Brent's Air Quality Action Plan by filling in the survey on this platform which was live until midnight 30th November 2021.

The information collated from the survey and community outreach work has been analysed and used, along with with air pollution data, to help us identify themes and priorities to include in the draft Air Quality Action Plan. The findings from the community outreach can be downloaded under "Phase 3".

Meanwhile, we also undertook borough-wide air pollution modelling to better understand the situation in Brent, identifying pollution hotspots and dominant sources for those locations.

2) Feedback on the Draft Air Quality Plan:

The information you shared in the first survey, along with the borough-wide data modelling, fed into the creation of the draft Air Quality Action Plan.

The consultation on this is currently open until Tuesday 2 May.

3) Publishing the Air Quality Action Plan:

Once the plan has gone through that final public consultation, the final plan will be shared in 2023 and delivery of the actions will start.

Thank you for your input!

 Brent Air Quality Action Plan-Engagement Research Report-Summary-February 2022.pdf	(929.2 KB)
 Brent's Air Quality Action Plan 2017-2022.pdf	(1.3 MB)
 Brent Air Quality Action Plan-Engagement Research Report-February 2022.pdf	(7.3 MB)
 Brent's Draft Air Quality Action Plan 2023-2027-for consultation.pdf	(2.1 MB)
 Draft Easy Read version Air Quality Action Plan 2023-2027-for consultation.pdf	(8.8 MB)

About

-  [6 phases](#)
-  [22 events](#)
-  [Share](#)

Phases



1 Phase 1: What do you think about air quality in Brent?
30 September 2021-30 November 2021



During the first stage in Brent's review and update of the Air Quality Action Plan, we wanted to hear your views on air quality in your local area and collect your ideas on action we can take to clean up the air we all breath.

To do this, we worked with Kaizen, a community outreach specialist, to speak with more than 400 people in locations across the borough about air pollution. Kaizen worked to make sure we collected the views of individuals who reflect Brent's diverse community.

Alongside this, residents could help shape Brent's Air Quality Action Plan by filling in the survey on this platform which was live from 30th September until midnight 30th November.

The information collated from the survey and community outreach work has been analysed and used, along with air pollution data, to help us identify themes and priorities to include in the draft Air Quality Action Plan. The findings from the community outreach can be downloaded here.

Meanwhile, we will also be undertaking borough-wide air pollution modelling to better understand the situation in Brent, identifying pollution hotspots and dominant sources for those locations.

-  [Brent Air Quality Action Plan-Engagement Research Report-Summary-February 2022.pdf](#) (929.2 KB)
-  [Brent Air Quality Action Plan-Engagement Research Report-February 2022.pdf](#) (7.3 MB)

Past events

02 MAY 2023 Have your say on Brent's Air Quality Action Plan

Kensal Rise drop-in

 2 May 2023 - 11:00-14:00  outside Gail's Bakery, Chamberlayne road (opposite no. 91)

Come and visit us at this pop-up stall and we can share more information on Brent's Draft Air Quality Action Plan and answer your questions

21 APR 2023 Have your say on Brent's Air Quality Action Plan



Harlesden drop-in

 21 April 2023 - 14:00-17:00  53 High St, London NW10 4NJ

Come and visit us at this pop-up stall and we can share more information on Brent's Draft Air Quality Action Plan and answer your questions

21 APR 2023 Have your say on Brent's Air Quality Action Plan

Kensal Rise drop-in

 21 April 2023 - 11:00-14:00  outside Gail's Bakery, Chamberlayne road (opposite no. 91)

Come and visit us at this pop-up stall and we can share more information on Brent's Draft Air Quality Action Plan and answer your questions

20 APR 2023 Have your say on Brent's Air Quality Action Plan

Resident session: Air Quality Action Plan

 20 April 2023 - 18:00-19:00  Online

Join us at this thr online event to hear more about Brent's Draft Air Quality Action Plan.

