



Health and Wellbeing Board

Thursday 20 November 2025 at 6.00 pm

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

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

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

Membership:

Councillor Nerva (Chair)	Brent Council
Dr Rammya Mathew (Vice-Chair)	North West London Integrated Care Board
Councillor Donnelly-Jackson	Brent Council
Councillor Grahl	Brent Council
Councillor Knight	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, M Patel, Farah and Krupa Sheth

Councillors: Hirani and Mistry

For further information contact: Hannah O'Brien, Senior Governance Officer
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For electronic copies of minutes, reports and agendas, and to be alerted when the minutes of this meeting have been published visit: **www.brent.gov.uk/democracy**

Notes for Members - Declarations of Interest:

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

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

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

***Disclosable Pecuniary Interests:**

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

****Personal Interests:**

The business relates to or affects:

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

or

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

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

Introductions, if appropriate.

Item	Page
1 Apologies for absence and clarification of alternate members	
For Members of the Board to note any apologies for absence.	
2 Declarations of Interest	
Members are invited to declare at this stage of the meeting, the nature and existence of any relevant disclosable pecuniary or personal interests in the items on this agenda and to specify the item(s) to which they relate.	
3 Minutes of the previous meeting	1 - 16
To approve as a correct record, the attached minutes of the previous meeting.	
4 Matters arising (if any)	
To consider any matters arising from the minutes of the previous meeting.	
5 Brent Pharmaceutical Needs Assessment (PNA)	17 - 22
To update the Board on the completion and publication of the Pharmaceutical Needs Assessment (PNA).	
6 Healthwatch Progress Update	23 - 30
Following the Healthwatch paper presented to the Health and Wellbeing Board in April 2025, to provide a six-monthly update on progress against the work programme.	
7 Brent Children's Trust Progress Update and Family Wellbeing Centres Annual Report	
To provide both the Brent Children's Trust (BCT) update and the Family Wellbeing Centres (FWCs) Annual Report.	
a) Brent Children's Trust Progress Update	31 - 44

b)	Family Wellbeing Centres Annual Report	45 - 134
8	Community Services and Winter Planning 2025	135 - 150

To provide an update on winter planning and community services for 2026, including admission and discharge planning and the impact of NHS reforms.

9 Health and Wellbeing Board Forward Look - Future Agenda Items

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

10 Any other urgent business

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

Date of the next meeting: Thursday 29 January 2026



- Please remember to turn your mobile phone to silent during the meeting.
- The meeting room is accessible by lift and seats are provided for members of the public on a first come first served basis.



Brent Clinical Commissioning Group

MINUTES OF THE HEALTH AND WELLBEING BOARD Held on Thursday 24 July 2025 at 6.00 pm

Members in attendance: Councillor Nerva (Chair), Councillor Knight (Brent Council), Councillor Grahl (Brent Council), Councillor Donnelly-Jackson (Brent Council), Jackie Allain (Director of Operations, CLCH), Robyn Doran ((Director of Transformation, CNWL, and Brent ICP Director) Patricia Zebiri (HealthWatch), Dr Melanie Smith (Director of Public Health, Brent Council – non-voting), Nigel Chapman (Corporate Director Children, Young People and Community Development, 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), Jonathan Turner (Borough Lead Director – Brent, NWL ICB), Steve Vo (Assistant Director of Place – Brent Borough, NWL ICS), Eleanor Maxwell (Senior Programme Officer – Better Care Fund Lead for Brent Borough), Antoinette Jones (Head Of ICP Delivery (Brent and Harrow), Brent ICP), Zaid Dowlut (Head of Place – Primary Care, NWL ICB), Jon Cartwright (Head of Change and Customer Insight, Brent Council), Fatuma Serugo-Lugo (Strategic Data Manager, Brent Council), Agnieszka Spruds (Strategy Lead – Policy, Brent Council)

1. Apologies for absence and clarification of alternate members

Apologies for absence were received from the following:

- Kim Wright (Chief Executive, Brent Council)
- Rachel Crossley (Corporate Director Service Reform and Strategy, Brent Council)
- Simon Crawford (Deputy Chief Executive, LNWT)
- Gina Aston (HealthWatch)
- Tom Shakespeare (Managing Director, Brent Integrated Care Partnership)
- Dr Rammya Mathew (Vice Chair)
- Sarah Law (Nursing and Residential Care Sector)

2. Declarations of Interest

Personal interests were declared as follows:

- Councillor Nerva – Councillor Member of the North West London Integrated Care Board (NWL ICB)
- Councillor Donnelly-Jackson – was involved in the Kilburn State of Mind and Music Mile projects in her previous portfolio role and was under discussions to become a trustee.

3. Minutes of the previous meeting

RESOLVED: That the minutes of the previous meeting, held on 2 April 2025, be approved as an accurate record of the meeting.

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

None.

5. **Update on the outcome of Brent's January 2025 Local Area SEND Inspection**

Councillor Gwen Grahl (in her role as Cabinet Member for Children, Young People and Schools, Brent Council) introduced the report, advising members that the conclusion of the local area SEND inspection that took place in January 2025 was that SEND arrangements in Brent typically led to positive experiences and outcomes for children and young people with SEND. In introducing the report, she highlighted the following key points:

- She provided national context that local areas were operating in a challenging landscape, with the number of Education, Health and Care Plans (EHCPs) rising approximately 10% per year over the last 10 years. This in turn caused significant financial pressure on the High Needs Block (HNB) and there was shortage of provision in some areas, for example children with an Autistic Spectrum Disorder (ASD).
- She felt that the inspection conclusion was very positive for Brent and commended those staff in the Inclusion Service, those supporting young people in schools and health colleagues. She thanked health colleagues for providing support with prompt anti-natal checks for learning and development needs, enabling needs to be identified as early as possible.
- Whilst there was good progress identified, resulting in a good outcome, she highlighted that inspections were also an opportunity to recognise areas for improvement.
- She felt that Brent as a local area partnership had worked hard to meet targets for progressing initial EHCPs but needed to improve on annual reviews to ensure the right support was in place for each young person. She highlighted challenges in that, as reviews required professional input from many different agencies including schools, parents and health.
- There was work to be done on cross-organisational working to streamline the EHCP review process.
- In relation to the timeliness of mental health provision and neurodevelopmental provision, she advised that those challenges were deeper and widespread, and she felt government oversight and spending would be needed to comprehensively address those issues.

Nigel Chapman provided further information by way of introduction, highlighting the following key points:

- He advised that Brent had been on a journey over the last 8 years following the inspection in 2017 concluding that Brent required a written statement of action. That had been dealt with quickly, as evidenced by a revisit in 2019 where Brent and inspectors had been assured that improvements had been made. He felt that the outcome of the 2025 inspection showed that those improvements had been consolidated and built upon.
- In terms of the inspection process, he explained that, nationally, there had been 59 published joint CQC Ofsted inspections of local areas, with a possible grading across 3 numbers. 30 of those published inspections had an average middle grading, 15 had the lowest grading, and 14 had the best outcome, of which Brent was one.
- He felt that, throughout the inspection, Brent had been able to demonstrate that the work being done was mitigating the impact of the challenges in the overall system for SEND that was felt did not work as well as it could. This was achieved through effective partnership working.
- An action plan had been created following the outcome of the inspection which was monitored through both the Brent Children's Trust (BCT) and Integrated Care Partnership (ICP) Executive to ensure issues were escalated where needed and attention was given to areas requiring improvement, such as mental health waiting times.
- The work and learning would feed into the new SEND Strategy due to be published at the end of the year and a white paper on SEND was expected in Autumn 2025.
- Considering the progress Brent had made on SEND, the DfE had invited Brent to become a sector-led improvement partner for SEND because of the good outcome. That would be considered depending on the requirements and resources needed to fulfil that role.

Robyn Doran provided further information on the SEND inspection and outcome from a health perspective, highlighting the following key points:

- A healthy debate had taken place at the most recent BCT meeting in relation to neurodevelopmental assessments and CAMHS waiting lists. This was due to the fact that 70% of young people referred to CAMHS in Brent were also referred for neurodevelopmental assessments, compared to the national and NWL average of 35%.
- The discussion had focused on the need to think differently in that first stage of addressing children and young people to be assured that professionals were not over-pathologizing. She highlighted that many of the children and young people that had SEND were traumatised because of their life experiences such as poverty, domestic abuse and other community issues, and when they presented challenging behaviours as a result of that trauma they were often automatically seen as having a neurodevelopmental disorder. As such, a joint piece of work with Brent's communities was being implemented. This would include reviewing what percentage of children

referred for an assessment were then diagnosed with a neurodevelopmental disorder.

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

- Jackie Allain advised that CLCH had received approval and funding to deliver an incontinence service for children. CLCH was in the process of recruiting and hoped to have staff in post by the end of September. This would make Brent one of only a few boroughs with an incontinence service for children.
- It was suggested that the Health and Wellbeing Board received regular updates on the ongoing work across the Integrated Care Board (ICB) system reviewing pathways and CAMHS pressure.
- The Board highlighted that some of the incomplete actions detailed in the action plan stated that there was 'no funding available, needs discussion' and asked where that funding might come from. Robyn Doran explained that there was money in the ICB for children's mental health, but it was not yet defined how that would be allocated. Brent ICP was doing as much as possible to ensure Brent was one of the boroughs that received an allocation as the most deprived borough with the highest waiting lists. The previous year, some internal CNWL money was moved from another borough to Brent to clear some of the waiting lists, but that had been a one-off and the waiting lists had since increased.
- The Board asked for further information on the waiting lists, and heard that ADHD and autism assessments were at a 30-month backlog, and further details could be provided on the numbers of people on waiting lists.
- Nigel Chapman explained that the 45-day target for equipment was not a statutory target, but based on the time taken to complete Child and Family Assessments. The targets were variable across the country on that, but this was an area that sat within children's services that the service would like to increase focus on.
- In terms of the impact of long waiting lists, Nigel Chapman advised that Brent had been able to demonstrate that it could mitigate the impact of long waiting times through different strategies using the thrive model and Brent Centre for Young People, where support was provided to families whilst they waited. The importance of understanding what was driving the higher referral rates in Brent compared to other areas was highlighted, and Robyn Doran confirmed that a university wanted to work with Brent on that piece of work.
- The Board asked why there were recruitment and retention challenges for specific skills. Nigel Chapman advised that the primary difficulty in recruitment was for Occupational Therapists, where there was a national shortage and variability in pay across boroughs. Children's services was now working closely with colleagues in Adult Social Care to ensure a joined-up approach across children's and adults regarding Occupational Therapy. Robyn Doran added that there was work going on across the sector in Brent to recruit locally. Work was being undertaken by Lead Occupational Therapists to get people into the

profession earlier, such as through apprenticeships, and CNWL had funded some apprenticeship posts in the Trust.

- The Board asked for further context as to why Brent had constraints with EHCPs. They were advised that the main reason local authorities nationally were struggling to keep up with the pace was the growth in numbers, with Brent now having almost 4,000 children on EHCPs compared to 2,000 before the pandemic. Whilst Brent had kept pace doing initial EHCP assessments at 70%, which was above the national average, it had not kept pace with review assessments. To mitigate this, Brent had prioritised reviews for those children at transitional points such as those moving from reception into primary school or from primary into secondary school. There were plans in place to improve further, and the number of staff undertaking review assessments had increased. Nigel Chapman advised that he was confident with the plan in place that performance would improve.
- Considering Brent was one of 8 NWL boroughs, the Board asked whether officers were tracking inspections in other boroughs from a service planning perspective. Nigel Chapman explained that Brent was the third of the 8 boroughs in NWL to be inspected under the current framework along with Hillingdon and Hounslow. Officers in the ICB who worked with Brent on the inspection were well sighted on the issues in the other boroughs and had been helpful in providing that insight for Brent.

In concluding the discussion and noting the update, the Board thanked officers and noted the findings of the recent SEND inspection, proposed action plan and progress made. Additionally, the Board welcomed the news about the incontinence service for children and awaited an update on the work to improve the CAMHS waiting lists.

6. Brent ICP Primary Care Transformation Executive Group Progress Update

Zaid Dowlut introduced the report, which provided an update on the projects being progressed within the primary care programme covering general practice. In introducing the update, he highlighted the following key points:

- The recently published NHS 10-year plan had now been published, which set out significant changes due to take place moving forward from the current way of working to a more neighbourhood health approach. Primary Care was at the core of the model and would be asked to work closely with communities to tackle health inequalities and deliver better access and co-ordination of services locally.
- The national General Practice Improvement Programme (GPIP) also introduced a focus on health inequalities and the wider determinants of health in 2023 in light of growing challenges.
- The Brent Primary Care Transformation Executive Group (PCTEG) was responsible for overseeing the delivery of primary care transformation and change priorities relevant to the local partnership and system, and aimed to

align primary care with both national policy and local plans, including the NWL Joint Forward Plan and the Council's Borough Plan 2023-25.

- The next steps that the PCTEG was looking to implemented was to move to a neighbourhood level approach for primary care, which would require a different way of funding.
- Locally, colleagues across the ICP and primary care were working together to look at models of multi-disciplinary working and the report set out that approach, including Child Health Hubs, local enhanced services, population cohorts with specific needs and improving access to primary care.
- In relation to access to primary care, a new access model had reduced pressure on other parts of the system, including urgent and emergency care, and the report detailed the 9 extended access hubs now available offering a range of face to face and telephone appointments. These additional appointments had achieved an overall utilisation of 93% across Brent.
- Registration of patients on the NHS had increased, and Brent, compared to NWL, had higher rates of appointments being booked through the NHS app, showing a good indication of engagement with the new digital environment.
- The paper set out key progress since the previous year and some of the challenges for some services. It was hoped that with better access, capacity and transition planning that performance would have improved by next year.
- In relation to cancer screening and early detection, 33 GP practices across Brent remained below 60% uptake for cervical screening, below the national efficiency standard of 75%. It was hoped that with the new integrated approach the performance would strengthen. A new HPV self-referral approach was being deployed, and cervical screenings were now being offered at enhanced access hubs, and a local cancer improvement programme was in development to reach communities with low uptake of screening.
- Child Health Hubs were due to come on stream in July, running initially at PCN level with the aim to scale that up to a neighbourhood level, working as multi-disciplinary teams supporting children and young people with complex needs in the community without them having to attend outpatient or acute hospitals unnecessarily.
- Primary care now had a diverse set of roles including pharmacists, clinicians, social prescribers and others, and primary care was keen to maximise the opportunities to enable training and development for the workforce in partnership with the NWL training hub.

The Chair thanked presenters for the introduction and invited contributions from those present, with the following points raised:

- The Board welcomed the child health hub initiative, which they felt would be beneficial for families and for streamlining services in primary care. Noting

the paper stated that the service would be scaled up into a neighbourhood delivery model, they asked for further detail about how that would be achieved. Zaid Dowlut advised that the service was due to start in July across 7 Primary Care Networks (PCNs). As referrals from practices increased, plans would be finalised for neighbourhood working. Jonathan Turner explained that there would be one hub in each of the 5 connect areas with 5 GPs recruited to do that work. The hubs would have a GP and consultant led model with consultant paediatricians from LNWT and Imperial Health Trust. The clinic would take place once a month at an outpatient community setting and would help to take pressure off hospitals and reduce some non-elective admissions for common physical health conditions such as asthma and epilepsy. Once there was confidence that the service was ready there would be communications disseminated on that.

- Noting that the report detailed low covid vaccination figures, the Board asked whether that was cause for concern and what the current recommendations for vaccination were. Dr Melanie Smith advised that the recommendations for Covid vaccination had been pared down, with fewer groups now advised to get vaccinated. Those who were advised to get vaccinated were those where the consequences of infection were more severe and those in whom the vaccination was less effective as their immune system was suppressed. She added that the pattern of covid infection was changing and further guidance was expected on vaccination based on the JCVI.
- The Board noted that only 10% of those severely immunocompromised had been vaccinated. Dr Melanie Smith confirmed that public health would want that figure to be 100% because that was the only way that cohort could be protected from covid. She advised that this was a challenging group in terms of vaccination as they were protective about their health and held a set of health beliefs that were best addressed in clinical encounters rather than community outreach.
- In relation to paediatric phlebotomy being listed as an underperforming service, Zaid Dowlut would ask the medical director to provide a written response on the reasons for that. The Level 2 diabetes MDT service was marked as underperforming as 2-3 PCNs did not achieve the targets set on care plans due to capacity.
- In relation to table 2 of the report, the Board noted that the level of activity in each quarter reduced and asked why that was. They heard that planned quarter 4 activity was usually less than the rest of the year due to the need for primary care to complete admin requirements for quality outcomes framework indicators.
- The Board asked what work was taking place to harmonise PCNs with localities. Robyn Doran advised that this was an ongoing discussion locally about Brent's future as neighbourhoods as opposed to PCNs so that services were built around neighbourhoods. The new NHS 10-year plan expected primary care to operate at a neighbourhood level and health services awaited further details on that.

- In relation to table 3, it was noted that Kilburn appeared to have a lower level of activity than other PCNs and the Board queried that. Zaid Dowlut would look into this and provide a response. It was added that it would be useful to have the full names of the PCN and details of the geography they covered in future reports.
- Noting that the workforce composition for extended access hubs differed across the 3 PCNs, the Board asked why that was, highlighting this did not form a common offer. Zaid Dowlut explained that there were a variety of roles in PCNs, and whilst there was a requirement that there was a GP in a hub, there were other roles that the hub may then also provide such as pharmacists and nurses. He added that during core hours the whole team would be there, but during enhanced hours the service was restricted. The Board asked whether any work had been undertaken to agree those model arrangements, which officers did not think had been the case. Officers agreed to go back to PCNs to ask why some hubs had pharmacists and others did not and provide a written response.

