



Health and Wellbeing Board

Monday 28 October 2024 at 6.00 pm

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

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

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

Membership:

| | |
|---------------------------------|---|
| Councillor Nerva (Chair) | Brent Council |
| Dr Mohammad Haidar (Vice-Chair) | Brent Integrated Care Partnership Executive |
| Councillor M Patel | Brent Council |
| Councillor Donnelly-Jackson | Brent Council |
| Councillor Grahl | 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 |
| Cleo Chalk | Healthwatch |
| Sarah Law | Residential and Nursing Care Sector |
| Rachel Crossley | Brent Council - Non-Voting |
| Kim Wright | 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, Senior Governance Officer
Tel: 020 8937 1339; Email: hannah.o'brien@brent.gov.uk

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

Notes for Members - Declarations of Interest:

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

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

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

***Disclosable Pecuniary Interests:**

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

****Personal Interests:**

The business relates to or affects:

- (a) Anybody of which you are a member or in a position of general control or management, and:
 - To which you are appointed by the council;
 - which exercises functions of a public nature;
 - which is directed is to charitable purposes;
 - whose principal purposes include the influence of public opinion or policy (including a political party or trade union).
- (b) The interests 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 - 16 |
| To approve as a correct record, the attached minutes of the previous meeting held on 23 July 2024. | |
| 4 Matters arising (if any) | |
| To consider any matters arising from the minutes of the previous meeting. | |
| 5 Winter Immunisations Update | 17 - 40 |
| To outline the approach to the development and operationalisation of the 2024-25 winter plan for immunisations for the Brent borough and provide an update on progress to date for seasonal immunisations. | |
| 6 Healthwatch half year update on Annual Plan | 41 - 50 |
| To provide an update on Healthwatch Brent's progress from April to October 2024, and plans for November 2024 to March 2025. | |
| 7 Early Years: Family Wellbeing Centres and Best Start for Life Progress Update | 51 - 168 |
| To provide an update on the progress of Family Wellbeing Centres (FWCs) and Family Hub and Start for Life programmes. | |

8 Brent Children's Trust (BCT) Progress Report 169 - 190

To provide an update of the Brent Children's Trust (BCT) work programme covering the period April to October 2024.

9 Darzi Report Summary and next steps for Brent 191 - 198

To provide a briefing note summarising the recently published Darzi report and any next steps for Brent in response to the report.

10 Brent Pharmaceutical Needs Assessment (PNA) 199 - 206

To agree how the responsibility for the revision of the Pharmaceutical Needs Assessment should be discharged.

11 Health and Wellbeing Board Forward Look

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

12 Any other urgent business

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

Date of the next meeting: Thursday 30 January 2025



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- The meeting room is accessible by lift and seats are provided for members of the public on a first come first served basis. Alternatively, the webcast will be available [here](#).



MINUTES OF THE HEALTH AND WELLBEING BOARD **Held as a hybrid meeting on Tuesday 23 July 2024 at 6.00 pm**

Members in attendance: Councillor Nerva (Chair), Councillor Mili Patel (Brent Council), Councillor Grahl (Brent Council), Mark Titcombe (Managing Director EOC, CMH & Ealing, LNWT, substituting on behalf of Simon Crawford), Robyn Doran (Director of Transformation, CNWL, and Brent ICP Director), Patrick Laffey (Deputy Director of Operations, CLCH, substituting on behalf of Jackie Allain), Sarah Law (Nursing and Residential Care Sector), Nigel Chapman (Corporate Director Children and Young People, Brent Council – non-voting), Rachel Crossley (Corporate Director Community Health and Wellbeing, Brent Council – non-voting), Claudia Brown (Director of Adult Social Care)

In attendance: Tom Shakespeare (Integrated Care Partnership Director), Wendy Marchese (Strategic Partnerships Manager, Brent Council), Hannah O'Brien (Senior Governance Officer, Brent Council), Toby Lambert (Executive Director of Strategy and Population Health, NWL ICB), Agnieszka Spruds (Strategy Lead – Policy, Brent Council), Nipa Shah (Programme Director, Brent Health Matters), Eleanor Maxwell (Senior Programme Officer and BCF Lead, Brent Council), Steve Vo (Assistant Director of Place – Brent Borough, NHS NWL)

1. Apologies for absence and clarification of alternate members

Apologies for absence were received from the following:

- Kim Wright (Chief Executive, Brent Council)
- Councillor Donnelly-Jackson (Brent Council)
- Dr Mohammad Haidar (Vice Chair)
- Dr Melanie Smith (Director of Public Health, Brent Council)
- Simon Crawford (Deputy CEO, LNWT), substituted by Mark Titcombe (Managing Director EOC, CMH & Ealing, LNWT)
- Jackie Allain (Director of Operations, CLCH), substituted by Patrick Laffey (Deputy Director of Operations, CLCH)
- Cleo Chalk (HealthWatch Manager)

2. Declarations of Interest

None declared.

3. Minutes of the previous meeting

RESOLVED: That the minutes of the meeting, held on 15 April 2024, be approved as an accurate record of the meeting.

4. Matters arising (if any)

None.

5. **North West London Mental Health Strategy**

Toby Lambert (Director of Strategy and Population Health, NWL ICB) introduced the paper which presented the NWL Mental Health Strategy for adults. In introducing the report, he highlighted the following key points:

- The strategy focused solely on the needs of adult residents in NWL. A parallel piece of work looking at the needs of children and young people and transition into adult services would be picked up in September 2024. The strategy also did not expressly focus on promoting resilience and overall wellbeing as there had been a clear view, following strong engagement with the strategy working group which included all NWL trusts and local authorities, that each individual local authority had their own Health and Wellbeing Strategy focused on those areas and therefore it would not be helpful to have a NWL-wide view on that. As such, the strategy focused on an individual's first contact with mental health services onwards.
- The engagement and participation process that the ICB went through to arrive at the strategy was detailed. Through the engagement process, the ICB had learned that there had been considerable progress in the mental health services on offer but not enough. Extra investment had been put in and access had been expanded but there was still further work to do. The strategy set out the collective ambition for further improved services, which were encapsulated into 3 main areas.
- The first area of the strategy was raising awareness and promoting wellbeing. Whilst this was not a wellbeing strategy, it was clear people who came into contact with mental health services needed to be signposted and supported in their wellbeing. There was a degree of hesitancy amongst those of the NWL population who most needed to access services to come forward, which was a major driver of the inequity in outcomes and access that NWL saw, hence the need for promoting awareness of where help was available and how to access services.
- The second area of the strategy was around increasing the equity and quality of access to mental health services. The Board heard that there was an ongoing programme to develop a common offer across NWL, as currently the services available did vary depending on their resident borough in both practice and access. A common offer meant setting a clear shared specification of what was expected to be available no matter where a patient was in NWL. It was highlighted that there was no significant extra funding coming into the system, although there was a need to increase the productivity of services in NWL because, where mental health services had been expanded, the number of people accessing those services had not yet caught up with the extra resources put in. As such, he highlighted the importance of making the best use of resource in terms of levelling up across NWL to the highest specification of service using the resources already in the system.
- The third area was around patients receiving right care in the right place and ensuring residents found and could access treatment at the lowest intensity

setting which was appropriate for their need. Greater intervention earlier in the pathway took the pressure off services later down the line which were usually more expensive. However, there were issues for residents getting timely access to various parts of the system so this workstream aimed to address that. In particular, there were issues with the amount of time some patients spent waiting for acute beds. There were patients in beds no longer meeting the criteria for that bed who's care was better provided elsewhere, with the simplest way of addressing the wait for acute beds to address the wait for people trying to get out of those beds.

- In summing up, Toby Lambert reiterated the three workstreams of raising awareness and promoting wellbeing, increasing the equity and access in care, and getting care in the right place. The aim of those workstreams was to give better outcomes and have services that were more responsive to the individual needs of the population.

The Chair then invited contributions from those present. The following points were made:

- The Board was encouraged by the detailed strategy which included data and analysis and felt it was well-balanced with a good focus on educating the public, particularly communities who may lack the services on offer or who had certain stigmas around mental health illness. It was recognised that community-based approaches were essential for Brent.
- The Board noted the points made about low productivity where there had been an increase in the provision of resources and where that additional resource had not translated to outcomes, and asked whether there was any understanding of why that had been the case. Toby Lambert explained that the reasons were multi-faceted. He acknowledged that it was normal to see a bit of a lag between the expansion of provision and people coming forward to take up that offer, so there was no particular reason to believe the productivity issue would not resolve itself, but it was important to continue to raise awareness amongst every community which was the best way to increase the usage of provision. Even where people were coming forward to use the expanded resources, there were variable caseloads across different parts of NWL, which was not entirely explicable in terms of presentation rate, suggesting there was room for moving productivity or changing the number of cases each community mental health team saw to enhance overall value for money and give greater space for levelling up. He highlighted that if someone was to compare the level of need against the provision in place, then they would conclude there was more than enough need out there to match the level of provision, but there was a careful balance needed to introduce new services at a speed that matched the take-up rate. Sometimes, the speed at which new or expanded services were introduced was faster than the awareness built, as it was challenging to build demand and awareness at the same pace as capacity.
- The Board highlighted the point in the paper regarding delays in accessing initial treatment when a patient was first referred to a service and asked whether there had been any success in identifying where those delays were in the system. Members were advised that there had been a number of factors causing delays, some of which related to stigma and hesitancy amongst some communities in

coming forward with mental health issues. There was also an issue with how quickly the system was able to get people in to access those services because the number of referrals into community mental health services had more than doubled in the last few years. In relation to different community attitudes towards mental health, Robyn Doran (Director of Transformation, CNWL, and Brent ICP Director) explained that, because of the diverse communities in Brent, a number of models had been adapted to better suit different needs. For example, she had visited recently the Gujarati community to speak about IAPT Talking Therapies who had been working with the Gujarati Community, and the community leaders had spoken about what more could be done to encourage young Asian men to access services earlier downstream. The ICP was also aware from the business case presented to the ICB that young Black men were over-represented in patients who had been sectioned in Park Royal Hospital because they did not feel services were accessible to them further downstream and did not want to speak about their mental health with friends and family. As such, she highlighted a need to further develop more culturally appropriate and age appropriate services for different communities. She felt the strategy needed to highlight the importance of being culturally sensitive and adaptable to the communities Brent served.

- The Board asked what collaboration was taking place with other agencies helping people get into work such as the local authority employment team, DWP, and voluntary sector, as there was a correlation between helping people back into work and overcoming mental health issues. The Board was advised that NWL ICB had been fortunate in receiving a grant award from the DWP of £4.7m to work specifically on the issue of work and health through the West London Alliance (WLA). The WLA would act as the 'glue' to bring all partners together through the governance structures already established. In looking into work and mental health, the ICB had seen a complex number of services involved. For example, on the NHS side, appointments were commissioned for those accessing primary care, and for those coming through mental health pathways, but the local authority also commissioned some mental health services for people accessing employment support services and voluntary sector organisations also provided support. As such, navigating those services could be confusing. To counter this, the ICB had launched the 'at work well' programme which helped to improve the mapping of services for the people who needed support and streamline that pathway. Robyn Doran added that the Health and Wellbeing Board had previously heard from the ICP Mental Health Executive Sub-Group regarding employment and there were employment specialists both within the Council and CNWL funded by the ICB. Those specialists worked with people with long term mental health problems to help them get back into work, and the sub-group could bring a report to Board in the future regarding the outcomes of that programme.
- The Board asked for assurance that there would be no negative impact on communities while waiting for the strategy to be implemented, as there had been no formal Equality Impact Assessment completed alongside preparing the strategy. In addition, they asked for a sense of the scale of people who were engaged with in preparing the strategy and whether they were representative of the NWL and Brent population. Toby Lambert advised the Board that the ICB

had not done a formal Equality Impact Assessment as there was a view that those types of assessments were more effective when making service changes rather than strategy setting. As the ICB moved into the delivery of the strategy with business cases and changes to service those Equality Impact Assessments would happen. He added that there was an extended piece of work summarised in the overall strategy which reviewed the differences in the NWL population in terms of access, experiences and outcomes which could be shared with the Board and he agreed to provide the details on the number of residents engaged in preparing the strategy.

- In terms of 'what next?', the NWL ICB Mental Health Collaborative would be delivering the next steps. They would be undertaking some rapid work on bringing this forward alongside all NWL boroughs.
- The Board asked how the strategy would involve and work with Adult Social Care teams. Members were advised that there were representatives from each borough in the Strategy Working Group who were content with the involvement of local authority teams.
- The Board appreciated that the children and young people mental health strategy would be prepared next, but highlighted the issue of transitions from childhood to adulthood and in particular children's services to adults. As such, whilst it was recognised there may be repetition, the Board were of the view that transitions applied to both mental health strategies, and many local authorities within NWL had undertaken work around transitional safeguarding which fit into adult services and could be further drawn out in the document.
- The Board felt the strategy would be strengthened by including some trajectories, outlining what 'good' looked like, where the system was currently, what needed to change, and how and when that would happen.

In concluding the discussion and noting the strategy, the Board welcomed the Mental Health Strategy for NWL. Members recognised that the strategy focused on adult mental health across the NWL footprint, but emphasised that Brent ICP had identified transitions as a local priority for both adults and children and therefore felt it was important that both the adults and children's strategy gave focus to transitions. The Board also advocated for a compact approach illustrating the work being undertaken in each borough by Adult Social Care and other local authority departments such as employment support. The Board also recommended the document highlighted timelines, trajectories and methodologies.

6. Joint Health and Wellbeing Strategy Refresh

Agnieszka Spruds (Strategy Lead – Policy, Brent Council) introduced the report, which provided a refresh of the Brent Joint Health and Wellbeing Strategy. In introducing the report, she highlighted the following key points:

- The Board were reminded that a fundamental re-write of the Joint Health and Wellbeing Board had been agreed in October 2020 in the context of the issues exposed by the covid-19 pandemic. The Board had agreed at that time that the focus should be a whole systems approach to tackling health inequalities and the wider social determinants of health as exposed by covid-

19. There was clear instruction that the strategy must be developed with strong involvement of communities.

- Following the Board's agreement to re-write the strategy, an extensive 3-stage consultation had taken place which led to establishing five main priorities; healthy lives, healthy places, staying healthy, understanding, listening and improving, and healthy ways of working. In January 2024, the Board reaffirmed its commitment to those priorities and accepted the proposal to refresh the strategy. During that meeting, it was noted that the initial comments made had been narrative based, which was appropriate at the time, but the refresh would ensure that there were strong Key Performance Indicators (KPIs) alongside those priorities.
- In refreshing the strategy, officers had collaborated with ICP exec groups, Brent Children's Trust, and Council Leadership Teams to collate new commitments. These new commitments included clear KPIs, a solid baseline for measurements and a clear focus on addressing health inequalities, with 49 diverse commitments all focused on tackling health inequalities and allocated to the themes approved by the Board.
- Officers highlighted the positive experience in preparing the strategy and refresh and hoped the Board shared their enthusiasm and endorsed publication of the Joint Health and Wellbeing Strategy refresh.

The Chair then invited contributions from those present, with the following points raised:

- Robyn Doran (Director of Transformation, CNWL, and Brent ICP Director) endorsed the strategy as a Brent resident and as someone who had been part of the process. She confirmed to the Board that she recognised the dialogues the team had with stakeholders within the strategy and felt the refresh represented a more up to date picture of what Brent's needs were now.
- The Board asked officers to include some of the health offer available for looked after children and care leavers within the strategy, which contributed to addressing health inequalities which were highlighted to be deep-rooted for many looked after children and care leavers.
- Board members asked about the link between housing insecurity and mental and physical health problems and whether the outreach work being done in hotels and temporary accommodation could be incorporated into the strategy. Rachel Crossley (Corporate Director Community Health and Wellbeing, Brent Council) detailed the work being done in relation to mental health and housing, which was one of the sub-groups within the Mental Health Executive Sub-Group of the Integrated Care Partnership (ICP). The group had been particularly focused on temporary accommodation, with a big focus on where it was believed people were inappropriately housed and had clear mental health needs. The biggest challenge in that space was finding the right types of accommodation, so the prevention and outreach work was key to that workstream. The group was also focused on those that were not necessarily going to be Care Act assessed and were therefore

ineligible for mental health support but in crisis. It was agreed this work could be incorporated into the strategy.

- In relation to the healthy places active travel section of the strategy refresh, the Board requested further details to be added in relation to school streets which had been successful and were intended to be expanded. Officers agreed to take that back to the service area to ask if there was any information that could be incorporated into the strategy that was measurable and achievable.

The Board noted that the next steps would be to publish the strategy, and officers would then look to update the Health and Wellbeing Board on the progress of the commitments annually. Members endorsed the commitments to ensure alignment across all relevant departments and stakeholders and **RESOLVED** to approve the strategy refresh for publication, subject to the additional information requested during the discussion.

7. Brent Carers Strategy

Claudia Brown (Director Adult Social Care, Brent Council) introduced the strategy which had been co-produced with carers over the last 2 years. The strategy was now at a stage where it could be launched and therefore was being presented to the Health and Wellbeing Board for comments and endorsement. She introduced Star Pswarayi (Head of Access – Information, Safeguarding and Wellbeing Services, Brent Council), Ann-Marie Morris (CEO, Brent Carers Centre) and Hasmita Patel and invited them to introduce the strategy. Some of the key points were highlighted as follows:

- Brent had never had a Carers Strategy before, so officers were pleased to be bringing this piece of work, which had been co-produced with informal carers.
- Star Pswarayi had project-led the preparation of the carers' strategy alongside carers in Brent. She highlighted that there were currently 22,000 known carers in Brent, and the Census 2021 and Carers UK research had found that carers were contributing approximately £160 billion into the nation's Health and Social Care budget.
- Anne-Marie Morris added described the strategy as an integrated strategy with health and social care working together to bring it together, including partners such as the local authority, CNWL, and CLCH, as well as voluntary and community sector organisations.
- A lot of planning had taken place to ensure the right people were around the table and officers had been thorough in the way they had implemented engagement with carers and key stakeholders, taking time to listen and have challenging discussions with carers about their experiences. It was believed that, through that collaborative consultation, carers had felt listened to, appreciated and valued and officers were keen to progress the strategy to show carers the ways services had incorporated what they had asked for.
- One of the key elements of the strategy was the commitment to 'no wrong doors', particularly for young carers, which ensured carers were not being

passed around to different services without knowing who they were and what support they could offer.

- Hasmita Patel highlighted one of the main concerns from carers had been the amount of information in different formats. Carers had asked for all information to be available in one place that was easy to access, and so a carers booklet had been created which would be shared with all partners to use so that every partner was giving the same information to carers. That booklet would be reviewed on a regular basis to include any changes.
- Another objective of the strategy was partnership working. The carers forum was well established with health partners and different types of carers involved, and officers were looking to widen that to have other organisations involved, including social care. As carers were seen as partners in the strategy, officers were getting them involved in reviewing contracts that affected them so that services were relevant to them.
- A third objective was supporting the wellbeing of carers, as it was recognised that caring could be a stressful role. A document was being pulled together with information about where carers could access support and respite and officers were also talking to carers about mental health first aid training. Brent Health Matters (BHM) were reaching out to carers in the community to inform them they were entitled to free health checks.
- The fourth objective of the strategy focused on carers awareness, tackling the stigma of people identifying themselves as carers. The aim was to develop awareness not just with organisations in health and social care but also with communities where people may not understand they are a carer. To do that, the training for health and social care staff was being enhanced so that staff were aware of the different avenues carers could get support through and understand how to recognise if someone was an informal carer.
- The fifth objective focused on reaching into communities, including faith groups. The final objective was supporting young carers. Officers were looking to hire a Carer Community Officer who would go to schools and explain what a young carer was and where they could get support.
- The documents provided to Board included an example of the granular implementation plans that would be used for each commitment. Each commitment would be accompanied by these implementation plans with delivery dates.
- An Integrated Working Group would be established to monitor the implementation and progress of the strategy, and work was being done to embed the strategy with other strategies such as the Joint Health and Wellbeing Strategy.

In considering the report, the following points were raised:

- Members were advised that the Carers Strategy had been presented to the Community and Wellbeing Scrutiny Committee, who would be provided with an update on the implementation of the strategy in 6 months' time, following evaluation.
- Robyn Doran (Director of Transformation, CNWL, and Brent ICP Director) recommended that, as partner organisations, Board members should ensure

policy and framework was in place within their organisations to support staff who were carers.

- Nigel Chapman (Corporate Director Children and Young People, Brent Council) was pleased to see young carers expressly referenced in the strategy. He would ensure colleges were considered alongside schools in this work, as a lot of Brent's young people most in need were between 16-18 years old and providing unpaid care. In terms of reviewing the strategy, he received an annual report on young carers via the Early Help and Protection Group which fed into the Brent Children's Trust (BCT).
- The implementation of the strategy would include a communications plan, which would look to split the strategy into bitesize information pieces that were relevant to different organisations.

As no further issues were raised, the Chair drew the discussion to a close, asking for the evaluation and review of the carers strategy to be presented to the Board on an annual basis, alongside the communications and training plan. The Board **RESOLVED** to endorse the strategy as presented.

8. **Brent Health Matters Annual Report 2023-24**

Nipa Shah (Programme Director, Brent Health Matters) introduced the Brent Health Matters Annual Report for 2023-24, which was the first annual report of the programme since its launch in 2020. She provided an introduction to Brent Health Matters, which was launched following the first wave of the covid-19 pandemic after the spotlight was shown on the health inequalities that had always existed but been made more apparent during the pandemic. The programme had shown a commitment from all organisations to come together to work with Brent's communities through an iterative process to continue to understand the barriers faced in accessing and experiencing health and care services. She highlighted that it had been a positive journey in understanding and realising how powerful working with the community could be in informing the work of the system. In presenting the annual report, she highlighted the following key points:

- Attention was drawn to the large variance between different groups of people in terms of their health. For example, there was a difference in life expectancy for women and men in different parts of the borough. Brent was very diverse, with 1 in 3 residents in Brent using a language other than English as their main language, whereas all of the work done in health and social care was conducted in the English language. There was also disparity in long term conditions such as diabetes, cardiovascular disease and mental health depending on ethnicity, where a person lived, employment status and other social determinants.
- BHM was a model and a programme supporting work with Brent communities, accepting that communities were not hard to reach but instead experienced barriers in accessing services. There were various workstreams within BHM working with diverse communities, specifically BAME communities, emerging communities, those experiencing homelessness, people with learning disabilities and mental health conditions, and shift workers.

- The demand for BHM services was growing as the programme became more visible and communities were now trusting BHM more, coming forward and willing to help in co-producing solutions.
- BHM worked with voluntary and local community organisations and to date had worked with around 428 organisations. The aim was to get the voluntary and community sector to a point where they were empowered to find solutions and BHM supported them to do it, which took time.
- BHM was working to co-produce outreach events where health and care services were taken out into the community at a time and place that suited different communities such as faith centres, community centres, factories, high streets, schools and colleges and even a barber's shop. BHM had also produced assets and messaging in different languages and through various means such as social media, WhatsApp and local celebrities.
- Community grants had helped to empower organisations to support this work and in 2023-24 community grants had been given to 27 organisations to support them to become sustainable. Part of that package included support in monitoring the outcomes of their programmes so that they could apply for larger grants. One organisation that had been supported went on to win the King's Award.
- The team had engaged with over 5,000 people in Brent in 2023-24. There was also a clinical team provided by CLCH who provided healthcare in the community with 120 outreach events done in 2023-24, such as comprehensive health checks including BMI, blood pressure, diabetes, mental health and atrial fibrillation, with 69% of people seen identified as category 1-4 of the IMD deprivation index. These health checks had resulted in cases being escalated to GPs for further diagnosis and treatment, which would not have been diagnosed otherwise.
- There had been limited success making health inequalities business as usual, as it was now seen as something BHM did. Work over the next year would look to mainstream health inequalities work within partner organisations.
- Moving forward, BHM was working with the Integrated Neighbourhood Teams and the Council's Change Programme with a strong focus on co-production. BHM had also launched a new team dedicated to children and young people. BHM were also starting to have a presence in Council established places such as Brent Hubs. Work also needed to be done to capture the outcomes of the programme going forward.

The Chair then invited comments and questions from members, with the following issues raised:

- The importance of recruiting staff that reflected the diverse communities BHM was serving was highlighted as this enabled services to build bridges with communities who may not have trusted establishments previously.
- BHM had attended the graduation of the diabetes awareness programme being co-produced with the Gujarati community in Kenton where a group of people had seven sessions over a period of time. Each Monday consisted of a different activity, such as yoga, stretching, food education, and food

adaptations, providing education and awareness of diabetes. Speaking to the leader of that community, officers had heard that he was very proud of the scheme and now wanted to open the doors to talk to BHM about dementia and mental health.

- It was acknowledged that the programme was in danger of seeing only the engaged members of communities, or the 'worried well', with members querying how BHM was going to capture and monitor outcomes and bring new residents into the work. Officers confirmed that there would be focused work for the following year on both numbers and the communities that BHM saw. Some of that work had been done already, for example, a member of the public health team who was from the Brazilian community had helped with outreach to that group and BHM had been able to learn that one of their biggest concerns was around right to remain and being reported if they attended any health events. As such, BHM had slowly worked with the Brazilian community to build that trust and foster those relationships.
- In response to whether there was linkage with other services of the Council, including Brent Hubs, to give a holistic offer, Robyn Doran highlighted that this tied in with the importance of all mainstream services focusing on the health inequalities work and not just BHM. For her, she reviewed how the rest of CNWL learned from BHM to become more accessible and build bridges with other services for the community such as the Council and CLCH. The focus over the next year would be on that mainstream offer, using BHM as the bridge between services and helping to ensure services were culturally appropriate and sensitive to the needs of the community. The Board agreed that there was a need to look at how the health service was responding to BHM and other initiatives across the ICB in making health inequalities work mainstream, including looking at resource planning, including funding, to ensure prevention reached the maximum number of residents possible.
- Tom Shakespeare (Director – Integrated Care Partnership) highlighted the work being done with Asylum Seekers in hotels as an example of joined up work. Primary care was working hard to get people registered and LNWT were monitoring those coming through without a registered GP and the reasons for that, then putting a plan in place to get those people registered.
- The Board asked whether the information gathered at community health check events was passed on to the relevant GP. Nipa Shah confirmed that was the case, and BHM was lucky to use the same system within CLCH as GPs. GPs could see the information recorded, and BHM could then see whether the GP had seen it and followed up. The team had recently done an audit on the percentage of escalations being followed up. In the previous year the percentage had only been 40-50%, but this year that had improved to 85%. This showed a good improvement but the team would continually ensure escalations were taking place and patients were being linked in with GP services.

As no further issues were raised, the Chair drew the discussion to close, congratulating BHM for the work done so far.

9. **NWL ICB Joint Forward Plan**

The Chair informed the Board that the NWL ICB was visiting all Health and Wellbeing Boards in the timeline available to present the Joint Forward Plan, which had now been submitted to NHSE, as the presentation of the Forward Plan to Health and Wellbeing Boards had been impacted by the pre-election period. In inviting Toby Lambert (Director of Strategy and Population Health, NWL ICB) to present the Forward Plan, the Chair highlighted the concern amongst Health and Wellbeing Boards that the document was very health focused, with local Councils unsure how the work of local authorities would fit in with the document.

Toby Lambert introduced the item, highlighting that the Plan was a joint document defined in statute as 'joint' between the ICB and NHS trust, which was why it was health focused, although he acknowledged that did not mean the document could not look at partner organisations. The document built on the NWL ICB Health and Care Strategy which was signed off in November 2023 by all 8 NWL local authorities. In presenting the document, Toby Lambert highlighted the following key points:

- There were 9 themes laid out in the Plan with actions underneath each of those. NWL's acute providers had offered to take up 2 of those themes which had expanded them further and there was commonality between those themes.
- The health service was working on a 3-step process. First was to develop a common offer across NWL to standardise inconsistencies in the offer and develop a shared offer so that no matter where someone lived in NWL there were shared core services available. In order to do that, a levelling up process would be needed with consideration needed in relation to resource and productivity levels.
- The second step was around more fully understanding the needs of residents to tailor the core common offer to different groups with different needs in a culturally competent and appropriate way, building trust with communities so that they were confident to come forward for services and knew where to go. This would draw on the experience and good work each borough had been doing in their own neighbourhoods on health inequalities.
- There would be a need to evaluate where the greatest need was presenting and ensure resource shifted towards that need. Toby Lambert highlighted the importance of doing that in a balanced way, because if resource was moved too quickly it could result in spare capacity and an underuse of services, but if resource was moved too slowly then the demand could overwhelm the system and create waiting lists, leaving people dispirited from coming forward.
- The third step was around bespoke offers for certain groups of the population, such as Asylum Seekers.
- The statutory role of the Health and Wellbeing Board was to respond to the ICB on whether the content of the Forward Plan met the needs of residents as expressed in the Joint Strategic Needs Assessment (JSNA). Due to 2 pre-election periods, it had not been possible to present the Forward Plan to Health and Wellbeing Boards before the statutory deadline, therefore the Plan had needed to be finalised prior to consideration at Health and

Wellbeing Boards. Members were reassured that this would become an annual process so there would be an opportunity to propose improvements to the plan and the process in preparing and approving the plan in the future.

The Chair thanked Toby Lambert for his presentation and invited comments and questions from those present, with the following issues raised:

- The Board welcomed the intention to transform maternity care and address inequalities in maternal health. They raised concerns that the document stated there were no plans to consolidate maternity units when there was a proposal being considered to shut either the Whittington or Royal Free Maternity Units. Toby Lambert explained that the reference to there being no plans to consolidate units referred to those maternity units within the boundaries of NWL. There was a proposal to consolidate units in the neighbouring boundary, so the purpose of the statement was to reassure residents that while there were proposals in North Central London ICB to consolidate units there were no parallel plans in NWL. He added that the NWL ICB had more work to do on the maternity strategy, particularly in relation to variation in care.
- The Board noted that a key priority of the plan was reducing the amount of time people were waiting for procedures, which was highlighted to be a national problem. There were systemic problems in addressing the waiting lists including lack of funding and staffing levels, and the Plan outlined some ambitious targets to improve waiting times. The Board asked how much of those targets would rely on those national issues being addressed and how much could be done to address the issues locally. Toby Lambert was of the view that there was a lot that could be done locally to address planned care waiting lists. The NWL ICB had opened an Elective Orthopaedic Centre which had been instrumental in increasing productivity and reducing the waiting list. The biggest dependency in NWL ICB was relating to the ongoing strike action in acute units, which disrupted elective lists and the number of people going through to surgery. The waiting list data for NWL compared favourably to most other parts of the country, but there was still room for improvement.
- It was agreed that the suggested improvements for the next Plan were sound, such as putting in a shared needs assessment, better co-ordination and engagement with local authority colleagues and a strengthening in the KPIs against the actions identified in the plan. Local authority colleagues highlighted September time as the most effective for the Council to plan for the year ahead, but recognised that annual guidance and settlement information would not yet be available. It was highlighted that having Senior Council Teams and Senior Health Teams around the table proved effective in terms of moving actions forward.
- The Board raised concerns regarding the level of governance outlined in the plan. For example, for Integrated Neighbourhood Team plans there was the suggestion of borough governance, an executive group, and oversight group and the local care board, which the Board felt would not help deliver the plans. They highlighted the need to ensure governance processes were

helping and not impeding processes so that improvements could be made at a swift pace.

As no further issues were raised, the Chair drew the item to a close, asking members to note the report and emphasise the opportunity for collaboration in the future between the ICB and local government around key common issues.

10. **Better Care Fund**

Steve Vo (Assistant Director Integration and Deliver, Brent Borough – Brent ICP) and Eleanor Maxwell (Senior Programme Officer and Better Care Fund Lead, Brent Council) introduced the item, which presented the end of year report for the Better Care Fund (BCF) 2023-24 for ratification and the report for the 2024-25 BCF plan submission. Members were asked to ratify the 2023-24 BCF end of year report and formally approve the proposed metrics and spend for the 2024-25 BCF plan.

The Chair thanked officers for introducing the item and invited comments from those present, with the following issues raised:

- The Board highlighted the signing of the Section 75 in February 2024 for the period 2023-24 was too late in governance terms and there was now a commitment for completing that in an earlier timeframe. The aim for 2024-25 was to sign the Section 75 Agreement in September 2024.

As no further issues were raised, the Board noted the assurance regarding governance arrangements for BCF and Section 75 and the clear desire of the Board to sign off plans as soon as possible, and **RESOLVED:**

- i) To ratify the end of year report for BCF 2023-24.
- ii) To approve the proposed metrics and spend for the 2024-25 BCF plan.

11. **Health and Wellbeing Board Membership Refresh**

The Chair asked the Board to note that a review would be undertaken of arrangements of the Board which would include a refresh of the membership and terms of reference in order to formalise membership and confirm voting rights.

12. **Health and Wellbeing Board Forward Look**

The Chair gave members the opportunity to highlight any items they would like to see the Health and Wellbeing Board consider in the future. Some of the suggested topics for future discussion were for the Health and Wellbeing Board to have sight of the NWL Maternity Strategy when that was produced, to receive information relating to Family Wellbeing Centres and their impact across public health and children and young people, and to receive an overview of the work of the ICP Community Collaborative, looking at lessons learnt from admissions avoidance work.


13. **Any other urgent business**

None.

The meeting was declared closed at 8:12 pm

COUNCILLOR NEIL NERVA, Chair

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| | |
|---|--|
|  | <p>Brent Health and Wellbeing Board</p> <p>30 October 2024</p> |
| | <p>Report from the Corporate Director of Community Health and Wellbeing</p> |
| | <p>Cabinet Member for Community Health and Wellbeing - Cllr Nerva</p> |
| <p>Brent Borough Vaccinations update</p> | |

| | |
|---|--|
| Wards Affected: | All |
| Key or Non-Key Decision: | Non-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 1 - Vaccination report for Health and Wellbeing Board (HWBB) 30 October 2024 |
| Background Papers: | None |
| Contact Officer(s): <small>(Name, Title, Contact Details)</small> | <p>Daniel Gibbs Primary Care Programme Manager & Governance Lead – NHS NWL danielgibbs@nhs.net</p> <p>Rushda Butt Primary Care Senior Delivery Manager – NHS NWL r.butt@nhs.net</p> |

1.0 Executive Summary

1.1 This report gives an update to the Health and Well-being Board (HWBB) on the borough’s flu and covid-19 vaccinations programme 2024, in the context of the national immunisation programme.

2.0 Recommendation(s)

2.1 The Board is being asked to note the report.

3.0 Background

3.1 The national flu vaccination programme advises that ‘flu vaccination remains a critically important public health intervention to reduce morbidity and mortality in those most at risk including older people, pregnant women and those in clinical risk groups’. [National flu immunisation programme 2024 to 2025; letter (March 2024)-GOV.UK(www.gov.uk)]

- 3.2 The vaccination programme remains an important tool for the health and social care system in managing winter pressures by helping to reduce demand for GP consultations and likelihood of hospitalisation.
- 3.3 There are no changes to the eligible cohorts for this year's programme although the Joint Committee on Vaccinations and Immunisations (JCVI) have advised delaying the start of the programme for most adults to the beginning of October. This is based on the understanding that the majority of the vaccinations will be completed by the end of November, closer to the time when the flu season commonly starts. It is preferable to vaccinate individuals closer to the time when the flu, as this will provide optimal protection during the highest risk period. The main flu and COVID-19 vaccination campaign commenced on Thursday 3 October 2024.
- 3.4 The JCVI advised that the children's programme should start as in previous years, in September as protection from the vaccine lasts much longer in children. No change is required in the timing of the offer for the maternal programme.

3.5 Eligibility

The JCVI advises that for the 2024 autumn/winter flu vaccination programme, the following groups should be offered a flu vaccination:

From 1 September 2024:

- pregnant women
- all children aged 2 or 3 years on 31 August 2024
- primary school aged children (from Reception to Year 6)
- secondary school aged children (from Year 7 to Year 11)
- all children in clinical risk groups aged from 6 months to less than 18 years

From October 2024,

- adults aged 65 years and over
- those aged 18 years to under 65 years in clinical risk groups (as defined by the Green Book, Influenza Chapter 19)
- those in long-stay residential care homes
- carers in receipt of carer's allowance, or those who are the main carer of an elderly or disabled person
- close contacts of immunocompromised individuals
- all frontline healthcare workers, including both clinical and non-clinical staff who have contact with patients. Vaccination of frontline healthcare workers for flu continues to be an employer responsibility without an activity-based payment.
- frontline workers in a social care setting without an employer led occupational health scheme including those working for a registered residential care or nursing home, registered domiciliary care providers, voluntary managed hospice providers and those that are employed by those who receive direct payments (personal budgets) or Personal Health budgets, such as Personal Assistants.

- 3.6 A winter vaccinations communications campaign began in September when flu vaccinations for children and pregnant women were commenced. This was ramped up through September with a national paid-for marketing campaign launching in the week commencing 7 October, encouraging the uptake of influenza and COVID-19 vaccines.
- 3.7 Everyone turning 75 years old on or after the 1 September 2024 is being offered a single dose of RSV vaccine to protect them from this infectious disease of the airways and lungs. RSV infection often causes symptoms similar to a cold. The three eligible cohorts are shown below:
- Catch-up: Adults already 75 - 79yrs on 1st September 2024
 - Routine: Adults turning 75yrs on or after 1st September 2024
 - Pregnant women over 28 weeks: From 1 September 2024, practices are required to offer and provide RSV vaccination to all eligible registered patients from 28 weeks of pregnancy either opportunistically or on request. They will remain eligible until birth (after 36 weeks the vaccine is prescribed off-label).
- 3.8 The primary aim of the national COVID-19 vaccination programme remains the prevention of severe illness (hospitalisations and deaths) arising from COVID-19. The focus of the programme is on offering vaccination to those most likely to directly benefit from it, particularly those with underlying health conditions that increase their risk of hospitalisation following infection. The JCVI advises that a COVID-19 vaccine should be offered to the following groups:
- adults aged 65 years and over
 - residents in a care home for older adults
 - persons aged 6 months to 64 years in a clinical risk group (*as defined in tables 3 and 4 of the COVID-19 chapter of the medical Green Book*). The COVID 19 clinical risk groups are recognised to be highly heterogeneous, with absolute risks of serious disease varying substantially both within and between clinical risk groups.
- 3.9 The JCVI does not advise an offer of COVID-19 vaccination within the autumn 2024 national COVID-19 vaccination programme for frontline health and social care workers, staff working in care homes for older adults, unpaid carers and household contacts of people with immunosuppression.
- 3.10 However, health and social care service providers may wish to consider vaccination provided as an occupational health programme and choose to extend an offer of vaccination to frontline health and social care workers and staff working in care homes for older adults in autumn 2024.

Brent Borough's Vaccinations Update

- 3.11 The key message for this year's campaign is to continue provision as per previous years with NHS London stating that London will continue, as in previous seasons, to offer COVID-19 and flu vaccinations to health inclusion populations with the aim of saving lives and addressing the known health inequalities.
- 3.12 Health inclusion populations include people who are socially excluded and experience multiple risk factors for poor health such as poverty, violence and

complex trauma. This can include people who experience homelessness, drug and alcohol dependence, Gypsy, Roma and Traveller (GRT) communities, sex workers, victims of modern slavery, refugees, asylum seekers and undocumented migrants.

- 3.13 In Brent, health inclusion groups will be able to present to locations such as community pharmacies to take up the offer of flu and COVID vaccinations and there will be additional provision in place through an outreach offer provided by the NWL Roving Team as well as UCLH's Find and Treat service. A fortnightly schedule from UCLH's Find and Treat Team will be shared with Boroughs in order to enable appropriate local planning. Brent Health Matters (BHM) are offering a suite of events in November covering a number of community sites including libraries in Kilburn, Kingsbury, Willesden and Cricklewood, and at Brent Central Mosque, Kiln Theatre and the Citizens Advice Bureau.
- 3.14 Since the commencement of the vaccination campaign and up to 06 October, a total of 61,102 flu vaccine doses have been administered in the borough of which 50,907 are GP vaccinations. In NWL ICB, Brent achieved a vaccination rate of 7.7% of the total eligible population by 06 October, compared to 9.6% in both Ealing and Hillingdon boroughs. Within the borough the vaccination rate varies currently with both Harness North and K & W PCNs registering 10.3% and 10.1% respectively and Kilburn PCN r achieving 4% up to 06 October.
- 3.15 The **Covid-19 capacity and delivery plan** (slide number 5 in appendix one), shows the weekly capacity (doses) available from community pharmacies, hospital hubs and three primary care networks (PCNs) for a total eligible population of 116,954. A total of 16,537 total vaccine doses had been administered mostly by community pharmacies and PCNs respectively by 06 October. The NWL Roving Team will cover vaccinations for twelve care homes in the borough and /or Housebound residents for both COVID-19 and flu. PCNs will cover vaccinations for the rest of the in-borough care homes.

4.0 Stakeholder and ward member consultation and engagement

4.1 N/A

5.0 Financial Considerations

5.1 N/A

6.0 Legal Considerations

6.1 N/A

7.0 Equality, Diversity & Inclusion (EDI) Considerations

7.1 The vaccination programme is targeted to specific population cohorts as set out in the eligibility criteria in this report.

8.0 Climate Change and Environmental Considerations

8.1 N/A

9.0 Human Resources/Property Considerations (if appropriate)

9.1 N/A

10.0 Communication Considerations

10.1 N/A

Report sign off:

Tom Shakespeare
Managing Director Brent ICP

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Appendix One

Brent Borough Vaccinations update

30 October 2024

Covid-19 Autumn/Winter 2024 Booster Programme update

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Risks and mitigations

Risks

- To make sure all Care homes patients are offered the vaccine before the deadline ends.

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Vaccine hesitancy – there is still a lot of vaccine hesitancy and fatigue.

Mitigation

- Practices and the NWL Roving team are working hard with care homes to make sure all patients are visited and are offered the vaccine.
- Working and communicating with specific communities and faith groups. NWL are providing information and materials to try to combat this. NWL and Brent Health Matters are undertaking outreach work in parts of Brent

Update position on Health Inclusion Groups for forthcoming AW flu & COVID campaign

The key message for this year's campaign is a continuation of provision seen in previous years with NHS London stating the following:

- To ensure that we mitigate the high risk of morbidity, mortality and hospitalisation amongst these vulnerable groups, London will continue, as in previous seasons, to offer COVID-19 and flu vaccinations to health inclusion populations with the aim of saving lives and addressing the known health inequalities.
- Health inclusion groups will be able to present to locations such as community pharmacies to take up the offer of flu and COVID vaccinations and there will be additional provision in place through an outreach offer provided by the NWL Roving Team as well as UCLH's Find and Treat service.
- A fortnightly schedule from UCLH's Find and Treat Team will be shared with Boroughs in order to enable appropriate local planning.

Eligible population, delivery infrastructure for Brent

Those eligible for vaccinations in Autumn/Winter 2024 campaign are:

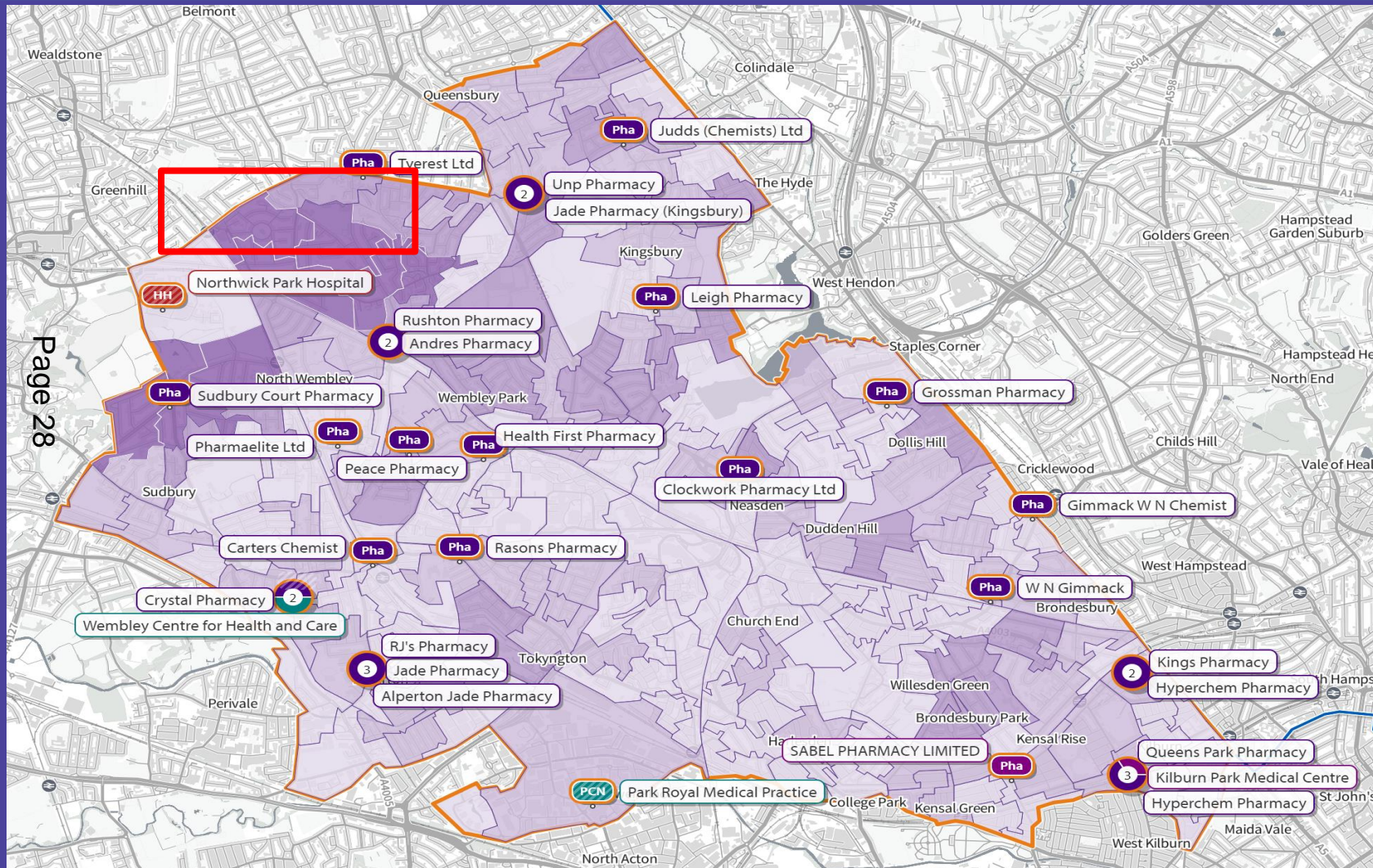
- residents in a care home for older adults
- all adults aged 65 years and over
- persons aged 6 months to 64 years in a clinical risk group, as defined in tables 3 and 4 of the COVID-19 chapter of the UK Health Security Agency (UKHSA) Green Book on immunisation against infectious disease [COVID-19 Greenbook chapter 14a \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/100000/covid-19-greenbook-chapter-14a.pdf)
- frontline health and social care workers and staff working in care homes for older adults.

Delivery Infrastructure – demand and capacity plan for Brent

| Weekly capacity (doses) available from participating sites | | | |
|--|--|---------------------------|---------------------------------|
| Delivery pillar | Site name | Weekly capacity available | Weekly surge capacity available |
| Community Pharmacy | ANDRES PHARMACY | 500 | 500 |
| | CLOCKWORK PHARMACY LTD | 100 | 200 |
| | CRYSTAL PHARMACY | 100 | 150 |
| | GIMMACK W N CHEMIST | 1,000 | 1,000 |
| | GROSSMAN PHARMACY | 250 | 350 |
| | HEALTH FIRST PHARMACY | 50 | 100 |
| | HYPERCHEM PHARMACY | 700 | 700 |
| | JADE PHARMACY (EALING ROAD) | 1,000 | 1,000 |
| | JADE PHARMACY (KINGSBURY) | 1,000 | 1,000 |
| | JUDDS (CHEMISTS) - KINGSBURY | 100 | 300 |
| | KINGS PHARMACY | 1,000 | 1,000 |
| | LEIGH PHARMACY | 1,000 | 1,000 |
| | PEACE PHARMACY | 100 | 300 |
| | PHARMAELITELTD | 500 | 500 |
| | QUEENS PARK PHARMACY | 350 | 350 |
| | RASONS PHARMACY | 150 | 300 |
| | RJ'S PHARMACY | 1,000 | 1,000 |
| | RUSHTON PHARMACY | 1,000 | 2,000 |
| | SABEL PHARMACY LIMITED | 100 | 150 |
| | SUDBURY COURT PHARMACY | 100 | 200 |
| | TYEREST LTD | 100 | 1,000 |
| | W N GIMMACK | 1,000 | 1,000 |
| | CARTERS CHEMIST (WEMBLEY) | 100 | 150 |
| | WELLCARE PHARMACY - KINGSBURY (WAS UNP PHARMACY) | 1,000 | 2,000 |
| | JADE PHARMACY (ALPERTON) | 1,000 | 1,000 |
| | Community Pharmacy Total | | 13,300 |
| Hospital Hub | NORTHWICK PARK HOSPITAL | 250 | 0 |
| Hospital Hub Total | | 250 | 0 |
| PCN | KILBURN PARK MEDICAL CENTRE | 500 | 1,000 |
| | PARK ROYAL MEDICAL PRACTICE | 2,500 | 3,000 |
| | THE WEMBLEY PRACTICE | 200 | 800 |
| PCN Total | | 3,200 | 4,800 |
| Grand Total | | 16,750 | 22,050 |

| Total Eligible population | | | | | |
|---|-----|-----------------|-------|----|--------|
| 116,954 | | | | | |
| Uptake assumption | | | | | |
| 27.23% | | | | | |
| Anticipated demand | | | | | |
| 31,845 | | | | | |
| Number of participating sites by delivery pillar | | | | | |
| CP | HH | Detained Estate | PCN | VC | Total |
| 26 | 1 | 0 | 3 | 0 | 30 |
| Weekly capacity (doses) available from participating sites | | | | | |
| 13,300 | 250 | 0 | 3,200 | 0 | 16,750 |
| 79% | 1% | 0% | 19% | 0% | |
| Number of participating sites by delivery pillar for surge scenario | | | | | |
| 26 | 0 | 0 | 3 | 0 | 29 |
| Weekly surge capacity (doses) available from participating sites | | | | | |
| 17,250 | 0 | 0 | 4,800 | 0 | 22,050 |
| 78% | 0% | 0% | 22% | 0% | |

Map showing Brent Health Borough plotted with Active Sites for the Autumn 24 COVID-19 Vaccination Campaign with Population 65 plus plotted



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Location Focus Interpretation

Age profile quinary bands: Mid-year 2022

Population estimate: Persons: ages 65-90+
The analysis focuses on the estimated percentage of the population ages 65-90+.

Brent (07P)'s estimated population in mid-year 2022 for ages 65-90+ is 11.92% within a range of 0.43% to 24.31% across 181 LSOAs.

The England-wide LSOA distribution is 0.06% to 66.36% with a mean value of 19.31%.

