



# Health and Wellbeing Board

**Wednesday 2 April 2025 at 6.00 pm**

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

Please note that 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
Rammya Mathew (Vice-Chair)	North West London Integrated Care Board
Councillor M Patel	Brent Council
Councillor Fleur	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
Gina Aston	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

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## **Notes for Members - Declarations of Interest:**

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

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

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

### **\*Disclosable Pecuniary Interests:**

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

### **\*\*Personal Interests:**

The business relates to or affects:

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

or

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

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

Introductions, if appropriate.

Item	Page
<b>1 Apologies for absence and clarification of alternate members</b>	
For Members of the Board to note any apologies for absence.	
<b>2 Declarations of Interest</b>	
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.	
<b>3 Minutes of the previous meeting</b>	1 - 14
To approve as a correct record, the attached minutes of the previous meeting held on 30 January 2025.	
<b>4 Matters arising (if any)</b>	
To consider any matters arising from the minutes of the previous meeting.	
a) Age Friendly Group progress Update	Verbal update
<b>5 Better Care Fund Planning Process 2025-26</b>	15 - 18
To provide the Health and Wellbeing Board with an update regarding the Better Care Fund planning process for 2025-26.	
<b>6 Going Local - Integrated Neighbourhood Team and Radical Place Leadership</b>	19 - 40
To provide a progress update to the Health and Wellbeing Board on the next steps to develop Integrated Neighbourhood Teams (INTs) and a Radical Place Leadership approach in Brent.	
<b>7 Adult Mental Health Workstream Update</b>	41 - 64
To update the Health and Wellbeing Board on the activity being undertaken within the adult mental health workstream of the Brent	

Integrated Care Partnership (ICP) / Borough Based Partnership.

**8 Brent Children's Trust Progress Report** 65 - 80

To update the Health and Wellbeing Board on the activity of the Brent Children's Trust (BCT).

**9 Healthwatch 2025/26 Work Programme (draft)** 81 - 88

To present the Healthwatch Brent draft 2025-26 work programme to the Brent Health and Wellbeing Board, outlining priorities for the year and seeking feedback and strategic input to ensure alignment with health and care priorities in Brent.

**10 Health and Wellbeing Board Forward Look - Future Agenda Items**

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

**11 Any other urgent business**

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

**Date of the next meeting: To be confirmed following the Council AGM**



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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.



## **MINUTES OF THE HEALTH AND WELLBEING BOARD** **Held as a hybrid meeting on Thursday 30 January 2025 at 6.00 pm**

**Members in attendance:** Councillor Nerva (Chair), Rammya Mathew (Vice Chair), Councillor Mili Patel (Brent Council), Councillor Grahl (Brent Council), Councillor Donnelly-Jackson (Brent Council), Councillor Kansagra (Brent Council), Simon Crawford (Deputy CEO, LNWT), Jackie Allain (Director of Operations, CLCH), Patricia Zebiri (HealthWatch), Dr Melanie Smith (Director of Public Health, Brent Council – non-voting), 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, Brent Council – non-voting)

**In attendance:** 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), Tom Shakespeare (Director of Brent Integrated Care Partnership), Tony Burch (Age Friendly Brent), Florence Njoku (Age Friendly Brent), Charlene Santos (Community Engagement Lead, Brent Council), Steve Vo (Assistant Director of Place – Brent Borough, NWL ICS), Rushda Butt (Primary Care Delivery Manager – Brent)

### **1. Apologies for absence and clarification of alternate members**

Apologies for absence were received from the following:

- Kim Wright (Chief Executive, Brent Council)
- Robyn Doran (Director of Transformation, CNWL, and Brent ICP Director)
- Cleo Chalk (Healthwatch)

The Chair welcomed those present to the meeting and advised members that Rammya Mathew would be taking up the role of Vice Chair of the Health and Wellbeing Board, highlighting that the Board looked forward to working with her. He also confirmed that Cleo Chalk had now left her role as manager of Healthwatch and thanked her for her contribution in driving forward progress with Healthwatch in Brent. Patricia Zebiri was present to represent Healthwatch at the meeting.

### **2. Declarations of Interest**

Personal interests were declared as follows:

- Councillor Nerva – Councillor Member of the North West London Integrated Care Board (NWL ICB)

### **3. Minutes of the previous meeting**

RESOLVED: That the minutes of the previous meeting, held on 28 October 2024, be approved as an accurate record of the meeting.

### **4. Matters arising (if any)**

None.

## 5. Age Friendly Group Update

The Chair welcomed Tony Burch and Florence Njoku to present the work being done to achieve Age Friendly status in Brent. In introducing the presentation, Tony Burch explained that he had previously been a GP for 30 years, and a clinical interest in medicine for older people became an interest in service development, particularly integrated care. He had become involved locally in Age UK and was recently elected Chair of Age UK London. Florence Njoku was introduced as the Chair of the Brent Pensioner's Forum. The Age Friendly Brent campaign had been launched through the Brent Pensioners Forum as a way of ensuring as many older people as possible were involved in the campaign. The following key points were then highlighted:

- The aim of Age Friendly Brent was to create an age friendly borough where people could live healthy and active later lives where the environment, activities and services enabled older people to enjoy life, participate in society and be valued for their contributions.
- The slides linked to resources outlining what was happening in the UK Network of Age Friendly communities.
- There were 8 areas of focus for the Age Friendly Group; outdoor spaces and buildings; transport; housing; social participation; respect and social inclusion; civic participation and employment; communications and information; community support and health services.
- A steering group had been established with representatives from the Pensioners Forum, Brent Council staff, Age UK, Elders Voice and Ashford Place.
- Age Friendly Brent had met with Barnet Council who had already achieved Age Friendly status to learn best practice from them, who had provided some useful advice.
- Focus groups had been set up with WISE, Elders Voice and the Pensioners Forum to drive the work forward. One focus group was made up of participants in receipt of Adult Social Care, another focus group had participants who had been taking part in a Zumba class, so there were a wide range of voices in the focus groups with strong enthusiasm which he hoped to pull together into a big meeting.
- An application for funding had been made to help resource a dedicated co-ordinator to support the work being done to achieve Age Friendly status.
- Age Friendly Brent was looking to work with the Council to see whether there was resource that could be provided to help these ambitions, similar to what has been provided in other boroughs that had achieved Age Friendly status. They acknowledged that any resource offered would need to work with the Council's budget constraints and fit with the Council's objectives.
- Tony Burch emphasised that evidence showed that working further downstream on prevention saved significant amounts of money further down the line on acute and clinical care. He hoped that every conversation that took place in the borough considered older people and the positive contribution older people made to society, as well as older people's needs outside of frailty.
- The importance of getting buy-in from the Council and partner organisations was highlighted. Other boroughs that had achieved Age Friendly status had an appointed Age Friendly Champion within the Council to work with the Cabinet, Chief Executive, Leader and other councillors which had helped open doors, and it was hoped this could be replicated in Brent.

- GP Patient Participation Groups were highlighted as a valuable resource to problem solve and hear the lived experience of older people to feed back to services.
- The Age Friendly Brent group would need to submit an application to the Age Friendly Network and sign up to the WHO Framework of Age Friendly Communities.
- Florence Njoku provided further information on the work being done with the Brent Pensioners Forum in relation to Age Friendly Brent. She advised that the Forum had embraced the WHO's Age-Friendly Community Framework and the work being undertaken to achieve Age-Friendly status. They hoped to see a borough where older residents actively collaborated with local groups, councils and businesses to identify and implement changes in their living environments to improve the lives of older people.
- She then provided some of the key feedback received from the focus groups conducted with WISE;
  - The focus groups had highlighted difficulties in accessing GP practices and a lack of timely appointments.
  - There had been concerns regarding hospital appointments being made before 9am where older people were unable to use their Freedom Pass and struggled to arrange alternative transport.
  - There were difficulties accessing NHS dental practices.
  - The groups highlighted that the public transport system was not sensitive to the needs of older passengers, and often drove off too quickly, resulting in falls and injuries, and stopped too far from the kerb at bus stops.
  - Dial-a-ride services were seen to need improvements.
  - Inadequate or out-of-action public toilets on Brent high streets, public spaces and parks restricted older people from enjoying outdoor life.

The Chair thanked the presenters and invited contributions from those present. The following points were made:

- The Board agreed that some of the feedback from the focus groups highlighted issues they were already aware of, particularly relating to the provision of public toilets and some of the practical issues relating to hospital appointments and access to GP practices. They felt that the initiative presented a lot of opportunities in terms of addressing inequalities and civic participation.
- The Board asked how Age-Friendly status would work and whether Brent needed to achieve particular milestones before it could be obtained. Tony Burch explained that it was achieved through demonstrating a commitment to strive towards being age-friendly, which would always be a work in progress. Rachel Crossley (Corporate Director Community Health and Wellbeing, Brent Council) added that there was no need for a fully formed plan, but to have a group in place who had support from the Council and other local organisations in written form committing to support age-friendly status. Engagement work was also looked upon positively. In Brent, a group had been set up, there was engagement happening through the focus groups and the Council was supportive of the initiative. The organisation did certification every quarter, which gave access to training, resources and information sharing with other age-friendly councils, and accreditation was free. There were 10 other London boroughs with age-friendly status, and Brent would be the first NWL borough to sign up. The Community Health and Wellbeing directorate had been supporting the team co-ordinating this work and provided some public health funding for the work.

- Further information was given regarding the UK Age-Friendly Network, co-ordinated by the Centre for Aging Better, which provided useful resources to age-friendly communities in the UK nationally. There was also Age-Friendly London which campaigned at a London level, currently focused on public transport fares before 9am and public toilets. Brent's Age-Friendly group was also campaigning regarding public toilets, as it was seen to be a significant issue with practical resolutions, as well as other shared space issues such as lime bikes on pavements, pedestrian ways and street seating. There were different viewpoints relating to these issues so it was felt that discussions were required to understand everyone's perspectives and the realities of what could be done within the resources available.
- In relation to the public realm issues highlighted, members considered how the Age-Friendly Group could get involved and feed into how the Council designed-out crime.
- Councillor Donnelly-Jackson highlighted the Brent Hubs as an opportunity for the Age-Friendly groups to get involved in, who already worked with Age UK, Elders Voice and Ashford Place. She advised that the director of service was very willing to work with the group around training staff and achieving accreditation for customer facing services such as hubs, registrars, customer services and libraries. In addition, all libraries had received silver accreditation for being Dementia Friendly, and all libraries had toilets.
- Rammya Mathew was interested in how healthcare could adopt an age-friendly approach, particularly in primary care. She acknowledged the feedback regarding difficulties getting appointments and the length of appointments, and was keen to learn more from the focus groups and the patient participation groups, in order to incorporate this into the new Access Specification for NWL. Tony Burch agreed to speak with Rammya Mathew about this.
- The Board highlighted that digital exclusion also needed to be considered in this work as more and more services moved online, including banking, Council services and the NHS app. Florence Njoku agreed that this was an issue older people spoke about.
- The Board asked how this initiative might fit into the radical place leadership approach the Council was focused on. Rachel Crossley explained that, as a Council, departments were thinking about how services could become more local within communities and co-produced with local communities. The Council was looking to see how health and social care could work in more integrated teams with services together in one space, working with the communities on their priorities. She thought there was an opportunity to test where the age-friendly element fit into that approach with all voices together in one space.
- Councillor members agreed to take back the point about Age-Friendly Champions to see if someone could be appointed to that role.

In concluding the discussion and noting the update, the Board welcomed the work being undertaken to become an age-friendly borough and looked forward to a sign-off at a future meeting on Brent becoming an age-friendly borough. They noted the 8 areas of priority from older people that public services should consider, and welcomed the opportunity to appoint an elected member as an Age-Friendly Champion.

## 6. **NWL ICB Joint Forward Plan 2025-26**

The Chair welcomed Toby Lambert (Executive Director of Strategy and Population Health, NWL ICB) to the Board meeting, explaining that he would be presenting the 5-year Joint Forward Plan that the ICB was required to produce every year and present to all 8 NWL Health and Wellbeing Boards.

Toby Lambert began by highlighting that the 'joint' part of the Forward Plan referred to 'joint' between NHS organisations and not between the NHS and local authorities and other partners. He advised that this did not mean ICBs did not value the opinion of local authority colleagues in relation to the content of the plan or that it could not work with the local authority in developing it, but was purely what was required by legislation. The Health and Wellbeing Board had a statutory duty to provide an opinion to the ICB on whether it believed the plan adequately met the needs of Brent residents as laid out in the Joint Health and Wellbeing Strategy and Joint Strategic Needs Assessment (JSNA). He also welcomed comments from Board members about how the ICB could improve the process of developing the plan and work together with partners to implement the plan, and how the ICB could support the Council as a local system to achieve its priorities within the context of the Plan. He added that the ICB had prepared a 'light touch' refresh this year due to the upcoming 10-year plan for the health service due in Spring, which would act as a trigger for a more in-depth refresh for the next iteration of the Joint Forward Plan. He then highlighted the following key points:

- The ICB had aimed to be more rigorous in terms of prioritisation for this iteration of the plan, concentrating on a few priorities in year one, moving to another set of priorities in year two, and so on, so that cumulatively more could be done by putting larger effort behind a smaller number of priorities each year. He added that this did not mean those priorities appearing in later years were less important.
- The Plan tried to draw a link to the NWL Shared Needs Assessment, which had been produced using each of the 8 boroughs' local JSNAs. The Plan highlighted the links to how particular actions supported the needs of NWL residents.
- The ICB had also tried to work better on how it developed the plan, and he felt that the ICB had been better at inviting colleagues to the key meetings in relation to the plan and attended Health and Wellbeing Boards earlier in the process.
- The same 9 overall priorities had been retained, outlined in section 3.4 of the cover paper, which were; to establish neighbourhood teams with primary care at their heart; to continue to reduce inequalities and improve health outcomes, particularly using population health management; to optimise the ease of movement for patients throughout their care; to embed access to consistent high quality community services by maximizing opportunity, which referred to a core common offer across NWL and improving the productivity of services; to improve mental health and community care for children and young people; to improve mental health services in the community and services for people in crisis which is consistently applied across the 8 NWL boroughs; to transform maternity care; to increase cancer detection rates and provide faster access to treatment; and transform the way planned care worked which provider colleagues were leading on.
- The cover report detailed the priorities being focused on for Brent which had been worked through by the Brent Borough-Based Partnership. There was a strong link between the 9 NWL priorities and the priorities for Brent, including Integrated Neighbourhood Teams, health equity and reducing inequalities, primary care and access.
- In terms of mental health and crisis, there were a number of outreach projects across NWL trying to identify where crisis was arising in the most deprived communities to direct support further downstream before those individuals presented in crisis. In terms of approaches to mental health, some boroughs were using a more generalist model compared to Brent which was more specialist on mental health.

- He highlighted that, across all areas, there was an aim to have a common offer, and the focus for the next year would be on getting that core offer in place. Once that was implemented, the ICB would move on to better tailor the offer to the various communities in NWL, recognising that no two communities were the same and some communities may need something more bespoke.

The Chair thanked Toby Lambert for the presentation and invited contributions from those present, with the following points raised:

- The Board welcomed the Joint Forward Plan and felt there was much to be supportive of, including ongoing work that the Council and the ICB shared ambitions for such as health inequalities, child health hubs and community-based healthcare.
- The Board asked when they would see the NWL Children's Mental Health Strategy coming forward. Members were advised that this was being scoped now, chaired by Sarah Newman, Director of Children's Services in Westminster and Kensington and Chelsea. As the scope for that developed, it would be brought to all Directors of Children's Services in NWL to get their input. It would likely be brought to members and directors in October – November.
- The Board highlighted that waiting times for autism and ADHD referrals was a priority for year 2 in the plan, but emphasised the impact those waiting lists had on Council services, as many children with autism and ADHD were waiting for Education Health and Care Plans (EHCPs). Toby Lambert advised that an extra £5.4m had been invested into supporting ADHD assessments, with CNWL and other providers in the process of rolling that out currently. The next focus would be on autism assessments.
- In noting that the main workforce challenge identified was low productivity rather than recruitment and retention, the Board asked what the main barriers were causing that. Toby Lambert explained that there was more staff currently employed within the NWL ICB system than ever before, but the amount of activity being done was lower than the activity being done before the pandemic. He felt NWL had done a good job across the system to reduce the redundancy rates across the past 2 years, as well as agency and premium staffing rates. Given there was more staff than before and the likelihood of no new money coming into the system, the focus had now shifted to supporting staff to operate in the most cost-effective way possible. For example, if A&E had a backlog of ambulances, staff were having to spend a lot of time looking to place extra patients rather than providing care, which was not the most efficient way of working and which had a knock-on effect for usage of intensive care beds, in turn affecting theatre productivity. As such, excess flow through the system inhibited the ability to operate as efficiently as possible. He highlighted that there was a role for the local authority to play to support that productivity in terms of discharge. In addition, where there were older facilities and equipment, this impacted staff ability to operate effectively if equipment was breaking down often. Capital investment into facilities and equipment was needed to address that. The final way the ICB was looking to address low productivity was around deployment of new technology to support staff. He advised that there were exciting new AI products which were able to summarise patient notes for the clinician and capture the consultation to save clinicians time and ensure appointments utilised as much time as possible for the consultation and care rather than note taking.