As no further issues were raised the Board noted the report and recommended that work be undertaken to ensure a standard offer for health care practitioners working in the hubs. They welcomed the work being undertaken to ensure services were delivered on a neighbourhood basis.

7. Joint Health and Wellbeing Strategy Progress Update

Agnieszka Spruds introduced the report which provided a progress update against the refreshed Health and Wellbeing Strategy priorities. In presenting the update, she highlighted the following key points:

- Covid-19 had highlighted deep health inequalities in Brent, leading the Board to rethink its Health and Wellbeing Strategy in 2020 to look beyond health and care services and focus on the wider determinants of health and wellbeing. At the time of the rethink, a three-stage consultation process bringing in a broad range of community voices had shaped that strategy and its commitments.
- Most of the original commitments of the 2020 strategy had been delivered, but many were narrative in nature. This had been right at the time, but made it difficult to measure progress, leading the Board to ask for clearer, data-based commitments and a refresh of the strategy to incorporate that. The refresh had been approved by the Board the previous year and included 49 commitments each with specific KPIs to track delivery.
- She felt that the work happening across the programme with the refreshed commitments was wide-ranging and ambitious, with lots of good examples of innovation and strong partnership working.

- One of the new commitments led to the creation of a Social Progress Index (SPI) which was a new tool bringing together ward-level data and enabling partners to take a more data-informed approach when setting priorities.
- The Board heard that both the Joint Health and Wellbeing Strategy and the Borough Plan were due to end at the same time, allowing their next versions to be developed in parallel and strengthening the links between them. Officers proposed to return to Board in January 2026 with a process and timeline for developing the next strategy in line with the national 10-year health plan.

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

- Noting that the report marked the Music Mile project as partially achieved, the Board asked why that was, considering the target for number of residents enrolled on the project had been met, which they considered a strong achievement. Officers explained that, due to lack of data, it was unclear how many of those who had enrolled had actually attended the project and therefore this had been marked as partially completed.
- The Board highlighted that there was no current formalised Food Strategy in place for Brent, but felt there was scope to develop one. Members felt it would be helpful to develop an approach across departments, including residents' services, and asked whether there were plans to develop a Council-wide formalised Food Strategy. Dr Melanie Smith replied that there was a plan to develop a Food Strategy in consultation with the community, as a borough-wide strategy instead of a Council-owned strategy. This reflected the fact that there were many organisations and individuals who were knowledgeable in this area, so a steering group had been established to drive this forward with the community leading the project. She highlighted that the process had been very positive and felt owned by the community, but this meant the progress on finalising the strategy had been slower than if dedicated Council officers were leading that work. It was agreed that the Board would be kept updated on progress of a Food Strategy as there was considerable interest.
- The Board asked how many people in Brent had signed up for the Couch to 5k running programme in Brent, to which officers would provide a written response. Dr Melanie Smith highlighted that the demographics being targeted for the programme were those much less likely to undertake physical activity.
- The Board was pleased many of the targets set out in the strategy had been reached, and asked whether some of those would continue. For example, the oral health bus had proved successful and won an award, and was felt to be needed currently in response to the poor oral health of Brent children. Dr Melanie Smith advised that the vast majority of targets were ongoing, except where they were explicitly a 'one-off' such as a new building. The oral health bus would continue, and additional funding had been received for supervised

tooth brushing which would be linked with ongoing interventions for Early Years.

- The Board highlighted the need to celebrate the successes of targets that had been achieved to maintain momentum for projects going forward.
- The Board welcomed the formation of a cross-organisational working group to improve engagement with Roma, Gypsy and LGBTQ+ communities and the understanding of their health and wellbeing needs.
- The Board were pleased that funding had been secured from Arts Council England for the Creative People and Places National Portfolio Programme 2026-29, with match funding from Brent partners, and were keen to see that woven together with the Culture Strategy work taking place.

The Board then received a demonstration of the Social Progress Index (SPI), which had been published on the Brent website as a public facing shared data tool. In taking the Board through the tool, Jon Cartwright highlighted the following key points:

- The landing page of the tool provided a high-level overview of the SPI, which was a tool to help measure outcomes in Brent for a variety of social progress markers including health, housing, safety and opportunities. The data could be viewed at a ward level and over time and was updated year on year, allowing comparisons and tracking of trends.
- The tool organised and visualised datasets into three themes; basic human need, foundation of wellbeing and opportunity. There were 12 basic components within those themes.
- The Council hoped the tool could be used for organisations to better understand communities and take data informed decisions for service planning and resource allocation.
- The final tab showed a scorecard providing an overview of all 48 datasets included in the SPI which included all 22 wards and could be filtered individually or have multiple wards selected at one time.
- The social progress in Brent tab allowed comparison of wards at a high level, and allowed for filtering of the 48 datasets to show a combination of different indicators.
- Social progress over time was another tab which showed whether a ward was improving or not for various indicators over time. For Northwick Park and Preston, the tool currently showed improvement, but for other wards such as Willesden Green and Roundwood there were some downward trends.
- This was the first iteration of the SPI, but future years would have data from previous years, allowing progress to be tracked over time.
- Brent Council was considering how the data being visualised on the tool could be used for some of its communications campaign, such as 'don't mess with Brent'.

- The Board was advised that the Council was in the process of socialising the tool through internal mechanisms and multi-agency forums to educate people on how to use it and how it could be used to support activity such as bid writing for community grants.

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

- The Board could see the value in the tool and its uses for partners. For example, colleagues from CNWL could use the tool to review the social determinants of areas where referrals for ASD and ADHD were most prevalent.
- The Board asked whether ward level data could be split further, highlighting that many wards had different demographics from one area to the next. Jon Cartwright advised that delving further into ward level data risked the robustness of the data.
- The Board asked whether it was possible for health to make requests to include certain indicators, such as the take up of vaccinations. Jon Cartwright confirmed that if the data was available this could be included in updates to the tool in future years. Dr Melanie Smith added there was already some health data within the index.

As no further issues were raised, the Chair drew the discussion to a close and asked the Board to note the update and next steps, including to endorse the proposal to align the future Strategy refresh with the Borough Plan refresh in 2027.

8. **Reconfiguration of the ICB and Impact on Services**

Jonathan Turner introduced the report which set out the reconfiguration of Integrated Care Boards (ICBs) and potential implications on services. In introducing the report, he highlighted the following key points:

- In March 2025, NHS England provided notice that ICBs would face 50% reduction in costs in the 2025-26 financial year and a directive to reduce operating costs by 50%, which included people and estates.
- The government also announced a 10-year plan for the NHS and a merger of NHSE with the Department of Health and Social Care, followed by the publication of a Model ICB Blueprint, which set out ICBs' role as a strategic commissioners rather than a deliverers of services.
- NWL ICB submitted a draft operating model to NHSE in May 2025, working within the new remit of ICBs, and received feedback in June 2025 which steered the ICB to develop an options appraisal on clustering NWL ICB with North Central London (NCL) ICB, considering both a full merger and viability to continue as individual organisations.
- Following this directive, NCL and NWL ICBs had received options appraisals to their Boards and endorsed on Tuesday 22 July 2025 and Wednesday 23 July 2025 the full merger option.

- The appraisal had identified benefits of merging, including reducing duplication and allowing more efficient use of resources given the reduction of funding now available. The operating model supported the shift to focusing on neighbourhood health, digital access to healthcare and early prevention and intervention.
- The main focus of attention for the ICB going forward would be on delivering population health and reducing health inequalities and, at a later stage, delivering neighbourhood health centres.
- The borough-based aspects of ICBs would no longer exist and would transfer to a provider organisation. Some other functions would also transfer, for example strategic workforce planning, which would transfer to regional teams, and continuing healthcare and infection control, which would transfer to providers to make the ICB more focused on the commissioning element of its functions.
- The borough-based partnership team were now looking at the modelling options and their impact locally for the integrator, looking at how providers could take on some of the functions of the borough-based partnership where there were duplications of roles, but there was currently no specific allocation of resource for that.

Robyn Doran provided further information:

- Many functions of the current ICB would be devolved locally to a system integrator at place level, which was likely to be one of the community or mental health provider trusts. Local authorities across NWL had fed back that they did not wish to be the integrator, there was no coherent federation of GPs to take on that role, and acute services did not wish to take on that role.
- Some functions would need to continue to be delivered by the ICB until legislation changed, such as SEND provision and safeguarding.
- She reiterated that there was no blueprint yet for ICBs to follow, so the ICB was taking things day by day operationally.

The Chair thanked colleagues for their introduction and invited input from those present, with the following issues raised:

- The Board paid tribute to ICB colleagues for their relationship with partners and contribution to the borough.
- The Board highlighted that the paper presented had not offered clarity to members, and whilst recognising that this was a rapidly changing landscape based on very recent government guidance, they found a lot of their questions felt unanswered around the merger.
- The Board highlighted that the 2025-26 financial year had already started, and asked what would happen if the ICB was not able to implement the 50% reduction in costs in the ambitious timeframe set. Robyn Doran explained

that the ICB had its current funding until the end of the financial year but was expected to have made decisions in relation to the reductions by the end of the financial year. She added that the ICB had recently gone through 30% reductions the previous year.

- The ICB had discussed the impact of the reforms on people and the risk of good colleagues leaving as a result.
- In response to concerns around the impact of the reforms on children's safeguarding, Robyn Doran confirmed that statutory responsibilities that the ICB held, of which safeguarding was one, would remain the same for the time being unless the legislation changed. The ICB had been clear that there would be a need to change that legislation before any changes were made around the delivery of those services. As yet, future options had not been explored and there was no clear plan around those services.
- Patricia Zebiri highlighted that, as part of plans to reduce duplication, the Healthwatch Service would also end. Changes to statutory legislation would be required with Healthwatches remaining until that happened. The Board acknowledged this would cause challenges for the Health and Wellbeing Board in understanding that crucial independent input at a local level that Healthwatch facilitated.

As no further issues were raised, the Chair drew the discussion to a close and asked members to note the report. He advised Board members that the ICB papers, including the options appraisals, were available publicly and the meeting had been recorded and was available to view. In noting the report, he asked members to recognise the pace of change that had precluded the ICB engaging actively with partners and local government, but hoped for improved engagement and partnership working going forward. He highlighted the need to ensure that future arrangements were viable immediately to ensure a fully functioning organisation and partnership.

9. Better Care Fund Year-End 2024-25 and Plans for 2025-26

Eleanor Maxwell introduced the item, which presented the End of Year Better Care Fund (BCF) submission for 2024-25. In introducing the report, she highlighted the following key points:

- The end of year report had been submitted to NHSE on 6 June 2025, having been through the relevant governance stages, and been signed off by the Corporate Director of Service Reform and Strategy under delegated authority, pending ratification of the Health and Wellbeing Board. It has been signed off by NWL Integrated Care Board (NWL ICB), Brent's Chief Finance Officer, and borough-based partners in health, Adult Social Care and Finance.
- The end of year report presented a balanced financial year with one exception – an overspend on community equipment – which had been funded from additional ICB contributions.

- The balanced position was seen to represent strengthened governance and financial monitoring processes and the variances were advocated to the system's responsiveness to local need.
- Brent Council had implemented improved processes for budget allocation and tracking in 2024-25 which had resulted in enhanced financial oversight and forward planning into the new year.

Antoinette Jones then presented the BCF Plan for 2025-26, highlighting the following key points:

- The BCF Plan for 2025-26 had been signed-off by the Corporate Director of Service Reform and Strategy under delegated authority on 4 April 2025. The Board was asked to formally ratify the plan.
- There had been a lower than usual NHS Minimum Contribution for 2025-26, which had increased by 3.9% compared to the historical 5.66% uplift.
- This meant Brent as a system was dealing with lower levels of income, which, taking into account the increase in expenditure due to operational costs and cost-of-living, meant 2025-26 would be a challenging period. As such, the new plan delivered no new opportunities but maintained the current rollout of programmes.
- The Health and Wellbeing Board had discussed the reduction in additional funding from the ICB at its meeting on 2 April 2025, where a service reduction in the scheme with the least impact on discharge had been agreed – rapid access to physio in CLCH.
- There was now a programme lead in post looking at rehabilitation and reablement and officers hoped for an interim solution in the short term in mitigating those risks as well as a long-term solution by April 2026 where the funding for reablement and step-down would come to an end.
- Partners had been improving BCF processes over the past 2 years with improved oversight, regular reporting, and improved accountability by heads of service and programme leads.
- She concluded that due to the reduction in funding and income there was a need to manage the budget tightly to ensure the BCF could balance needs and demand against the funding constraints.

The Chair thanked officers for the introduction asked the Health and Wellbeing Board to note the 2024-25 end of year position and ratify the 2025-26 BCF Plan.

10. **Health and Wellbeing Board 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. Future items included the Food Strategy and ongoing updates relating to the ICB reforms and statutory functions.


11. **Any other urgent business**

None.

The meeting was declared closed at 8:00pm

COUNCILLOR NEIL NERVA
Chair

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	Brent Health and Wellbeing Board 20 November 2025
	Report from the Director of Public Health
	Lead Cabinet Member for Adult Social Care, Public Health and Leisure
Pharmaceutical Needs Assessment (PNA)	

Wards Affected:	All
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt: <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
List of Appendices:	None
Background Papers:	None
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	Jodie T. Rojas Agudelo Public Health Strategist Jodie.rojas-agudelo@brent.gov.uk

1.0 Executive Summary

- 1.1. The report informs the Health and Wellbeing Board on progress with the Brent Pharmaceutical Needs Assessment (PNA).
- 1.2. The Brent PNA found that the borough currently has adequate pharmacy provision, with 80 community pharmacies including nine distance-selling pharmacies ensuring good access across all localities. A number of pharmacies are delivering advanced and enhanced services including seasonal influenza vaccinations, pharmacy contraception, COVID vaccination service etc. Most residents live within a reasonable travel distance to a pharmacy, and weekend/evening availability is generally sufficient. Recommendations include maintaining current coverage, improving awareness of advanced and enhanced services, monitoring future demand and improving public engagement and targeted services for vulnerable groups.

2.0 Recommendation(s)

- 2.1 The Board is asked to:

- Note that the production of the Brent PNA was overseen by the steering group and was consulted upon.

- Note that the Brent PNA was published before 1 October 2025.
- Note the roles of NHS England, North West London Integrated Care Board (ICB) and Brent Council in maintaining the PNA.
- Agree the process for keeping the Brent PNA up to date by:
 - Delegating to the Director of Public Health (“DPH”), or the DPH’s nominee, the decision as to whether a revision of the PNA is required.

3.0 Detail

Contribution to Borough Plan Priorities & Strategic Context

- 3.1 Pharmacies are a key provider of services in local communities and therefore contribute to several of the priorities in the Borough plan, including a healthier brent, and thriving communities.
- 3.2 The purpose of the Pharmaceutical Needs Assessment (PNA) is to consider the provision of pharmacies and to identify any gaps in their provision. Pharmaceutical services do not include all services which could be provided from Community Pharmacies and the PNA does not preclude local decisions about other services which may be locally commissioned or provided but it does not govern such decisions. PNAs are used by the NHS to make decisions on which NHS funded pharmaceutical services need to be provided by local community pharmacies. PNAs are also used in decisions as to whether new pharmacies are needed in response to applications by businesses.

3.2 Background

- 3.2.1 At the October 2024 meeting the Health and Wellbeing Board agreed to establish a PNA Steering Group to which it delegated the task of overseeing the conduct, consultation and publication of the revised Brent PNA.
- 3.2.2 PNAs are used by the NHS and Local Authorities to make decisions on which NHS funded services need to be provided by local community pharmacies. PNAs are also used in decisions as to whether new pharmacies are needed in response to applications by businesses. NHS England has the responsibility to commission pharmaceutical services making decisions based upon PNAs.
- 3.2.3 The Council engaged the pharmaceutical consultancy Soar Beyond through a direct award to undertake the development of the PNA and thereafter to support the Health and Wellbeing Board in keeping the PNA up to date.
- 3.2.4 The PNA Steering Group, chaired by the DPH’s nominee with input from the NHS Integrated Care Board (ICB), Local Pharmaceutical Committee (LPC) and Healthwatch, agreed a draft PNA in 2025. This was consulted upon according to the regulations. The Steering Group have considered responses to consultation and agreed revisions to the text of the PNA. The final PNA was published on the Brent Council Website on the 26th September 2025 in accordance with the Regulations.