Key

The colours represent the quintiles:

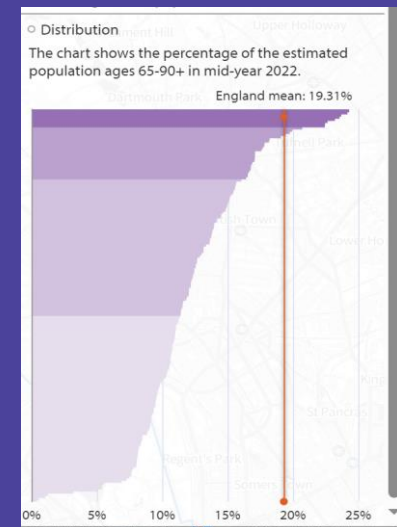
- 27% to 66%: 0 areas
- 21% to 27%: 8 areas
- 16% to 21%: 24 areas
- 11% to 16%: 63 areas
- 0% to 11%: 86 areas

Data

Numerator:
Persons: ages 65-90+ estimate: 40,672

Denominator:
Total estimated population: 341,221

Small Area Population Estimates for mid-year 2022
ONS: ons.gov.uk/.../populationestimates



NWL COVID-19 Vaccinations (03.10.24 to 06.10.24)

| Vaccinations | Delivery Model Comparison | Vaccinations by Vaccine Type | Reporting Lateness | About This Report | About 6mth to 4 yo Report |
|---|---|--|---|---|---|
| Total COVID Vaccine Doses Administered | | | | Latest Date | |
| 16,537 Source: DPS | +1,184 Vaccinated on latest day | +1,184 Recorded on latest day | 2024-10-06 Latest date (based on date filters chosen) for which vaccination events are present | | |
| Total LVS Vaccination Events | | Total VC Vaccination Events | | Total HH (including SAIS) Vaccination Events | |
| 5,686 Source: DPS | +1,184 Vaccinated on latest day | +1,184 Recorded on latest day | 622 Source: DPS | +0 Vaccinated on latest day | +0 Recorded on latest day |
| Total LVS - PCN Vaccination Events | | Total LVS - Pharmacy Vaccination Events | | Total LVS - Military and Detained Estates Vaccination Events | |
| 5,081 Source: DPS | +832 Vaccinated on latest day | +832 Recorded on latest day | 10,605 Source: DPS | +352 Vaccinated on latest day | +0 Recorded on latest day |

Source: FDP COVID Dashboard

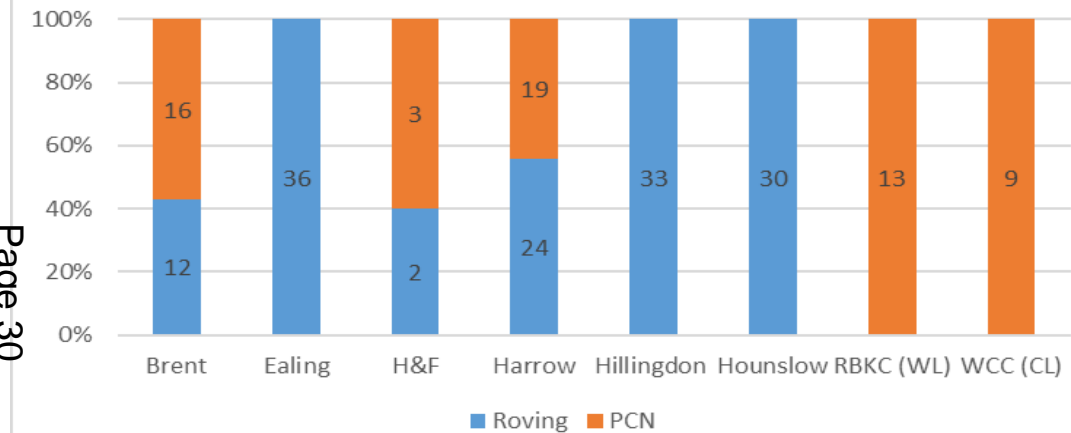
Comments for noting;

- Based on few sites response/review of VVEs reported on FDP, **we anticipate total VVEs reported above to be under-reported**. This has been escalated with the regional team.
- We anticipate this to be an issue with sites using SONAR as their point of care system for recording vaccinations.

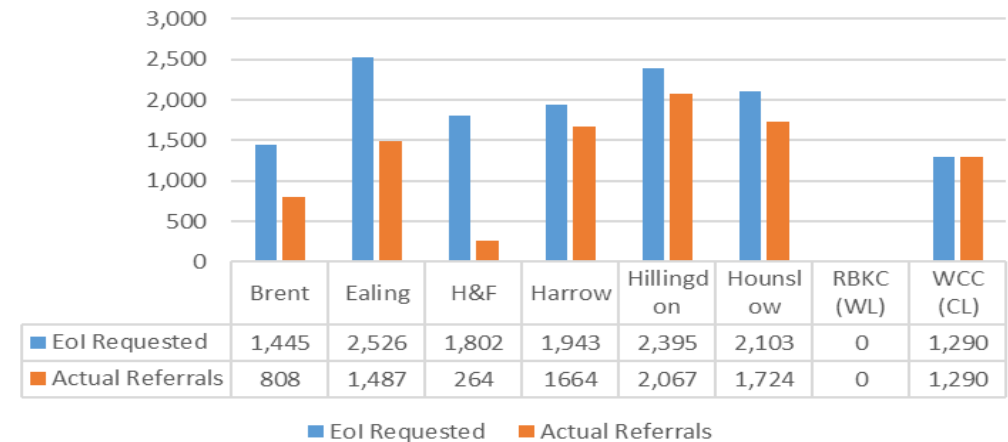
Care Homes & Housebound Overview by Borough

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COVID - 19 CAREHOME BREAKDOWN BY BOROUGH



COVID - 19 HOUSEBOUND BREAKDOWN BY BOROUGH



- **260** – Total number of CH in NWL
- **126** – CH assigned to Roving
 - Approx 4,316 residents and 5,968 staff
- **60** – CH assigned to PCN's

- **9,304** vulnerable housebound patients referred into Roving as of 03/10/2024
- Roving have started to contact patients from the **3** priority boroughs (Hillingdon, Hounslow and Ealing) only
- **Final deadline** for HB referrals – **04/10/2024**

Timetable of events

| Date | Action |
|--------------------------------|--|
| 1 st September 2024 | NWL RSV 1st September 2024. |
| 1 st September 2024 | Flu vaccinations for pregnant women and children may be vaccinated against flu |
| 3 rd October 2024 | Vaccinations commence for Seasonal COVID-19 and remaining Flu cohorts |
| 20 th December 2024 | Campaign ends |

Autumn/Winter Flu Programme 2024

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2024-25 - eligible cohorts and start dates

“The following groups are to be offered flu vaccination in line with the announced and authorised cohorts:

From 1st September 2024:

- pregnant women
- all children aged 2 or 3 years on 31 August 2024
- primary school aged children (from Reception to Year 6)
- secondary school aged children (from Year 7 to Year 11)
- all children in clinical risk groups aged from 6 months to less than 18 years

From 3rd October 2024

- those aged 65 years and over
- those aged 18 years to under 65 years in clinical risk groups (as defined by the Green Book, Influenza Chapter 19)
- those in long-stay residential care homes
- carers in receipt of carer’s allowance, or those who are the main carer of an elderly or disabled person
- close contacts of immunocompromised individuals
- frontline workers in a social care setting without an employer led occupational health scheme including those working for a registered residential care or nursing home, registered domiciliary care providers, voluntary managed hospice providers and those that are employed by those who receive direct payments (personal budgets) or Personal Health budgets, such as Personal Assistants
- all frontline health care workers, including both clinical and non-clinical staff who have contact with patients, should be offered flu vaccine as a vital part of the organisations’ policy for the prevention of the transmission of flu.

Source: National flu immunisation programme 2024 to 2025 letter

Autumn 24 Flu Programme

- Vaccination UK is the new CYPSSIS provider in place from 01/09/2024 and started school aged flu programme on the 16/09/24
- Co-administration - providers are encouraged to align delivery of the flu vaccination programme with other commissioned vaccination programmes for which the patient may be eligible (for instance shingles, pertussis, RSV pneumococcal, COVID 19 vaccines) where it is clinically acceptable, operationally feasible, and where the patient is content.
- National Booking Service (NBS) for flu only Community Pharmacies - this Autumn all flu only community pharmacies are also being offered the opportunity to use the NBS.
- From 1st September, maternity services will be using Record a Vaccination Service (RAVS) to record maternal vaccinations - COVID, Flu, Pertussis and RSV. NHS England will enable Pertussis and RSV vaccination events to automatically flow to the GP patient record, along with COVID and Flu. When these vaccination events will be visible in the GP patient record will depend upon GP IT system supplier development. It is anticipated these vaccination events will be visible no later than 11 October, at which point any vaccinations given and captured in RAVS from 1st September will flow.
- Flu delivery has now commenced with stock starting to be delivered, however practices are reminded to adhere to start dates as per the flu letter. [National flu immunisation programme 2024 to 2025 letter - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/121212/national-flu-immunisation-programme-2024-to-2025-letter.pdf)

NWL Flu Vaccinations (up to 06.10.24)

This dashboard reports on vaccination events. The data shown reflects the provider at which vaccination occurred and supports users in understanding the volume of activity. Please see the 'About this report' tab for more details.

The cohort tabs present the number of individuals vaccinated, and supports users in understanding the uptake for their populations.

Total Flu Vaccine Doses Administered

61,102

+3,177

+2,498

Submitted on latest day

Vaccinated on latest day

Source: DPS

Latest Date

2024-10-06

Latest date (based on date filters chosen) for which vaccination events are present

Total GP Vaccination Events

50,907

+2,675

+2,019

Submitted on latest day

Vaccinated on latest day

Source: DPS

Total Pharmacy Vaccination Events

6,889

+478

+478

Submitted on latest day

Vaccinated on latest day

Source: DPS

Total Trust Vaccination Events

3,195

+24

+1

Submitted on latest day

Vaccinated on latest day

Source: DPS

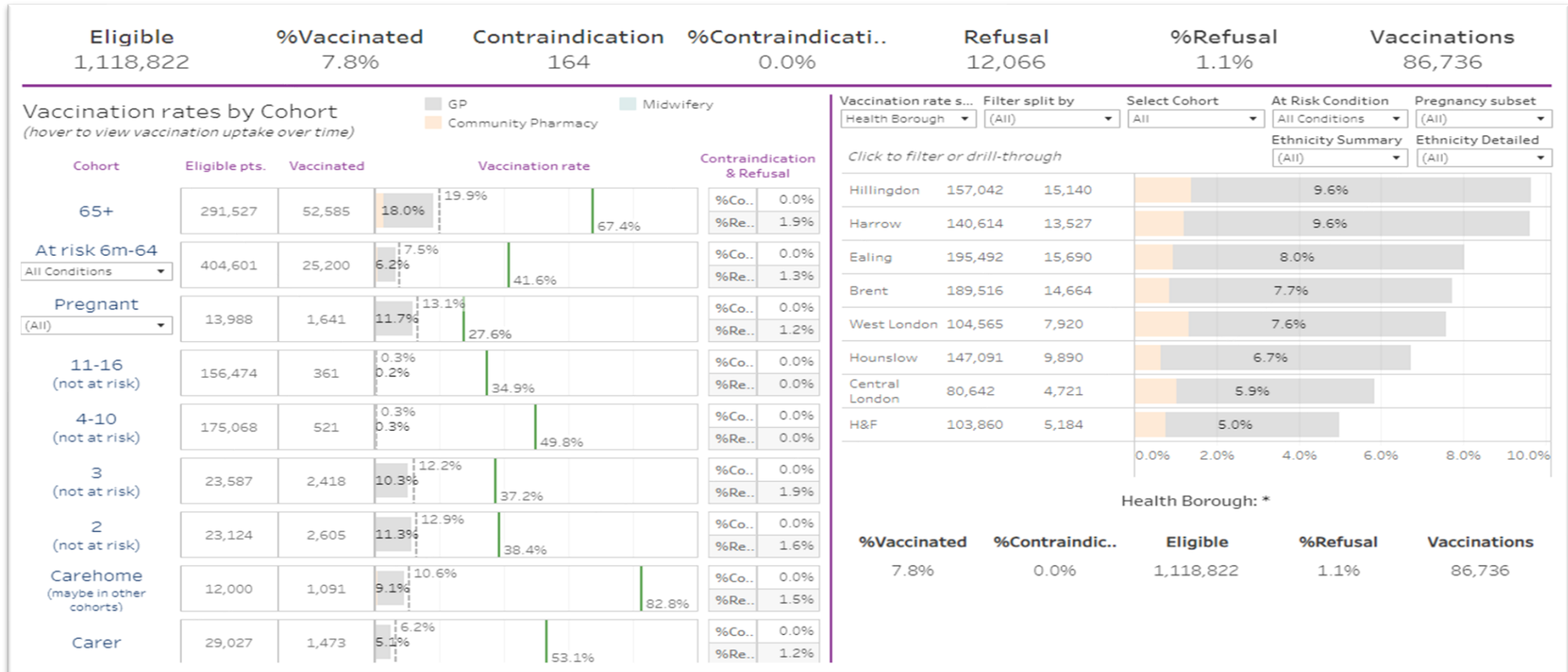
Source: FDP Flu Dashboard

Comments for noting;

- Based on few sites response/review of activity reported on FDP, we anticipate total flu activity to be under-reported. This has been escalated with the regional team.
- We anticipate this to be an issue with sites using SONAR as their point of care system for recording vaccinations.

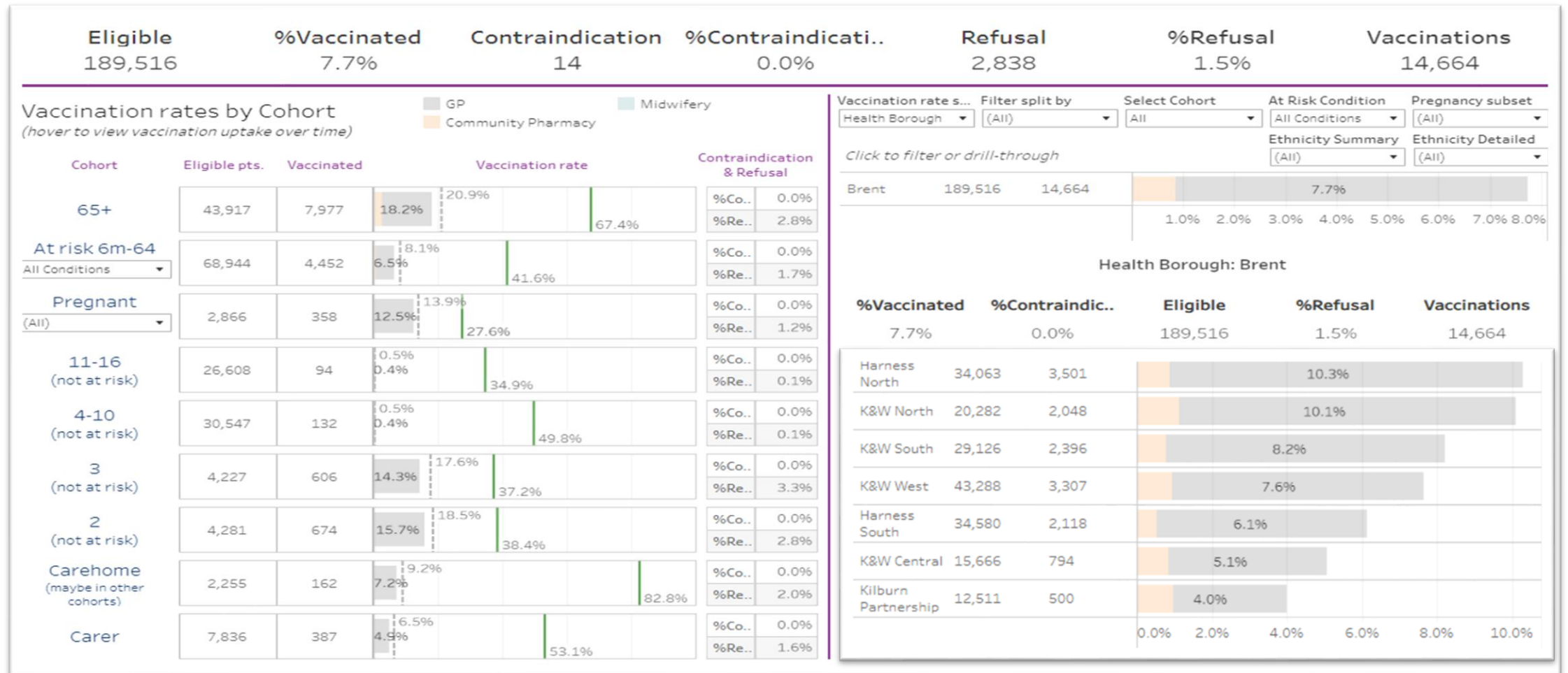
NWL all Borough positions (WISC) as of 09/10/2024

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Brent's position in NWL and for each PCN (WISC) as of 09/10/2024

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RSV (respiratory syncytial virus) Vaccination Programme 2024

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Respiratory Syncytial Virus (RSV)

- From 1 September 2024, those who turn 75 and those age 75 to 79 will be eligible for a free vaccine to protect them from respiratory syncytial virus (RSV). RSV is an infectious disease of the airways and lungs. RSV infection often causes symptoms similar to a cold. The three eligible cohorts are shown below:
 - Catch-up:** Adults already 75 - 79yrs on 1st September 2024
 - Routine:** Adults turning 75yrs on or after 1st September 2024
 - Pregnant:** Pregnant women over 28 weeks
- Everyone turning 75 years old on or after the 1 September 2024 will be offered a single dose of RSV vaccine. This is because older adults are more at risk of serious complications from RSV. You can still get the vaccine up to the day before you turn 80. Patients who are not yet 75 the NHS will invite you for vaccination once you turn 75. RSV vaccine can be administered with flu and COVID-19 vaccines but shouldn't be routinely scheduled.
- Programme for pregnant women (28 weeks plus) to protect infants the RSV vaccine can be co-administered with flu and COVID-19 vaccines. From 1 September 2024, practices are required to offer and provide RSV vaccination to all eligible registered patients from 28 weeks of pregnancy either opportunistically or on request. They will remain eligible until birth (after 36 weeks the vaccine is prescribed off-label). Where a practice is aware of a patient's pregnancy and there is no RSV vaccination in their medical record, it would be clinical best practice to check with the patient whether they have been vaccinated and offer this vaccination given the importance of protection to the infant. One dose of RSV vaccine is to be administered per pregnancy.
- NHSE are requesting that as many people are vaccinated during September and October ahead of the Winter/Autumn season.

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|---|---|
|  | <p align="center">Brent Health and Wellbeing Board 28 October 2024</p> |
| | <p align="center">Report from Healthwatch</p> |
| <p>Healthwatch Brent 2024-2025 6-month update</p> | |

| | |
|---|---|
| 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 – Work Programme |
| Background Papers: | None |
| Contact Officer(s): <small>(Name, Title, Contact Details)</small> | <p>Cleo Chalk Healthwatch Service Manager cleo.chalk@healthwatchbrent.co.uk</p> <p>Patricia Zebiri Healthwatch Manager (Brent) Patricia.zebiri@healthwatchbrent.co.uk</p> |

1.0 Executive Summary

1.1. This report provides an update on Healthwatch Brent’s progress from April – October 2024 and plans for November 2024 – March 2025.

2.0 Recommendation(s)

2.1 The Board is asked to note Healthwatch Brent’s progress against our objectives for the first six months of the 24-25 financial year.

2.2 The Board is also asked to provide strategic input into Healthwatch Brent’s priorities for the remainder of the 24-25 year.

3.0 Detail

3.1 **Contribution to Borough Plan Priorities & Strategic Context**

Healthwatch Brent's work contributes to strategic priorities of 'Thriving Communities' and 'A Healthier Brent'. It also supports key priorities from the 2022-2027 Joint Health & Wellbeing Strategy, including 'Healthy Lives', 'Staying Healthy' and 'Understanding, listening and improving'.

3.2 Background

The Local Government and Public Involvement in Health Act 2007, which was amended by the Health and Social Care Act 2012, outlines the main legal requirements of Healthwatch. It includes the following statutory duties:

- Promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services
- Enabling local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved
- Obtaining the views of local people regarding their need for, and experiences of, local care services and importantly to make these views known to those responsible for commissioning, providing, managing or scrutinising local care services and to Healthwatch England
- Making reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services and shared with Healthwatch England
- Providing advice and information about access to local care services so choices can be made about local care services
- Formulating views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing these views with Healthwatch England
- Making recommendations to Healthwatch England to advise the Care Quality Commission (CQC) to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about issues
- Providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively

3.2.1 Work programme for 2024-2025

In April 2024, Healthwatch Brent presented our workplan for the 2024-2025 financial year. This workplan was approved by the Healthwatch Brent Advisory Board, who have responsibility for setting Healthwatch Brent's priorities and ensuring that our work focuses on issues that will have the highest impact for local communities. The 24-25 workplan consisted of:

- Adult social care
- Experiences of hospital discharge
- Access to primary care, focusing on same day access hubs and service from community pharmacies

This was in addition to our ongoing information and signposting activity and general engagement with key community groups and wards. In addition to these set priorities, Healthwatch Brent will continue to monitor key themes in patient feedback and maintain flexibility to develop additional priority areas if required.

3.3 Adult social care

In partnership with Brent's Adult Social Care team, we identified three key groups that would benefit from engagement around access to adult social care services:

- Phase one: People with dementia and their carers
- Phase two: Autistic adults and adults with learning disabilities
- Phase three: Young carers

The aim of this engagement is to provide qualitative stories that demonstrate the experiences that residents have when accessing care, and to give service users the opportunity to share recommendations for improvement. The first two phases of engagement have now taken place, and engagement with the third group is in process with a report due to follow in January 2025. In total, we have collected feedback from **42** people during phase one and **27** people during phase two. The phase one report [can be viewed here](#), with the phase two report to follow in early November.

Residents we spoke with were complementary about the quality of service provided by carers and by social workers, where they were able to receive these services. However, a number of challenges were also identified:

- Long waiting times when calling Brent Council
- Lack of support for people with hearing loss or communication difficulties
- Difficulty navigating the website and finding information about how to request a care needs assessment
- A lack of understanding/ need for more training about autism
- Abrupt manner and lack of compassion from staff
- A need to chase Brent Council before care needs assessments were progressed
- Delays in receiving support after a care needs assessment had taken place
- A lack of support for people who are not eligible under the care act but still need help with some activities.

These findings have been published on the Healthwatch Brent website (reports library), shared with key stakeholders and sent directly to Brent's Director Adult Social Services (DASS). We received the following response:

"Thank you for conducting this engagement exercise and gathering valuable

feedback from our customers regarding adult social care for individuals with dementia. Your efforts are crucial in helping us understand the needs and concerns of our residents.

“The report has highlighted several key areas for improvement in Brent, including long waiting times, the responsiveness of our service, particularly in relation to phone communications, and the additional support required for people with hearing loss. This feedback is essential as it underscores the need to enhance our communication and responsiveness to better serve our community.

“Brent is committed to this journey of improvement. We have already initiated a new structure aimed at refining the processes and pathways for customers accessing our services, with the goal of having these improvements in place by October. We are actively working with our teams to ensure that telephone lines are reliable, and that staff respond promptly to calls.

“Additionally, we are currently undertaking a project to develop and enhance our sensory services. The feedback from this report will significantly contribute to the new design and delivery of these services to our community.

“We fully accept Healthwatch’s recommendations and will integrate them into the ongoing changes we are developing. These recommendations will play a crucial role in shaping our service enhancements.

“Thank you once again for your feedback. We look forward to continuing our collaboration with Healthwatch and our customers to improve the delivery of our services.”

We will continue to meet regularly with the DASS to share further feedback from residents and to discuss how these actions are being implemented. We will also return to the groups that participated in the engagement to share the response and to gather feedback as to whether their experiences have improved.

Our work with the adult social care team also involves supporting the development of the new coproduction programme. Healthwatch Brent have a place on the coproduction steering group and have been an active partner in supporting the Council to develop a new model for coproduction with service users.

The final element of our Adult Social Care project involves mystery shopping to evaluate the adult social care front door. We have worked with the Service Manager for the Corporate Contact Centre to develop a series of profiles that our volunteers will use to test the information and support received by residents’ contact Brent Council. This work is underway, with reporting expected in early 2025.

3.4 Hospital discharge

Throughout May and June, Healthwatch Brent's team of Enter & View volunteers carried out three visits to local care homes, led by our Volunteers and Projects Officer. Aside from assessing the quality of care being delivered in each home, the team also had a focus on hospital discharge. They spoke to both residents and staff about what happens when a patient is discharged from hospital to a care home, and how this process can be refined.

The care home staff and residents raised a number of concerns about the current process. This included:

- Patients being discharged to the care home when they are still significantly unwell
- Patients not receiving adequate food and water while waiting to be discharged, or while waiting for transport to take them to the care home
- Missing paperwork
- Inadequate communication and lack of information about care required after discharge
- Deadlines for discharge being missed

Following this work, we have produced a report detailing a number of recommendations for improving the hospital discharge process. Our Healthwatch Manager has met with the discharge team at London North West Hospital who recognise the challenges in regard to discharge and have undertaken to review our recommendations and develop a plan for improvement. This will include a focus on adequate hydration and nutrition, and plans to improve discharge communication and process – in particular looking at ways to standardise an approach to making discharges more fluent.

Our report, including the full response from LNWH, will be published in November.

3.5 Primary care

In September, we published our [GP access report](#), which brought together the views of 228 residents across North West London, and included a significant sample from Brent. In February 2024, we became aware of proposals to change the way that some patients in North West London access same-day GP appointments, including the introduction of 'same-day access hubs.'

We launched our survey to find out more about how patients are currently using their GP practices, current issues and challenges, and to follow up on some of the concerns raised – such as how easy it is to book an appointment and how long patients are waiting before they can be seen. Overall, we found that residents were happy with the current service being provided by their local GP practice. Most residents who responded to the survey (75.5%) felt that their GP took their needs and preferences into account at least some of the time.

There was also recognition that changes are needed, to address issues with the availability of appointments and with accessibility of booking options. This includes both same-day access and the ability to book appointments in

advance. However, any changes need to be developed in collaboration with patients, taking their views and needs into account.

The report and associated recommendations have been shared directly with the ICB to help inform their work on same day access. We will continue to monitor this work closely, and ensure that patients are consulted with in a meaningful way throughout the process.

3.6 Maternity project update

This project looked at how standards of care vary across North West London, and any factors that may put a woman at risk of receiving a lower standard of care.

We found that levels of care were consistent: overall, the majority of women we spoke to were pleased with the standard of care they received, across all stages of their pregnancy. Notably, our research did not find a significant disparity in care or outcomes based on the borough they resided in, the hospital used or the participant's demographic information.

We spoke to **37** participants who gave birth at Northwick Park Hospital. Of all the hospitals we visited, Northwick Park had the highest proportion of positive feedback (90%). The remaining 10% of respondents said their experience was 'mixed'. No respondents gave negative experience. For those who has a mixed experience, the key themes related to lack of communication and receiving conflicting information.

Northwick Park also had a high proportion of positive feedback for care after giving birth (82%). The remaining 18% of respondents said their experience was 'mixed'. No respondents gave negative experience. One woman said: "Health visitor is amazing. They came every week for first three months. I'm very happy. They also gave me information about wellbeing centres."

There were five non-English speaking participants who gave birth at Northwick Park. All non-English speaking participants stated that they got the information they needed in their preferred language. All non-English speaking participants rated their experience as positive or very positive.

We also spoke to a further **36** Brent residents who chose to go out of borough for their care.

Of these:

- 8 chose another service because it was nearer to their home
- 12 chose another service because it had a good reputation/was recommended to them
- 4 stated that they were not happy with the reputation of local services
- The remaining 12 did not state their reasons for going out of borough for care

Those going out of borough were more likely to report negative or mixed experiences of postnatal care, suggesting more work needs to be done on continuity for people moving between services.

We have shared the findings of the report with the Head of Midwifery at Northwick Park, and with other hospitals across North West London. We have also met with the teams from the Family Hubs and Family Wellbeing Centre to discuss how these services can be better promoted. Healthwatch Brent are sharing regular communications to support better awareness of these services.

3.7 Review of Pharmacy First services

Our 2024-2025 workplan also involves a review of how patient sentiment towards pharmacy services across the borough, including the Pharmacy First scheme. The project aims to

- Evaluate whether patients feel that the Pharmacy First scheme is effective, and whether they are happy with the overall standard of care provided by their local pharmacy
- Evaluate whether patients have been able to access medications in a timely manner
- Evaluate whether patients have enough information about Pharmacy First, and understand what is available to them.

Overall, this project aims to ensure that the service being provided by local pharmacies meets the standards that residents are being promised, and that people have enough information to make use of the services. We will speak to a range of patients and professionals to gather testimonials about their experiences, and make recommendations for how pharmacies can better meet the needs of Brent residents, and also feed our findings to Healthwatch England as part of their wider review of primary care access.

3.8 Engagement

Aside from the project work outlined above, we have continued our regular engagement programme, visiting a variety of community spaces across Brent to speak to residents about their experiences with health and social care. The key themes and issues uncovered during these visits are shared directly with relevant services and commissioners, and used to identify future priorities for the Healthwatch team. In Q1 we participated in 16 engagement and outreach events, reaching 160 residents. In Q2, we participated in or held 14 events and reached 168 residents.

3.9 Advice and Signposting

Our advice and signposting service consists of in person information and 'know your rights' sessions, a telephone and email support service and an information hub on our website. This service has been very active throughout the first half of the 24-25 financial year, and we expect it to continue at the same pace throughout Q3 and Q4.

| Service provided | Q1 | Q2 |
|---|------------|------------|
| In person advice sessions | 67 | 39 |
| Information and signposting cases through our telephone/email support service | 16 | 11 |
| Individuals accessing the online information hub | 499 | 560 |
| Total | 582 | 610 |

The most popular topics of information included how to access adult social care, information about the NHS complaints process and requests for advocacy. We have found that the lack of non-statutory advocacy services in Brent has become a significant challenge for many residents.

4.0 Financial Considerations

4.1 There are no relevant financial implications.

5.0 Legal Considerations

5.1 There are no relevant legal considerations.

6.0 Equality, Diversity & Inclusion (EDI) Considerations

6.1 The Healthwatch Service has been assessed against the Equality and Diversity Policy so that it ensures we are fully committed to and undertaking action under the Equality Act 2010 and other forms of legislation that combat discrimination and promotes equality and diversity.

7.0 Climate Change and Environmental Considerations

7.1 No impact on environmental objectives.

8.0 Communications Considerations

8.1 Covered in the main body of the report.

Report sign off:


Cleo Chalk
Healthwatch Service Manager

Healthwatch Brent workplan Q1 – Q2

| Priority | Lead officer | Apr-24 | May-24 | Jun-24 | Jul-24 | Aug-24 | Sep-24 |
|--|-------------------------------|--|--|--|--|--|--|
| Maternity | Service Manager | Report published and disseminated to local services | Meeting with Northwick Park service providers | Check in with Brent infant feeding team | Ongoing – promotion of postnatal services | Ongoing – promotion of postnatal services | Ongoing – promotion of postnatal services |
| Adult Social Care: Enter and View | Projects and Outcomes Officer | Visits begin to care homes | Visits continue | Analysis of key trends | Report writing | Report shared with key stakeholders | Discussions with stakeholders |
| Adult Social Care: engagement | Service Manager | Phase one engagement: dementia | Phase one engagement: dementia | Phase one engagement: dementia | Analysis of key themes and report writing | Report published Phase two engagement: autism and learning disability | Phase two engagement: autism and learning disability |
| GP access | Service Manager | Online survey and in person engagement Online event | E&V reports published (from previous FY) Online survey and in person engagement (ongoing) | Online survey and in person engagement (ongoing) | Online survey and in person engagement (ongoing) | Analysis and report writing | Report published Communicate outcomes |
| Adult Social Care: mystery shopping | Healthwatch Manager | | | | Planning/ preparation | Planning/ preparation | Training with volunteers |
| Pharmacy first | Healthwatch Manager | | | | | | Planning/ preparation |
| Community engagement | Engagement Officer | Ongoing engagement programme – target 4 events | Ongoing engagement programme – target 4 events | Ongoing engagement programme – target 4 events | Ongoing engagement programme – target 4 events | Ongoing engagement programme – target 4 events | Ongoing engagement programme – target 4 events |

Healthwatch Brent workplan Q3 – Q4

| Priority | Lead officer | Oct-24 | Nov-24 | Dec-24 | Jan-24 | Feb-24 | Mar-24 |
|--|-------------------------------|---|---|---|---|---|--|
| Maternity | Service Manager | Check in with family hubs | Ongoing – promotion of postnatal services | Ongoing – promotion of postnatal services | Ongoing – promotion of postnatal services | Ongoing – promotion of postnatal services | Ongoing – promotion of postnatal services |
| Adult Social Care: Enter and View | Projects and Outcomes Officer | Report published | | | | Follow up with stakeholders to ensure changes have been implemented | Publish update |
| Adult Social Care: engagement | Service Manager | Phase two report due Phase three engagement: young carers | Phase three engagement: young carers | Phase three report due | Coordinate with ASC team to plan further engagement | | |
| Adult Social Care: mystery shopping | Healthwatch Manager | Mystery shopping phase one: phonline | Mystery shopping phase one: phonline | Findings shared with ASC team; report produced | Mystery shopping phase two: website | Mystery shopping phase two: website | Findings shared with ASC team; report produced |
| GP access | Service Manager | Continue conversations with patients and ICB – monitor progress | Continue conversations with patients and ICB – monitor progress | Continue conversations with patients and ICB – monitor progress | Continue conversations with patients and ICB – monitor progress | | |
| Pharmacy first | Healthwatch Manager | Planning/ preparation | Communication with key stakeholders – agree aims and approach | Engagement | Engagement | Engagement | Report published |
| Community engagement | Engagement Officer | Ongoing engagement programme – target 4 events | Ongoing engagement programme – target 4 events | Ongoing engagement programme – target 4 events | Ongoing engagement programme – target 4 events | Ongoing engagement programme – target 4 events | Ongoing engagement programme – target 4 events |

| | |
|---|---|
|  | <p>Brent Health and Wellbeing Board 28 October 2024</p> |
| | <p>Report from the Corporate Director, Children and Young People</p> |
| | <p>Lead Cabinet Member: Dr Gwen Grahl</p> |
| <p>Family Wellbeing Centre and Start for Life progress update</p> | |

| | |
|--|--|
| Wards Affected: | All |
| Key or Non-Key Decision: | N/A |
| Open or Part/Fully Exempt: (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act) | Open |
| List of Appendices: | <p>Appendix 1 - Family Wellbeing Centre Annual Report (2023/24)</p> <p>Appendix 2 - Update on the Family Hubs and Start for Life Programme</p> |
| Background Papers: | None |
| Contact Officer(s): (Name, Title, Contact Details) | <p>Serita Kwofie Head of Early Help Serita.kwofie@brent.gov.uk</p> |

1.0 Executive Summary

1.1 This report provides an update on the progress of the Family Wellbeing Centres (FWCs) and Family Hub and Start for Life programmes. The FWCs were launched in January 2021 and the delivery model continues to develop with new partnerships being created, and service delivery increasing across all centres. The FWC annual report 2023-24 is attached as Appendix 1.

1.2 The Family Hubs and Start for Life programme is funded by the DfE and the delivery plan commenced in the spring of 2023. The programme identified 6 key strands of work for which 75 eligible LAs, including Brent, were allocated funding. The programme guide set out ‘minimum’ requirements that had to be met by the end of the programme (March 2025), as well ‘go further’ requirements and these are detailed below. The Family Hubs and Start for Life programme is delivered as an integral part of the wider FWC service

offer. A detailed Family Hubs and Start for Life progress report is attached as Appendix 2.

2.0 Recommendation(s)

2.1 The Health and Wellbeing Board are asked to note the progress of the FWC and Start for Life programmes.

2.2 The Health and Wellbeing Board are asked to make recommendations, particularly regarding potential new partnerships and funding/resourcing opportunities, to strengthen the FWC delivery model and support with sustaining the Start for Life offer post funding ending in March 2025.

3.0 Detail

3.1 Contribution to Borough Plan Priorities and Strategic Context

3.1.1 The FWC and Start for Life programmes offer a wide range of support to families and link to the Borough Plan priorities:

- Prosperity and Stability in Brent
- Thriving Communities
- The Best Start in Life
- A Healthier Brent.

3.1.2 The programmes also support the Digital Inclusion strategy and help to address the impact of cost-of-living challenges and childhood poverty.

3.2 Background

Family Wellbeing Centres

3.2.1 Brent has a well-established Early Help service that FWCs are an integral part of. The FWCs provide a universal 'front door' for families to access a wide range of early help and preventative services, including some targeted support.

3.2.2 There is a core service offer across all the FWCs and some variation depending on local needs and what services are delivered in the community. A description of the FWC service offer is detailed in appendix 1 and includes for example health and wellbeing, education and childcare, parenting and relationship, and activities for children of all ages and stages. There are currently over 130 different family support activities and services available to book online.

3.2.3 FWCs are at the heart of Brent's Early Help community-based offer and are a priority in the Borough Plan (2023-27). The FWCs provide an integrated 'whole family' (for children aged 0-18 years old, and 25 for those with SEND), bringing together a wide range of services and support into a single offer.

This arrangement helps the co-ordination and delivery of services for more vulnerable children using contextual safeguarding approaches.

- 3.2.4 FWCs are open full time with several centres offering early evening youth activities. There is some Saturday opening on rotation across the FWCs to facilitate a support session for families / children with SEND. Each FWC is shaped by a Local Steering Group (LSG) of stakeholders and there is integrated working across Brent's Early Help network to efficiently and effectively respond to the needs of local families using a holistic approach. The LSG link to the FWC Operational Board which has multi-agency representation at a more senior level.
- 3.2.5 The Willow FWC is predominantly a SEND hub providing support services to families of children with SEND using an approach to identify children's needs early and putting in place interventions to prevent an escalation of need. All FWCs have SEND navigators promoting and signposting families to Brent's SEND local offer and other relevant support.
- 3.2.6 The Willow FWC is co-located with a nursery for children aged 0-4yrs. The nursery is registered to provide full-time care for 98 childcare places. The places are managed flexibly to accommodate the needs of the community. The nursery offers 30 places for Children with a Disability (CWD) and 28 places for Children in Need (CiN). Willow FWC also has enhanced childcare provision offering 12 places to children with Autistic Spectrum Disorder (ASD), on a part-time offer.
- 3.2.7 FWCs work closely with Brent Community Hubs to ensure there are effective working relationships in place to support all of Brent's residents. Managers from the respective services meet periodically to review service delivery, update on current developments, and address any partnership working challenges.
- 3.2.8 The FWCs focus is on prevention and early intervention, using a whole family approach to stop problems escalating and requiring higher tier and more costly support. An early help approach achieves better outcomes for families and reduces the impact of Adverse Childhood Experiences, enabling families to thrive.
- 3.2.9 When FWCs were established they were focused on delivery against 6 key priority areas:
1. A reduction in referrals to higher level interventions
 2. Prevention of family breakdown resulting in entry to care
 3. Addressing the growing challenge of serious youth violence
 4. Building capacity in universal services so that they can support children earlier
 5. Successful delivery of the Healthy Child Programme (0-19)
 6. Successfully discharge statutory responsibilities with respect to children's centres.

A detailed update on progress against each priority is included in the FWC Annual report 2023-24, attached as Appendix 1.

Family Hubs and Start for Life

- 3.2.10 The Family Hubs and Start for Life programme was created in response to gaps reflected in the findings of 'The best start for life, a vision for the 1,001 critical days' review by Andrea Leadsom MP, the 'Independent Review of Children's Social Care' published in May 2022 and 'Ofsted's thematic inspection of early help services'. These reports identified the complex landscape that families, and particularly those most vulnerable and disadvantaged, are negotiating when trying to access services and the absence of a single, non-stigmatising point of access which could aid and ease this navigation process. The Start for Life programme's aims include improving how local services share information and work together to provide holistic support to families, to move away from a focus on crisis intervention to a system that identifies risks early and prevents problems from escalating - delivering better, long-term outcomes.
- 3.2.11 The Family Hubs and Start for Life programme identified 6 key strands of work:
- Family Hubs transformation funding
 - Parenting support
 - Parent–infant relationships and perinatal mental health support
 - Early language and the Home Learning Environment
 - Infant feeding strand
 - Parent and carer panels; and publishing the Start for Life offer.

A detailed update on progress against each strand is included in the Family Hubs and Start for Life progress report, attached as Appendix 2.

- 3.2.12 Following sign-up and commitment through a delivery plan in Spring 2023, the Start for Life programme has been rolled out in Brent. The Infant Feeding support and Perinatal mental health and parent / infant relationships strands are being led by Public Health and the remaining 4 strands are being led by the Early Help Service within CYP. Multi-agency and multi-disciplinary working groups were set up for each strand during the development and implementation phases.
- 3.2.13 The Family Hubs and Start for Life steering group is the forum where proposals are discussed and progressed between agencies. Representatives are senior managers and service managers within their respective organisations. The Family Hubs and Start for Life steering group links to the FWC Operational Board and this forms the governance arrangements.

Outcomes

3.2.14 The outcomes and impact achieved for families through the FWC and Start for Life programmes is wide ranging given the diverse range of services on offer. The outcomes and impact achieved depend on what services families are accessing, how well they engage, and the length of the intervention. For example, some families could access ad-hoc stay and play sessions of 1 hour duration, where others receive targeted key worker/ lead professional support lasting up to 1 year and as part of this work multiple agencies will be involved. The full range of support on offer that improves family outcomes is detailed in the FWC and Start for Life progress reports attached as appendix 1 and 2. Outcomes and impact are evidenced through for example: contract monitoring data from commissioned services, case studies, case files, direct work tools, service user feedback, outcome/impact reports following the completion of interventions, Outcome Starts, and bi-annual parent satisfaction surveys. During the 2023-24 financial year 18,113 families were supported to achieve positive outcomes in the following areas:

- Improved family finances and reducing the impact of the cost-of-living crisis
- Reduced numbers of families presenting as homeless, securing long term accommodation and reducing the threat of eviction
- Improved family nutrition, weight management and access to fresh fruit and vegetables
- Support to stop smoking improving family health and wellbeing
- Improving school attendance, punctuality and engagement with school, leading to better educational attainment
- Improved oral health and reducing teeth extraction for under 5's
- Improved parent/ carer and CYP mental health and wellbeing
- Improved parenting capacity leading to better relationships between parents and their children, reducing children's behavioural problems and improving communication
- Reducing negative discipline practices such as smacking and providing parents with alternative approaches to discipline
- Improving CYP and parent/ carers emotional literacy
- Reducing substance misuse and the negative impact on families
- Improved family fitness leading to better wellbeing outcomes
- Increasing families engagement with early help, preventative and intervention services, including refugee/ asylum seekers and less heard from groups
- Reducing the risk of domestic abuse and providing a whole family offer to process the trauma of domestic abuse
- Improving parents' literacy, numeracy and ICT skills, and soft skills leading to employment opportunities
- Reducing parental conflict and the negative impact on families
- Reducing the negative impact of Adverse Childhood Experiences and trauma
- Increasing families resilience to the impact of multiple disadvantages
- Supporting parents and young people into employment and to access educational and work experience opportunities

- Increased identification rates of young carers linking them into support and reducing the impact of caring responsibilities on CYP
- Reducing social isolation, particularly for new mums
- Improving a range of outcomes for families of children with SEND
- Improving children's school readiness, particularly ensuring children have good Speech Language and Communication
- Preventing family problems becoming more complex and entrenched by intervening earlier and providing the right support at the right time
- Preventing family breakdown and CYP going into care
- Helping families to thrive, be happy, and achieve their goals.

Note, not all families access FWC and Start for Life support services and this continues to impact on children's school readiness, oral health and obesity outcomes. In addition, mobility in some areas of Brent remains high with families new to the UK who may not be aware of the range of support services available. Work continues across the FWC and Start for Life partnership to address these issues.

Learning

3.2.15 The FWC and Start for life programmes has led to many important learning opportunities, including for example:

- Officers have mapped the FWCs and Start for Life offers to identify gaps, improve the coordination and planning of service delivery between multi-agency partners. This whole family multi-agency co-ordinated partnership approach has helped to better meet the needs of families impacted by the cost-of-living and mental health and wellbeing crisis, and to sustain positive outcomes.
- There is ongoing appreciation and learning regarding the role of the voluntary and community sector (VCS) providers to help deliver a sustainable model, particularly when the Start for Life programme funding ends. The FWCs have worked with 20+ different VCS providers of varying sizes. The VCS provide a range of activities for families and children at all ages and stages, including for example: advice and advocacy, domestic abuse, adult learning, family fitness, after-school and holiday provision for CYP, mentoring, counselling, entrepreneurship and environmental activities. The VCS is also involved in governance arrangements at all levels.
- The co-production of activities and the creation of a Youth Panel has enabled CYP to take an active part in improving the FWC youth offer and influencing strategic decisions. Children and young people have been involved in the process of creating strategies that improve their childhood experiences and future life chances. Being visible and heard is a strategic priority within the Borough Plan, SEND strategy and the CYP Participation and Engagement Strategy. Strong engagement with children and young people has led to an increase in the number registering at FWCs and taking up services and support. It was evident from feedback that young people wanted activities to

help them develop skills to improve their education and employment chances. By giving young people the opportunity to participate, encourage, and value their input, they can be supported to improve outcomes in their adult life.

Forward planning

3.2.16 The FWCs and Start for Life programme key priorities for the 2024-25 financial year are to:

1. Deliver the final year of the Start for Life programme delivery plan with a focus on exit planning and sustainability
2. Develop stronger links to the Council's strategic change programme to ensure that FWCs improve and evolve to tackle current and emerging challenges in meeting the needs of Brent's local communities, helping to empower communities and build resilience
3. Increase the number of parents completing accredited parenting workshops, particularly those referred from front line practitioners
4. Develop the FWC youth offer linked to the refreshed Youth Strategy and delivery plan.
5. Support the Early Help and Social Care redesign programme to contribute to the development of a service that is fit for the future.

4.0 Stakeholder and ward member consultation and engagement

4.1 The Lead Member for Children, Young People and Schools has discussed the FWC and Start for Life projects with senior officers. Significant consultation has taken place regarding development of the FWCs and subsequent Start for Life programme. Various focus groups were delivered during the design and consultation period with multi-disciplinary staff, stakeholders, partners and parents.

4.2 Well established governance arrangements for both projects are in place with multi-agency representation at strategic and operational levels. Parents are involved with governance at the operational level via the FWC Local Steering Groups.

4.3 A Parent Carer Voice Forum was established as part of the Start for Life programme to ensure there was a strong parent voice in shaping the offer. Parents were recruited with children at different ages and stages, children with SEND, dads and pregnant parents to ensure a diverse group and a wide range of views were captured.

4.4 A Youth Panel has been established to co-produce and develop the CYP offer.

4.5 Feedback mechanisms are in place to capture the views of service users and this is used to improve the FWC and Start for Life delivery models to help ensure services and support offered actively engages families and meets their wide-ranging needs. In general service user satisfaction rates are high

across the FWC, as evidenced by the spring 2023 parent survey which had over 2,000 responses, and demand for services continues to grow.

5.0 Financial Considerations

5.1 To detail any relevant financial and budgetary implications/comments relating to the proposals within the report.

5.2 Following the Cabinet decision to develop the FWCs, savings of £1.5m per annum have been delivered to core funding since the changeover from Children’s Centres in 2020.

5.3 A total of £4,209,172 has been allocated to Brent as part of the Start for Life programme, across 3 years as set out below:

| 2022/2023 | 2023/2024 | 2024/2025 | Total |
|-----------|------------|------------|------------|
| £896,072 | £1,809,600 | £1,503,500 | £4,209,172 |

5.4 The table below shows expected distribution of the Start for Life funding across the programme strands:

| Strand | % | Funding range over the life of the programme |
|---|------|--|
| Family Hubs programme spend | 18.6 | £777,480 – £814,680 |
| Family Hubs capital spend | 4.7 | £196,460 – £205,860 |
| Perinatal mental health and parent-infant relationships | 31.6 | £1,320,880 – £1,384,080 |
| Parenting support | 16.8 | £702,240 – £735,840 |
| Infant feeding support | 15.5 | £647,900 – £678,900 |
| Home learning environment services | 9.6 | £401,280 – £420,480 |
| Start for life offer and Parent Carer panels | 3.1 | £129,580 – £135,780 |

5.5 LAs were expected to spend each annual allocation within the financial year. However, it was acknowledged that given the late confirmation and payment of funding, particularly in Year 1, that this was not possible. The underspend for 2022-23 was carried over to the next financial year and the cumulative underspend across the 2 years has been used in Year 3.

5.6 Statements of Grant usage alongside other regular progress updates on actual, committed and planned spend have been provided to the Start for Life unit. The programme was scheduled to end in March 2025 and this posed a risk of a clawback in grant funding as spend was slower than anticipated due to delays highlighted in the risks section above.

5.7 In acknowledgment that local authorities needed some certainty in order to manage budgets and service delivery of this programme, the Start for Life

unit confirmed on 19 September 2024 that the grant funding may be used to deliver FH/ SfL programme activities beyond 31 March 2025 and that the amount being carried forward to 2025-26 should be detailed within the council's next statement of grant usage (due to be commissioned in September 2024).

6.0 Legal Considerations

6.1 The statutory obligations in the Childcare Act 2006 ("the 2006 Act") concern "young children", which essentially are those aged between 0-5. Section 1 of the 2006 Act imposes on local authorities a general duty in relation to the well-being of young children to:

- a) improve the well-being of young children in their area, and
- b) reduce inequalities between young children in their area in relation to:
 - Physical and mental health and emotional well-being
 - Protection from harm and neglect.
 - Education, training and recreations.
 - The contribution made by them to society
 - Their social and economic well-being.

6.2 S.3 of the 2006 Act sets out specific duties the council has in relation to early childhood services which includes early years provision and provides that the council must make arrangements to secure that early childhood services in their area are provided in an integrated manner which is calculated to facilitate access to those services, and maximise the benefit of those services to parents, prospective parents and young children. In discharging its duties, the council must have regard to any guidance given from time to time by the Secretary of State.

6.3 Section 5A of the 2006 Act provides that:

(1) Arrangements made by an English Local Authority under section 3(2) must, so far as is reasonably practicable, include arrangements for sufficient provision of children's centres to meet local need.

(2) "Local need" is the need of parents, prospective parents and young children in the authority's area."

7.0 Equality, Diversity & Inclusion (EDI) Considerations

7.1 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.

7.2 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.

7.3 There is no prescribed manner in which the Council must exercise its public sector equality duty but having an adequate evidence base for its decision is necessary.

7.4 An Equality Impact Assessment in relation to FWCs was completed as part of the Cabinet report submitted in October 2019. A further Equality Impact Assessment was completed as part of the Start for Life programme in 2023.

8.0 Climate Change and Environmental Considerations

8.1 N/A

9.0 Human Resources/ Property Considerations (if appropriate)

9.1 N/A

10.0 Communication Considerations

10.1 A communications plan is in place detailing who, how, when and where we publicise information regarding the FWC and Start for Life programmes. This includes for example posters, leaflets, social media, partnership forums, a video, the website, multi-agency meetings, schools, health, VCFS and Police. Most families are connected into FWC support services via a professional they are working with, or via word of mouth from another service user. Improved communications have resulted in an increase in families registering and demand for services.