- Board members asked for an example of how productivity would be improved through the core common offer. Using community mental health teams as an example, Toby Lambert explained that a piece of work had been conducted looking at the number of patient-facing appointments the community mental health team delivered day to day. Both CNWL and LNWT had set a goal to see 3 people per day, and the most productive borough team was currently seeing 2.6 mental health patients per day in the community. The least productive borough team was seeing 1.2, so there was a significant range in terms of numbers of appointments being delivered, and none were at the target. When looking at what the least productive borough was doing, it was the only team who were going into the office first to pick up files, then going to see the patient, then returning to the office before seeing the next patient. Some other boroughs had technology to enable them to go straight to see their patients rather than needing to go to and from the office. As such, there was scope to improve productivity in the way some boroughs worked. Another example was outpatient consultations, where some boroughs had implemented AI products and saved approximately 20% of their time on outpatient consultations. This meant there were potential productivity improvements coming from more consistent utilisation of staff and application of the technology. He advised the Board that he felt relatively confident that if the system was able to implement those improvements there would be a productivity surplus to enable the ICB to meet a number of service gaps. The Board highlighted that redistribution of funding was needed alongside those productivity improvements.
- The Board was aware that distribution of funding was based on historical patterns and not current need, but asked if there were any plans to review that funding arrangement or lobbying that the Council could support. They were advised that as the ICB worked through the common offer it was looking at the distribution of funding within those services to see how that could be evened out. The ICB was on course to cover around 50% of community services over the coming year and about 20-30% of mental health services.
- Noting that the ICB had been asked to reduce costs by 30%, the Board asked what impact that would have on the delivery of the Joint Forward Plan. Toby Lambert explained that the need to reduce costs by 30% had been a challenging process, but recognised that there were many organisations dealing with budget constraints. The reduction of costs was one of the reasons that the ICB had been more rigorous in its prioritisation, as there would be fewer resources available to deliver those priorities.
- The Board highlighted that the Brent Centre for Young People contract was due to expire, and asked for clarity around next steps for that service, as it was felt to be a vital source of support. Tom Shakespeare (Director of Brent Integrated Care Partnership) explained that the Integrated Care Partnership (ICP) was in discussions regarding the contract and had a business case due to be submitted to ICB colleagues in relation to the Brent Centre for Young People. The steer that had been given was that a procurement process would need to be undertaken, so the ICP was working with colleagues to maintain service and sustainability whilst that procurement process happened, given the critical role the contract played in supporting statutory services. He agreed to brief the Cabinet Members separately as that procurement progressed.
- Noting that the NWL Integrated Care System (ICS) had been placed in level four of the NHSE System Oversight Framework, meaning intensive external support was

required to develop robust financial recovery plans, the Board asked if the Plan had identified the right priorities, given those deficits. Simon Crawford (Deputy CEO, LNWT) explained that LNWT was one of 2 acute trusts likely to post a deficit in the current financial year, which was why it was part of the INI process. The deficit was driven by 3 key factors:

- One factor was the ongoing demand in the emergency pathway, with winter pressures continuing beyond winter into the summer. The additional services and beds implemented during winter continued well into the summer, which had not been budgeted for as those services would have been planned to close after winter. This was the first year that the Trust had kept those winter services open to the extent it had. It was added that LNWT was not the only provider that needed to do so.
- Another factor was the sustained pressure at a level over and above the previous year that LNWT was seeing, and the number of admissions being made had caused the Trust to open additional beds. Across the country there were long waits in emergency departments and patients were being offloaded from ambulances into emergency department corridors, which required extra staffing to support those patients, increasing the costs associated with that. One measure that had been put in place once a patient had been assessed, stabilised and made ready for a bed was to transfer that patient to the ward, and up to two patients maximum on any one ward would be on a trolley by that ward waiting for a discharge before they could get a bed. This meant further additional staff for nursing, feeding and portering.
- On the planned pathway for elective care, the pandemic had caused a backlog of people waiting for operations, diagnostics and assessments, so more activity was being delivered there. A new electronic patient system had been implemented the previous year which took time for staff to familiarise themselves with and operate effectively, further contributing to additional pressure on the waiting lists. Extra activity was being put on to treat people in line with standards and expectations.
- In terms of funding, the Board were advised that the ICB was lobbying the government to set the budget which would help with finances. NWL was impacted by the national formulas suggesting that it was one of the healthier places in the country and therefore needed less money per head than other places, given London's generally younger population and London as a whole being more affluent. In addition to this, NWL was one of two systems in the country which was below the target level of funding. As such, NWL was impacted twice as much as other boroughs by being further down in the national funding allocations formula and provided with funds that were uniquely lower than the goal allocation. There was a need for continual lobbying to get closer to that allocations formula. He added that the allocations gap was almost identical to the deficit gap.
- In relation to the new service model for mental health in NW2, NW10 and HA9, Tom Shakespeare highlighted that the Brent ICP had been successful in getting additional investment to support the work of CNWL as the mental health provider in that area. There were significant numbers of people appearing in crisis in secondary care settings who had not been known to services previously, so the pilot looked to develop deeper connections within the community to try to address the drivers of

crises earlier. That model would then be developed and rolled out further, building on what worked.

- Noting that the legislation required the plan to set out the steps the ICB was taking to implement the Joint Health and Wellbeing Strategy and for the Health and Wellbeing Board to provide an opinion on whether the plan did reflect that, the Board highlighted that the Brent section of the plan did not reference the Brent Joint Health and Wellbeing Strategy, and welcomed thoughts on how the Board could identify that the ICB had looked at the strategy and it was reflected in what the ICB was doing. Toby Lambert explained that the ICB had reviewed all JSNAs and Joint Health and Wellbeing Strategies to feed into the NWL Shared Needs Assessment, which was then used to develop the NWL Joint Forward Plan. The ICB then interacted with the borough teams to ask them to reflect in their own sections the priorities of their borough. As such, if the plan was not reflecting Brent's Joint Health and Wellbeing Strategy then that needed to be corrected.
- Dr Melanie Smith highlighted where she felt there were important themes from the Joint Health and Wellbeing Strategy missing in the Joint Forward Plan. Whilst both did look at inequalities, Brent's focus was developed working with communities and with co-production as a very important part of the approach which she felt was essential. Another theme of the strategy missing from the plan was around the wider determinants of health. Toby Lambert responded that he would be happy to work with the relevant teams to ensure that was appropriately reflected in the plan.
- The Chair hoped for the Department for Health to expect a review of achievements following each plan year in order to evaluate joint forward plans ahead of their next iterations, rather than having a new plan each year without reference to the past.
- The Chair thanked Toby Lambert for his responses to the questions, highlighting that, whilst it felt like the forward plan was being scrutinised, this was because the legislation had required the ICB to bring a Forward Plan to Health and Wellbeing Boards for challenge and scrutiny and review, which members felt was not the most satisfactory way of working. Going forward, Brent's Health and Wellbeing Board would prefer a plan where there were common themes that the ICB and local authority were willing to sign up to.
- In drawing the points to conclusion, the Chair proposed writing a formal letter to the NWL ICB outlining some of the key points raised during the discussion, including health inequalities, the Joint Health and Wellbeing Strategy, finances, use of AI, shared IT and a suggestion to write to the Department for Health asking for a more joined up approach going forward that all partners could sign up to. Toby Lambert confirmed he would be happy to receive a written response, and acknowledged that a lot of engagement work was within the gift of the ICB. As such, as the NHS 10-year plan came through in Spring and the ICB moved into the cycle of the next refresh, he was grateful to have a clear expression of willingness from local authorities to play a fuller role in how that plan was developed.

As no further issues were raised the Board noted the report and the comments raised.

## **7. Partner Updates on Winter Pressures**

The Chair opened the item by acknowledging the pressure services were under to deliver care across NWL and in Brent. He had requested a brief report from partners on how they were working in Brent to address those winter pressures, and invited Steve Vo (Assistant Director of Place – Brent Borough, NWL ICS) to introduce the report.

Steve Vo highlighted the following key points in relation to the report:

- The current challenge for the local health and social care system, adult social care, and the Brent Borough Based team was the discharge delays being faced, which had increased during the holiday period.
- Workforce challenges remained, with a lack of social workers impacting the overall discharge rates.
- Care homes were more reluctant to accept patients with complex needs which was also driving the delays in discharge.
- There were also challenges in finding temporary accommodation following discharge for patients who required it.
- Actions being taken locally to address those discharge delays were:
  - The offer of weekend coverage for non-complex discharges.
  - Hospital teams having direct access to care providers to facilitate discharges over the weekend.
  - Close working with CLCH to commission a provider to support patients with Stomas and feeding tubes, although further work was needed to address long term care for those patients as that pathway was only for 6 weeks.
  - The team had learned from best practice in other boroughs across NWL and implemented some of that learning in Brent, particularly the model for in-reaching patients with dementia.
- To further address the challenges with discharge, the team was moving to a more preventative approach, focused on hospital admission avoidance with care homes by equipping staff with the skills and tools to manage more complex patients.
- Work was being done with CLCH's Enhanced Care Home Team to provide training and advice to care homes, ensuring the Enhanced Care Home Team was well utilised so that patients were managed well within the home rather than being admitted to hospital.
- There were many pathways for admission and discharge in Brent, and colleagues would be reviewing those pathways over the next few weeks to ensure a cohesive approach was being taken and those pathways were right for Brent's patients.
- A Frailty Management Service in Brent was being provided by 3 GP Federations who worked closely with CLCH to ensure that patients with a rising risk of frailty were well looked after in the community to avoid admittance to hospital.

The Chair then opened up the discussion to those present to explain what they were doing to address winter pressures in their own organisations. The following points were raised:

- Claudia Brown (Director of Adult Social Care, Brent Council) informed the Board that there was a lack of social workers currently, with specific challenges in asking social workers to work in a hospital setting. That work was seen to be fast paced and had challenges relating to professionalism and how health professionals related with social workers, so social workers did not stay in the hospital setting long and there was a rapid turnover of staff. This was impacting how fast discharges could happen. Main areas of concern were P1s and P2s and getting those people out of hospital safely. There was also a need to ensure other professionals recognised that social workers were the decision-makers in relation to a patient's discharge care plan. Discharge care plans were not straightforward and had many complex factors causing delays, including transport for the person, relatives wanting to receive them home, or step-down bed

capacity. In relation to complex C3s for dementia patients, Brent was looking to learn from the Ealing model in how they flow that person through hospital and work with the care home to receive that person back.

- Simon Crawford (Deputy CEO, LNWT) provided an update from the acute trust, highlighting that the pressure and demand had significantly increased compared to the previous year and had seen an increase in the acuity and complexity of patients. On any one day, Northwick Park received the most ambulances in London and the most blue lights. In Harrow there was similar pressure. He highlighted this was due to an increasing population, including an increase in the age profile of the general population with people living longer with comorbidities. He believed there was more that could be done in the community, with the Integrated Neighbourhood Teams having a lot of potential to make a difference to the local resident population. Some work was being undertaken in Brent and Harrow to analyse the reasons for admissions and any trends in that, looking at whether there was a high prevalence from particular care homes or specific conditions, so that support could be targeted. He added that, generally, the hospital received good support from social care and challenges and issues were worked through professionally and a good relationship maintained.
- Jackie Allain (Director of Operations, CLCH) provided an update on community services, which had been actively involved in the initiatives put in place to improve patient flow. She added that a major challenge for CLCH this year had been staff sickness as a result of flu, which had been much higher this year than previous years. In Brent, there was some vaccine hesitancy amongst staff which further impacted sickness rates.
- Rushda Butt (Primary Care Delivery Manager - Brent) provided an update for pharmacies. She advised the Board there had been a lower uptake of flu and covid vaccinations this year, alongside an increase in flu cases over the holiday period which had increased pressure in primary care, including on GP practices. Pharmacies in Brent had been supportive of the covid and flu vaccination campaigns over the winter, with 9,802 flu vaccinations administered as of 3 January 2025 and over 13,000 covid vaccinations. 26 community pharmacies were taking part in the delivery of vaccinations. The flu vaccination campaign would continue until March 2025. In relation to the MMR Community Pharmacy Pathfinder, two sites in Brent had been confirmed (Gimmack Pharmacy, Cricklewood, and Jade Pharmacy, Kingsbury) which would come to an end in January. The roving team and Brent Health Matters were doing outreach work to spread public awareness of the vaccinations on offer in different areas of Brent. The next steps were to launch the spring campaign in April to June. She also provided an update on Pharmacy First, where a patient could now be seen at a pharmacy with a minor illness which meant they did not need to see a GP. 91% of pharmacies in Brent were participating in Pharmacy First, addressing minor illnesses and improving patient access. Pharmacies had now been told they could offer anti-viral medication to high-risk patients experiencing severe flu symptoms. She concluded her update by advising members that efforts were continuing to integrate community pharmacies and PCNs to optimise care delivery.
  - In response to a query on whether the pressures in hospitals would be reduced if the eligibility criteria for vaccinations widened, Dr Melanie Smith (Director of Public Health, Brent Council) expressed that she personally did not think the pressures would be reduced. She felt that the priority should be to increase vaccination rates within high-risk groups, particularly as this had been a poor year nationally for vaccination uptake. The advice of the Joint Committee for

Immunisations was largely driven by a desire to reduce pressure on the system, so the priority should be improving rates in high-risk groups as opposed to widening the net.

The Chair then invited questions and comments, with the following points raised:

- In paragraph 3.3.2 of the report, where reference was made to an increase in mental health cases leading to 72 hour breaches, the Board asked what was meant by that and how that related to winter planning. Simon Crawford explained that mental health patients were spending a lot of time in A&E as opposed to going to mental health services. They were often quite distressed when they arrived at A&E and needed individual one-to-one support and observation. Clinicians aimed to move mental health patients out of A&E departments and not admit them onto wards as they needed to either go to CNWL or CNWL needed to find alternative provision for them as the mental health provider. Northwick Park was seeing an increase in those mental health patients staying for longer in an A&E department, which was already under pressure because of winter. This exacerbated the complexity and pressures during winter. Toby Lambert added that there were actions in the NWL Joint Forward Plan to address these breaches so that mental health patients were being directed straight to mental health services and did not present to A&E in the first place. Outreach work was also happening into communities to identify people not currently known to services who may then present as another way to identify demand and divert those from emergency departments sooner. The swifter and more seamless that process was, the more capacity there was in emergency departments and the less waiting times, and this was why there was a strong focus on admission avoidance and prevention.
- Claudia Brown added that there was a shortage of mental health beds, meaning there were not enough beds to move mental health patients on quickly enough from the hospital setting. Adult Social Care was also undertaking assessments in the community, so there would be people waiting 72 hours or more both in the hospital and community setting for a mental health bed.
- Simon Crawford informed the Board that LNWT held a monthly Urgent and Emergency Care Board meeting with all relevant stakeholders as part of that. That Board annually undertook a review of winter planning and pressures in April-May to reflect on how it went, which then fed into winter planning for the following year. He offered to bring the outcome of that review to a future Board meeting. Tom Shakespeare added that a similar review of discharge funds and contributions to the Better Care Fund and their effectiveness was also done with a similar timetable that could be brought to Board, as well as a review of local plans and KPIs.

As no further issues were raised, the Chair drew the discussion to a close and asked the Board to note the update.

## 8. **HWB Forward Look - Future Agenda Items**

The Chair gave members the opportunity to highlight any items they would like to see the Health and Wellbeing Board consider in the future.

## 9. **Any other urgent business**

None.

The meeting was declared closed at 8:00 pm  
COUNCILLOR NEIL NERVA, CHAIR

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 <b>Brent</b>  <b>North West London</b>	<b>Brent Health and Wellbeing Board</b> 2 April 2025
	<b>Report from Rachel Crossley</b> <b>Corporate Director of Community Health and Wellbeing</b>
	<b>Lead Cabinet Member Councillor Nerva</b>
<b>Better Care Fund Planning Process 2025/2026</b>	

<b>Wards Affected:</b>	All
<b>Key or Non-Key Decision:</b>	N/A
<b>Open or Part/Fully Exempt:</b> <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
<b>List of Appendices:</b>	N/A
<b>Background Papers:</b>	N/A
<b>Contact Officer(s):</b> <small>(Name, Title, Contact Details)</small>	Steve Vo Assistant Director – Integration & Delivery (Brent Borough), Brent ICP Email: <a href="mailto:stevetruong.vo@nhs.net">stevetruong.vo@nhs.net</a> Telephone: 07584 387505  Eleanor Maxwell Senior Programme Officer, Better Care Fund Lead for Brent Borough Email: <a href="mailto:eleanor.maxwell@brent.gov.uk">eleanor.maxwell@brent.gov.uk</a> Telephone: 020 8937 2195

## 1.0 Executive Summary

- 1.1. The purpose of this report is to provide a short update regarding the Better Care Fund planning process for 2025-26.
- 1.2. The national deadline for the plan to be completed and agreed with all key partners including NWL ICB and Brent HWBB (via delegated authority) and submitted to NHS England (NHSE) is Friday 31<sup>st</sup> March. However, due to factors outside of the Borough teams’ control there is insufficient time between the deadline and the formal Health and Wellbeing Board (HWBB) meeting intended for its review. As a result, the full plan will instead be formally presented at the next meeting in July 2025. This will allow time for the Board to have fully reviewed the plan.
- 1.3. This is due to ongoing discussion between Borough and NW London Integrated Care Board (ICB) regarding a change in value of the Additional Contribution, as well as the unconfirmed allocation of £18.5 million for schemes commissioned by the ICB under NHS Minimum funding.