- 3.2.5 The Regulations require PNAs to be reviewed following publication to take into account any significant events / changes which impact on the need for pharmaceutical services in the Brent area. These changes may be such as to require a revision of the PNA sooner than the standard three years; for example, as a result of demographic change, or if the current provision of pharmaceutical services change by closure if a pharmacy closes. However, a full revision of the PNA is only required should this be a proportionate response to those changes.
- 3.2.6 The PNA includes key data such as Brent's population demographics, the number and distribution of pharmacies across the borough, service provision details, and insights gathered from public and stakeholder surveys.
- 3.2.7 Changes in pharmaceutical services may result from a pharmacy changing its opening hours, ownership or location. Such changes would be agreed by NHS England and should be notified to the HWB. Changes may also result from commissioning decisions by the ICB, the local authority or NHS England.
- 3.2.8 If a change in the provision of pharmaceutical services occurs which is not deemed to merit a full revision of the PNA, the HWB may publish a supplementary statement, pending the publication of statement of revised PNA.
- 3.2.9 In order that the PNA is kept up to date the arrangements referred to in paragraphs 3.3.0 – 3.3.2 below will be put into place:
- 3.3.0 NHS England will provide information monthly on any changes to the pharmaceutical list for Brent. NHS England, Brent ICB and Brent Council Public Health will provide information on any changes to their commissioning that may result in a change in the need for pharmaceutical services
- 3.3.1 The DPH or the DPH's nominee will determine if a revision of the PNA should be considered or if the publication of a Supplementary Statement will suffice. If the former, the PNA Steering Group will be reconvened. If the latter, the Supplementary Statement will be published on the Brent Council website.
- 3.3.2 The Joint Strategic Needs Assessment (JSNA) process will be used to determine if there is a significant change to the need for pharmaceutical services. In this event, Brent Council will reconvene the PNA Steering Group.

4.0 Stakeholder and ward member consultation and engagement

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

5.0 Financial Considerations

- 5.1 The cost of revising and maintaining the PNA is met by the Council's public health grant.

6.0 Legal Considerations

- 6.1 The Health Act 2009 amended the NHS Act 2006 to introduce a new s128 A of the NHS Act 2006 dealing with the PNAs. The Health and Social Care Act 2012 established HWBs. The Act also amends s128A NHS Act 2006 by transferring responsibility to develop and update PNAs from PCTs to HWBs.
- 6.2 128A NHS Act 2006 sets out requirements in relation to PNAs, namely
- (1) Each HWB must in accordance with the 2013 Regulations—
 - a. assess needs for pharmaceutical services in its area, and
 - b. publish a statement of its first assessment and of any revised assessment.
 - (2) The 2013 Regulations make provision—
 - a. as to information which must be contained in a statement;
 - b. as to the extent to which an assessment must take account of likely future needs;
 - c. specifying the date by which a HWB Board must publish the statement of its first assessment;
 - d. as to the circumstances in which a HWB must make a new assessment.
 - (3) The 2013 Regulations may in particular make provision—
 - a. as to the pharmaceutical services to which an assessment must relate;
 - b. requiring a HWB to consult specified persons about specified matters when making an assessment;
 - c. as to the manner in which an assessment is to be made;
 - d. as to matters to which a HWB must have regard when making an assessment.
- 6.3 Regulations 5 and 6 of the 2013 Regulations cover the date by which the HWB's first PNA must be published and the arrangements for revising the PNA. The local authority must ensure the PNA Steering Group and those it reports to are aware of and adhere to the requirements.

7.0 Equity, Diversity & Inclusion (EDI) Considerations

- 7.1 The PNA includes an equality impact assessment.

8.0 Climate Change and Environmental Considerations

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

9.0 Human Resources/Property Considerations (if appropriate)

9.1 Not applicable.

10.0 Communication Considerations

10.1 Not applicable.

Report sign off:

Ruth du Plessis
Director of Public Health

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	Brent Health and Wellbeing Board 20 November 2025
	Report from Healthwatch
Healthwatch Brent 2025-2026 6-month update	

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

1.0 Executive Summary

- 1.1. This report provides an update on Healthwatch Brent's progress from April – October 2025 and plans for November 2025 – March 2026.

2.0 Recommendation(s)

- 2.1 The Board is asked to note Healthwatch Brent's progress against its objectives for the first six months of the 25-26 financial year.
- 2.2 The Board is also asked to provide strategic input into Healthwatch Brent's priorities for the remainder of the 25-26 year.

3.0 Healthwatch update

- 3.1 As the Health and Wellbeing Board are aware, in July, the recommendations of the Dash report included the transfer of Healthwatch England's functions to a new directorate within the Department of Health and Social Care—and of local

Healthwatch functions to Integrated Care Boards (ICBs) and local authorities for health and care, respectively.

As with much of the change currently impacting the Health and Social Care system this has resulted in Healthwatch Brent taking time to reflect on its current activities and future workplans.

The plans for change are still evolving. The Health Reform Bill which will incorporate all the changes coming into place, including those impacting Healthwatch, is expected to be introduced to parliament within the coming months.

At present, Healthwatch Brent is currently working towards a potential timescale of October 2026 for the transfer of services, although it is recognised that firm dates will be confirmed in due course.

- 3.2 In very early September, the Communications and Engagement Officer left the Healthwatch Brent team. This was a real achievement for the team as the colleague (a Brent resident) started as a Healthwatch volunteer and was then employed in Healthwatch and has gone on to be promoted. However, this reduced Healthwatch Brent's capacity to 1.6 Whole Time Equivalent (WTE). This has had a significant impact on the ability to deliver planned actions.

Recruitment has been successful (although time consuming), and the team will be back to capacity 2.4 WTE.

4.0 Detail

4.1 Contribution to Borough Plan Priorities & Strategic Context

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

4.2 Background

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

- Promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services
- Enabling local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved
- Obtaining the views of local people regarding their need for, and experiences of, local care services and importantly to make these views known to those responsible for commissioning, providing, managing or scrutinising local care services and to Healthwatch England

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

4.2.1 Work programme for 2025-2026

In April 2025, Healthwatch Brent presented its workplan for the 2025-2026 financial year. This workplan was approved by the Health and Wellbeing Board and Healthwatch Brent Advisory Board, who have responsibility for setting Healthwatch Brent's priorities and ensuring that the work focuses on issues that will have the highest impact for local communities. The 25-26 workplan focuses on:

- Community engagement
- Adult social care
- Pharmaceutical Needs Assessment (PNA)
- Pharmacy First
- GP access and complaints
- Participating in key Health and Care meetings
- Health awareness / tackling inequalities

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

4.3 Community Engagement

Healthwatch Brent have continued the regular engagement programme, visiting a variety of community spaces across Brent to speak to residents about their experiences with health and social care. The key themes and issues uncovered during these visits are shared directly with relevant services, raised in the appropriate meetings with key decision makers and commissioners, as well as identifying future priorities for the Healthwatch team. In Q1 Healthwatch Brent

participated in **10** engagement and outreach events, reaching **91** residents. In Q2, it participated in or held **9** events and reached **113** residents.

4.4 Adult social care (ASC) (Jan – June 2025)

Healthwatch Brent continues its ongoing partnership work with ASC, which involves contacting service users. Healthwatch is provided with a random list of residents who have used ASC services within the last six months. Once received, officers phone the resident or their carer to discuss the service they received, asking what went well and what could be improved. This resulted in **34** resident contacts and Healthwatch Brent were able to speak to **31** of those residents, which represents an uptake of **91%**.

As an average over the six months, **76%** of respondents said it was very / easy to find information on ASC, **17%** said it was difficult to find and **7%** said they had not looked for information.

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

- Communication was not always timely
- Residents felt that good communication was key to a good experience / outcome.
- Different quality of care depending on the person who was allocated to them.
- Changes to care packages or alterations to facilities were slow and during the time it takes to get the changes made the person they cared for would experience negative impacts on their health and quality of life.
- Residents felt there was a lack of signposting to local / national services that might be able to provide information / support residents and their carers. They often found local support services through “word of mouth”.

Healthwatch Brent’s recommendations have focused on communication, timely change of care packages when appropriate, consistency of the quality of care and signposting.

The service continues to provide findings to the ASC team and the Director of Adult Social Services (DASS). Healthwatch Brent are then always provided with an update on how the feedback has supported service improvement which can be relayed to residents to encourage continued engagement (Jan 25 – June 2025 results).

4.4 Pharmaceutical Needs Assessment (PNA)

Healthwatch Brent participated in this work through promoting engagement, raising awareness and attending meetings to agree the final report. The PNA was signed off and published within the agreed deadline. This work is now completed.

4.5 Pharmacy First

The 2025-2026 workplan also involves a review of resident awareness of the services provided / available to them under the Pharmacy First scheme. The project aims to: -

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

This work has been delayed due to capacity issues and discussions about extending the work to include attendance at A&E and if residents had considered visiting their pharmacist first. If not, what stopped them.

The service have now extended the completion of this work to the end of the financial year.

4.6 GP access and complaints

In September 2024, Healthwatch Brent published its [GP access report](#), which brought together the views of **228** residents across North West London, and included a significant sample from Brent.

Access to GP appointments and making complaints continues to be an issue raised by residents. Healthwatch Brent understand that there is a wider issue around demand and capacity and the increasing progression towards digital transformation. The hope is that this work will identify areas of good practice in Brent that can be replicated.

This work is scheduled to commence in November 2025, with the aim to report the findings and recommendations by the end of February 2026.

4.7 Participating in key Health and Care meetings

This is a key element of Healthwatch's role in terms of escalating what the service hears from residents to key decision makers / key committees.

Given the limited capacity outlined, the service focused on the meetings / areas that residents raise most often. In Q1 the service participated in **15** meetings. In Q2 the service attended **12** meetings. The prioritised meetings include co-production, adult safeguarding, health inequalities, community engagement and patient voice. Healthwatch Brent also prioritise any meetings that include seldom heard groups (including disability and autism). Ideally, this is where resident feedback will have the greatest impact on service improvement.

4.8 Health awareness / tackling inequalities

Healthwatch Brent have focused its limited resources on promoting the NHS 111 services in advance of winter pressures.

4.6 Advice and Signposting Health awareness / tackling inequalities

The advice and signposting service consists of in person information and 'know your rights' sessions, a telephone and email support service and an information hub on the website. This service has been very active throughout the first half of the 25-26 financial year as follows: -

Service provided	Q1	Q2
In person advice sessions	91	113
Information and signposting cases through the telephone/email support service	55	41
Individuals accessing the online information hub	603	526
Total	749	680

The most popular topics of were around GP access.

In the second quarter of this year, the service also noticed an increase in the number of homelessness cases brought to its attention. Officers are referring these / signposting to the ASC homelessness team. Healthwatch Brent also explain (managing expectations) what they can expect.

The service is receiving a number of requests for support from residents and agencies where homelessness is imminent.

The lack of community advocacy continues to be an issue; this is especially relevant to Brent residents who do not have a good understanding of how to navigate / understand Health and Social Care services combined with cultural norms of families supporting each other.

In addition, Healthwatch Brent recognises that, in many cultures in Brent, raising a concern about the provision of Health Care is not something they would consider.

5.0 **Added value – Volunteers**

Currently Healthwatch Brent have **16** active volunteers. In Q2 they collectively contributed **109** hours to promoting the Health and Wellbeing agenda in the community.

Healthwatch Brent was aware that its volunteers are representative of the Brent community and as a result are able to communicate improvements that resulted

because of their feedback. As well as raising issues that affect seldom heard communities, the time and effort invested into volunteers leads to greater psychological safety and Trust and then more open and honest feedback.

6.0 Financial Considerations

There are no relevant financial implications.

7.0 Legal Considerations

There are no relevant legal considerations.

8.0 Equity, Diversity & Inclusion (EDI) Considerations

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


9.0 Climate Change and Environmental Considerations

No impact on environmental objectives.

Report sign off:

Patricia Zebiri
Healthwatch Manager Brent

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	Brent Health and Wellbeing Board 20 November 2025
	Report from the Joint Chair of Brent Children's Trust Corporate Director, Children, Young People and Community Development
Brent Children's Trust 6 monthly progress report	

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

1.0 Executive Summary

- 1.1. The Brent Children's Trust (BCT) is a strategic partnership group with the primary function to coordinate and steer the joint strategic direction for the delivery of local authority and health partner integrated services for children and young people in Brent.
- 1.2. As the BCT is a strategic partnership group, all operational activities sit with the individual organisations represented on BCT.
- 1.3. The BCT has a strategic relationship with the Brent Health and Wellbeing Board and Brent Integrated Care Partnership (ICP).
- 1.4. The Health and Wellbeing Board maintain oversight of BCT activity (see **Appendix A** for full governance structure). As part of this governance arrangement the BCT provides the HWB with a regular update report.
- 1.5. This paper provides an update of the BCT work programme covering the period April 2025 to October 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 April 2025 to October 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
Brent Council	<ul style="list-style-type: none">➤ Corporate Director of Children and Young People (Chair)➤ Director of Public Health➤ Public Health Consultant➤ Director Education, Partnerships and Strategy, CYP➤ Head of Looked After Children and Permanency➤ Head of Inclusion CYP➤ Head of Early Help, CYP➤ Head of Localities, CYP
Brent Integrated Care Partnership	<ul style="list-style-type: none">➤ Brent Integrated Care Partnership Lead➤ Brent Borough Director➤ Brent Clinical Director (Vice Chair)➤ Head of Mental Health, Learning Disabilities and Autism, Brent
Health Service Providers	<ul style="list-style-type: none">➤ Central London Community Healthcare NHS Trust➤ Central North West London Mental Health Care NHS Trust➤ London North West University Healthcare NHS Trust
Community and Voluntary Sector (as of September 2024)	<ul style="list-style-type: none">➤ Chief Executive Officer of CVS Brent

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

Brent Children's Trust Priorities 2024-2026

- 3.8. 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 April 2025 to October 2025, the BCT met three times on 22 May 2025, 15 July 2025, and 16 September 2025.

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

- SEND Inspection Implementation Plan and Development of SEND Strategy 2025 - 2030
- Families First Partnership Programme
- CYP Health Inequalities - Brent Health Matters: Progress and Next Steps
- Children's Mental Health Services - Thrive and Early Intervention Model Mental Health Needs Assessment
- NHS ICB Reforms – impact on Children's Services
- Family Wellbeing Centres Annual Report

SEND Inspection Implementation Plan and Development of SEND Strategy 2025-2030

- 3.15. The BCT formally reviewed and endorsed the SEND Inspection Implementation Plan, following discussion at the Inclusion Strategic Board, this was also discussed at the Health and Wellbeing Board at the July 2025 meeting.
- 3.16. Brent's recent SEND inspection outcome was highly positive, recognising the strength of partnership working, effective leadership across education, health, and care, and the focus on achieving positive outcomes for children and young people (CYP) with SEND.
- 3.17. In response to the inspection findings, the BCT has overseen coordinated action across partners to address identified improvement areas, including timeliness of Education, Health and Care (EHC) plan updates, early health check completion, and reducing waiting times for neurodevelopmental and CAMHS assessments. Notable progress includes:
- Clearing the backlog of annual EHC reviews and improving booking processes.
 - Increasing six- to eight-week health check completion from 30% (March 2025) to 85%, with continued improvement expected.
 - Supporting the development of a new ASD/ADHD hub model with the ICB, and introducing AI tools and targeted training to streamline referrals.
 - Overseeing work to strengthen the local Mental Health Offer through a THRIVE-aligned roadmap and the design of a "Getting Advice and Getting Help" model.
- 3.18. The BCT continues to monitor delivery of the Implementation Plan as a standing agenda item, ensuring that progress is reported regularly through the Inclusion Strategic Board.
- 3.19. In parallel, the BCT has oversight of the development of the new SEND Strategy 2026–2030.

Families First Partnership Programme

- 3.20. The BCT received an update and presentation on the vision for Brent's reformed system of family help and child protection, aligning with the national Stable Homes, Built on Love strategy and the Families First for Children Pathfinder Programme. The reforms aim to integrate family help and child protection services to reduce service handovers, strengthen family networks, and improve continuity of care.
- 3.21. The transformation programme is well advanced locally compared to other areas, with full implementation expected by April 2026. Key areas of progress include:

- Early transformation work: Brent began developing the integrated model in 2024, incorporating learning from national programmes and embedding insights from staff engagement activities.
- Consultation and soft launch: A formal consultation process concluded earlier in 2025, leading to a soft launch of integrated teams supporting children and young people (CYP) receiving Section 17 social care support.
- Integrated service model: The new approach ensures families only tell their story once, are supported by a single allocated worker throughout their journey, and benefit from closer integration with partner agencies.
- Implementation planning: A phased rollout began on 2 June 2025, with internal implementation across teams followed by engagement with external partners to embed new ways of working.

3.22. Whilst the strategic oversight of this project sits with the Safeguarding Children Partnership, the BCT will be involved to ensure that transformation activity remains aligned with BCT priorities and delivers improved outcomes for children, young people, and families in Brent.

CYP Health Inequalities - Brent Health Matters: Progress and Next Steps

3.23. The BCT received an update on the Brent Health Matters work focused on reducing health inequalities for children and young people, with progress reported across asthma, vaccination confidence and mental health.

- Asthma work continues to move forward. Awareness materials in several community languages are being shared with families and GP practices. A new pathway is in place to support families affected by damp and mould, and the housing team is reviewing what additional help can be offered.
- Vaccine hesitancy remains a challenge, particularly within the Somali community in relation to MMR. A community study has taken place, supported by a policy brief. A proposal is being developed to work with Somali fathers through a local charity to support further engagement. Two of the three nurses involved in the programme are now signed off to administer vaccinations.
- Work on mental health continues with local partners. Workshops and events are being held in community settings, and Family and Wellbeing Centres are offering safe spaces for children aged six to eleven. Low attendance at some sessions highlights concerns about local safety and the need for continued engagement.

3.24. Overall, progress is being made, with clear next steps to strengthen community engagement, improve coordination and continue addressing the wider factors affecting health.