Register for the session here: <https://www.eventbrite.co.uk/e/copy-of-air-quality-action-plan-resident-consultation-forum-tickets>

Phases

1 Phase 1: What do you think about air qua... 2 **Phase 2: Analysis of community outreach and survey data** 3 Phase 3: Development of the draft Air Quality Action Plan 4 Phase 4: Public Consultation of the Draft Air... 5 Phase 5: Results of the Draft Air... 6 Phase 6: Final Air Quality Action Plan publication

2. Phase 2: Analysis of community outreach and survey data
1 December 2021 - 1 February 2022

During this phase, the information collated from the survey and community outreach work was analysed to help us identify themes and priorities to include in the draft Air Quality Action Plan. The findings from the community outreach can be downloaded below.

- [Brent Air Quality Action Plan - Engagement Research Report - Summary - February 2022.pdf](#) (929.2 KB)
- [Brent Air Quality Action Plan - Engagement Research Report - February 2022.pdf](#) (7.3 MB)

Phases

1 Phase 1: What do you think about air qua... 2 Phase 2: Analysis of community... 3 **Phase 3: Development of the draft Air Quality Action Plan** 4 Phase 4: Public Consultation of the Draft Air... 5 Phase 5: Results of the Draft Air... 6 Phase 6: Final Air Quality Action Plan publication

3. Phase 3: Development of the draft Air Quality Action Plan
2 February 2022 - 31 January 2023

We are currently creating a draft Air Quality Action Plan 2023-2027, making use of the information you shared in the first survey, along with borough-wide data modelling, and a review of air quality monitoring data.

Once the draft is written, you will have an opportunity to give your feedback on the draft plan, through a public consultation on this site, before the final version is published in 2023.

Phases

1 Phase 1: What do you think about air qua... 2 Phase 2: Analysis of community... 3 Phase 3: Development of the draft Air Quality Action Plan 4 **Phase 4: Public Consultation of the Draft Air Quality Action Plan** 5 Phase 5: Results of the Draft Air... 6 Phase 6: Final Air Quality Action Plan publication

4. Phase 4: Public Consultation of the Draft Air Quality Action Plan
20 March 2023 - 2 May 2023

The Draft Air Quality Action Plan consultation is now live until Tuesday 2 May 2023

We want to hear what you think of it. You can download the full Draft Air Quality Action Plan as well as a summary version using the links below.

Please share your views by completing this survey. There will also be pop-up events (both online and in person) during the course of the

[Read more](#)

- [Brent's Draft Air Quality Action Plan 2023-2027 -for consultation.pdf](#) (2.1 MB)
- [Draft Easy Read version Air Quality Action Plan 2023-2027 -for consultation.pdf](#) (8.8 MB)
- [Draft Easy Read version Air Quality Action Plan 2023-2027 -for consultation.pdf](#) (8.8 MB)
- [Draft Air Quality Management Area Order 2023.pdf](#) (270.7 KB)
- [Air quality action plan consultation leaflet.pdf](#) (763.0 KB)
- [9291 Air Quality Action Plan Summary Video.mp4](#) (38.8 MB)
- [Programme of Air Quality Action Plan Engagement Events.pdf](#) (49.1 KB)

Phases

1 Phase 1: What do you think about air qua...
2 Phase 2: Analysis of community...
3 Phase 3: Development of the draft Air Quality Action Plan
4 Phase 4: Public Consultation of the Draft Air...
5 **Phase 5: Results of the Draft Air Quality Action Plan public consultation**
6 Phase 6: Final Air Quality Action Plan publication

5. Phase 5: Results of the Draft Air Quality Action Plan public consultation
3 May 2023 - 31 May 2023

During this phase, we will analyse and share the results of the draft Air Quality Action Plan consultation with you.

20 APR - 25 2023

Have your say on Brent's Air Quality Action Plan

Ealing Road drop-in

20 April 2023 10:00 - 25 April 2023 13:00 204 Ealing Rd, Wembley HA9 4QG

Come and visit us at this pop-up stall and we can share more information on Brent's Draft Air Quality Action Plan and answer your questions.

19 APR 2023

Have your say on Brent's Air Quality Action Plan

Resident session: Air Quality Action Plan

19 April 2023 12:00 - 12:00 Online

Join us at this 1hr online event to hear more about Brent's Draft Air Quality Action Plan.