## 2.0 Recommendation(s)

- 2.1 The Board is requested to note the current status of the BCF plan, and confirm the Boroughs teams approach to securing final agreement on the 2025/26 plan.

## 3.0 Detail

### Contribution to Borough Plan Priorities & Strategic Context

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

### Background

- 3.2. The BCF plan for 2023/25 spanned 2 years, with a minor update for year 2. The plan for 2025/26 is a new plan for one financial year.
- 3.3. The signing off for the proposed plan requires joint agreement and formal approval by key stakeholders to ensure alignment with national conditions and local priorities -specifically a joint agreement between NWL ICB and Brent LA.
- 3.4. For the reasons noted in executive summary that is not yet possible.
- 3.5. **Context for planning**
- **Funding Pressures:**  
Rising costs result in a real-term reduction in funding, resulting in schemes remaining largely unchanged from the prior year. Resources have been reallocated among existing schemes based on their demonstrated impact.
  - **NHS Minimum Contribution:**  
Increased by 3.9%, a more modest growth than the historical 5.66% uplift.
  - **Funding Status:**  
Most of the funding remains static, with the exception of the Additional ICB Funding, which has been reduced.
  - **Tighter Timescales:**  
The 2025/26 plan deadline has been set for 31<sup>st</sup> March, allowing a significantly shorter planning period than in previous years.

- **Ongoing Evaluation:**  
Comprehensive evaluations of reablement services, led by the ICB, will persist. These efforts will be complemented by ongoing monitoring of the impact arising from operational changes.
- **Strengthened Governance:**  
The Brent BCF Board has enhanced its oversight mechanisms, providing greater clarity around stakeholder roles and bolstering accountability for key performance indicators (KPIs) and delivery tracking.
- **Improved Budget Management:**  
In 2024/25, the local authority undertook significant measures to strengthen budget allocation and tracking processes, thereby fostering greater confidence in financial oversight for the upcoming year.

### **Funding Reduction of Additional ICB Contribution**

- 3.6. On 19th March 2025, the Integrated Care Board (ICB) approved a proposal to reduce the Additional ICB Funding allocated to the Brent Local Authority. This reduction corresponds to 50% of the funding for the 2024/25 financial year, incorporating a 2.16% uplift.
- 3.7. This adjustment results in a decrease of £864,925 compared to the 2024/25 funding allocation between BCF and Section 75 agreement.
- 3.8. The Borough-based team, in collaboration with the Director of Adult Social Care and the Integrated Care Partnership (ICP) Managing Director, are undertaking a detailed analysis to assess the risks posed by this reduction. Additionally, officers are identifying potential measures to achieve a balanced budget while mitigating the associated risks.
- 3.9. The revised financial plan remains scheduled for submission to NHS England (NHSE) by the original deadline of Monday, 31<sup>st</sup> March 2025.

### **4.0 Stakeholder and Ward Member Consultation and Engagement**

- 4.1 All BCF Planned Schemes contained in the original draft plan related to the LA commissioned schemes have been worked through and agreed upon by all stakeholders except the NWL ICB. Consultation continues with those stakeholders impacted by the funding change from the reduction in ICB Additional.
- 4.2 There are no further stakeholder and ward member consultation and engagement comments specific to this paper.

### **5.0 Financial Considerations**

- 5.1 Proposed funding scheme. Noting that it is not all confirmed.

<b>BCF - Top Line Income - 2025/26</b>				Confirmed , accurate		
				Confirmed, approx		
				Proposed 19/3/25	Difference 24-25 to 25-26	
Category	2023/2024 (A)	2024/2025 (B)	2025/26 (C.)	(C.) - (B)	Notes	
Disabled Facilities Grant (DFG)	£5,780,850	£6,597,406	£6,597,406	£0		
NHS Minimum Contribution to LA	£9,572,333	£10,114,127	£10,511,117	£396,990		
NHS Minimum Contribution to Health Spend	£17,726,564	£18,729,888	£18,782,861	£52,973		
Additional North West London (NWL) ICB Contribution	£1,486,000	£1,486,000	£621,072	-£864,928	24/25 figure includes £270,000 removed from BCF and transferred under S256.	
NWL ICB Discharge Funding will now be categorised under NHS minimum split between ICB (8%) and LA (92%). Shown here for visibility.	£1,670,080	£3,124,905	£3,124,905	£0		
LA Discharge Funding	£1,870,905	£3,118,175	£0			
iBCF Contribution	£13,344,692	£13,344,692	£0			
Local Authority Better Care Grant (new name for iBCF and LA Discharge funds combined)	N/A	N/A	£16,462,867	£0		
<b>Total</b>	<b>£51,451,424</b>	<b>£56,515,193</b>	<b>£56,100,228</b>	<b>-£414,965</b>		
<b>Total Discharge Funding</b>	<b>£3,540,985</b>	<b>£6,243,080</b>	<b>N/A</b>			

## 6.0 Legal Considerations

6.1 There are no legal implications/comments relating to the BCF to be made at this time, noting that the potential for a notice to be served under the terms of the S75 will be monitored. A new S75 is expected to be put in place to cover the new financial year and can only be completed once a plan is agreed and been through all governance stages.

## 7.0 Equity, Diversity & Inclusion (EDI) Considerations

7.1 None, as all the existing and new programmes will be delivered to all qualifying patients across Brent.

## 8.0 Climate Change and Environmental Considerations

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

## 9.0 Human Resources/Property Considerations (if appropriate)

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

## 10.0 Communication Considerations

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

### **Report sign off:**

**Corporate Director Rachel Crossley**  
Corporate Director of Community Health and Wellbeing

 <b>Brent</b>   <b>North West London</b>	<b>Brent Health and Wellbeing Board</b> 2 April 2025
	<b>Report from the Brent Integrated Care Partnership</b>
<b>Going Local - Integrated Neighbourhoods Teams and Radical Place Leadership</b>	

<b>Wards Affected:</b>	All
<b>Key or Non-Key Decision:</b>	N/A
<b>Open or Part/Fully Exempt:</b> <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	N/A
<b>List of Appendices:</b>	Appendix 1 – Presentation of Achievements
<b>Background Papers:</b>	None
<b>Contact Officer(s):</b> <small>(Name, Title, Contact Details)</small>	Josefa Baylon Head of Integration, Integrated Neighbourhood Team Development <a href="mailto:j.baylon@nhs.net">j.baylon@nhs.net</a>  Tom Shakespeare ICP Managing Director <a href="mailto:tom.shakespeare@brent.gov.uk">tom.shakespeare@brent.gov.uk</a>  Rachel Crossley Corporate Director Community Health and Wellbeing, Brent Council <a href="mailto:rachel.crossley@brent.gov.uk">rachel.crossley@brent.gov.uk</a>  Will Holt Change and Improvement Programme Lead, Brent Council <a href="mailto:will.holt@brent.gov.uk">will.holt@brent.gov.uk</a>

## 1.0 Executive Summary

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

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

## **2.0 Recommendation(s)**

2.1 The Board is asked to note and provide comment on the progress made, and approve the overall strategic approach taken in the continued development of INTs and Radical Place Leadership in the Borough.

2.2 The Board is asked to:

- Approve the next steps set out for the INTs and Radical Place Leadership development, including the strategic road map and key enabler workstreams
- Comment on how best to ensure the next phase of work involves meaningful input from communities and residents themselves.

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

3.1 INTs are not developed in isolation but align and support a range of existing plans and strategies across the council and all stakeholders. INTs and development of MDTs will not be limited to health issues and will also take into consideration the wider social determinants. Appendix 1 highlights in detail the alignment with the key corporate strategic policies.

3.2 The development of Radical Place Leadership in Brent forms part of the Council's wider Strategic Change Programme. This seeks to deliver on the [Brent Borough Plan 2023-2027](#) in a way that supports the financial sustainability of public services by starting with the person not with the service, and by working collaboratively across different sectors. More background detail regarding Radical Place Leadership and the approach taken can be found at point 5.

## **4.0 Background - Health INTs**

4.1 This report builds on what has been previously presented to the Health and Wellbeing board and seeks to reiterate that the development and implementation of INTs is a scale transformation programme that involves all system partners.

4.2 The development of INTs stems from the Fuller Report (May 2022). The initial development has continued to focus, engage, co-produce and work jointly with partners to *discover, design, develop, implement, evaluate and sustain / spread* models of care and better ways of joint, integrated work for our neighbourhoods.

4.3 A report by Lord Darzi has emphasised the need to transform health and care, providing care close to or at home for a resident, this has been further reiterated by the Neighbourhood Health Guidance released by NHSE (30<sup>th</sup> January 2025).

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

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

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

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

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

**1. Team of Experts Working Together**  
Imagine a team of different health and care professionals all working together to help you. This team might include:  
- Your doctor  
- A nurse  
- A social worker  
- Other specialists you might need  
They'll work as one team to give you the best care possible, especially if you have complicated health and/or care needs.

**2. Health & Care Campus Near You**  
We want to bring different services together in one place, close to where you live. Think of it as a "health & care campus" where you can find:  
- Medical services  
- Social care support  
- Community organizations  
The goal is to have these services less than a mile of your home - that's about a 15–20-minute walk. This means less traveling for you and easier access to the care you need.

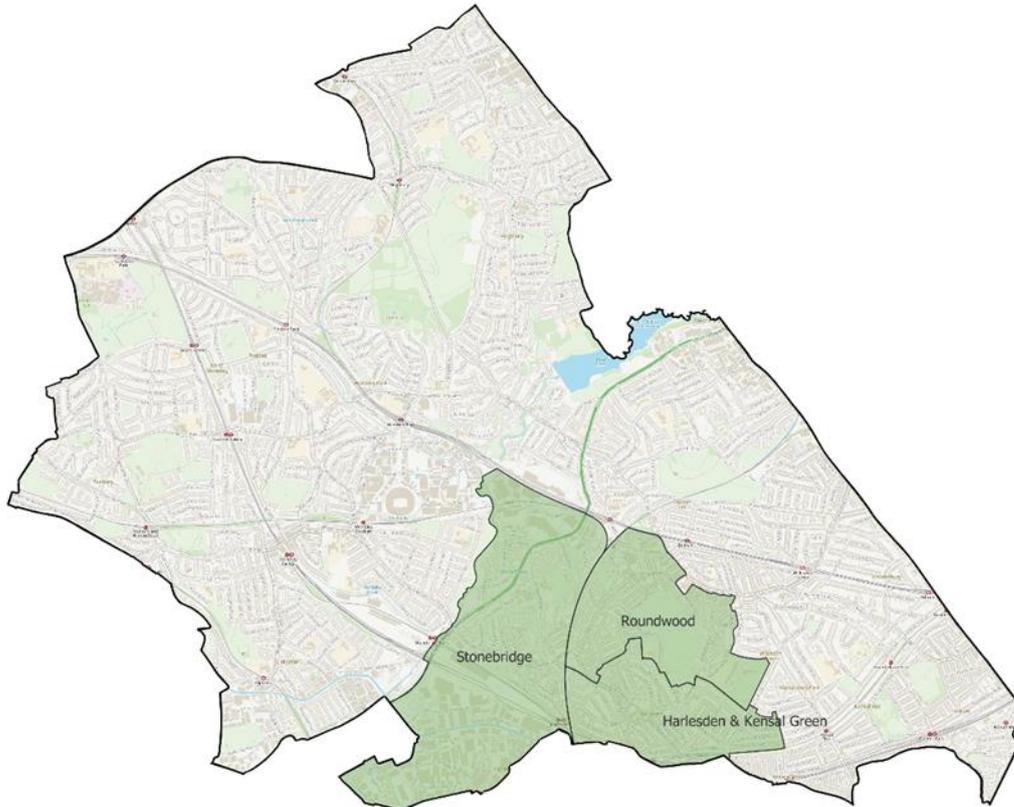
**3. Tailor Services to Neighbourhood Population Needs**  
We'll have a team of leaders in each neighborhood who will:  
- Keep a close eye on the community's health and care needs  
- Use the latest information (population health approaches) to make sensible decisions  
- Change and improve services as needed  
This means the health and care in your area will keep up with what the community really needs and what matters most to you and your loved ones.

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

## 5.0 Background – Brent Radical Place Leadership

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

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



5.7 As part of the development of Radical Place Leadership, a test-and-learn Integrated Neighbourhood Team will be established to focus on this locality. This will align closely with ongoing health INT work in the area and will engage more with the wider determinants of health and preventative interventions.

5.8 The team itself will bring together partners from a range of services and organisations in order to best support the multiple and interconnected needs of Harlesden residents. Learning from this pilot will support the development and roll-out of similar approaches across other localities in the borough.

5.9 Alongside partners, three priority themes were established for this INT to focus on. These themes are listed below:

- People at risk of homelessness
- People living with debt
- Children not being ready for school

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

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

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

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

## 6.0 Further Details

### 6.1 Key Partners

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

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

### 6.2 Arrangements Between LA and Health Partners

To support integration, the following collaborative arrangements are proposed:

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

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

### 6.3 Required Culture Change

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

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

## 7.0 Conclusion

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

## **8.0 Stakeholder and ward member consultation and engagement**

8.1 Engagement with ward members, councillors, system partners, Brent residents, community service users and voluntary sector organisations is on-going. Involvement and inclusion of the Brent population continues to be supported by Brent Health Matters, Primary Care Networks, Brent CVS, Community Champions and Residents' Forum.

8.2 The development of Brent's Radical Place Leadership approach is being driven and co-designed by a steering group consisting of a range of stakeholders from across Brent, including Brent Council, Brent ICP, CNWL, police, schools and voluntary sector partners.

## **9.0 Financial Considerations**

9.1 There are no financial implications currently.

## **10.0 Legal Considerations**

10.1 There are no legal implications currently.

## **11.0 Equity, Diversity & Inclusion (EDI) Considerations**

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

## **12.0 Climate Change and Environmental Considerations**

12.1 There are no climate change and environmental implications currently.

## **13.0 Human Resources/Property Considerations (if appropriate)**

13.1 There are no human resources/ property implications currently.

## **14.0 Communication Considerations**

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

**Report sign off:**

***Rachel Crossley***

Corporate Director of Community Health and Wellbeing

# ICP Integrated Neighbourhood Teams: Achievements

*A summary of the programme's activities  
and achievements over 2024/25;*

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# Integrated Neighbourhood Teams

The development of Integrated Neighbourhood Teams (INTs) continues to take place, priority areas for work have been agreed within these neighbourhoods. Shared learning sessions have commenced, with one happening every quarter. Willesden has presented the pilot project on Early Years and Asthma management. Harlesden will be presenting in the next quarter on the Diabetes MDTs they have been working on. Further detail can be seen below:



## Diabetes Virtual Multi-Disciplinary Team (MDT)

Neighbourhood	Harlesden
Progress	The Diabetes virtual MDT has expanded significantly since its launch in November 2024, growing from 5 to 20 multidisciplinary members.
Intervention	A total of 9 complex diabetes cases were discussed and addressed through the MDT.
Impact	By preventing non-elective hospital admissions, the Diabetes virtual MDT has saved approximately £252,000 in potential hospital bed days. This demonstrates the effectiveness of integrated care in reducing unnecessary hospitalisations.



## Early Years Asthma Clinic (Pilot) in Willesden

Objective	To improve asthma management among children by implementing Personalised Asthma Action Plans.
Achievement	Over the past 4-6 months, the clinic has successfully increased the percentage of children with Personalised Asthma Action Plans from 23% to 100%.
Impact	This initiative has the potential to reduce frequent A&E visits and hospital admissions for asthma symptoms that can be managed within the community. Specifically, 13 children who might have otherwise required repeated hospital visits are now receiving appropriate care locally.

## Wembley, Kilburn and Kenton & Kingsbury

2025 focus – co-production sessions in planning phase.