- 3.25. The BCT noted that stronger coordination across system partners is needed to avoid duplication and ensure a consistent approach.

Children's Mental Health Services - Thrive and Early Intervention Model Mental Health Needs Assessment

- 3.26. The BCT received a detailed update on the development of Brent's early intervention and prevention model for children and young people's mental health, aligned to the national Thrive framework.
- 3.27. The model focuses on two key elements: Getting Advice and Signposting and Getting Help. It aims to offer early support to children aged 5–15, including those with SEND, and reduce the pattern of automatic referral to CAMHS. The ambition is to identify needs earlier, build resilience and give families a clear pathway to the right support at the right time.
- 3.28. A single access point into mental health support is being developed, with triage by a multi-agency team. Depending on the assessment, children and young people will either receive signposting and advice, or targeted interventions delivered by clinical and non-clinical professionals. These include mentoring, peer support, brief evidence-based therapies, emotional regulation work, psychoeducation and resilience-building activities.
- Three delivery options were presented with the preferred option being to support a consortium model, led by a single VCSE organisation, subcontracting to other providers over a six-month prototype period from October 2025.
- 3.29. CNWL will coordinate the single point of access and referral pathway. Referral processes are being strengthened with GPs and neighbourhood teams to reduce multiple hand-offs and ensure children only tell their story once.
- 3.30. Funding and investment were confirmed and a business case has been submitted to secure further funding to prototype the Getting Help element from April 2026.
- 3.31. The Integrated Care Partnership Mental Health and Wellbeing Group are leading on taking the thrive model forward as part of the solution around earlier intervention and support for young people.
- 3.32. The Mental Health Needs Assessment estimates that more children and young people are likely to require mental health support. Based on the assessment, around 18,000 children may need help each year. Whilst it recognised that some young people will be receiving support through their schools as many of whom commission mental health and wellbeing support for pupils, further

consideration needs to be given to increasing capacity or having a wider borough-wide mental health offer.

- 3.33. The BCT noted the importance of refining how data is collected and how ethnicity is mapped. The BCT also emphasised that cultural change is required across the system to shift away from routine CAMHS referrals and towards early intervention. BCT members were asked to provide final comments on the Needs Assessment, ahead of formal endorsement.

NHS ICB Reforms – impact on Children’s Services

- 3.34. The BCT received an update on the recent national reforms to NHS Integrated Care Boards (ICBs) and the potential implications for Children’s Services in Brent. The reforms, announced by the Department for Health and Social Care (DHSC) in March 2025, include a 50 percent reduction in operating costs for NHS England and ICBs, the abolition of NHS England, and the absorption of its functions into the DHSC.
- 3.35. The BCT has taken a proactive role in monitoring the implications of these reforms for local partnership working, particularly in relation to safeguarding, SEND, and integrated service delivery.
- 3.36. Key areas of focus and action include:
- Assessment of local impact: The BCT is working with ICB and partners to assess how the reforms may affect statutory responsibilities, resource allocation, and local service delivery, particularly for SEND and safeguarding.
 - Engagement and representation: Through partnership leads, Brent continues to contribute to regional working groups exploring the development of the new integrator or accountable care organisation model. Local partners are advocating for continued clinical input and Borough based delivery structures.
 - Escalation of concerns: Concerns have been raised regarding the pace of reform, the lack of local involvement in early discussions, and the potential risks to safeguarding and SEND functions. These issues have been escalated through local political and governance channels, including engagement with Brent’s Cabinet Member for Children and Young People and local MPs.
 - Governance and oversight: The BCT will ensure regular updates are provided and that the partnership remains agile in responding to the evolving national landscape.
 - The Chair emphasised the importance of maintaining professional oversight, protecting statutory responsibilities, and ensuring any structural changes align with Brent’s local priorities and the needs of children and families.

- 3.37. Further updates on the reform programme will be brought to future BCT meetings as the national position becomes clearer.

Family Wellbeing Centres Annual Report

- 3.38. A report will be shared with the Health and Wellbeing Board as part of this agenda item at the November 2025 meeting.
- 3.39. The BCT received an update on the annual report for Family Wellbeing Centres, outlining progress, achievements and areas for development over the past year.
- 3.40. Key achievements included the relaunch of the dads' offer after the recruitment of a dedicated Dads' Officer, with sessions now running in centres and community venues to improve accessibility. The parenting offer remained a strong feature, supporting families from early years through to adolescence, including those with SEND. Centres are also preparing for the transition to the national Best Start for Life model from April 2026, which places greater focus on early childhood development, parent-child attachment and wider partnership working. Capital funding has improved outdoor play spaces, and a weekend offer is now in place to support working parents.
- 3.41. The service also reported ongoing challenges. Growing attendance from existing families has been positive, although new registrations have plateaued. The end of the long-standing Speech and Language Therapy contract due to funding pressures leaves a gap at a time of rising need. A new approach using the WellComm model is being developed with Public Health. Engagement and communication methods need improvement, and increasing uptake of accredited parenting programmes remains a priority.
- 3.42. The service aims to ensure Family Wellbeing Centres remain accessible to all families, including young people, and that the youth offer continues to align with the borough's 2025-28 Youth Strategy.
- 3.43. BCT members discussed staffing pressures linked to movement of staff to the Family First Partnership Programme. It was confirmed that while staffing has been stretched, core centre staff remain in place and programme delivery has continued. Members also discussed better integration with health hubs, particularly around mental health support and ensuring clear referral pathways. Improving the digital offer was highlighted as a priority due to barriers caused by the current booking system and limited language accessibility.
- 3.44. The BCT provided a steer on the next steps to focus on:

- strengthening links between health hubs and Family Wellbeing Centres
- improving digital access
- developing the Start for Life and Families First programmes, increasing uptake of accredited parenting programmes, and improving engagement with the youth offer.

4.0 Stakeholder and ward member consultation and engagement

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

5.0 Financial Considerations

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

6.0 Legal Considerations

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

7.0 Climate Change and Environmental Considerations

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

8.0 Equity, Diversity and Inclusion (EDI) Considerations

- 8.1 There are no equity, diversity and inclusion considerations relating to the Brent Children's Trust 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

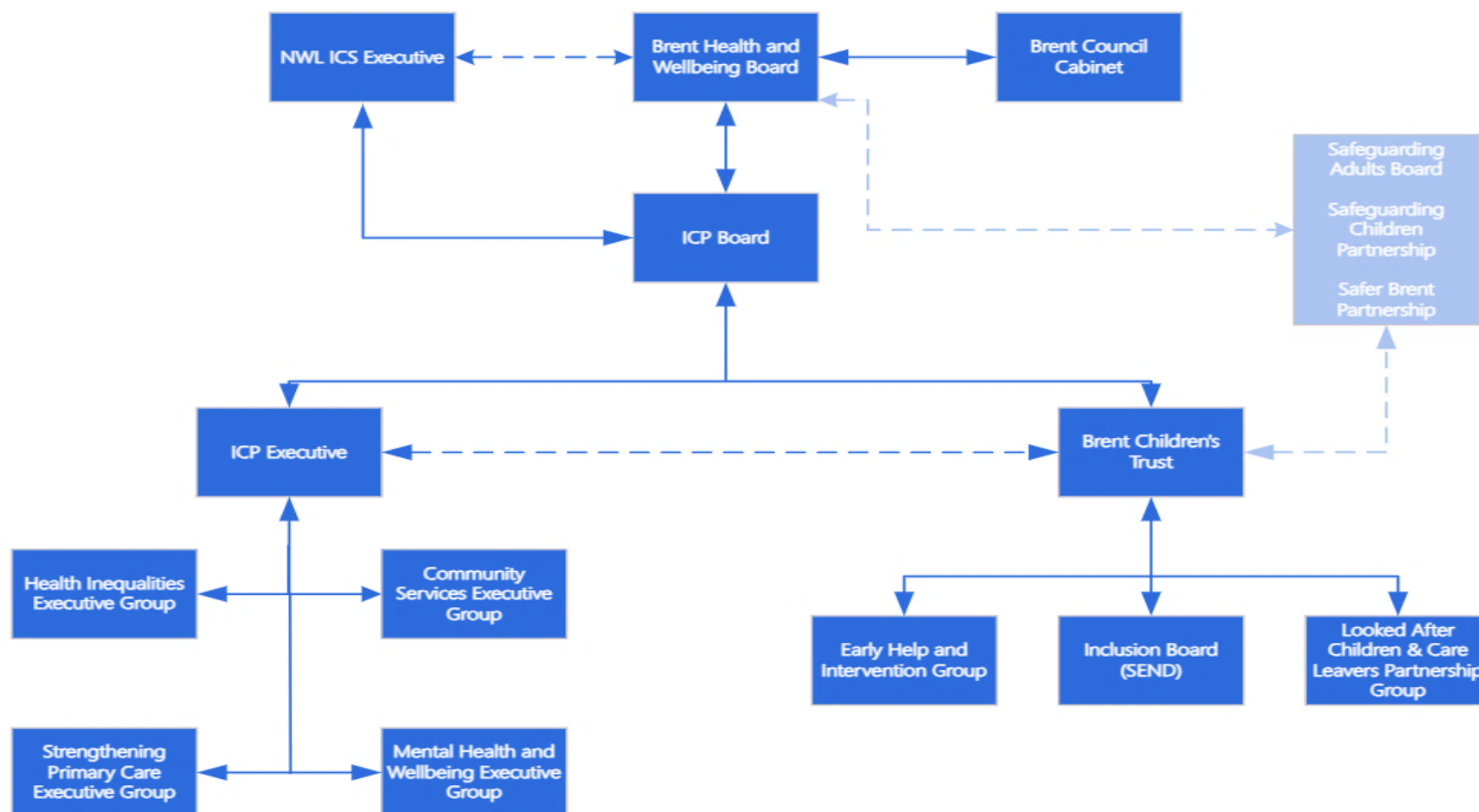
Corporate Director of Children, Young People and Community Development

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Appendix A

Governance Structure – Brent Health and Wellbeing Board, Integrated Care Partnership Board and Brent Children’s Trust

(September 2024)



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	Brent Health and Wellbeing Board 20 November 2025
	Report from the Corporate Director, Children, Young People and Community Development
	Lead Cabinet Member for Children, Young People and Schools - Councillor Gwen Grahl
Family Wellbeing Centre update 2024-2025	
Wards Affected:	All
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt: (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
List of Appendices:	Appendix 1 - Family Wellbeing Centre Annual Report (2024/25)
Background Papers:	None
Contact Officer(s): (Name, Title, Contact Details)	Palvinder Kudhail Director Early Help and Social Care Palvinder.kudhail@brent.gov.uk Serita Kwofie Head of Early Help Serita.kwofie@brent.gov.uk

1.0 Executive Summary

- 1.1 This report provides an update on the progress of the Family Wellbeing Centres (FWCs) for the 2024/25 financial year. The FWCs were launched in December 2020 and the delivery model continues to develop with new partnerships being created, and service delivery increasing across all centres. The FWC annual report 2024-25 is attached as Appendix 1.

2.0 Recommendation(s)

- 2.1 The Health and Wellbeing Board are asked to note the progress of the FWCs.
- 2.2 The Health and Wellbeing Board are asked to make recommendations, particularly regarding potential new partnerships and funding / resourcing opportunities, to strengthen the FWC delivery model.

3.0 Detail

3.1 Contribution to Borough Plan Priorities and Strategic Context

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

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

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

3.2 Background

Family Wellbeing Centres

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

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

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

3.2.4 FWCs are open full time with several centres offering early evening youth activities. There is some Saturday opening on rotation across the FWCs to facilitate additional sessions including for families / children with SEND. Each FWC is shaped by a Local Steering Group (LSG) of stakeholders and there is integrated working across Brent's Early Help network to efficiently and effectively respond to the needs of local families using a holistic approach. The LSG link to the FWC Family Hub and Start for Life Steering Group which has multi-agency representation at senior officer level.

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

3.2.6 The Willow FWC is co-located with a nursery for children aged 9months - 4yrs. The nursery is registered to provide full-time care for 98 childcare places. The places are managed flexibly to accommodate the needs of the community. The

nursery offers 30 places for Children with a Disability (CWD) and 28 places for Children in Need (CiN). Willow FWC also has enhanced childcare provision offering 12 places to children with Autistic Spectrum Disorder (ASD), on a part-time offer.

- 3.2.7 FWCs work closely with Brent Community Hubs to ensure there are effective working relationships in place to support Brent's residents. Managers from the respective services meet periodically to review service delivery, update on current developments, and address any partnership working challenges.
- 3.2.8 The FWCs focus is on prevention and early intervention, using a whole family approach to stop problems escalating and requiring higher tier and more costly support. An early help approach achieves better outcomes for families and reduces the impact of Adverse Childhood Experiences, enabling families to thrive.
- 3.2.9 When FWCs were established, they were focused on delivery against 6 key priority areas:
1. A reduction in referrals to higher level interventions
 2. Prevention of family breakdown resulting in entry to care
 3. Addressing the growing challenge of serious youth violence
 4. Building capacity in universal services so that they can support children earlier
 5. Successful delivery of the Healthy Child Programme (0-19)
 6. Improved school readiness for children when they enter Reception.

A detailed update on progress against each priority is included in section 7 of the FWC Annual report 2024-25, attached as Appendix 1.

Outcomes

- 3.2.10 The outcomes and impact achieved for families through the FWCs is wide ranging and dependent on what services families are accessing, how well they engage, and the length of the intervention. For example, some families access ad-hoc stay-and-play sessions, whereas others receive targeted key worker/lead professional support lasting up to 1 year and as part of this work multiple agencies will be involved. The full range of support on offer that improves family outcomes is detailed on page 28 of the FWC annual report attached as appendix 1. Outcomes and impact are evidenced through contract monitoring data from commissioned services, case studies, case files, direct work tools, service user feedback, outcome/impact reports following the completion of interventions, assessment tools, and bi-annual parent satisfaction surveys. During the 2024-25 financial year 18,079 families were supported to achieve positive outcomes in the following areas:
- Improved family finances and reducing the impact of the cost-of-living crisis
 - Reduced numbers of families presenting as homeless, securing long term accommodation and reducing the threat of eviction
 - Improved family nutrition, weight management and access to fresh fruit and vegetables
 - Support to stop smoking improving family health and wellbeing

- Improving school attendance, punctuality and engagement with school, leading to better educational attainment
- Improved oral health and reducing teeth extraction for under 5s
- Improved parent/ carer and CYP mental health and wellbeing
- Improved parenting capacity leading to better relationships between parents and their children, reducing children's behavioural problems and improving communication
- Reducing negative discipline practices such as smacking and providing parents with alternative approaches to discipline
- Improving CYP and parent/carers emotional literacy
- Reducing substance misuse and the negative impact on families
- Improved family fitness leading to better wellbeing outcomes
- Increasing families' engagement with early help, preventative and intervention services, including refugee/ asylum seekers and less heard from groups
- Reducing the risk of domestic abuse and providing a whole family offer to process the trauma of domestic abuse
- Improving parents' literacy, numeracy and ICT skills, and soft skills leading to employment opportunities
- Reducing parental conflict and the negative impact on families
- Reducing the negative impact of Adverse Childhood Experiences and trauma
- Increasing families' resilience to the impact of multiple disadvantages
- Supporting parents and young people into employment and to access educational and work experience opportunities
- Increased identification rates of young carers linking them into support and reducing the impact of caring responsibilities on CYP
- Reducing social isolation, particularly for new mums
- Improving a range of outcomes for families of children with SEND
- Improving children's school readiness, particularly ensuring children have good Speech Language and Communication
- Preventing family problems becoming more complex and entrenched by intervening earlier and providing the right support at the right time
- Preventing family breakdown and CYP going into care
- Helping families to thrive, be happy, and achieve their goals.

Outcome of the key priorities for 2024-25

3.2.11 A summary of the FWC key priorities for 2024-25 are detailed below including an update on the outcome achieved:

- **Deliver the final year of the government's 'Start for Life' programme and exit planning** - the Start for Life delivery plan made significant progress with regards to implementation across all strands and regular updates are provided to the DfE. The DfE subsequently confirmed another year of funding to March 2026.
- **Link to the Council's strategic change programme to ensure that FWCs improve and evolve to tackle current and emerging challenges of our local communities** – the FWCs have actively participated in the Council's strategic change programme for example, the Period Dignity programme with free period products being distributed to women and girls, the FWC buildings are dementia friendly and

achieved accredited status, the centres support families impacted by the cost-of-living crisis.

- **Increase the number of parents completing accredited parenting programmes and workshops** - there continues to be very high demand for the Cygnet programme – a support programme for parents/carers of autistic children aged 5-18, helping them understand autism and support their child. The introduction of Cygnet plus has been well received, and parents are reporting that this is supporting their parenting for older children with an autism diagnosis. A self-guided Cygnet programme is being introduced in 25-26 to further address high demand for this programme.
- **Develop the FWC youth offer linked to the refreshed Brent Youth Strategy and delivery plan** – the youth offer expanded during the year with new diversionary activities being added to existing activities that have been maintained across the FWC. In Spring 2025, the Brent Youth Strategy was successfully launched at St Raphael's FWC.
- **Support the Early Help and Social Care redesign to contribute to the development of a service that is fit for the future** – new Family Support teams were launched in June 2025, bringing together Keyworkers and Social Workers to deliver support more effectively to families, reducing the number of handover points and increasing the consistency of lead worker.