Register for the session here: <https://www.eventbrite.co.uk/e/air-quality-action-plan-resident-consultation-forum-tickets-505888818497>

17 APR 2023

Have your say on Brent's Air Quality Action Plan

Sudbury drop-in

17 April 2023 14:30 - 17:30 818 Harrow Rd, Wembley HA9 3DQ

Come and visit us at this pop-up stall and we can share more information on Brent's Draft Air Quality Action Plan and answer your questions.

17 APR 2023

Have your say on Brent's Air Quality Action Plan

Kenton drop-in

17 April 2023 10:00 - 12:00 Kenton Rd, Harrow HA3 8AZ

Come and visit us at this pop-up stall and we can share more information on Brent's Draft Air Quality Action Plan and answer your questions.

13 APR 2023

Have your say on Brent's Air Quality Action Plan

Brent Hubs: Hornbill house drop-in

13 April 2023 14:30 - 17:00 Hornbill house, 2 Rudolph Rd, London, NW9 599

Come and visit us at this pop-up stall and we can share more information on Brent's Draft Air Quality Action Plan and answer your questions.

13 APR 2023

Have your say on Brent's Air Quality Action Plan

Willesden Green library drop-in

13 April 2023 10:30 - 13:00 95 High Rd, London NW10 2SF

Come and visit us at this pop-up stall and we can share more information on Brent's Draft Air Quality Action Plan and answer your questions.

12 APR 2023

Have your say on Brent's Air Quality Action Plan

Church End drop-in

12 April 2023 10:00 - 13:00 Willesden Market, Church Rd, NW10 9QH

Come and visit us at this pop-up stall and we can share more information on Brent's Draft Air Quality Action Plan and answer your questions.

06 APR 2023

Have your say on Brent's Air Quality Action Plan



Burnt Oak drop-in

6 April 2023 14:30 - 17:30 43 Burnt Oak Broadway, Burnt Oak, Edgware HA8 8JZ

Come and visit us at this pop-up stall and we can share more information on Brent's Draft Air Quality Action Plan and answer your questions.

06 APR 2023	<p>Have your say on Brent's Air Quality Action Plan</p> <p>Colindale drop-in</p> <p>🕒 6 April 2023 - 10:00-12:30 📍 207 Edgware Rd, London W2 1DN</p> <p>Come and visit us at this pop-up stall and we can share more information on Brent's Draft Air Quality Action Plan and answer your questions</p>
04 APR 2023	<p>Have your say on Brent's Air Quality Action Plan</p> <p>Kingsbury High Street drop-in</p> <p>🕒 4 April 2023 - 14:30-17:30 📍 632-640 Kingsbury Rd, Kingsbury Circle, London NW9 9HH</p> <p>Come and visit us at this pop-up stall and we can share more information on Brent's Draft Air Quality Action Plan and answer your questions</p>
04 APR 2023	<p>Have your say on Brent's Air Quality Action Plan</p> <p>Neasden drop-in</p> <p>🕒 4 April 2023 - 14:30-17:30 📍 304 Neasden Ln, Neasden, London NW10 0AD</p> <p>Come and visit us at this pop-up stall and we can share more information on Brent's Draft Air Quality Action Plan and answer your questions</p>
04 APR 2023	<p>Have your say on Brent's Air Quality Action Plan</p> <p>Kingsbury Library drop-in</p> <p>🕒 4 April 2023 - 10:30-13:00 📍 Kingsbury Library, Kingsbury Rd, London NW9 9HE</p> <p>Come and visit us at this pop-up stall and we can share more information on Brent's Draft Air Quality Action Plan and answer your questions</p>
03 APR 2023	<p>Have your say on Brent's Air Quality Action Plan</p> <p>Willesden Green drop-in</p> <p>🕒 3 April 2023 - 14:30-17:30 📍 Walm Ln, London NW2 4DT</p> <p>Come and visit us at this pop-up stall and we can share more information on Brent's Draft Air Quality Action Plan and answer your questions</p>
03 APR 2023	<p>Have your say on Brent's Air Quality Action Plan</p> <p>Cricklewood drop-in</p> <p>🕒 3 April 2023 - 10:00-13:00 📍 142-152 Cricklewood Broadway, London NW2 3FD</p> <p>Come and visit us at this pop-up stall and we can share more information on Brent's Draft Air Quality Action Plan and answer your questions</p>
31 MAR 2023	<p>Have your say on Brent's Air Quality Action Plan</p> <p>Queens Park drop-in</p> <p>🕒 31 March 2023 - 14:30-17:29 📍 98 Salisbury Rd, London NW6 0LT</p> <p>Come and visit us at this pop-up stall and we can share more information on Brent's Draft Air Quality Action Plan and answer your questions</p>
31 MAR 2023	<p>Have your say on Brent's Air Quality Action Plan</p> <p>Kilburn Library drop-in</p> <p>🕒 31 March 2023 - 10:30-12:00 📍 42 Salisbury Rd, Kilburn, NW6 6NN</p> <p>Come and visit us at this pop-up stall and we can share more information on Brent's Draft Air Quality Action Plan and answer your questions</p>
30 MAR 2023	<p>Have your say on Brent's Air Quality Action Plan</p> <p>Wembley Library drop-in</p> <p>🕒 30 March 2023 - 14:30-17:30 📍 Brent Civic Centre, Engineers Way, Wembley Park, Wembley HA9 0FJ</p> <p>Come and visit us at this pop-up stall and we can share more information on Brent's Draft Air Quality Action Plan and answer your questions</p>
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  North West London	Brent Health and Wellbeing Board 30 October 2023
	Report from the Director of Public Health
	Lead Cabinet Member for Public Health & Adult Social Care Lead Cabinet Member for Customers, Communities & Culture
Towards a Food Strategy	