10.2 A focus this past financial year has been on improving communication with schools and this has included for example: attending school cluster meetings, attending school Designated Safeguarding Lead/ SENDCo forums, publicising the offer in the Headteachers bulletin/ Schools Extranet/ Governors termly newsletter, via Family Solutions Key Workers linked to schools, joint outreach to schools to attend coffee mornings, parent workshops, etc and the CYP Wellbeing Alliance network.

10.3 Public Health used Start for Life funding to recruit x2 Communication and Engagement Officers for a fixed term to develop an enhanced promotional campaign including print, digital and social media to raise awareness of breastfeeding and peri-natal mental health services and promote access to and use of FWC by Brent's most least heard from and disadvantaged communities. This includes for example attending community meetings,

videos (with translated subtitles), digital ads (with translated versions), printed flyers, posters and promotional maternity packs.

- 10.4 Work continues across the FWC partnership to promote registration and take-up of services and success is reflected by increasing registrations, reach and contacts with families, benchmarked against last year's performance data.

Report sign off:

Nigel Chapman

Corporate Director

Children and Young People

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Family Wellbeing Centre Annual Report 2023-24



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1. Overview

1.1 Introduction and context

Brent Council has a well-established Early Help service that Family Wellbeing Centres (FWC) are an integral part of. The FWC provide a universal 'front door' for families to access a wide range of early help and preventative services, including some targeted support.

There is a core service offer across all the FWCs and some variation depending on local needs and what services are delivered in the community. A description of the FWC service offer is detailed in appendix 1 and includes for example health, education, parent/ carer support and family support. There are currently over 130 different family support activities and services available to book online.

FWCs are at the heart of Brent's Early Help community-based offer and are a priority in the Borough Plan (2023-27). The FWCs provide an integrated 'whole family' (for children aged 0-18 years old, and 25 for those with SEND) service, bringing together core health visiting, school nursing, under 5s services, parenting and family support services into a single offer. This arrangement helps the co-ordination and delivery of services for more vulnerable children using contextual safeguarding approaches.

FWCs are open full time with several centres offering early evening youth activities. There is some Saturday opening on rotation across the FWCs to facilitate a support session for families / children with SEND. Each FWC is shaped by a Local Steering Group (LSG) of stakeholders and there is integrated working across Brent's Early Help network to efficiently and effectively respond to the needs of local families using a holistic approach.

The Willow FWC is predominantly a SEND hub providing support services to families of children with SEND using an approach to identify children's needs early and putting in place interventions to prevent an escalation of need. All FWCs have SEND navigators promoting and signposting families to Brent's SEND local offer and other relevant support.

The Willow FWC is co-located with a nursery for children aged 0-4yrs. The nursery is registered to provide full-time care for 98 childcare places. The places are managed flexibly to accommodate the needs of the community. The nursery offers 30 places for Children with a Disability (CWD) and 28 places for Children in Need (CiN). Willow FWC also has enhanced childcare provision offering 12 places to children with Autistic Spectrum Disorder (ASD), on a part-time offer.

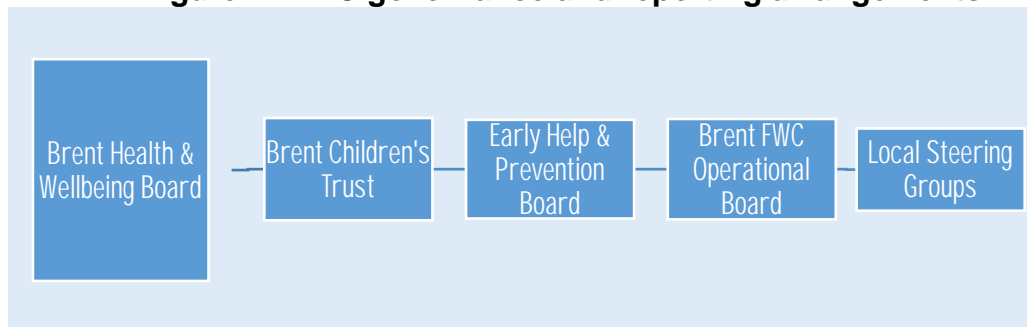
The FWC work closely with Brent Community Hubs to ensure there are effective working relationships in place to support all of Brent's residents. Managers from the respective services meet periodically to review service delivery, update on current developments, and address any partnership working challenges.

1.2 Governance arrangements

The FWC LSG meet quarterly with the exception of Willow and Curzon/ Fawood which have different governance arrangements. The LSG are neighbourhood forums for sharing information, identifying need and support requirements for families and service gaps/ pressures, challenging performance and quality of the FWCs, acting as local

agents for integrating services and drawing in additional resources. The LSG Chairs are elected from the group membership.

Figure 1: FWC governance and reporting arrangements



1.3 Registrations and contacts










Families are required to register online to use the FWC and following registration most services and activities are then available to book online. Timetables are published termly in advance and promoted using the online booking portal and multi-media approaches. Staff and partners continue to promote family registrations and work is ongoing to ensure that contacts providing support to families are captured.

1.4 Headline data for 2023-24

Table 1 gives a summary of the FWC key performance indicators for the 2023-24 financial year. (The full data report is included as appendix 2).

Table 1: Key Performance Indicators 2023-24

| No. | Area | Measure | 2023/24 | 2022/23 | Difference | Change % |
|-----|--------------------|---|---------|---------|------------|----------|
| 1 | Registrations | Number of CYP and adults registering with FWC | 12,486 | 10,767 | 1,719 | 16% ↑ |
| 2 | Reach Contacts | Number of registered services users that have had a contact with FWC | 18,113 | 14,355 | 3,758 | 26% ↑ |
| 3 | Volume Contacts | Number of recorded contacts with registered service users at FWC | 142,060 | 129,491 | 12,569 | 10% ↑ |
| 4a | Reach Dads | Number of registered dads/ male carers contacted | 2,655 | 2,211 | 112 | 20% ↑ |
| 4b | Volume Dads | Number of recorded contacts with registered dads/ male carers contacted | 16,643 | 14,835 | 1,808 | 12% ↑ |
| 5 | Triage | Total number of families supported by Triage | 2,135 | 2,132 | 3 | 0.1% ↑ |
| 6a | Key Worker Support | Total number of Early Help Assessments/ Reviews completed | 2,009 | 1,794 | 215 | 12% ↑ |
| 6b | | Total number of CYP supported (closed and currently open) | 1,438 | 1,427 | 11 | 1% ↑ |

| | | | | | | |
|----|--|--|-------|-------|------|--|
| 6c | | Number of families on FWC waiting list | 42 | 25 | 17 | 68%  |
| 6d | | Number of individuals on FWC waiting list | 73 | 47 | 26 | 55%  |
| 7a | Supporting Families (SF) Programme | Number of SF identified | 1,560 | 1,097 | 463 | 42%  |
| 7b | | Number of SF with a successful outcome | 764 | 472 | 292 | 62%  |
| 8a | Parenting Support | Number of parents completing accredited parenting programmes and workshops | 447 * | 554 | -107 | -19%  |
| 8b | | Percentage of parents completing accredited parenting programmes | 79% | 84% | -5% | -6%  |
| 8c | | Number of parents attending parenting workshops | 567 | 660 | -93 | -14%  |
| 9a | School Readiness | Attendance at universal Speech, Language, Communication (SLC) sessions | 2,207 | 2,069 | 138 | 7%  |
| 9b | | Number of children identified with SLC needs and referred to FWC SLT support | 304 | 360 | -56 | -16%  |
| 10 | Public Health Reach Healthy Start Vitamins | Number of people that have received Healthy Start Vitamins | 2,959 | N/A | - | - |

* Bookings for accredited parenting programmes continue to be high but non-attendance remains an ongoing challenge. A large proportion of non-attendance at parenting programmes is from parents who are referred into programmes by a professional (including Early Help and Social Care). Working with allocated practitioners to support increased parental attendance will be a priority for the new year.

1.5 Triage

The Triage service helps to achieve positive outcomes for children and families who require light touch interventions or short-term pieces of work with families who meet the criteria for Universal (Level 1) & Level 2 support. The common presenting issues to the triage service include:

- Families re-locating from other areas with no resources (i.e. household goods, lack of finances, etc)
- Debt - including utilities, rent, council tax, etc
- Children not in school
- Cost of living related issues
- Housing - overcrowding/ evictions/ disrepairs
- New arrivals - including Ukrainian families, other asylum seekers
- Parents with children who have undiagnosed additional needs who require help to access specialist services.

Demand for the triage service is high and over the past year work has been undertaken to improve recording and data collection and the figure of 2,136 will now be used as baseline going forward. The nature of the support required by families often spans across many areas at once e.g., Housing, Education, Financial instability and as such the length of time (initially approximately 4-6 weeks) that workers are involved with families has increased to 10-12 weeks, or in some cases longer with a small cohort.

The number of families triaged during the year was 2,136. Overall the Triage intervention continues to help prevent needs from escalating and requiring higher level and more costly interventions and achieves positive outcomes for families linked to the presenting issues identified above.

Other support provided by the Triage service includes support to Ukrainian, asylum and refugee families, who have newly arrived in the UK and require support to integrate in the community. A travel access scheme, funded by the Asylum Dispersal Grant, assists those families who are seeking asylum and have limited income to travel to FWCs, maintain appointments with partner agencies or get to health appointments and is made available to families through the FWCs.

Additionally, a pilot programme to support families in crisis was introduced in March 2023, this has proved successful and has been extended to July 2024.

1.6 Family Solutions Key Workers

Early Help targeted offer is delivered through our keyworkers (KW) supporting families with more complex needs across the FWCs. Targeted keyworker support is assessed via Brent Family Front Door (BFFD) which manages safeguarding referrals and identifies cases within the Early Help threshold (applying Brent Threshold criteria).

KW's complete Early Help Assessments (EHA) and undertake reviews to consider the holistic needs of all children within the family. Key workers completed a total of 2009 Early Help Assessment/reviews compared to 1,794 in 2022-2023, an increase of 12%, (see attached family solutions data report for further details). The increase in demand, coupled with recruitment challenges has meant that there have been delays in allocation. However, with management oversight and robust duty systems, families continue to receive support whilst waiting allocation. In April 2024, the targeted Early Help Dashboard went live, providing oversight on caseloads and timescales to further support managers and ensure that there is no drift or delay with open cases.

Table 2 below shows the top 5 reasons for referrals.

Table 2: Reasons for referral

| No | Reason |
|----|----------------------------------|
| 1 | Domestic Abuse |
| 2 | Behaviour issues |
| 3 | Mental health (teens and adults) |
| 4 | Parenting capacity |
| 5 | Low school attendance. |

The supporting families target for payment by results in the 2023-24 financial year was 764 families, this target has been fully achieved. The top 3 areas of concern identified for the supporting families programme during this period are detailed in table 3:

Table 3: SF areas of concern

| No | Reason |
|----|--|
| 1 | Families impacted by mental health issues 28% |
| 2 | Families affected by domestic violence and abuse 27% |
| 3 | Children/Young People having education issues 24% |

The target set by DfE for 2024-25 is 945 families, this is a 24% increase compared to the previous year. Additional resources and support from partners will be required to ensure successful cases are closed promptly and all relevant evidence is captured for claim submission.

Children and their families receiving support from the FWC are included within the CYP quality assurance programme to ensure that practice is continually reviewed and remains at a good level. Referrals, EHAs and reviews are also dip sampled and reviewed to ensure that threshold and decision making is in accordance with Brent's threshold and CYP practice standards remain consistent and good. Threshold discussions take place regularly with the BFFD management team to ensure that children and families receive the appropriate support at the right level.

Step-up and step-down case practice continues to be reviewed to ensure that the decision to step down is appropriate and that the step down is completed in a timely manner. Early Help attend the weekly transfer meetings to ensure that there is no drift or delay in cases transferring. Dip sampling continues to take place regularly by the Early Help Service Manager. A quarterly step-up/down meeting is chaired by the Director, Early Help & Social Care, to monitor the quality and effectiveness of the step-up/down process and ensure risk is managed appropriately.

1.7 Barnardo's partnership

Barnardo's are commissioned to provide a number of support services that support the FWC delivery model, including crèche provision, volunteering programme, Family Support Assistants and Early Years SENDCO workers. Barnardo's bring added and social value benefits to vulnerable families including for example, the donation and distribution of white goods, mobile devices and data, gifts for children, food donations, access to social trips, a crisis support fund, and support for refugees.

1.7.1 Early Years SENDCO workers

Early Years workers plan and deliver targeted early years focused interventions and group work, such as accredited parenting programmes, Let's Talk sessions supporting children's language development, and advice on infant feeding. Early Years workers help to identify children with additional needs early and quickly, connecting them into appropriate support services. They work closely with the rest of the FWC team to ensure there is a seamless service for vulnerable families. They make welfare calls to identified vulnerable families to check-in on them, promote FWC registration and encourage take-up of services and support.

1.7.2 Family Support Assistants (FSA)

FSA work closely with the Triage Officers and Key Workers to support vulnerable families to access universal services. They offer family befriending and support, facilitate group work, and deliver accredited parenting programmes and other interventions. They complete outreach and home visits to vulnerable families who are not able to access FWC services on site. They make welfare calls to identified vulnerable families to check-in on them, promote registration and encourage take-up of services.

1.7.3 Volunteer programme

Barnardo's delivers a volunteer programme that includes a Volunteer Coordinator. There are over 30 volunteers that support the work of the FWC. Most volunteer during term-time. Volunteers support FWC with for example administration, the crèche, promoting activities/ services, registering families, English conversation groups, delivering parenting programmes and other interventions. The aim is for each FWC to

have a minimum of 3 volunteers allocated to provide additional support, including a Parent Champion.

1.7.4 Parent Champions

The Violence Reduction Unit funds a Parent Champions programme using volunteer parents on the premise that they are best placed to support other parents to find out about childcare and services for families with children of all ages, but particularly focused on families with young people over 10 years old. The Parent Champions have been supporting the FWC with outreach to refugee new arrivals, and homeless families, in temporary accommodation in local hotels to promote FWC registration and take-up of services. There are currently 14 active Parent Champions and funding has been extended to March 2025.

1.7.5 Crèche provision

Barnardo's delivers a crèche service including a crèche coordinator and as and when staff to provide crèches to support programme delivery. For example, crèches are run alongside parenting programmes and other group work to increase accessibility to parents.

1.8 Commissioned partners

The Early Help service commissions Citizens Advice Brent (CAB) and Speech and Language Therapy (SLT) support from CLCH to work as part of the integrated FWC model:

- CAB – advisors are present at each of the FWC one day per week via an appointment-based system. Families can be seen at any of the FWC and can access support via telephone and webchat.
- SLT – promoting age-appropriate development of children's (0-5 years old) Speech Language and Communication (SLC) skills, early identification, and intervention to prevent children's SLC needs escalating and improve children's school readiness.

Other services are also commissioned via Early Help on a smaller scale to increase the range of family support on offer, including:

- HomeStart - parent peer-to-peer support and family befriending service
- Family Friends - parent peer-to-peer support and family befriending service
- Potential Mentoring for CYP
- D'OR Therapy – counselling for CYP and adults
- Emotional Health & Wellbeing Workshops for adults
- EACH - substance misuse advice, guidance and counselling support service for families - note this service came to an end March 2023 and alternatives are being explored
- OurTime – holistic family mental health and wellbeing service using drama and therapeutic reflection to explore sensitive family mental health issues
- Young Carers – Brent Carers Centre provides a range of support services for young carers and their families
- Advance – Independent Domestic Violence Advisors (IDVA) – support domestic abuse victims to become safe and rebuild their lives, represent their voice at a Multi-agency Risk Assessment Conference (MARAC), helping them to navigate the criminal justice process, and work with different agencies to provide wraparound support
- All Child (formerly West London Zone) - supports communities in underserved neighbourhoods in Brent to help CYP build the social, emotional, and academic

skills they need to flourish. All Child are working with 14 schools across Brent and link families they are working with into FWC support services.

1.9 Core services

There are several services that provide a core offer across the FWC including:

- Job Centre Plus Employment Advisors x2
- Citizen's Advice Brent
- Speech and language service – group and 1:1 targeted support
- IDVA
- Connexions PA service
- 0-19 Public Health Nursing services, including Infant Feeding and Brent4life healthy weight teams
- Midwifery services
- CAMHs under 5's service
- Best Start for Life (various programmes).

In addition, Chrysalis deliver a monthly face-to-face drop-in session for families impacted by domestic abuse at Curzon FWC. Chrysalis is funded by the LA to bridge the gap between professionals and survivors of domestic abuse. The following services are available:

- Bowling & Co. – Solicitors
- Brent Housing – DA housing officers
- Asian Women's Resource Centre
- PLIAS resettlement (Phoenix project) – IDVA support for African/ Caribbean women and girls.

1.10 Parenting support

Parenting support is an integral part of the FWC service offer and focuses on equipping parents with the skills, knowledge and confidence to support their CYP wellbeing and development. The FWC deliver a diverse suite of parenting programmes and support that range from universal through to more specialist provision to support parents at differing ages and stages of their children's development and level of need. Programmes include:

- Solihull
- Strengthening Families Strengthening Communities (SFSC) Standard, Prevent, Gangs, Light (also available via e-learning)
- Triple P, Primary & Secondary (also available via e-learning)
- Stepping Stones (support for parents of CYP with SEND)
- Cygnet (for parents of CYP on the autistic spectrum)
- Mellow Parenting, Babies & Toddlers
- Family Transitions – for parents who are divorced or going through separation
- Who's in Charge - aimed at parents whose children are being abusive or violent towards them
- Health, Exercise and Nutrition for the Really Young (HENRY)

- Generation Parent Management Training Oregon (PMTO) – aimed at parents to prevent and reduce mild to severe behaviour problems in young people aged 8-14 at risk of getting involved in serious youth violence.

The FWC offer workshops that provide parents with a 'taster' for the longer programmes and are a good way of generating interest, these workshops focus on topics suitable for parents of toddlers right through to parents of adolescents.

The main issues parents request support with and where positive outcomes are achieved include setting boundaries, behaviour management, conflict between parents and/ or CYP (particularly teenagers), positive approaches to discipline, poor communication, having unrealistic expectations of their CYP (high or low), parent self-care and emotional literacy.

Figure 2: Parents completing the Henry programme



In the 2023-24 the parenting offer expanded to meet the increased demand for Cygnet programme delivery. The co-facilitation of the programme with school partners on school sites has been a particular success. It is hoped that this model can be further expanded to an increased range of programmes in the 2024-25 year. The Cygnet Plus programme for older children will be implemented in 2024-25.

The pilot of Generation Parent Management Training Oregon (GEN PMTO) started during the year. This programme (typically delivered over 14 weeks) is aimed at parents where children aged between 8-14 years old are at risk of serious youth crime or developing a behaviour problem and/ or where these have already begun. The programme provides parents with effective tools to reduce coercive interactions with the aim that this will lead to improved children's mental health and wellbeing and reduce crime, violence, and anti-social behaviour. Recruitment to the programme has been slower than anticipated despite ongoing promotion and outreach to universal and targeted providers. Nonetheless face-to-face and online delivery has begun. The randomised control trial of this intervention will take place in the new year.

As part of the Start for Life programme an external evaluation by Ipsos and partners was commissioned by the DfE to evaluate the impact the Parenting Support Programme (PSP) strand to improve the outcomes of babies and children up-to-2. Brent was part of the evaluation and summary of the findings is detailed below:

Summary of the findings:

- Brent appears to be making good progress against its local theory of change and its underpinning causal assumptions. They have enhanced their PSP offer to parents through existing evidence-based parenting courses, such as

HENRY and Solihull, as well as introducing new parenting programmes, such as Triple P Baby, PAFT, and Preparing for Parenthood. Reflections from staff and families were positive about the new additions to the offer.

- For the children and families pathway, there were signs of the short-term outcomes being achieved and the causal assumptions supported. For example, parents felt more confident and better able to support their child's development. They also described feeling less lonely and more willing to access further support.
- For the workforce pathway, there was evidence that the short-term outcomes were present among staff interviewed, including early evidence to support that recruitment and training is leading to earlier identification of parents' needs. Recruitment also helped to increase resourcing and capacity to deliver activities to families, however, this remains a challenge due to demand.
- For the systems pathway, Brent have so far successfully co-delivered sessions with health partners, and they are also training parent volunteers for peer-led delivery. While the referral process was generally working well, there was room for improvement to better advertise the courses to parents.

1.11 Toy Library

Each FWC has a toy library where families can borrow up to 3 toys for 2 weeks at a time at nil cost. The service is expanding to address local needs and include more toys for SEND and older age CYP.

1.12 SEND support

The centres are inclusive to families with SEND children and specialist support and services include for example:

- CAMHs under 5s service
- Specialist parenting programmes – Cygnet and Stepping Stones
- Supporting Assessment for Autism Route (STAAR)
- Deaf and Hearing Impairment service
- Visual Impairment service
- Speech and Language Therapy (for under 5's)
- Parent peer-support group on Saturday mornings
- Deaf parent peer support group
- Family sign class
- Brent Parent Carer Forum.

The wider FWC service offer is also accessible and for example CAB, targeted early help, and the triage service all support SEND families. The FWC promote the Brent local offer and SEND navigators connect families into appropriate support and/ or refer onto other agencies depending on need. Further partnership is being planned with the inclusion service to strengthen SEND support across the FWC.

1.13 Young Carers Support

Brent Carers Centre were appointed as the commissioned provider for Young Carers support in August 2023. Recruitment challenges have meant that there was a delay in mobilising the support for young carers. The FWC project officer has continued to deliver training to support practitioners in identifying young carers and supporting onward referrals and outreach to schools is ongoing. Brent Carers Centre identified 35 new young carers in the final two quarters of 2023-24.

1.14 Communications plan

A communications plan is in place detailing who, how, when and where we publicise information regarding the FWC. This includes for example posters, leaflets, social media, partnership forums, a video, the website, multi-agency meetings, schools, health, VCS and Police. Most families are connected into FWC support services via a professional they are working with, or via word of mouth from another service user. Improved communications has resulted in an increase in families registering and demand for services.

A focus this year has been on improving communication with schools and this has included for example: attending school cluster meetings, attending school Designated Safeguarding Lead/ SENDCo forums, publicising the offer in the Headteachers bulletin/ Schools Extranet/ Governors termly newsletter, via Key Workers linked to schools, joint outreach to schools to attend coffee mornings, parent workshops, etc and the CYP Wellbeing Alliance network.

Public Health used Start for Life funding to recruit x2 Communication and Engagement Officers for a fixed term to develop an improved promotional campaign including print, digital and social media to raise awareness of breastfeeding and peri-natal mental health services and promote access to and use of FWC by Brent's most least heard from and disadvantaged communities. This includes for example attending community meetings, videos (with translated subtitles), digital ads (with translated versions), printed flyers, posters and promotional maternity packs.

Work continues across the FWC partnership to promote registration and take-up of services and success is reflected by increasing registrations benchmarked against last years data.

2. Local and national initiatives

2.1 Local initiatives

The Early Help service as part of CYP recognises the importance of developing and maintaining robust internal and external partnerships. Collegiate cooperation and relationship building based on trust and a sense of shared objectives with senior officers from other teams in the Council, Health, VCS and Police.

The Early Years teams are working with the 0-19 Public Health service to introduce integrated 2-year checks in Brent, and FWC are an integral part of the process. This will help to identify the most vulnerable families at an early stage and target support as necessary. In 2023-2024 training was rolled out regarding the integrated review process with approximately 150 attendees, however this has not yet translated into an increase in completion figures.

2.2 National initiatives

2.2.1 Supporting Families

The government's 'Supporting Families' (formerly 'Troubled Families') programme is embedded and aligned to the FWC delivery model. The new framework went 'live' in October 2022 and is now well embedded. Training was introduced for managers, key workers, Supporting Families Employment Advisors, triage, and Brent Family Front Door officers, to raise awareness of the changes and to increase the number of families being identified. The target Payment by Results (PbRs) for next year are greatly

increased, so therefore, we are making a push to identify as many families as we can to achieve the PbRs. The programme has been expanded for the next 3 years with stable funding that will enable medium-term planning. Brent's performance on the Supporting Families programme has consistently achieved all government targets during the last 10 years of the programme and the income funds the key workers and commissioned support services for families.

2.2.2 Reducing Parental Conflict

Funding for the DWP Reducing Parental Conflict programme provides relationship support for families ranging from universal to specialist interventions. Brent received £54k during the financial year and this was used to:

- raise awareness of the negative impact of intense and sustained parental conflict on child outcomes via a multiagency training programme
- online resources are available from the Councils' parenting website to support families and practitioners with parental conflict
- Triage workers have been trained to deliver the Triple P Family Transitions parenting programme and will use this in their day-to-day work with parents in conflict.
- 1-to-1 support is also available for parents having challenges with co-parenting related issues.

2.2.3 Family Hubs and Best Start for Life

The Start for Life programme puts Family Hubs (in Brent, the FWC) as the key delivery point for integrating support services from maternity through the early years. Local Family Hub networks consist of both physical and virtual places where services to support families come together, from birth registration to midwifery, health visiting, to mental health support, and parenting courses, to infant feeding advice, parent forums and promoting the offer.

This Government programme helps to ensure the best support is available to families in the first 1,001 days, identified within the report as 6 priority action areas, has made substantial progress in Brent and is on track to meet delivery plan targets as agreed with the DfE. The programme is currently funded until March 2025.

The programme has achieved positive outcomes for families including for example:

- Supporting the development of young children's social, cognitive and linguistic skills
- Improving parent to child bonding and attachment
- Improving parents physical, emotional health and wellbeing
- Giving parents/ carers a voice to shape the family hub and start for life offer, reducing barriers to access, increasing engagement, and take-up of services
- More parents breastfeeding with access to universal support and specialist advice
- Young people accessing a wider range of after-school and holiday activities leading to improved physical, emotional health and wellbeing.

Figure 3: Families attending a Stay & Play session



2.2.4 Mayors Office for Policing and Crime (MOPAC)

The Early Help service successfully bid for £149k from MOPAC to establish a 12-month project, starting November 2022, tackling disproportionality within the Youth Justice Service (YJS). There are two components to the programme:

1. The first is delivered by the Young Brent Foundation (YBF) and seeks to make systems change through the offer of cultural competency training to professionals
2. The second consists of supporting YJS young people from Black, Asian and Minority Ethnic Heritage groups to coproduce activities within FWC. The YJS identified a group of 12 young people to take the work forward. Some of the young people formed a Youth Panel that has advised the YJS Management Board as to their personal experience of the YJS as well as making recommendations for service improvements.

Outcomes from the programme included:

- CYP contributed to the co-design of activities to develop for example: music, production, gym, boxing, hair, beauty, basketball, art, multi-media sessions in their local FWC
- CYP developed new friendships, built their self-esteem and improved their wellbeing from attending the activities
- CYP and their families were connected into the wider family hub offer receiving support for example with cost of living and mental health/ wellbeing related issues
- CYP felt safe, supported and were able to talk about issues that were impacting them such as youth violence, drugs and relationships.

Learning from the programme included:

- CYP want activities that also have educational value i.e. instead of just playing sports, they want opportunities to train towards becoming a Personal Trainer, Sports Coach, or Referee
- CYP want to develop their entrepreneurial skills and know how to set-up their own businesses
- Young women wanted a safe place to come together, without males present, to chat and do activities such as health, beauty, nails, hair, etc
- Some CYP indicated would like to attend the gym or boxing classes, however wanted a mentor, key worker, trusted adult to accompany them, as they lacked the confidence to go alone
- CYP wanted activities that were regular and sustained and not just during school holiday periods or were short term.

3. Successes

Officers have mapped the FWC and Start for Life offers to identify gaps, improve coordination and planning of service delivery between partners, and ensure at least the minimum and some go further elements of the start for life offer is delivered. Specific successes include launching the Parents As First Teacher (PAFT) programme supporting parents with home learning environments to enhance child development, parent to child interaction, family wellbeing and school readiness and achievement through weekly planned activities and home visits. Developing Willow FWC garden using Start for Life capital funding, and expanding infant breast/ feeding advice and support services. There has also been an increase in the numbers of parents completing the Cygnet programme.

There is ongoing appreciation and learning around the role of VCS providers in the FWC. We have worked with 20+ different voluntary providers of varying sizes. The VCS provide a range of activities for all ages: advice and advocacy, domestic abuse, ESOL, fitness for parents, 5-18s after-school and holiday provision, fitness, drama therapy, mentoring, martial arts, entrepreneurship, environmental activities for 6-11s and 12+. Not only are they active in the FWC, but they are also involved in the governance at all levels (Early Help and Prevention Group, FWC Operational Board and Local Steering Groups).

The Pathfinder Youth Panel members have led and coproduced activities and forums that have been accessed by more than 200 CYP across the FWC. These include:

- A Pathfinder Young Women's Group
- Boss My Scene - four-day videography programme
- Photography – four-day programme with a family celebration event on day 5
- Young men's group – FWC provide safe space facilities for group discussions and opportunities to explore support needs
- Creative writing groups
- Creative advice and support – individual support for young people aspiring to work in the creative sector
- Family registration days
- Volunteering opportunities
- MOT Check-ups - Mental Health practitioners from Westminster Drugs Project (WDP) and EACH offered individual and group mental health, emotional wellbeing, substance misuse advice and support.

Figure 4: CYP attending a holiday activity



CYP being visible and heard is a strategic priority within the Borough Plan, SEND strategy, CYP Participation and Engagement Strategy, and Brent Young People's Strategy.

The co-production of activities and the creation of a Youth Panel has enabled CYP to take an active part in improving youth services and influencing strategic decisions. CYP have been involved in the process of creating strategies that improve their childhood experiences and future life chances.

During the Pathfinder programme it was evident from CYP feedback they wanted activities to help them develop skills to improve their education and employment chances. By giving CYP the opportunity to participate, encourage, and value their input, they can be supported to improve outcomes in their adult life.

4. Challenges

Some FWC have high numbers of families on waiting lists to be allocated a Key Worker. Managers have a duty system in place to risk assess and prioritise the waiting lists for Key Worker support. Families are contacted regularly to check-in and offer support. To increase capacity managers review Key Worker cases to ensure that cases can be closed when appropriate and in a timely fashion. The number of families on the waiting list has significantly reduced moving into the new financial year.

Planning services in advance continues to be a challenge, particularly getting some partners to commit a term in advance or committing to specific start dates. Some of these issues are related to staff recruitment and retention issues. To improve planning officers are working with partners to plan for the whole year in advance.

Recruitment and retention continue to be a particular challenge in relation to family support and early years workers. Barnardo's have developed new approaches to recruitment, including reviewing pay-scales. Recruiting Key Workers to fill vacancies is ongoing and where viable agency staff have been moved to payroll and offered fixed-term contracts.

Families continue to present at the FWC significantly impacted by the cost-of-living crisis. Families are triaged and connected into appropriate support as quickly as possible. The Triage service piloted a new Crisis Response fund (Brent Council funded) to provide one off payment to support families in financial crisis. Payments are received promptly. The pilot was successful and will be embedded across the FWC.

5. Key priorities

The key priorities for 2023-24 are detailed below including updates on progress:

1. Implement the Best Start for Life programme – the Start for Life delivery plan has made good progress with regards to implementation across all strands and regular updates are provided to the DfE. A challenge has been to mobilise the contract for low to moderate Perinatal Mental Health with CLCH but this is anticipated to begin November 2024.
2. Implement recommendations from the internal audit of FWC processes, including the FWC registration and booking process – the FWC registration and e-booking processes were simplified to make them simpler for families, internal audit recommendations have mainly been addressed and/ or are in progress.
3. Focus on recruitment and retention of staff to address staffing vacancies and the impact on the wider service – a recruitment strategy was agreed with Barnardo's and a number of vacant posts were filled, Key Worker vacancies were recruited to establishment, but there has since been further staff movement creating gaps in service delivery.

4. Improve engagement with key partners, particularly schools – in general engagement with key partners has improved and a summary of the communications and engagement work is detailed in section 1.1.4.
5. Explore opportunities for more joined up working with partners such as the VCS, Public Health and Housing, to bring in more external resources – the work continues to engage and expand delivery partners, for example there is an expansion of 0-19 health services linked to Start for Life and Unicef Level 3 infant feeding accreditation, more VCS agencies are using the FWC to deliver in local communities, a pilot with Housing Officers based in FWC was trialled but had limited success and another pilot is planned for Autumn term 2024.

The key priorities for 2024-25 are to:

1. Deliver the final year of the Start for Life programme and exit planning
2. Linking to the council's strategic change programme to ensure that FWC improve and evolve to tackle current and emerging challenges in meeting the needs of our local communities, helping to empower communities and build resilience.
3. Increase the number of parents completing accredited parenting programmes and workshops, particularly those referred from CYP practitioners
4. Develop the FWC youth offer linked to the refreshed Youth Strategy and delivery plan.
5. Support the Early Help & Social Care redesign to contribute to the development of a service that is fit for the future.

6. Building and Resources

There are ongoing low level maintenance issues with the FWC buildings that are being addressed via the contract with Facilities Management. Cleaning, gardening and window cleaning services are included as part of the contract. Cleaning schedules have been put in place to detail what should be cleaned and when to help improve cleaning standards. The FWC receive one deep clean per year, at the end of August. A second deep clean is required given the volume of activity taking place and will be planned for spring term 2025.

The key FWC building related issues are:

- Air conditioning needs to be installed at Preston Park, Three Trees, St Raphael's and Willow (first floor) FWC as the temperature in the buildings can exceed recommended levels in the summer months
- Fawood – funding was identified to support the development of an extension at Fawood to increase capacity and move delivery to the ground floor for operational reasons
- Granville – the FWC will move into temporary accommodation (old Brent Start building) in August 2024, delayed from February 2024, for up to a period of up to 2 years. The FWC will eventually be located within a new building in the immediate area.

7. Progress and Outcomes

The progress and outcomes detailed below are updated against the priorities that were agreed by Cabinet when the FWC were established in 2020.

1. *A reduction in referrals to higher level interventions – early intervention and preventative work across FWC and wider Early Help service prevents families’ problems escalating and becoming more complex.*

Progress:

- 447 parents had completed an accredited programme and 567 parents completed workshops during the year.
- 2,136 families received triage support through information, guidance or direct work, or by making an appointment with the most relevant agency depending on needs. The triage service was expanded to include an additional worker supporting asylum seeking families.
- The range of Start for Life funded services and activities has increased supporting parents with their child’s development in the first 1,001 days.

2. *Prevention of family breakdown resulting in entry to care – a strong focus on family support delivered at FWC and wider Early Help Service.*

Progress:

- From April 2023 to March 2024 the Accelerated Support Team supported a total of 164 vulnerable young people identified as being on the edge of care, preventing 95% from entering the care system.
- The number of cases being ‘stepped down’ from children’s social care teams to Early Help services increased by 36% from 2022/23 to 2023/24. In 2023/24 177 children were stepped down compared to 130 in 2022/23.
- There were 191 children stepped up in 2023/24 compared to 156 children in 2022/23, this is an increase of 22%.
- Step-up/ downs are monitored on a quarterly basis by the Director, Integration and Improved Outcomes, with plans in place to encourage further step downs. The Early Help dashboard will also provide an overview and enable identification of which teams are not stepping cases down so further partnerships can be encouraged.

3. *Addressing the growing challenge of serious youth violence – FWC host activities and support for young people and signpost to opportunities elsewhere, linked to the Brent Youth Strategy and delivery plan.*

Progress:

- FWC have worked with local schools to meet young people and work together to co-design activities.
- There has been an increase in young people attending FWC and engaging in a variety of activities, 14% of children’s registrations are young people aged 12-18 years old, 33% children aged 5-11 years old, and 54% of children aged 0-4.
- Expansion of the offer for young people includes sports and sports leadership, arts workshops (animation, photography, comic books, murals), dance and drama workshops.
- Young women attending report developing new friendships and better coping skills in stressful situations.
- A young people’s survey was completed to update their views on the priorities of the Youth Strategy and to capture their voices on what they would like to see delivered in the FWC.

4. *Building capacity in universal services so that they can support children earlier – strong partnerships and commitments are in place with the statutory and third sector to work together to achieve positive outcomes for families via the Early Help strategy and common framework to deliver early help across Brent using a whole family holistic approach.*

Progress:

- In the last financial year, CAB supported 1,402 families with 2,550 issues. The costs of living and housing were the two most significant issues families experienced in the year under review.
- CAB achieved financial gains of £682,293 for 569 families, reduced or wrote off the debt of 230 families by a total of £224,343, and secured or clarified the immigration status of 201 families and/ or their family members.
- CAB advised and guided 127 parents on various employment matters.
- Supported 554 families to secure accommodation or prevent homelessness and referred 107 families to other support services.
- Barnardo's have created added value by providing families with access to white goods, food donations, concert tickets, IT equipment, clothes, books, and Driving Healthy Futures (healthy eating/ cooking sessions and families get food vouchers for participating)
- Little Village work closely with the FWC and support families with babies and young children living in poverty. Via their network of baby banks they pass on pre-loved goods from one family to another – clothes, toys and equipment – so that more babies and young children have the essential things they need to thrive.

5. *Successful delivery of the Healthy Child Programme (0-19) – health visiting, and school nursing services are commissioned by Public Health and delivered across the FWC and other sites.*

Progress:

With the changes and the expansion of the FWC, it has improved access for families to the 0-19 Healthy Child Programme. The services include:

- 0-19 public health service (health visiting and school nursing service) have worked with FWC to obtain UNICEF Baby Friendly stage 3 leading to improved breast-feeding rates
- The Health, Exercise, Nutrition for the Really Young (HENRY) was introduced by Public Health and is co-facilitated by the 0-19 Public health service and FWC staff
- Brent4 Life (weight management team) offer
 - Five week programme to include various sessions such as - Introduction to solids face-to-face sessions, etc
 - 1:1 sessions for families with children under 5 who are overweight
- Infant Feeding Support Clinics in the majority of FWC and a specialist clinic one day a week
- Health Review Clinics established in all FWC

- Safeguarding review clinics are carried out by the 0-19 service face-to-face
- Maternal Early Childhood Sustained Home Visiting (MECSH) vulnerable families are seen by HVs on a 1:1 to offer more support.
- Infant-2-School offered to vulnerable families for children who are 2 weeks to starting school. The support is delivered on a 1:1 basis at home, or the FWC.

Other health services offered in FWC are:

- Vaccination programmes - BCG programmes are delivered at some FWC and plans are to extend these further
- Ante-natal and postnatal midwifery - is provided across 6 centres, at least twice per week. When concerns present, midwives are referring families to the triage worker for additional support which includes access to wider family support - outcomes include: reducing maternal stress, improved self-care, improving the birth experience, increasing awareness of baby blues and where to access appropriate support
- Perinatal mental health service – provided in 6 centres, the service is supporting families to access under 5's activities such as baby massage/ yoga and an emotional wellbeing programme for parents
- Oral health promotion sessions such as supervised tooth brushing are offered in FWCs throughout the year – outcomes include: improved oral health, reduced teeth extraction, families supported to register with local dentists
- Healthy Start programme – supporting vulnerable families on low incomes to access free food, milk and vitamins.

6. *Improved school readiness for children when they enter Reception (aged 4/5 years).*

Progress:

- CLCH are commissioned to work across the FWC to provide Speech and Language Therapy (SLT) support to children. Outcomes include:
 - Ø promoting age-appropriate development of children's (0-5 years old) Speech Language and Communication (SLC) skills
 - Ø early identification and intervention to prevent children's SLC needs escalating
 - Ø improve children's school readiness with respect to their SLC skills
 - Ø increase the skills and confidence of parents, staff and volunteers to encourage children's SLC development, particularly for parents of children with additional needs
 - Ø enable families of children with additional needs to have timely and properly coordinated access to specialist and/ or early intervention services.
- At the FWC 2,207 under 5s received universal SLT support. 304 children were identified as needing specialist SLT support and 68 were referred into the clinical service.
- Parents as First Teachers (PAFT) – Two workers were appointed in December 2023 to support the roll out of the PAFT programme which

supports families of 0-5 with a targeted home visiting support and group interventions in FWCs. In the final quarter of 2023-2024 42 parents were supported through 1:1 home visits and 38 families accessed through group interventions..

- CAMHs Under 5s – a CAMHs under 5s service was established at Willow FWC and provides support to families across the FWC. Families receive support to address issues for their children such as tantrums, sleep problems, behaviour difficulties, separation anxiety, developmental difficulties, parenting difficulties and family relationship issues.
- In partnership with the Library Service the Booktrust Storytime programme is delivered across the FWC giving out free books to families, encouraging parents to read with their children and registering with the libraries. Families are signposted to events at the libraries and vice-versa.
- Parents are encouraged to develop their home Learning environments to support children's development and training/ workshops were provided by the Early Years' service.
- Making it REAL (Raising Early Achievement in Literacy) – Funding through the family hubs and start for life programme enabled 53 practitioners to be trained in REAL in 23-24.
- Parents were supported to understand healthy attachment and their children's developmental milestones.
- There is a continued focus on improving the take-up of the free entitlement to early education in the borough to encourage more children to take advantage of nursery and childminding provision. Staff at the FWC contact families eligible for free entitlement places to encourage take- and promote engagement with the FWC.
- Research has shown that high quality early childhood education and care can have positive and long-lasting impacts on children's education, cognitive, behavioural and social outcomes and play a positive role in raising attainment and closing the gap between outcomes for children from disadvantaged backgrounds and their peers. The last release of data (June 2024) indicated take-up in Brent as of January 2024 was 84.8% for 3- and 4-year-olds, an increase of 5.5% on the previous year. The % take-up of the 2-year entitlement declined to 59.2% - a reduction from 65.4% in the previous year. The introduction of the working families entitlements for children 9+ months will roll out from April 2024. Work is ongoing to raise awareness of the free entitlements to all communities, using a range of marketing / promotional strategies and in particular to reach families who are not accessing the places that they are entitled to. Strong links have been made with partner agencies including health and the VCS to increase reach within the community.

Outcomes

The outcomes and impact achieved for families through the FWC is wide ranging given the diverse range of services on offer. During the year 18,113 families have been supported to achieve outcomes in the following areas:

- Improved family finances and reducing the impact of the cost-of-living crisis

- Improved family nutrition, weight management and access to fresh fruit and vegetables
- Support to stop smoking improving family health and wellbeing
- Improving school attendance and punctuality leading to better educational outcomes
- Improved oral health and reducing teeth extraction for under 5's
- Improved parent/ carer and CYP mental health and wellbeing
- Improved parenting capacity leading to better relationships between parents and their children, reducing children's behavioural problems and better communication
- Reducing negative discipline practices such as smacking and providing parents with alternative approaches
- Improving CYP and parent/ carers emotional literacy
- Reducing substance misuse and its impact on families
- Improved family fitness leading to better wellbeing outcomes
- Increasing asylum seeker engagement with early help and preventative services
- Preventing family problems becoming more complex and entrenched by intervening earlier and providing the right support at the right time
- Preventing family breakdown and children going into care
- Reducing the risk of domestic abuse and improving outcomes for families impacted by domestic abuse
- Improving parents literacy, numeracy and ICT skills
- Reducing parental conflict and the negative impact on families
- Reducing the impact of Adverse Childhood Experiences and trauma
- Increasing families resilience to the impact of multiple disadvantages
- Supporting parents and young people into employment and to access educational and work experience opportunities
- Reducing the impact of caring responsibilities on children
- Reducing social isolation, particularly for new mums
- Improving a range of outcomes for families of children with SEND
- Improving children's school readiness
- Improving CYP attainment, school attendance and engagement with school.

8. Service user feedback

Service user feedback and engagement with families is used to co-produce the FWC delivery model to ensure that services and support offered actively engages families and meets their wide-ranging needs.

A Parent Carer Voice Forum was set-up as part of the Start for Life programme to ensure there was a strong parent voice in shaping the offer. Parents were recruited with children at different ages and stages, children with SEND, dads and pregnant parents to ensure a diverse group and a wide range of views were captured.

Parents are involved with the FWC local governance arrangements and are represented on the LSG and in some cases chair the LSG.