Challenges

- 3.2.12 Not all families access FWC support services and this continues to impact on children's school readiness, oral health and obesity outcomes. In addition, mobility in some areas of Brent remains high with families new to the UK who may not be aware of the range of support services available. Work continues across the FWCs to address these issues.
- 3.2.13 Challenges remain around completion rates of parenting programmes particularly for those parents who are referred in. The early help and social care redesign may support increased awareness of the practitioner role in supporting parents to attend programmes (rather than just referring them in) but there are concerns about the impact of the redesign on practitioner availability to deliver parenting programmes in 2025-26.
- 3.2.14 Families continue to present at the FWC significantly impacted by the cost-of-living crisis. Families are triaged and connected into appropriate support as quickly as possible. The Triage service piloted a new Crisis Response fund (Brent Council funded) to provide one off payment to support families in financial crisis. Payments are received promptly. The pilot was successful and will be embedded across the FWC.

4.0 Forward planning

- 4.1.1 FWC key priorities for 2025-26 are to:

- Deliver the final year of the 'Start for Life' programme and transition to the governments new 'Best Start in Life' programme.
- Increase the number of families registering across the FWCs, targeting those in the wards with highest levels of deprivation
- Further develop the FWC youth offer linked to the refreshed Brent Youth Strategy and delivery plan
- Support the development of the new Early Help and Social Care family support model to ensure the service is fit-for-purpose and works effectively in partnership with the FWCs
- Support the development of the new adolescent Targeted Prevention Hub ensuring FWCs play a key role
- Capitalising on the redeveloped outside play areas to deliver a greater range of environmental projects and activities, to encourage more children's outdoor play and learning.

5.0 Stakeholder and ward member consultation and engagement

- 5.1 Significant consultation has taken place regarding development of the FWCs, including with the Lead Member for Children, Young People and Schools. Various focus groups were delivered during the design and consultation period with multi-disciplinary staff, stakeholders, partners and parents.
- 5.2 Well established governance arrangements are in place with multi-agency representation at strategic and operational levels. Parents are involved with governance at the operational level via the FWC Local Steering Groups.
- 5.3 A Parent Carer Voice Forum was established to ensure there was a strong parent voice in shaping the offer. Parents were recruited with children at different ages and stages, children with SEND, dads and pregnant parents to ensure a diverse group and a wide range of views were captured.
- 5.4 A Youth Panel is used to co-produce and develop the CYP offer.
- 5.5 Feedback mechanisms are in place to capture the views of service users, and this is used to improve the FWC model to help ensure services and support offered, actively engages families and meets their wide-ranging needs. Overall service user satisfaction rates are high across the FWC, as evidenced by the autumn term 2024 parent/ carer survey which had over 2,000 responses, and demand for services continues to grow.

6.0 Financial Considerations

- 6.1 Following the Cabinet decision to develop the FWCs, savings of £1.5m per annum have been delivered to core funding since the changeover from Children's Centres in 2020.
- 6.2 Further savings were achieved during the 2024-25 financial year by reducing (by 5%) the contract value of Barnardo's FWC support services, reducing staff establishment, reducing general fund by shifting expenditure to grant funding, and developing partnerships with statutory and non-statutory sectors to use the FWC as delivery points and the partner has funded the service.

7.0 Legal Considerations

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

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

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

7.3 Section 5A (“Arrangements for provision of children’s centres”) requires arrangements to be made by the Council so that there are sufficient children’s centres, so far as reasonably practicable, to meet local need.

7.4 Section 5D (Children’s centres: consultation) requires the Council to undertake such consultation as it thinks appropriate before making arrangement for the provision of a children centre or before any significant change is made in the services provided through a children’s centre or before anything is done that would result in a children’s centre ceasing to be a children’s centre.

8.0 Equity, Diversity & Inclusion (EDI) Considerations

8.1 The public sector equality duty, as set out in section 149 of the Equality Act 2010, requires the Council, when exercising its functions, to have “due regard” to the need to eliminate discrimination, harassment and victimisation and other conduct prohibited under the Act, to advance equality of opportunity and foster good relations between those who have a “protected characteristic” and those who do not share that protected characteristic. The protected characteristics are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

8.2 Having due regard involves the need to enquire into whether and how a proposed decision disproportionately affects people with a protected characteristic and the need to consider taking steps to meet the needs of persons who share a protected characteristic that are different from the needs of persons who do not share it. This includes removing or minimising disadvantages suffered by persons who share a protected characteristic that are connected to that characteristic.

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

8.4 An Equality Impact Assessment (EIA) in relation to FWCs was completed as part of the Cabinet report submitted in October 2019. A further Equality Impact Assessment was completed as part of the Family Hub and Start for Life programme in 2023. Another (EIA) will be completed as part of the new Best Start in Life programme 2026.

9.0 Climate Change and Environmental Considerations

9.1 A range of services are provided from FWCs that include consideration of climate initiatives.

10.0 Human Resources/ Property Considerations (if appropriate)

10.1 N/A

11.0 Communication Considerations

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

11.2 A focus this past financial year has been on improving communication with schools and this has included attendance at school cluster meetings and Designated Safeguarding Lead / SENDCo forums, publicising the offer in the Headteachers bulletin / Schools Extranet / Governors termly newsletter, via Family Support Workers linked to schools, joint outreach to schools to attend coffee mornings, parent workshops and the CYP Wellbeing Alliance network (a termly meeting that brings together statutory and non-statutory partners to share information/ new service developments, provide a forum for agencies to connect, with a focus on early intervention and prevention).

11.3 Public Health used Start for Life funding to recruit 2 Communication and Engagement Officers for a fixed term to develop an enhanced promotional campaign including print, digital and social media to raise awareness of breastfeeding and peri-natal mental health services and promote access to and use of FWCs by more disadvantaged communities. This includes attending community meetings, videos (with translated subtitles), digital ads (with translated versions), printed flyers, posters and promotional maternity packs.

Report sign off:

Nigel Chapman

Corporate Director

Children, Young People and Community Development

Family Wellbeing Centre Annual Report 2024-25



The annual report was authored by:
Simon Topping (FWC Service Manager)
Jane Stewart (EY Partnership & Information Lead)
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1. Overview

1.1 Introduction and context

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

There is a core service offer across all the FWCs and some variation depending on local needs and what services are delivered in the community. A description of the FWC service offer is detailed in appendix 1 and includes for example health, education, parent/ carer support and family support. There are currently over 130 different family support activities and services available to book online. An example FWC timetable is included in appendix 2.

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

FWCs are open full time with centres offering early evening youth activities. Two FWC are open Saturday mornings on rotation to improve access for working families. Each FWC is shaped by a Local Steering Group (LSG) of stakeholders and there is integrated working across Brent's Early Help network to efficiently and effectively respond to the needs of local families using a holistic approach.

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

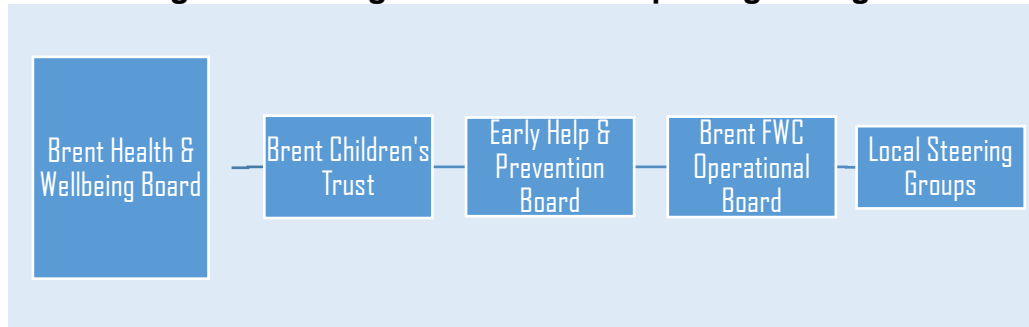
The Willow FWC is co-located with a nursery for children aged 0-4yrs. The nursery is registered to provide full-time care for 98 childcare places. The places are managed flexibly to accommodate the needs of the community. The nursery offers 30 places for Children with a Disability (CWD) and 28 places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

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

1.2 Governance arrangements

The FWC LSG meet quarterly with the exception of Willow and Curzon/ Fawood which have different governance arrangements. The LSG are neighbourhood forums for sharing information, identifying need and support requirements for families and service gaps/ pressures, challenging performance and quality of delivery, acting as local agents for integrating services and drawing in additional resources. The LSG Chairs are elected from the group membership.

Figure 1: FWC governance and reporting arrangements



1.3 Registrations and contacts

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

Figure 1: Stay & Play session at Granville FWC



1.4 Headline data for 2024-25

Table 1 gives a summary of the FWC key performance indicators for the 2024-25 financial year. (The full data report is included as appendix 3).

Table 1: Key Performance Indicators 2024-25

No.	Area	Measure	Period		No. Difference		% Change	
			2024/25	2023/24	2024/25 and 2023/24		2024/25 and 2023/24	
1	Registrations	Number of children and young people and adults registering with Family Wellbeing Centres	8,662	12,486	- 3,824	↓	-31%	
2	Reach - Contacts	Number of registered services users that have had a contact with Family Wellbeing Centres	18,079	15,849	2,230	↑	14%	
3	Volume - Contacts	Number of recorded contacts with registered service users at Family Wellbeing Centres	151,613	124,302	27,311	↑	22%	
4a	Reach - Dads	Number of registered dads/male carers contacted	2,568	2,323	245	↑	11%	
4b	Volume - Dads	Number of recorded contacts with registered dads/male carers contacted	14,461	14,563	- 102	↓	-1%	
5	Triage	Total number of families supported by Triage	1,674	2,135	- 461	↓	-31%	
6a	Key Worker Support	Total number of assessments completed (EHAs and Reviews)	2,133	2,009	124	↑	6%	
6b		Total number of children and young people supported (closed and currently open)	1,563	1,438	125	↑	9%	
6c		Number of families on waiting list within Family Wellbeing Centres	58	42	16		38%	
6d		Number of children on waiting list within Family Wellbeing Centres	109	73	36		49%	
7a	Supporting Families Programme	Number of families identified	1,441	1,560	- 119	↓	-8%	
7b		Number of families with a successful outcome	949	764	185	↑	24%	
8a	Parenting Support	Number of parents completing accredited parenting programmes/workshops	374	447	- 73	↓	-16%	
8b		Percentage of parents completing accredited parenting programmes/workshops	76%	79%	-3%	↓	-4%	
8c		Number of parents attending accredited parenting programmes/workshops	494	567	- 73	↓	-13%	
9a	School Readiness	Number of attendances at the universal Speech & Language Communication (SLC) sessions	2,457	2,207	250	↑	11%	
9b		Number of children identified with SLC needs (number of referrals to FWC SLT)	161	304	- 143	↓	-47%	
10	Public Health - Reach - Healthy Start Vitamins	Number of people that have received Healthy Start Vitamins	3,498	2,396	1,102	↑	46%	

Where there is a significant drop in data, these are explained below:

- Registrations – there has been a 31% reduction in registrations benchmarked to last year. This is disappointing given that communications and publicity to promote FWC has been strengthened during the last year. The reduction can partly be attributed to challenges with the e-registration system which was non-operational for 1 month. Also, Granville FWC is adjacent to a building site and many families think the centre is closed as a result. Increasing the number of registrations will be a priority this year.
- Triage – there has been a reduction of 31% in the number of families triaged. This is mainly due to a refinement of the data recording and data collection system. There was also a vacancy for 1 triage officer for 6 months and this has impacted the data.

Parenting - bookings for accredited parenting programmes continue to be high but non-attendance remains an ongoing challenge. A large proportion of non-attendance at parenting programmes is from parents who are referred into programmes by a professional (including Early Help and Social Care). The

provider of online workshops ceased trading in quarter 3 of the year and this resulted in a reduction in overall completions of programmes. Working with allocated practitioners to support increased parental attendance will continue to be priority for the new year.

- School Readiness – there is a 47% reduction in the number of children identified as requiring speech and language support. This is due to the vacancy for a Speech and Language Therapy Assistant and time taken to recruit to the position. A new speech and language support model, WellComm, will be rolled out this year across all early years setting, including the FWC, and will help to identify children with speech and language needs and provide support strategies to parents.

1.5 Triage

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

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

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

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

Other support via the Triage service includes:

- Helping Ukrainian, asylum and refugee families, who have newly arrived in the UK and require support to integrate in the community
- Travel Access scheme - funded by the Asylum Dispersal Grant, assists those families who are seeking asylum and have limited income to travel to FWCs, maintain appointments with partner agencies or get to health appointments and is made available to families through the FWCs
- Winter and Warm scheme – vulnerable families are given a £50 shopping voucher to buy clothes/ winter related items
- Crisis Support Fund – fast tracking families to access Brents Crisis Support fund
- Baby Bundles - a partnership with Little Village to provide vulnerable new birth families with access to items for newborns and in some cases a Moses basket for baby to sleep in

- Too Good to Go – food vouchers worth £15 are given to vulnerable families to enable them to access food via the Too Good to Go app. Approximately 200 vouchers are given out bi-monthly.

Feedback from a refugee family receiving triage support:

Dear Preston FWC team,

I hope this message finds you all in good health and high spirits.

On behalf of my family, I would like to extend our deepest gratitude to the entire team at the FWC, and especially to the Triage worker, for the unwavering support, kindness, and care you have shown us throughout our asylum seeker journey.

From the very beginning, your support has made a significant difference in our lives. We were guided through the nursery admission process for our son, which was a crucial step in helping him settle into a new environment. Your assistance during this time was invaluable.

The winter clothing voucher we received was another vital support that helped us stay warm during the colder months, a season we were not used to, coming from a different climate. We also deeply appreciate the Oyster card you provided, which we relied on heavily to travel in cold and rainy conditions, especially when taking our son to and from nursery, and accompanying my elderly mother and son to medical appointments or to attend the wellbeing sessions at your centre.

The emotional wellbeing sessions have had a profound impact on both me and my wife. Being able to connect with others, hear their stories, and share our own experiences brought comfort and a renewed sense of hope during challenging times. Our son truly enjoys the playtime and cartoon sessions and is always happy to interact with other children.

The good to go food vouchers and weekly food bags you provide have also been a great help, particularly the fresh fruits (mango) and dairy items like oats milk and Greek yogurt, which have been essential for my mother, who suffers from severe gastritis. Even something as simple as cup noodles has been a great support on days when the meals provided at our accommodation were not suitable.

Throughout our time here, we have felt cared for, supported, and uplifted by your kindness. Special thanks and appreciation go to the Triage worker, who has always stayed updated on our situation and treated us with the warmth and care of a mother. Her compassion, attentiveness, and dedication are truly admirable.

With sincere hearts, we kindly and gratefully express our hope to continue receiving the same care, support, and love in the days ahead. It means a great deal to us and brings comfort to know that we have such a compassionate community standing beside us.

Thank you once again for everything you have done and continue to do for our family.

1.6 Family Solutions Key Workers

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

KW's complete Early Help Assessments (EHA) and undertake reviews to consider the holistic needs of all children within the family. Key workers completed a total of 2,113 Early Help Assessment/ reviews compared to 2,009 in 2023-24, an increase of 6, (see attached family solutions data report for further details). The increase in demand, coupled with recruitment challenges has meant that there have been delays in allocation. However, with management oversight and robust duty systems, families continue to receive support whilst waiting allocation. In April 2024, the targeted Early Help Dashboard went live, providing oversight on caseloads and timescales to further support managers and ensure that there is no drift or delay with open cases.

Table 2 below shows the top 5 reasons for referrals.

Table 2: Reasons for referral

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

The Supporting Families target for payment by results in the 2024-25 financial year was 945 families, this target has been fully met and exceeded by 4. The top 3 areas of concern identified for the Supporting Families programme during this period are detailed in table 3:

Table 3: Supporting Families areas of concern

No	Reason
1	Families impacted by mental health issues 25%
2	Families affected by domestic violence and abuse 27%
3	Children/Young People having education issues 24%

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

Step-up and step-down case practice continues to be reviewed to ensure that the decision to step down is appropriate and that the step down is completed in a timely manner. Early Help attend the weekly transfer meetings to ensure that there is no drift or delay in cases transferring. Dip sampling continues to take place regularly by the Early Help Service Manager.

In April 2024, the Early Help and Social Care directorate embarked on a new redesign programme to better support more holistic, joined up working and ensure we have a modern, fit for purpose service model, in line with the Government's Families First reform programme. A set of key design principles underpinning the development of the model were adopted as follows:

- Ensure that Children and Young People are at the centre of everything we do.
- Reduction in silo-working between departments.
- Minimising and streamlining handover points between teams.
- Minimise assessments and duplication for children and families.
- Create greater opportunities for shared learning and experience building between teams.
- Greater consistency for children and families.
- Increase practitioners' capacity to build strong relationships with children and families.
- Supporting the recruitment and retention of Key Workers and Social Workers.
- Improving the experience of Children and Families engaging with the Early Help and Social Care services.

The new delivery model went live on 2 June 2025. KW have moved from the FWC to form new teams at the Civic Centre and Willesden Library but retain links to their respective FWC.