Wards Affected:	All
Key or Non-Key Decision:	Non-Key Decision
Open or Part/Fully Exempt: <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
List of Appendices:	Appendix 1 – Good Food for London Joined Up Action
Background Papers:	None
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	Melanie Smith Director of Public Health Melanie.Smith@brent.gov.uk Agnieszka Spruds Strategy Lead – Policy Agnieszka.Spruds@brent.gov.uk

1.0 Executive Summary

- 1.1 The Council is acting on its commitment from the Joint Health and Wellbeing Strategy to create a new Food Strategy. This document provides an update on the progress, highlights emerging themes, and outlines the next steps.

2.0 Recommendations

The Health and Wellbeing Board is requested to:

- 2.1 Note the communities' enthusiasm for a partnership approach to the development of a Food Strategy and to comment on the next steps detailed in section five, including how their organisations can contribute to the development of the Strategy.

- 2.2 Review and comment upon the areas of initial interest as put forward by participants at the Visioning Day.
- 2.3 Endorse continued participation in the production of the Good Food for Londoners annual survey.

3.0 Detail

Brent's Corporate Policy Team conducted desktop research which indicates that food strategies with strong community involvement tend to be the most successful. In line with this, Brent is adopting a community-focused approach. To better understand the food landscape of Brent and what the stakeholders would like to include in the strategy, the following activities have been organised:

- Food Outreach to understand the ongoing food-related projects within the borough, exploring any synergies and identifying potential gaps the new strategy might address.
- A Food Visioning event which has been organised to understand what the stakeholders would like to include in the Strategy.

This section outlines the outcomes of the initial activities that have been organised to understand Brent's food system. It also presents a summary of the London Food Strategy, highlighting elements that may align with Brent's local food strategy, introduces the London Food Board, and the 'Good Food for All Londoners' report.

3.1 The London Food Strategy

The Mayor's London Food Strategy aims to ensure that all Londoners have access to healthy, affordable and sustainable food irrespective of their background or circumstances. This strategy highlights the critical role food plays in enhancing health, wellbeing, community strength and environmental protection. The London Food Strategy is a collaborative effort, with the London Food Board and other partners working closely with the Mayor to develop and ensure the strategy can deliver a fairer food system.