Appendix 1

| FWC core service offer | |
|--|---|
| <p>HEALTH</p> <ul style="list-style-type: none"> · Antenatal and maternity care · Infant feeding support · Health visiting · School nursing · Oral health improvement · Speech and language development · General health, registering with GP, information on local hospitals · Keeping fit and active · Nutrition, weight management, healthy cooking · Information on common childhood illnesses · Immunisations · Parent-Infant Relationships and Perinatal Mental Health Support · Mental health services (beyond Start for Life parent-infant mental health) · Healthy Start vitamin project · Stop smoking support <p>PARENTS & CARERS SUPPORT</p> <ul style="list-style-type: none"> · Dads/ Male Carers support · Employment, including getting ready for work, (CV writing, job searches) · Adult education i.e. ESOL and Maths courses · Debt and welfare advice (claiming benefits, debt management, budgeting) · Housing advice (homelessness, renting) · Legal advice (immigration, employment, marital) · Parent / Carer emotional wellbeing | <p>EDUCATION</p> <ul style="list-style-type: none"> · Early Childhood Education and Care (ECEC) and financial support (Tax-Free Childcare, Universal Credit childcare) · Early Language and the Home Learning Environment · Applying for a school place · Starting school · Transitions · Improving school attendance · Homework clubs · Education, employment support for young people (13-16, 16+) · Activities for early years/ primary and secondary · Support for families with children with Special Educational Needs and/ or Disabilities (SEND) <p>FAMILY SUPPORT</p> <ul style="list-style-type: none"> · Parenting programmes · Workshops on setting routines and boundaries · Staying safe on computers, phones and at home · Relationship support · Support for separating and separated parents and their children · Intensive targeted family support services, including those funded by the Supporting Families programme · Substance (alcohol/ drug) misuse support · Youth Justice services · Youth services - universal and targeted · Domestic abuse support (adults and children) · Parents as First Teachers (PAFT) |

Family Wellbeing Centres Data Report 2023/24

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| 11. | Young Carers | 61 |

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1. Registrations

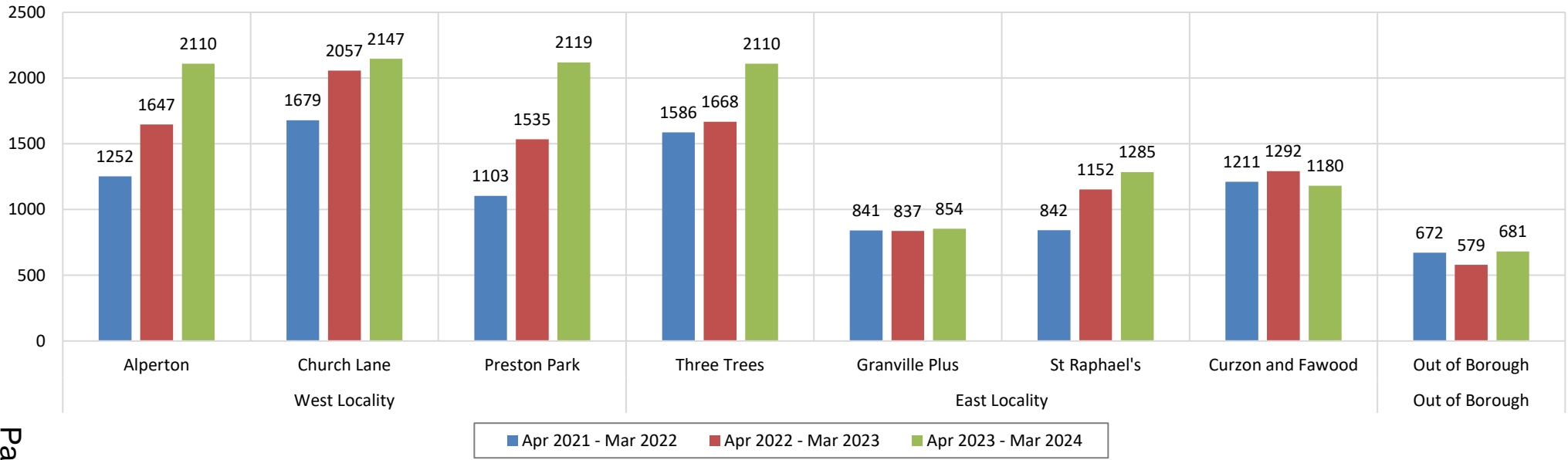
1.1. Registrations - Children and Young People (CYP) and Adults

Number of registrations (CYP and Adults)

| Quarter | Alperton | Church Lane | Preston Park | Three Trees | Granville Plus | St Raphael's | Curzon /Fawood | Brent Total | Out of Area | Grand Total |
|--|----------|-------------|--------------|-------------|----------------|--------------|----------------|-------------|-------------|-------------|
| Q1 2023/24 | 387 | 514 | 454 | 412 | 193 | 266 | 237 | 2,463 | 181 | 2,644 |
| Q1 2022/23 | 413 | 546 | 368 | 356 | 216 | 262 | 416 | 2,577 | 175 | 2,752 |
| Q1 2021/22 | 166 | 268 | 168 | 331 | 188 | 148 | 134 | 1,403 | 173 | 1,576 |
| Q1 Difference (2023/24 and 2022/23) | -26 | -32 | 86 | 56 | -23 | 4 | -179 | -114 | 6 | -108 |
| Q2 2023/24 | 536 | 569 | 626 | 578 | 204 | 376 | 312 | 3,201 | 173 | 3,374 |
| Q2 2022/23 | 413 | 514 | 352 | 459 | 204 | 295 | 305 | 2,542 | 122 | 2,664 |
| Q2 2021/22 | 355 | 494 | 216 | 421 | 235 | 220 | 351 | 2,292 | 166 | 2,458 |
| Q2 Difference (2023/24 and 2022/23) | 123 | 55 | 274 | 119 | - | 81 | 7 | 659 | 51 | 710 |
| Q3 2023/24 | 511 | 483 | 432 | 576 | 190 | 288 | 289 | 2,769 | 138 | 2,907 |
| Q3 2022/23 | 363 | 487 | 318 | 365 | 160 | 309 | 294 | 2,296 | 123 | 2,419 |
| Q3 2021/22 | 339 | 424 | 310 | 442 | 177 | 221 | 313 | 2,226 | 159 | 2,385 |
| Q3 Difference (2023/24 and 2022/23) | 148 | -4 | 114 | 211 | 30 | -21 | -5 | 473 | 15 | 488 |
| Q4 2023/24 | 668 | 560 | 603 | 536 | 259 | 346 | 341 | 3,313 | 188 | 3,501 |
| Q4 2022/23 | 461 | 503 | 481 | 469 | 262 | 271 | 260 | 2,707 | 165 | 2,872 |
| Q4 2021/22 | 392 | 493 | 409 | 392 | 241 | 253 | 413 | 2,593 | 174 | 2,767 |
| Q4 Difference (2023/24 and 2022/23) | 207 | 57 | 122 | 67 | -3 | 75 | 81 | 606 | 23 | 629 |
| Total 2023/24 | 2,110 | 2,147 | 2,119 | 2,110 | 854 | 1,285 | 1,180 | 11,805 | 681 | 12,486 |
| Total 2022/23 | 1,647 | 2,057 | 1,535 | 1,668 | 837 | 1,152 | 1,292 | 10,188 | 579 | 10,767 |
| Total 2021/22 | 1,252 | 1,679 | 1,103 | 1,586 | 841 | 842 | 1,211 | 8,514 | 672 | 9,186 |
| Total Difference (2023/24 and 2022/23) | 463 | 90 | 584 | 442 | 17 | 133 | -112 | 1,617 | 102 | 1,719 |

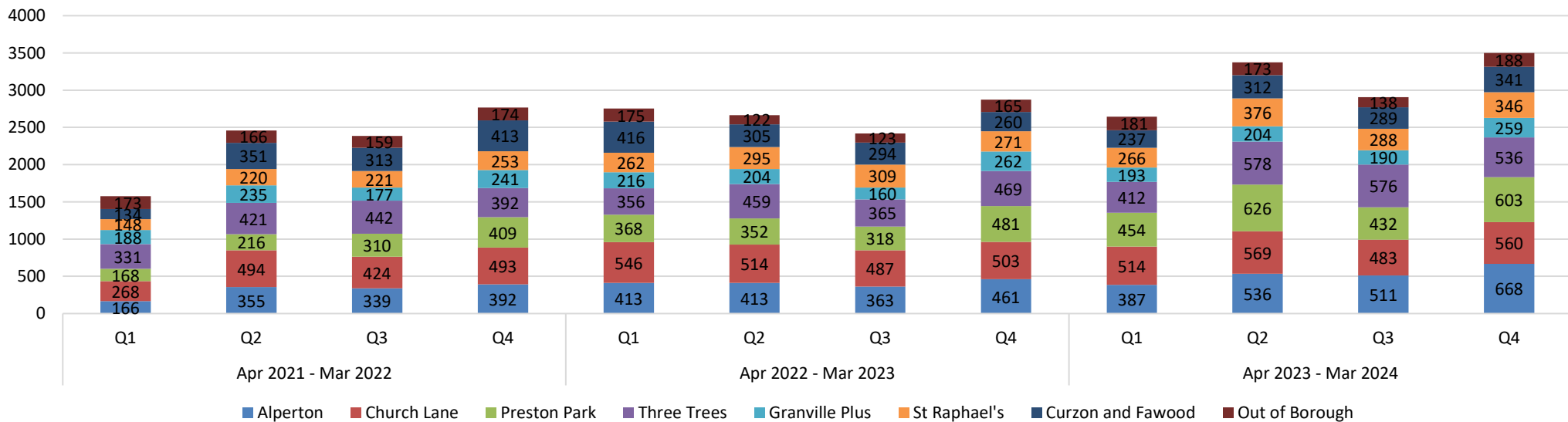
- 2023/24 data extraction date from eStart: Q1 07-Jul-23; Q2 04-Oct-23; Q3 08-Jan-24; Q4 05-Apr-24
- 2022/23 data extraction date from eStart: Q1 04-Jul-22; Q2 03-Oct-22; Q3 09-Jan-23; Q4 06-Apr-23; Total 2022/23 06-Apr-23 (due to variations in data between extraction dates, sub-totals are not added manually to obtain the cumulative YTD total, it is calculated separately)
- 2021/22 data extraction date from eStart: 11-Apr-22; Total new registrations in 2020/21 were 5,221

Registrations (CYP and Adults) by Year



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Registrations (CYP and Adults) by Quarter



1.2. Registrations – SEND CYP

| Age Group | Period | Alperton | Church Lane | Preston Park | Three Trees | Granville | St Raphael's | Curzon /Fawood | Brent Total | Out of Area | Grand Total |
|-------------|--|----------|-------------|--------------|-------------|-----------|--------------|----------------|-------------|-------------|-------------|
| 0-5 Years | 2023/24 | 29 | 40 | 25 | 30 | 9 | 23 | 12 | 168 | 13 | 181 |
| | 2022/23 | 21 | 32 | 20 | 23 | 8 | 23 | 30 | 157 | 3 | 160 |
| | 2021/22 | 20 | 27 | 14 | 25 | 14 | 23 | 26 | 149 | 8 | 157 |
| | Difference (2023/24 and 2022/23) | 8 | 8 | 5 | 7 | 1 | 0 | -18 | 11 | 10 | 21 |
| 6-11 Years | 2023/24 | 27 | 22 | 30 | 40 | 11 | 25 | 29 | 184 | 8 | 192 |
| | 2022/23 | 15 | 24 | 14 | 23 | 12 | 27 | 36 | 151 | 7 | 158 |
| | 2021/22 | 12 | 20 | 10 | 28 | 19 | 21 | 20 | 130 | 4 | 134 |
| | Difference (2023/24 and 2022/23) | 12 | -2 | 16 | 17 | -1 | -2 | -7 | 33 | 1 | 34 |
| 12-18 Years | 2023/24 | 26 | 22 | 22 | 38 | 7 | 32 | 17 | 164 | 3 | 167 |
| | 2022/23 | 10 | 29 | 14 | 17 | 4 | 21 | 22 | 117 | 3 | 120 |
| | 2021/22 | 17 | 19 | 6 | 18 | 18 | 13 | 13 | 104 | 2 | 106 |
| | Difference (2023/24 and 2022/23) | 16 | -7 | 8 | 21 | 3 | 11 | -5 | 47 | 0 | 47 |
| 19-25 Years | 2023/24 | 4 | 3 | 6 | 9 | 3 | 8 | 4 | 37 | 1 | 38 |
| | 2022/23 | 2 | 1 | 4 | 2 | 0 | 4 | 5 | 18 | 0 | 18 |
| | 2021/22 | 2 | 1 | 6 | 2 | 0 | 1 | 2 | 14 | 0 | 14 |
| | Difference (2023/24 and 2022/23) | 2 | 2 | 2 | 7 | 3 | 4 | -1 | 19 | 1 | 20 |
| Grand Total | 2023/24 | 86 | 87 | 83 | 117 | 30 | 88 | 62 | 553 | 25 | 578 |
| | 2022/23 | 48 | 86 | 52 | 65 | 24 | 75 | 93 | 443 | 13 | 456 |
| | 2021/22 | 51 | 67 | 36 | 73 | 51 | 58 | 61 | 397 | 14 | 411 |
| | Total Difference (2023/24 and 2022/23) | 38 | 1 | 31 | 52 | 6 | 13 | -31 | 110 | 12 | 122 |

- Based on Family Wellbeing Centre (FWC) CRM/Portal registrations where 'disability or long-term illness' is specified as 'Yes', plus eStart registrations not on CRM where SEND has been added. In May 2023, the wording on the CRM/Portal registration form changed to 'disability or additional learning needs'.
- Age groups for 2023/24 data are as at 31-Mar-24
- Age groups for 2022/23 data are as at 31-Mar-23
- Age groups for 2021/22 data are as at 31-Mar-22
- Data extraction dates – 2023/24 on 04-Apr-24; 2022/23 on 11-Apr-23; 2021/22 on 04-Jan-23

2. Contacts – Reach and Volume

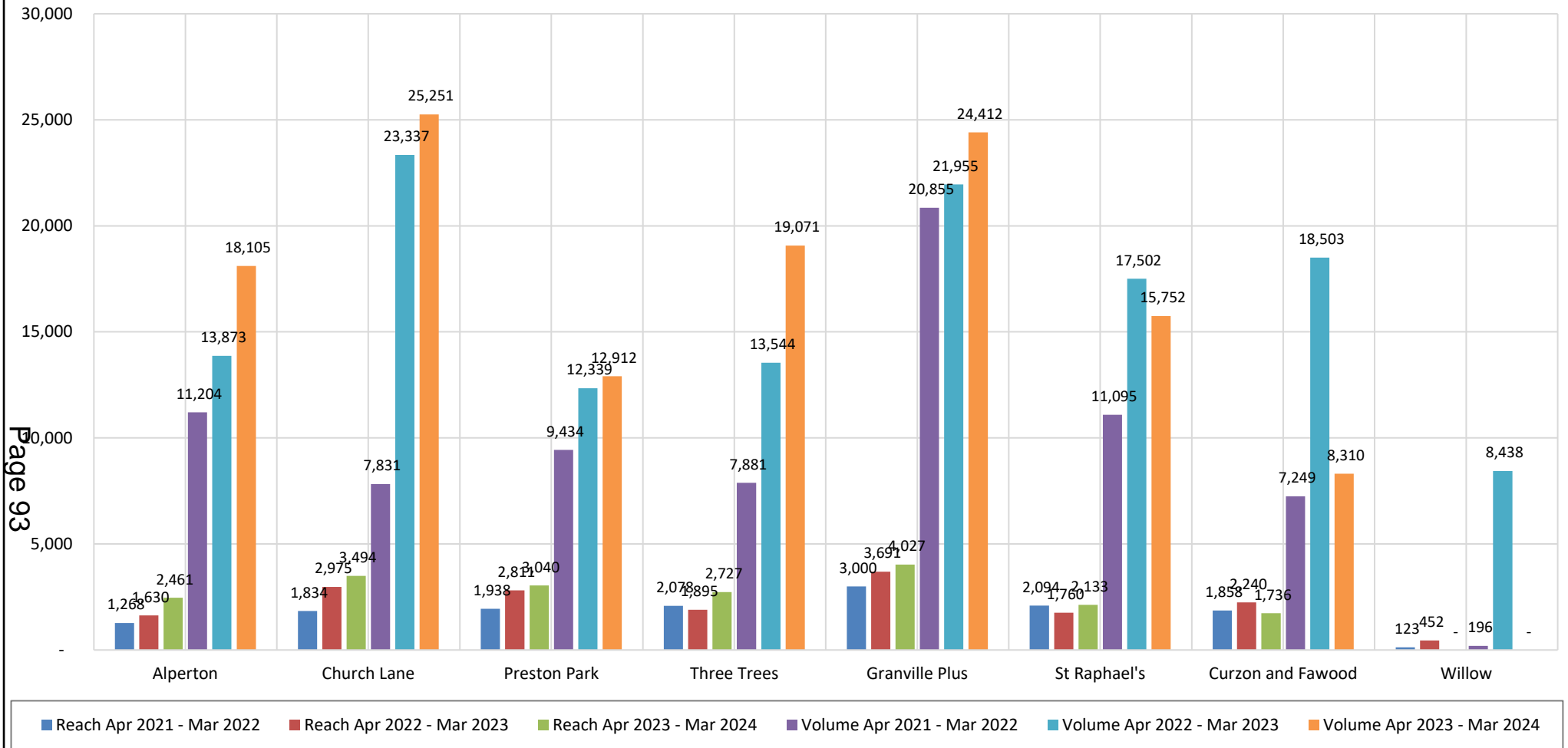
Number of contacts by FWC - Reach and Volume

| Type | Quarter | Alperton | Church Lane | Preston Park | Three Trees | Granville Plus | St Raphael's | Curzon /Fawood | Willow | Grand Total |
|--------|-------------------------------------|----------|-------------|--------------|-------------|----------------|--------------|----------------|--------|-------------|
| Reach | Q1 2023/24 | 748 | 1,433 | 953 | 986 | 1,474 | 692 | 580 | - | 6,032 |
| | Q1 2022/23 | 547 | 993 | 745 | 507 | 1,599 | 481 | 854 | 222 | 5,338 |
| | Q1 2021/22 | 341 | 359 | 671 | 1,015 | 829 | 954 | 810 | 5 | 4,749 |
| | Q1 Difference (2023/24 and 2022/23) | 201 | 440 | 208 | 479 | -125 | 211 | -274 | -222 | 694 |
| Volume | Q1 2023/24 | 5,033 | 6,806 | 2,902 | 4,794 | 5,470 | 4,236 | 2,512 | - | 31,753 |
| | Q1 2022/23 | 3,922 | 4,002 | 2,568 | 1,852 | 7,006 | 2,665 | 4,805 | 2,704 | 29,524 |
| | Q1 2021/22 | 824 | 839 | 2,237 | 1,987 | 2,971 | 2,071 | 1,180 | 28 | 12,137 |
| | Q1 Difference (2023/24 and 2022/23) | 1,111 | 2,804 | 334 | 2,942 | -1,536 | 1,571 | -2,293 | -2,704 | 2,229 |
| Reach | Q2 2023/24 | 872 | 1,365 | 965 | 1,013 | 1,547 | 1,096 | 622 | - | 6,368 |
| | Q2 2022/23 | 601 | 1,055 | 692 | 771 | 1,435 | 719 | 811 | 179 | 5,547 |
| | Q2 2021/22 | 358 | 603 | 661 | 428 | 1,108 | 560 | 604 | 7 | 3,971 |
| | Q2 Difference (2023/24 and 2022/23) | 271 | 310 | 273 | 242 | 112 | 377 | -189 | -179 | 821 |
| Volume | Q2 2023/24 | 4,312 | 7,188 | 2,419 | 4,496 | 5,482 | 4,568 | 1,726 | - | 30,191 |
| | Q2 2022/23 | 2,756 | 5,470 | 1,821 | 3,626 | 4,748 | 4,706 | 3,348 | 1,141 | 27,616 |
| | Q2 2021/22 | 2,278 | 1,693 | 2,356 | 1,444 | 4,675 | 1,550 | 1,356 | 21 | 15,373 |
| | Q2 Difference (2023/24 and 2022/23) | 1,556 | 1,718 | 598 | 870 | 734 | -138 | -1,622 | -1,141 | 2,575 |
| Reach | Q3 2023/24 | 798 | 1,045 | 767 | 972 | 1,616 | 775 | 550 | - | 5,845 |
| | Q3 2022/23 | 538 | 1,272 | 774 | 730 | 1,240 | 533 | 838 | 154 | 5,311 |
| | Q3 2021/22 | 499 | 605 | 781 | 576 | 1,333 | 535 | 539 | 31 | 4,369 |
| | Q3 Difference (2023/24 and 2022/23) | 260 | -227 | -7 | 242 | 376 | 242 | -288 | -154 | 534 |
| Volume | Q3 2023/24 | 3,457 | 5,538 | 2,005 | 4,024 | 6,220 | 4,011 | 1,331 | - | 26,586 |
| | Q3 2022/23 | 3,035 | 6,596 | 2,908 | 3,694 | 4,040 | 2,090 | 4,830 | 1,688 | 28,881 |
| | Q3 2021/22 | 3,885 | 2,470 | 2,556 | 2,292 | 6,680 | 2,879 | 2,442 | 33 | 23,237 |
| | Q3 Difference (2023/24 and 2022/23) | 422 | -1,058 | -903 | 330 | 2,180 | 1,921 | -3,499 | -1,688 | -2,295 |

| | | | | | | | | | | |
|--------|--|--------|--------|--------|--------|--------|--------|---------|--------|---------|
| Reach | Q4 2023/24 | 951 | 1,181 | 717 | 1,049 | 1,501 | 593 | 667 | - | 5,863 |
| | Q4 2022/23 | 702 | 1,297 | 1,162 | 873 | 1,471 | 789 | 899 | 122 | 6,484 |
| | Q4 2021/22 | 562 | 827 | 716 | 651 | 1,466 | 651 | 492 | 89 | 4,924 |
| | Q4 Difference (2023/24 and 2022/23) | 249 | -116 | -445 | 176 | 30 | -196 | -232 | -122 | -621 |
| Volume | Q4 2023/24 | 3,975 | 5,687 | 2,190 | 4,745 | 5,729 | 2,399 | 2,520 | - | 27,245 |
| | Q4 2022/23 | 3,836 | 6,731 | 3,026 | 3,870 | 5,297 | 6,012 | 4,173 | 826 | 33,771 |
| | Q4 2021/22 | 4,217 | 2,829 | 2,285 | 2,158 | 6,529 | 4,595 | 2,271 | 114 | 24,998 |
| | Q4 Difference (2023/24 and 2022/23) | 139 | -1,044 | -836 | 875 | 432 | -3,613 | -1,653 | -826 | -6,526 |
| Reach | Total 2023/24 | 2,461 | 3,494 | 3,040 | 2,727 | 4,027 | 2,133 | 1,736 | - | 15,849 |
| | Total 2022/23 | 1,630 | 2,975 | 2,811 | 1,895 | 3,691 | 1,760 | 2,240 | 452 | 14,355 |
| | Total 2021/22 | 1,268 | 1,834 | 1,938 | 2,078 | 3,000 | 2,094 | 1,858 | 123 | 12,345 |
| | Total Difference (2023/24 and 2022/23) | 831 | 519 | 229 | 832 | 336 | 373 | -504 | -452 | 1,494 |
| Volume | Total 2023/24 | 18,105 | 25,251 | 12,912 | 19,071 | 24,412 | 15,752 | 8,310 | - | 124,302 |
| | Total 2022/23 | 13,873 | 23,337 | 12,339 | 13,544 | 21,955 | 17,502 | 18,503 | 8,438 | 129,491 |
| | Total 2021/22 | 11,204 | 7,831 | 9,434 | 7,881 | 20,855 | 11,095 | 7,249 | 196 | 75,745 |
| | Total Difference (2023/24 and 2022/23) | 4,232 | 1,914 | 573 | 5,527 | 2,457 | -1,750 | -10,193 | -8,438 | -5,189 |

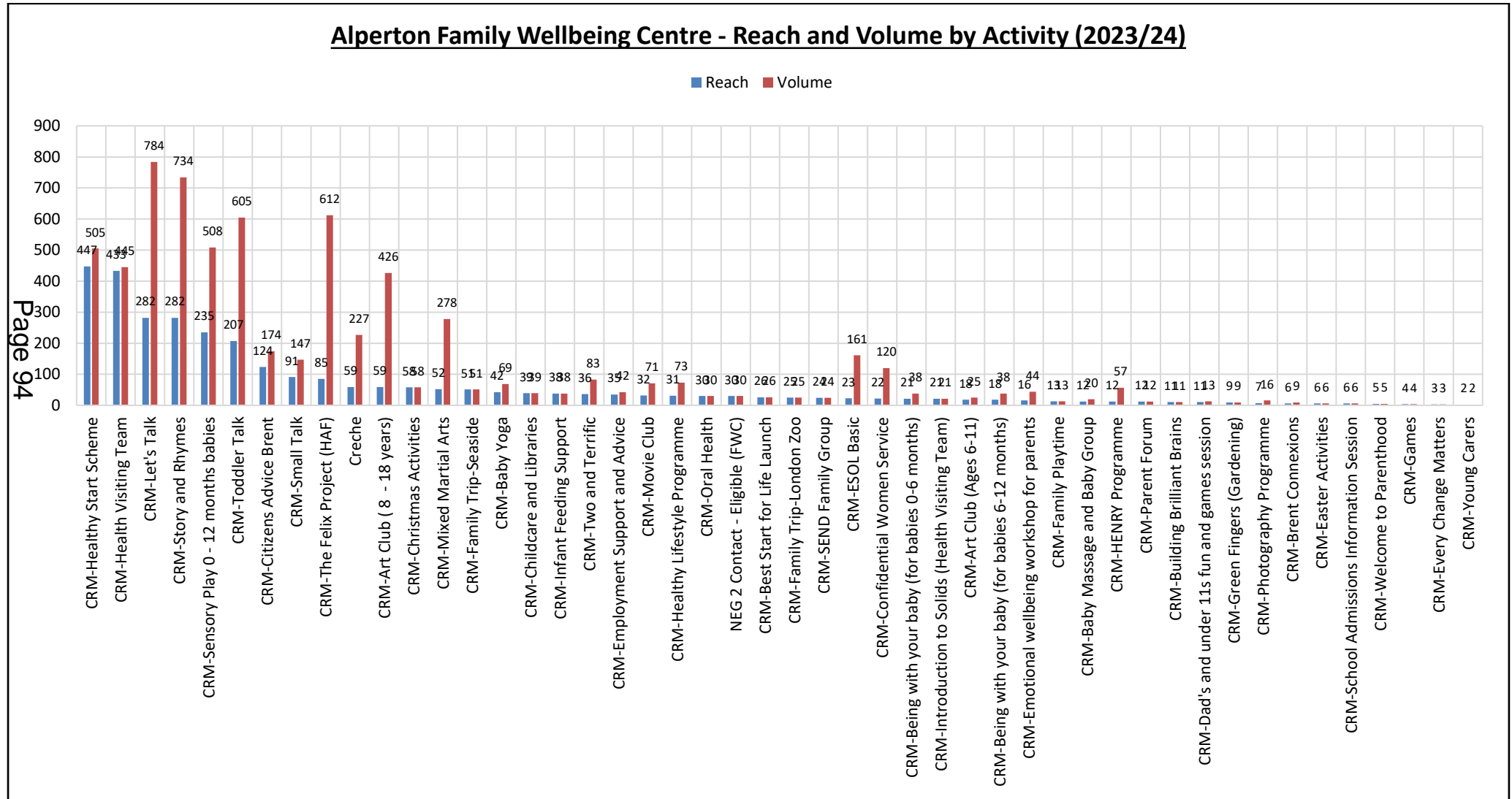
- 92
- Reach is the number of individuals that have had a contact within the specified period. Individuals may have had a contact in more than one quarter and by more than one FWC. As such, sub totals are not manually added to get the total Reach figure for the year. This is calculated separately for the year period.
- Volume is the number of times individuals have had a contact within the specified period
 - 2023/24 data extraction date from eStart: Q1 07-Jul-23; Q2 09-Oct-23; Q3 08-Jan-24; Q4 05-Apr-24
 - 2022/23 data extraction date from eStart: Q1 04-Jul-22; Q2 03-Oct-22; Q3 12-Jan-23; Q4 06-Apr-23; Total 2022/23 06-Apr-23
 - 2021/22 data extraction date from eStart: 25-Apr-22

Number of Contacts by FWC - Reach and Volume



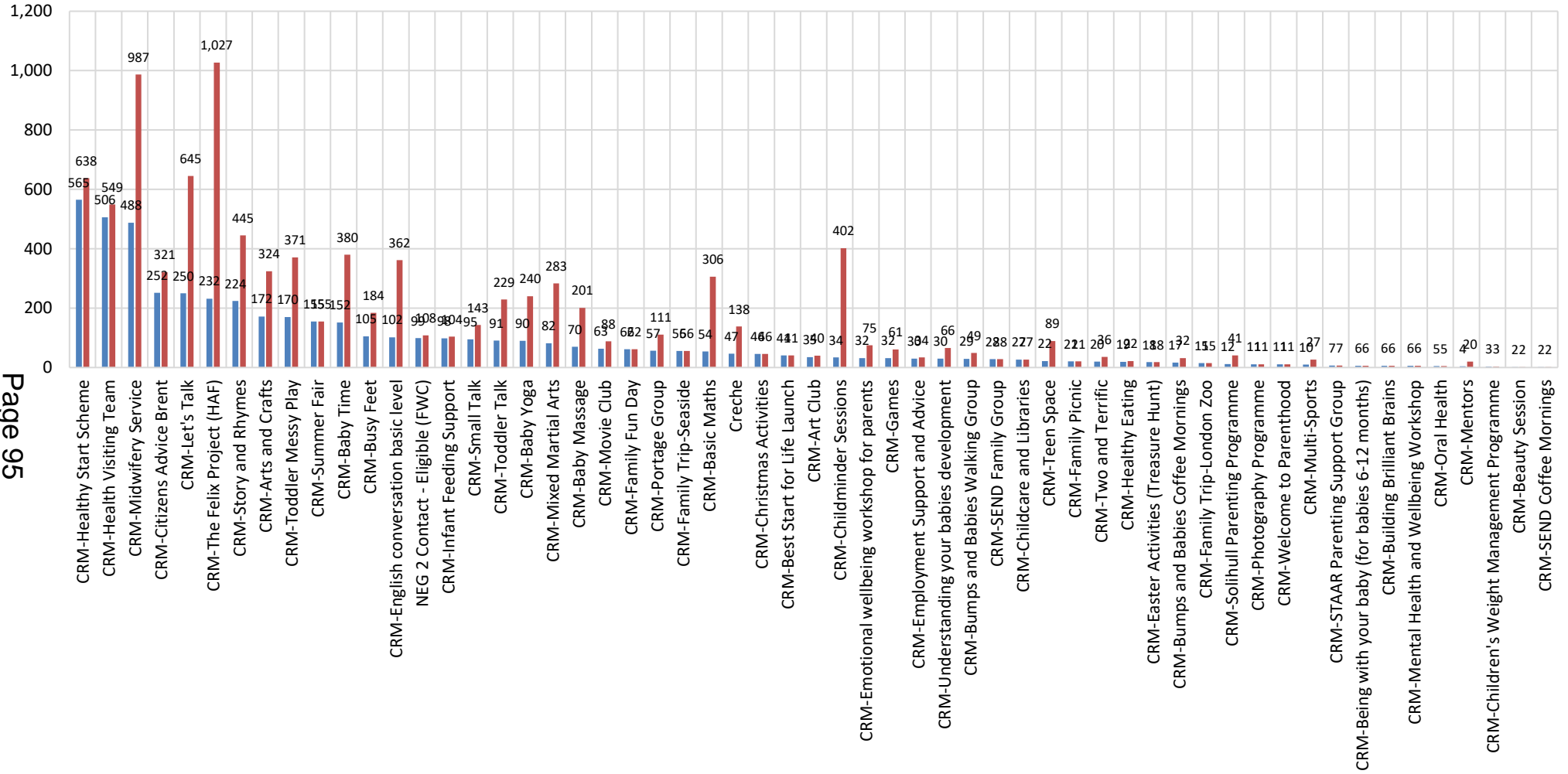
2.1. Contacts – Reach and Volume by Activity

- Based on data extracted from eStart on 05-Apr-24
- In largest to smallest order by reach
- Activity names listed below are directly from eStart. These may not necessarily be the event group that has been used for CRM/Portal



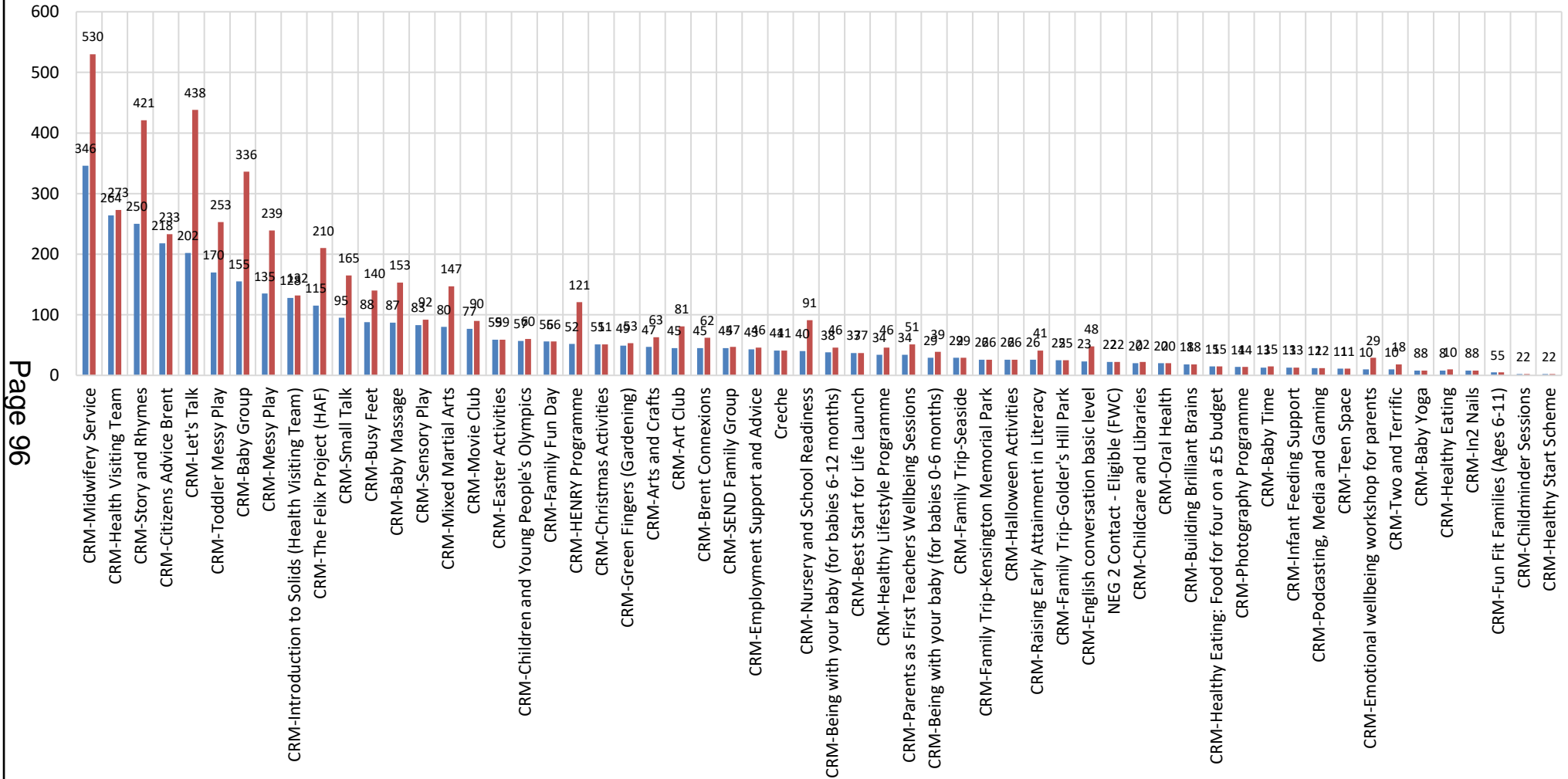
Church Lane Family Wellbeing Centre - Reach and Volume by Activity (2023/24)

■ Reach ■ Volume



Preston Park Family Wellbeing Centre - Reach and Volume by Activity (2023/24)

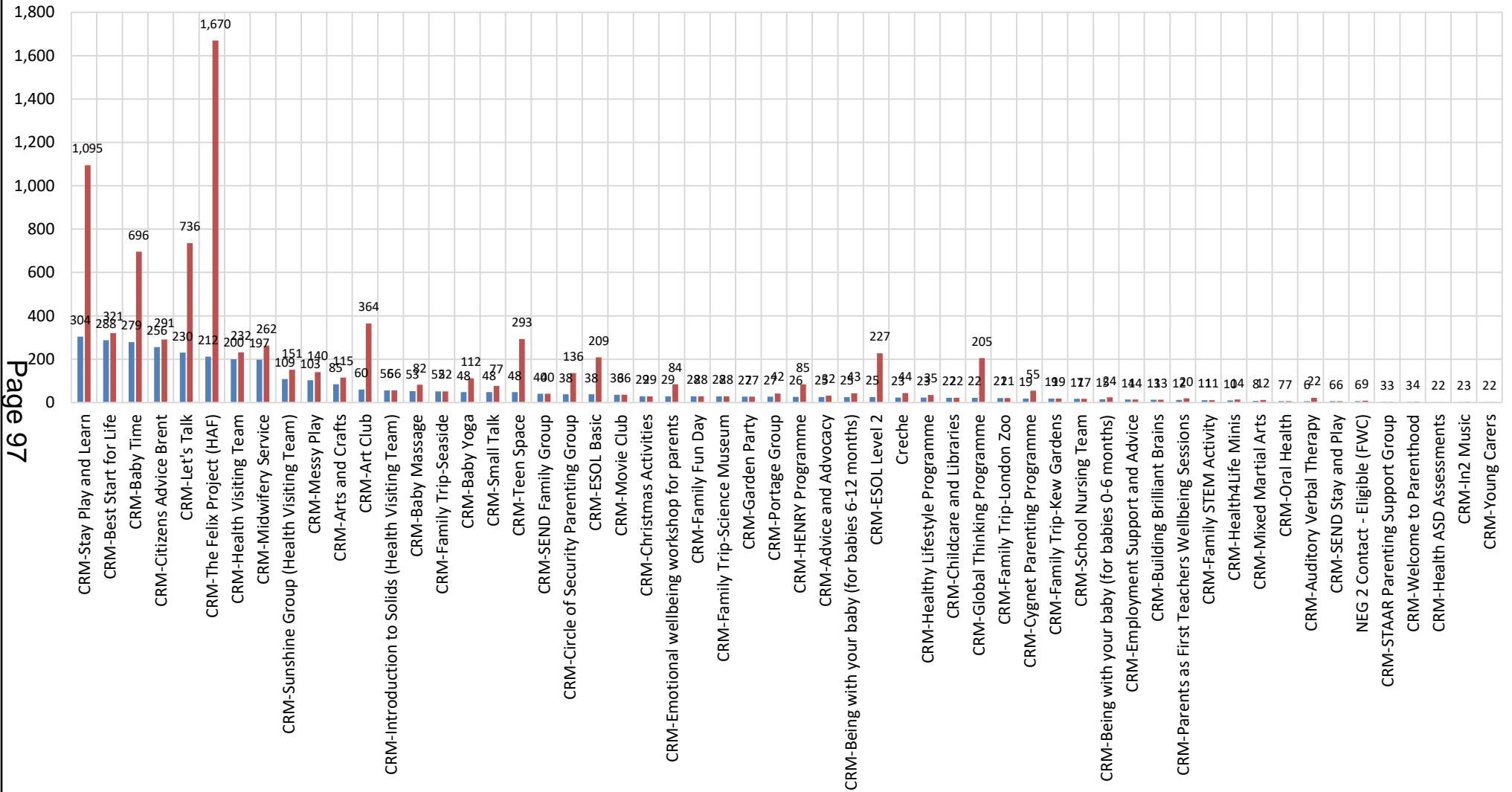
■ Reach ■ Volume



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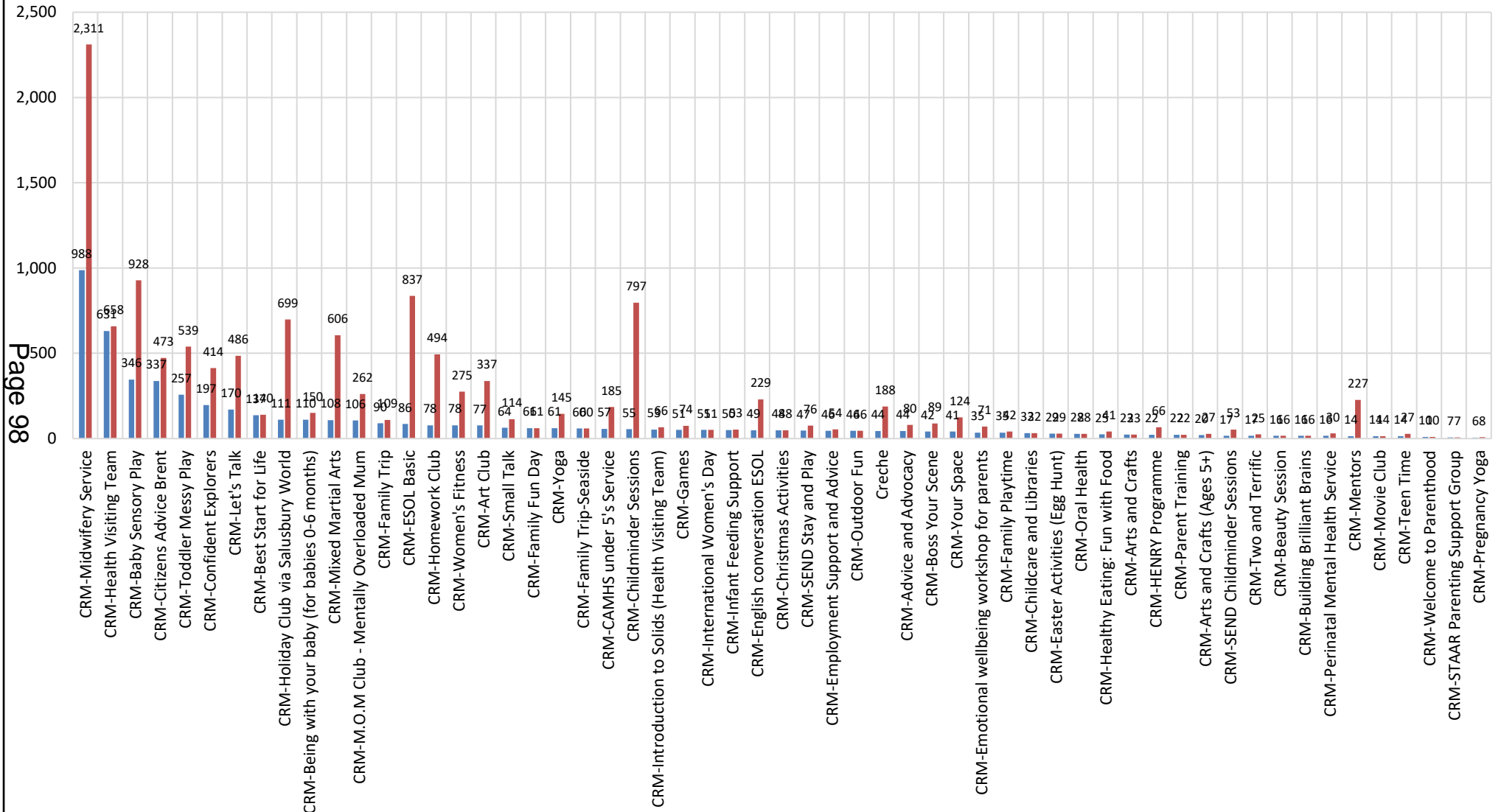
Three Trees Family Wellbeing Centre - Reach and Volume by Activity (2023/24)

Reach Volume



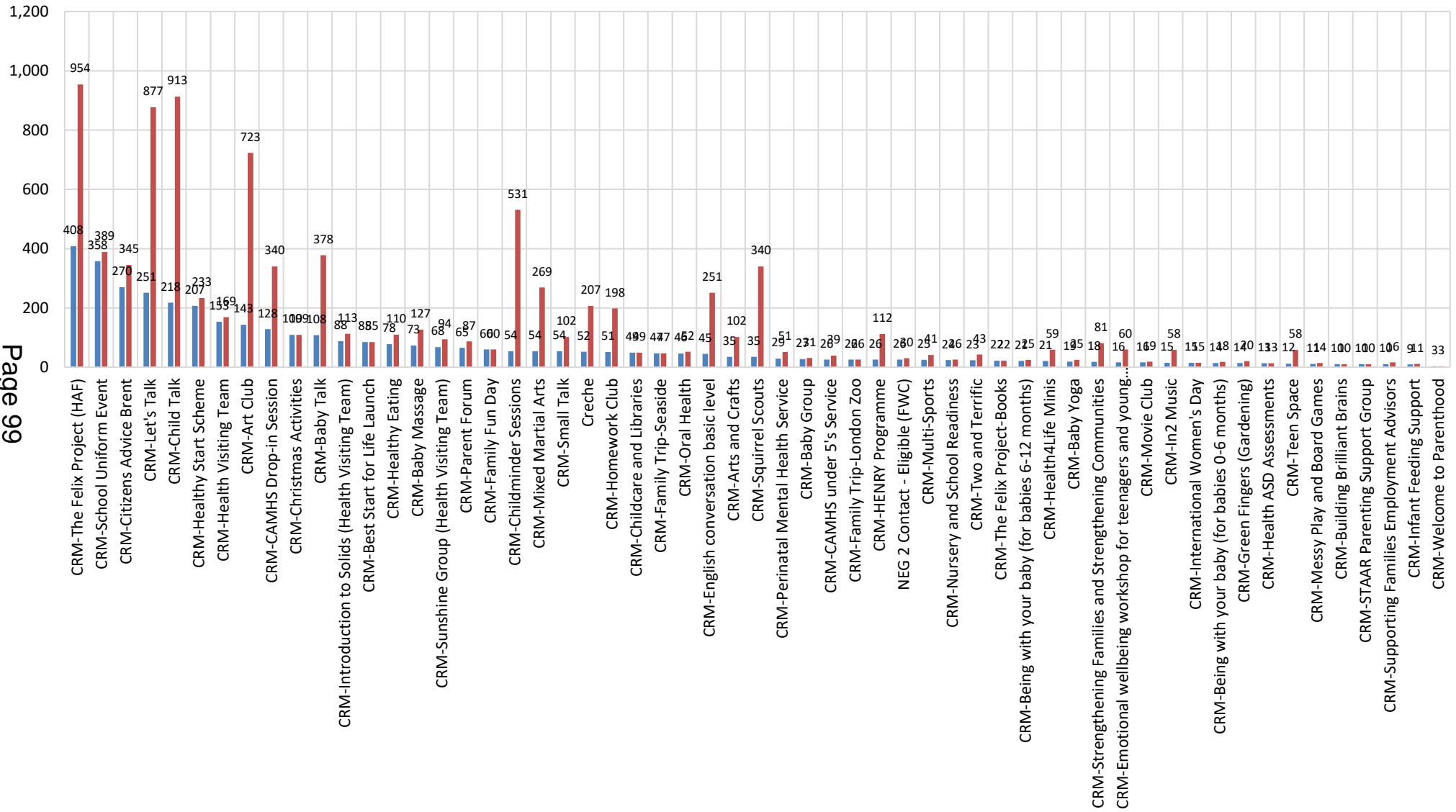
Granville Plus Family Wellbeing Centre - Reach and Volume by Activity (2023/24)

■ Reach ■ Volume



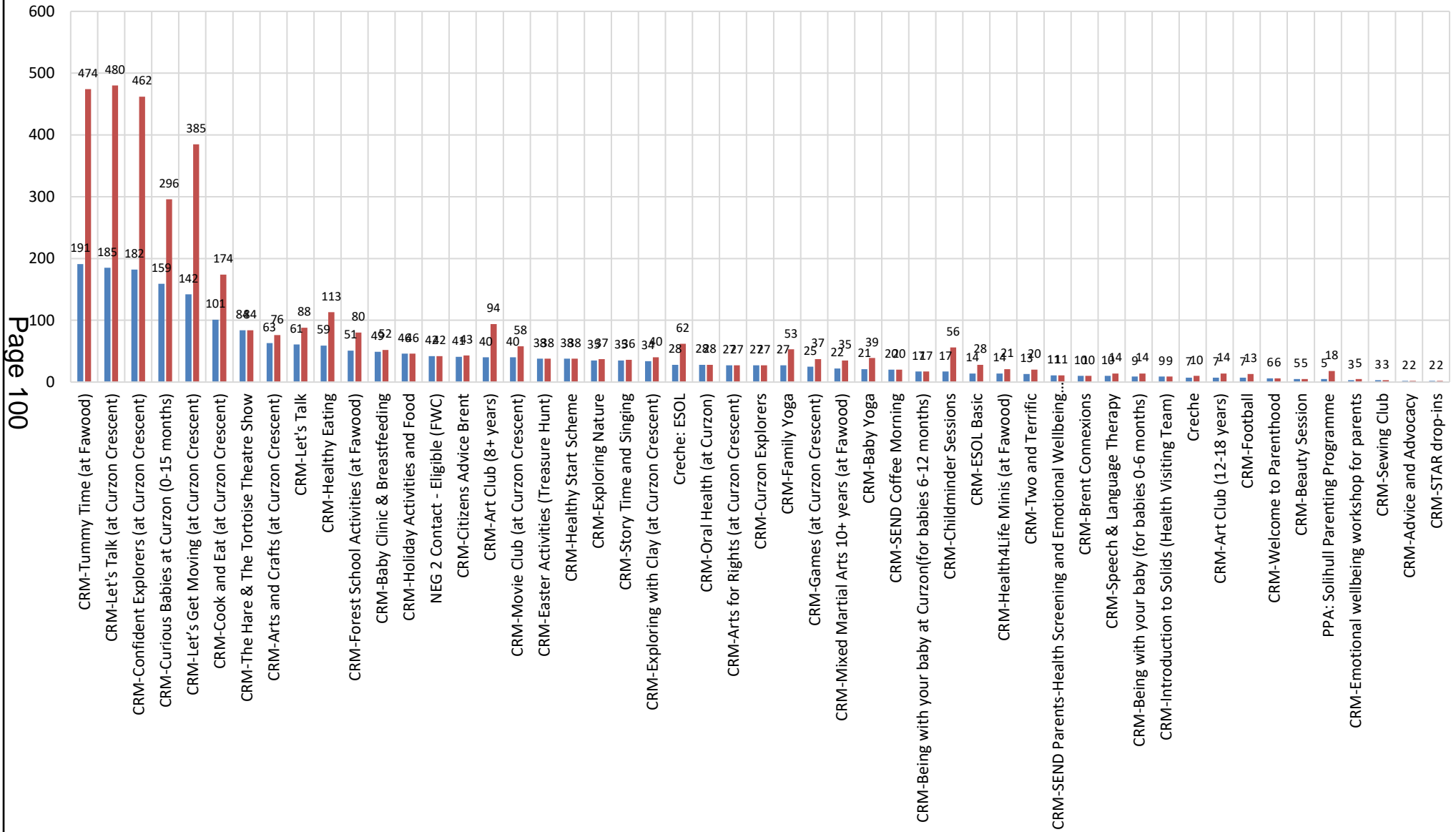
St Raphael's Family Wellbeing Centre - Reach and Volume by Activity (2023/24)

■ Reach ■ Volume

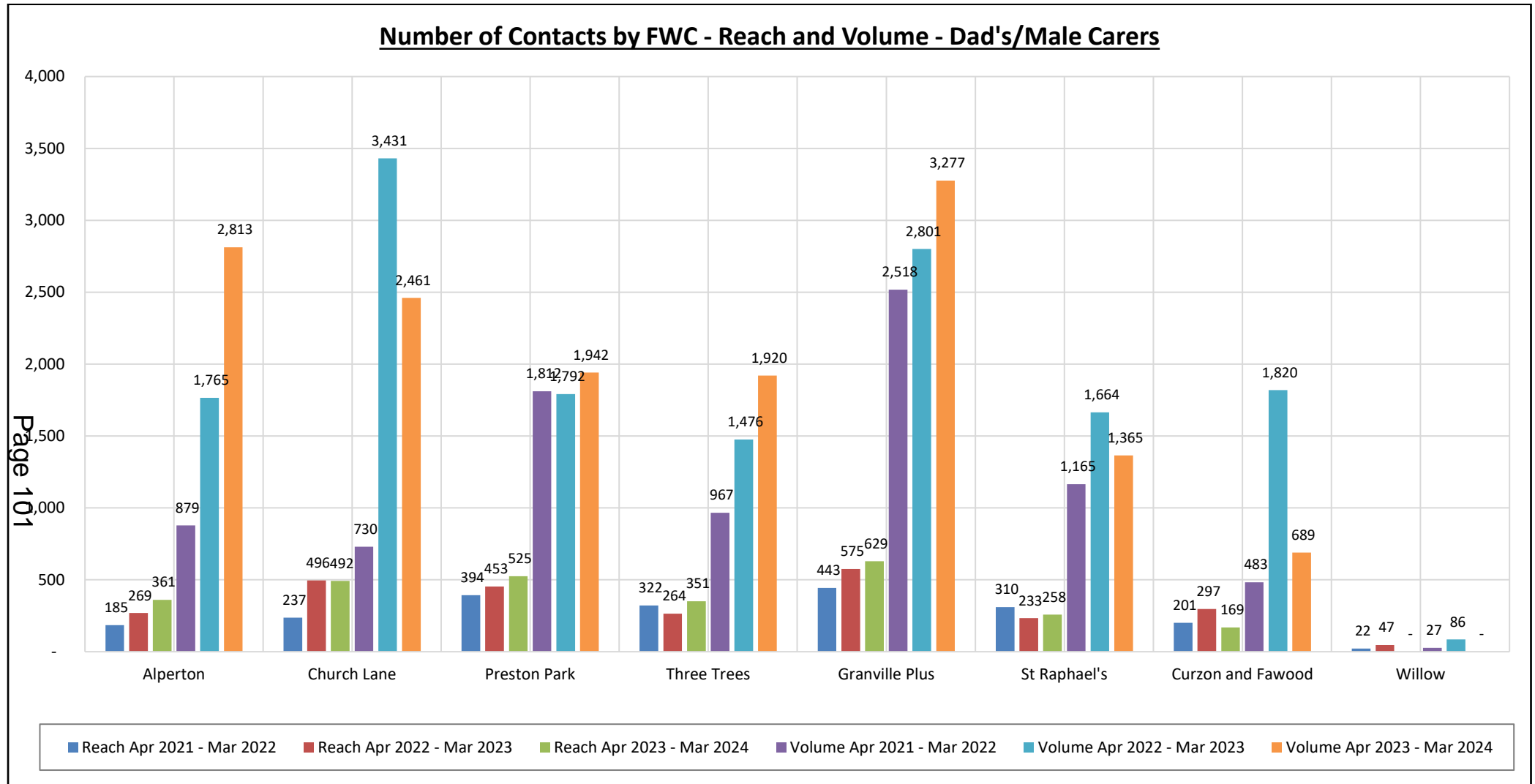


Curzon and Fawood Family Wellbeing Centre - Reach and Volume by Activity (2023/24)

■ Reach ■ Volume

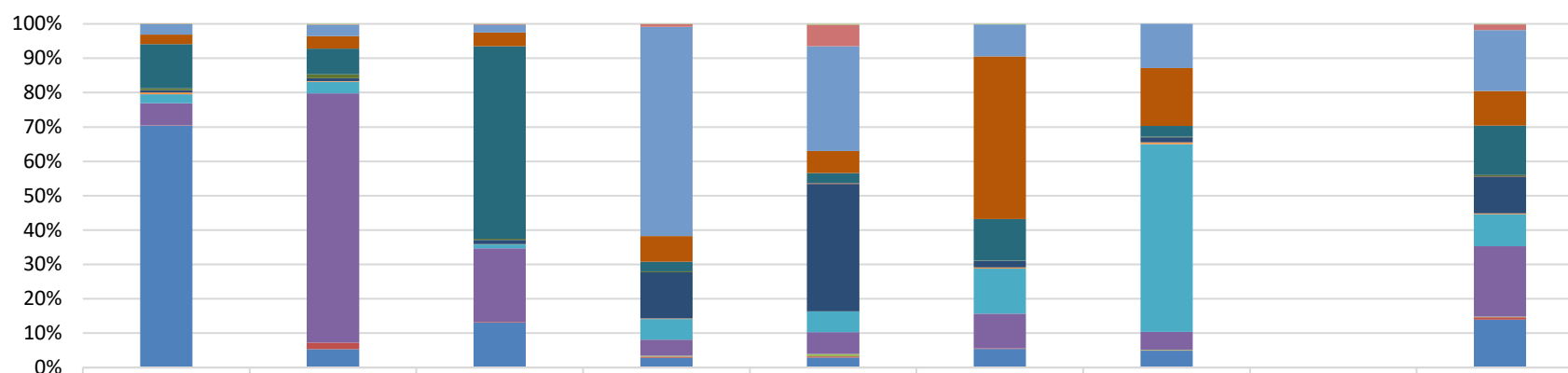


2.2. Contacts – Reach and Volume – Dad’s/Male Carers



2.3. Contacts – Reach – By Area of Residence

Reach by Area of Residence by FWC (2023/24)