# Integrated Neighbourhood Teams

Programme Management  
Page 31

Programme / workstream	Key deliverables	KPI / Metric	Achievements	Challenges to address in 2025/26
	<ul style="list-style-type: none"> <li>• Improve the outcomes of the residents in the neighbourhood including improved health and wellbeing, supporting people to live healthier, independent lives, and reduced inequalities in accessing services closer to home.</li> <li>• Champion co-production and inclusiveness throughout the neighbourhood as evidenced by better experience of staff and residents</li> <li>• Support the delivery of the quadruple aims, cooperate with statutory bodies and actively contribute to the wider place-based decision-making</li> <li>• Draw on the experience and expertise of professional, clinical, political and community leaders and promote strong system leadership amongst partners</li> <li>• Foster continued improvement &amp; learning system, sharing evidence and insight across and beyond the neighbourhood, crossing organisational and professional boundaries</li> </ul>	<ul style="list-style-type: none"> <li>• Robust programme management template in place for the overarching transformational work</li> <li>• Programme and project plans in place for enabler workstreams with key deliverables and critical paths in place</li> <li>• Programme/ project plans in place for each neighbourhood with key deliverables and critical paths in place</li> </ul>	<ul style="list-style-type: none"> <li>• Successful recruitment into the Band 7- Senior Programme Officer (Enabler Workstreams)</li> <li>• Additional capacity to the team by way of a delivery officer</li> <li>• Establishment of the INT Executive (Senior Steering) Group</li> <li>• Programme plans in place for implementation of INTs</li> <li>• Programme plans in place for each neighbourhood</li> <li>• Programme plans in place for each enabler workstream</li> <li>• Set up of regular INT programme team meetings with other colleagues joining where there are interdependencies of work, starting with the primary care team.</li> <li>• First edition of the INT newsletter for professionals has been developed.</li> </ul>	<ul style="list-style-type: none"> <li>• Recruitment of two Band 8a INT Integrators Development of INT local explainer for residents and what it means for them</li> <li>• Sustainability of capacity and resource from programme team into the 5 neighbourhoods.</li> </ul>
Neighbourhood Developments	<ul style="list-style-type: none"> <li>• To roll out local model/s care through integrated health and care campus hub, embedding integrated MDT in a chosen priority cohort / area of need. This will involve population health data analytics, segmentation and stratification of the neighbourhood population; prioritising areas for improvement and tailoring the intervention/s provided.</li> </ul>	<ul style="list-style-type: none"> <li>• Local Integrated Health and Care Campus Hub Operational</li> <li>• Integrated MDT Embedded in Priority Cohort with Measurable Outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• Harlesden:               <ul style="list-style-type: none"> <li>• Diabetes MDTs have been operational and have been growing to include a wide range of professionals. Deep dive into Diabetes prevention has led to relationships being formed with Thrive Tribe to deliver sessions in languages prevalent in the neighbourhood.</li> <li>• 6-month stock take of neighbourhood development has been completed and is being written up with further priorities being set.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Undertake co-production sessions in the other 3 neighbourhoods, using the outcomes from this along with data to set priority areas of work</li> <li>• Continue to strengthen services for our CYP and their families upon the reopening of Granville FWBC.</li> <li>• Development of leadership structures for all 5 neighbourhoods</li> </ul>

# Integrated Neighbourhood Teams (cont.)

Programme / workstream	Key deliverables	KPI / Metric	Achievements	Challenges to address in 2025/26
<p style="text-align: center;">Page 32 Neighbourhood Developments (cont.)</p>			<ul style="list-style-type: none"> <li>• Willesden:               <ul style="list-style-type: none"> <li>• Priorities to take forward within the neighbourhood have been set.</li> <li>• Early Years pilot has been taking place within the neighbourhood. MDT model includes child health hub and primary care colleagues. Increase in personalised care plans for Asthma from 23% to 100%</li> <li>• Neighbourhood health and care fete organised in June 2024 with over 400 community members and residents in attendance.</li> <li>• Stock take of neighbourhood development has been completed and is being presented as part of the Early Years Pilot: Learning Session last Dec. 2024.</li> </ul> </li> <li>• Kilburn (South):               <ul style="list-style-type: none"> <li>• South Kilburn initiative via Brent Council's Regeneration Team.</li> <li>• There is a Community Working Party headed by South Kilburn Trust with 4-5 action groups underneath. One of the action group is dedicated to health and well-being.</li> <li>• Meanwhile, integration work is continuing as demonstrated by delivery of core statutory services through Primary Care, Social Care, Public Health programmes and a number of VCSE-commissioned support services.</li> </ul> </li> <li>• Wembley, Kenton &amp; Kingsbury:               <ul style="list-style-type: none"> <li>• Neighbourhood forums have been conducted with over 70 residents in attendance. They were consulted on their lived experience of health and care services they or their loved ones have experienced.</li> <li>• Wembley neighbourhood leads started re-engaging in Autumn of 2024. Conducted further analysis on the number of residents living as well as those registered with their GPs in the neighbourhood.</li> <li>• Further meeting with 2 x GP Federations covering Wembley to explore best ways of working moving forwards.</li> <li>• A joint meeting was done on the 26<sup>th</sup> of Feb. to further prioritise opportunities for improvement and agree on where to commence its delivery</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Continue to strengthen services for our CYP and their families upon the reopening of Granville FWBC.</li> </ul>

# Integrated Neighbourhood Teams (cont.)

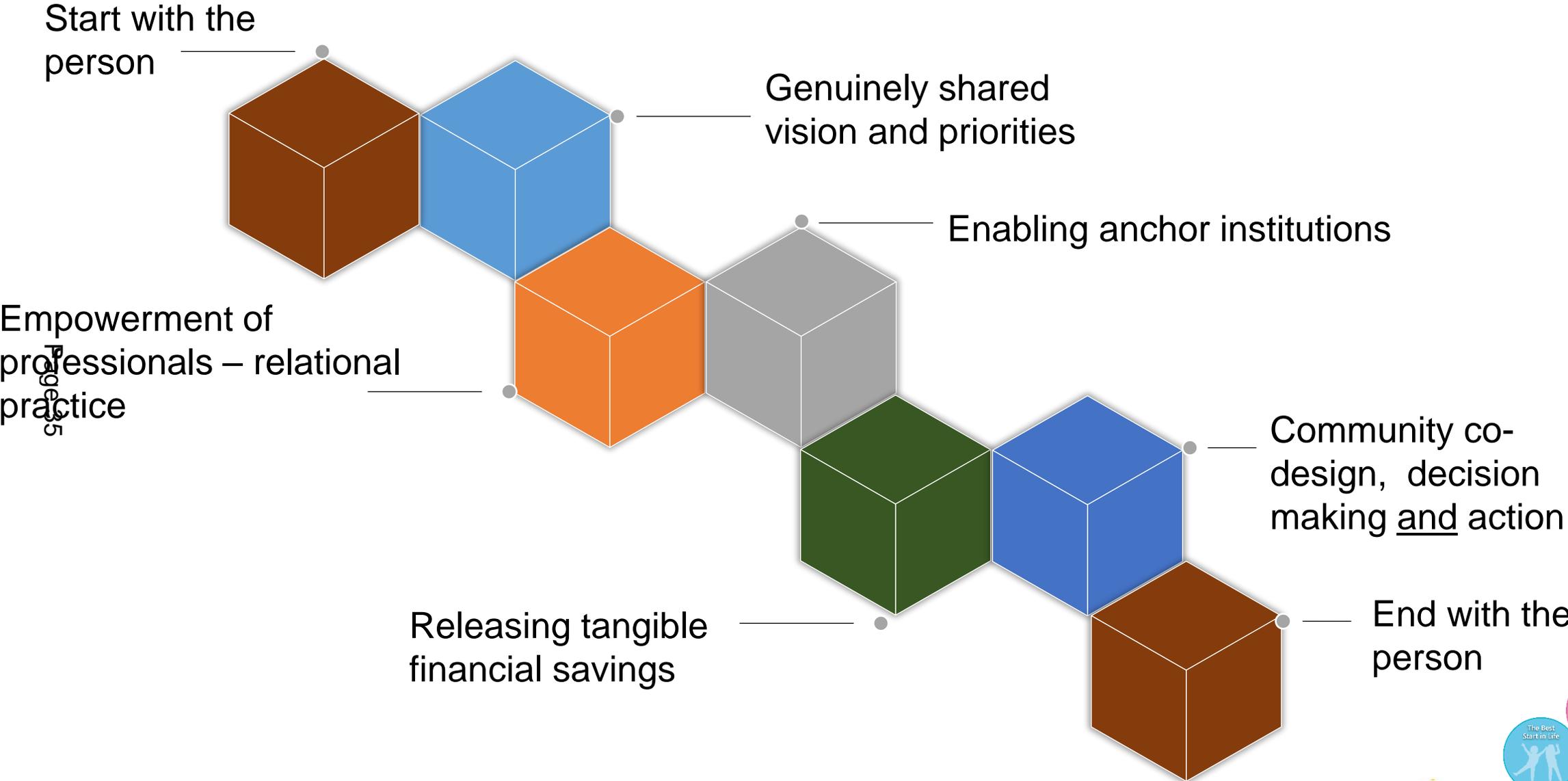
Programme / workstream	Key deliverables	KPI / Metric	Achievements	Challenges to address in 2025/26
Workforce and Organisational Development (inc. Leadership)	<p>Team of experts working together:</p> <ul style="list-style-type: none"> <li>List of training offers available across the partnership and agreement of how partners can access training without the use of money as a currency.</li> <li>Embed resilient MDTs, made up of colleagues supporting with the wider determinants of health.</li> </ul>	<ul style="list-style-type: none"> <li>Staff survey results on confidence in MDT working and support.</li> <li>Reduction in unplanned hospital admissions for patients with complex care needs.</li> </ul>	<p>Following a workshop that took place in May 2024, a thematic analysis was undertaken. This has then allowed 3 task and finish groups to form to take forward the work; Accessibility and Engagement (which will cover community and peer support), Education and Preventative Measures and Integrated Care Co-ordination.</p>	<ul style="list-style-type: none"> <li>Align the steering group priorities with the new guidance (NHSE Neighbourhood Health 2025/26) released.</li> <li>Complete the MDT workforce training mapping.</li> <li>Align and connect with developmental needs of ARRs staff in Primary Care as well as the wider partnership</li> </ul>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 33</p> ICT, Data and Digitalisation	<p>To tailor services to population needs:</p> <ul style="list-style-type: none"> <li>Development and sign off on neighbourhood health dashboard, making it available for residents and staff.</li> <li>Access to UCP for social care colleagues to allow for seamless care planning</li> <li>Collaborate with IT and Information Governance (IG) colleagues to integrate social care records from MOSAIC into the Local Care Record (LCR).</li> </ul>	<ul style="list-style-type: none"> <li>PHM dashboards (local Neighbourhood Dashboard) tracking preventative service uptake.</li> <li>Population health reports measuring improvements in key health outcomes.</li> </ul>	<ul style="list-style-type: none"> <li>Neighbourhood population health and care dashboard has now been completed and has received IG clearance to be published.</li> <li>Governance for social worker's access to UCP has been worked through and has been signed off with BETTER and NWL. On-going Share Records working group to connect data from MOSAIC to LCR.</li> </ul>	<ul style="list-style-type: none"> <li>Obtain sign-off on the neighbourhood dashboard.</li> <li>Roll out the dashboard to frontline staff and also make available to residents.</li> <li>Roll out access of UCP to social care</li> <li>Continue to work on social care access to LCR so that the data feeds can occur when the technical solution is resolved</li> </ul>
Estates	<p>To establish health and care campus closer to where residents live:</p> <ul style="list-style-type: none"> <li>Scope the potential campus hub options in each neighbourhood and sign off local estates strategy</li> <li>Submit business cases and launch implementation of local estates strategy</li> </ul>	<ul style="list-style-type: none"> <li>Patient service utilisation data for local health and care campus / hubs.</li> <li>Emergency department attendance rates for preventable conditions.</li> </ul>	<ul style="list-style-type: none"> <li>5 neighbourhood workshops completed and overall options appraisal and risk scoring workshops completed for the refresh of our local estates strategy.</li> <li>A draft local Brent Estates Strategy is being refreshed and will be shared around March 2025. Work at South Kilburn regeneration sites continues to progress. Whilst there is a delay at the Alperton site, conversations are happening with St Georges (site developer) for the GP Practice moving into the new site.</li> </ul>	<ul style="list-style-type: none"> <li>Review and sign-off the refreshed local estates strategy.</li> <li>Create a programme plan from this and begin to move to implementation based on short-term, medium- term and long-term actions.</li> </ul>

# Radical Place Leadership in Brent

1. Working more closely together with partners in new and more innovative ways.
2. Working with communities rather than delivering services to communities.
3. Designing services that reflect the multiple, and often interconnected needs of our residents, rather than forcing residents to navigate rigid systems.

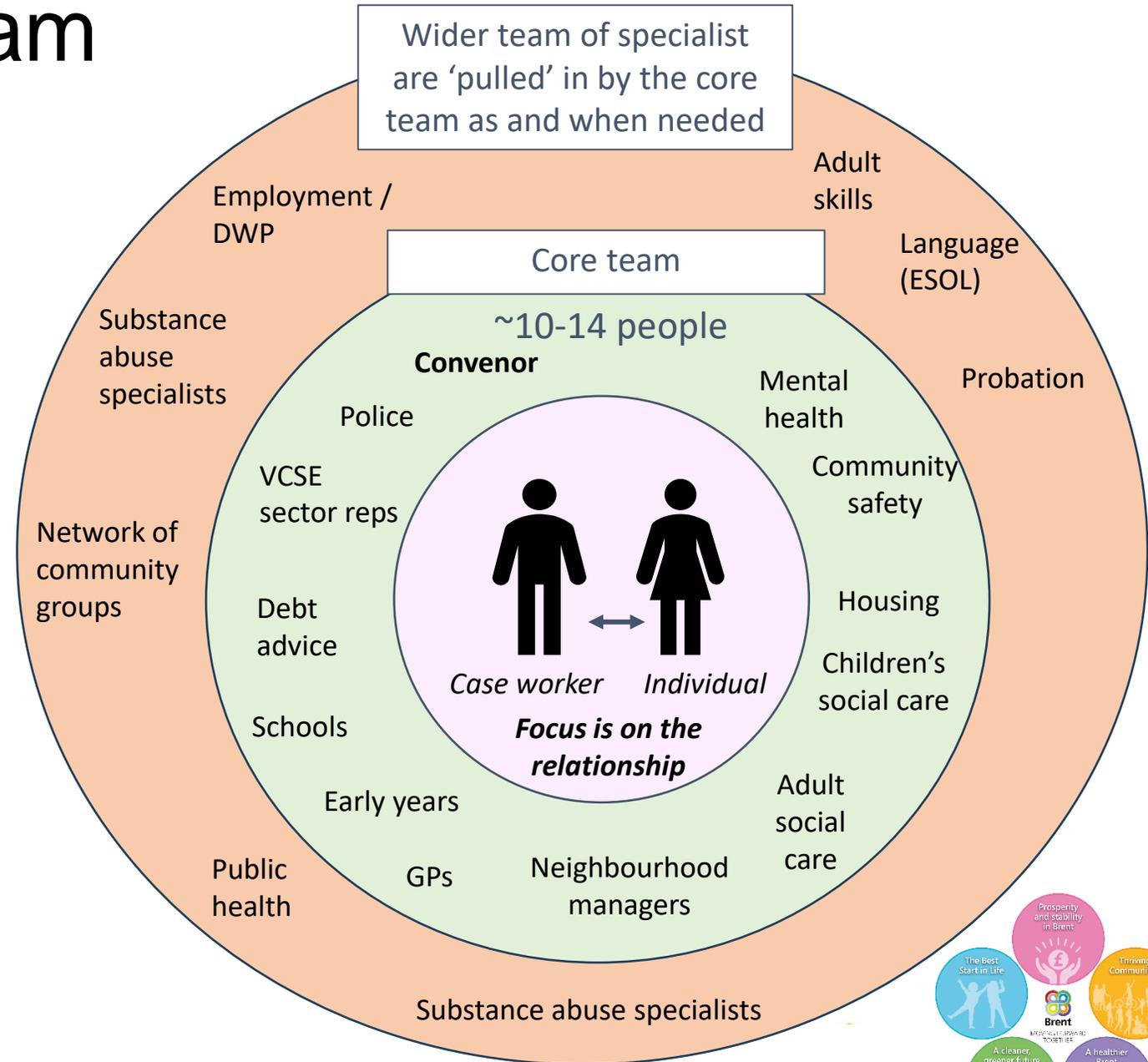


# Our vision and principles



# Key features of the team

- ▼ Physically co-located
- ▼ Time for reflection
- ▼ Flexible budget
- ▼ Maintaining professional lines of accountability
- ▼ Focus on well-being
- ▼ Role of leadership to remove barriers.



# Priorities

## Strategic priorities emerging from the data and workshops

These centre on prevention and early help, though not to the exclusion of people in crisis.



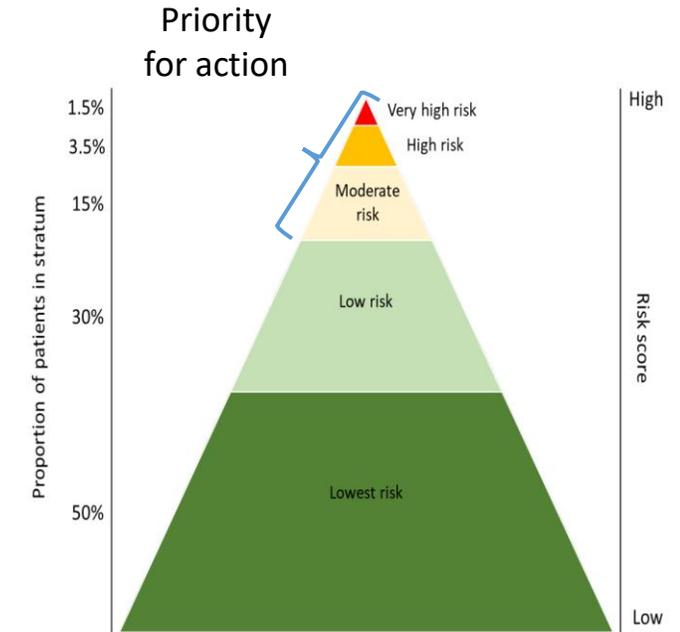
**Initial Priority 1. People at risk of homelessness** - not living in a safe and secure place that's called home



**Initial Priority 2. People living with debt** - experiencing financial challenges and the risk of financial exclusion



**Initial Priority 3. Children not being ready for school** - unable to learn well and fulfil a child's potential



The thresholds set mean that stratum size decreases as predicted risk rises, making the cohort manageable even, for example, if the second highest stratum is targeted for intervention.



# Community Power in Brent

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1. Developing our own definition and shared understanding of what we mean by community power in Brent
2. Ensuring Brent residents have much greater say about the services and places they use.
3. What might this look like and how do we get there.