The strategy is structured around six themes:

- Good Food at Home and Reducing Food Insecurity
- Good Food Economy, Shopping and Eating Out
- Good Food in Community Settings and Public Institutions
- Good Food for Pregnancy and Childhood
- Good Food Growing, Community Gardening and Urban Farming
- Good Food for the Environment

A notable action within this strategy is the banning of "junk food" (high fat, high sugar, high salt) advertising across the entire Transport for London (TfL)

network from 25 February 2019, marking a significant step towards tackling child obesity in London.

The initial outcomes of the local engagement activities which have been organised are showing enthusiasm for aligning elements of the broader London strategy within Brent's local food strategy. Specifically, there was a significant focus on themes such as food poverty, food growing, and food and environment.

3.2 The London Food Board

The Board consists of 13 individuals who advise the Mayor of London and the GLA on the food matters that affect Londoners; this includes:

- The delivery of the London Food Strategy
- Food issues across the capital and how to develop a better food system for all Londoners
- The London Food Programme

Brent's Director of Public Health serves as the representative for London Councils on the London Food Board.

3.3 Boroughs' Food Group

Brent actively participates in the Borough's Food Group. The Group acts as a forum through which the GLA and London Food Board are connected with representatives from every borough (ranging from public health and economic fairness teams to environmental health officers and infant feeding leads) as well as national bodies including PHE, VCS organisations such as Sustain and the Food Foundation, frontline campaigners and local food partnerships.

The Group uses meetings and newsletters to share best practice and disseminate as much intelligence about London's food system as possible.

3.4 'Good Food for All Londoners' annual report

The 'Good Food for All Londoners' report, a well-established annual publication with most London boroughs participating, serves as a comprehensive guide that maps out the state of food systems in London, covering various aspects such as sustainability, food poverty, and public health. It acts as a benchmark, offering key performance indicators and best practices that can be invaluable in measuring the success of a food strategy.

3.5 The provenance of the report lies with Sustain, an organisation dedicated to advocating better food and farming policies and practices. Sustain meticulously gathers data through a collaborative effort involving local authorities, community organisations, and various stakeholders within the food system. By providing actionable insights and data-driven recommendations, the report allows local authorities to identify gaps, track progress, and optimise their food-related initiatives for more impactful

outcomes. It is essentially a toolkit for anyone looking to make informed decisions in the realm of food policy. It is worth noting that the Programme Director at Sustain holds a position on the London Food Board, overseeing a broad portfolio of food projects.

3.6 The 'Good Food for All Londoners' report has been used to gain a clearer understanding of Brent's current food landscape.

3.7 Food Outreach

From 18 July to 25 August 2023, a 'Food Outreach' has been conducted to gain insight into the current landscape of food projects within Brent. Through their survey responses, 22 participants highlighted potential synergies and identified gaps which could be addressed in the new Food Strategy.

3.8 The Outreach has provided valuable insights into a diverse range of food-related projects underway in Brent, such as:

- Roe Green Village gardening club: focused on growing local food and providing advocacy. It is self-funded and has a community-centric approach, with meetings held at residents' homes and gardens. The project is ongoing, making it a staple for local residents.
- Cookery classes: A number of organisations and groups in the borough provide cookery classes which aim to teach individuals how to prepare delicious, nutritious meals. These classes often focus on specific cooking techniques, specialised cuisines, or dietary preferences. They promote healthy eating habits, encourage creativity in the kitchen, and provide individuals with the skills to enjoy cooking at home.
- Healthy eating classes: Similarly there are groups providing healthy eating classes which educate participants about balanced nutrition, portion control, and making informed food choices. These classes aim to improve overall health and well-being by promoting healthy lifestyles and helping individuals make better eating decisions.
- Sustainability workshops: Sustainability workshops are held by different organisations across Brent to educate individuals about sustainable practices and lifestyles. These workshops focus on areas such as waste reduction, energy conservation, water management, and eco-friendly habits. The purpose is to empower individuals to make environmentally conscious choices and contribute to a more sustainable future.
- Walk Talk Fork: an eight-week programme aimed at anyone interested in adopting a healthier lifestyle, the project combines physical activities like yoga and walking with nutritional education and hands-on cooking sessions.