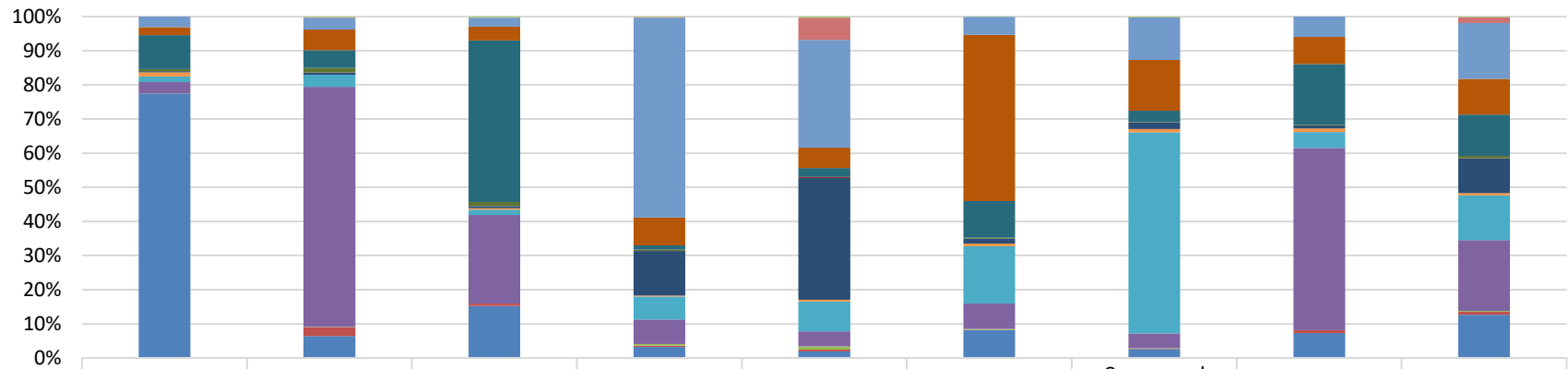


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| | Alperton | Church Lane | Preston Park | Three Trees | Granville Plus | St Raphael's | Curzon and Fawood | Willow | Grand Total |
|--------------------------------|----------|-------------|--------------|-------------|----------------|--------------|-------------------|--------|-------------|
| Beyond surrounding boroughs | 1 | 7 | 3 | 2 | 12 | 3 | 0 | | 23 |
| Westminster | 1 | 2 | 4 | 22 | 251 | 0 | 0 | | 270 |
| Three Trees FWC | 74 | 114 | 69 | 1658 | 1227 | 199 | 223 | | 2835 |
| St Raphaels FWC | 69 | 128 | 123 | 202 | 260 | 1007 | 292 | | 1626 |
| Preston Park FWC | 316 | 259 | 1701 | 77 | 115 | 257 | 55 | | 2293 |
| Kensington & Chelsea | 0 | 0 | 0 | 1 | 2 | 0 | 0 | | 3 |
| Harrow | 12 | 41 | 12 | 5 | 4 | 2 | 3 | | 77 |
| Hammersmith & Fulham | 0 | 0 | 0 | 2 | 6 | 0 | 0 | | 6 |
| Granville FWC | 18 | 29 | 36 | 365 | 1489 | 40 | 26 | | 1719 |
| Ealing | 12 | 5 | 4 | 5 | 3 | 7 | 9 | | 45 |
| Curzon Crescent and Fawood FWC | 65 | 119 | 32 | 163 | 244 | 280 | 948 | | 1491 |
| Church Lane FWC | 157 | 2523 | 650 | 128 | 255 | 213 | 90 | | 3278 |
| Camden | 0 | 0 | 0 | 7 | 28 | 0 | 3 | | 36 |
| Barnet | 2 | 67 | 5 | 11 | 12 | 5 | 2 | | 103 |
| Alperton FWC | 1,731 | 186 | 401 | 76 | 119 | 115 | 85 | | 2243 |

- Reach by area of residence for each FWC is by the FWC catchments and the surrounding London boroughs. Majority of families seen by the FWCs are within the catchment of each FWC
- Reach is the number of individuals that have had a contact within the specified period. Individuals may have had a contact by more than one FWC, as such, sub totals are not added manually to get the total Reach by area of residence. This is calculated separately. There may be slight variations in reach totals due to data being extracted at different time points
- Based on data extracted on 29-Apr-24

Reach by Area of Residence by FWC (2022/23)

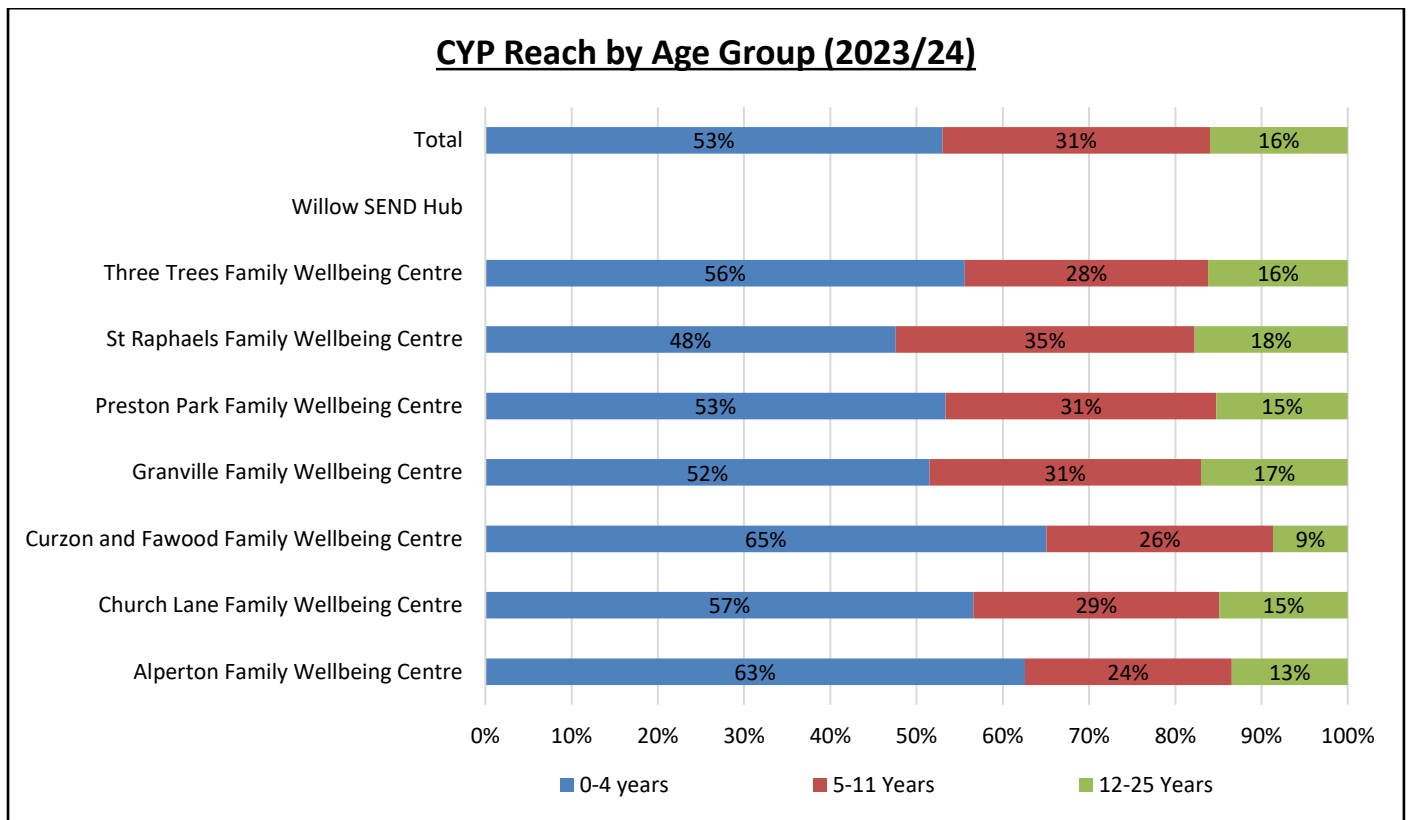


| | Alperton | Church Lane | Preston Park | Three Trees | Granville Plus | St Raphael's | Curzon and Fawood | Willow | Grand Total |
|--------------------------------|----------|-------------|--------------|-------------|----------------|--------------|-------------------|--------|-------------|
| Beyond surrounding boroughs | 0 | 8 | 9 | 3 | 12 | 1 | 5 | 0 | 31 |
| Westminster | 0 | 1 | 0 | 4 | 241 | 0 | 0 | 0 | 242 |
| Three Trees FWC | 51 | 104 | 74 | 1113 | 1171 | 94 | 280 | 27 | 2350 |
| St Raphaels FWC | 37 | 178 | 115 | 156 | 222 | 856 | 332 | 36 | 1499 |
| Preston Park FWC | 162 | 155 | 1334 | 22 | 91 | 189 | 74 | 80 | 1745 |
| Kensington & Chelsea | 0 | 0 | 0 | 3 | 1 | 0 | 0 | 0 | 4 |
| Harrow | 10 | 38 | 35 | 5 | 6 | 4 | 2 | 1 | 90 |
| Hammersmith & Fulham | 0 | 2 | 0 | 1 | 10 | 0 | 2 | 0 | 12 |
| Granville FWC | 6 | 18 | 16 | 248 | 1323 | 26 | 42 | 4 | 1462 |
| Ealing | 19 | 1 | 12 | 5 | 17 | 15 | 22 | 5 | 92 |
| Curzon Crescent and Fawood FWC | 27 | 105 | 45 | 129 | 324 | 294 | 1318 | 21 | 1881 |
| Church Lane FWC | 55 | 2085 | 733 | 136 | 165 | 132 | 97 | 241 | 2981 |
| Camden | 0 | 3 | 0 | 10 | 34 | 4 | 3 | 0 | 42 |
| Barnet | 0 | 77 | 18 | 6 | 20 | 2 | 3 | 4 | 125 |
| Alperton FWC | 1260 | 191 | 431 | 62 | 71 | 143 | 58 | 33 | 1815 |

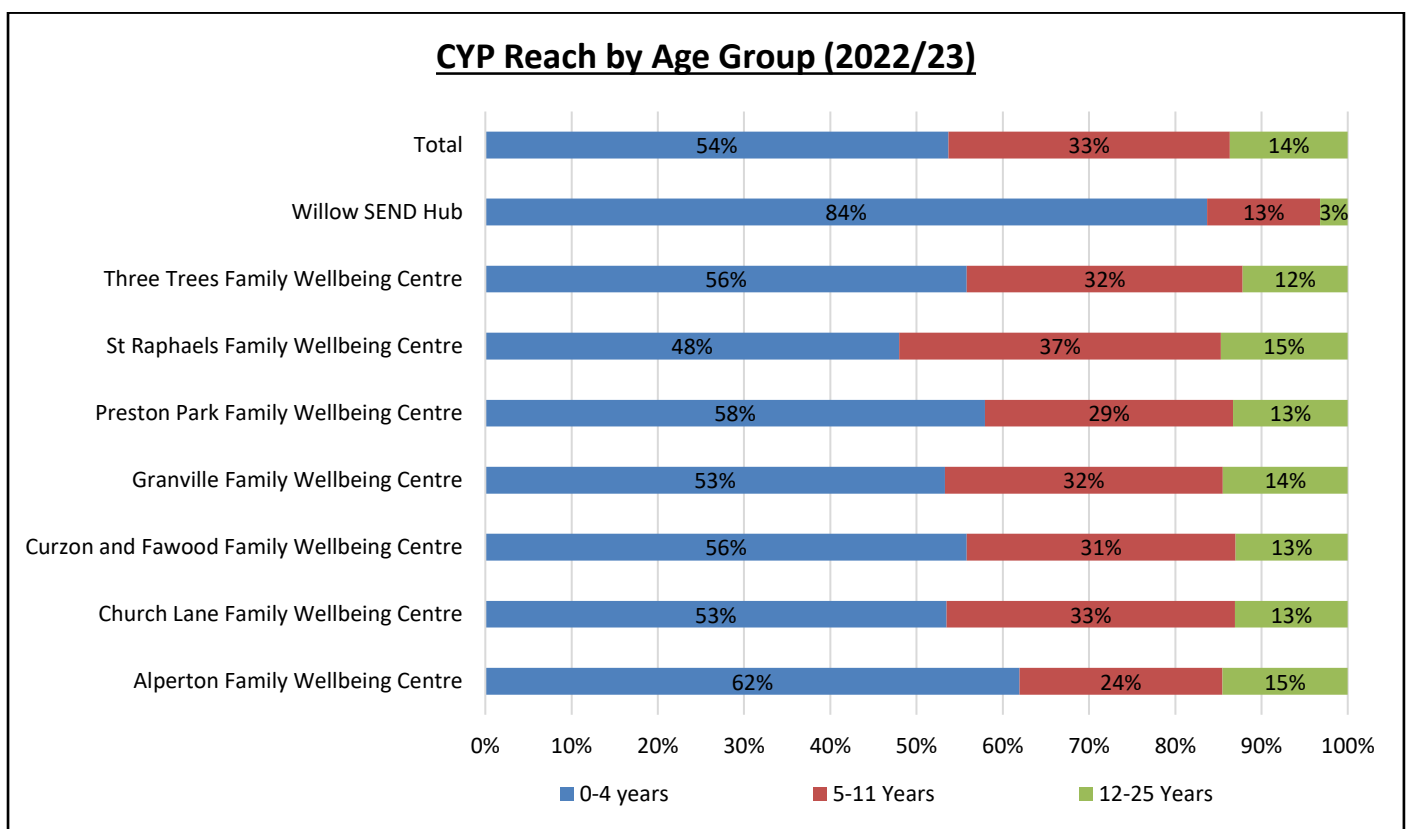
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- Reach by area of residence for each FWC is by the FWC catchments and the surrounding London boroughs. Majority of families seen by the FWCs are within the catchment of each FWC
- Reach is the number of individuals that have had a contact within the specified period. Individuals may have had a contact by more than one FWC, as such, sub totals are not added manually to get the total Reach by area of residence. This is calculated separately. There may be slight variations in reach totals due to data being extracted at different time points
- Based on data extracted on 11-Apr-23

2.4. Contacts – Reach – CYP by Age Group

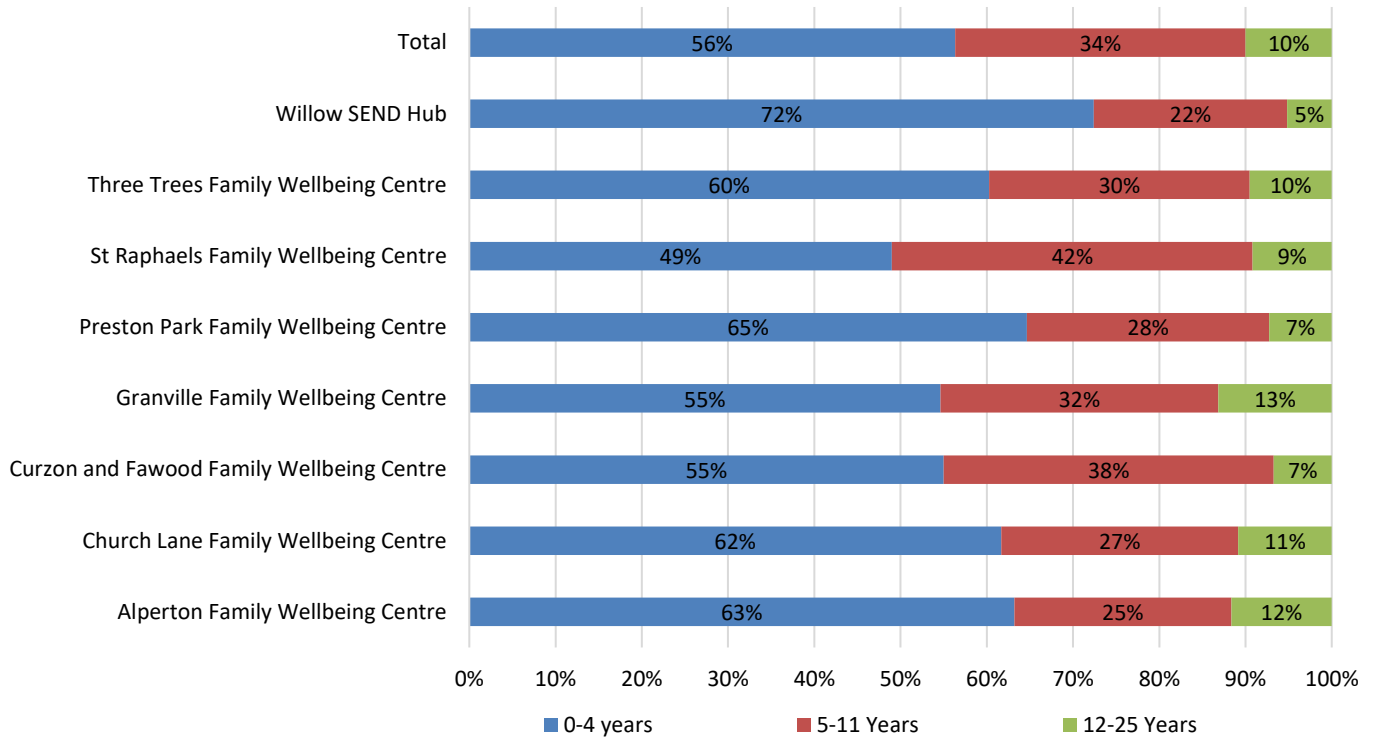


- Proportion out of the total CYP reached by FWC
- Based on data extracted on 05-Apr-24 from eStart



- Proportion out of the total CYP reached by FWC
- Based on data extracted on 06-Apr-23 from eStart

CYP Reach by Age Group (2021/22)



- Proportion out of the total CYP reached by FWC
- Based on data extracted on 25-Apr-22 from eStart

2.5. Contacts – Reach – Ethnicity

2023/24

| Ethnicity | Alperton | Church Lane | Preston Park | Three Trees | Granville Plus | St Raphael's | Curzon/Fawood | Willow | Grand Total | Total FWC registrations (from 01/12/2020 - 31/03/2024) | Percentage Reached (Out of Total FWC Registrations) |
|----------------------------------|--------------|--------------|--------------|--------------|----------------|--------------|---------------|----------|---------------|---|--|
| ABAN-Bangladeshi | 16 | 29 | 38 | 10 | 36 | 16 | 17 | - | 137 | 299 | 46% |
| AIND-Indian | 759 | 512 | 628 | 88 | 129 | 133 | 71 | - | 1,922 | 4,134 | 46% |
| AOTH-Any Other Asian Background | 193 | 283 | 210 | 110 | 162 | 116 | 66 | - | 905 | 1,918 | 47% |
| APKN-Pakistani | 87 | 164 | 178 | 73 | 126 | 84 | 61 | - | 626 | 1,182 | 53% |
| BAFR-Black - African | 144 | 182 | 158 | 211 | 410 | 298 | 351 | - | 1,430 | 2,923 | 49% |
| BCRB-Black Caribbean | 88 | 147 | 110 | 157 | 192 | 163 | 155 | - | 758 | 1,484 | 51% |
| BOTH-Any Other Black Background | 28 | 29 | 27 | 53 | 101 | 62 | 48 | - | 272 | 463 | 59% |
| CHNE-Chinese | 1 | 19 | 16 | 5 | 9 | 12 | 4 | - | 62 | 172 | 36% |
| MOTH-Any Other Mixed Background | 41 | 72 | 57 | 95 | 129 | 71 | 50 | - | 377 | 807 | 47% |
| MWAS-White and Asian | 34 | 39 | 39 | 46 | 48 | 23 | 19 | - | 193 | 456 | 42% |
| MWBA-White and Black African | 11 | 34 | 21 | 56 | 61 | 36 | 41 | - | 193 | 400 | 48% |
| MWBC-White and Black Caribbean | 23 | 21 | 15 | 33 | 58 | 24 | 28 | - | 171 | 369 | 46% |
| OOTH-Any Other Ethnic Group | 158 | 349 | 181 | 246 | 394 | 303 | 158 | - | 1,454 | 2,863 | 51% |
| Prefer Not to Say | 618 | 845 | 839 | 926 | 1,280 | 522 | 393 | - | 4,357 | 9,848 | 44% |
| WBRI-White - British | 78 | 186 | 136 | 237 | 392 | 114 | 110 | - | 1,036 | 2,190 | 47% |
| WIRI-White - Irish | 7 | 20 | 14 | 24 | 20 | 8 | 9 | - | 76 | 181 | 42% |
| WIRT-Traveller of Irish Heritage | 1 | - | - | 4 | - | 1 | - | - | 6 | 19 | 32% |
| WOTH-Any Other White Background | 167 | 527 | 366 | 343 | 476 | 145 | 151 | - | 1,819 | 3,679 | 49% |
| WROM-Gypsy / Roma | 7 | 36 | 7 | 10 | 4 | 2 | 4 | - | 55 | 87 | 63% |
| Total | 2,461 | 3,494 | 3,040 | 2,727 | 4,027 | 2,133 | 1,736 | - | 15,849 | 33,474 | |

- Top 3 ethnicity groups highlighted for each FWC
- Reach may include those whose registration dates are before 01-Dec-20 and as such percentages reached out of total FWC registrations should be read with caution
- Subtotals are not manually added to get the total reach by ethnicity as individuals may have had a contact by more than one FWC in the same period. This is calculated separately. There may be slight variations in reach totals due to data being extracted at different time points
- Based on data extracted on 05-Apr-24

2022/2023

| Ethnicity | Alperton | Church Lane | Preston Park | Three Trees | Granville Plus | St Raphael's | Curzon/Fawood | Willow | Grand Total | Total FWC registrations (from 01/12/2020 - 31/03/2023) | Percentage Reached (Out of Total FWC Registrations) |
|----------------------------------|-----------------|--------------------|---------------------|--------------------|-----------------------|---------------------|----------------------|---------------|--------------------|---|--|
| ABAN-Bangladeshi | 5 | 28 | 20 | 6 | 32 | 12 | 36 | 3 | 126 | 191 | 66% |
| AIND-Indian | 460 | 363 | 528 | 63 | 127 | 88 | 68 | 57 | 1,435 | 2,281 | 63% |
| AOTH-Any Other Asian Background | 141 | 193 | 192 | 63 | 115 | 74 | 101 | 52 | 755 | 1,109 | 68% |
| APKN-Pakistani | 67 | 148 | 138 | 75 | 78 | 69 | 57 | 24 | 543 | 693 | 78% |
| BAFR-Black - African | 133 | 199 | 174 | 180 | 381 | 301 | 461 | 29 | 1,449 | 1,967 | 74% |
| BCRB-Black Caribbean | 59 | 150 | 97 | 85 | 195 | 131 | 172 | 24 | 710 | 981 | 72% |
| BOTH-Any Other Black Background | 16 | 33 | 23 | 51 | 109 | 55 | 74 | 14 | 297 | 297 | 100% |
| CHNE-Chinese | 9 | 21 | 18 | 1 | 10 | 7 | 11 | 2 | 65 | 104 | 63% |
| MOTH-Any Other Mixed Background | 31 | 53 | 68 | 64 | 105 | 40 | 63 | 15 | 340 | 487 | 70% |
| MWAS-White and Asian | 21 | 31 | 22 | 23 | 40 | 29 | 17 | 4 | 162 | 282 | 57% |
| MWBA-White and Black African | 16 | 18 | 21 | 28 | 40 | 26 | 41 | 2 | 153 | 239 | 64% |
| MWBC-White and Black Caribbean | 19 | 18 | 21 | 14 | 46 | 19 | 49 | 8 | 151 | 236 | 64% |
| OOTH-Any Other Ethnic Group | 100 | 327 | 222 | 178 | 387 | 207 | 230 | 29 | 1,445 | 1,815 | 80% |
| Prefer Not to Say | 408 | 743 | 699 | 690 | 1,245 | 463 | 535 | 107 | 4,061 | 6,332 | 64% |
| WBRI-White - British | 40 | 142 | 95 | 134 | 324 | 87 | 124 | 31 | 811 | 1,385 | 59% |
| WIRI-White - Irish | 5 | 30 | 8 | 7 | 20 | 7 | 10 | 2 | 75 | 115 | 65% |
| WIRT-Traveller of Irish Heritage | - | 1 | - | - | - | - | 4 | - | 5 | 7 | 71% |
| WOTH-Any Other White Background | 95 | 449 | 444 | 228 | 442 | 144 | 187 | 49 | 1,722 | 2,422 | 71% |
| WROM-Gypsy / Roma | 5 | 28 | 21 | 5 | - | 1 | - | - | 55 | 47 | 117% |
| Total | 1,630 | 2,975 | 2,811 | 1,895 | 3,696 | 1,760 | 2,240 | 452 | 14,360 | 20,990 | |

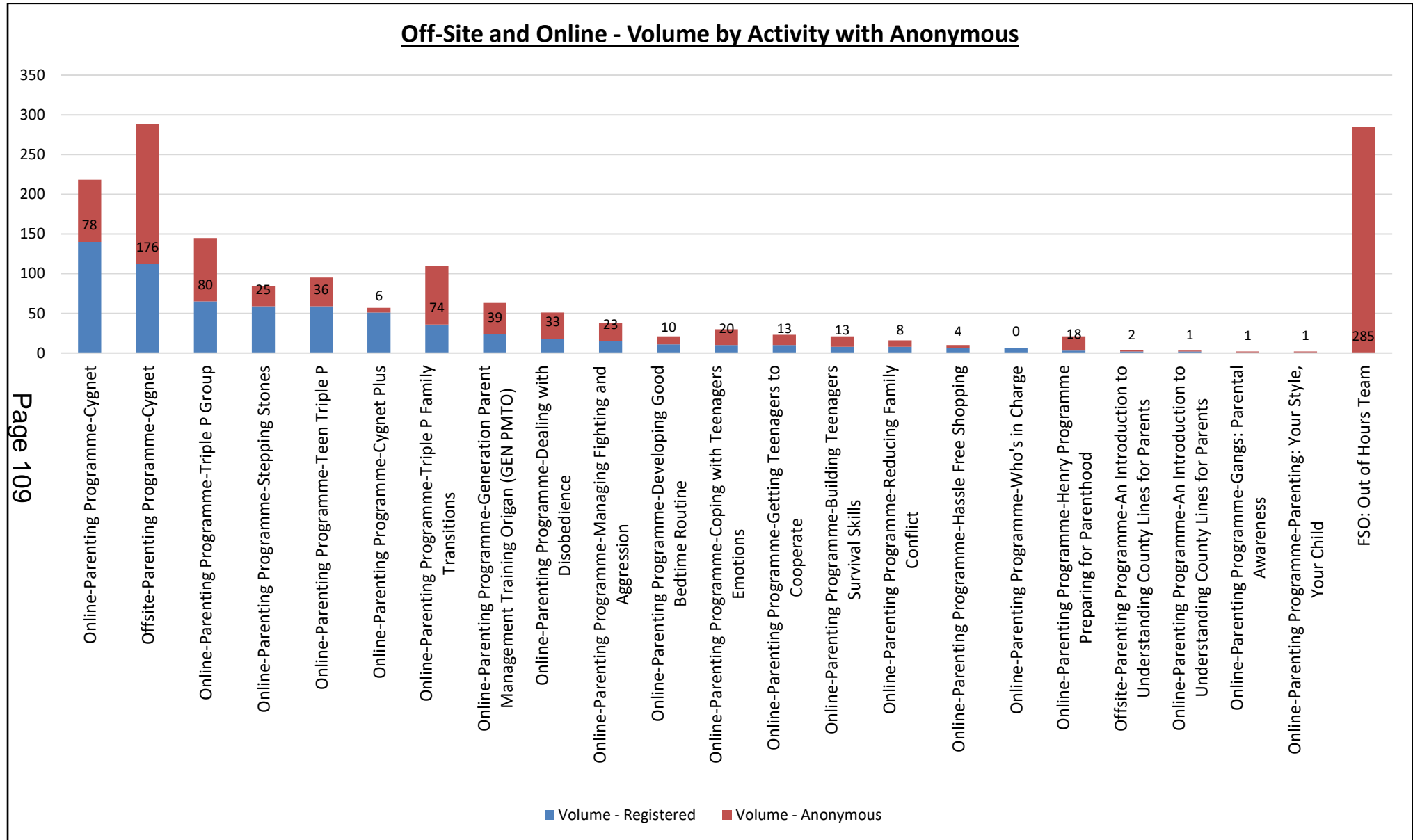
- Top 3 ethnicity groups highlighted for each FWC
- Reach may include those whose registration dates are before 01-Dec-20 and as such percentages reached out of total FWC registrations should be read with caution
- Subtotals are not manually added to get the total reach by ethnicity as individuals may have had a contact by more than one FWC in the same period. This is calculated separately. There may be slight variations in reach totals due to data being extracted at different time points
- Based on data extracted on 06-Apr-23

2.6. Contacts – Reach – SEND CYP

| Age Group | Period | Alperton | Church Lane | Preston Park | Three Trees | Granville | St Raphael's | Curzon /Fawood | Brent Total | Out of Area | Grand Total |
|-------------|--|----------|-------------|--------------|-------------|-----------|--------------|----------------|-------------|-------------|-------------|
| 0-5 Years | 2023/24 | 23 | 38 | 22 | 32 | 10 | 21 | 15 | 161 | 2 | 163 |
| | 2022/23 | 26 | 36 | 20 | 27 | 15 | 30 | 30 | 184 | 5 | 189 |
| | 2021/22 | 13 | 19 | 10 | 19 | 13 | 13 | 18 | 105 | 4 | 109 |
| | Difference (2023/24 and 2022/23) | -3 | 2 | 2 | 5 | -5 | -9 | -15 | -23 | -3 | -26 |
| 6-11 Years | 2023/24 | 20 | 31 | 25 | 45 | 21 | 34 | 33 | 209 | 8 | 217 |
| | 2022/23 | 11 | 25 | 10 | 28 | 14 | 29 | 34 | 151 | 8 | 159 |
| | 2021/22 | 7 | 10 | 6 | 14 | 12 | 8 | 16 | 73 | 4 | 77 |
| | Difference (2023/24 and 2022/23) | 9 | 6 | 15 | 17 | 7 | 5 | -1 | 58 | 0 | 58 |
| 12-18 Years | 2023/24 | 29 | 33 | 18 | 43 | 15 | 32 | 20 | 190 | 4 | 194 |
| | 2022/23 | 20 | 25 | 8 | 23 | 16 | 17 | 20 | 129 | 3 | 132 |
| | 2021/22 | 12 | 12 | 5 | 11 | 15 | 4 | 9 | 68 | 3 | 71 |
| | Difference (2023/24 and 2022/23) | 9 | 8 | 10 | 20 | -1 | 15 | 0 | 61 | 1 | 62 |
| 19-25 Years | 2023/24 | 1 | 4 | 7 | 9 | 2 | 8 | 3 | 34 | 1 | 35 |
| | 2022/23 | 3 | 0 | 2 | 2 | 0 | 2 | 1 | 10 | 0 | 10 |
| | 2021/22 | 2 | 0 | 2 | 2 | 0 | 1 | 0 | 7 | 0 | 7 |
| | Difference (2023/24 and 2022/23) | -2 | 4 | 5 | 7 | 2 | 6 | 2 | 24 | 1 | 25 |
| Grand Total | 2023/24 | 73 | 106 | 72 | 129 | 48 | 95 | 71 | 594 | 15 | 609 |
| | 2022/23 | 60 | 86 | 40 | 80 | 45 | 78 | 85 | 474 | 16 | 490 |
| | 2021/22 | 34 | 41 | 23 | 46 | 40 | 26 | 43 | 253 | 11 | 264 |
| | Total Difference (2023/24 and 2022/23) | 13 | 20 | 32 | 49 | 3 | 17 | -14 | 120 | -1 | 119 |

- Based on Family Wellbeing Centre (FWC) CRM/Portal registrations where 'disability or long-term illness' is specified as 'Yes', plus eStart registrations not on CRM where SEND has been added. In May 2023, the wording on the CRM/Portal registration form changed to 'disability or additional learning needs'.
- Reach is by FWC catchment that the registered member is living in
- Age groups for 2023/24 data are as at 31-Mar-24
- Age groups for 2022/23 data are as at 31-Mar-23
- Age groups for 2021/22 data are as at 31-Mar-22
- Data extraction dates – 2023/24 on 04-Apr-24; 2022/23 on 11-Apr-23; 2021/22 on 04-Jan-23

2.7. Contacts – Volume by Activity with Anonymous – Offsite and Online Events



- Out of Hours Team contacts are from 01-Oct-23 to 31-Mar-24
- Parenting programme contacts are from 01-Apr-23 to 31-Mar-24
- Data extraction date – 02-May-24

3. Family Solutions Key Worker Service

| Quarter | Total number of assessments completed (EHAs and Reviews) | Open cases (at the end of each quarter) | Cases stepped down from CSC | Cases stepped up to CSC | Cases closed | Cases closed due to non-engagement | Total number of children and young people supported (closed and currently open) |
|--|--|---|-----------------------------|-------------------------|--------------|------------------------------------|---|
| Q1 2023/24 | 549 | 655 | 42 | 55 | 190 | 38 | 845 |
| Q1 2022/23 | 447 | 585 | 37 | 37 | 268 | 48 | 853 |
| Q1 2021/22 | 503 | - | 44 | 63 | 210 | 54 | |
| Q1 Difference (2023/24 and 2022/23) | 102 | 70 | 5 | 18 | -78 | -10 | -8 |
| Q2 2023/24 | 463 | 733 | 57 | 33 | 180 | 25 | 913 |
| Q2 2022/23 | 384 | 427 | 25 | 31 | 161 | 29 | 588 |
| Q2 2021/22 | 477 | | 68 | 39 | 172 | 44 | |
| Q2 Difference (2023/24 and 2022/23) | 79 | 306 | 32 | 2 | 19 | -4 | 325 |
| Q3 2023/24 | 480 | 764 | 49 | 45 | 244 | 24 | 1008** |
| Q3 2022/23 | 426 | 542 | 39 | 37 | 176 | 69 | 718 |
| Q3 2021/22 | 496 | | 37 | 24 | 134 | 91 | |
| Q3 Difference (2023/24 and 2022/23) | 54 | 222 | 10 | 8 | 68 | -45 | 290** |
| Q4 2023/24 | 517 | 564 | 29 | 58 | 260 | 9 | 824** |
| Q4 2022/23 | 537 | 572 | 29 | 51 | 250 | 92 | 822 |
| Q4 2021/22 | 512 | 633 | 64 | 46 | 239 | 170 | 872 |
| Q4 Difference (2023/24 and 2022/23) | -20 | -8 | 0 | 7 | 10 | -83 | 2** |
| Total 2023/24 | 2009 | 564* | 177 | 191 | 874 | 96 | 1438** |
| Total 2022/23 | 1794 | 572* | 130 | 156 | 855 | 238 | 1427** |
| Total 2021/22 | 1988 | 633* | 213 | 172 | 755 | 359 | 1388** |
| Total Difference (2023/24 and 2022/23) | 215 | -8 | 47 | 35 | 19 | -142 | 11** |

- *Open cases at the end of the last quarter

- ** These figures have been corrected – Total number of children and young people supported (closed and currently open). Figures presented in previous reports should be disregarded

FWC Waiting List

| Family Wellbeing Centres | Quarter 1 | | Quarter 2 | | Quarter 3 | | Quarter 4 | |
|--------------------------|--------------------|-----------------|--------------------|-----------------|--------------------|-----------------|--------------------|-----------------|
| | No. of Individuals | No. of Families | No. of Individuals | No. of Families | No. of Individuals | No. of Families | No. of Individuals | No. of Families |
| Alperton | 19 | 9 | 34 | 20 | 51 | 28 | 13 | 7 |
| Church Lane | 20 | 10 | 15 | 7 | 9 | 5 | 11 | 7 |
| Curzon/Fawood | 15 | 9 | 40 | 17 | 21 | 14 | 3 | 2 |
| Granville Plus | 9 | 6 | 5 | 3 | 15 | 8 | 19 | 9 |
| Preston Park | 4 | 2 | 18 | 9 | 26 | 17 | 5 | 5 |
| St Raphael's | 12 | 4 | 10 | 5 | 15 | 6 | 13 | 6 |
| Three Trees | 6 | 3 | 4 | 3 | 19 | 8 | 9 | 6 |
| Grand Total | 85 | 43 | 126 | 64 | 156 | 86 | 73 | 42 |

3.1. Service User Feedback

| Period | Scale | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Total |
|-------------|------------|---|---|---|---|---|----|----|----|-----|-----|-----|-------|
| YTD 2023/24 | Number | - | - | - | - | - | 2 | 2 | 4 | 7 | 15 | 89 | 119* |
| | Percentage | - | - | - | - | - | 2% | 2% | 3% | 6% | 13% | 75% | |
| 2022/23 | Number | - | - | - | - | - | - | - | 1 | 3 | 4 | 17 | 25 |
| | Percentage | - | - | - | - | - | - | - | 4% | 12% | 16% | 68% | |

Not satisfied

Very satisfied

- *4 skipped this question

| Statement | Period | Measure | Strongly Disagree | Disagree | Neither agree or disagree | Agree | Strongly Agree |
|--|---------|------------|-------------------|----------|---------------------------|-------|----------------|
| The BFS worker listened to what your family had to say. | 2023/24 | Number | 1 | - | 1 | 14 | 104 |
| | | Percentage | 1% | - | 1% | 12% | 87% |
| | 2022/23 | Number | - | - | 1 | 1 | 23 |
| | | Percentage | - | - | 4% | 4% | 92% |
| Your family's ethnicity, culture and religion were considered and respected. | 2023/24 | Number | 1 | - | 1 | 17 | 101 |
| | | Percentage | 1% | - | 1% | 14% | 84% |
| | 2022/23 | Number | - | - | - | 1 | 24 |
| | | Percentage | - | - | - | 4% | 96% |
| The actions expected of you and your family were made clear. | 2023/24 | Number | - | - | 2 | 19 | 99 |
| | | Percentage | - | - | 2% | 16% | 83% |
| | 2022/23 | Number | - | 1 | - | - | 24 |
| | | Percentage | - | 4% | - | - | 96% |
| Your family was involved in making decisions through-out the process. | 2023/24 | Number | - | - | 3 | 24 | 93 |
| | | Percentage | - | - | 3% | 20% | 78% |
| | 2022/23 | Number | - | - | - | 1 | 24 |
| | | Percentage | - | - | - | 4% | 96% |
| If there were challenges in future I would be confident to deal with these | 2023/24 | Number | - | - | 13 | 28 | 79 |
| | | Percentage | - | - | 11% | 23% | 66% |
| | 2022/23 | Number | - | - | - | 7 | 18 |
| | | Percentage | - | - | - | 28% | 72% |

- 2023/24 – 120 responded, 3 skipped the questions

4. Portage

| Quarter | Total number of assessments completed (EHAs and Reviews) | Open cases (at the end of each quarter) | Cases stepped down from CSC | Cases stepped up to CSC | Cases closed | Cases closed due to non-engagement | Total number of children and young people supported (closed and currently open) |
|--|--|---|-----------------------------|-------------------------|--------------|------------------------------------|---|
| Q1 2023/24 | 6 | 18 | 0 | 0 | 2 | 0 | 20 |
| Q1 2022/23 | 9 | 30 | 1 | 1 | 1 | 0 | 31 |
| Q1 Difference | -3 | -12 | -1 | -1 | 1 | 0 | -11 |
| Q2 2023/24 | 9 | 33 | 0 | 0 | 5 | 0 | 38 |
| Q2 2022/23 | 0 | 23 | 0 | 0 | 2 | 0 | 25 |
| Q2 Difference | 9 | 10 | 0 | 0 | 3 | 0 | 13 |
| Q3 2023/24 | 8 | 26 | 0 | 0 | 12 | 0 | 38** |
| Q3 2022/23 | 9 | 23 | 0 | 0 | 9 | 1 | 32 |
| Q3 Difference | -1 | 3 | 0 | 0 | 3 | -1 | 6** |
| Q4 2023/24 | 3 | 15 | 0 | 0 | 3 | 0 | 18** |
| Q4 2022/23 | 15 | 34 | 0 | 1 | 0 | 1 | 34 |
| Q4 Difference | -12 | -19 | 0 | -1 | 3 | -1 | -16** |
| Total 2023/24 | 26 | 15* | 0 | 0 | 22 | 0 | 37** |
| Total 2022/23 | 33 | 34* | 1 | 2 | 12 | 2 | 46** |
| Total Difference (2023/24 and 2022/23) | -7 | -19 | -1 | -2 | 10 | -2 | -9** |

- *Open cases at the end of the last quarter

- ** These figures have been corrected – Total number of children and young people supported (closed and currently open). Figures presented in previous reports should be disregarded

Portage Waiting List

| Portage | No. of Individuals | No. of Families |
|------------|--------------------|-----------------|
| Q1 2023/24 | 18 | 11 |
| Q2 2023/24 | 19 | 9 |
| Q3 2023/24 | 19 | 9 |
| Q4 2023/24 | 8 | 5 |

5. Triage Service

Total Families Supported

| Source | Period | Alperton | Church Lane | Preston Park | Three Trees | Granville Plus | St Raphael's | Curzon /Fawood | Grand Total |
|-------------------------|----------------------------------|----------|-------------|--------------|-------------|----------------|--------------|----------------|-------------|
| Brent Family Front Door | 2023/24 | 29 | 25 | 26 | 31 | 14 | 8 | 27 | 160 |
| | 2022/23 | 2 | 15 | 11 | 7 | 4 | 8 | 6 | 53 |
| | 2021/22 | 4 | 2 | 0 | 8 | 0 | 5 | 3 | 22 |
| | Difference (2023/24 and 2022/23) | 27 | 10 | 15 | 24 | 10 | 0 | 21 | 107 |
| Portal | 2023/24 | 90 | 118 | 130 | 127 | 41 | 67 | 105 | 678 |
| | 2022/23 | 102 | 85 | 191 | 87 | 30 | 77 | 93 | 665 |
| | 2021/22 | 65 | 80 | 40 | 71 | 27 | 29 | 54 | 366 |
| | Difference (2023/24 and 2022/23) | -12 | 33 | -61 | 40 | 11 | -10 | 12 | 13 |
| Referred | 2023/24 | 20 | 6 | 24 | 10 | 32 | 22 | 35 | 149 |
| | 2022/23 | 30 | 10 | 21 | 17 | 18 | 29 | 73 | 198 |
| | 2021/22 | 12 | 2 | 5 | 6 | 2 | 13 | 27 | 67 |
| | Difference (2023/24 and 2022/23) | -10 | -4 | 3 | -7 | 14 | -7 | -38 | -49 |
| Waiting List | 2023/24 | 31 | 13 | 28 | 7 | 10 | 58 | 29 | 176 |
| | 2022/23 | 17 | 9 | 18 | 1 | 16 | 32 | 39 | 132 |
| | 2021/22 | 15 | 27 | 1 | 0 | 0 | 17 | 11 | 71 |
| | Difference (2023/24 and 2022/23) | 14 | 4 | 10 | 6 | -6 | 26 | -10 | 44 |
| Telephone / Walk in | 2023/24 | 129 | 52 | 191 | 67 | 144 | 281 | 108 | 972 |
| | 2022/23 | 62 | 119 | 380 | 42 | 114 | 206 | 161 | 1084 |
| | 2021/22 | 21 | 33 | 95 | 15 | 81 | 31 | 26 | 302 |
| | Difference (2023/24 and 2022/23) | 67 | -67 | -189 | 25 | 30 | 75 | -53 | -112 |
| Target Child list | 2023/24 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 2022/23 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 2021/22 | 3 | 0 | 0 | 6 | 0 | 4 | 0 | 13 |
| | Difference (2023/24 and 2022/23) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Grand Total | 2023/24 | 299 | 214 | 399 | 242 | 241 | 436 | 304 | 2135 |
| | 2022/23 | 213 | 238 | 621 | 154 | 182 | 352 | 372 | 2132 |
| | 2021/22 | 120 | 144 | 141 | 106 | 110 | 99 | 121 | 841 |
| | Total Difference | 86 | -24 | -222 | 88 | 59 | 84 | -68 | 3 |

(2023/24 and 2022/23)

- The totals relate to the number of families supported, some families have been counted multiple times where they were previously NFA but returned to Triage for support on different issues. This do not equate to the number of contacts made by Triage – this data is available separately from eStart.

| Quarter | Alperton | Church Lane | Preston Park | Three Trees | Granville Plus | St Raphael's | Curzon /Fawood | Grand Total |
|--|----------|-------------|--------------|-------------|----------------|--------------|----------------|-------------|
| Q1 2023/24 | 77 | 64 | 159 | 77 | 75 | 201 | 84 | 737 |
| Q1 2022/23 | 50 | 51 | 168 | 29 | 26 | 57 | 52 | 433 |
| Q1 2021/22 | 20 | 33 | 13 | 14 | 18 | 22 | 9 | 129 |
| Q1 Difference (2023/24 and 2022/23) | 27 | 13 | -9 | 48 | 49 | 144 | 32 | 304 |
| Q2 2023/24 | 69 | 49 | 98 | 56 | 47 | 87 | 84 | 490 |
| Q2 2022/23 | 50 | 50 | 151 | 37 | 41 | 88 | 86 | 503 |
| Q2 2021/22 | 24 | 47 | 11 | 31 | 20 | 18 | 19 | 170 |
| Q2 Difference (2023/24 and 2022/23) | 26 | 3 | 140 | 6 | 21 | 70 | 67 | 333 |
| Q3 2023/24 | 73 | 51 | 64 | 52 | 55 | 68 | 57 | 420 |
| Q3 2022/23 | 44 | 73 | 128 | 31 | 39 | 78 | 100 | 493 |
| Q3 2021/22 | 32 | 26 | 6 | 29 | 48 | 27 | 29 | 197 |
| Q3 Difference (2023/24 and 2022/23) | 29 | -22 | -64 | 21 | 16 | -10 | -43 | -73 |
| Q4 2023/24 | 80 | 50 | 78 | 57 | 64 | 80 | 79 | 488 |
| Q4 2022/23 | 69 | 64 | 174 | 57 | 76 | 129 | 134 | 703 |
| Q4 2021/22 | 44 | 38 | 111 | 32 | 24 | 32 | 64 | 345 |
| Q4 Difference (2023/24 and 2022/23) | 11 | -14 | -96 | 0 | -12 | -49 | -55 | -215 |
| Total 2023/24 | 299 | 214 | 399 | 242 | 241 | 436 | 304 | 2135 |
| Total 2022/23 | 213 | 238 | 621 | 154 | 182 | 352 | 372 | 2132 |
| Total 2021/22 | 120 | 144 | 141 | 106 | 110 | 99 | 121 | 841 |
| Total Difference (2023/24 and 2022/23) | 86 | -24 | -222 | 88 | 59 | 84 | -68 | 3 |

Outcomes from Triage

| Source | Period | No Further Action | Ongoing | Stepped up | Allocated to Key Worker | Grand Total |
|-------------------------|---|-------------------|------------|------------|-------------------------|-------------|
| Brent Family Front Door | 2023/24 | 53 | 107 | 0 | 0 | 160 |
| | 2022/23 | 37 | 16 | 0 | 0 | 53 |
| | 2021/22 | 8 | 13 | 1 | 0 | 22 |
| | Difference (2023/24 and 2022/23) | 16 | 91 | 0 | 0 | 107 |
| Portal | 2023/24 | 497 | 181 | 0 | 0 | 678 |
| | 2022/23 | 537 | 125 | 3 | 0 | 665 |
| | 2021/22 | 294 | 72 | 0 | 0 | 366 |
| | Difference (2023/24 and 2022/23) | -40 | 56 | -3 | 0 | 13 |
| Referred | 2023/24 | 106 | 43 | 0 | 0 | 149 |
| | 2022/23 | 143 | 55 | 0 | 0 | 198 |
| | 2021/22 | 46 | 20 | 1 | 0 | 67 |
| | Difference (2023/24 and 2022/23) | -37 | -12 | 0 | 0 | -49 |
| Waiting List | 2023/24 | 98 | 78 | 0 | 0 | 176 |
| | 2022/23 | 105 | 27 | 0 | 0 | 132 |
| | 2021/22 | 59 | 11 | 0 | 1 | 71 |
| | Difference (2023/24 and 2022/23) | -7 | 51 | 0 | 0 | 44 |
| Telephone / Walk in | 2023/24 | 796 | 176 | 0 | 0 | 972 |
| | 2022/23 | 952 | 132 | 0 | 0 | 1084 |
| | 2021/22 | 249 | 53 | 0 | 0 | 302 |
| | Difference (2023/24 and 2022/23) | -156 | 44 | 0 | 0 | -112 |
| Target Child list | 2023/24 | 0 | 0 | 0 | 0 | 0 |
| | 2022/23 | 0 | 0 | 0 | 0 | 0 |
| | 2021/22 | 10 | 3 | 0 | 0 | 13 |
| | Difference (2023/24 and 2022/23) | 0 | 0 | 0 | 0 | 0 |
| Grand Total | 2023/24 | 1550 | 585 | 0 | 0 | 2135 |
| | 2022/23 | 1774 | 355 | 3 | 0 | 2132 |
| | 2021/22 | 666 | 172 | 2 | 1 | 841 |
| | Total Difference (2023/24 and 2022/23) | -224 | 230 | -3 | 0 | 3 |

Waiting List

| Quarter | KW Allocated | Case closed* | Ongoing / Wellbeing Call on Rota basis | NFA (Duty Call) | Grand Total |
|-------------------|---------------------|---------------------|---|------------------------|--------------------|
| Q1 2023/24 | 5 | 0 | 25 | 8 | 38 |
| Q2 2023/24 | 21 | 4 | 0 | 18 | 43 |
| Q3 2023/24 | 16 | 3 | 25 | 3 | 47 |
| Q4 2023/24 | 19 | 1 | 25 | 3 | 48 |

6. Early Help Resource Panel

Table 1: Cases presented to panel

| Quarter | Cases presented |
|------------------|-----------------|
| Q1 2023/24 | 38 |
| Q1 2022/23 | 33 |
| Q1 Difference | 5 |
| Q2 2023/24 | 22 |
| Q2 2022/23 | 32 |
| Q2 Difference | -10 |
| Q3 2023/24 | 41 |
| Q3 2022/23 | 38 |
| Q3 Difference | 3 |
| Q4 2023/24 | 31 |
| Q4 2022/23 | 34 |
| Q4 Difference | -3 |
| Total 2023/24 | 132 |
| Total 2022/23 | 137 |
| Total Difference | -5 |