# Rethinking how we work with communities

## What is Community Power?

According to **New Local**, community power refers to the idea that local communities should be given **much greater say** and control over the **decisions, services, amenities, and places** that shape and affect their lives.

New Local's definition will serve as a foundation for co-developing Brent's own definition in collaboration with partners.



Individual health  
& wellbeing



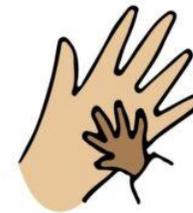
Community  
wellbeing &  
resilience



Democratic  
participation &  
trust



Community  
cohesion



Preventative  
public services



Financial  
savings

# What the principles of community power may look like



**Place-based approaches** mean that engagement can be tailored to meet the specific needs of different communities.



People should **have a say** over the **places** in which they live and the **services** they use.



Communities should be **properly resourced** to make or influence decisions that will affect them.



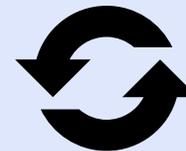
Engagement approaches should take account of the needs of **diverse communities**.



Decisions should be made or **influenced** by the people that will be affected by them.



Often the best outcomes are achieved when communities and community organisations **collaborate** with one another.



Collaboration with community organisations presents an opportunity to **reduce engagement duplication** and/or **fatigue**.



Engagement with communities should always **adapt and evolve** based on feedback, and in response to community needs.

	<b>Brent Health and Wellbeing Board</b> 2 April 2025
	<b>Report from the ICP Managing Director</b>
	<b>Lead Cabinet Member for Adult Social Care, Public Health and Leisure - Councillor Nerva</b>
<b>Integrated Care Partnership (ICP) Mental Health Update</b>	

<b>Wards Affected:</b>	All
<b>Key or Non-Key Decision:</b>	
<b>Open or Part/Fully Exempt:</b> <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
<b>List of Appendices:</b>	Appendix 1 – Mental Health Update Presentation Appendix 2 – Work Well Presentation
<b>Background Papers:</b>	0
<b>Contact Officer(s):</b> <small>(Name, Title, Contact Details)</small>	Matt Henshaw Borough Director for Mental Health & Learning Disability Services - Brent & CNWL Lead for Neurodiversity matthew.henshaw1@nhs.net

## 1.0 Executive Summary

- 1.1. Following on from the report in April 2024, this report provides:
- data of mental health performance in Brent
  - an update on the delivery of the mental health programme, outlining what has been achieved, key risks and mitigations, and proposed priorities for 25/26
  - information on the ICPs plans for further work on cultural competence within the mental health and well-being priority programme
  - what is being done to support those impacted by the welfare benefits system, ensuring mental health help is provided and guidance/help getting into employment
  - a deep dive into the data regarding mental health patients from the private rented sector.

## 2.0 Recommendation(s)

- 2.1. For the Health and Wellbeing Board to provide a steer on the proposed mental health programme priorities for 25/26.
- 2.2. For the Brent Health and Wellbeing Board to note the approach being taken to support individuals and families experiencing mental health problems locally.

### **3.0 Detail**

- 3.1. The report shows performance of the Mental Health data in Brent. This outlines the current performance with a particular focus on issues related to inequalities. We will use this data to address existing challenges and look at opportunities for improvement.
- 3.2. This report also focuses on the mental health programmes strategic priorities aimed at enhancing service delivery, improving accessibility and addressing the evolving needs of the population we serve. The refreshed priorities are designed to ensure that we continue to meet the increasing demand for mental health services, whilst promoting resilience, early intervention and the integration of care across sectors.
- 3.3. We will demonstrate integration of culturally competent approaches into mental health services. Recognising the diversity of our borough, we are reporting on how local services are working to ensure that mental health care and support is sensitive to the cultural backgrounds and specific needs of our different and diverse communities. This includes efforts to build trust, improve communication and tailor mental health support and interventions to reflect the cultural needs of our population.
- 3.4. The report also examines the impact of recent changes to the welfare benefits system on mental health outcomes. With adjustments to benefit entitlements and the introduction of new policies, we are reporting on how these changes are affecting the mental health and financial stability of individuals with mental health issues, as well as supporting people back into employment.
- 3.5. With the introduction of the national Work Well project being rolled out across NWL there are further concerns that people experiencing mental illness will be hardest hit. This is because the Work Well initiative does not address the issues that people with mental illness experience like stigma, lack of understanding mental health conditions. The emphasis on productivity and performance, for individuals with mental health conditions adds pressure that can worsen symptoms such as anxiety, depression, or burnout. Additionally, inadequate mental health support resources mean that there is limited access to counselling and therapy. Work Well Slides – Appendix 2.
- 3.6. We have looked at an analysis of mental health trends among residents in the private rented sector. This deep dive into local data provides insight into how housing insecurity, affordability pressures and unstable living conditions are intersecting with mental health challenges. Our findings aim to inform future housing service developments and highlight opportunities for targeted support for this vulnerable group.

### **4.0 Priorities**

- 4.1. The focus of the Mental Health and Wellbeing priorities is across housing, employment, access and demand and an improved offer for children and young people's mental health support which includes:
  - Preventing ill health and tackling inequalities in access, interventions, outcomes, experience and support.
  - Enhanced productivity and value for money by improving access to mental health support for people experiencing emotional and mental distress.
  - Supporting broader economic and social development by employing people with lived experience and promoting the right to community life, independence, relationships, and education for people with mental health problems.

- Delivering on the Patient and Carer Race Equality Framework - Supporting cultural competence within the mental health and well-being provision and workforce.
- 4.2. The Mental Health workstreams have undergone a comprehensive review and update of their priorities. This exercise was carried out through a combination of internal and external engagement which ensured this review accurately reflected the priorities of the borough. During this process, deliverables, key milestones and potential risks/issues were identified. With this plan, we are in a good position to move forward with our defined priorities, ensuring resources are effectively aligned with the programme's objectives.
- 4.3. There has also been considerable progress with delivery and key milestones being achieved. For example, since the launch of the NW2/NW10/HA9 project, 2506 contacts have been recorded. We remain focussed on maintaining momentum and ensuring the successful delivery of all our priorities. Health and Wellbeing Board Slides – Appendix 1.

## **5.0 Contribution to Borough Plan Priorities & Strategic Context**

### **5.1. Thriving Communities**

#### *Enabling our communities*

- Increasing engagement, awareness raising and access of mental health support services for all our communities
- Reducing variation in mental health care and support for the local Brent communities
- Supporting people with mental illness to access employment opportunities
- Ensuring housing provision is accessible to people living with mental illness and reflects their identified needs.
- Ensuring the emotional and mental health needs of our adults and our children and young people are identified and addressed early

#### *A representative workforce*

- Community connectors employed from our local communities to deliver a preventative offer that addresses health inequalities and achieves better outcomes through community work.
- Community connectors in-reaching into and supporting our communities with the highest mental health needs

#### *The Best Start in Life*

- Early identification of CYP with emotional and mental ill health
- Provision of early intervention and support
- Increased support for children and young people in schools

#### *Young people are seen and heard*

- Developed a communication and engagement project with young people to review and design how they access information about services
- Giving children and young people the best start possible and best chance of developing to their full potential

### **5.2. A Healthier Brent**

#### *Tackling health inequalities*

- Recruited community connectors representative of our communities to support with raising awareness of mental health provision to our diverse communities and facilitating access including supporting arrangements for the newly

developed NW2, NW10, HA9 initiative, Talking Therapies, CYP Health Inequalities Emotional Wellbeing within the Brent Health Matters project.

- Developed access and demand pathways to mental health support services for our diverse population recognising the diversity of cultures, beliefs, identities, values, race and language used to communicate experiences of mental health conditions.
- Working on a children and young people's transformation offer that is aligned to the national CYP Thrive model

#### *Localised services for local needs*

- Transforming and strengthening core community mental health offer to ensure access to support before patients hit a crisis point starting with targeted work in NW2, NW10 and HA9 localities
- Working on a children and young people's improved mental health services offer aligned to the national CYP Thrive model.
- Working on a service user-led crisis pathway for self-defined crisis supported by local voluntary sector providers.

### **6.0 Stakeholder and ward member consultation and engagement**

6.1. Consultation, engagement and co-production with Ward Members, system partners, Brent residents, mental health service users and carers is embedded in this work. Throughout 2024, we engaged with our communities, faith groups, churches, community champions, CYP, families, carers, Schools. Youth Parliament, Family Wellbeing Centres, SENCO, CYP Forums and system partners through a variety of focus groups, forums and workshops. We recently held a successful crisis pathway workshop for self-defined crisis led by service users to inform the development of a voluntary sector led crisis roadmap.

6.2. Involvement and inclusion of the Brent population is also supported by Brent's Community Engagement Team, Brent Health Matters and the Brent Changing Minds Mental Health group made up of service users.

### **7.0 Financial Considerations**

7.1. We received non-recurrent investment for our Brent Outreach Autism Team. More investment is needed to support the high levels of demand across our mental health support services including investment in our children and young people's mental health service offer, child health hubs and integrated neighbourhood hubs. We are working on a CYP Transformation Plan which will inform a Business Case to NWL for additional financial resources.

### **8.0 Legal Considerations**

8.1. There are no legal implications at this time.

### **9.0 Equity, Diversity & Inclusion (EDI) Considerations**

9.1. Brent has adopted the NHS England Core20PLUS5 approach to addressing health inequalities led by Brent's Public Health team. This work recognises the complexity of the determinants of health, including the socio-economic status of the local population and deprivation, experiences of protected characteristics under the Equality Act, the geography of Brent as an outer borough, Brent's diverse population and levels of social connectedness, among others. Addressing health inequalities is a priority for Brent and the focus is on:

- Developing a common understanding of health inequalities
- Engaging with and involving all system partners in the work to systematically address health inequalities.

- Using a collaborative system approach to addressing health inequalities and determining the required benefits locally

## **10.0 Climate Change and Environmental Considerations**

10.1. There are no climate change and environmental considerations at this time.

## **11.0 Human Resources/Property Considerations (if appropriate)**

11.1. N/A

## **12.0 Communication Considerations**

12.1. We are continuing to engage with and involve system partners, patients, service users and carers across all the Mental Health and Well-being priorities and new developments including the NW2, NW10, HA9 initiative and the CYP Mental health transformation offer. The focus areas outlined in this report will continue to involve and be co-produced with local stakeholders, with the Health and Wellbeing Board having oversight and ensuring appropriate scrutiny.

### **Report sign off:**

ICP Director – Robyn Doran

Corporate Director of Community Health and Wellbeing– Rachel Crossley

ICP Managing Director – Tom Shakespeare

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# Health and Wellbeing Board March 2025

# Executive Summary

This presentation provides an update on the mental health programme, focussing on key performance data, challenges and priorities. It also highlights efforts to address critical issues and ensure better support for those in need.

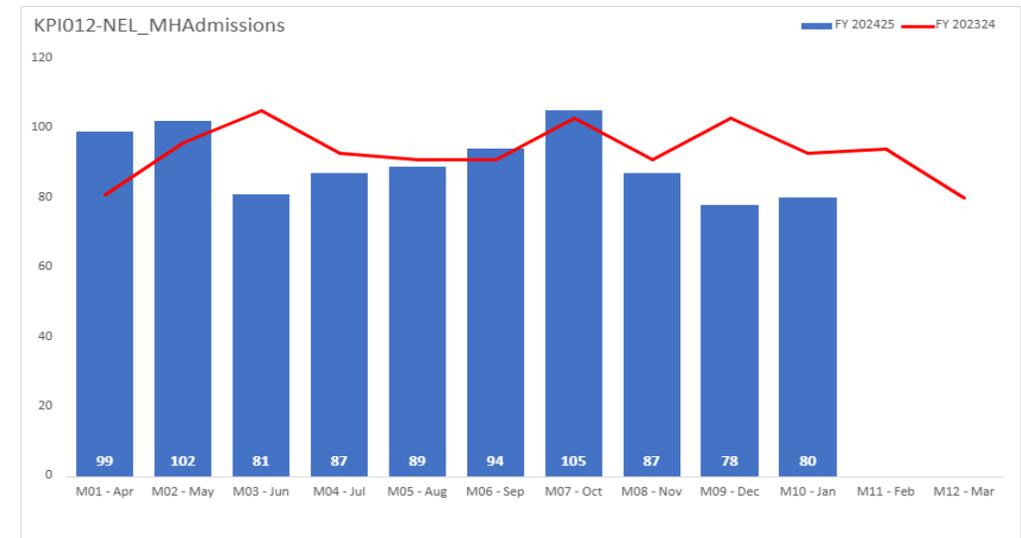
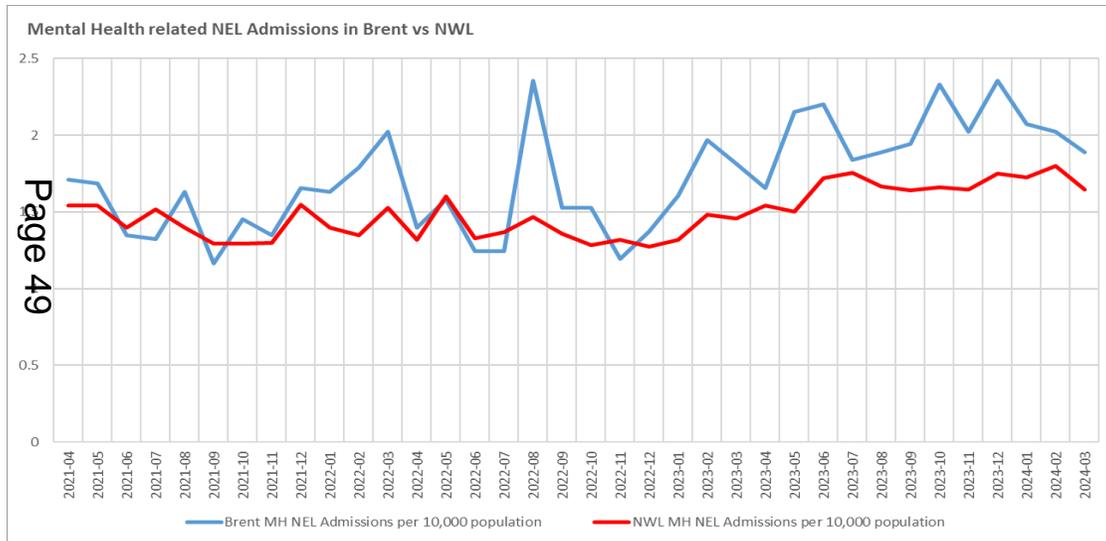
Key points include:

- Performance: A review of mental health data, identifying successes and areas requiring improvement.
- Priorities: Key focus priority areas for the programme.
- Cultural Competency: Our approach to providing culturally considered mental health support to diverse communities.
- Support for Welfare: Efforts to assist those impacted by the welfare benefits system, ensuring getting back into employment and mental health support is provided.
- Private rented sector: Addressing the mental health needs of patients in the private rented sector and ensuring adequate support for the housing related challenges they face.

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# Mental Health Performance in Brent

The adult mental health related admissions have been rising over time in Brent (left figure). However, 2024/25 figures are stable compared with the same time last year (right figure).



# Mental Health Performance in Brent

There are inequalities in Mental Health admissions (higher rates in black compared with white ethnic groups; and in most deprived compared with less deprived areas).

Rate of Mental Health related Non Elective Admissions by Ethnic Category

NHS_COMMISSIONER	White	Asian or asian british	Black or black british	Other ethnic groups	Mixed	Grand Total
Brent	2.73	1.50	3.93	1.58	2.58	2.27
Central London	2.73	1.62	1.34	7.09	2.66	2.35
Ealing	1.92	1.89	1.32	0.94	1.28	1.67
Hammersmith and Fulham	0.77	0.68	0.65	1.16	1.07	0.73
Harrow	3.36	2.06	3.51	2.63	4.39	2.71
Hillingdon	3.06	1.49	2.83	2.27	2.32	2.34
Hounslow	1.84	1.18	0.96	1.57	1.14	1.36
West London	2.76	1.69	2.30	3.80	2.38	2.53
Grand Total	2.30	1.60	2.18	2.11	2.14	1.97

Rate of Mental Health related admissions by IMD Decile

IMD Decile	Brent	NWL
1	4.64	4.22
2	3.09	2.54
3	2.25	2.31
4	1.91	1.85
5	2.09	2.00
6	1.59	1.69
7	1.62	1.58
8	2.38	1.52
Grand Total	2.28	1.95



- Admission rate for people from black ethnic backgrounds is 1.8 times the NWL average and 4 times the best-performing borough.
- Higher rates are seen in the more deprived parts of the borough for adults and children.

# Mental Health Performance in Brent

Some segments of the Children and Young People (CYP) population are not accessing mental health services in a timely way. CYP from Black ethnic groups are under-represented in “getting advice/getting help” services and over-represented in ED attendances. Initiatives to prevent acute mental health episodes and deterioration of mental ill health in CYP are a priority for 2025/26.