These projects illustrate the enthusiasm and range of community based and delivered action on food already in place across Brent

3.9 The survey also posed the question: 'Is there anything specific you think the Food Strategy should include?'. From the analysis of the responses, five key themes emerged:

- Food Growing
- Food and Environment
- Food and Health
- Food Poverty
- Food and Employment

3.10 Food Visioning Workshop

Prior to the workshop, facilitators gave organisations and individuals working on food-related projects in Brent an opportunity to showcase their products. In total, seven project leads requested a stall at the Food Marketplace. The workshop commenced with a welcoming activity aimed at initiating personal discussions. Participants then engaged in a sticker activity to reflect on Brent's food scene. This was followed by a 'Card Call' where attendees wrote down ideas on 'post-it' notes, categorising them into predefined themes or an 'Other' category. Participants used stickers to indicate their priority focus areas. After a break, attendees discussed these topics in detail, covering what could be done, potential barriers, and realistic recommendations.

3.11 Attendance

44 people, including individuals and representatives from various organisations, signed up for the event. However, actual attendance was higher; Brent Council engaged with at least 55 people in total. To highlight the spirit of collaboration, the event was opened by Councillor Donnelly-Jackson and closed by the CEO of CVS Brent, Kristine Wellington. Brent Council hosted not only representatives from major organisations working on food-related projects in Brent – such as Sufra, the Felix Project, and Citizen Advice Brent – but also council officers from multiple departments and residents passionate about food.

3.12 Workshop Outcomes

The workshop saw a high level of engagement, with 'Food Poverty' and 'Food Growing' emerging as the most popular predefined themes, followed by 'Food and Environment'. A newly created category, 'How do we take things forward?', attracted the most participation.

During the Workshop attendees were asked to:

- Envision improvements for each category under 'We Could'
- Identify potential barriers under 'But'

- And finally, come up with at least one concrete recommendation.

The key outcomes of this activity are outlined in the table below:

Theme	Suggestions	Barriers	Recommendations
Food and Environment	Focus on education, sustainability, and community engagement, with suggestions like waste reduction and promoting vegan diets.	Barriers involve funding, collaboration, and cultural preferences.	Align food strategy with national policies and create educational programs.
Food Poverty	Address affordability, promote food growing, and provide educational resources.	Main barriers are funding, awareness, and digital exclusion	Provide free school meals and improve partnerships between providers and the council.
Food Growing	Utilising long term unused green spaces which could be managed by local communities and introducing educational programmes for growing food at home.	Barriers involve funding and potential difficulties with finding appropriate spaces.	The main recommendation involves conversations with appropriate stakeholders.
How Do We Take Things Forward?	Include community feedback, integrate climate strategies, and measure progress.	Barriers include diverse community needs and limited resources.	Ensure access to quality food and develop educational programmes for schools.
Food and Education	Focus on teaching food origins and integrating food growing into school programmes.	Barriers include time pressures and lack of funding.	No clear recommendations were provided.

4.0 Contribution to Borough Plan Priorities & Strategic Context

The new Food Strategy could align with the Borough Plan in multiple ways across its various strategic priorities and desired outcomes. The points below outline potential synergies which might be included in the strategy.

4.1 Strategic Priority 1: Prosperity and Stability in Brent

- **Easing the Cost of Living Crisis**
The recent workshop has shown that many stakeholders are keen to include tackling food poverty element in the strategy. The strategy could aim to ease food poverty by providing affordable, nutritious options.
- **Safe Secure and Decent Housing**
'Food Growing' was also a very popular theme at the workshop and the Food Outreach. Initiatives to incorporate food-growing spaces in new housing projects could be considered.
- **Brent for Business**
The strategy could encourage local food businesses to adopt sustainable practices and hiring local residents which would also contribute to the local economy.

4.2 Strategic Priority 2: A Cleaner, Greener Future

- **A Cleaner Borough**
The strategy could address waste management in the food industry, promoting recycling and composting.
- **A Climate-friendly, Sustainable Borough**
The strategy could encourage to adopt sustainable practices like local sourcing, organic farming and focus on healthy food options.