Table 2: Allocation of approved resources to families

| Service | Q1 2023/ 24 | Q1 2022/ 23 | Q1 Differ ence | Q2 2023/ 24 | Q2 2022/ 23 | Q2 Differ ence | Q3 2023/ 24 | Q3 2022/ 23 | Q3 Differ ence | Q4 2023/ 24 | Q4 2022/ 23 | Q4 Differ ence | Total 2023/ 24 | Total 2022/ 23 | Total Difference (2023/24 and 2022/23) |
|--|-------------------|-------------------|----------------------|-------------------|-------------------|----------------------|-------------------|-------------------|----------------------|-------------------|-------------------|----------------------|----------------------|----------------------|--|
| Potential Mentoring | 13 | 11 | 2 | 7 | 4 | 3 | 11 | 14 | -3 | 8 | 13 | -5 | 39 | 42 | -3 |
| Father Figure | 0 | 9 | -9 | 0 | 4 | -4 | 0 | 5 | -5 | 0 | 3 | -3 | 0 | 21 | -21 |
| DOR Therapy | 22 | 28 | -6 | 22 | 15 | 7 | 23 | 13 | 10 | 21 | 10 | 11 | 88 | 66 | 22 |
| Covid Pathfinder project | 0 | 1 | -1 | 0 | 11 | -11 | 0 | 23 | -23 | 0 | 10 | -10 | 0 | 45 | -45 |
| Family Lives | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| SFEA Supporting Families Employment Advisor | 5 | 6 | -1 | 3 | 1 | 2 | 5 | 6 | -1 | 1 | 6 | -5 | 14 | 19 | -5 |
| Hestia (iDVA) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Addaction/Westminster Drug Project (WDP) New Beginnings Substance Misuse team | 2 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 2 |
| Connexions PA | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CYP Advance Therapist | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | -1 | 0 | 1 | -1 |
| DVP (Perpetrator) RiSE | 2 | 2 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 0 | 1 | 4 | 2 | 2 |
| Early Help IDVA Advance Charity | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 0 | 5 | 3 | 0 | 3 | 8 | 0 | 8 |
| IAPT (Psychological Therapy) | 1 | 1 | 0 | 1 | 2 | -1 | 2 | 0 | 2 | 0 | 0 | 0 | 4 | 3 | 1 |
| Home Start Barnet | 2 | 1 | 1 | 0 | 0 | 0 | 0 | 2 | -2 | 2 | 0 | 2 | 4 | 3 | 1 |
| Brent Young & Adults Carers Centre | 1 | 3 | -2 | 0 | 0 | 0 | 2 | 3 | -1 | 0 | 0 | 0 | 3 | 6 | -3 |
| Our Time aka Kidstime | 0 | 0 | 0 | 0 | 1 | -1 | 1 | 0 | 1 | 0 | 0 | 0 | 1 | 1 | 0 |
| Financial support e.g. Nursery fees/ childminder/ DBS/ housing move/ school pick up/ drop off etc./ 'who's in charge' | 3 | 4 | -1 | 0 | 5 | -5 | 4 | 4 | 0 | 3 | 1 | 2 | 10 | 14 | -4 |
| Grand Total | 51 | 66 | -15 | 33 | 43 | -10 | 54 | 70 | -16 | 39 | 44 | -5 | 177 | 223 | -46 |

- In some cases more than 1 service is requested and approved

7. Citizen's Advice Bureau

Quarter 4 (Jan-Mar 2024) update:

This quarter (January – March 2024), we held **104 sessions** and dealt with **457 advice requests** across Brent Family Well-being Centres. We supported **398 families** with **643 issues** – around **2 issues per family**. **10%** of the families made repeated advice requests – an increase of 3 % compared to the last quarter. Most families were seen in person (**91%**) and **9%** over the telephone- a 5% swing from Q3. **29%** of families considered themselves disabled or with long-term health conditions, with mental health accounting for **24%** of family with disability

The top 5 main issues presented by the families are Housing (26%), Benefits & Tax Credits (23%), Universal credit (9%), Debt (9%). Immigration & Asylum (8%) and Relationships & Family (8%). The main housing issues are about Private Sector Rented Accommodations (unsuitability and disrepairs) LA homelessness service (Assessments and Challenges) and Social Housing (Conditions/Succession issues). The main Immigration issues are about Family Dependents and Partners, while the main Debt issues are about Council Tax Arrears, Rent Arrears, particularly with families in PSRP and Housing Association properties. We continue to grapple with the impact of the persistent cost-of-living crisis on households' finances, as evidenced in the above top 5 issues

CAB continues to adopt a cash-first approach, ensuring that the household income of the families we support is fully maximised, as evidenced by the total income gained for the families, mainly through ensuring that they claimed all the benefits they are entitled to, particularly Personal Independence Payment claims and helping the families to challenge wrongful decisions, including supporting them with appeals to the First Tier Tribunals

Page 120 Service Activity

| Measure | Period | Alperton | Church Lane | Preston Park | Three Trees | Granville Plus | St Raphael's | Curzon /Fawood | Willow | Grand Total |
|---|----------------------------------|----------|-------------|--------------|-------------|----------------|--------------|----------------|--------|-------------|
| Advice requests delivered to the referred and self-referred Parents | 2023/24 | 182 | 144 | 184 | 154 | 154 | 190 | 157 | 138 | 1303 |
| | 2022/23 | 173 | 211 | 196 | 213 | 184 | 227 | 226 | 92 | 1522 |
| | 2021/22 | 215 | 226 | 127 | 219 | 181 | 242 | 300 | 34 | 1544 |
| | Difference (2023/24 and 2022/23) | 9 | -67 | -12 | -59 | -30 | -37 | -69 | 46 | -219 |

| Quarter | Number of families seen – One-Off Advice and information Delivered to the referred and self-referred Parents |
|---|--|
| Q1 2023/24 | 396 |
| Q1 2022/23 | 396 |
| Q1 2021/22 | 606 |
| Q1 Difference (2023/24 and 2022/23) | 0 |
| Q2 2023/24 | 249 |
| Q2 2022/23 | 426 |
| Q2 2021/22 | 540 |
| Q2 Difference (2023/24 and 2022/23) | -177 |
| Q3 2023/24 | 241* |
| Q3 2022/23 | 385 |
| Q3 2021/22 | 398 |
| Q3 Difference (2023/24 and 2022/23) | -144 |
| Q4 2023/24 | 398 |
| Q4 2022/23 | 315 |
| Q4 2021/22 | |
| Q4 Difference (2023/24 and 2022/23) | 83 |
| Total 2023/24 | 1284 |
| Total 2022/23 | 1522 |
| Total 2021/22 | 1544 |
| Total Difference (2023/24 and 2022/23) | -238 |

- 2021/22 data does not include quarter 4 data
- *Q3 2023/24 – 241 families seen, but 260 advice requests delivered

| Measure | Period | Alperton | Church Lane | Preston Park | Three Trees | Granville Plus | St Raphael's | Curzon /Fawood | Willow | Grand Total |
|--|-------------------|------------|-------------|--------------|-------------|----------------|--------------|----------------|-----------|-------------|
| Number of families - Number of direct referrals received from FWCs | 2022/23 | 101 | 131 | 108 | 119 | 118 | 134 | 129 | 63 | 903 |
| | 2021/22 | 77 | 40 | 34 | 51 | 46 | 70 | 78 | 0 | 396 |
| | Difference | 24 | 91 | 74 | 68 | 72 | 64 | 51 | 63 | 507 |
| Number of appointment slots (1 slot = 30 mins) - Further Appointments required (Complex matters involving casework and more than 1 issue) | 2022/23 | 126 | 166 | 126 | 138 | 119 | 154 | 160 | 77 | 1066 |
| | 2021/22 | 186 | 107 | 69 | 149 | 103 | 163 | 203 | 27 | 1007 |
| | Difference | -60 | 59 | 57 | -11 | 16 | -9 | -43 | 50 | 59 |

- 2021/22 data does not include quarter 4 data
- Not reported on the 2023/24 returns

b) Financial Gains

| Quarter | Total Income Gained |
|--|---------------------|
| Q1 2023/24 | £258,825 |
| Q1 2022/23 | £302,565 |
| Q1 2021/22 | £288,107 |
| Q1 Difference (2023/24 and 2022/23) | -£43,740 |
| Q2 2023/24 | £151,845 |
| Q2 2022/23 | £288,306 |
| Q2 2021/22 | £456,228 |
| Q2 Difference (2023/24 and 2022/23) | -£136,461 |
| Q3 2023/24 | £63,449 |
| Q3 2022/23 | £210,614 |
| Q3 2021/22 | £305,782 |
| Q3 Difference (2023/24 and 2022/23) | -£147,165 |
| Q4 2023/24 | £208,174 |
| Q4 2022/23 | £192,855 |
| Q4 2021/22 | £0 |
| Q4 Difference (2023/24 and 2022/23) | £15,319 |
| Total 2023/24 | £682,293 |
| Total 2022/23 | £994,340 |
| Total 2021/22 | £1,050,117 |
| Total Difference 2023/24 and 2022/23) | -£312,047 |

- 2021/22 data does not include quarter 4 data

c) Outcomes

| Quarter | No. of families with increased income | No. securing accommodation | No. securing paid employment | No. securing volunteer opportunities | No. taking up accredited learning opportunities | No. of teenage parents sustaining/returning to F/T education | No. securing immigration status | No. coming to CAB/referred to other orgs about other issues |
|--|---------------------------------------|----------------------------|------------------------------|--------------------------------------|---|--|---------------------------------|---|
| Q1 2023/24 | 248 | 18 | 27 | 21 | 5 | 0 | 37 | 79 |
| Q1 2022/23 | 329 | 186 | 92 | 0 | 0 | 0 | 41 | 12 |
| Q1 2021/22 | 324 | 107 | 42 | 0 | 8 | 0 | 85 | 48 |
| Q1 Difference (2023/24 and 2022/23) | -81 | -168 | -65 | 21 | 5 | 0 | -4 | 67 |
| Q2 2023/24 | No data | No data | No data | No data | No data | No data | No data | No data |
| Q2 2022/23 | 309 | 211 | 32 | 0 | 0 | 0 | 34 | 13 |
| Q2 2021/22 | 164 | 122 | 26 | 0 | 0 | 0 | 13 | 5 |
| Q2 Difference | 145 | 89 | 6 | 0 | 0 | 0 | 21 | 8 |
| Q3 2023/24 | No data | No data | No data | No data | No data | No data | No data | No data |
| Q3 2022/23 | 242 | 94 | 64 | 0 | 0 | 0 | 41 | 43 |
| Q3 2021/22 | 167 | 86 | 26 | 0 | 0 | 0 | 25 | 8 |
| Q3 Difference | 75 | 8 | 38 | 0 | 0 | 0 | 16 | 35 |
| Q4 2023/24 | No data | No data | No data | No data | No data | No data | No data | No data |
| Q4 2022/23 | 236 | 21 | 41 | 15 | 5 | 0 | 37 | 63 |
| Q4 2021/22 | No data | No data | No data | No data | No data | No data | No data | No data |
| Q4 Difference | 236 | 21 | 41 | 15 | 5 | 0 | 37 | 63 |
| Total 2023/24 | 248 | 18 | 27 | 21 | 5 | 0 | 37 | 79 |
| Total 2022/23 | 1116 | 512 | 229 | 15 | 5 | 0 | 153 | 131 |
| Total 2021/22 | 655 | 315 | 94 | 0 | 8 | 0 | 123 | 61 |
| Total Difference (2023/24 and 2022/23) | -868 | -494 | -202 | 6 | 0 | 0 | -116 | -52 |

- 2021/22 data does not include quarter 4 data
- No data from Q2 2023/24

8. Speech and Language Therapy

a) Contribution to School readiness

| Quarter | Early identification of children with SLCN (number of referrals to FWC SLT) | Number of children discharged with advice provided | Number of Children referred into Core SLT Services | Early Intervention – number of attendances at Let's Talk groups |
|--|---|--|--|---|
| Q1 2023/24 | 119 | 29 | 19 | 602 |
| Q1 2022/23 | 119 | 29 | 19 | 687 |
| Q1 2021/22 | 65 | 45 | 19 | 250 |
| Q1 Difference (2023/24 and 2022/23) | 0 | 0 | 0 | -85 |
| Q2 2023/24 | 111 | 49 | 11 | 443 |
| Q2 2022/23 | 111 | 49 | 39 | 419 |
| Q2 2021/22 | | | | |
| Q2 Difference (2023/24 and 2022/23) | 0 | 0 | -28 | 24 |
| Q3 2023/24 | 23 | 17 | 25 | 591 |
| Q3 2022/23 | 68 | 15 | 14 | 449 |
| Q3 2021/22 | 59 | 30 | 8 | 364 |
| Q3 Difference (2023/24 and 2022/23) | -45 | 2 | 11 | 142 |
| Q4 2023/24 | 51 | 10 | 24 | 571 |
| Q4 2022/23 | 62 | 31 | 27 | 514 |
| Q4 2021/22 | | | | |
| Q4 Difference (2023/24 and 2022/23) | -11 | -21 | -3 | 57 |
| Total 2023/24 | 304 | 105 | 79 | 2207 |
| Total 2022/23 | 360 | 124 | 99 | 2069 |
| Total 2021/22 | 124 | 75 | 27 | 614 |
| Total Difference (2023/24 and 2022/23) | -56 | -19 | -20 | 138 |

- 2021/22 data does not include quarter 2 or quarter 4 data
- Data for Q1 and Q2 2023/24 that is in red is based on Q1 and Q2 2022/23 submission, as actual data for this period is not available, due to a system change

b) Let's Talk Groups – (Universal Offer)

- Attendance was similar compared to the last quarter, with a total attendance of **571** across all sessions at all centres. The total in quarter 3 was **591**
- The highest attendance across all centres changed this quarter to Curzon Family Wellbeing Centre
- **25** referrals were made from the group to the Speech and Language Therapist across all centres this quarter
- The service regularly collects feedback from the parent/carers who attend the Let's Talk groups. This quarter thirty parents were asked about what they gain from attending the sessions
- All feedback received was positive, showing enjoyment of sessions. The responses were analysed, and key themes were identified. The most common themes identified by parents were:
 - o The group provides a welcoming, inclusive environment
 - o They enjoy seeing their child make progress
 - o They learn ideas about play and interaction that they then use at home
 - o They use new communication strategies outside of the Let's Talk sessions
 - o They use new communication strategies outside of the Let's Talk sessions
- This feedback demonstrates how Let's Talk plays an important role in contributing to school readiness. A number of the parents said they would like more sessions like this and some commented on wanting the sessions to be a longer duration (currently one hour).

Universal Offer: parent training

Online parent training workshops:

- These were set up in response to requests from the Family Wellbeing Centres for an online offer for parents. The views of parents were sought, and they requested training sessions on typical early speech, language and communication development with tips and advice to develop their own child's talking and communication skills in play and daily routines at home. The SLT FWC team ran two online training sessions for parents on 4th March 2024 which was open to any parents/carers of children aged 0-5 years.
- A total of 31 parents signed up to the training, however only 10 parents opted to attend.
- The parents who attended rated the session as 5/5 in terms of helpfulness. Providing feedback such as:
 - o *"I learned the two languages doesn't affect my child speaking skills"* and
 - o "Playing is learning"

c) Activity and Data

- The number of referrals into the FWC in Q4 has increased with **55** referrals this quarter compared to **23** in Q3
- 33 referrals were made to other services. These included NEG2 via an Early Help Assessment (EHA), Parents as First Teachers (PAFT), Community Paediatrician, Audiology, Health Visiting
- The Community SLT team (including Family Wellbeing Centres) referral form was finalised this quarter and distributed to all relevant agencies. The new form prompts referrers to provide information which ensures the service will be able to triage CYP promptly to the appropriate care pathway

d) Partnership Working

The FWC SLTs continue to contribute to a range of steering and working groups to ensure the inclusion of universal messaging around speech, language and communication needs into a range of projects

Being with Your Baby

- This forms part of a rolling programme jointly facilitated by Family Wellbeing Centre staff and health professionals to support parents of children under 9 months with early learning and parent child relationships.
- This quarter the SLT delivered a session at Three Trees FWC on 26 January and at Alperton FWC on 31 January.

Start for life website page

- The SLT team submitted information about communication development, which is now included on the Brent Start for Life website.

Home Learning Pathway

- The SLTs have contributed to this working group.

Brent Early Years Conference

- The SLT Family Wellbeing Centres team attended both days (2nd and 3rd Feb) of the conference to increase visibility of the communication universal messages by manning a stall promoting the importance of developing communication within the early years and to foster partnership working with a large number of nurseries, childminders, health colleagues and other staff working within the Early Years who were in attendance.
- New partnership links were created through this event e.g. with the Early Talkboost Officer (providing accredited communication training to EY settings through the Best Start for Life funding).
- Advice relating to specific communication development questions was provided to 6 childminders/nurseries.
- 16 EY professionals and 8 health professionals shared contact details to receive electronic versions of the literature on offer to share with the families they work with.

Daniel's Den

- Partnership working with Daniel's Den (voluntary sector) has been prioritized this quarter and dates have been arranged to attend all 12 of the venues in which they run playgroups in April and May to provide advice and support regarding communication development to the families attending. Partnership links led to the online parent training being advertised to and attended by parents linked to this voluntary organisation.

Partnership Outreach meetings

- The SLT FWC team, Childrens and Families Information Service and Triage Services have continued to meet to coordinate effective outreach planning. This has allowed for sharing of information around outreach opportunities and current contacts, sharing of outreach calendars and events to support a collaborative approach to outreach work and joint problem solving around outreach related issues. This has also increased partnership working across these services.

FWC Local Steering Groups

- The SLT FWC team provide written and verbal summaries of their universal and targeted work to Local Steering groups to foster partnership working, contribute to review of the wider Family Wellbeing Centre work, discuss challenges and problem solve these, discuss referral procedures and obtain feedback from other services about the SLT service provided.
- This quarter the the SLT FWC team have attended all steering groups meetings that SLT were invited to:
 - o St Raphael's
 - o Church Lane
 - o Preston Park

e) Outreach Development

This quarter the FWC SLT team have attended a number of outreach events as well as dropping into sessions run by other services with the Family Wellbeing Centres e.g. Busy Feet, Messy Play and Introduction to Solids. These activities have resulted in 49 families receiving early communication messaging and information and 8 children were identified with communication needs and were followed up by the SLT team. See below for more details of outreach events completed

International Women's Day

- The SLT FWC team worked in partnership with other health and community services on week commencing 4th March to support the International Women's Day events at St Raphael's Family Wellbeing Centre. The events allowed the team to promote the SLT services to a new audience, provide universal messages re communication development to those with children under 5yrs and support early identification of communication difficulties. One child was identified through this event at St Raphael's FWC and was invited to access further advice and support from the SLT team.

SUFRA coffee morning

- The SLT FWC team and triage outreach officer facilitated the coffee morning on 23rd Feb to provide information to the 11 adults who had attended the session providing information on the Family Wellbeing Centres, SLT services and providing communication universal messages to those with children. Two children were in attendance, and one was identified as having communication difficulties so was provided with advice on how to access further SLT support as lived in a neighbouring borough.

Our Lady of Grace Primary School

- The SLT FWC team attended a playgroup running at Our Lady of Grace Primary School on 15th March to promote the SLT services with the Family Wellbeing Centres, provide universal key messages re communication development to the families present and to facilitate early identification of children that could benefit from more targeted SLT advice. The staff running the session were also provided with informal training and advice after the session on how to develop a more communication enriching environment and what advice to give parents re issues such as bilingualism during future sessions.
 - o 13 parents were provided with advice and support re the Family Wellbeing centre services and communication development
 - o Advice on bilingualism was the most commonly discussed topic. Approximately half of the families spoken to had not yet registered with the Family Wellbeing Centres and were provided with the information to do so
 - o 3 children were identified with SLCN, one was already known to SLT services and the other two shared contact details for follow up and discussion around onward referral to SLT

Community Wellbeing Project at Bridge Park (associated with SUFRA)

- The SLT FWC team were invited to attend the weekly wellbeing project on 18th March to provide information to families attending on communication development, promote the services available at the FWCs and support early identification of children with communication difficulties.
- 19 families were provided with advice and information
- 3 children were identified as needing follow up by SLT due to communication difficulties reported by their parents.
- Of these 3 CYP
 - o One was school age, so the parent was provided with advice on how to follow up her concerns with the school
 - o One child was a looked after child and under guardianship in another borough so universal communication advice provided to parent to support adult child interaction
 - o One child was followed up after the session with an interpreter to provide advice and discuss a referral to SLT
 - o Two of the families were referred into the FWC triage services, so they could access support other difficulties and issues they were experiencing

- National Storytelling Week – Once upon a Story Sessions
- Two story and early communication advice sessions were run during National Storytelling week (week of 29th Jan) at Kingsbury Library and at Harlesden library
- The SLT FWC team and an outreach officer from Children and Families Information Service were invited to facilitate these sessions and were planned to include a story, songs, use of musical instruments and talk around communication tips and support available at the FWCs and wider Brent services
- These sessions were advertised within the libraries but were standalone sessions not linked to a regularly timetabled session
- The attendance at both sessions was low and only 2 families (3 children) attended at Kingsbury and 1 child at Harlesden library

f) Challenges

- The FWC SLT Assistant who supports the FWC in the running of the Let's Talk Groups, left her post in December 2023. It was anticipated there would be a gap in the delivery of the Let's Talk Groups. The SLT service informed the centre managers and Simon Topping (Family Wellbeing Centre Operational Manager) who requested the running of the groups was covered by the SLTs. The SLTs re-prioritised their workload so they could deliver the Let's Talk sessions for January and February 2024. This resulted in a reduction in the time available for targeted work, outreach and training this quarter. However, this gave an opportunity for therapists to review and refresh the format of the Let's Talk sessions to fully embed the key messages across all the sessions in each FWC
- Continued lack of Early Years Workers (EYWs) within some Family Wellbeing Centres. The longstanding difficulty in recruiting EYWs within the Family Wellbeing Centres is impacting on joint planning and facilitation of the Let's Talk groups and the extent to which early advice and support around communication can be provided to parents within the sessions and across other Family Wellbeing Centre activities. This impacts on the amount of early identification and subsequent onward referrals and preventative working happening with the FWCs. It also impacts on the staffing capacity for joint outreach and partnership working
- FWC Booking system continues to pose a challenge - the booking system and portal is difficult for some parents to access to secure a place at the Let's Talk sessions. Many families from multiple FWC's have mentioned that they are unable to book onto Let's Talk sessions as they are always full (these include parents with children who have Speech and Language difficulties who would benefit from attending the sessions)
- The Portal does not currently have the facility to arrange borough wide parental online training sessions. Therefore, FWC SLTs have had to organise the bookings and send out the links themselves resulting in an additional administrative load
- The Brent FWC SLT team are engaging with a range of partners and across different settings to promote the universal messaging around SLCN, and though families, professionals and other key early years workers often request or express interest in activities this is sometimes not reflected in the up take.

9. Supporting Families Programme Outcomes

New Supporting Families Outcomes – 2023/24

| Quarter / Outcomes | Employment | Sustained and Significant Progress | Total |
|---|------------|------------------------------------|------------|
| Q1 | | 32 | 32 |
| 1. Getting a good education | | | |
| 2. Good Early Years Development | | 2 | |
| 3. Improved mental and physical health | | 16 | |
| 4. Promoting recovery and reducing harm from substance misuse | | | |
| 5. Improved family relationships | | 2 | |
| 6. Children safe from abuse and exploitation | | 3 | |
| 7. Crime prevention & tackling crime | | 3 | |
| 8. Safe from domestic abuse | | 6 | |
| 9. Secure housing | | | |
| 10. Financial stability | | | |
| Q1 Total* | | 66 | 66 |
| Q2 | | 57 | 57 |
| 1. Getting a good education | | | |
| 2. Good Early Years Development | | 3 | |
| 3. Improved mental and physical health | | 24 | |
| 4. Promoting recovery and reducing harm from substance misuse | | 2 | |
| 5. Improved family relationships | | 1 | |
| 6. Children safe from abuse and exploitation | | 8 | |
| 7. Crime prevention & tackling crime | | 5 | |
| 8. Safe from domestic abuse | | 13 | |
| 9. Secure housing | | 1 | |
| 10. Financial stability | | | |
| Q2 Total* | | 199 | 199 |
| Q3 | | | |
| 1. Getting a good education | | 60 | |
| 2. Good Early Years Development | | 2 | |
| 3. Improved mental and physical health | | 28 | |
| 4. Promoting recovery and reducing harm from substance misuse | | 2 | |
| 5. Improved family relationships | | 2 | |
| 6. Children safe from abuse and exploitation | | 8 | |
| 7. Crime prevention & tackling crime | | 1 | |

| | | | |
|---|--|------------|------------|
| 8. Safe from domestic abuse | | 20 | |
| 9. Secure housing | | 1 | |
| 10. Financial stability | | | |
| Q3 Total | | 124 | 124 |
| Q4 | | | |
| 1. Getting a good education | | 277 | |
| 2. Good Early Years Development | | 4 | |
| 3. Improved mental and physical health | | 47 | |
| 4. Promoting recovery and reducing harm from substance misuse | | 2 | |
| 5. Improved family relationships | | 2 | |
| 6. Children safe from abuse and exploitation | | 11 | |
| 7. Crime prevention & tackling crime | | 8 | |
| 8. Safe from domestic abuse | | 21 | |
| 9. Secure housing | | 2 | |
| 10. Financial stability | | 1 | |
| Q4 Total | | 375 | 375 |
| Grand Total | | 764 | 764 |

*Total combines new and old Supporting Families outcomes criteria
 Outcomes Target for 2022-23 – 764 families (100% target achieved)

Old Supporting Families Outcomes – 2023/24

| Quarter / Outcomes | Employment | Sustained and Significant Progress | Total |
|---|-------------------|---|--------------|
| Q1 | | 34 | 34 |
| Adults out of work or at risk of financial exclusion, and young people at high risk of worklessness | | | |
| Children who have not been attending school regularly | | 2 | 2 |
| Children who need help | | 5 | 5 |
| Families affected by domestic violence and abuse | | 16 | 16 |
| Parents and children with a range of health problems | | 8 | 8 |
| Parents and young people involved in crime or antisocial behaviour | | 3 | 3 |
| Q2 | | 142 | 142 |
| Adults out of work or at risk of financial exclusion, and young people at high risk of worklessness | | 3 | |
| Children who have not been attending school regularly | | 8 | |
| Children who need help | | 29 | |
| Families affected by domestic violence and abuse | | 23 | |
| Parents and children with a range of health problems | | 74 | |
| Parents and young people involved in crime or antisocial behaviour | | 5 | |

Old Supporting Families Outcomes - 2022/23

| Quarter / Outcomes | Employment | Sustained and Significant Progress | Total |
|---|------------|------------------------------------|------------|
| Q1 | 5 | 95 | 100 |
| Adults out of work or at risk of financial exclusion, and young people at high risk of worklessness | | 2 | 2 |
| Children who have not been attending school regularly | | 1 | 1 |
| Children who need help | | 15 | 15 |
| Families affected by domestic violence and abuse | 4 | 26 | 30 |
| Parents and children with a range of health problems | 1 | 45 | 46 |
| Parents and young people involved in crime or antisocial behaviour | | 6 | 6 |
| Q2 | 4 | 112 | 116 |
| Adults out of work or at risk of financial exclusion, and young people at high risk of worklessness | 1 | 2 | 3 |
| Children who need help | | 10 | 10 |
| Families affected by domestic violence and abuse | 2 | 27 | 29 |
| Parents and children with a range of health problems | | 56 | 56 |
| Parents and young people involved in crime or antisocial behaviour | 1 | 17 | 18 |
| Q3 | 4 | 96 | 100 |
| Adults out of work or at risk of financial exclusion, and young people at high risk of worklessness | 1 | 1 | 2 |
| Children who have not been attending school regularly | | 2 | 2 |
| Children who need help | | 11 | 11 |
| Families affected by domestic violence and abuse | 2 | 34 | 36 |
| Parents and children with a range of health problems | 1 | 47 | 48 |
| Parents and young people involved in crime or antisocial behaviour | | 1 | 1 |
| Q4 | 5 | 151 | 156 |
| Adults out of work or at risk of financial exclusion, and young people at high risk of worklessness | 1 | 2 | 3 |
| Children who have not been attending school regularly | | 4 | 4 |
| Children who need help | | 17 | 17 |
| Families affected by domestic violence and abuse | 2 | 53 | 55 |
| Parents and children with a range of health problems | 2 | 53 | 55 |
| Parents and young people involved in crime or antisocial behaviour | | 22 | 22 |
| Grand Total | 18 | 454 | 472 |

- Outcomes Target for 2022-23 – 472 families (100% target achieved)

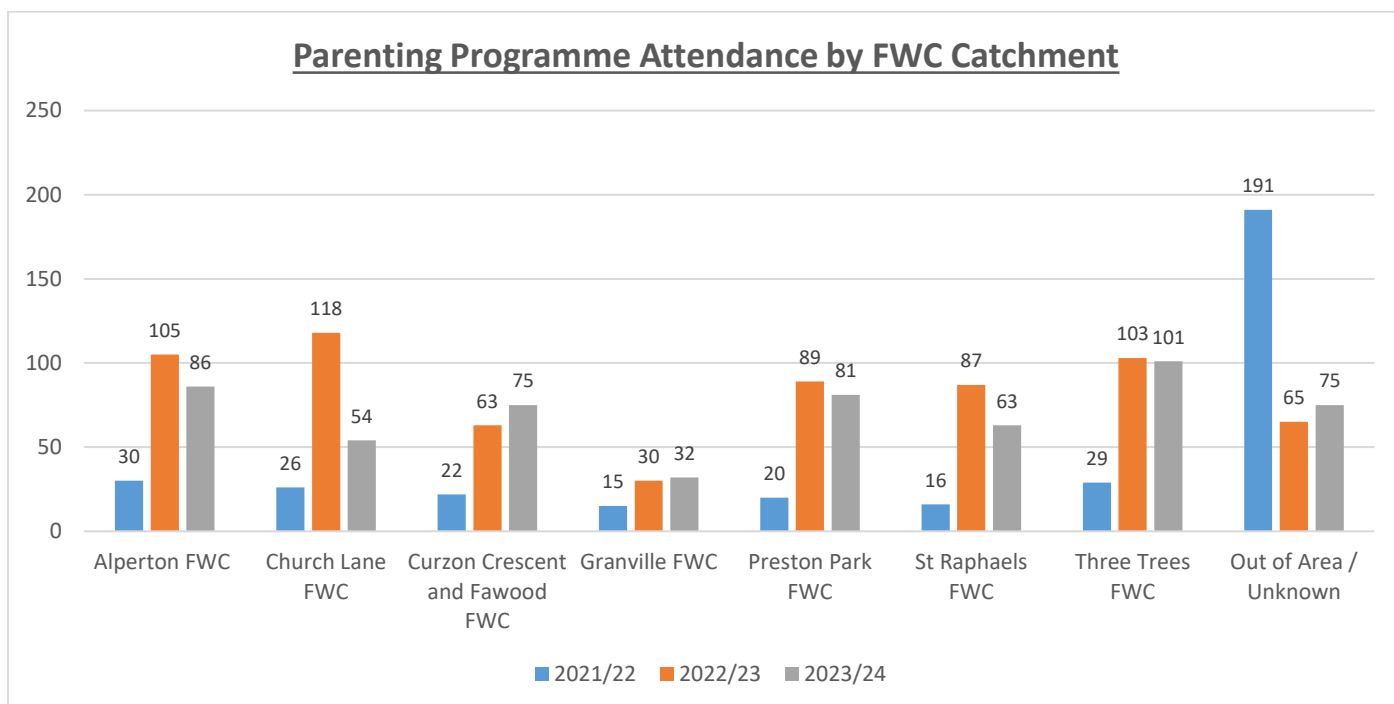
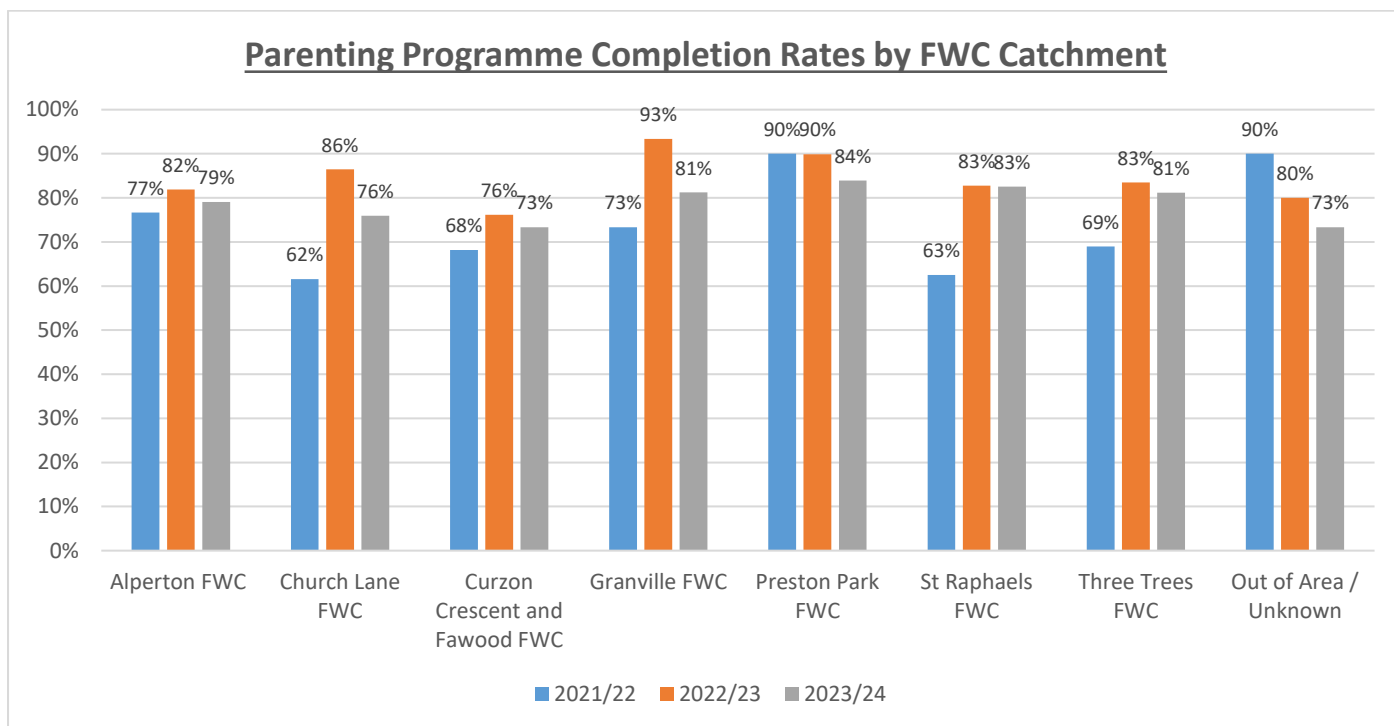
10. Parenting Programmes

| | Programme / Workshop | Number of programmes / workshops | Numbers Attending | Numbers Completing | Percentage Completing |
|------------------------|---|----------------------------------|-------------------|--------------------|-----------------------|
| Q1 | An Introduction to Understanding County Lines for Parents | 1 | 3 | 3 | 100% |
| | Building Teenagers survival Skills | 2 | 5 | 5 | 100% |
| | Coping with Teenagers Emotions | 3 | 7 | 7 | 100% |
| | Cygnet | 2 | 36 | 21 | 58% |
| | Dealing with disobedience | 3 | 23 | 23 | 100% |
| | Developing good bedtime routine | 2 | 4 | 4 | 100% |
| | Gangs: Parental Awareness | 1 | 2 | 2 | 100% |
| | Getting Teenagers to Cooperate | 2 | 3 | 3 | 100% |
| | Hassle Free Shopping | 2 | 3 | 3 | 100% |
| | Managing fighting and aggression | 3 | 5 | 5 | 100% |
| | Parenting: Your Style, Your Child | 1 | 2 | 2 | 100% |
| | Reducing Family Conflict | 2 | 4 | 4 | 100% |
| | Triple P Family Transitions | 1 | 6 | 3 | 50% |
| | Quarter 1 Total | | 25 | 103 | 85 |
| Q2 | Building Teenagers survival Skills | 1 | 1 | 1 | 100% |
| | Coping with Teenagers Emotions | 2 | 5 | 5 | 100% |
| | Cygnet | 1 | 7 | 5 | 71% |
| | Dealing with disobedience | 2 | 8 | 8 | 100% |
| | Developing good bedtime routine | 2 | 9 | 9 | 100% |
| | Getting Teenagers to Cooperate | 2 | 3 | 3 | 100% |
| | Hassle Free Shopping | 1 | 2 | 2 | 100% |
| | Henry Programme Preparing For Parenthood | 1 | 5 | 2 | 40% |
| | Henry Programme Right From the Start (under 5's) | 2 | 18 | 11 | 61% |
| | Managing fighting and aggression | 2 | 5 | 5 | 100% |
| | Reducing Family Conflict | 2 | 4 | 4 | 100% |
| | Solihull Approach | 1 | 7 | 3 | 43% |
| | Stepping Stones | 1 | 6 | 5 | 83% |
| | Strengthening Families Strengthening Communities | 1 | 14 | 8 | 57% |
| Triple P Group | 1 | 13 | 7 | 54% | |
| Quarter 2 Total | | 22 | 107 | 78 | 73% |
| Q3 | Building Teenagers survival Skills | 3 | 9 | 9 | 100% |
| | Coping with Teenagers Emotions | 2 | 5 | 5 | 100% |
| | Cygnet | 4 | 53 | 40 | 75% |
| | Dealing with disobedience | 3 | 14 | 14 | 100% |
| | Developing good bedtime routine | 1 | 4 | 4 | 100% |
| | Getting Teenagers to Cooperate | 3 | 9 | 9 | 100% |
| | Hassle Free Shopping | 1 | 3 | 3 | 100% |
| | Henry Programme Right From the Start (under 5's) | 3 | 37 | 22 | 59% |
| | Managing fighting and aggression | 4 | 18 | 18 | 100% |
| | Reducing Family Conflict | 2 | 3 | 3 | 100% |
| | Stepping Stones | 1 | 6 | 5 | 83% |

| | | | | | |
|-----------|---|------------|------------|------------|------------|
| | Strengthening Families Strengthening Communities | 1 | 20 | 12 | 60% |
| | Teen Triple P | 1 | 16 | 13 | 81% |
| | Triple P Family Transitions | 1 | 12 | 8 | 67% |
| | Triple P Group | 1 | 12 | 8 | 67% |
| | Who's in Charge | 1 | 1 | 1 | 100% |
| | Quarter 3 Total | 32 | 222 | 174 | 78% |
| Q4 | An Introduction to Understanding County Lines for Parents | 1 | 4 | 4 | 100% |
| | Building Teenagers survival Skills | 3 | 6 | 6 | 100% |
| | Coping with Teenagers Emotions | 3 | 13 | 13 | 100% |
| | Cygnets | 2 | 27 | 15 | 56% |
| | Cygnets Plus | 1 | 11 | 11 | 100% |
| | Dealing with disobedience | 3 | 6 | 6 | 100% |
| | Developing good bedtime routine | 2 | 4 | 4 | 100% |
| | Gangs: Parental Awareness | 1 | 8 | 8 | 100% |
| | Generation Parent Management Training Organ (GEN PMTO) | 1 | 6 | 5 | 83% |
| | Getting Teenagers to Cooperate | 3 | 8 | 8 | 100% |
| | Hassle Free Shopping | 2 | 2 | 2 | 100% |
| | Henry Programme Right From the Start (under 5's) | 1 | 9 | 6 | 67% |
| | Managing fighting and aggression | 2 | 10 | 10 | 100% |
| | Reducing Family Conflict | 2 | 5 | 5 | 100% |
| | Solihull Approach | 1 | 9 | 2 | 22% |
| | Triple P Family Transitions | 1 | 7 | 5 | 71% |
| | Quarter 4 Total | 29 | 135 | 110 | 81% |
| | Grand Total* 2023-24 | 108 | 567 | 447 | 79% |
| | Grand Total* 2022-23 | 120 | 660 | 554 | 84% |
| | Grand Total* 2021-22 | 41 | 349 | 285 | 82% |
| | Grand Total* 2020-21 | 20 | 146 | 107 | 73% |

- **Includes parents that have attended more than one programme within the period*
- *In total, excluding duplicates, out of the 441 parents that attended 336 completed the accredited parenting programmes in 2023/24 (76%)*
- *Q2 data has been updated, as further data for the period has been submitted since the last Q2 report*
- *Based on attendance data provided as at 19-Apr-24*

Parenting Programme data by FWC Catchment Area



- Includes parents that have attended more than one programme in the period. The count in the above chart therefore includes duplicates
- Based on residency of parent

11. Young Carers

| Quarter | Number of Young Carer activities being delivered at Family Wellbeing Centres* | Number of young carers identified | Numbers attending Young Carer activities at Family Wellbeing Centres** |
|---|---|-----------------------------------|--|
| 2023/24 | 2 | 213 | 4 |
| 2022/23 | 18 | 104 | 42 |
| 2021/22 | 25 | 80 | 21 |
| Total Difference (2023/24 and 2022/23) | -16 | 109 | -38 |

* Includes dates with no attendance attached

** Based on total numbers that have attended - Event Reach by Activity (Registered members only)

Family Wellbeing Centres Triage Service
End of Year Review
2023 - 24

1.1 Triage Overview

Over the year the Triage Service element within Family Wellbeing Centres has grown from strength to strength. The Triage officers continue to provide a rapid response to children, young people and their families at the point of need. Families are encouraged to register with the centres and complete a Getting to Know You form to identify the presenting needs. Once identified the team will then undertake low level interventions which can include: signposting families to services within the FWC's and locally, supporting families to navigate their way through difficult situations by offering practical support including home visits, providing information which supports families to integrate within the community. Alongside undertaking short term focused pieces of work across a range of issues, which improve outcomes and reduce the need for a higher threshold level of intervention. There is growing evidence that demonstrates that some families just need light touch support and information, so that they can make informed choices about what needs to happen next, which in turn leads to them feeling more empowered to sustain improved outcomes.

Work with our partner agencies to increase awareness of the Triage Service offer in particular at Local Steering Group (LSG) Meetings, Outreach events, Team Meetings, has led to closer partnership working, an increase in referrals both ways i.e. referrals to partner agencies and into the Triage Service and more collaborative working across the centres in general. Some Family Wellbeing Centres have seen an increase in the number of registrations of families in particular those who are seeking Asylum and from Refugee communities utilising the service offer, due to work completed by the Triage team.

The identified themes which have emerged during the course of families accessing the Triage service relate to the following needs: Housing, Financial instability, Food Poverty, Debt, SEND Needs, Education & Early Years Settings applications, and access to Family Wellbeing Centre activities as a whole. There has been a rise in queries related to Housing, SEND, Food and Financial instability, Mental/Emotional Wellbeing and Domestic abuse queries over the past year. This in turn has led to the Triage officers working creatively to upskill their knowledge of services, develop links with partners agencies and work to ensure that they are able to provide interventions which meet the needs of families and to signpost to appropriate services in the community where possible. Each centre is unique and families may present with a range of the above themes both in the East and West of the borough.

On the whole there has been an increase in demand for the service, particularly due to the transient population in Brent and those impacted by the cost of living crisis. The Triage officers consistently work with a high volume of families, who may often return to use the service across a range of issues during the course of the year. Due to the success of the service, we have seen an increase in referrals via the BFFD, alongside referrals via the Dynamics Portal. The service has also provided support to assist with Key Worker Waiting list cases, with some cases being closed following Triage service intervention. In the coming year the service will continue to increase its resource base to effectively support children, young people and their families in need and will to work consistently to improve outcomes for all at universal level.

1.2 Triage end of year Data - April 2023 – March 2024

The data base below demonstrates families supported over the past year across all Family Wellbeing Centres. Some families may have been counted twice, if they have returned to the service requiring support across another issue within the year. The table demonstrates the work carried out to consistently record Triage interventions accurately across all FWC. The numbers have been bolstered by the work of the Outreach Triage Worker who has supported Ukraine, Asylum and Refugee families to access the service.

| Triage Data April 23 - March 2024 | | | | | |
|-----------------------------------|------------|------------|------------|------------|-------------|
| Family Wellbeing Centre | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | Total |
| Alperton | 77 | 69 | 72 | 80 | 298 |
| CCFW | 84 | 84 | 57 | 79 | 304 |
| Church Lane | 64 | 49 | 51 | 50 | 214 |
| Granville | 75 | 47 | 56 | 64 | 242 |
| Preston Park | 159 | 98 | 64 | 78 | 399 |
| St Raphael's | 201 | 87 | 68 | 80 | 436 |
| Three Trees | 77 | 56 | 52 | 57 | 242 |
| | 737 | 490 | 420 | 488 | 2135 |

Triage Data Source

The data base below provides a detailed breakdown of the source of referrals coming to the Triage Service. There has been a slight increase in the number of Getting to Know you Forms being completed which are picked up via the Dynamics Portal. This is demonstrated across the board where the numbers reflect that in previous year (2022-23) this figure was approx 665. Alongside this there has also been an increase in referrals via the BFFD up from 53 in the previous year. There has also been a decrease in the number of Walk in's and Telephone referrals recorded, from the previous year of approx. 1084. In general the Triage service have supported approx 40 more Key worker waiting list cases that the previous year. This has enabled many of the cases to be maintained at Early Help threshold with some cases being worked to closure.

| Triage year end source data April 23 - March 24 | | | | | | |
|---|------------|------------|------------|--------------|-------------------|-------------|
| Family Wellbeing Centre | Source | | | | Telephone/Walk In | Total |
| | BFFD | Portal | Referred | Waiting List | | |
| Alperton | 29 | 90 | 20 | 31 | 128 | 298 |
| CCFW | 27 | 105 | 35 | 29 | 108 | 304 |
| Church Lane | 25 | 118 | 6 | 13 | 52 | 214 |
| Granville | 14 | 41 | 32 | 11 | 144 | 242 |
| Preston Park | 26 | 130 | 24 | 28 | 191 | 399 |
| St Raphael's | 8 | 67 | 22 | 58 | 281 | 436 |
| Three Trees | 31 | 127 | 10 | 7 | 67 | 242 |
| | 160 | 678 | 149 | 177 | 971 | 2135 |

The most common presenting issues to the Triage service are:

- Families unable to afford basic food items or appropriate clothing – 80%
- Housing - overcrowding/evictions/ disrepairs – 70%
- Parents with children who have undiagnosed/diagnosed additional needs, requiring support to access services. – over 60%
- Debt - including utilities, rent, council tax etc – over 30%
- Children not in school - 30%
- New arrivals - including Ukrainian families, other asylum seekers - 25%
- Families re-locating from other areas with no resources (i.e., household goods, lack of finances, etc) – 10%

The nature of the support required by families may span across many areas at once e.g. Housing, Education, Financial instability and the length of time that workers are involved with families has increased. The number of families that have been triaged during April 2023 – March 24 was 2135. The increase in the number of families worked with has not led to a significant increase in the number of families who required higher level interventions. Very few of the families required a step-up to key workers in FWC or social care. This may in part due to threshold levels being maintained appropriately.

A short piece of work was undertaken to better understand the vast difference in the numbers of families accessing the Triage service at FWC's across the borough in previous years. This led to an agreed consensus in the recording of Triage data, which in turn has led to more accurate data capture. Further work is being completed in this area, but the results have demonstrated a more accurate reflection of the work carried out by Triage officers, the interventions undertaken and the threshold level of need which is being maintained by the service.

There has been a steady increase in data recorded on Mosaic by the team, which provides clear insight into the family's journey, where impact and outcomes can be evidenced. The use of an excel spread sheet to capture Triage service data is being revised currently and a move across to recording all data onto Mosaic is imminent. Work with the data team has uncovered many families who meet the supporting families criteria, which can now be included in the data capture to meet Supporting Families targets.

1.3 New initiatives

New initiatives have helped to elevate the resources available to the Triage Team to support Families. These have included:

- Homes for Ukraine Funded Triage Officer post
- Crisis Response Fund applications
- Travel Access Scheme
- Winter Warmer Vouchers
- Triage Young People's offer

These are in addition to the general resources and charitable support available via organisations e.g. Barnardos, Buttle Trust, BBC children in need etc.

Homes for Ukraine Funded Triage Officer post – This post was filled in July 2023 and over 39 families supported during the period July 2023 – March 2024. The post holder met regularly

with the Homes for Ukraine team to provide support to families new to Brent to integrate into the community. They also carried out outreach activities in, the Holiday Inn, Best Western, Igor, Abbots and Euro hotels to support families who are seeking Asylum in the UK. The post holder has left the service in March 24, however following a successful recruitment a new candidate has joined the team on 24th June 2024. In the interim period the existing Triage officers have continued to provide support to Asylum and Refugee families and this has led to an additional 23 families being supported to access Triage, FWC and other local services.

Crisis Response Fund – This scheme has provided Triage Officers access to between £200 - £400.00 for families in Crisis. The criteria for access to this scheme is that families are Brent Residents and are in crisis e.g. Food/fuel poverty, need emergency equipment etc.. Over 200 applications have been made to this fund by the team with over 170 applications being successful.

Travel access scheme - funded by the Asylum Dispersal Grant, has been introduced to assist those families who are seeking asylum and have limited income to travel to Family Wellbeing centres, maintain appointments with partner agencies, get to health appointments etc. There are now 50 oyster cards registered for use with families in need. In addition a further 20 oyster cards have been provided to the Homeless prevention team, who work closely with families who have received a successful decision by the Home Office and need to move quickly out of their hotel accommodation.

Winter Warmers Vouchers – funding was obtained via the Asylum Dispersal Grant to provide additional support to Asylum Seeking families who are in need. £1,200 was secured to purchase 30 vouchers - providing families with an opportunity to purchase additional items of winter clothing needed for them or their children. The scheme has been a success with over 20 families benefiting from this resource.

Triage Young People's offer - The Triage service are working closely with the Youth Service Transformation Lead to explore the expansion of the service to young people. Meetings have begun to better understand how the best ways to carry out the consultation process with young people to co-create a service which they will see themselves accessing when in need.

1.4 Staffing.

There are currently 9 Triage Officers based at 8 of the Family Wellbeing Centres across the borough. At Granville FWC there are two part time post holders, who make up the fulltime position.

Funding was secured from Community and Regeneration Team to recruit an Outreach Triage officer, to work predominantly with Ukraine and Asylum/ Refugee Families. Following a period of recruitment this post was filled in July 2023. The outreach Triage officer left this position in March 24 and following a successful recruitment campaign, a new candidate has accepted the position and started with the team on 24th June 2024. This Triage officer will be based at Willow SEND FWC going forward and will provide support to families accessing this centre alongside outreaching to Ukraine, Asylum and refugee communities locally.

The Triage officers continue to be line managed by the FWC Triage Manager and matrix managed by the FWC Managers.

Vacancies

There is currently no vacancies within the team.

1.5 Team Building

This is now a well established team within the Early Help Service. Team meetings take place on a monthly basis to promote team cohesion, build upon the team values and to ensure that all Triage officers are working across the centres in a unified way.

The team communicate well sharing knowledge of agencies within the Local authority, community partners, charities - both locally and nationally who can provide support, and resources to families in need. Often extending themselves to ensure that families are provided with a good quality service.

The team members are an intricate part of the Family Wellbeing Centre teams and continue to be matrix managed by the Family Wellbeing Centre Managers. In each centre there is a dedicated space where the Triage officers can meet with families. This has enhanced the offer as families are provided with a safe space to explore and unpack their needs.

The team are regularly celebrated at the monthly CYP Good News sessions, through feedback from partner agencies and CYP staff, LSG meetings and via parents feedback forms. The Triage service was featured in the Brent Magazine where a spot light on the Triage service highlight the good outcomes achieved with families who access the service.