1.7 Barnardo's partnership

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

1.7.1 Early Years Workers

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

1.7.2 Family Support Assistants (FSA)

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

1.7.3 Volunteer programme

Barnardo's delivers a volunteer programme that includes a Volunteer Coordinator. There are over 30 volunteers that support the work of the FWC. Most volunteer during term-time. Volunteers support FWC with for example administration, the crèche, promoting activities/ services, registering families, English conversation groups, delivering parenting programmes and other interventions. The aim is for each FWC to have a minimum of 3 volunteers allocated to provide additional support, including a Parent Champion.

1.7.4 Parent Champions

The Violence Reduction Unit funds a Parent Champions programme using volunteer parents on the premise that they are best placed to support other parents to find out

about childcare and services for families with children of all ages, but particularly focused on families with young people over 10 years old. The Parent Champions have been supporting the FWC with outreach to refugee new arrivals, and homeless families, in temporary accommodation in local hotels to promote FWC registration and take-up of services. During the year there were on average of 8 active Parent Champions and at the time of writing another 5 are being onboarded. The aim is to have 14 in place and funding has been confirmed to March 2026.

The Parent Champions have helped to strengthen community relationships and increase awareness around key safeguarding and wellbeing issues such as gang, knife crime, and online harm/ safety. Using this approach can be an effective way to build trust, bridge gaps, and empower families. Parent Champions lived experience and community knowledge are key to reaching families who might otherwise remain disengaged.

1.7.5 Crèche provision

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

1.8 Commissioned partners

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

- CAB – advisors are present at each of the FWC one day per week via an appointment-based system. Families can be seen at any of the FWC and can access support via telephone and webchat.
- SLT – promoting age-appropriate development of children's (0-5 years old) Speech Language and Communication (SLC) skills, early identification, and intervention to prevent children's SLC needs escalating and improve children's school readiness. Due to funding challenges this service came to an end March 2025 and a new delivery model is being explored.

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

- HomeStart - parent peer-to-peer support and family befriending service
- Family Friends - parent peer-to-peer support and family befriending service
- *Potential* Mentoring for CYP – this service came to an end February 2025 and Air Sports Network was appointed at the new provider to March 2026
- D'OR Therapy – counselling for CYP and adults
- Emotional Health & Wellbeing Workshops for adults
- Our Time – holistic family mental health and wellbeing service using drama and therapeutic reflection to explore sensitive family mental health issues
- Young Carers – Brent Carers Centre provides a range of support services for young carers and their families
- Advance – Independent Domestic Violence Advisors (IDVA) – support domestic abuse victims to become safe and rebuild their lives, represent their voice at a Multi-agency Risk Assessment Conference (MARAC), helping them to navigate the criminal justice process, and work with different agencies to provide wraparound support. Funding was secured to expand the service to include x2 CYP IDVA starting 2025-26
- All Child (formerly West London Zone) - supports communities in underserved neighbourhoods in Brent to help CYP build the social, emotional, and academic

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

1.9 Core services

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

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

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

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

1.10 Parenting support

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

- Solihull
- Strengthening Families Strengthening Communities (SFSC) Standard, Prevent, Gangs, Light (also available via e-learning)
- Triple P, Primary & Secondary (also available via e-learning)
- Stepping Stones (support for parents of CYP with SEND)
- Cygnet (for parents of CYP on the autistic spectrum)
- Mellow Parenting, Babies & Toddlers
- Family Transitions – for parents who are divorced or going through separation
- Who's in Charge - aimed at parents whose children are being abusive or violent towards them
- Health, Exercise and Nutrition for the Really Young (HENRY)
- Generation Parent Management Training Oregon (PMTO) – aimed at parents to prevent and reduce mild to severe behaviour problems in young people aged 8-14 at risk of getting involved in serious youth violence.

Parents who have English as an additional language are supported through translation services, facilitators who speak community languages, and resources i.e. parenting manuals being available in different languages. A creche also runs alongside the programme to enable access for parents with young children.

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

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

Figure 2: Parents completing a parenting programme



In the 2024-25 the parenting offer expanded to meet the increased demand for Cygnet programme delivery. The co-facilitation of the programme with school partners on school sites has been a particular success. It is hoped that this model can be further expanded to an increased range of programmes in the 2025-26 year. The Cygnet Plus programme for older children was implemented in 2024-25.

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

1.11 Dads programme

A new dad's officer was appointed in January 2025 following a period when the post had been vacant. The dads programme was relaunched in February 2025 with some services on offer and a delivery plan is in place to expand the offer during the year.

The dads programme aims to engage more dads to access activities and support across the FWC network and be champion for dad's inclusion in family support work. Dads play a key role in their children's upbringing and development and are often a less heard from and overlooked group when working with families, as the focus tends to be on mum and children.

Feedback from Dads

'I really enjoy special time with my daughter and taking her to activities at the centre, which she really enjoys.'

'I was reluctant to attend a parenting course, but I'm glad I did as I learnt a lot and met other dads going through the same issues'

1.12 Toy Library

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

1.13 Felix food programme

The majority of the FWC receive food donations via the Felix project and food items were donated to families equating to 50,000+ meals during the year. Some FWC also receive non-food items from Felix such as toys, clothes and household items which are donated to families.

1.14 Period Dignity

The FWC give out free period products to women and girls via a Public Health funded project with Hey Girls. *Hey Girls* are a social enterprise who aim to eradicate period poverty in the UK, improve access to quality products, and increase education around period health and eliminate shame.

1.15 SEND support

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

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

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

1.16 Young Carers Support

Brent Carers Centre are the commissioned provider for Young Carers support in Brent. The project officer has continued to deliver training to support practitioners in identifying young carers and supporting onward referrals and outreach to schools is ongoing. Brent Carers Centre identified 144 new young carers during 2024-25.

1.17 Early Help Resource Panel

Lead Professionals, including, EYW's, FSA's, Key Workers and Social Workers can present cases to a monthly multi-agency Early Help Resource Panel to request additional services for a family and/ or benefit from a multi-agency discussion regarding the case.

The purpose of the Early Help Resource Panel is:

- to support Lead Professionals to provide effective preventative early help to families
- for member agencies to agree and commit resources on behalf of their agency to respond to the needs of families
- to inform the commissioning of goods and services, such as counselling, mentoring, befriending, within the early help service to support families
- to monitor and agree services commissioned within the early help service to target services appropriately and ensure there is sufficient provision throughout the year.

Panel also agree ad-hoc resources to support families including for example:

- topping up Oyster cards to get clients to and from essential appointments
- securing basic mobile phones to enable remote contact to be made, for example from a mentor supporting a CYP with no money
- paying for childcare on a temporary basis to support a family that had a terminally ill child and they needed childcare for a sibling
- paying for a childminder on a temporary basis to pick-up children to and from school when a single parent was recovering from life changing cancer treatment/ surgery
- paid for gym membership for a young person with low self-esteem/ mood issues
- paid to have a fork-lift truck driving licence renewed for a parent who was out of work with limited resources
- paid to have a British Sign Language mentor for a deaf young person
- paid for parents to access the Who's in Charge parenting programme where the young person is being abusive towards the parent
- paid for a DBS to enable an out of work parent to gain employment
- supported a family with transport costs to move home as they were being evicted
- paid for food vouchers, gas/ electric top-ups, baby items for families in need.

1.18 Communications plan

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

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

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

2. Local and national initiatives

2.1 Local initiatives

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

2.2 National initiatives

2.2.1 Supporting Families

Brent's Supporting Families (SF) programme has demonstrated exceptional performance throughout its course, consistently meeting all targets set by the DLUHC and subsequently DfE. This year's target to support 945 families, to achieve and sustain positive outcomes against 10 key outcomes for a minimum of 6 months was achieved.

The national framework outcomes included: improved education, early years development, mental and physical health, family relationships, safety from abuse, exploitation, crime, and domestic violence and to ensure families have secure housing and financial stability.

The SF programme came to an end on 31 March 2025 and has been replaced with the Families First Partnership programme. The new programme will support the implementation of family help reforms which aim to bring together targeted early help, child in need, and multi-agency child protection into a seamless system of early help, support and protection.

SF programme key achievements:

1. **Consistently met targets:** Brent has successfully met all programme targets to date.
2. **Collaborative approach:** The success of the programme is due to the strong partnerships formed with key stakeholders. The integrated multi-agency

approach has been crucial in delivering comprehensive and effective support to families.

3. **Focus on early intervention:** the programme has championed early intervention, addressing issues before they escalate and ensuring that families receive the right support at the right time. This proactive approach has contributed significantly to achieving better outcomes for families.
4. **Data-driven decision making:** the programme has utilised robust data and evidence gathering to monitor progress and make informed decisions. This focus on data-driven practice has ensured that interventions are targeted and effective. Development of SF dashboards have enabled real-time monitoring, data visualisation, and centralised data lake. Customisable dashboards have allowed departments to tailor their views based on specific needs, ensuring relevant and actionable insights.
5. **Community engagement:** through-out the programme, Brent has actively involved families and the wider community in the design and delivery of services. This inclusive approach has ensured that the support provided is relevant and responsive to the needs of families.

2.2.2 Reducing Parental Conflict

Funding for the DWP Reducing Parental Conflict programme provides relationship support for families ranging from universal to specialist interventions. Brent received £34k during the financial year and this was used to:

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

2.2.3 Family Hubs and Best Start for Life

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

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

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

- Supporting the development of young children's social, cognitive and linguistic skills
- Improving parent to child bonding and attachment
- Improving parents physical, emotional health and wellbeing
- Increasing the number of women breastfeeding

- Giving parents/ carers a voice to shape the family hub and start for life offer, reducing barriers to access, increasing engagement, and take-up of services
- More parents breastfeeding with access to universal support and specialist advice
- Young people accessing a wider range of after-school and holiday activities leading to improved physical, emotional health and wellbeing
- Providing capital to improve the FWC outside play areas to make them more engaging for families, see figure 3.

Figure 3: Alperton FWC improved outside play area



3. Successes

Using Start for Life capital funding the FWC outside play areas have been upgraded to make them more engaging for families and to encourage more outdoor play and involvement with environmental projects.

The new Parent and Infant Relationship Service (PAIRS) was launched in February 2025 starting at 2 FWC, but due to demand the service will expand to 5 FWC, reaching more families in need. The PAIRS team offers support for families with mild to moderate perinatal mental health and parent-infant relationship concerns. The service covers pregnant women and families at risk of mild to moderate mental health problems, who are receiving support via maternity, health visiting, school nursing and council services. The service also extends to fathers and co-parents and the overall familial relationship with the infant, with the infant remaining the focus of the work.

Home Start are commissioned to provide Parent and Infant Mental Health (PIMH) peer support service for families with mild to moderate perinatal mental health and parent-infant relationship concerns. The aim of the service is to take a community approach, including planning for how the mother and family can support their own wellbeing in their home environment and to work in co-operation with other services to ensure that the pathway to support is more coherent and better co-ordinated.

The Healthy Start programme is offered free to all pregnant women and children under four from FWC. The programme supports vulnerable families on low incomes with access to free food, milk and vitamins. The programme has supported 3,498 families during the year, an increase of 46% benchmarked to the previous year, and is in the process of being evaluated to identify what needs to happen next.

Infant feeding clinics have been delivered across all FWC during the year. The clinics are free and available to all families living in Brent. The clinics are supported by Health Visitors and a Lactation Consultant who can tackle more serious concerns. The Health Visiting service has trained twelve peer-to-peer breastfeeding champions who support breastfeeding work across the FWC. This and other work to promote breastfeeding has led to an increase in breastfeeding rates across Brent.

The FWC are now open at weekends, 9am to 1pm, during term-time. 1 FWC is open in the West and 1 in the East, and centres are rotated each half-term to ensure they are accessible to families across Brent. The weekend offer focuses on supporting parents with under 5's as working parents feedback was the Monday to Friday offer during core business hours was not accessible.

The Parents As First Teacher (PAFT) programme supporting parents with home learning environments to enhance child development, parent to child interaction, family wellbeing and school readiness and achievement through weekly planned activities and home visits is well embedded

The YJB-funded Covid Pathfinder project and the MOPAC-funded Disproportionality project enabled Youth Panel members to lead and co-produce activities and forums that have been accessed by more than 200 CYP across the FWCs. These include:

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

While the funding has now ended, the valuable relationships between the Council and the voluntary and community sector partners continues and will be further strengthened by the action plan and delivery of young people's priorities within the refreshed Brent Youth Strategy 2025 – 2028 – Being Heard and Taking Part, Reaching Goals and Enjoy Yourself, Feeling Good, and Staying Safe.

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

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

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

Figure 4: Youth Strategy launch at St Raphael's FWC



4. Challenges

Due to pressures on funding the Speech and Language Therapy contract with CLCH came to an end 31 March. The service has worked with the Early Help since early 2000 and previously supported the Sure Start and Children's Centre initiatives. The termination of the service comes at a time when speech and language communication needs are rising due to the impact of the pandemic. A new approach to supporting speech and language using the WellComm model is being developed with Public Health and it is anticipated this will be rolled out in 2025-26.

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

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

The Lactation Consultant has been off sick for an extended period which has impacted on specialist input into the breast-feeding clinics.

It has taken longer than expected to recruit breast feeding peer support champions and to expand the offer to weekends.

5. Key priorities

The key priorities for 2024-25 are detailed below including an update on progress:

1. Deliver the final year of the Start for Life programme and exit planning - the Start for Life delivery plan has made significant progress with regards to implementation across all strands and regular updates are provided to the DfE. The DfE have confirmed another year of funding to March 2026.

2. Linking to the council's strategic change programme to ensure that FWC improve and evolve to tackle current and emerging challenges in meeting the needs of our local communities, helping to empower communities and build resilience – the FWC have actively participated in the councils strategic change programme for example, the Period Dignity programme with free period products being distributed to women and girls, the FWC buildings are dementia friendly and achieved accredited status, the centres support families impacted by the cost of living crisis.
3. Increase the number of parents completing accredited parenting programmes and workshops, particularly those referred from CYP practitioners - challenges remain around completion rates of parenting programmes particular for those parents who are referred in. The early help and social care realignment may support increased awareness of the practitioner role in supporting parents to attend programmes (rather than just referring them in) but there are concerns about the impact of the realignment on practitioner availability to deliver parenting programmes in 2025-26. There continues to be very high demand for the Cygnet programme. The introduction of Cygnet plus has been well received and parents are reporting that this is supporting their parenting for older children with an autism diagnosis. A self-guided Cygnet programme is being introduced in 25-26 to further address high demand for this programme.
4. Develop the FWC youth offer linked to the refreshed Youth Strategy and delivery plan – the youth offer expanded during the year with new diversionary activities being added, existing activities maintained across the FWC, and the Youth Strategy successfully launched at St Raphael's FWC.
5. Support the Early Help & Social Care redesign to contribute to the development of a service that is fit for the future – the new Family Support teams were soft launched on 2 June 2025 bringing together Keyworkers and Social Workers to deliver support more effectively to families, reducing the number of handover points and consistency of lead worker.

The FWC improvement priorities for 2025-26 are:

1. Deliver the final year of the Start for Life programme and exit planning
2. Increase the number of families registering given the drop in registrations
3. Develop the FWC youth offer linked to the refreshed Youth Strategy and delivery plan.
4. Supporting the development of the new Early Help and Social Care family support model to ensure the service is fit for purpose and works effectively in partnership with the FWC
5. Supporting the development of the new adolescent Targeted Prevention Hub ensuring FWC are a key partner with strong links.
6. Capitalising on the redeveloped outside play areas to deliver a greater range of environmental projects and activities, to encourage more outdoor play and learning

6. Building and Resources

There are ongoing low level maintenance issues with the FWC buildings that are addressed via the contract with Facilities Management and capital funding. Cleaning, gardening and window cleaning services are included as part of the contract.

Air conditioning units were installed at Preston Park, Three Trees, St Raphael's and Willow as the temperature during the summer can be uncomfortable for staff and service users. The outside play areas at Alperton, Three Tree's, St Raphael's, Church

Lane, and Willow have been upgraded to maximise using the outside space as internal space is limited.

6.1 The FWC building priorities for 2025-26 are:

- The plant room at St Raphael's FWC needs to be replaced and options are being explored regarding the installation of a heat pump and capitalising on related grants
- Granville FWC will move into temporary accommodation, the old adjacent Brent Start building, in July 2026. A new permanent site for Granville FWC will be built linked to local area regeneration plans in South Kilburn. It is anticipated the FWC will be hosted at the temporary site for at least 2 years.
- The outside play area at Preston Park FWC has still to be upgraded and officers are aiming to negotiate additional space to maximise the impact
- Following a review of Willow Nursery, it was recommended to increase the number of places to ensure financial viability of the setting. Capital works may be required to facilitate the increase in places. The sensory area also needs to be modernized and made more accessible to children.
- Air conditioning needs to be installed at Willow (first floor) FWC.

7. Progress and Outcomes

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

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

Progress:

- 1,674 families received triage support through information, guidance or direct work, or by making an appointment with the most relevant agency depending on needs. The triage service was expanded to include an additional worker supporting asylum seeking families.
- 945 families achieved sustained and significant outcomes for at least 6 months through the Supporting Families programme.
- The range of Start for Life funded services and activities has increased supporting parents with their child/ren's development in the first 1,001 days.
- 374 parents had completed an accredited programme, and 494 parents attended workshops and programmes during the year.
- 1,563 CYP and their families were supported by Key Workers during the year and linked into a wide range of support services.
- Refugee families in temporary accommodation are linked into FWC support services and support via the 'travel access scheme', 'winter and warm' and 'Felix programme food donation'.