4.3 Strategic Priority 3: Thriving Communities

- **Enabling our Communities**
Using food as a tool for community engagement. For example, community gardens or cooking classes some of which are already up and running in Brent.
- **A Safer Borough**
The strategy could address ensuring that food services and outreach programs are accessible and safe, particularly in the context of public health and hygiene.

4.4 Strategic Priority 4: The Best Start In Life

- **Raised Aspirations, Achievement and Attainment**
Food Education was one of the most popular themes at the recent workshop. The strategy could aim to integrate nutrition and food education in schools, aiming to foster a new generation that is conscious about their food choices. The strategy could also encourage residents to use Healthy Start vouchers.

4.5 Strategic Priority 5: A Healthier Brent

- **Tackling Health Inequalities**
The strategy could address unequal access to nutritious food by certain communities, such as asylum seekers, and aim to achieve equality.
- **Localised Services for Local Needs**
The strategy could include localised food programs that cater to the specific dietary and cultural needs of various communities in Brent.

5.0 Next steps

While the workshop was open to all, a significant number of the attendees came from the voluntary sector and those working with food banks, on the cost of living or food aid, which likely influenced 'Food Poverty' emerging as a popular theme. To ensure a more diverse range of perspectives, several activities have been planned, all of which are outlined below.

- 5.1 In order to identify emerging themes related to food, there are plans to explore the key data sets which informed the recent Borough Plan and the Health and Wellbeing Strategy. Specifically, the Resident Attitudes Survey, completed by over 1,000 individuals will be analysed, as well as the latest insights from Borough Plan Engagement activities and Health and Wellbeing Strategy consultation data.
- 5.2 To ensure feedback from the elected members is captured, there are plans to host a Virtual Visioning Workshop specifically designed for them. It is proposed for the workshop to take place in November.
- 5.3 To capture feedback from food-related businesses in the borough, there will be a discussion with the Head of Employment, Skills and Enterprise to determine the most effective engagement approach.
- 5.4 Officers from CYP will be consulted to determine the most effective way to engage with schools and young people.
- 5.5 Upon completion of the data analysis, a task group will be convened. The group's membership will be determined based on the content and objectives outlined in the scope.

6.0 Financial Considerations

- 6.1 None at this stage.

7.0 Legal Considerations

- 7.1 There are no direct legal considerations arising from the contents of the report.

8.0 Equality, Diversity & Inclusion (EDI) Considerations

- 8.1 The Public Sector Equality Duty, as set out in section 149 of the Equality Act 2010, requires the Council, when exercising its functions, to have “due regard” to the need to eliminate discrimination, harassment and victimisation and other conduct prohibited under the Act, to advance equality of opportunity and foster good relations between those who have a “protected characteristic” and those who do not share that protected characteristic. The protected characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.
- 8.2 Having due regard involves the need to enquire into whether and how a proposed decision disproportionately affects people with a protected characteristic and the need to consider taking steps to meet the needs of persons who share a protected characteristic that are different from the needs of persons who do not share it. This includes removing or minimising disadvantages suffered by persons who share a protected characteristic that are connected to that characteristic.
- 8.3 There are no obvious negative equality implications as this paper proposes a community focussed approach for the Food Strategy, running events and reaching out to a number of different community groups and stakeholders to ensure that a variety of voices and perspectives across the Borough are taken into consideration.
- 8.4 From an equality, diversity and inclusion perspective, it is likely to have a positive impact as Brent is taking such a wide-reaching approach to the creation of the Food Strategy. This not only complies with the statutory duty but also highlights the Council's commitment to the tenets of the PSED through advancing equality of opportunity and fostering good relationships.