**1030** MH-related attendances in 2023/24

**30%** of NWL crisis referrals were for Brent

Ethnic Category	Number of CYP MH ED attendances (2023-25 YTD)	Rate per 1,000
Black or Black British	425	3.57
White	337	2.83
Asian or Asian British	303	2.54
Other ethnic groups	250	2.10
Mixed	78	0.65
Unknown	6	0.05
<b>Grand Total</b>	<b>1,399</b>	<b>11.74</b>

# Mental Health Performance in Brent

- In Brent, 1 in 6 children aged 5 to 16 (16.7%) is likely to have a mental health disorder. The National average across England, of the prevalence of mental health disorders among children and young people is similar also with 1 in 6 children aged 5 to 16 (16.7%) experiencing a mental health condition.
  - However, this differs among older teenagers. For older teenagers aged 17 to 19 in Brent, the figure rises to 1 in 4 (25%) in Brent. The national average is lower at 1 in 5 (20%).
- Page 52 Brent has over 30% of children living in poverty - a rate that is significantly higher than the London average of 27% and the national average of 24%. Brent's poverty rates are higher than the national average, exacerbating the mental health challenges faced by our children and young people.
- Crisis Presentations to A& E – 40% CYP M/H related presentations to A&E across the 8 NWL boroughs in 23/24 was from Brent. Chief concerns accounting for 60% of these attendances were suicidal, self-injury, substance misuse and bizarre behaviour
  - Specialist CAMHS in Brent has 830 CYP waiting for neurodiversity assessments.

# Mental Health Programme

There are four main workstreams within the mental health programme:

Children & Young People

Housing

Access and Demand

Employment

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# Mental Health Programme Update

Workstream	What has been achieved	Key risks & Mitigations	Proposed priorities 25/26
Children & Young People  Page 54	<ul style="list-style-type: none"> <li>Mapping of local CYP mental health provisions in Brent providing overview of local services, strengths and gaps</li> <li>Consultations with young people, families and professionals gaining insights on their views of current CYP mental health offer &amp; workshops with system partner to co-develop solutions to improve CYP mental health offer</li> <li>Arrangements for local CYP mental health Transformation plan have been aligned to the THRIVE model – currently in progress are a number of improvement projects (<i>referenced in proposed priorities for 25/26</i>)</li> <li>CYP MH Executive Steering Group was reset with new governance structure – priority areas were RAG rated and prioritised</li> </ul>	<ul style="list-style-type: none"> <li>Continued increase in demand for mental health support across children, young people and adults <u>Mitigation:</u> Arrangements for local CYP mental health transformation includes focus on prevention, early identification and early intervention provisions for CYP experiencing emotional and mental ill health</li> <li>Non-recurrent funding for CYP neurodiversity assessments to CLCH and CNWL has come to an end <u>Mitigation:</u> Discussions with NWL ICB for resources in progress</li> </ul>	<ul style="list-style-type: none"> <li>Reduction of CYP CAMHS waiting list &amp; waiting times reduction</li> <li>Reduction of CYP on CAMHS ND waiting list &amp; waiting times reduction</li> <li>Single Point of Access for CYP Mental Health</li> <li>Early intervention/prevention offer to reduce escalation to CAMHS</li> <li>Integration of mental health expertise in child health hubs</li> </ul>
Housing	<ul style="list-style-type: none"> <li>Theory of Change exercise has been completed and workstreams identified: single homeless people; working with social landlords; navigating the system.</li> <li>Priority plans for each workstream have been written and agreed with leads</li> <li>25 active cases identified as mental health service users in inappropriate accommodation, 7 of these known to CNWL and 23 known to ASC. 8 people successfully rehoused.</li> </ul>	<ul style="list-style-type: none"> <li>No housing data to inform the baseline <u>Mitigation:</u> Housing Priority area leads developing approaches for data collection and working with the BI team to support this</li> </ul>	<ul style="list-style-type: none"> <li>Developing standardised assessment tools that can track changes in needs</li> <li>Ensuring there is a clear pathway into the SMART team</li> <li>Implementation of independent living/life skills training and peer support facilitated sessions</li> <li>Raising awareness to system partners about the housing surgery and high-risk panel</li> </ul>

# Mental Health Programme Update

Workstream	What has been achieved	Key risks & mitigations	Proposed priorities 25/26
Employment	<ul style="list-style-type: none"> <li>• Employment support was utilised. 1,154 referrals received</li> <li>• 5 males and 2 females were supported into full-time employment</li> <li>• 9 males and 3 females were supported into part-time employment</li> <li>• Registered 4 employers as disability confident</li> </ul>	<ul style="list-style-type: none"> <li>• Inadequate knowledge for recognising mental health needs and how to support those individuals</li> </ul> <p><u>Mitigation:</u> Workstream to look into offering mental health awareness and sensitivity training for employers</p>	<ul style="list-style-type: none"> <li>• Increase numbers of people supported into employment and education</li> <li>• Increase self-esteem, confidence and resilience in individuals</li> <li>• Reduce isolation and increase social interaction</li> <li>• Increase employer support and promotion of a culture of empathy, understanding, inclusivity and reasonable adjustments</li> </ul>
Access & Demand	<ul style="list-style-type: none"> <li>• Soft launch of NW2/NW10/HA9 project – more than 1,000 contacts made so far, with contacts per month increasing after recruitment</li> <li>• Implementation of PCREF is ongoing. Securing collaboration with Imperial College to support with evaluation framework.</li> <li>• Crisis pathway collaboration event happened on 27th February, where 80 people from voluntary and statutory services attended. Outcome of event analysis and roadmap in the making in collaboration with experts by experience.</li> <li>• Developed Standard operating procedure</li> </ul>	<ul style="list-style-type: none"> <li>• Delayed access to mental health support from communities in targeted postcode areas</li> </ul> <p><u>Mitigation:</u> Targeted outreach and engagement with communities in those postcode areas with support from Brent Health Matters.</p> <ul style="list-style-type: none"> <li>• Demand outstripping service capacity</li> </ul> <p><u>Mitigation:</u> Early reporting of demand and activity to enable detecting early signs of delay or changes in trends. Work with voluntary sector to enable signposting and support pathway flow for the service-user.</p> <ul style="list-style-type: none"> <li>• Limited participation from voluntary sector</li> </ul> <p><u>Mitigation:</u> Targeted reach to facilitate buy-in</p>	<ul style="list-style-type: none"> <li>• Ongoing engagement with PCNs and local GP practices in those postcode areas as well as with schools, churches, local faith groups and factory workers.</li> <li>• Evaluation of the service - Imperial College London have been commissioned to conduct an evaluation at the end of the first 12 months of the life of this project</li> <li>• Development of support arrangements for LAC, CYP leaving care with mental health problems transitioning to adult pathway. Working together with Brent Children's services and CAMHS</li> </ul>

# Cultural Competencies

**Given the rich cultural diversity of Brent, our focus is on :**

Building trust

Improving communication

Tailoring services and targeted approaches and outreach

Community engagement and collaboration

Expert led work-shops by cultural experts and community leaders

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# Cultural competencies approaches

## Cultural competency training and workforce development

- Training staff to
  - Understand cultural differences
  - Overcome unconscious bias and institutional racism and discrimination
  - Develop skills for working with interpreters and language barriers
  - Recruit and retain a diverse mental health workforce that reflects the ethnic and cultural makeup of Brent to foster trust and understanding

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- What we are doing across mental health and wellbeing services
  - Community engagement and co-production
  - Working with local faith groups, community leaders, cultural organisations and experts to co-produce and deliver culturally appropriate and trusted services
  - Actively involving service users, carers and local communities to develop care plans and shape service improvements
  - Using a range of skills, knowledge, and experience to enhance community resilience, involvement, and empowerment.

# Cultural competencies approaches – alignment to Patient and Carers Race Equality Framework

## Targeted outreach and early intervention example of the NW2, NW10, HA9 initiative

### ○ Targeted outreach work

- Targeted outreach workshops to raise awareness of mental health services in communities where stigma and misunderstanding of mental ill health is prevalent – NW2, NW10, HA9 development
- Culturally sensitive early interventions programs in areas and communities that would benefit from normalised conversations about mental health to reduce stigma
- Peer-led support groups facilitated by individuals from similar cultural backgrounds who can provide culturally relevant advice, information and emotional support including the friendship bench

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### ○ Community engagement and co-production

- Working with local faith groups, community leaders, cultural organizations and experts to co-design, co-produce and deliver culturally appropriate and trusted services
- Established community advisory panels representing diverse ethnic and cultural backgrounds to provide feedback and shape service provision
- Actively involve service users, carers and local communities to develop care plans and shape service improvements
- Use a range of skills, knowledge, and experience to enhance community resilience, involvement, and empowerment.

# Cultural competencies approaches

## Holistic and culturally adapted therapies and interventions within mental health services

### ○ What we are doing

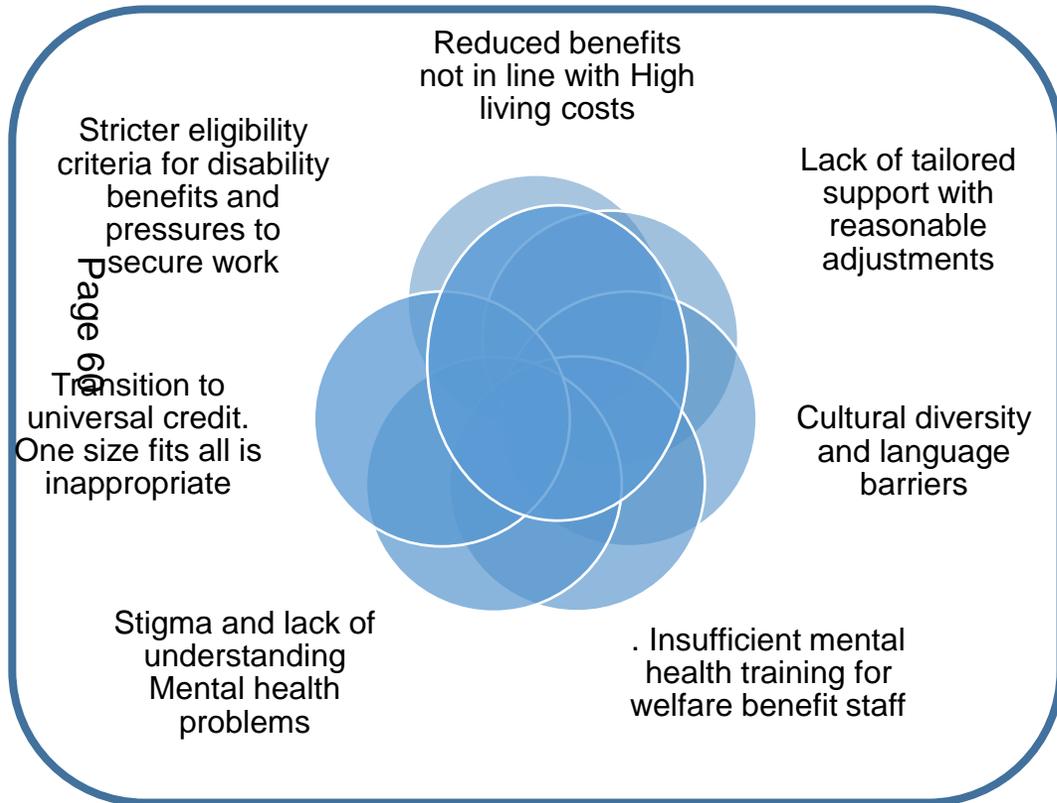
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- Faith-based support
- Traditional healing practices integrated with western mental health models where appropriate.
- Group therapy sessions tailored to specific cultural and ethnic groups.
- Recognition of the role of family and community in mental health care by involving families in treatment where culturally appropriate.

### ○ Flexible and accessible service delivery

- Out-of-hours and walk-in services like the Cove to accommodate the work patterns and lifestyles of diverse communities.
- Provision of mental health support in non-traditional settings such as mosques, churches, temples and community centres to make services more approachable and trusted

# Impact of changes to the welfare benefit system



## How are we helping?

- Integrated care plans that combine financial support with mental health and housing assistance.
- Psychological and emotional support.
- Partnering with dedicated welfare advice teams
- Proactive support of vulnerable individuals identified through GP practices by the social prescribers
- Links with the Brent changing minds group for peer support
- Signposting to local community centres and food banks

# Mental health patients in the private rented housing sector.

Numbers of people living in private rented homes has continued to increase. 4.8m in England in 2021

Poor housing conditions

Affordability

Insecurity/instability

Lack of tailored support

Discrimination and stigma

Increased vulnerability

Evictions and homelessness

Lack of rights and protection

Isolation

## How are we helping?

- Integrated support – housing and mental health services working together
- Housing surgeries for vulnerable mental health patients
- Crisis intervention support – pre and post crisis – NW2, NW10, HA9 -
- Support for tenancy sustainment - access to financial support - Housing and welfare benefit advice
- Advice, advocacy, meaningful activities, links with Primary care and self-care strategies
- Increase access to informal and formal support to combat social isolation.

**i** We do not currently collect data on mental health patients from the private rented sector. We are working on how to do this going forward

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### About WorkWell

At WorkWell, we're here to offer early help and support. We'll work with you to understand any health-related issues that might be in your way and create a plan that fits your needs. We also connect with local services to make sure you get the right help. Together, we'll work to overcome any barriers so you can find or keep a job that's right for you.

For more information please contact

T: 0808 196 2386

E: [workwellwest@shaw-trust.org.uk](mailto:workwellwest@shaw-trust.org.uk)

or scan the QR code below:



Everyone deserves to feel good about themselves, and having the right job can help. With the right support, work adds structure to your day, helps you meet new people, and gives you a sense of pride. It can also improve your mental and physical well-being.



Please email: [studio@shaw-trust.org.uk](mailto:studio@shaw-trust.org.uk) to receive this information in a different format.

# WorkWell

West London



Finding meaningful work together.



**shaw trust**

WorkWell is a free service for people who are in a job or looking for one but need support with health-related challenges. We'll work with you to figure out what you need, offering support from our team and other local services.

Our Work and Health Coach will make sure you get the right support to find or stay in the right job.

### Who can use WorkWell?

- You need to be over 16.
- You must live in or have a GP in Brent, Hammersmith, Fulham, Harrow, Hounslow, Hillingdon, Ealing, Westminster, or Kensington and Chelsea.

You can stop using the service anytime if it's not working for you.

### How do I get started?

It's easy — just email us at [workwellwest@shaw-trust.org.uk](mailto:workwellwest@shaw-trust.org.uk) or fill in the enquiry form on our website [shawtrust.org.uk/workwell-west-london/](http://shawtrust.org.uk/workwell-west-london/)

## How it works



	<p align="center"><b>Brent Health and Wellbeing Board</b> 2 April 2025</p>
	<p align="center"><b>Report from the Chair of Brent Children's Trust</b> Corporate Director, Children and Young People</p>
<p align="center"><b>Brent Children's Trust 6 monthly progress report</b></p>	

<b>Wards Affected:</b>	All
<b>Key or Non-Key Decision:</b>	N/A
<b>Open or Part/Fully Exempt:</b> <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
<b>List of Appendices:</b>	Appendix A - Governance Chart
<b>Background Papers:</b>	None
<b>Contact Officer(s):</b> <small>(Name, Title, Contact Details)</small>	Wendy Marchese Strategic Partnerships Manager <a href="mailto:Wendy.Marchese@brent.gov.uk">Wendy.Marchese@brent.gov.uk</a>

## 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 November 2024 to March 2025.

## 2.0 Recommendations

2.1. The Health and Wellbeing Board is asked to note the strategic oversight activity of the BCT for the period November 2024 to March 2025.

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

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

3.4. The BCT recognises 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.

3.5. 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.

3.6. 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.

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

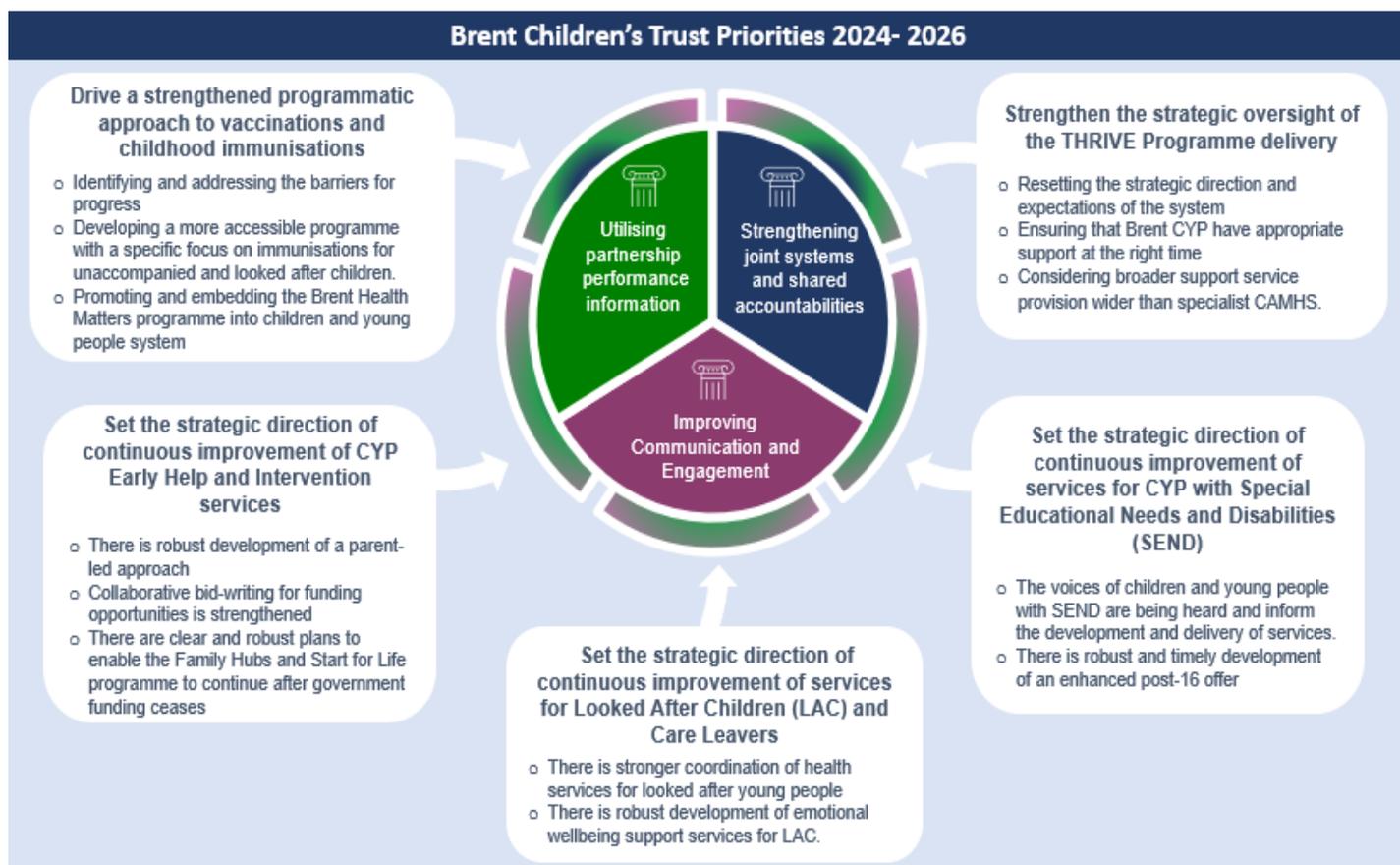
Partnership Group	Purpose
<b>Inclusion Strategic Board</b>	➤ To drive the development, implementation and success of the Brent SEND Strategy.