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

Progress:

- The Accelerated Support Team supported a total of 159 vulnerable young people identified as being on the edge of care, preventing 95% from entering the care system.
- The number of cases being 'stepped down' from children's social care teams to Early Help services was 52 in 2024-25 compared to 177 the previous year, a decrease of 71%.
- There were 162 children stepped up to children's social care in 2024-25 compared to 191 children in 2023-24, a decrease of 16%.
- Step-up/ downs are monitored on a quarterly basis by the Director, Early Help and Social Care, with plans in place to encourage further step downs. The Early Help dashboard will also provide an overview and enable identification of which teams are not stepping cases down so further partnerships can be encouraged.

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

Progress:

- The Youth Strategy was updated following consultation with young people and a successful launch took place at St Raphael's FWC with many young people attending. An implementation plan linked to the strategy will be developed and the FWC will be used as a key delivery points.
- Work is progressing on the development of the Brent Youth Strategy Delivery plan. A multi-agency steering group is being established to lead on delivering the co-produced action plan. This group includes representatives from health, police, education, SEND services, the voluntary and community sector and young people themselves. As part of the strategy's commitment to meaningful youth engagement we will be conducting focus groups with young people at the beginning of the new academic year to ensure young people's voices continue to be heard and shape the strategy.
- Since the launch of the refreshed Brent Youth Strategy on April 7th, a Round Table discussion was held by the Youth and Youth Justice Service and Youth Violence Prevention team with young people to explore their views on crime and safety, providing a platform for direct dialogue. The young people spoke about their experiences with serious youth violence, knife and firearm crime, drugs, gangs and county lines, mental health and wellbeing, peer pressure, lack of support and activities after school, and challenging family dynamics. They discussed the additional support they felt would have been beneficial for them moving forward towards positive outcomes to help guide workers to help young people in the future.

- The spread of CYP attending FWC and engaging in activities in general remains consistent at 16% are young people aged 12-18 years old, 28% children aged 5-11 years old, and 56% of children aged 0-4. This reflects the spread in age related activity which is linked to funding.
- Start for Life funding has been used to maintain the offer for young people including sports and sports leadership, art (animation, photography, comic books, murals), dance and drama workshops.
- There are clubs for young women only at their request which has achieved positive outcomes such as new friendships, more self-confidence and better coping skills in stressful situations.

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

Progress:

- CAB supported **1,467 families** with over 2,600 different issues. The costs of living (*benefits/universal credit, utilities and debts*) and housing were the two most significant issues families experienced during the year.
- CAB achieved financial gains of £1,380,969 for **569 families**
- CAB reduced or wrote off the debt of **230 families** by a total of £224,343.
- CAB secured or clarified the immigration status of 291 families and/ or their family members.
- CAB advised and guided **127 parents** on various employment matters.
- CAB supported **201 families** to secure suitable accommodation or prevent homelessness by tackling the underlying issues, such as rent arrears often caused by delays and wrongful DWP decisions.
- CAB referred **107 families** to other support services
- Barnardo's add value by providing families with access to white goods, food donations, IT equipment (laptops, mobile phones, data dongles, clothes, books, trips during holiday periods, and Driving Healthy Futures (healthy eating/ cooking sessions).
- Little Village work closely with the FWC and support families with babies and young children living in poverty. Via their network of baby banks, they pass on pre-loved goods from one family to another – clothes, toys and equipment – so that more babies and young children have the essential things they need to thrive.
- The FWC also work closely with Sufra/ food banks, provide food parcels through Felix (food items equivalent to 40,000 plus meals were given out during the year) and are part of the Winter and Warm programme.

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

Progress:

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

- 0-19 public health service (health visiting and school nursing service) have worked with FWC to obtain UNICEF Baby Friendly stage 3 leading to improved breast-feeding rates
- The Health, Exercise, Nutrition for the Really Young (HENRY) is co-facilitated by the 0-19 Public health service and FWC staff
- Brent4 Life (weight management team) offer
 - Five-week programme to include various sessions such as - Introduction to solids face-to-face sessions, etc
 - 1:1 session for families with children under 5 who are overweight
- Infant Feeding Support Clinics in the majority of FWC and a specialist clinic one day a week
- Health Review Clinics established in all FWC
- Safeguarding review clinics are carried out by the 0-19 service face-to-face
- Maternal Early Childhood Sustained Home Visiting (MECSH) vulnerable families are seen by HVs on a 1:1 to offer more support.
- Infant-2-School offered to vulnerable families for children who are 2 weeks to starting school. The support is delivered on a 1:1 basis at home, or the FWC.

Other health services offered in FWC are:

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

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

Progress:

- CLCH were commissioned to work across the FWC to provide Speech and Language Therapy (SLT) support to children. Outcomes include:
 - promoting age-appropriate development of children's (0-5 years old) Speech Language and Communication (SLC) skills
 - early identification and intervention to prevent children's SLC needs escalating
 - improve children's school readiness with respect to their SLC skills
 - increase the skills and confidence of parents, staff and volunteers to encourage children's SLC development, particularly for parents of children with additional needs
 - enable families of children with additional needs to have timely and properly coordinated access to specialist and/ or early intervention services.
- At the FWC 2,457 under 5s received universal SLT support. 298 children were identified as needing specialist SLT support and 54 were referred into the clinical service.
- Parents as First Teachers (PAFT) – 2 workers were appointed in December 2023 to support the roll out of the PAFT programme which supports families of 0-5 with a targeted home visiting support and group interventions in FWCs. During the year 104 parents were supported through 1:1 home visits and 59 families accessed through group interventions.
- CAMHs Under 5s – a CAMHs under 5s service was established at Willow FWC and provides support to families across the FWC. Families receive support to address issues for their children such as tantrums, sleep problems, behaviour difficulties, separation anxiety, developmental difficulties, parenting difficulties and family relationship issues.
- In partnership with the Library Service the Booktrust Storytime programme is delivered across the FWC giving out free books to families, encouraging parents to read with their children and registering with the libraries. Families are signposted to events at the libraries and vice-versa.
- Parents are encouraged to develop their home Learning environments to support children's development and training/ workshops were provided by the Early Years' service.
- Making it REAL (Raising Early Achievement in Literacy) – funding through the family hubs and start for life programme enabled 26 practitioners to be trained in REAL in 24-25. This comprised 26 practitioners from 12 early years settings, 4 family wellbeing centres and 3 Brent staff.
- Parents were supported to understand healthy attachment and their children's developmental milestones.
- There is a continued focus on improving the take-up of the free entitlement to early education in the borough to encourage more children

to take advantage of nursery and childminding provision. Staff at the FWC contact families eligible for free entitlement places to encourage take- and promote engagement with the FWC.

- Research has shown that high quality early childhood education and care can have positive and long-lasting impacts on children's education, cognitive, behavioural and social outcomes and play a positive role in raising attainment and closing the gap between outcomes for children from disadvantaged backgrounds and their peers. The last release of data (June 2024) indicated take-up in Brent as of January 2024 was 84.8% for 3- and 4-year-olds, an increase of 5.5% on the previous year. The % take-up of the 2-year entitlement declined to 59.2% - a reduction from 65.4% in the previous year. The introduction of the working families' entitlements for children 9+ months will roll out from April 2024. Note, we are expecting updated data on 11 July 2025.
- Work is ongoing to raise awareness of the free entitlements to all communities, using a range of marketing / promotional strategies and to reach families who are not accessing the places that they are entitled to. Strong links have been made with partner agencies including health and the VCS to increase reach within the community.

Outcomes

The outcomes and impact achieved for families through the FWC is wide ranging given the diverse range of services on offer. During the year 18,079 families have been supported to achieve outcomes in the following areas:

- Improved family finances and reducing the impact of the cost-of-living crisis
- Improved family nutrition, weight management and access to fresh fruit and vegetables
- Support to stop smoking improving family health and wellbeing
- Improving school attendance and punctuality leading to better educational outcomes
- Improved oral health and reducing teeth extraction for under 5's
- Improved parent/ carer and CYP mental health and wellbeing
- Improved parenting capacity leading to better relationships between parents and their children, reducing children's behavioural problems and better communication
- Reducing negative discipline practices such as smacking and providing parents with alternative approaches
- Improving CYP and parent/ carers emotional literacy
- Reducing substance misuse and its impact on families
- Improved family fitness leading to better wellbeing outcomes
- Increasing refugee and asylum seeker engagement with early help and preventative services
- Preventing family problems becoming more complex and entrenched by intervening earlier and providing the right support at the right time
- Preventing family breakdown and children going into care
- Reducing the risk of domestic abuse and improving outcomes for families impacted by domestic abuse

- Improving parents' literacy, numeracy and ICT skills
- Reducing parental conflict and the negative impact on families
- Reducing the impact of Adverse Childhood Experiences and trauma
- Increasing family's resilience to the impact of multiple disadvantages
- Supporting parents and young people into employment and to access educational and work experience opportunities
- Reducing the impact of caring responsibilities on children and improved understanding by schools/ partners regarding the issues that impact young carers leading to better educational outcomes
- Reducing social isolation, particularly for new mums
- Improving a range of outcomes for families of children with SEND
- Improving children's school readiness
- Improving CYP attainment, school attendance and engagement with school.

8. Service user feedback

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

A Parent Carer Voice Forum meets regularly to ensure there was a strong parent voice in shaping the offer. Parents were recruited with children at different ages and stages, children with SEND, dads, and pregnant parents to ensure a diverse group and a wide range of views are captured.

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

A parent carer survey was completed December 2025, over 1,500 responses were received, and the feedback was overwhelmingly positive regarding how FWC had supported families to achieve positive outcomes. The feedback also included constructive critical challenge to help the service improve and respond to parents changing needs.

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Annexe 1

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

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St Raphael's Family Well Being Centre Timetable May, June, July 2025



May June July 2025
V5

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

MORNING



Registration link:

www.brent.gov.uk/familywellbeingcentres

St Raphael's Family Wellbeing Centre
Rainsborough Close
NW10 OTS
020 89373620



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9.30 – 11.00am
STAY & PLAY- CHILD TALK
0-5 years
Booking Required



9.30 – 12.30pm
CAMHS
0-5 years
for parents with children
Support and advice for parents struggling with their children's, sleep, eating, behaviour
Appointment Only

9.00-2.00pm
SUPPORTING FAMILIES' EMPLOYMENT ADVISORS
Appointment & Referrals only
(Term Time only)



10.00 – 11.30am
MESSY PLAY
0-5 years
Booking Required

9.30-11.00am
TWO & TERRIFIC
Come and learn about brain development & Early years learning
4 sessions: June 10th, 17th, 24th & July 1st
Booking Required



10.00-12.00pm
STAR DROP IN
20th May 25
Assessment for Autism Route
Is your child on the waiting list to be Assessed for Autism or ADHD

1.00-4.00pm
HEALTH PERINATAL
Appointment only

1.00-4.00pm
MIDWIFERY CLINIC
Appointment only



10.00 – 11.00am
LET'S TALK
(Age 14mths to 3 years)
Get advice to support your child with talking, speech and learning.
Booking Required
14th May 2024

S&P with ORAL HEALTH
Booking Required

9.30-3.30pm
CITIZENS ADVICE BRENT (CAB)
CAB offer good quality independent Advice on issues such as benefits housing Welfare rights.
Appointment only

9.00-4.00pm
HEALTH VISITING
1 & 2 year old Development reviews
Appointment only

9.30 – 12.30pm
TOY LIBRARY
Families can come to borrow toys from the FWC Toy Library



9.30-11.30am
CHILD MINDERS ONLY
Booking Required
(Term Time only)

9.00-4.00pm
HEALTH VISITING
1 & 2 year old Development reviews
Appointment only



10.30am- 12.00pm
STAR WORKSHOP
5th, 12th & 19th June 25
Booking Required

12.30 – 2.00pm
First Thursday of Every Month
3/4/25, 8/5, 5/6/25, 3/7/25
BBY DROP IN INTRODUCTION SOLIDS
From 6 months



9.00-4.00pm
HEALTH VISITING
1 & 2 year old Development reviews
Appointment only

10.00- 12.00pm
TRIAGE DROP IN



Drop in and meet our Triage Officer Carol
She can support you & your family to access short term support, service referrals, answer questions about nursery & school and help complete application forms.

FREE VITAMIN COLLECTION
0 – 4 years
Give your baby the best start in life. For pregnant women and children Pick up your free vitamins from all FWC reception.



Please find the Eligibility calculator here
[Healthy Start Eligibility Calculator \(typeform.com\)](http://HealthyStartEligibilityCalculator(typeform.com))



9.00AM to 1.00PM
See website for services & booking
www.brent.gov.uk/familywellbeingcentres



10.00-11:30am
STAY & PLAY
0-5 years

Alpertown FWC – 17th, 24th, 31st May
Three Trees FWC – 17th, 24th, 31st May
Curzon & Fawood FWC – 14th June 2025
Church Lane FWC – 12th July 2025
Booking Required

AFTERNOON

www.brent.gov.uk/familywellbeingcentres



1.00-2.30pm
STAY & PLAY- BABY TALK
0-12 months
In the first-year babies learn to focus their vision, reach out, explore and learn through play and exploration of objects and language.
Booking Required

1.00-4.00pm
BREAST FEEDING SUPPORT DROP IN CLINIC
1-1 support session



17.00pm-18.30pm
5- 11years old
HOMEWORK CLUB
Booking Required
(Term Time only)

1.00- 2.30pm
TRIAGE DROP IN
1.30-2.30pm
STAY PLAY & WEIGH SUNSHINE GROUP
monthly Drop In
0-5 years
1st April, 20th May, 10th June & 8th July 25
Pregnant Parents and Families can come and get advice from the health visiting Team.

1.30 – 3.00pm
Potty Training
13th & 27th May, 10th & 24th June, 8th & 22nd July 2025



17.00-18.30pm
YOUTH ZONE
SPORTS, BASKET & FOOTBALL & GAMING, XBOX, PS5, VR
11-18 years olds
Booking Required
(Term Time only)

12.30-2.00pm
BRENT MINIS NUTRITION GROUP
14/5, 21/5, 28/5, 4/6, 1/6

1.00-2.00pm
REGISTRATION DROP IN
Come and get help to register with all Brents FWC's.
www.brent.gov.uk/familywellbeingcentres

FREE VITAMIN COLLECTION
0 – 4 years
Give your baby the best start in life. For pregnant women and children Pick up your free vitamins from all FWC reception.



Please find the Eligibility calculator here
[Healthy Start Eligibility Calculator \(typeform.com\)](http://HealthyStartEligibilityCalculator(typeform.com))

16.00-17.30PM
ART CLUB
7 to 16 years old
JK Arts offers fun and creative afterschool workshops for ages 7+, where young people can explore art, develop new skills, and enjoy healthy snacks in a supportive space.