9.0 Climate Change and Environmental Considerations

- 9.1 The council declared a climate and ecological emergency in 2019 and pledged to do all in our gift to achieve a carbon neutral borough in Brent by 2030. The first theme of the council's Climate and Ecological Emergency Strategy (2021-2030) is Consumption, Resources and Waste, which was the number one theme of the Brent Climate Assembly. The objective of this theme states: *“By 2030, our communities will be living more sustainably: consuming less of the products and materials that accelerate climate change, whilst also wasting less of the world's natural resources. This behaviour shift will have helped to cut Brent's consumption emissions by two-thirds and drive a substantive reduction of household waste produced within the borough.”* Emissions from food form an element of Brent's consumption emissions footprint, and therefore the emerging theme of ‘Food and the Environment’ within a new Food Strategy should be well placed to align with this goal.
- 9.2 To date, the council's climate emergency team have run or supported a number of initiatives regarding food and its impact on the environment. Ranging from an educational webinar we organised called ‘Food and its impact!'; supporting local community initiatives relating to food via funding from the Together Towards Zero small grants scheme; forging good

relationships with exiting community growing schemes in the borough; and considering new opportunities for community gardens as part of the Green Neighbourhood action plans.

- 9.3 The council is also linked into the seven key pan-London climate change initiatives, of which one programme focuses on 'One World Living' led by the London Borough of Harrow. One of the workstreams of this work focus on reducing emissions in London that can be caused by food habits and impacts on waste streams.

10.0 Human Resources/Property Considerations (if appropriate)

None at this stage.

11.0 Communication Considerations

None at this stage.

Report sign-off:

Dr Melanie Smith
Director of Public Health

Appendix 1

Good Food for London

Which councils are showing leadership on joined-up action?

	Joined-up action on food	Healthier food environments	Good food economy	Food growing	Climate and nature emergency and food	Overall Score
Greenwich	Green	Dark Blue	Yellow	Blue	Red	93%
Islington	Green	Grey	Yellow	Blue	Red	93%
Southwark	Light Green	Dark Blue	Yellow	Blue	Red	93%
Tower Hamlets	Green	Grey	Yellow	Blue	Red	93%
Lambeth	Light Green	Grey	Yellow	Blue	Red	80%
Waltham Forest	Light Green	Grey	Yellow	Blue	Light Red	73%
Lewisham	Light Green	Light Grey	Yellow	Blue	Light Red	67%
Merton	Light Green	Grey	Yellow	Light Blue	Light Red	67%
Newham*	Light Green	Grey	Yellow	Blue	Light Red	67%
Hackney	Light Green	Grey	Yellow	Light Blue	Red	60%
Barking and Dagenham*	Light Green	Light Grey	Yellow	Light Blue	Light Red	53%
Brent	Light Green	Grey	Yellow	Light Blue	Red	53%
Camden*	Light Green	Light Grey	Yellow	Light Blue	Red	53%
Ealing	Light Green	Grey	Yellow	Light Blue	Red	53%
Barnet	Light Green	Grey	Yellow	Light Blue	Light Red	47%
Enfield	Light Green	Light Grey	Yellow	Light Blue	Light Red	47%
Haringey	Light Green	Grey	Yellow	Light Blue	Light Red	47%
Harrow	Light Green	Light Grey	Yellow	Light Blue	Light Red	47%
Hounslow	Light Green	Light Grey	Yellow	Light Blue	Light Red	47%
Hammersmith and Fulham	Light Green	Light Grey	Yellow	Light Blue	Light Red	40%
Kingston	Light Green	Light Grey	Yellow	Light Blue	Light Red	40%
Richmond	Light Green	Light Grey	Light Grey	Light Blue	Light Red	33%
Wandsworth	Light Green	Light Grey	Light Grey	Light Blue	Light Red	33%
City of London†	Light Green	Light Grey	Yellow	Light Grey	Light Red	27%
Havering	Light Green	Light Grey	Yellow	Light Blue	Light Red	27%
Redbridge	Light Green	Grey	Yellow	Light Grey	Light Red	27%
Sutton	Light Green	Light Grey	Yellow	Light Blue	Light Red	27%
Westminster	Light Green	Light Grey	Yellow	Light Blue	Light Red	27%
Kensington and Chelsea	Light Green	Light Grey	Light Grey	Light Grey	Light Red	13%
Bexley	Light Green	Light Grey	Light Grey	Light Grey	Light Red	7%
Bromley	Light Green	Light Grey	Light Grey	Light Grey	Light Red	7%
Croydon	Light Green	Light Grey	Light Grey	Light Grey	Light Red	7%
Hillingdon	Light Green	Light Grey	Light Grey	Light Grey	Light Red	7%

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