<b>Early Help and Prevention Group</b>	➤ To drive the development, implementation and success of the Supporting Families programme and Youth Strategy.
<b>Looked After Children and Care Leavers Partnership Group</b>	➤ 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**

- 3.8. In May 2024, the BCT agreed a refreshed strategic vision and set of priority areas of focus for 2024-2026.
  
- 3.9. 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).
  
- 3.10. 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



3.11. The BCT developed an activity plan to enable the BCT to track the agreed partnership activity for each of the five priority areas of focus, this plan is updated every two months and continues to be reviewed during each BCT meeting.

### **BCT strategic oversight activity during November 2024 to March 2025**

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 November 2024 to March 2025, the BCT met three times on 26 November 2024, 4 February 2025, and 24 March 2025.

3.14. As part of the meetings, the BCT considered and provided a steer on the progress on the following areas:

- Care Leavers and LAC update - revised Brent Council Care Leavers Offer and Charter
- Inclusion – Implementation of SEND Strategy 2021-2025
- SEND Inspection
- Brent Carers Strategy – Focus on Young Carers
- Analysing data and intelligence

### ***Care Leavers and LAC Offer and Charter***

- 3.15. In November 2024, the BCT received an update on the revised Care Leaver Local Offer and Care Leavers Charter, which were presented and endorsed by the Brent Council Corporate Parenting Committee (CPC) in October 2024.
- 3.16. The revised Care Leaver Local Offer builds on the existing framework established in 2018 that was refreshed in 2022. It offers comprehensive support for care leavers aged 18 to 25, with key changes introduced in this latest update.
- 3.17. The key changes aim to provide a more supportive transition into adulthood and independent living and include:
- Access to digital support, such as the Digital Resident Support Fund, which provides devices and 12-month free internet connectivity. Additionally, care leavers claiming universal credit can apply for free internet access through TalkTalk.
  - Expanding mentorship programs
  - Offering a rent deposit scheme for those moving into private accommodation.
  - The increase in the leaving care allowance to £3000, or £3250 for single parents, to help care leavers furnish their homes.
  - Additionally, allowances for festivals and birthdays will rise in line with similar London authorities.
  - Care leavers will also be eligible for half-price bus and tram travel, with the council covering the remaining cost for those in education, employment, or training.
- 3.18. The Care Leavers Charter has also been updated alongside the Local Offer, ensuring that care leavers have clear expectations about the support they will receive. The Charter emphasises raising aspirations and understanding the needs of care leavers, aligning with the Local Offer and reinforcing the local authority's commitment to being a good corporate parent. The final design of the updated Charter will be completed in partnership with young people, reflecting their input and needs.
- 3.19. The BCT acknowledged the financial implications of the revised offer are minimal, with the primary new commitment being the increased festival and birthday allowances, which will be funded from the existing Leaving Care budgets. There are no major new costs associated with the revisions, and the changes will be managed within the allocated annual inflationary allowances.
- 3.20. The BCT highlighted the challenges faced by care leavers, particularly in relation to mental health and wellbeing services. They identified a notable gap

in support for individuals aged 18-25 and suggested addressing this gap as a priority. The BCT again highlighted the role of Brent Health Matters in tackling these challenges.

- 3.21. The BCT stressed the priority areas for the THRIVE programme and suggested the Looked After Children and Care Leavers Partnership Group develop a comprehensive action plan to address these issues effectively.

***Brent Inclusion -Implementation of SEND Strategy 2021-2025***

- 3.22. In November 2024, the BCT received an update on the delivery of the SEND Strategy for 2021-2025, with a focus on the progress made up to September 2024.

- 3.23. The strategy's vision aims to help children and young people in Brent "Dream big, achieve well, have choice, control, and lead happy, fulfilled lives." The priorities within the strategy have shaped a comprehensive set of actions that were co-produced with key stakeholders, including young people, parents, carers, and Children's Trust partners. This collaboration is grounded in feedback gathered during a consultation process with over 500 children, young people, and families.

- 3.24. The BCT considered an overview of the ongoing implementation of the SEND Strategy, detailing the actions taken to improve the experience of families with children with SEND in Brent.

- 3.25. A summary of the key updates, as of September 2024 and the priority action points agreed by the Inclusion Strategic Board (ISB) on 14 November 2024 include:

**Specialised Education and Skills Development**

- Brent has made significant progress in opening more Additional Resourced Provision (ARP). In September 2024, a new ARP with 10 places opened, and two more ARPs are planned for the 2025/2026 academic year. This expansion is part of a broader effort to offer a more inclusive and accessible learning environment for students with additional needs.
- Wembley Manor School, a new special school, is scheduled to open in September 2025. This school will cater to children with specific needs and is currently housed at an interim site. There is also a review of the needs at Woodfield School, with planning in progress to meet those requirements.
- Since September 2023, a monthly panel has been running to address the educational needs of children with complex medical needs, ensuring they can access education despite their challenges. This panel has brought together a multi-agency team to discuss and support these cases.

- The Emotional Based School Avoidance (EBSA) toolkit, designed to help schools manage and support children with EBSA issues, has been rolled out.
- 5 secondary schools and 13 primary schools in Brent are participating in the 'Thrive' SEMH (Social, Emotional, and Mental Health) programme, which helps schools better support students with SEMH needs.
- A new pre-internship programme launched in September 2024 aims to ensure that the right students are enrolled in the Supported Internship programme, helping them develop skills needed for future employment.
- A pathways brochure, detailing routes into education, employment, and training, has been created and is now available on Brent Council's website.
- The development of the Welsh Harp and Skills Resource Centre is ongoing, with the expected launch set for the 2026/27 academic year. The centre will offer various services to young people, including skills development and employment support.

#### **Community Engagement**

- The annual 'Branching Out' event took place in October 2024, where families and young people received information on pathways to support from education, health, and social care.

#### **SEND Support**

- The SEND Support team attends the IST panel weekly to support schools with early identification of SEND and collaborative interventions. An additional SEND Advisory teacher has been recruited to increase the capacity of the SEND Support team and to enhance the support available to schools.
- Several systems have been put in place to track SEND data, including regular forums for SENCOs (Special Educational Needs Coordinators) and headteachers to ensure that Brent's General Approach Framework (GAF) is responsive to the needs of the schools.
- In 2024-2025, Brent allocated £750,000 from the High Needs Capital Grant to support schools in developing more inclusive environments. This fund helps create physical spaces and systems that accommodate students with SEND, including preschools.
- A working group has been formed to develop an Autism Strategy for the Inclusion Service, set for delivery in September 2025. This strategy will address the needs of children with autism and enhance support across schools and services.

#### **Early Years and Family Support**

- A new banding tool has been developed specifically for early years (EY) settings, which helps identify needs before children enter school.
- The third year of funding for Family Hubs continues, with a strong emphasis on communication support and early identification.

- Early help and health visitors are working closely with the Early Years team to develop integrated processes for checking the development and needs of children at the age of 2.
- Training has been provided to staff at Family Wellbeing Centres to better understand SEND and offer targeted support. A helpful booklet has been developed and shared with staff to ensure consistent advice is provided to parents.

#### **Health and Wellbeing Initiatives**

- A new children's health inequalities team has been established in Brent to engage with families who typically do not access available services. This team focuses on immunisations, asthma, and mental health.
- The Asthma Friendly Schools programme has been implemented, and as of October 2024, 12 schools have achieved full Asthma Friendly status, with another 8 schools undergoing the audit process. This initiative ensures that schools are well-prepared to support children with asthma.
- The infant feeding team continues to provide essential support to families, offering lactation consulting and addressing complex feeding challenges. A specialist clinic is fully booked, and new staff have been recruited to ensure families receive timely support.

3.26. The BCT recognised the following priority action points that have been identified as significant concerns:

- Updates from the Health Visitor team are needed, particularly regarding how to mitigate the 50% vacancy rate and improve joint working between health, education, and early help teams.
- Health, education, and social care teams are working with the Parent Carers Forum to improve the post-16 SEND offer, with a Post-16 Manager to be hired in early 2025.
- Additional progress is needed on addressing health inequalities for children with complex needs, especially around issues like enuresis and incontinence.

3.27. The BCT provided steer on the implementation plan, emphasising the need for alignment with the needs and aspirations of children and young people in Brent. They raised concerns regarding the growing number of SEND (Special Educational Needs and Disabilities) cases, stressing the importance of obtaining more accurate data to better manage these needs. The BCT also agreed to focus on improved data collection and the development of a SEND dashboard to track progress.

3.28. Additionally, the BCT highlighted challenges related to the neurodiversity contract, vacancies in health visitor roles, and gaps in mental health support for care leavers. It was recommended these issues are addressed within

upcoming workstreams, particularly linking in with the Brent Health Matters initiative.

### ***SEND Inspection***

- 3.29. In November 2024, the BCT discussed its preparedness for an expected upcoming SEND inspection, drawing insights from a presentation delivered by the Hillingdon Designated Clinical Officer for SEND. The presentation outlined key lessons learned from the recent Hillingdon SEND inspection, with a particular focus on the importance of collaboration between local area partners.
- 3.30. The BCT reflected on several key learning points from Hillingdon's experience, and emphasised the importance of ensuring all documents are up-to-date and staff are supported effectively through the process. These points were considered essential in ensuring Brent is prepared for future inspections with improved coordination.
- 3.31. Following the November meeting, Brent underwent a SEND Inspection in January 2025. The BCT was convened on 4 February 2025, for the purposes of reviewing the partners experiences of the inspection. During this meeting and the March meeting members of the BCT reflected on the inspection process and partners experiences, sharing insights and areas for improvement. Key points of learning included the need for greater involvement in document preparation, improved communication on staff attendance, and ensuring staff were adequately briefed on the inspection process.
- 3.32. The final published inspection report will form the basis for an updated action plan and a new SEND strategy, the implementation of the action plan will be monitored by the BCT.

### ***Brent Carers Strategy – Focus on Young Carers***

- 3.33. In November 2024, the BCT received an update that highlighted key developments in the support for young carers in Brent. A further discussion took place during the March BCT meeting with the BCT providing a steer on further progressing this work in 2025.
- 3.34. In Brent, there is a significant population of young carers with are approximately 450 young carers aged between 5-15 and around 1,600 aged 16-24. However, many young carers remain unidentified, either because they are unaware that their caregiving role is termed "caring," or because they do not feel comfortable identifying as a carer due to potential stigma.
- 3.35. As of January 2023, schools were required to identify young carers as part of their census submissions, however, fewer than 70 young carers were identified

in January 2024. Additionally, approximately 50 young carers are identified each year through Child and Family or Early Help Assessments in Brent.

- 3.36. To better support young carers, the Brent Carers Strategy 2023 was developed following consultation with adult and young carers. The strategy is built on the principle that there should be "no wrong doors" for young carers, ensuring that regardless of which service is first accessed, young carers will receive the support they need. The key commitments of the strategy include:
- **Access to Information:** Ensuring that carers can easily access the necessary information.
  - **Partnership Working:** Collaboration between agencies to offer holistic support.
  - **Supporting Wellbeing:** Addressing the mental, physical, and emotional needs of young carers.
  - **Carer Awareness:** Raising awareness of the role of carers in the community and in schools.
  - **Reaching into Communities:** Engaging hard-to-reach communities to ensure all carers are supported.
  - **Supporting Young Carers at the Start of Their Journey:** Ensuring that young carers are identified and supported early.
- 3.37. Each of these priority areas is accompanied by a workstream aimed at achieving specific objectives within the Carers Strategy, and while one workstream focuses specifically on young carers, all workstreams incorporate carers across age ranges.
- 3.38. Brent Carers Centre delivers services for both adult and young carers. The Centre has been instrumental in raising awareness of young carers in the community and providing vital services. They facilitate peer-to-peer support groups, organise young carers' forums to allow young carers to voice their concerns, and offer opportunities for social activities, including trips, events, and networking opportunities during school holidays and term time.
- 3.39. These services are offered in partnership with multi-agency organisations, helping to advocate for the rights of young carers. One of the key goals of these activities is to provide a balance of support and fun for young carers, giving them a much-needed break from their caregiving responsibilities. Currently, young carers' sessions are offered at one Family Wellbeing Centre, with plans to expand to a second centre soon.
- 3.40. The young carers workstream is overseen by Early Help and includes participation from Setting and School Effectiveness, Localities, School Attendance Service, and Public Health. Brent Carers Centre plays a central role in delivering the objectives within the six workstreams, with specific focus on

ensuring that young carers' voices are heard and that services are shaped by their needs.

- 3.41. Other objectives in the young carers workstream include:
- **Increasing engagement with professionals** to ensure that all agencies (schools, healthcare providers, etc.) are able to identify and refer young carers effectively.
  - **Targeted outreach** to improve awareness among schools and healthcare professionals about the needs of young carers.
  - **Clear pathways** for information sharing to identify young carers quickly and ensure they receive the support they need.
  - **A communications campaign** aimed at raising awareness about the role of young carers among students in schools and in the wider community.
- 3.42. Feedback from the Young Carers Forum in October 2024 highlighted the need to increase the visibility of young carers across Brent. Young carers also emphasised the importance of having access to enjoyable activities as a respite from their caregiving roles. This feedback informs future service delivery and ensures that young carers' needs and preferences are central to the design of programs.
- 3.43. The governance structure for the Carers Strategy includes multiple layers of oversight. The young carers workstream reports to the Carers Strategy Implementation Board, which in turn reports to the Carers Board, departmental management teams within Adult Social Care and Children and Young People, the Health Inequalities and Vaccination Executive, and the ICP Executive. This ensures that young carers' needs are prioritised at all levels of decision-making.
- 3.44. Recent progress in Brent has been promising:
- 114 new referrals to Brent Carers Centre have been made in 2024, indicating that awareness and identification of young carers are improving.
  - Communications sent to schools regarding the completion of the young carers element in the census are expected to help increase the identification of young carers in the January 2025 census.
  - Young carers' activity sessions are now being held at two Family Wellbeing Centres (Alperton and Three Trees) on a bi-weekly basis, with plans to expand further.
  - A pilot program at Preston Manor School has introduced a drop-in session specifically for young carers.
- 3.45. Whilst it is recognised that progress is being made, the BCT emphasised that further work is needed to enhance the identification and support for young carers across the borough.

- 3.46. The BCT highlighted the importance of working more closely with health partners to raise awareness of young carers, especially utilising GP networks and healthcare providers to improve early identification.
- 3.47. The BCT recognised that self-identification remains a challenge and to address this, there is a need for an awareness and training programme to ensure that all professionals are well-equipped to spot and refer young carers.
- 3.48. In terms of schools, the low identification rate of young carers was identified as an area requiring immediate focus. The BCT recommended using the Designated Safeguarding Lead (DSL) network in schools to improve identification and referral processes. Additionally, the BCT proposed that Brent Carers Centre and the local authority leads should attend the SENCO Forum to ensure that schools are better informed about the needs of young carers and the support available.
- 3.49. Lastly, the impact measures, particularly in relation to mental health, were highlighted as essential to gauge the effectiveness of the services provided to young carers. Understanding the full extent of how caregiving responsibilities affect their wellbeing will be key to refining the support structure in place.
- 3.50. The BCT also called for ongoing discussions regarding the progress of the Young Carers Strategy, ensuring that any existing blockages are addressed, and that all objectives of the strategy are being actively pursued.