1.6 Challenges

- Ø All Triage data is captured on a spread sheet currently, which is not accessible to practitioners outside of the Triage service. The spread sheet is prone to lock to individual users and crash on occasion this has led to a delay in some records being recorded.
- Ø The decision to move all data across to Mosaic has experienced some delay. A business case may need to be put to the operational director in order to gain approval for an appropriate solution to the current systems in place.
- Ø The Triage service on the whole has seen an increase in demand which in turn has led to the Triage officers dealing with a huge volume of families who require support. Access to resources is limited, although the team have come up with creative ways in which to support families. With further cuts in some service provisions e.g. Angel Box – BASCH services, it will become increasingly harder to meet the needs of vulnerable families going forward.
- Ø The Triage service is stretched due to demands within the Family Wellbeing Centres. The officers are providing support across various areas e.g. Supporting Key Worker Waiting list cases, Delivering parenting programmes,
- Ø Due to the upcoming review of the Early Help and Social Care services it is important the change process is managed appropriately to minimise the risk of anxiety and uncertainty.

1.7 Successes

- Ø Crisis Response Fund – the introduction of the Crisis Response Fund has enabled Triage officers to gain access to a small pot of money that can assist families at a time of crisis. There have been over 130 successful applications made to this fund where families have received between £200 - £400.00. Families have been supported to gain white good, clothing, equipment and resources for children.
- Ø Travel Access Scheme – This scheme has provided Asylum and Refugee families access to the Family Wellbeing Centre offer by distributing an Oyster Card. This has led to an increase in uptake of the Family Wellbeing Centre offer, capacity for parents

to attend appointments with partner agencies, reduced financial burden, integration into the community and an increase in Triage service interventions to families in need

- Ø Recruitment – The Homes for Ukraine – Community Generation Team funded a Triage officer position to work predominantly with Ukraine, Asylum and Refugee families. The post was filled in July 2023 and the successful candidate built up a good relationship with partners who were involved in supporting this client group. Over 50 families have been provided with support over an 9 month period.
- Ø Triage officer support to the Key Worker waiting list cases – The Triage officers have been instrumental at providing support to families, in some cases ensuring that the threshold level of need is reduced to the point where cases can be closed.
- Ø Reduction in cases requiring a higher level of involvement - Following Triage service support very few families require a higher level of Early Help intervention. The number of rapid EHA's completed remain low demonstrating that the threshold of need is appropriately maintained across the service.
- Ø Recognition – The Triage team have been regularly celebrated at the Good News Monthly sessions, Brent Magazine article where Sonia Pearce was highlighted for outstanding work completed with a family, Brent Pride of Brent Awards – Pauline Falconer received a commended individual reward – Feedback from partner agencies and other professionals within the CYP service, alongside feedback from families.
- Ø Outreach – The Triage service has worked closely with CFIS team and other partners to attend outreach events in the community. This has led to a slight increase in registrations, families accessing FWC activities, and access to the Triage service overall. More work will be undertaken over the coming year to increase the presence at community events to widen the reach of Family Wellbeing Centres.

1.8 Areas for development

| Task | Goal | Time Scale |
|--|--|------------|
| <p>The Willow SEND FWC – a pilot has taken place over a 6 week period to provide Triage Service support to this centre. A Triage officer was based at the centre on a Tuesday, once a fortnight to provide appointments to families in need. The staff at the FWC are now promoting the Triage service support to families which has resulted in approximately 8 families being supported.</p> <p>The Triage office funded by the Homes for Ukraine team, will be based at this centre to offer support to families and outreach to the local communities across Brent.</p> | Widen the reach of families supported by the Triage service | March 2025 |
| <p>Outcome Star Assessment - The Outcome Star has been adopted as the mechanism of assessment, however this is only completed with a small number of families who access the Triage service. Alternative methods of assessment will need to be explored with the team, in order to effectively assess the impact of the Triage service as a whole.</p> | To demonstrate distance travelled, impact of the Triage service intervention | Dec 24 |

| | | |
|--|---|----------------|
| <p>Supporting Families Data capture – Some families who have accessed support from the Triage service, meet at least 3 criteria categories under the Supporting Families Programme. Closer partnership working with the data team to ensure that this information is being captured and evidence provided of work completed with these families is to be improved over the coming year, so that claims can be put forward by the Triage team.</p> | <p>Improved data capture of families meeting the criteria for Supporting Families programme</p> | <p>Sept 24</p> |
| <p>Working with young people – This is an area which requires further development as currently parents access the Triage Service, however young people may not see this as a resource for them to also access advice, information and guidance. Three Triage officers have been identified who have an interest in working with young people to carry this work forward and improve our reach to children and young people in general.</p> | <p>Improved access to Triage service for young people</p> | <p>Jan 25</p> |

Feedback from parents

“CR really helped me find schools for my children especially the twins as no school would take them”

“MS [the]Triage officer helped us in a child’s school admission, registration with family wellbeing with sessions and solved our doubts”.

“SP has been compassionate and understanding and really listened to my needs and provided me with great support”

“The support helped me to relief from stress I was going through with my family. She supports me through Food bank and other services like Little Village. I and my family appreciate what was done for us”

“The support has helped me and my family to get back on our feet after moving back to London. Having the financial support through food vouchers and funding has been great. It has helped me to pay my bills”.



Feedback from professionals

“I am writing to commend the work of CR and SP who have both been proactive, supportive, and brilliant when making referrals to me for victim support. I have had many referrals from both individuals and information has been passed promptly and accurately affording me enough to work with immediately as opposed to having to gather information myself which could delay support provided to the victims. Both individuals have been able to spot early signs of domestic abuse where actually the abuse is medium level and was noticed with very little indication of abuse to begin with. Both individuals have been brilliant at supporting me to contact victims and offer advice. Both individuals have taken my advice onboard when building support plans and it is much appreciated from the perspective of the victim. Huge commendations! Thank you for all of your hard work. “– Advance IDVA Core Worker.

I have received an email in from Ms A thanking Brent for the support provided. Ms A would like to thank us all for taking the time to listen to her concerns she raised and supporting her and her family. Ms A tells me her son is now accessing learning which has been tailored to his needs and has since been awarded with certificates achievement. This has been a positive impact to the family and improved the relationships at home for all. Ms A would like to thank all involved in supporting her. – Early Help Worker

Thank you for your response the officers have agreed to attend, as they hold such a wealth of knowledge regarding the case and they would bring that richness so to speak. I met the workers last week via teams fantastic work carried out by AS and CC, the family have truly appreciated their input/ kindness and sensitivity towards their plight. – Social Worker

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|  Brent  North West London | Brent Health and Wellbeing Board 28 October 2024 |
| | Report from the Corporate Director, Children and Young People |
| | Lead Cabinet Member: Cllr Gwen Grahl |
| Update on the Family Hubs and Start for Life Programme | |

| | |
|---|---|
| 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> | Open |
| List of Appendices: | 4 (these can be found at the end of the report) Appendix A – Home Start Case Study Appendix B – PAFT Case Study Appendix C – Early Talk Boost Case Study Appendix D - Start for life pathway sample communication materials |
| Background Papers: | 0 |
| Contact Officer(s): <small>(Name, Title, Contact Details)</small> | Serita Kwofie Head of Early Help Serita.kwofie@brent.gov.uk Sasi Srinivasan Early Years Manager Sasi.srinivasan@brent.gov.uk |

1.0 Executive Summary:

1.1 This report provides the Board with an update on delivery of the DfE/DoH funded ‘Best Start for Life’ programme, aimed at improving outcomes for infants and young children under the age of three.

2.0 Recommendations

That the Health and Wellbeing Board:

2.1 Notes the contents of this report, which provides a summary update of progress made against the programmes expected outcomes.

2.2 Provides feedback on progress to date and guidance on any further actions to be taken.

3.0 Detail

3.1 The Family Hubs and Start for Life programme was created in response to gaps reflected in the findings of ‘The best start for life, a vision for the 1001 critical days’ review by Andrea Leadsom MP, the ‘Independent Review of Children’s Social Care’ published in May 2022 and ‘Ofsted’s thematic inspection of early help services’.

3.2 These reports identified the complex landscape that families, and in particular those most vulnerable and disadvantaged, are negotiating when trying to access services and the absence of a single, non-stigmatising point of access which could aid and ease this navigation process. The programme was designed to improve how local services share information and work together to provide holistic support to families, to move away from what it deems is a current system focused on crisis intervention to a system that identifies risks early and prevents problems from escalating in order to deliver better long-term outcomes.

3.3 The programme identified 6 key strands of work for which eligible LAs would be allocated funding. The programme guide set out ‘minimum’ requirements that had to be met by the end of the programme as well ‘go further’ requirements that participating LAs had to work towards relating to the strands below:

- Family Hubs transformation funding
- Parenting support
- Parent–infant relationships and perinatal mental health support
- Early language and the Home Learning Environment
- Infant feeding strand
- Parent and carer panels; and publishing the Start for Life offer

3.4 Brent Council was identified as one of 75 local authorities eligible to be part of this three-year programme (2022 – 2025) which brings through the Family Hubs and Start for Life guide, detailed guidance both on programme objectives as well as expectations of participating LAs.

3.5 Following completion of a delivery plan in Spring 2023, the programme was rolled out across Brent. The Infant Feeding support and Perinatal mental health and parent / infant relationships strands are being led by Public Health and the remaining 4 strands are being led by the Early Help Service within CYP. Multi-agency and multi-disciplinary working groups were set up for each strand during the development and implementation phases.

3.6 The Family Hubs and Start for Life steering group is the forum where proposals are discussed and progressed between agencies. The steering group has representation from the following, with consistent attendees highlighted in yellow. Other council teams such as Communications and Performance teams have attended as needed for specific agenda items and membership continues to evolve:

| | |
|--|---|
| Maternity services, Imperial College Healthcare NHS Trust | Maternity services, London North West University Healthcare NHS Trust |
| 0 – 19 services, Central London Community Healthcare NHS Trust | Speech and Language Therapy Services, Central London Community Healthcare NHS Trust |
| Oral health team, Whittington Health NHS Trust | GP Clinical Lead for Brent |
| Perinatal Mental Health Team and 0-5 parent and infant mental health team - Central and North West London NHS Team | London North West ICB |
| Brent Council Public Health Team | Brent Council Inclusion Service |
| Brent Council Early Help Service | Brent Council Library Service |
| Brent Council CYP performance team | Brent Council Performance, Insight and Improvement team |
| Barnardo's | Salisbury Primary School |
| Brentfield Primary School | |

3.7 While there is now representation from a number of trusts, GPs and the London North West ICB on the steering group, continued engagement with some partners has been a challenge due to recruitment and capacity issues. This is being monitored and efforts continue to strengthen existing and newly developed relationships with partners, emphasising the mutual benefits for families and for Start for Life teams of engagement with the programme.

3.8 The programme has a number of scheduled reporting requirements to the Start for Life unit, which comprises staff from the Department of Education and the Department of Health and Social Care, including updates to the delivery plan, progress updates, twice annual management information returns and financial returns. There are also monthly meetings with the allocated Regional Delivery Lead (RDL) from the Start for Life unit, to ensure adherence to programme requirements and monitor progress on delivery and spend.

3.9 While the programme is a 3-year programme which began in April 2022, the first tranche of funding was only received in March 2023 and much of 2023 /2024 was the set-up phase, in terms of developing new programmes, commissioning providers and recruiting staff. Delivery of new programmes began in earnest towards the end of 2023 and some strands such as the perinatal mental health and parent/infant relationship strand saw further delays that impacted roll out of some planned activities. The RDL has been kept

informed of any delays. Section 4.0 sets out activity carried out to date and the progress made.

4.0 Progress update against individual strands

4.1 Family hub transformation

4.1.1 As Brent had already moved to the family hub model in 2020 and had 8 Family Wellbeing Centres (FWCs) in place, this programme and the additional funding provided an opportunity to extend services with new elements such as a weekend offer, but also to strengthen existing service delivery and sustained funding for activities for older age CYP over the duration of the programme. The funding has also supported families with cost of living and mental health and wellbeing related issues. The most recent, September 2024 progress update to the DfE has been submitted and they were satisfied with the strong progress Brent had made. The main query has related to the ability to spend the funding allocation within the programme window, particularly before the confirmation of carry over referred to in Section 5, paragraph 5.5 below.

4.1.2 A number of strategies are in place across FWCs meeting minimum requirements set in the programme guide, promoting Hub services across Brent's diverse communities, which include:

- a communications plan, publicity in different formats, including social media, partners promoting Hub registration and service take-up,
- parent champions/ volunteers,
- specialist asylum/ refugee triage officer,
- strong Community Voluntary Faith Sector (CVFS) engagement,
- parent/ carer/ children co-production of services to help improve access,
- engaging with the Parent/ Carer SEND forum,
- employing staff that reflect local communities and that are multi-lingual, using parent peer-to-peer support and involvement with service delivery, feedback from surveys and community engagement work.

4.1.3 Examples of FWC services that meet the Start for Life programme's 'go further' requirements are detailed below. Brent introducing the Family Hub model in 2020 has left the council well placed through existing services, not funded through the Start for Life programme, to meet a range of these requirements:

- Parenting support aimed at reducing family conflict with staff in the FWCs can connect parents to specialist interventions i.e. Triple P Family Transitions, staff are trained in family mediation techniques and can provide specialist intensive support to Reduce Parental Conflict as needed
- Separate advice and support is available for young people whose parents are experiencing conflict
- 0-19 Health Services are well embedded at the FWCs with Health

Visitors integrated within FWCs and deliver a range of services and support, including drop-in/ child health clinics

- There are stay and play, speech and language therapy groups, psychological support for specific groups (to support sensitive and responsive caregiving)
- There is online/ blended access to expertise available to support the families' needs with strong multi-professional early warning processes and risk assessments of cases to prioritise families with higher needs.
- Debt and welfare advice support services are well embedded at the FWCs including Supporting Families Employment Advisor and Citizens Advice Brent (CAB) co-located at the Hub who can provide employment and welfare advice and signpost to national and local debt services
- Domestic Abuse support includes IDVA specialist workers co-located at FWCs identifying, risk assessing and supporting victims, a perpetrator programme for perpetrators of domestic abuse and counselling support is available for children/ parents impacted by Domestic Abuse
- Children and Families information and outreach officers are co-located across the FWC network delivering information sessions and providing 1-to-1 advice on free entitlement funding to help and guide parents regarding childcare choices. They also outreach to the local community, promoting the FWC services.

4.2 Parenting support

- 4.2.1 A Fathers' worker was appointed through a contract with Barnardo's in November 2023 but they have been unable to deliver on the requirements of role. Recruitment of this post has now been brought back in house and the post is out to advert for a fixed term contract to ensure that a specific offer is rolled out as soon as possible.
- 4.2.2 Facilitators have been trained and the Solihull programme is being delivered at multiple sites across the borough. We are hoping to be able to offer a further round of training for practitioners in health to expand the facilitator pool further – capacity continues to be an issue for this group and we are working with Health partners to support them in releasing practitioners for training and delivery.
- 4.2.3 Delivery of Solihull continues with 19 parents completing the Solihull programme across the Spring and Summer terms 2024.
- 4.2.4 Staff development days are regularly held to support all members of the family hubs and start for life workforce to understand and communicate the parenting offer to families. Work is progressing with the wider Children and Young Peoples Directorate to promote the parenting offer and increase engagement from families.

- 4.2.5 Recruitment to key posts has been completed with the parenting practitioner post filled.
- 4.2.6 Evidence-based parenting interventions are provided directly to families in the hub building. Parenting training is provided as professional development to local early years and /or health practitioners.
- 4.2.7 Staff in the family hubs are able to connect parents to specialist interventions (level 4) whether on or off site – this includes a face-to-face parenting offer and a range of online programmes. These are delivered directly through family wellbeing centre staff teams but are also co-facilitated by the wider early help, LA, health and partner teams. Regular reducing parental conflict training is available to multi-agencies and a programme of targeted roll out to schools is underway.
- 4.2.8 The programme is delivering peer to peer support through the parent champion programme and this group has access to reducing parental conflict training. Increasing take-up in parenting programme training from EY and health providers continues to be a priority as take-up from these practitioners has been lower due to capacity issues. Expanding the network of trained facilitators continues to be a priority. Parent champions continue to support the family hubs and start for life programme and are an integral part of the programme’s training and delivery model.

4.3 Parent–infant relationships and perinatal mental health support

- 4.3.1 To support the successful delivery of this strand of the Family Hubs and Start for Life programme, Perinatal Infant Mental Health (PIMH) steering group, led by colleagues from Public Health, agreed to include peer support for families with mild to moderate perinatal mental health and parent-infant relationship concerns as part of the suite of services delivered to Brent residents by the programme.
- 4.3.2 Appropriate providers were sought for this service through engaging with other service providers in the family hubs programme space as well as a Start for Life programme delivery consultant from the Parent Infant Foundation.
- 4.3.3 The contract was awarded to Home Start Barnet, Brent, Enfield, and Harrow. Home Start already have an infrastructure for delivery of peer support in Brent as they had already delivered an 18-month peer support project in Brent up until June 2023 in partnership with the Central North-West London (CNWL) NHS Foundation Trust

- 4.3.4 Home Start have recruited 12 voluntary peer support workers and have already started working with 4 mothers. Appendix A provides an example of successful support provided by Home Start.
- 4.3.5 The PIMH steering group also agreed to develop a multidisciplinary team to serve as the vanguard for parent and infant mental health delivery and to provide supervisory and consultative support in upskilling the wider workforce in the organisations that interface with young families. The team cover the needs of women and children with mild to moderate symptoms. As the Central and North West London NHS Foundation Trust (“CNWL”) work across Brent, they were involved from the onset.
- 4.3.6 CNWL are the only mental health trust that work in Brent. As they already have teams to work with families under 5, with moderate to high need, officers consider that awarding a contract to CNWL to develop a new team to provide Perinatal Mental Health services would provide a seamless service and continuity of care.
- 4.3.7 CNWL are currently in the process of recruiting and interviewing staff. It is proposed that the team will be in place by the beginning of November.
- 4.3.8 Baby Buddy mobile application and WhatsApp chatbot – Best Beginnings is commissioned to provide a virtual service for the delivery of perinatal mental health and parent-infant relationship support to residents as part of the Family Hubs and Start for Life programme. The service offers signposting to other relevant local services for pregnant women and families in the perinatal period who might be at risk of mild to moderate perinatal mental health and parent-infant relationship concerns. It also provides answers to common questions families might have around parent and infant mental health via a chatbot on WhatsApp.
- 4.3.9 Training – the Family Hubs and Start for Life programme provided pre-commissioned training offers for Brent practitioners who interface with pregnant women and families in the perinatal period. 14 practitioners from Health Visiting, Early Years and Looked After Children’s teams have been trained in the Triple P for Baby programme and are currently delivering sessions. 6 health visitors and community nurses have been trained in Video Interactive Guidance and are yet to commence delivery of the programme.
- 4.3.10 Officers commissioned the delivery of additional training on perinatal mental health and parent infant relationships. Born to Bond were commissioned to provide seven parent and infant relationship training sessions over the past 12 months. 73 practitioners attended the sessions. The Institute of Health Visiting delivered two awareness training sessions for perinatal mental health, attended by 32 Brent practitioners and The Wave Trust delivered two Trauma-

Informed training sessions to 42 practitioners from various agencies and team in Brent. The longer-term impact of this training will be monitored in the months to come.

- 4.3.11 The Institute of Health Visiting are delivering an additional “champions” level fathers/coparents & LGBTQ perinatal mental health training for the multidisciplinary PIMH team and experienced health visitors & midwives who might have already received the awareness training.

4.4 Infant feeding

- 4.4.1 Several elements have been commissioned through this strand. They include:

1. The Breastfeeding Network
2. Anya app
3. Ana Wizz

- 4.4.2 The Breastfeeding Network (BfN) is an independent organisation aiming to empower mothers and parents to breastfeed for as long as they choose. The BfN is a well- established team which focuses on increasing diversity in the peer support workforce. The proposal will increase capacity and engagement in parts of the community that may not necessarily engage with formal services. The BfN has experience of doing this across the UK with a tried and tested model for recruiting, training and supervising volunteers. The programme aims to:

- Provide support to women who wish to breastfeed with the intention that women receive support from ‘someone like themselves’.
- Peer supporters will work alongside health professionals and family wellbeing centre teams to support and promote breastfeeding as well as providing emotional and practical support to breastfeeding mothers.
- Promote local services and improve accessibility to universal and specialist services so that families can be supported for longer.

- 4.4.3 Anya Health is an app, which provides specialist support using interactive 3D breastfeeding animations, supported by a virtual AI chat bot, with content written specifically by lactation consultants and provides a wealth of knowledge in the form of webinars, seminars and live communities. There are no other apps on the market providing this level of support for breastfeeding. Premium access to this app has been made available to all Brent residents.

- 4.4.4 Anya Health will provide universal out-of-hours support service for nursing parents, those who are thinking about returning to breastfeeding and supporting parenting in the early years for 2 years. The app will also provide premium access to health professionals who may be supporting families to meet their infant feeding goals. The app will also signpost Brent users to local infant feeding services.

- 4.4.5 Ana Wiz is a breast pump loan company. A breast pump gives the parent the flexibility to feed their baby breast milk whilst also fulfilling their other responsibilities. For example, parents can return to work and pump during working hours. Feedback from residents who have engaged with the communications officers and community infant feeding team have expressed that parents are often bottle feeding with formula or mixed feeding by day 1 or 2 after being discharged from hospital. Unfortunately, the current offer for Breast pumps on loan is limited and only available through the local hospitals on specialist cases such as babies who have been admitted to the NICU.
- 4.4.6 The cost of renting an electronic breast pump can be high, meaning it is not accessible to all parents. The Brent rental pilot scheme intends to remove this financial barrier through providing the service free of charge, making it accessible to all Brent mothers. The project will link into existing infant feeding clinics and has been endorsed by the local service. Delivery of this project will meet the delivery plan submitted as part of the Start for Life funding.
- 4.4.7 A lactation consultant (1 day a week) and 3 breast feeding per support workers have also been recruited to provide more specialised care and support in the evenings and on Saturday morning. These posts are not in place as yet but should be starting by the middle of October.
- 4.4.8 Communications for the different services have been advertised through Brent Magazine, JC Decaux and also through media channels. Education and conversation around breastfeeding and tackling breastfeeding myths have also been carried out through 2 radio podcasts and 2 breastfeeding webinars. These have been delivered in partnership with local specialist services. Breastfeeding figures in Brent are above the national average and it is hoped that this activity will further sustain high breastfeeding rates in the borough.
- 4.4.9 This strand has also supported the current workforce by providing additional training to primary care such as practice nurses and GPs to aid the support they provide around infant feeding. Additional specialist breastfeeding equipment has been provided to strengthen the advice and guidance given by breastfeeding support.

4.5 Early language and the Home Learning Environment (HLE)

- 4.5.1 Interventions implemented under this strand had to be evidence-based programmes as set out by the Early Invention Foundation guide. Following review and consultation with stakeholders in the Family Hubs and Start for Life Steering Group, three programmes (Parents as First Teachers - PAFT, Raising Achievement through Early Literacy – REAL and Early Talk Boost).

- 4.5.2 PAFT practitioners have worked with 78 families since January 2024. 20 families have completed the full 8 session intervention with an additional 10 families requiring fewer sessions. This programme is supporting both 1-1 intervention and increased access to group sessions in family wellbeing centres. The support being offered is varied dependent on parental needed and has included play and learning in the home environment, boundary setting, support with accessing to universal support through library sessions. Engagement with PAFT has been strong and is helping to address issues with waiting lists for key worker support in FWCs and enabling families to be stepped down to universal provision in FWCs. Appendix B provides a sample case study from a family who have benefited from this intervention.
- 4.5.3 There is some risk to ongoing outcomes for the PAFT strand of the offer as one practitioner left the post in September due to personal circumstances. Recruitment is underway with the potential that two practitioners will be recruited to for 6 months fixed term in order to enable targets to be met/exceeded and so that more families can benefit from the programme.
- 4.5.4 The Early Talk Boost programme is continuing well with 59 settings have attended training, 33 settings of these are rolling out the programme and a further 26 settings are expected to start in September. A total of 82 practitioners have already been trained and this number is expected to grow in the Autumn term. Practitioners are overwhelmingly positive regarding the Early Talk Boost resources and the impact of the intervention, even as they feedback challenges in implementing and embedding the programme on a day-to-day basis. Appendix C provides a sample case study from a setting and child who have benefited from this intervention.
- 4.5.5 For the Making it REAL intervention, 37 settings have participated (including FWC and libraries). 47 practitioners have completed training the 2-day programme with 6 completing only 1 day. Fifty-nine children have received targeted interventions. In addition we have also worked with the National Children's Bureau (NCB) on delivery of the Special Approach to Making it REAL and are exploring direct support to individual settings by the NCB, in acknowledgment of the fact that direct work in the case of PAFT and Early Talk Boost has provided good results.
- 4.5.6 Where appropriate, evidence-based HLE interventions are being provided directly to families of pre-schoolers in the hub – this includes PAFT as above.
- 4.5.7 A speech and language therapist co-located in the Hub can support early identification of Speech Language Communication Needs (SLCN) and connect families to HLE interventions. This is delivered through Let's Talk groups delivered in each centre with onward referrals to onsite speech and language therapy appointments.

4.6 Publishing a Start for Life offer and Parent / Carer panels

- 4.6.1 Our start for life offer is published at www.brent.gov.uk/startforlife. Usage of the site is increasing with 300+ hits on average per month.
- 4.6.2 Hard copies of the offer are available in antenatal clinics/ family wellbeing centres (where midwifery appointments take place) and are sent out as part of the communication from the 0-19 universal children's services team hard copy communications to expectant families. The offer has also been promoted through social media and local JC Decaux campaigns. Appendix D provides a sample of some of the resources that have been used to communicate the pathway (and specific interventions within it) to families.
- 4.6.3 As part of the requirements of the programme, a parent carer panel has been established. The group is representative of the diversity of the communities of Brent and includes parents of children the youngest children and those with older children and parents of children with SEND. Parents also form part of the family wellbeing centre local steering groups. The groups do not yet include expectant parents but do include those who have used centres and start for life services.
- 4.6.4 Insights from this group are being used to shape services. This has included the design of the start for life pathway and website and more recently their feedback is shaping how the out of hours and weekend offer can best meet parental need. Key areas of feedback utilised so far includes input into the toy library resources, suggestions for engagement with school families via existent communication channels, input on Healthy Start scheme promotion, feedback and suggestions for breastfeeding support. The group offers support and challenge around breadth of offer and accessibility for families.
- 4.6.5 Continuing to expand the parent carer parent. Using support via the grant to embed parental involvement in the local steering groups in family wellbeing centres and ensuring robust systems for feeding input from these groups into the wider parent voice forum.

4.7 Risks and mitigations

- 4.7.1 The previous Family Hubs and Start for Life update report to OCSLT set out risks and mitigations set out in the delivery plan in February 2023. The Covid risk line has now been removed and the other risks identified at the time have remained the same, notwithstanding the column showing significant progress made.

- 4.7.2 Concerns around recruitment issues across agencies, both health partners and EY settings, remain. This has impacted the ability of one maternity trust (Northwick Park) in particular to engage and the ability of some settings to release staff to engage with programmes such as REAL (Raising Early Achievement in Literacy). Efforts continue to encourage partnership working with Northwick Park and the National Children's Bureau have been commissioned to deliver 1:1 support to settings where they are unable to release staff.
- 4.7.3 The table overleaf provides an update on progress against risks identified and includes risks emerging since the previous report:

| Risk Descriptor | Impact | Probability | Progress made |
|---|--------|-------------|---|
| Weak governance arrangements | Medium | Green/Amber | Strong partnership working arrangements are already in place with key delivery partners. Partners need to be inducted into governance arrangements and training is in place to support. Governance arrangements are established and evolving. |
| Poor engagement by families | High | Green | Many families are keen to engage with family hubs, particularly after the pandemic and where many families were socially isolated, they are keen for face-to-face support. A FWC communications plan is established and the number of families registering with families has increased by 16% compared to the same time last year. |
| Lack of partnership engagement impacting service delivery | High | Amber | In general partners have responded proactively, both with regard to engaging with the wider family hub delivery model and with the planning for the roll out of the Family Hubs and Start for Life programme, as it helps partners to achieve service area intended outcomes and access to families. |
| There is a lack of data sharing that limits needs analysis and monitoring of progress | Medium | Amber | A data sharing protocol is in place with key delivery partners. However, not all data is being shared could be used to target families to take-up provision. Data sharing will be addressed through FWC governance arrangements, partnership agreements and contracts. |
| Delays in the procurement of new services to support the family hub delivery model | Low | Amber | Capacity within the Early Help service is limited to procure new services to support the hub delivery model. This will be addressed through governance arrangements. Key delivery partners and contracts are already in place. |
| Recruitment issues with Brent & partner agencies, affecting service delivery | High | Amber | Recruiting new staff is a challenge at present with some delivery partners, for example the 0-19 and midwifery services carrying vacancies of up to 50%. Partners are working to address staffing shortages but it is challenging given the current employment context. |
| Cost of Living Crisis/ staff retention | Medium | Amber | This risk links to recruitment and retention as families are impacted by cost-of-living issues it means living in London is not financially viable for many who may relocate outside of the city. There has been a high turnover of staff in some of the family support teams and it has been difficult to recruit new staff in some areas. |

| | | | |
|----------------|--------|-------|---|
| Staffing | Medium | Amber | Uncertainty about funding for the programme post March 2025 means that some practitioners may consider moving and this will limit programme delivery in the final phase of the funding period. |
| Funding | Medium | Amber | The ability to spend within the given timelines due to procurement and staffing delays resulting in possible risk of reduction of Year 3 funding allocation. Work is underway to commission remaining programmes and to extend staffing contracts where possible following the funding confirmation on 19 September 2024. |
| Sustainability | High | Red | Concerns remain about the ability to continue and embed the services implemented as part of this programme if funding ends in March 2025. |

5.0 Financial Implications

5.1 A total of £4,209,172 has been allocated to Brent across the three years of the programme as set out below:

| 2022/2023 | 2023/2024 | 2024/2025 | Total |
|-----------|------------|------------|------------|
| £896,072 | £1,809,600 | £1,503,500 | £4,209,172 |

5.2 The table below shows expected distribution of the funding across the programme strands:

| Strand | % | Funding range over the life of the programme |
|---|------|--|
| Family Hubs programme spend | 18.6 | £777,480 – £814,680 |
| Family Hubs capital spend | 4.7 | £196,460 – £205,860 |
| Perinatal mental health and parent-infant relationships | 31.6 | £1,320,880 – £1,384,080 |
| Parenting support | 16.8 | £702,240 – £735,840 |
| Infant feeding support | 15.5 | £647,900 – £678,900 |
| Home learning environment services | 9.6 | £401,280 – £420,480 |
| Start for life offer and Parent Carer panels | 3.1 | £129,580 – £135,780 |

5.3 LAs were expected to spend each annual allocation within the financial year. However, it was acknowledged that given the late confirmation and payment of funding, particularly in Year 1, that this was not possible. The underspend for 2022/23 was carried over to the next financial year and the cumulative underspend across the 2 years has been used in Year 3.

5.4 Statements of Grant usage alongside other regular progress updates on actual, committed and planned spend have been provided to the Start for Life unit. The programme was scheduled to end in March 2025 and this posed a risk of a clawback in grant funding as spend was slower than anticipated due to delays highlighted in the risks section above.

5.5 In acknowledgment that local authorities needed some certainty in order to manage budgets and service delivery of this programme, the Start for Life unit confirmed on 19 September 2024 that the grant funding may be used to deliver FH/SfL programme activities beyond 31 March 2025 and that the amount being carried forward to 2025/26 should be detailed within the council's next statement of grant usage (due to be commissioned in September 2024).

6.0 Legal Implications

6.1 N/A

7.0 Equality, Diversity and Inclusion Implications

7.1 These are covered within the content of the report above.

8.0 Climate Change and Environmental Considerations

8.1 N/A

9.0 Human Resources/ Property Implications

9.1 N/A

10.0 Communication considerations

10.1 These have been covered within the content of the report above.

Report sign off:

Nigel Chapman

Corporate Director

Children and Young People

Appendix A – Home Start case study

| | |
|---|-------------------------|
| Family ID | 8938 |
| Service | Perinatal Mental Health |
| Provider | Home-Start |
| Referral Source <i>(E.g. Social Care, FWC Key Worker, FWC Triage Officer)</i> | Health Visitor |
| Coordinator Name | AS |

| |
|---|
| Family Composition |
| Mother 45 and 5-week-old baby |
| History |
| <p>Single mum, with a 5-week-old baby, is in the early stages of her parenting journey and is struggling with low confidence. These challenges are exacerbated by ADHD, which makes organising her thoughts and social interactions difficult, especially after periods of isolation. Additionally, mum suffers from anxiety, leading to apprehension about caring for her child and venturing out alone. The mother reported not leaving the house for days and felt unsure about breastfeeding in public, worrying about disturbing others. She also hesitated to participate in parenting groups.</p> <p>Moreover, she feels isolated as she doesn't live near friends with children, and she has strained relationships with her own family stemming from conflict during her mother's illness and subsequent passing. Despite her attempts to reach out, her father and brother have not yet expressed interest in meeting the baby, which has made her very upset.</p> <p>After giving birth, the mother had to stay a few extra days in the hospital because the baby was not feeding well. This experience had heightened her worries about caring for the baby on her own, especially given her limited knowledge.</p> |
| What were the concerns |
| <p>There were three main concerns:</p> <p>Mum was feeling low as well as anxious due to caring for a baby on her own and not having support from anyone</p> <p>Mum reported not leaving the house for long periods of time as she felt anxious about breastfeeding in public and disturbing other people with a crying newborn baby, increasing her feeling of isolation.</p> <p>Mum expressed she felt quite anxious about her parenting abilities, how to care for the baby (breastfeeding, preparing formula, possible cradle cap, sleeping routines) and worried if she was providing the baby with enough stimulation to aid his development, despite her attempts to prepare for motherhood.</p> |
| What needed to happen next |

Support mum emotionally to improve her mood and gain confidence in her parenting abilities, reducing her anxiety.

Support mum to successfully navigate public spaces with her baby, including feeling comfortable breastfeeding in public.

Help mum to look for and attend local mother and baby groups, aiming to providing her with a supportive network, reducing her feelings of isolation and integrating the local community.

Assist mum to successfully engage with local services for further support such as local parenting classes/perinatal workshop and support groups for new mothers.

What is working well

Every week, the volunteer dedicated three hours to visit the mother, offering both emotional and practical support. They established a strong rapport, creating a space where the mother felt at ease to discuss her concerns and challenges. The volunteer's guidance on baby care and establishing a routine was invaluable, allowing the mother to rest more effectively and manage the demands of raising a baby on her own. As a result, mum's confidence blossomed.

Other professionals involved

Health visitor

Support from Home-Start

A decision was made to assign a Home-Start volunteer to support the family, for 3 hours a week, for 8 weeks, to provide mum with emotional support to reduce her feelings of isolation and help mum gain confidence in her abilities to care for her newborn baby.

In addition, to support mum in finding and joining local mother and baby groups to foster a supportive network, which can help alleviate feelings of isolation and promote integration within the community. Also guide her in connecting with local services that offer further support, such as parenting classes, perinatal workshops, and support groups for new mothers, to enhance her engagement and well-being.

Outcomes and impact

Mum looked forward to the volunteer's visit every week where she felt she had someone to interact with, offload her worries and be listened to. Mum's wellbeing improved and she felt more confident in looking after her baby and identifying his needs as the weeks went by, and alleviating anxiety.

By going out with the volunteer, mum felt more confident in navigating public spaces with her child, including breastfeeding in public. Additionally, the volunteer helped the mother connect with local family wellbeing centre, research and attend mother and baby groups (baby swimming, baby yoga, mother and baby groups) fostering a supportive community network, diminishing feelings of isolation, and promoting integration into the community.

As mum's confidence grew, she also initiated a local WhatsApp group for mothers, creating a platform for advice exchange, support, and sharing of local area knowledge on baby and family-related matters. This effectively established a supportive community, which is helping mum to overcome feelings of isolation and significantly improved her overall wellbeing. Mum also felt

very proud that her idea, knowing her innovative idea had the potential to assist other mothers in navigating the often challenging and solitary journey of welcoming a new baby.

Client feedback

Mum stated that she was 'very happy and thankful for all the support from Home-Start and the volunteer. I will miss the volunteer coming every week.

Appendix B – PAFT Case Study

| | |
|---|--|
| Child's age | 3 years, 5 months |
| Focus of intervention (based on parental request) | <p><u>Child Safety</u> - I wanted advice regarding child home safety equipment because she felt that her home was not child home safety proof, despite having stair gates and cupboard locks in the kitchen. She said that she also needed guidance on how to deal with A not being aware of danger or risks in the outside environment i.e., wanting to run off without holding her hand.</p> <p><u>Home Safety</u> - I wanted support to contact her housing team for an assessment to be done in her home. she pointed out safety hazards which were due to fixtures requiring to be repaired by her housing teams departments.</p> <p><u>Speech Therapy Appointment</u> - I wanted support for A's speech and language appointment sessions to be followed up. She expressed concerns that A had been on the Speech and Language Therapy waiting list for close to 1 year and wanted him to start his sessions.</p> <p><u>Speech and Language (communication)</u> - I wanted support and help to know what she could do to encourage A's speech and language because she said that he had limited vocabulary. She said that he was using around 5-10 single words. She said that she felt that some of A's behaviour (tantrums) could have been because he was frustrated and was not able to fully communicate his wants and needs clearly, due to him having a limited vocabulary.</p> <p><u>Social emotional development</u> - I wanted support to know how she could encourage A to have more concentration. She had noticed that his attention span was very short, around 3-4 minutes and he was easily distracted. She also wanted support with what she could do to encourage A to make more eye contact with her and other people because he was not displaying much eye contact. She also wanted to know how she could support A to interact more with her and other children when he was at nursery. She said although A attended nursery part time there was not much interaction between him and the other children. She said he was playing alongside them.</p> <p><u>Cognitive development</u> - I wanted strategies that she could implement to encourage A's learning/understanding. She said that she was not sure how much A was learning/ understanding.</p> <p><u>Setting boundaries for behaviours</u> - I wanted support to know how to set boundaries for behaviour. She said that A was displaying frustrating behaviour through temper tantrums, biting, not listening or following instructions.</p> |

| | |
|---|---|
| | <p>Personalised sessions – the following 1-1 sessions were delivered by PAFT practitioner in the family home.</p> <p>Session 1: Initial Visit Session 2: Child Development Session 3: Parenting Behaviours Session 4: Developmental Topics Session 5: Brain Development Session 6: Family Cultural Perspectives Session 7: Family Support Session 8: Planning and Partners</p> |
| <p>Interventions and support received</p> | <p>Speech and Language Therapy – The speech Therapy Team contacted by PAFT Practitioner A was able to start and attend and complete his speech therapy sessions at the Willesden Green medical center.</p> <p>Speech and Language - A can now communicate simple needs i.e., “Give me this” , “Give me that” and he can also say more words joint together such as “bye bye see you later”. 25 to 30 words had been added to his vocabulary.</p> <p>Cygnnet Parenting Programme – A referral made (by PAFT Practitioner) to the Cygnnet Programme and I attended the sessions and completed the course. She found it very useful and said she would not have attended if she did not receive support through PAFT intervention.</p> <p>Social emotional development - A's eye contact improved, he can look adults in the eyes and fixate on their face. He can engage with parent-child interactive activities for longer time spans 5 – 10 minutes. A began to have small interaction with particular children at nursery.</p> <p>Cognitive development - A can now follow two step simple instructions i.e. “can you get your shoes and put them on your feet” and his concentration has improved to around 5 – 10 minutes.</p> <p>Behaviors /Boundaries – I is helping A to understand the difference between right and wrong. She understands that consistency is the key to maintaining discipline and is now using positive discipline, positive reinforcement, and praise for A's good behaviors.</p> <p>Home Safety – I's Housing officer contacted PAFT Practitioner home safety assessed by the housing team's department.</p> <p>Child Safety - PAFT Practitioner explored door locks with I for the rooms that I did not want A to enter in their home. The Housing team were contacted by for locks to be fitted on the room doors. PAFT Practitioner explored safety body or wrist rains with I to invest in when outdoors with A especially near busy roads when A does not want to hold her hand or an adult's hand. I said she had been able to reiterate and consistently explain the importance to A about holding an adult's hands when outside on busy roads.</p> <p>DLA – PAFT Practitioner made a referral to the Three Tree's FWC for I to be supported to fill in the DLA form for A to receive DLA payments.</p> |

| | |
|-------------------|--|
| Parent's feedback | Parental quote: <i>"I did not know what to expect, When I heard the name S – I thought who is she will she take my children away, but I have learnt a lot, thank you for all your support. we will miss you a lot"</i> . |
|-------------------|--|

Appendix C – Early Talk Boost Case study

| | |
|------------------------------|---------------------|
| School/setting name | PVI nursery setting |
| Child name | ER |
| Date of case study | July 2024 |
| Age/ NYC year/ M or F | 3 years 8 months |

About the school/setting.

The setting is a sessional day care that has 28 children on roll. It operates from 8am to 2:30pm during term time. There are 5 members of staff, all of whom hold relevant early years qualifications. There are some children with speech and languages difficulties who are awaiting speech therapy.

1. Case Overview / Summary / Chronology of Involvement

- Brief background information about the child and family including other agencies and services.
- Identified learning needs or difficulties

Background: The child joined the setting in March 2023 at 26 months and parents were concerned about speech delay. The setting referred the child to speech and language services and the child was waiting for an initial consultation.

2. What impact did Early Talk Boost intervention have on the child?

Evidence of impact:

Before the intervention the child was reluctant to sit at circle time and said “no” to any adult led activities. After the intervention the child has started to enjoy circle time and will willingly sit and engage in all adult led activities.

Scores using the assessment tracker: Attention and Listening

Before intervention 9/20

After intervention 20/20

Language: Understanding words and sentences Before intervention 10/20

After intervention 15/20

Language: Speaking

Before intervention 9/20

After intervention 15/20

Communication: Personal Social and Emotional Before intervention 9/20

After intervention 17/20

6. What has worked well? What needs to happen next?

- Partnership working with parents and professionals and good sharing of information.
- The child is very confident now and enjoys circle time. Parents are very happy with the intervention and have enjoyed the workshop at the setting and reading to their child when the book was brought home. Child became interested in stories and now also enjoys story time at home and at the setting.
- To continue to engage the child using puppets and stories as the child has become more school ready and confident.

Appendix D Start for life pathway sample communication materials

Start for life pathway


Family wellbeing centres

Perinatal mental health

Parents as First Teachers

Universal home learning messages.

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|  | <p align="center">Brent Health and Wellbeing Board 28 October 2024</p> |
| | <p align="center">Report from the Chair of Brent Children's Trust Corporate Director, Children and Young People</p> |
| <p align="center">Brent Children's Trust 6 monthly progress report</p> | |

| | |
|---|---|
| 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> | Open |
| List of Appendices: | Appendix A - Governance Chart Appendix B - BCT Activity Plan 2024-2026 |
| Background Papers: | 0 |
| Contact Officer(s): <small>(Name, Title, Contact Details)</small> | Wendy Marchese Strategic Partnerships Manager, Wendy.Marchese@brent.gov.uk |

1.0 Executive Summary

- 1.1. The Brent Children's Trust (BCT) is a strategic partnership group with the primary function to coordinate and steer the joint strategic direction for the delivery of local authority and health partner integrated services for children and young people in Brent.
- 1.2. As the BCT is a strategic partnership group, all operational activities sit with the individual organisations represented on BCT.
- 1.3. The BCT has a strategic relationship with the Brent Health and Wellbeing Board and Brent Integrated Care Partnership (ICP).
- 1.4. The Health and Wellbeing Board maintain oversight of BCT activity (see **Appendix A** for full governance structure). As part of this governance arrangement the BCT provides the HWB with a regular update report.

1.5. This paper provides an update of the BCT work programme covering the period April to October 2024.

2.0 Recommendations

2.1. The Health and Wellbeing Board is asked to note the strategic oversight activity of the BCT for the period April to October 2024.

3.0 Detail

The Brent Children's Trust

3.1. The BCT aims to strengthen integration and collaborative working between the Council and health service partners through a shared goal of improving the health and wellbeing of children, young people and their families in Brent.

3.2. The Chair of the BCT is the Corporate Director, Children and Young People, Brent Council. The Vice Chair is the Brent Borough Director, NWL ICP.

3.3. The full membership of the BCT consists of:

| Organisation | Role |
|--|---|
| Brent Council | <ul style="list-style-type: none"> ➤ Corporate Director of Children and Young People (Chair) ➤ Director of Public Health ➤ Public Health Consultant ➤ Director Education, Partnerships and Strategy, CYP ➤ Head of Looked After Children and Permanency ➤ Head of Inclusion CYP ➤ Head of Early Help, CYP ➤ Head of Localities, CYP |
| Brent Integrated Care Partnership | <ul style="list-style-type: none"> ➤ Brent Integrated Care Partnership Lead ➤ Brent Borough Director ➤ Brent Clinical Director (Vice Chair) ➤ Head of Mental Health, Learning Disabilities and Autism, Brent |
| Health Service Providers | <ul style="list-style-type: none"> ➤ Central London Community Healthcare NHS Trust ➤ Central North West London Mental Health Care NHS Trust ➤ London North West University Healthcare NHS Trust |
| Community and Voluntary Sector <i>(as of September 2024)</i> | <ul style="list-style-type: none"> ➤ Chief Executive Officer of CVS Brent |

3.4. During the last reporting period the BCT agreed that the membership should be expanded to ensure the voice of the Community and Voluntary sector is more clearly heard. As a result of this agreement, the BCT Chair invited the Interim Chief Executive Officer of CVS Brent to join the Trust.

3.5. The BCT also recognised the importance of ensuring the education sector has a voice at the strategic level and will continue to explore the most appropriate way to ensure that the education sector is represented within the Trust.

3.6. The responsibilities of the BCT include:

- Be responsible for developing a joint vision and strategy for improving outcomes for children, young people and their families in Brent.
- Work in partnership with all key delivery agencies (public, private and voluntary) to ensure delivery of key priorities and associated aims, targets and inspection criteria.
- Set a clear framework for strategic planning and commissioning promoting integration and collaborative working between all partners.
- Monitor an agreed suite of performance information, including national and local, and quantitative and qualitative indicators in conjunction with other partnership boards.
- Ensure that priorities are informed by the views of children, young people, their families, data on service demand and the Joint Strategic Needs Assessment (JSNA).
- Develop initiatives between the council and health service partners to improve health and wellbeing for children, young people and their families focussing on tackling Brent's health inequalities.
- Keep the workforce informed and involved, providing clear direction and identifying opportunities for joint training and development when appropriate.
- Ensure that legislation relating to services for children and young people is implemented in the borough.
- Ensure close links with the Health and Wellbeing Board, Integrated Care Board, the Safeguarding Children Partnership and other key partnerships as necessary.
- Share good practice emerging from the work of the Trust.

3.7. The BCT also has the responsibility to oversee and drive the partnership activity responding to the four Brent ICP priorities that focusses on children and young people services. The BCT provides regular progress updates to the Integrated Care Partnership Board.

3.8. The BCT has strategic oversight of three partnership groups tasked with implementing specific priorities across the partnership. These are:

| Partnership Group | Purpose |
|---|--|
| Inclusion Strategic Board | ➤ To drive the development, implementation and success of the Brent SEND Strategy. |
| Early Help and Prevention Group | ➤ To drive the development, implementation and success of the Supporting Families programme and Youth Strategy. |
| Looked After Children and Care Leavers Partnership Group | ➤ To drive a range of initiatives that reflect both national and local policies and best practice to improve outcomes for children in care and care leavers. |

Brent Children’s Trust Priorities 2024-2026

3.9. In May 2024, the BCT agreed a refreshed strategic vision and set of priority areas of focus for 2024-2026.

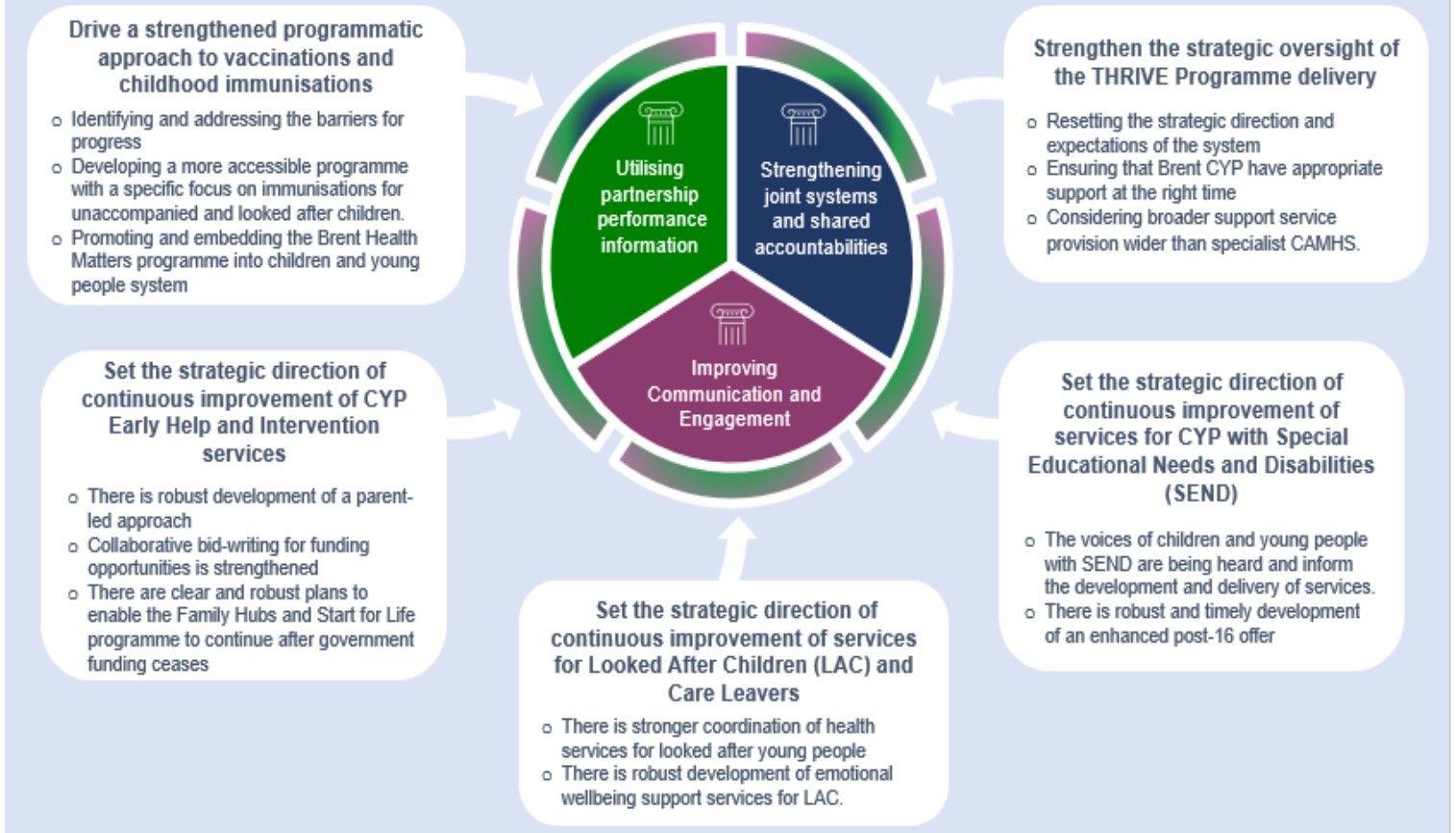
3.10. The BCT have identified five priority areas of focus that will drive the work programme for 2024-2026.