#### ***Analysing data and intelligence***

- 3.51. As part of the BCT strategic vision and priority areas of focus for 2024-2026, the BCT agreed to consider the development of a dashboard with an emphasis on ensuring that the data comprehensively covers health-related areas.
- 3.52. In March 2025, the BCT reached agreement on the approach to review performance data and a commitment was given from partners to regularly share their relevant existing performance data.
- 3.53. The BCT recognised that it has strategic oversight of three priority partnership groups that routinely review performance data and KPIs, including the local authority Inclusion Dashboard. It is proposed that this data be shared with the BCT, with the respective group chairs identifying areas of concern to escalate to the BCT.
- 3.54. The BCT agreed the next steps in creating a process of regularly interrogating a set of data, these include the development of structured schedule for reporting and ensuring the data is aligned with the BCT priority areas of focus.

- 3.55. The BCT also highlighted the following points:
- The importance of balancing available resources with efficiency was emphasised.
  - While the BCT is already receiving KPIs, the focus will shift towards improving the use of these KPIs, particularly in the context of escalation processes and decision-making to drive improvements.
  - It was acknowledged that the dissemination of health partner information needs to be more efficient. Addressing this will ensure that the data collected is timely and accessible for all stakeholders.
  - There was a strong focus on monitoring the health and outcomes of Looked After Children (LAC) and Care Leavers. Aligning data with these priorities will ensure it directly reflects the BCT's strategic objectives.
  - The CAMHS/SEND dashboard model used by another London borough was identified as a useful example, this will be explored further to enhance the functionality of Brent's dashboard.

#### **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 Equity, Diversity and Inclusion (EDI) Considerations**

- 7.1 There are no equality, diversity and inclusion considerations relating to the Brent Children's Trust update report.

#### **8.0 Climate Change and Environmental Considerations**

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

#### **9.0 Communication Considerations**

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

**Report sign off:**

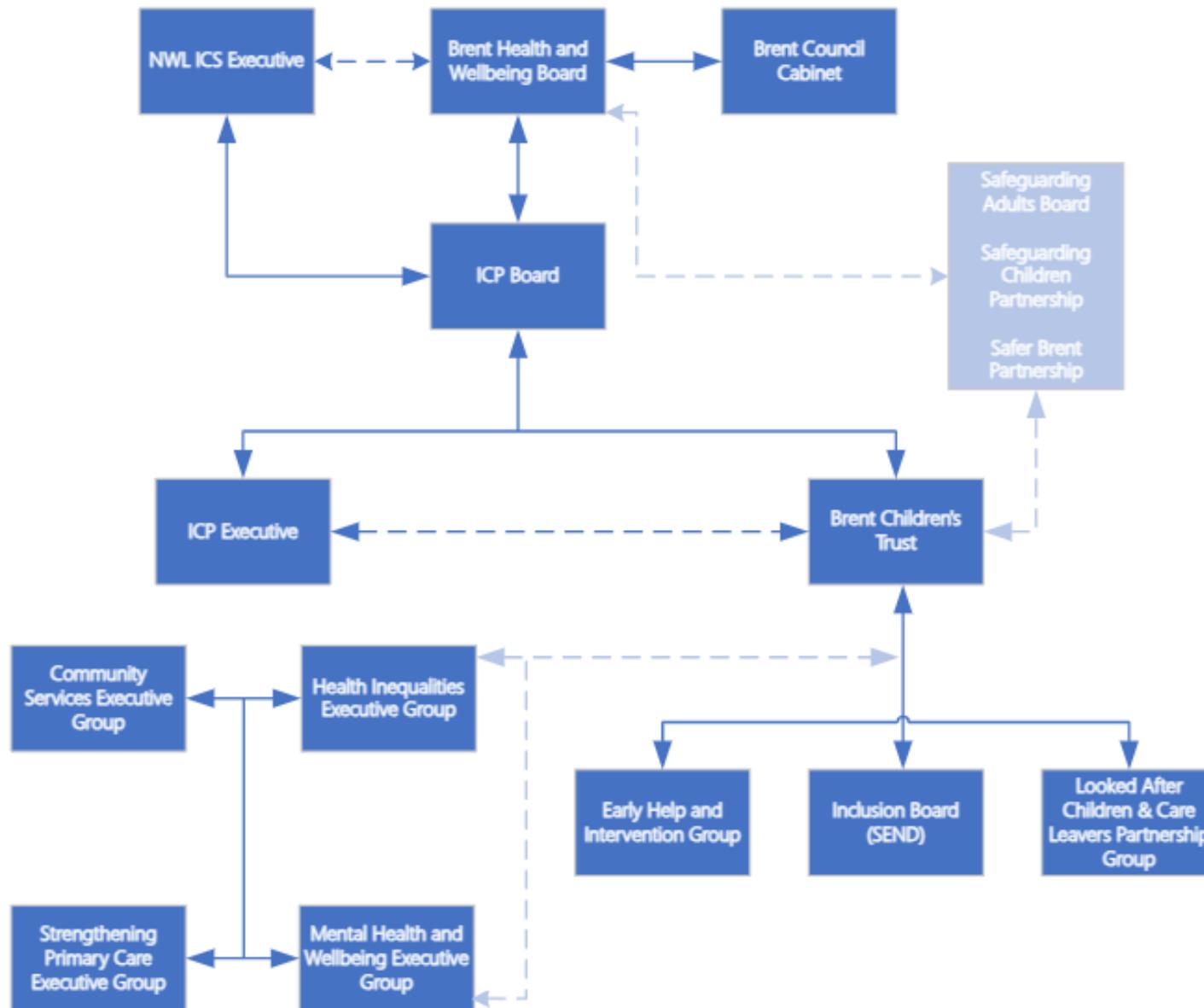
***Nigel Chapman***

Corporate Director of Children and Young People

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# Appendix A

## Governance Structure – Brent Health and Wellbeing Board, Integrated Care Partnership Board and Brent Children’s Trust (April 2025)



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	<p><b>Brent Health and Wellbeing Board</b> 2nd April 2025</p> <hr/> <p><b>Report from Healthwatch</b></p>
<p><b>Healthwatch Brent 2025-2026 draft workplan</b></p>	

<b>Wards Affected:</b>	All
<b>Key or Non-Key Decision:</b>	Non-Key Decision
<b>Open or Part/Fully Exempt:</b> <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
<b>List of Appendices:</b>	None
<b>Background Papers:</b>	None
<b>Contact Officer(s):</b> <small>(Name, Title, Contact Details)</small>	Patricia Zebiri Healthwatch Manager (Brent) <a href="mailto:Patricia.zebiri@healthwatchbrent.co.uk">Patricia.zebiri@healthwatchbrent.co.uk</a>  Gina Aston Healthwatch Service Manager <a href="mailto:gina.aston@advocacyproject.org.uk">gina.aston@advocacyproject.org.uk</a>

## 1.0 Executive Summary

- 1.1. As we look ahead to 2025/26, Healthwatch Brent has developed a draft plan of priorities and is seeking feedback and strategic input to ensure alignment with Health and Care priorities.

## 2.0 Recommendation(s)

- 2.1 The Board is asked to note Healthwatch Brent’s draft priorities for the 2025/26 financial year.
- 2.2 The Board is also asked to provide strategic input into Healthwatch Brent’s priorities for the 2025 / 26 financial year.

## 3.0 Detail

### Contribution to Borough Plan Priorities & Strategic Context

- 3.1 Healthwatch Brent’s work supports the 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
- Understanding, Listening, and Improving

## **Background**

3.2 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

## **4.0 About Healthwatch Brent**

4.1 Healthwatch Brent is staffed by 2.2 whole time equivalent (WTE) staff as follows: -

- Healthwatch Manager 0.8 WTE
- Communications and Engagement Lead 0.6 WTE
- Volunteer and Projects Officer 0.8 WTE
- In addition, we have support as needed from the service manager (Gina Aston) who oversees three NWL Healthwatch teams.
- Our Advisory Board 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

- We have a well-trained and active group of volunteers who support our activities. Our volunteers are ethnically diverse and are representatives of the great diversity found across the borough of Brent - this gives the advantage of having a deep reach into various communities.

4.2 Given our limited resources it is essential that we have a clear annual focus that ensures our residents have a voice in key decisions that impact them, positive impact that reduces health inequalities, improves health and care for residents and is measurable. In addition, we aim to be agile and flexible in managing our priorities so we can support / address any newly emerging issues / feedback we have from residents.

## 5.0 Draft work programme for 2025-2026

5.1 Our annual workplan is approved by the Healthwatch Brent Advisory Board, which holds responsibility for setting Healthwatch Brent's priorities. The focus is on issues that will have the greatest impact on local communities. As we develop our priorities for 2025/26, we are keen to gather stakeholder feedback and input before final sign-off by the Advisory Board.

5.2 Key focus areas for 2025/26:

- Community engagement
- Adult Social Care
- Community Pharmacies and the Pharmaceutical Needs Assessment (PNA)
- GP access (including same-day access) and complaints processes

5.3 This is in addition to:

1. Ongoing information and signposting activity, and general engagement with key community groups and wards.
2. Monitoring key themes in resident/patient feedback.
3. Participating in key Health and Care meetings to support alignment and share information and knowledge.
4. Supporting Healthwatch England's national projects, ensuring Brent's perspectives are represented.
5. Maintaining flexibility to address additional priority areas if required.

## 5.4 **Overview of 2025 – 26 planned activities (timescales can be found in Appendix 1)**

Priority	Summary overview
1. Community engagement	<p>Regular engagement programme, visiting a variety of community spaces across Brent to speak to residents about their experiences with health and social care.</p> <p>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.</p> <p>Continue to support and signpost residents and community groups who contact us directly. Ensuring that we continue to</p>

		<p>horizon scan and remain aware of services in Brent and across London that our residents can tap into.</p> <p><b>OUTCOME:</b> - To inform HW of the lived experience / issues that residents experience and ensure a bottom-up approach to our work.</p>
2	Adult Social Care: engagement	<p>In partnership with Brent's Adult Social Care team, we will continue building on previous projects that focus on service improvement through resident feedback.</p> <p><b>OUTCOME:</b> - To give residents a platform to share their lived experiences and support / shape service improvement.</p>
3	Pharmacy first / Pharmaceutical Needs Assessment (PNA)	<p>This work commenced in 2024-2025 and involves a review of patient sentiment towards pharmacy services across the borough, including the Pharmacy First scheme. The project aims to</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• Evaluate whether patients have been able to access medications in a timely manner</li> <li>• Evaluate whether patients have enough information about Pharmacy First and understand what is available to them.</li> </ul> <p>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.</p> <p>In addition, we will be supporting the Public Health Team with the 2025 Pharmaceutical Needs Assessment (PNA). Particularly around engagement and ensuring the voices of residents are heard and support decision making.</p> <p><b>OUTCOME:</b> - Make recommendations for how pharmacies can better meet the needs of Brent residents, and feed our findings to Healthwatch England as part of their wider review of primary care access</p> <p>Support the timely development of the PNA and align the two pieces of work as appropriate.</p>
4	GP access / complaints process	<p><b>GP access</b> continues to be a key concern for residents.</p> <p>Healthwatch has carried out significant work in this area and made several recommendations.</p> <p>It is recognised that changes are needed to improve appointment availability and booking accessibility. This</p>

		<p>includes improving access to same-day appointments as well as enabling advance bookings.</p> <p>However, all changes must be developed in <b>collaboration with residents and patients</b>, ensuring their views and needs are considered.</p> <p>We will continue to monitor this area closely, ensuring that engagement remains meaningful and is recognised as a vital part of service improvement.</p> <p><b>OUTCOME:</b> - To ensure that resident and patient engagement is central to any changes. This will help to anticipate and avoid unintended consequences from a top-down approach.</p> <p>Findings will be shared with key stakeholders and Healthwatch England as part of their wider review of primary care access.</p> <p><b>GP complaints procedures</b> Through community engagement and online feedback, we have identified a trend of residents struggling to raise issues / concerns with their GP surgeries.</p> <p>This appears to be due to several factors, including:</p> <ul style="list-style-type: none"> <li>○ Lack of sufficient or clear information on how to raise a complaint</li> <li>○ Concerns about being treated differently as a result of raising a complaint</li> <li>○ Being seen / told they are disruptive</li> <li>○ Being struck off the GP list.</li> </ul> <p><b>OUTCOME:</b> - To establish a clear picture of the issues using data, review existing complaints procedures, and work with practices and the CQC to develop improvements that reflect residents' experiences and concerns.</p> <p>Make recommendations for how making complaints / raising issues / ideas for improvement might be captured and used for service improvement.</p> <p>Feed our findings to key stakeholders and Healthwatch England as part of their wider review of primary care access</p>
5	GP services - Enter and View (E&V)	<p>This will build on our previous work to assess improvements and to inform the work above on raising issues / complaints.</p> <p><b>OUTCOME:</b> - To inform and complement the work in point 4 above and build on previous work carried out by HW in 2023 - 2024</p>

6	Attend / participate in key Health and Care meetings	Key meetings including co-production / patient experience / disability / GP access.  <b>OUTCOME:</b> - Aim to align efforts, share information and support the best outcomes / impact for residents.
7	Health awareness / tackling inequalities	Support a variety of Health and Care services raise awareness in the community of their services where we have identified a need from the residents or health inequality. Starting with Safeguarding and Breast Screening.  <b>OUTCOME:</b> - Promote Health and Care services through our community links aim to raise awareness amongst seldom heard communities. Ensuring the best outcomes / impact for residents. Using data to assess impact.

## 6.0 Stakeholder and ward member consultation and engagement

6.1 Outlined in the main body of the report.

## 7.0 Financial Considerations

7.1 There are no relevant financial implications. The priorities have been formed with current financial envelope in mind.

## 8.0 Legal Considerations

8.1 There are no relevant legal considerations.

## 9.0 Equity, Diversity & Inclusion (EDI) Considerations

9.1 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.

## 10.0 Climate Change and Environmental Considerations

10.1 No impact on environmental objectives.

## 11.0 Communications Considerations

11.1 Outlined in the main body of the report.

### **Report sign off:**

**Patricia Zebiri**  
Healthwatch Service Manager

Priority	Lead officer	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	
<b>Community engagement</b>	Engagement Officer	Ongoing engagement programme – target 2 events	Ongoing engagement programme – target 2 events	Ongoing engagement programme – target 2 events	Ongoing engagement programme – target 2 events	Ongoing engagement programme – target 2 events	Ongoing engagement programme – target 2 events	
<b>Adult Social Care: engagement</b>	Healthwatch Manager	Independent review of customer experience – Monthly feedback report	Independent review of customer experience – Monthly feedback report	Independent review of customer experience – Monthly feedback report	Analysis of key themes throughout the six-month review (Feb – June) and report writing	Follow up with stakeholders to discuss findings	Report published	
<b>Pharmaceutical Needs Assessment (PNA)</b>	Healthwatch Manager	Support the work of the Public Health team with the Pharmaceutical Needs Assessment (PNA) – due to be published in October 25 – including raising awareness, engagement etc						
<b>Pharmacy first</b>		Review the level of awareness residents have of the services offered by our local pharmacists	Follow up with stakeholders to discuss findings	Analysis of data identifying key themes and recommendations	Report published			
<b>GP access / complaints process</b>	Service Manager	Continue to gather data on 1. GP access 2. Raising complaints 3. ICB same day access plans Via community engagement / webforms/ Enter and View and an online survey				Follow up with stakeholders to discuss findings	Analysis of data identifying key themes and recommendations	
<b>GP services - Enter and View (E&amp;V)</b>	Projects and Outcomes Officer	Online survey and in person engagement (ongoing) E&V undertaken with a focus on access and complaints management				Follow up with stakeholders to discuss findings	Analysis of data identifying key themes and recommendations	
<b>Attend / participate in key Health and Care meetings</b>	Healthwatch Team	Key meetings include Co-production / Patient experience / disability / GP access. Aim to align efforts, share information and support the best outcomes / impact for residents.						
<b>Health awareness / tackling inequalities</b>	Healthwatch Team	Support a variety of Health and Care services raise awareness in the community of their services where we have identified a need from the residents or health inequality. Starting with Safeguarding and Breast Screening .						

## DRAFT - Healthwatch Brent workplan Q3 – Q4

Priority	Lead officer	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
<b>Community engagement</b>	Engagement Officer	Ongoing engagement programme – target 2 events	Ongoing engagement programme – target 2 events	Ongoing engagement programme – target 2 events	Ongoing engagement programme – target 2 events	Ongoing engagement programme – target 2 events	Ongoing engagement programme – target 2 events
<b>Adult Social Care: engagement</b>	Healthwatch Manager	Feedback to community groups / residents on findings  Follow up with stakeholders to identify any additional work needed				Follow up with stakeholders to ensure changes have been implemented	
<b>Pharmacy first / Pharmaceutical Needs Assessment (PNA)</b>	Healthwatch Manager	Support the PNA as appropriate	Feedback any relevant information to community groups / residents	Key information about the PNA published on HW website			
<b>GP access / complaints access</b>	Healthwatch Manager	Report published	Feedback to community groups / residents on findings	Continue conversations with patients and ICB – monitor progress		Follow up with stakeholders to ensure changes have been implemented	Report published
<b>GP services - Enter and View (E&amp;V)</b>	Projects and Outcomes Officer	Report published	Feedback to community groups / residents on findings				
<b>Attend / participate in key Health and Care meetings</b>	Healthwatch Team	Key meetings include Co-production / Patient experience / disability / GP access. Aim to align efforts, share information and support the best outcomes / impact for residents.					
<b>Health awareness / tackling inequalities</b>	Healthwatch Team	Support a variety of Health and Care services raise awareness in the community of their services where we have identified a need from the residents or health inequality. Starting with Safeguarding and Breast Screening.					