1. Drive a strengthened programmatic approach to vaccinations and childhood immunisations
2. Strengthen the strategic oversight of the THRIVE programme delivery.
3. Set the strategic direction of continuous improvement of Early Help and Intervention services.
4. Set the strategic direction of continuous improvement of services for Looked After Children (LAC) and Care Leavers.
5. Set the strategic direction of continuous improvement of services for children and young people with Special Educational Needs and Disabilities (SEND).

3.11. These priority areas are each underpinned by three success pillars:

1. Utilising partnership performance information
2. Strengthening joint systems and shared accountabilities
3. Improving communication and engagement

Brent Children's Trust Priorities 2024- 2026



BCT strategic oversight activity during April to October 2024

- 3.12. The BCT meets every two months to review progress against the identified priority areas of focus and consider any emerging local and national issues.
- 3.13. During the period April to October 2024, the BCT met three times on 21 May, 23 July, and 24 September.
- 3.14. As part of the meetings, the BCT considered and provided a steer on the progress and barriers of:
- The progress of the THRIVE programme in delivering mental health services for children, young people and families in Brent
 - The current position and progress barriers of the commissioning arrangements of SEND services in Brent
 - A proposal for a deep-dive project to measure and explore the factors that contribute to the identified concern of the low level of school readiness in Brent
 - The findings and recommendations of the Brent Oral Health Needs Assessment with a particular focus on children and young people.

- 3.15. The BCT also reflected on the findings of the Family Wellbeing Centre Annual Report 2023-24 and identified actions for the BCT.
- 3.16. The BCT also continued to assess the implementation of the BCT's vision and considered the stage which the partnership is at in realising the agreed pillars of success.
- **Strengthening joint systems and shared accountabilities** - The BCT felt that considerable improvements have been made in with strengthening joint systems and shared accountabilities across the BCT partners.
 - **Improving communication and engagement** - The BCT felt that communication and engagement with children and young people and their families has significantly increased with the voice and views of children and young people being evident in partnership activity.
 - **Utilising partnership performance information** – The BCT agreed this area requires more focus. It was recognised that whilst partners are using data and performance information within different workstreams, there is a need for the BCT to have a consolidated focus to this performance information to inform decision-making and planning. and get a more accurate picture of service needs and gaps.

BCT Activity Monitoring Log 2024-2026

- 3.17. In May 2024 the BCT began to reflect on the agreed the priorities in line with the refreshed vision and developed an activity plan to enable the BCT to track the agreed partnership activity for each of the five priority areas of focus.
- 3.18. The detail of the BCT activity monitoring log is set out in **Appendix B**, this plan is updated every two months and reviewed during each BCT meeting.

Progress of the THRIVE programme

- 3.19. In July 2024, the BCT reviewed the implementation of the THRIVE programme in Brent focussing on the current position with delivering this programme and expected outcomes and achievements.
- 3.20. The CYP THRIVE model is a national model that aims to be an integrated, person centred, and needs led approach to delivering mental health services for children, young people and families which conceptualises need in five quadrants:
- 1. Getting Advice**
Supporting CYP with mental health and wellbeing advice and signposting.
 - 2. Getting Help**
Supporting CYP with focused goals based mental health and wellbeing interventions.

3. Getting More Help

Supporting CYP with more extensive, specialised goals based mental health and wellbeing interventions.

4. Getting Risk Support

CYP in this quadrant may have some of the difficulties outlined in Getting Help and Getting More Help but remain a risk to self or others. This quadrant supports complex CYP mental health needs with significant input and more intensive treatments and interventions.

5. Thriving

Supporting CYP to maintain mental and healthy wellbeing through effective prevention, early intervention, and promotion strategies to enable them to lead happier, healthier and emotionally stable lives.

3.21. In Brent, it has been agreed that the BCT in partnership with the Integrated Care Partnership Mental Health and Wellbeing Executive Group set the strategic direction and expectations of the system. This has been defined by:

- Agree governance arrangements
- Set up a THRIVE Working Group
- Map existing provision and interrogate mapping to determine which of the five quadrants the local offer sits in
- Recommend system and culture changes
- Implementation plan to be developed and agreed
- Identify capacity and resources required locally to implement CYP Thrive

3.22. The BCT acknowledged that currently in Brent a comprehensive range of mental health services are delivered collaboratively by statutory, voluntary and community organisations. This includes, under the Getting Advice and Getting Help quadrants, a range of services in schools and community settings delivered by numerous providers. The offer in Brent also caters to a broad age range from 0-25, including the transitional age group of 16-25, bridging the gap between child and adult mental health services. Digital support is also available providing accessible resources for self-help, text-based counselling, and community support; catering to those that prefer or require remote support.

3.23. The BCT agreed that the following key areas require progress:

- Addressing identified service gaps under the Getting More Help and Getting Risk Support quadrants
- Ensuring that there is appropriate funding and sustainability of the services
- Ensuring that current service access, capacity and capability must meet all the needs of Brent's children and young people.
- Clarity and transparency with referral pathways and Care and Treatment support

- Additional provision is needed to support neurodiverse children and young people.
 - Engagement with Brent children, young people, parents, carers and the local community to understand needs and experiences.
- 3.24. The BCT highlighted the ongoing concern that a great deal of the delivery of the programme is dependent upon funding and a reliance on the CNWL CAMHS service.
- 3.25. The BCT provided a steer that consideration must be given to ensuring all redesigned services are culturally appropriate.
- 3.26. The BCT also recommended that additional analysis was undertaken in relation to the cohort of children that attend specialist CAMHS services to understand what support could have been put in place for those children before they reach crisis point. The data so far indicates disproportionality in referrals and higher levels of referrals from some parts of the borough.
- 3.27. The BCT will continue to oversee and provide a strategic steer on the progress of the THRIVE programme.

Commissioning of SEND services in Brent

- 3.28. In September 2024, the Brent Children's Trust discussed the commissioning arrangements to improve care for children and young people with special educational needs and disabilities (SEND). The BCT considered what is working well, what the challenges are and provided a steer on the next steps.
- 3.29. The arrangements for commissioning care and support services for children with SEND aim to ensure that more children get access to preventative care and are on track with social, emotional and physical development milestones.
- 3.30. The plans to improve care for children and young people with special educational needs (SEND) are focussed on three areas:
- **Child health and family hubs**
Developing child health and family hubs, which will provide services from the NHS, local authority, and voluntary care services.
 - **Working with families**
Working with families, children, and young people to design services that meet their needs.
 - **Transition from child to adult services**
Ensuring a consistent transition from child to adult services, and to include this in SEND local offers.

a. Brent Child and Adolescent Mental Health Services (Specialist CAMHS)

This service provides a specialist mental health service for children and young people with complex, severe, persistent emotional, behavioural and/or developmental problems.

b. Brent Young People Thrive

This provision works to raise awareness of mental health and emotional wellbeing of children and young people in Brent within schools, GPs, Children Centres and amongst residents.

c. Brent Centre for Young People

The service provides emotional wellbeing and mental health support to children and young people including empowering children and young people to take better care of themselves and live healthier lives, supporting children, young people, and their families to adopt and maintain healthy behaviours and identifying mental health needs in children and young people at an early stage to prevent more serious problems developing.

d. Mental Health Support in Schools

The provision works to meet the mental health needs of children and young people in primary, secondary and further education (ages 5 to 18), by providing mental health support in schools, colleges, and other education settings. The service works with schools to improve mental health and wellbeing amongst pupils as well as helping staff within a school or college setting to provide a 'whole school approach' to mental health and wellbeing. It works alongside and integrates with the mental health and wellbeing support that already exists in Brent such as counselling, educational psychology, school nursing and specialist mental health services (CAMHS).

e. Brent's Talking Therapies for Children and Young People (formerly CYP IAPT)

This service works to improve both the effectiveness of treatment and the experiences of children, young people and parents through specialist psychological interventions in a number of ways including one to one therapy, Cognitive Behavioural Therapy (CBT), group therapy and community support.

The service provides a collaborative care model for children and young people.

f. Speech and Language Therapy (SLT)

This service provides universal, targeted and specialist SLT for children and young people in Brent who have been identified as requiring additional support with speech, language, communication needs (SLCN) and includes:

- Support for parents and pre-school children (aged 0-5 years)
- Provision for children of primary school age (aged 5-11 years) with SEN Support who attend Brent mainstream schools and are registered with a Brent GP
- Provision for children of secondary school age (aged 11-16 years) without an Education, Health and Care Plan (EHCP) (SEN Support) who attend Brent mainstream schools and are registered with a Brent GP.

g. Brent Special Schools Nursing

This service offers a range of support to children and young people with complex health needs, within special schools. The Special schools nursing team provides a Healthy Child Programme in special education settings in Brent. They work closely with education and other agencies to ensure that children achieve their full potential in school.

h. Paediatrics, Epilepsy and Respiratory Nurses

The Brent Epilepsy Specialist Nurse for children and young people provides support to children with epilepsy and their families.

The Brent Respiratory Nurse supports the local paediatric services with provision for children and young people with asthma and breathing difficulties.

The Paediatric service provides clinical input to infants, children and adolescents.

- 3.32. The BCT commended the introduction of the waiting well initiative to support children, young people and parents on the waitlist for CAMHS services. This initiative ensures that all parents and children who are on the waiting list are kept regularly updated and has received positive feedback and suggestions on how this initiative can be improved from parents and children have been implemented.
- 3.33. The BCT summarised the challenges into three main themes:
- **Workforce challenges**
There are pressures in specialised areas like speech and language therapy and there is a need to develop solutions for recruitment and retention.
 - **Improving service connectivity**
The current siloed approach to services for children and young people is also problematic, with parents expressing frustration over being moved between services without their needs being met in one place. The BCT emphasised the importance of coordinating services to provide more seamless and effective support.
The BCT agreed that the current patchwork of services is unsustainable, and there was consensus that speech and language therapy should be prioritised for redesign, given the significant budget and service pressures.
 - **Managing resources more effectively without additional funding**
The reduction in early intervention services has compounded the issue, leading to increased demand for more intensive services down the line. There is a financial strain as the burden shifts between the LA and the NHS, with each side trying to manage costs.
The BCT highlighted that there is a need to explore alternative models of service delivery, such as training communities to support children with communication difficulties. A more coordinated approach is needed to manage the situation, and this will require strong multi-agency collaboration.
- 3.34. The BCT agreed that the next steps are for the council and North West London ICB to develop a Joint Commissioning Plan for SEND related services, with the BCT maintaining strategic oversight of this work.

School readiness in Brent

- 3.35. The BCT recognise that there is a lower than benchmark level of school readiness in Brent.
- 3.36. Whilst there are some statistics on school readiness, the BCT agreed that further detail and data analysis will help the partnership to formulate action plans and provide a baseline for evaluating that work.

- 3.37. In September 2024 the BCT agreed the proposal to carry out a deep dive analysis to provide sufficient detail to target the geographical areas, parents and CYP with lowest levels of school readiness.
- 3.38. The findings and recommendations of this deep dive project will be brought back to the BCT once it is completed to enable the BCT to provide a steer on the next steps.

Brent Oral Health Needs Assessment (focus on children and young people)

- 3.39. The BCT considered the findings and recommendations specific to children and young people of the Brent Oral Health Needs Assessment 2023 and what action has been taken to date in response to the findings of the assessment.
- 3.40. The needs assessment serves as a roadmap to the improvement of oral health outcomes for children, young people, and vulnerable adults in Brent through the following objectives:
- Comparatively explore oral health outcomes for children and young people (CYP) in Brent, with regional and national estimates
 - Identify the gaps in oral health knowledge and practices among CYP and vulnerable adults in Brent
 - Make recommendations for oral health promotion/intervention for Brent CYP and vulnerable adults
- 3.41. The needs assessment identified that the burden of dental decay in Brent has been on the increase over the past decade, while in London and England, the average has been on a stable decline. The assessment highlights data that suggests:
- up to 46% of children in the borough had experienced some form of tooth decay by age five
 - more children in Brent are being admitted to hospital because of dental decay than the rest of London.
 - less than half of the children and young people population in the borough access dental services yearly
 - amongst adolescents there are gaps in the knowledge and practice of recommended oral hygiene techniques, as well as a high proportion of this age group regularly consuming foods high in free sugars.
- 3.42. The needs assessment recommended:
- the development of an action plan over the next three years to qualitatively explore oral health-seeking behaviours among CYP and families and supplement current oral health promotion and intervention efforts with a focus on diet as well as hygiene.

- **Oral health promotion** - the public health team would want to qualitatively explore the perspectives and motivations of various resident groups regarding oral health behaviours and their engagement with current health promotion efforts.
Supplement the efforts of the commissioned oral health promotion team in increasing the knowledge of good oral health practices among children, their parents/guardians, and their families.
Focus health promotion on the relationship between diet and oral health outcomes and the dangers of regular consumption of fizzy drinks and foods high in free sugars.
- **Intervention** – Continuation and expansion of the mobile dental check project (oral health bus) for children and supervised toothbrushing programme and launch targeted oral health promotion to young people to increase knowledge on good oral health practices.

3.43. The BCT acknowledged that the oral health bus has been operational for three years; however, due to suboptimal temperatures on the bus, services have been transitioned to school settings. The BCT was pleased to note that over 800 children have received services this year, with recent data indicating improvements in oral health, as 40% of the children assessed show signs of progress.

3.44. The BCT also acknowledged that activity is already being implemented to address the findings of this needs assessment which includes:

- Providing basic oral health training to staff to improve service delivery and awareness.
- A focused initiative on tooth extraction is underway, targeting services to areas identified as having the greatest need for dental care.
- Targeted work with children and young people is ongoing, with an emphasis on improving health education.

3.45. The BCT recommended that:

- this initiative should align with the Brent ICP priorities, the Brent Health Matters programme and the NWL ICB priorities.
- further consideration is given to educating parents and carers on the importance of children and young people's oral health.
- the findings and responses to the recommendations of the Brent Oral Health Assessment are shared with the Brent Health and Wellbeing Board at a future meeting.

4.0 Stakeholder and ward member consultation and engagement

4.1. Brent Council and NWL ICB (Brent) are members of the BCT and the partnership groups and have contributed to this report.

5.0 Financial Considerations

- 5.1. There are no financial and budgetary implications relating to the Brent Children's Trust progress update report.

6.0 Legal Considerations

- 6.1. There are no legal implications relating to the Brent Children's Trust progress update report.

7.0 Climate Change and Environmental Considerations

- 7.1. There are no climate change and environmental considerations relating to the Brent Children's Trust progress update report.

8.0 Communication Considerations

- 8.1. There are no communications considerations relating to the Brent Children's Trust progress update report.

Report sign off:

Nigel Chapman

Corporate Director of Children and Young People

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Priority: Strengthen the strategic oversight of the THRIVE programme delivery

| Areas of focus | Activity | Target completion date | RAG | Outcome |
|---|--|------------------------|--------|-------------|
| <p>BCT and the ICP CYP Mental Health Group resetting the strategic direction and expectations of the system</p> <p>Ensuring that Brent CYP have appropriate support at the right time and in the right place</p> <p>Considering broader support service provision wider than specialist CAMHS.</p> | <p>CYP Service mapping - identification of the 4 Thrive quadrants and themes across current CYP service provision locally. Understand prevention, early identification, promotion of mental health and well-being, advice, help and risk support</p> | March 24 | Green | Complete |
| | <p>Engagement workshops with CYP, parents, carers and the local community. Understand CYP needs and experiences around the 5 needs based Thrive groupings – getting advice and signposting, getting help, getting more help and getting risk support</p> | Dec 24 | Yellow | In progress |
| | <p>Demonstrate the Seven Thrive priorities for NW London</p> <ol style="list-style-type: none"> 1.Shared decision-making 2.Shared goal-setting and contingency planning 3.Therapy alignment with the 15 groups of need 4.Pathway alignment with five thrive segments, with porous boundaries 5.Clear entry and exit criteria 6.Interagency data used for service improvement 7.Interagency patient risk management | TBC | White | Not started |
| | <p>Co-production - Redesign of CYP provision - assessment, advice and signposting services, development of new care pathways and use of multi-agency approach to support high risk CYP</p> | TBC | White | Not started |
| | <p>System change – an integrated , person centred model of child and adolescent mental health care delivered according to the needs and preferences of CYP and their families</p> | TBC | White | Not started |

Priority: Drive a strengthened programmatic approach to vaccinations and childhood immunisations – BHM CYP Immunisation Programme

| Areas of focus | Activity | Target completion date | RAG | Outcome |
|---|--|------------------------|-----|---|
| Increase awareness of CYP immunisations across CYP, parents, communities, community leaders, and peers prioritising areas with the lowest vaccine uptake | Scope work required to address governance and logistical requirements for BHM CYP Clinical Team to administer immunisations Work with Roving Team, NWL Pharmacy Lead and PCN's to explore joint working to support MMR immunisation delivery in community | September 24 | | Increased capacity to provide MMR vaccinations within the community to improve uptake |
| | Scope potential to immunise non-immunised children attending Paediatric Outpatient Clinics at Northwick Park | August 24 | | Increased opportunity to vaccinate unimmunised children within secondary care setting to improve uptake |
| Educate local community about importance, benefits and risks of immunisations | Work with Somali Community in Harlesden and Dr Halima Mohammed to increase awareness of importance, risks and benefits of MMR, bust myths related to MMR and ASD, and increase uptake | TBC | | Work with trusted members of Somali community to understand and address reasons for non-uptake of MMR and increase uptake |
| Increase ease of access and uptake of 0-5 immunisations especially MMR in communities and localities with the lowest uptake | Work within Kilburn locality to increase awareness of importance, risks and benefits of MMR, increase ease of access and uptake | TBC | | Work with local professionals and community members to understand and address reasons for non-uptake of MMR and increase uptake |
| Improve join up and coordination of Immunisations across Brent | Work with Roving Team, PCNs and Pharmacists regarding MMR immunisations across Brent | September 24 | | Improve alignment and coordination |
| HPV project to raise awareness and uptake of the HPV vaccine. | Project 1: Universities Working with Westminster Universities To target universities and halls of residence to offer and give young people the HPV vaccine on site during the February half term. | February 25 | | Increased uptake of the HPV vaccine within schools and universities |
| | Project 2: School programme To target schools with low uptake of HPV vaccine especially schools in deprived areas. The plan is to target children in Year 9, 10, 11, 12 and 13 who have not been vaccinated against the HPV. Identified 2 schools that are willing to participate such as Harris Lowe and Alperton. | January 25 | | |

Priority: Set the strategic direction of continuous improvement of CYP Early Help and Intervention services

| Areas of focus | Activity | Target completion date | RAG | Outcome |
|---|--|------------------------|--------------|--|
| <p>There is robust development of a parent-led approach</p> | <p>There is an established Parent/Carer Voice Forum in place which is parent led with support from the council.</p> | <p>July 2024</p> | <p>Green</p> | <p>Parents are engaged in a meaningful way and there is a strong feedback loop through the <i>You Said, We Did</i> approaches.</p> |
| | <p>There is an emphasis on increasing the diversity of parents/carers attending the steering groups e.g. (SEND parents, dads, parents of marginalised groups) to ensure that there is representation across all ages and stages.</p> | <p>Dec 2024</p> | <p>Green</p> | <p>FWC's are SEND inclusive. SEND Navigators connect families into specific support and promote the Brent Local Offer.</p> |
| | <p>There is a programme of activity that utilises Parent Champions to drive forward the outreach activity supporting new families into the Family Wellbeing Centres with particular focus on areas with highest level of need.</p> | <p>May 2024</p> | <p>Green</p> | <p>Parent Champions have a clear focus and robust approach to ensure that families are well integrated into the FWC offer.</p> |
| <p>Collaborative bid-writing for funding opportunities is strengthened</p> | <p>There is an increased use of parent volunteers with opportunities made available for parents to access peer-to-peer support. Both the universal and targeted offer have built in processes to enable parents/carers to share feedback at key points.</p> | <p>May 2024</p> | <p>Green</p> | <p>Families receiving both universal and targeted intervention are provided with clear opportunities for feedback which is used to support service improvement.</p> |
| | <p>Clear goals and objectives are established to improve opportunities for collaboration and increase success rates.</p> | <p>Mar 2025</p> | <p>Green</p> | <p>Collaboration is fostered to bring together diverse perspectives and expertise to the bid writing process.</p> |
| | <p>Data is used to gather intelligence on previous bids such as success rates as well as strengthen new bids. KPI's are identified to track progress and provide measurable indicators and feedback.</p> | <p>Mar 2025</p> | <p>Green</p> | <p>EH dashboard has been developed and is now being used to drive forward delivery. FWC KPI's have been revised and better align with the Supporting Families outcomes</p> |
| | <p>Attention is given to capacity building ensuring teams have access to resources such as time, to provide space for creative thinking. There is an emphasis on building relationships with partners to better understand their priorities and identify how these can be aligned.</p> | <p>Oct 2024</p> | <p>Green</p> | |

Priority: Set the strategic direction of continuous improvement of CYP Early Help and Intervention services



| Areas of focus | Activity | Target completion date | RAG | Outcome |
|---|---|------------------------|-------|---|
| <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 188</p> <p>There are clear and robust plans to enable the Family Hubs and Start for Life programme to continue after government funding ceases</p> | Reaffirm priorities building on existing strong partnership agreements to support and sustain integrated working. | Nov 2024 | Green | The development of an EY strategy will be used to support delivery beyond the end of the Start for Life programme |
| | Seek new opportunities to identify and work with partners that have a stake in community well-being to bring in new services and funding opportunities. | Nov 2024 | Green | Through FWC & Start for Life there are strengthened relationships with health. The Childcare expansion has forged more collaborative working with services across council |
| | Engage community members as volunteers to reduce operational costs and foster local ownership of the S4L programme. | July 2024 | Blue | The parent/carer forum is well established giving parents and wider community the opportunity to engage and shape the offer post funding. Parent Champions, and Peer support network support Perinatal and infant feeding providing key intervention to families. |
| | Utilise digital tools and platforms to deliver training and resources to parents/carers, reducing the need for physical infrastructure. | June 2024 | Blue | There is a clear Hybrid offer in place with Parenting programmes offered online and in-person as well as evenings and weekends to enable families to have the widest choice in order to best meet need |
| | Use performance data to make informed adjustments and improvements, both borough-wide and by FWC, ensuring the programme remains relevant and impactful | Oct 2024 | Green | Data is collated as part of the MI returns. Evaluation of Start for Life is used to identify strengths and weakness and areas for improvement |

Priority: Set the strategic direction of continuous improvement of services for Looked After Children (LAC) and Care Leavers

| Areas of focus | Activity | Target completion date | RAG | Outcome |
|--|--|---------------------------|-------|--|
| <p>There's stronger coordination of health services for looked after young people.</p> | Monthly Local Partnership Health and Wellbeing sub-group meetings with CSC, Health, community service colleagues | Monthly meetings/ Ongoing | Green | Continued multi-agency partnership work that focus' on and prioritises the health and wellbeing needs of LAC and Care Leavers. |
| | Establish and begin operation of a community-based UASC/Former UASC Emotional Wellbeing service | March 2025 | Green | The overall emotional, physical and psychological health of UASC/Former UASC will improve because of targeted, culturally appropriate support. |
| | Create a co-produced Action Plan on receipt of Bright Spot survey reports | Nov 2024 | Green | Voices of children and young people will inform ongoing work of the Local Partnership group, Participation activities, and wider service priorities. Feedback loop to young people in the form of <i>You Said/We Did</i> . |
| <p>There is robust development of emotional wellbeing support services for LAC.</p> | Brent care experienced young people co-design an animation film for young people and professionals about accessing health services | TBC | Red | Brent care experienced young people have worked with health colleagues to produce an animation video tool that can be used to inform other young people and professionals about accessing health services. |
| | LAC Health training is provided for foster carers and social work practitioners by the LAC Health Provider team | 2024/2025 | Green | Foster carers are informed and equipped to promote the health needs of LAC. Social work practitioners understand their role in promoting the health of LAC and health assessments for LAC are completed in time. |
| | Improve the immunisation rate of Brent LAC | 31/3/2025 | Green | Increased rate of looked after children who are fully immunised to 80-85% for 2024/25. (2023/24 immunisation rate was 78%) |
| | Develop the interface between Brent Participation offer and improved emotional wellbeing support for LAC and Care Leavers, i.e. Therapart, Vibes in the Kitchen, parenting support | Nov 2024 | Green | There are a range of wellbeing support opportunities for Brent LAC and Care Leavers via Participation offer(BCJ 2.0) |

Priority: Set the strategic direction of continuous improvement of services for CYP with Special Educational Needs and Disabilities (SEND)

| Areas of focus | Activity | Target completion date | RAG | Outcome |
|--|---|-------------------------------------|--------|--|
| <p>The voices of children and young people with SEND are being heard and inform the development and delivery of services.</p> | Brent Young People’s Forum runs regular sessions for young people on topical issues and to inform service delivery | Ongoing | Green | Young people feel that their voice is heard and understand how their views are shaping service delivery |
| | Engagement sessions with pupils at Brent Special Schools on topical issues and to inform service developments | Ongoing | Green | Young people feel that their voice is heard and understand how their views are shaping service delivery |
| | The Post-16 Skills Resource Centre (based at Welsh Harp and using other locations across the borough) provides young people access to a range of activities that support preparation for adulthood. | To be operational by September 2025 | Red | Post-16 Resource Skills Centre offer supports young people’s preparation for adulthood. |
| <p>There is robust and timely development of an enhanced post-16 offer</p> | Young people and parents inform development of the Post-16 Resource Skills Offer. | Ongoing | Yellow | Post-16 Resource Skills Centre supports young people’s preparation for adulthood. |
| | The capital project to develop the Post-16 Skills Resource Centre at Welsh Harp Horticultural Centre is delivered. | January 2027 | Yellow | Post-16 Resource Skills Centre at Welsh Harp provide a space for young people with SEND to meet and access a range of support activities to support preparation for adulthood. |
| | Work with Health, Public Health, education settings, parents/carers and Early Help to develop a borough wide 0-19 speech and language strategy | September 2025 | Yellow | Brent has a consistent and effective strategy for improving communication skills within Brent |

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|  Brent  North West London Health and Wellbeing - Councillor Nerva | Brent Health and Wellbeing Board 28 October 2024 |
| | Report from the Managing Director of Brent Integrated Care Programme |
| | Lead Cabinet Member for Community Health and Wellbeing - Councillor Nerva |
| Report on the Independent Investigation of the NHS in England (known as the “Darzi Report 2024”) | |

| | |
|---|---|
| Wards Affected: | All |
| Key or Non-Key Decision: | Non-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 1 - Lord Darzi – Independent Investigation of the NHS in England report |
| Background Papers: | None |
| Contact Officer(s): (Name, Title, Contact Details) | Jonathan Turner Borough Director Brent ICP Jonathanturner2@nhs.net |

1.0 Executive Summary

- 1.1 The new government commissioned a report into the current state of the NHS in England from Lord Darzi. Lord Darzi is a Chair of Surgery and a Professor at Imperial College NHS Trust and was involved in making recommendations to the previous Labour government (1997-2010).
- 1.2 The report was commissioned by the Secretary of State for Health and Professor Darzi was asked to undertake a rapid investigation of the state of the NHS, assessing patient access, quality of care and the overall performance of the health system.
- 1.3 As such, the report is a record of the current “state of play” within the NHS. It is not a plan to improve the NHS or a set of recommendations. It does however identify some themes on how to “repair” the NHS.
- 1.4 The report, published on 12th September 2004, sets the context and tone for the coming NHS 10 year Plan, which is expected to be published in spring 2025.

2.0 Summary of Key Findings

Health of the nation

- 2.1 An ageing population is the most significant driver of increased demand for healthcare. For example, the majority of people aged 65-74 will have at least one long-term condition and 40% will have two or more. However, many of the social determinants of health - such as income, housing, education – are also moving in the wrong direction. Pressures in social care, and cuts to funding for the public health grant, are also crucial context for the health of the nation and the performance of the NHS.

Access to NHS services

- 2.2 The NHS's constitutional standards, which sit at the heart of the social contract between the NHS and the public, are not being met.
- 2.3 Performance on access to care has been declining, for example:
- Nearly 10% of all patients are now waiting for 12 hours or more at A&E.
 - The 62-day target for referral to first treatment for cancer has not been met since 2015.
 - As of June 2024, more than 1 million people were waiting for community services, including 500,000 people waiting over a year, 80% of whom were children and young people.
 - As of April 2024, about 1 million people were waiting for mental health services.
 - Autism and ADHD are areas of particular concern, with long waits for assessment and treatment despite increased activity. For instance, since 2019 the number of adults and children waiting at least 13 weeks for an autism assessment has increased by 65% and 77% a year respectively.

Quality of care in the NHS

- 2.4 There is a mixed picture on quality of care. For the most part, people receive high quality care from the NHS. There have been improvements in patient safety in recent years, with more error-free care in hospitals and a reduction in the number of suicides in inpatient mental health facilities. New innovations, like virtual wards, are also contributing to reductions in attendances and admissions to hospital, as well as reduced length of stay in hospital. However, clinical negligence claims are at record levels, and significant areas of concern remain. For instance:
- Maternal deaths have been increasing since the Covid-19 pandemic. Complexity in care needs has been increasing, but numbers of midwives has fallen, and the recommendations from a series of inquiries have not been universally adopted.
 - Children and young people's physical and mental health has been deteriorating over recent years, and there are challenges in young people being able to access acute, mental health and community services.
 - Mortality rates for people with serious mental illnesses has been increasing, and there is a lack of suitable accommodation for inpatients.

- There is scope to reduce avoidable deaths from cancer, cardiovascular disease and suicide.

Health protection, promotion and inequalities

- 2.5 Health protection - Infectious diseases, including Covid-19, remain a major challenge for all health systems. Despite important progress in the UK, there is further to go to tackle the threat of anti-microbial resistance.
- 2.6 Health promotion - More needs to be done to tackle obesity and regulate the food industry. Childhood obesity rates for 10–11-year-olds have risen, and the prevalence of diabetes across the whole population has increased from 5.1% in 2008 to 7.5% in 2022. Cuts to the public health grant have contributed to this and have been deeper in more deprived areas. A focus on public health is key to reducing premature mortality and time spent in ill-health, as well as on reducing pressures on the NHS and strengthening the economy.
- 2.7 Health inequalities - People living in poverty are getting sicker and accessing services later. People who live in the most deprived areas of England are twice as likely to wait more than a year for non-urgent treatment. This leads to more acute illness and poorer outcomes. There are also concerning disparities in access to care and outcomes for homeless people, those with learning disabilities and carers.

Where and how the money is spent

- 2.8 During the pandemic productivity in the NHS declined far more significantly than the economy as a whole or the wider public sector. It remains below 2019 levels. Underinvestment in care delivered in the community is contributing to high demand on hospitals. Although successive governments have promised to shift care away from hospitals and into the community, expenditure and staffing numbers have grown faster in the acute sector than elsewhere, while the number of health visitors fell by 20% between 2019 and 2023. This is reinforced by performance standards focused on hospitals, not primary, community or mental health services. Likewise, single-year budgets reinforce the status quo.
- 2.9 Although ICBs have duties around improving population health, roles and responsibilities remain unclear, hindering progress on population health management.

Health and prosperity

- 2.10 At the start of 2024, 2.8 million people were economically inactive due to long-term sickness, and more than half of the current waiting list for inpatient treatment are working age adults. Being in work is good for wellbeing, having more people in work grows the economy, and creates more tax receipts to fund public services. Improving access to care is a crucial contribution the NHS can make to national prosperity.
- 2.11 Key findings: drivers of performance Funding, investment and technology Spending growth sat at around '1% per year in real terms' during the 2010s, much lower than the long-term average of 3.4%. In 2018 the government committed to increasing spending by 3.4% annually for five years. However,

actual increases fell at just under 3% for 2019-2024, and this did not include capital spending, medical training, nor any increase in public health expenditure.

- 2.12 In terms of per capita spending, the UK spends about \$5,600 per person on health, similar to the EU15 average but below countries where English is predominantly spoken and the Nordic countries. Capital investment peaked in 2009, declining sharply after this date. This led to deteriorating infrastructure, outdated technology, and a significant maintenance backlog.
- 2.13 During the 2010s, a substantial capital gap opened between the UK and other countries. A shortfall of £37 billion in capital investment has further exacerbated these issues. The report outlines key figures demonstrating the strain on capital investment, including:
- The backlog maintenance bill now stands at more than £11.6 billion.
 - £4.3 billion was taken from capital budgets between 2014-15 and 2018-19 to cover in-year revenue deficits.
 - 20% of the primary care estate predates the founding of the health service in 1948.

The impact of the Covid-19 pandemic

- 2.14 The NHS entered the Covid-19 pandemic after a decade of austerity and underinvestment, which left it with fewer resources and lower resilience compared to other high-income health systems. The pandemic strained health systems globally, but the NHS was particularly impacted, with higher excess mortality rates and significant drops in routine care. Overall, hospital discharges in the UK decreased by 18% between 2019 and 2020, the largest drop among comparable countries. Key points include:
- Low resources and squeezed capacity: The NHS had higher bed occupancy rates and fewer doctors, nurses, and beds than comparable health systems.
 - Severe impact on routine care: The NHS delayed or cancelled more routine care than other systems, with significant drops in procedures like hip and knee replacements. For example, hip replacements in the UK fell by 46% compared to an OECD average of 13%.
 - Increased mortality: The UK had higher excess mortality rates compared to other countries. The health of the population had also deteriorated in the years leading up to the pandemic – making it less resilient to infectious disease since it was less healthy going into the pandemic.
 - Reduced healthcare access: Reductions in interactions with primary care due to lockdowns meant fewer physical and mental health problems could be identified, hindering early detection and management of health conditions.
 - Mental health: The pandemic significantly increased the need for mental health services. The NHS's current state is heavily influenced by these factors, with ongoing challenges in recovering from the pandemic's impact.

Patient voice and staff engagement

- 2.15 The voices of patients and the public are not sufficiently heard. Patient satisfaction with the NHS has declined, complaints have increased, and patients feel less empowered to make choices about their care. There is potential for greater patient involvement in designing services. A recurring issue in care failings is that patients' concerns are not being heard or addressed. Consequently, the NHS is paying nearly £3 billion in compensation for care failures, which is about 1.7% of its total budget. Disabled people, those with long-term conditions, and women are disproportionately affected by poor communication. Making data more publicly available and involving local communities in decision-making could also help the NHS become more responsive and accountable
- 2.16 Many staff experience feelings of powerlessness and detachment Many NHS staff describe feeling disempowered and overwhelmed. Around 60% would recommend their organisation as a place to work, and 65% as a place to receive care. Staff feel that NHS organisations lack a sense of common purpose.
- 2.17 Chronic underinvestment in processes and infrastructure leads to challenges, adding to staff frustration. There has been a reduction in discretionary effort, with fewer staff working beyond their contracted hours. Sickness absence rates have also increased since the pandemic. The most common reason cited for sickness absence was anxiety, stress or depression or other psychiatric illnesses.

Psychological impact of the pandemic and its aftermath

- 2.18 The pandemic has deeply affected the psychological wellbeing of NHS staff. NHS Practitioner Health, which treats health and social care professionals with mental health and addiction issues, saw a surge in registrations during the pandemic. The pandemic continues to affect the NHS, having a major impact on industrial relations including strikes. Staff felt undervalued despite being praised during the pandemic, especially regarding pay settlements.

Cultural challenges in the NHS and leadership

- 2.19 Cultural challenges within the NHS, such as concealing problems and retaliating against whistleblowers, persist. Effective leadership is essential in tackling these issues and will require further investment in NHS leaders.
- 2.20 The 2022 report by General Sir Gordon Messenger and Dame Linda Pollard highlighted issues around the training and development of leadership and management and recommended improvements, which NHS England has started to implement.

NHS structures and systems, including the role of ICBs

- 2.21 The Health and Social Care Act of 2012 had a 'disastrous' impact on NHS management, leaving long-lasting effects.
- 2.22 The 2022 Act introduced integrated care systems, creating a more coherent management structure with headquarters, seven regions, and 42 ICBs. However, there are still different understandings of roles and responsibilities between ICBs, including how far they are responsible for the performance management of providers. More consistency and standardisation in the organisation and functions of ICBs is needed. There is also a need to revitalise the framework of national standards, financial incentives and earned autonomy to reflect the shift from competition to collaboration.
- 2.23 Frequent reorganisations within the NHS are expensive and disruptive, hindering efforts to enhance care quality and efficiency, as is the growth in the number of organisations that exert some degree of regulatory or policy influence on providers. Senior leaders spend considerable time on internal management instead of focusing on local NHS issues.
- 2.24 The performance of the NHS is shaped by its internal systems, processes, resources, and structures. Key themes include:
- Planning blight: The Health and Social Care Act 2012 divided functions between a number of organisations, leading to delays and complications in planning.
 - Data and performance management: -The NHS has focused data collection on acute hospitals, with limited data on mental health and community services. This lack of data limits understanding and management of these sectors.
 - The Hewitt Review recommended a focus on fewer key priorities to improve accountability and performance.
 - The performance management framework needs to change, at pace, to clarify the role of the ICB with regards to provider trusts.

Incentives for performance:

- 2.25 There is a tension between protecting funding for specific services and devolving decision- making. NHS England plans to devolve specialised commissioning budgets to ICBs.
- 2.26 There has also been a shift in payments away from activity-based mechanisms, although they remain in place for elective care. This can impact on clinical productivity.
- 2.27 Trusts are no longer able to advance to foundation trust status, driving frustration among organisations that funding is available to invest, which they do not have the freedom to spend.

Regulation and quality of care:

- 2.28 The interim findings of the review of the Care Quality Commission (CQC) by Penny Dash has found significant internal failings and a deterioration in the ability of the CQC to support quality improvement.
- 2.29 The CQC has also been criticised for emphasising inputs over outcomes, contributing to an increase in the numbers of hospital clinicians.

Competition and quasi-markets:

- 2.30 The 2022 Act removed the competitive tendering requirement, but the result is an incoherent service delivery pattern. Despite moving away from market-based approaches, the NHS has not fully adopted the planned alternative.

3.0 Recommendation(s)

- 3.1 Whilst the Darzi report does not specifically make recommendations and is more about “baselining” the current state of the NHS, it does identify a number of “themes”. These include:

- **Re-engage staff and re-empower patients** to harness staff talent and passion and enable patients to take as much control of their care as possible.
- **Lock in the shift of care closer to home** by hardwiring financial flows to expand general practice, mental health and community services.
- **Simplify and innovate care delivery** for a neighbourhood NHS to embrace new multidisciplinary models of care.
- **Drive productivity in hospitals** by fixing flow through better operational management, capital investment, and re-engaging and empowering staff.
- **Tilt towards technology** to unlock productivity, particularly outside hospitals, as the workforce urgently needs the benefits of digital systems, use of automation and AI and for life sciences breakthroughs to create new treatments.
- **Contribute to the nation’s prosperity** by supporting more people off waiting lists and back into work.
- **Reform to make the structure deliver** by clarifying roles and accountabilities, ensuring the right balance of management resources at the right levels and strengthening key processes such as capital approvals.

4.0 What Might This Mean For Brent?

- 4.1 It confirms that our approach to inequalities, the wider determinants of health and mental health is the right emphasis, given that these are drivers of both high cost utilisation across the NHS and the public sector, and because reducing inequalities is inherently the right thing to do.
- 4.2 There is likely to be a continued emphasis on neighbourhood working and the roll out of Integrated Neighbourhood Teams – the report states “we need to

embrace new multidisciplinary models of care that bring together primary, community and mental health services”. In reality, this will involve a wider range of partners as well from local authorities and the VCS sector.

4.3 We are currently engaged in an ICB planning cycle for the ICB’s Joint Forward Plan, but the NHS Plan is likely to be released in Spring 2025 and further clarity on what we the government requires us to do will become clearer at this stage.

4.4 Whilst further re-organisation of statutory bodies is unlikely, there may be further clarification from the government on the roles and responsibilities of ICBs – for example in relation to acute system performance.

5.0 Financial Considerations

5.1 The Darzi report outlines the impact of austerity on the NHS, and sets out the need for further investment in various areas. This is currently outside of our control and subject to Treasury decisions.

6.0 Legal Considerations

6.1 The report outlines the impact of medical negligence litigation on the NHS budget and the need to reduce this.

7.0 Equality, Diversity & Inclusion (EDI) Considerations

7.1 The report references various impacts on EDI including the need to address population health inequalities and the need to improve staff wellbeing by treating all staff fairly and equally.

8.0 Climate Change and Environmental Considerations

8.1 The report does not include specific proposals, but the NHS Plan will need to have due regard to climate change and environmental impacts.

9.0 Human Resources/Property Considerations



9.1 None at present.

10.0 Communication Considerations

10.1 The report has already been communicated widely and has been widely reported by the UK media.

Report sign off:

**Tom Shakespeare – Managing Director
Brent Integrated Care Partnership**

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|  Brent  North West London | Brent Health and Wellbeing Board 28 October 2024 |
| | Report from the Director of Public Health |
| Revision of the Brent Pharmaceutical Needs Assessment | |

| | |
|---|--|
| 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> | Open |
| List of Appendices: | Appendix 1 - Brent Pharmaceutical Needs Assessment Steering Group Terms of reference |
| Background Papers: | None |
| Contact Officer(s): <small>(Name, Title, Contact Details)</small> | Jodie T. Rojas-Agudelo Public Health Strategist jodie.rojas-agudelo@brent.gov.uk |

1.0 Executive Summary

1.1. S128A National Health Service Act 2006 as amended conferred the duty for publishing and keeping up to date a statement of the population needs for pharmaceutical services in their area (a Pharmaceutical Needs Assessment (PNA)) onto Health and Wellbeing Boards. The Brent Health and Wellbeing Board published its first PNA in March 2015 in accordance with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (the 2013 Regulations). The 2013 Regulations stipulate that HWBs need to publish a revised assessment within three years. The first revision of the Brent PNA was published in 2018. A revision was made during 2020 for publication by 1st April 2021, the latest revision was published in September 2022. A further revision will need to be made during 2024 for publication by October 2025. This paper proposes how this responsibility should be discharged.

2.0 Recommendation(s)

2.1 The Brent Health and Wellbeing Board is asked to:

- Agree the establishment of a task and finish Pharmaceutical Needs Assessment Steering Group
- Agree the terms of reference for this Pharmaceutical Needs Assessment Steering Group which form Appendix 1 to this report.
- Delegate to the Pharmaceutical Needs Assessment Steering Group the task of overseeing the conduct, consultation and publication of the revised Brent Pharmaceutical Needs Assessment.

3.0 Detail

3.1 Pharmaceutical services are defined in the 2013 Regulations. The pharmaceutical needs assessment will need to look at the provision of each of these services and identify any gaps in their provision. Pharmaceutical service do not include all services which *could* be provided from Community Pharmacies and the PNA does not preclude local decisions about other services which may be locally commissioned or provided but it does not govern such decisions. PNAs are used by the NHS to make decisions on which NHS funded pharmaceutical services need to be provided by local community pharmacies. PNAs are also used in decisions as to whether new pharmacies are needed in response to applications by businesses.

3.2 Background

3.2.1 The Health and Social Care Act 2012 transferred the responsibility for producing, consulting on and publishing PNAs from PCTs to Health and Wellbeing Boards (HWB)

3.2.2 NHS England has the responsibility to commission pharmaceutical services. The responsibility for using PNAs as the basis for making decisions about applications to provide pharmaceutical services transferred from PCTs to NHS England under the Health and Social Care Act 2012.

3.2.3 The development and updating of PNAs is subject to the 2013 Regulations: [New pharmaceutical services regulations published - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/new-pharmaceutical-services-regulations-published).

3.2.4 The existing PNA for Brent (available on the Council website [Health and Wellbeing Board | Brent Council](#)) was published by the HWB in 2022. This has been kept updated by the publication of supplementary statements as changes have been made to pharmacies within Brent. The 2013 Regulations require that the HWB revisions to the PNA within three years.

3.2.5 In order to revise the PNA and publish the same, it is recommended that a Steering Group is established which will oversee the production, consultation and subsequent publication of the PNA. The proposed terms of reference are appended to this paper at Appendix 1.

3.2.6 As for the previous revision of the PNA, Brent Public Health will commission technical pharmaceutical support to undertake the revision and to maintain the PNA thereafter.

4.0 Stakeholder and ward member consultation and engagement

- 4.1 Consultation will be undertaken in revising the PNA in accordance with section 8 of the 2013 Regulations which requires consultation with specific organisations and groups allowing them a minimum of 60 days for making their response to the consultation

5.0 Financial Considerations

- 5.1 The commissioning of technical support for the PNA will be funded from the Council's public health grant.

6.0 Legal Considerations

- 6.1 The Health Act 2009 amended the NHS Act 2006 to introduce a new s128 A of the NHS Act 2006 dealing with the PNAs. The Health and Social Care Act 2012 established HWBs. The Act also amends s128A NHS Act 2006 by transferring responsibility to develop and update PNAs from PCTs to HWBs.

- 6.2 128A NHS Act 2006 sets out requirements in relation to PNAs, namely

- (1) Each HWB must in accordance with the 2013 Regulations—
 - a. assess needs for pharmaceutical services in its area, and
 - b. publish a statement of its first assessment and of any revised assessment.
- (2) The 2013 Regulations make provision—
 - a. as to information which must be contained in a statement;
 - b. as to the extent to which an assessment must take account of likely future needs;
 - c. specifying the date by which a HWB Board must publish the statement of its first assessment;
 - d. as to the circumstances in which a HWB must make a new assessment.
- (3) The 2013 Regulations may in particular make provision—
 - a. as to the pharmaceutical services to which an assessment must relate;
 - b. requiring a HWB to consult specified persons about specified matters when making an assessment;
 - c. as to the manner in which an assessment is to be made;
 - d. as to matters to which a HWB must have regard when making an assessment.

- 6.3 Regulations 5 and 6 of the 2013 Regulations cover the date by which the HWB's first PNA must be published and the arrangements for revising the

PNA. The local authority must ensure the PNA Steering Group and those it reports to are aware of and adhere to the requirements.

7.0 Equity, Diversity & Inclusion (EDI) Considerations

7.1 The Council is required under section 149 of the Equality Act 2010 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 to foster good relations between those who have a protected characteristic and those who do not share that protected characteristic. This is the Public Sector Equality Duty (PSED). The protected characteristics covered under the Act are age, disability, gender, gender reassignment, marriage and civil partnership (only in respect of eliminating unlawful discrimination) pregnancy, maternity, race (this includes ethnic or national origins), religion or belief (this includes lack of belief) and sexual orientation. Due regard means giving relevant and proportionate consideration to the duty, in that whenever significant decisions are being made or policies developed consideration must be given to the impact/affect that implementing a particular policy or decision will have in relation to equality before making that decision.

7.2 Brent is one of the most diverse boroughs in London and in the UK. Evidence suggest that there is strong correlation between health inequalities and the levels of diversity in the population. For example, certain ethnic minority communities are exposed to a range of health challenges, from low birth weight and infant mortality through to higher incidence of long-term limiting illnesses such as diabetes and cardio vascular disease. Brent pharmaceutical services need to reflect the needs of the borough's diverse communities while providing a broad range of services to the entire population.

7.3 When conducting the Pharmaceutical Needs Assessment (PNA) review, the PNA Steering Group must pay due regard to the PSED and all relevant protected characteristics, including socio-economic groups. The consultation process must be accessible to all, particularly to the most vulnerable groups such as but not limited to: older residents, people with disabilities (incl those with learning disabilities, mental health needs, sight and/or hearing impairments, etc.), LGBT communities, residents whose first language is not English.

8.0 Climate Change and Environmental Considerations

8.1 The proposals in this report have been subject to screening and officers believe that there are no adverse impacts on the Council's environmental objectives and climate emergency strategy.

9.0 Human Resources/Property Considerations (if appropriate)

9.1 Not applicable.

10.0 Communication Considerations

10.1 Not applicable.

Report sign off:

DR MELANIE SMITH
Director of Public Health

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Brent Pharmaceutical Needs Assessment Steering Group Terms of reference

Purpose

To direct and oversee the production of and consultation on a revision of the Brent Pharmaceutical Needs Assessment (PNA), on behalf of the Health and Wellbeing Board, for the revised PNA to be published by 01 October 2025

Context

If a person wants to provide NHS pharmaceutical services, they are required to apply to the NHS to be included on a pharmaceutical list. Pharmaceutical lists are compiled and held by the NHS Commissioning Board, now known as NHS England. This is commonly known as the NHS “market entry” system.

Under the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations (“the 2013 Regulations”), a person who wishes to provide NHS pharmaceutical services must generally apply to NHS England to be included on a relevant list by proving they are able to meet a pharmaceutical need as set out in the relevant PNA.

The Health and Social Care Act 2012 established HWBs. The Act also transferred responsibility to develop and update PNAs from PCTs to HWBs. Responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list transferred from PCTs to NHS England from 01 April 2013.

The NHS Act 2006 (the “2006” Act), amended by the Health and Social Care Act 2012, sets out the requirements for HWBs to develop and update PNAs and gives the Department of Health (DH) powers to make Regulations.

128A Pharmaceutical needs assessments

(1) Each Health and Wellbeing Board must in accordance with the 2013 Regulations:

- (a) assess needs for pharmaceutical services in its area, and
- (b) publish a statement of its first assessment and of any revised assessment.

(2) The 2013 Regulations make provision:

- (a) as to information which must be contained in a statement;
- (b) as to the extent to which an assessment must take account of likely future needs;
- (c) specifying the date by which a Health and Wellbeing Board must publish the statement of its first assessment;
- (d) as to the circumstances in which a Health and Wellbeing Board must make a new assessment.

(3) The 2013 Regulations in particular make provision:

- (a) as to the pharmaceutical services to which an assessment must relate;
- (b) requiring a Health and Wellbeing Board to consult specified persons about specified matters when making an assessment;
- (c) as to the manner in which an assessment is to be made;
- (d) as to matters to which a Health and Wellbeing Board must have regard when making an assessment.

Responsibilities

- The Steering Group will oversee the production of a revision of the Brent PNA in accordance with the 2013 Regulations.
- The Group will ensure that the PNA is of high quality, specifically it will ensure that the PNA:

- o includes pharmacies and the services they already provide. These will include dispensing, providing advice on health, medicines reviews and local public health services, such as stop smoking, sexual health and support for drug users.
 - o looks at other services, and services available in neighbouring HWB areas that might affect the need for services in its own area.
 - o examines the demographics of Brent's population, across the area and in different localities, and their needs.
 - o looks at whether there are gaps that could be met by providing more pharmacy services, or through opening more pharmacies. It should also take account of likely future needs.
 - o contains relevant maps relating to the area and its pharmacies.
 - o Is aligned with other plans for local health and social care, including the Joint Strategic Needs Assessment (JSNA).
- The Group will ensure consultation in accordance with the 2013 Regulations
 - The Group will ensure the timely publication of the revision of the PNA.

Membership:

Consultant in Public Health: Chair
 Public Health Strategist: Jodie Rojas-Agudelo
 Brent Council analyst
 LPC nominee(s)
 ICB / ICP : medicines management, primary care, consultation / engagement
 Healthwatch representative
 NHS E representative: to be invited