Booking Required
(Term Time only)



16.00 -18.00pm
MIXED MARTIAL ARTS
10-18 years old
Booking Required
(Term Time only)

6.00pm – 8.00pm
Parenting Programme
Family Transitions
Referrals only via
ParentingProgramme@bre.nt.gov.uk

1.00-4.00pm
MIDWIFERY CLINIC
Appointment only



12.30 -2.30pm
ESOL
English Conversation
Develop basic English language skills, speaking reading writing.
Crèche Provided
Booking Required
(Term Time only)

1.00-2.00pm
REGISTRATION DROP IN
Come and get help to register with all Brents FWC's.
www.brent.gov.uk/familywellbeingcentres

LITTLE VILLAGE
0-5yrs
Community Donation Drive
Donate children equipment Buggy's, cots, beds clothing shoes and toys/books.
(Term Time only)

Useful Links
The Local Offer for Children with Special Educational Needs and Disabilities (SEND) aged 0-25 and their families
<https://www.brent.gov.uk/children-young-people-and-families/send-local-offer>

Brent Youth Zone information:
Brent Youth Zone has links to information, advice and activities for young people.
<https://www.brentyouthzone.org.uk/>

CFIS Services:
The Children and Family Information Service (CFIS) provides information and advice on a variety of services for children and young people (0 to 25 years old) and parents, including childcare and early education.
Contact CFIS Team:
Monday to Friday between 9am and 5pm
Phone: 0208 937 3010
Email: cfis@brent.gov.uk
<https://www.brent.gov.uk/children-young-people-and-families>

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Family Wellbeing Centres Data Report 2024/25 (Quarter 4)

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1. Registrations

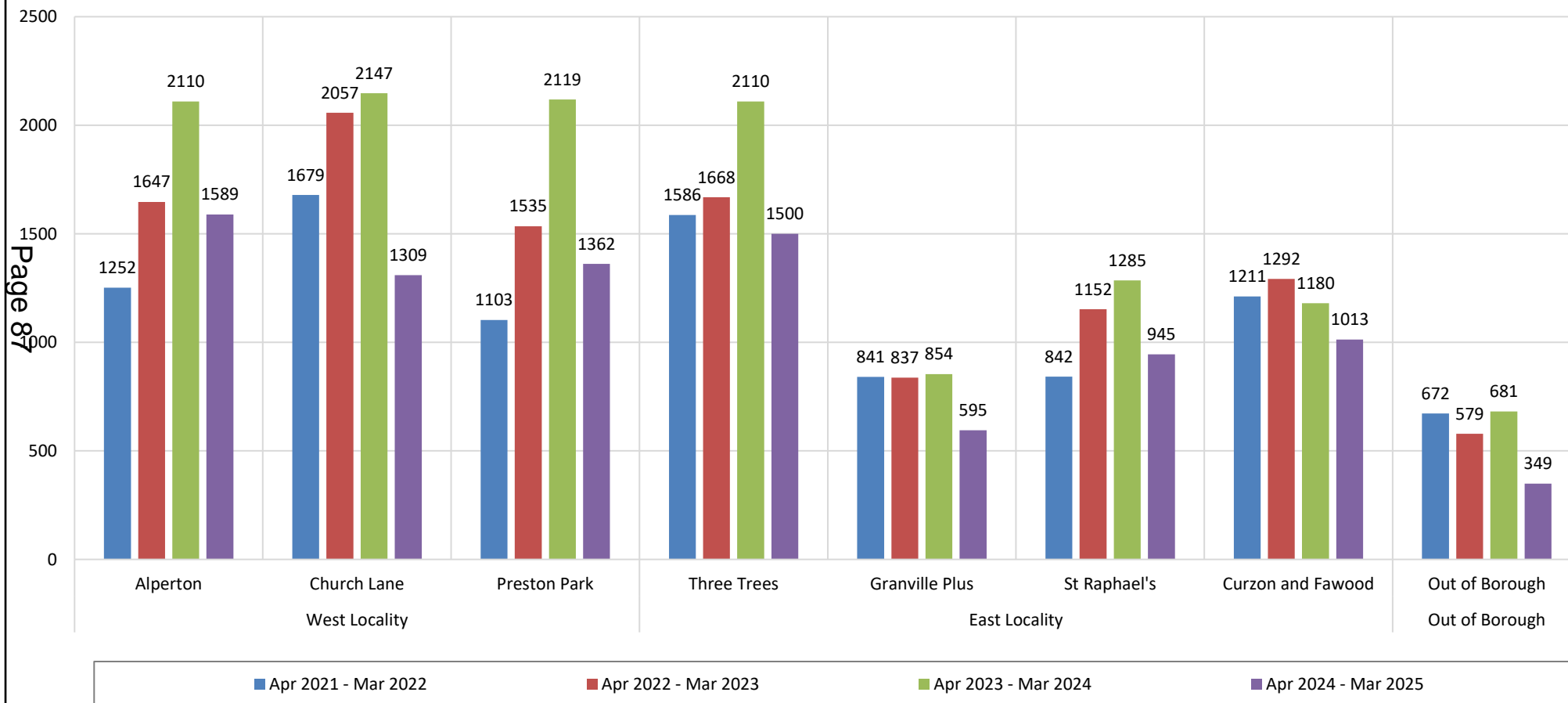
1.1. Registrations - Children and Young People (CYP) and Adults

Number of registrations (CYP and Adults)

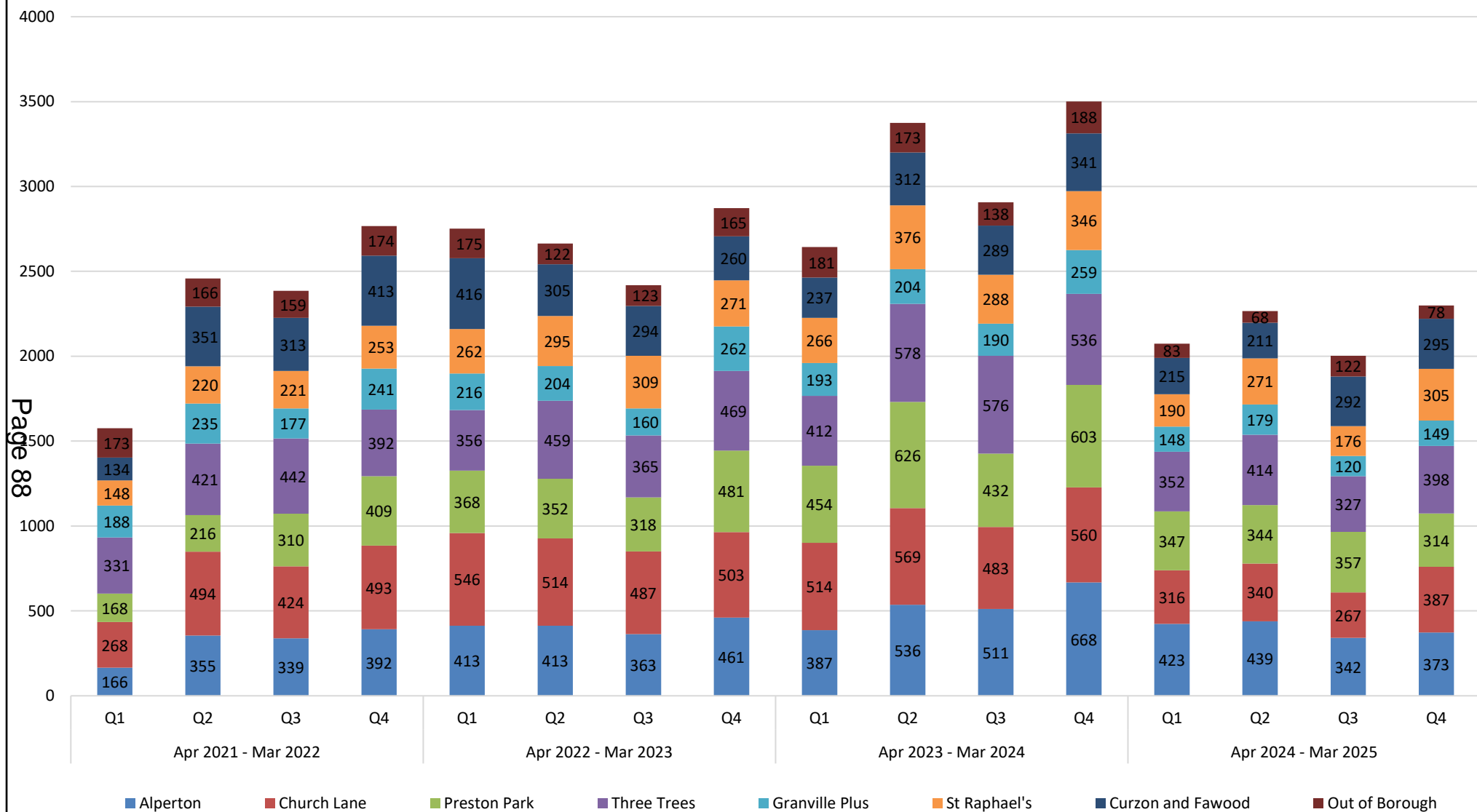
Quarter	Alperton	Church Lane	Preston Park	Three Trees	Granville Plus	St Raphael's	Curzon /Fawood	Brent Total	Out of Area	Grand Total
Q1 2024/25	423	316	347	352	148	190	215	1,991	83	2,074
Q1 2023/24	387	514	454	412	193	266	237	2,463	181	2,644
Q1 2022/23	413	546	368	356	216	262	416	2,577	175	2,752
Q1 2021/22	166	268	168	331	188	148	134	1,403	173	1,576
Q1 Difference (2024/25 and 2023/24)	36	-198	-107	-60	-45	-76	-22	-472	-98	-570
Q2 2024/25	439	340	344	414	179	271	211	2,198	68	2,266
Q2 2023/24	536	569	626	578	204	376	312	3,201	173	3,374
Q2 2022/23	413	514	352	459	204	295	305	2,542	122	2,664
Q2 2021/22	355	494	216	421	235	220	351	2,292	166	2,458
Q2 Difference (2024/25 and 2023/24)	-97	-229	-282	-164	-25	-105	-101	-1,003	-105	-1,108
Q3 2024/25	342	267	357	327	120	176	292	1,881	122	2,003
Q3 2023/24	511	483	432	576	190	288	289	2,769	138	2,907
Q3 2022/23	363	487	318	365	160	309	294	2,296	123	2,419
Q3 2021/22	339	424	310	442	177	221	313	2,226	159	2,385
Q3 Difference (2024/25 and 2023/24)	-169	-216	-75	-249	-70	-112	3	-888	-16	-904
Q4 2024/25	373	387	314	398	149	305	295	2,221	78	2,299
Q4 2023/24	668	560	603	536	259	346	341	3,313	188	3,501
Q4 2022/23	461	503	481	469	262	271	260	2,707	165	2,872
Q4 2021/22	392	493	409	392	241	253	413	2,593	174	2,767
Q4 Difference (2024/25 and 2023/24)	-295	-173	-289	-138	-110	-41	-46	-1,092	-110	-1,202
Total 2024/25	1,589	1,309	1,362	1,500	595	945	1,013	8,313	349	8,662
Total 2023/24	2,110	2,147	2,119	2,110	854	1,285	1,180	11,805	681	12,486
Total 2022/23	1,647	2,057	1,535	1,668	837	1,152	1,292	10,188	579	10,767
Total 2021/22	1,252	1,679	1,103	1,586	841	842	1,211	8,514	672	9,186
Total Difference (2024/25 and 2023/24)	-521	-838	-757	-610	-259	-340	-167	-3,492	-332	-3,824

- Registrations in quarter 1 2024/25 were lower than expected. This was due to system integration issues in May-24, preventing families from registering
- 2024/25 data extraction date from eStart: Q1 08-Jul-24; Q2 09-Oct-2; Q3 08-Jan-25; Q4 03-Apr-25
- 2023/24 data extraction date from eStart: Q1 07-Jul-23; Q2 04-Oct-23; Q3 08-Jan-24; Q4 05-Apr-24
- 2022/23 data extraction date from eStart: Q1 04-Jul-22; Q2 03-Oct-22; Q3 09-Jan-23; Q4 06-Apr-23; Total 2022/23 06-Apr-23
- 2021/22 data extraction date from eStart: 11-Apr-22; Total new registrations in 2020/21 were 5,221
- Due to variations in data between extraction dates, sub-totals are not added manually to obtain the cumulative YTD total, it is calculated separately

Registrations (CYP and Adults) by Year



Registrations (CYP and Adults) by Quarter



1.2. Registrations – SEND CYP

Age Group	Period	Alperton	Church Lane	Preston Park	Three Trees	Granville	St Raphael's	Curzon /Fawood	Brent Total	Out of Area	Grand Total
0-5 Years	2024/25	26	21	29	37	10	22	30	175	10	185
	2023/24	29	40	25	30	9	23	12	168	13	181
	2022/23	21	32	20	23	8	23	30	157	3	160
	2021/22	20	27	14	25	14	23	26	149	8	157
	Difference (2024/25 and 2023/24)	-3	-19	4	7	1	-1	18	7	-3	4
6-11 Years	2024/25	20	25	19	40	13	18	28	163	5	168
	2023/24	27	22	30	40	11	25	29	184	8	192
	2022/23	15	24	14	23	12	27	36	151	7	158
	2021/22	12	20	10	28	19	21	20	130	4	134
	Difference (2024/25 and 2023/24)	-7	3	-11	0	2	-7	-1	-21	-3	-24
12-18 Years	2024/25	26	21	10	36	13	23	19	148	3	151
	2023/24	26	22	22	38	7	32	17	164	3	167
	2022/23	10	29	14	17	4	21	22	117	3	120
	2021/22	17	19	6	18	18	13	13	104	2	106
	Difference (2024/25 and 2023/24)	0	-1	-12	-2	6	-9	2	-16	0	-16
19-25 Years	2024/25	7	3	4	7	2	5	3	31	0	31
	2023/24	4	3	6	9	3	8	4	37	1	38
	2022/23	2	1	4	2	0	4	5	18	0	18
	2021/22	2	1	6	2	0	1	2	14	0	14
	Difference (2024/25 and 2023/24)	3	0	-2	-2	-1	-3	-1	-6	-1	-7
Grand Total	2024/25	79	70	62	120	38	68	80	517	18	535
	2023/24	86	87	83	117	30	88	62	553	25	578
	2022/23	48	86	52	65	24	75	93	443	13	456
	2021/22	51	67	36	73	51	58	61	397	14	411
	Difference (2024/25 and 2023/24)	-7	-17	-21	3	8	-20	18	-36	-7	-43

- Based on Family Wellbeing Centre (FWC) CRM/Portal registrations where 'disability or long-term illness' is specified as 'Yes', plus eStart registrations not on CRM where SEND has been added. In May 2023, the wording on the CRM/Portal registration form changed to 'disability or additional learning needs'.
- Age groups for 2024/25 data are as at 31-Mar-25
- Age groups for 2023/24 data are as at 31-Mar-24
- Age groups for 2022/23 data are as at 31-Mar-23

- *Age groups for 2021/22 data are as at 31-Mar-22*
- *Data extraction dates – 2024/25 on 04-Jun-25; 2023/24 on 04-Apr-24; 2022/23 on 11-Apr-23; 2021/22 on 04-Jan-23*

2. Contacts – Reach and Volume

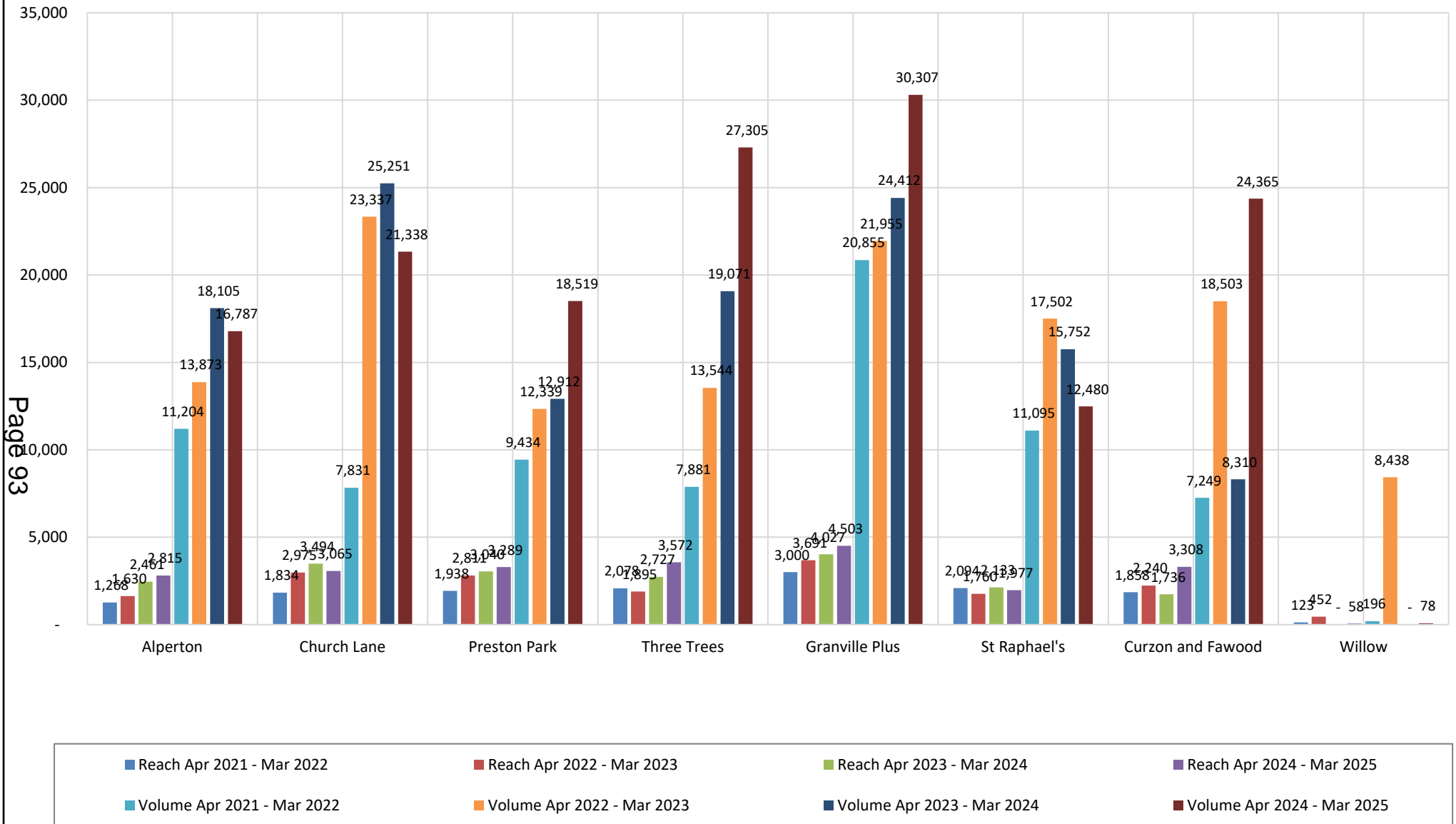
Number of contacts by FWC - Reach and Volume

Type	Quarter	Alperton	Church Lane	Preston Park	Three Trees	Granville Plus	St Raphael's	Curzon /Fawood	Willow	Grand Total
Reach	Q1 2024/25	1,015	1,151	888	1,244	1,468	840	908	-	6,521
	Q1 2023/24	748	1,433	953	986	1,474	692	580	-	6,032
	Q1 2022/23	547	993	745	507	1,599	481	854	222	5,338
	Q1 2021/22	341	359	671	1,015	829	954	810	5	4,749
	Q1 Difference (2024/25 and 2023/24)	267	-282	-65	258	-6	148	328	-	489
Volume	Q1 2024/25	4,695	5,594	2,951	5,513	5,609	3,552	5,071	-	32,985
	Q1 2023/24	5,033	6,806	2,902	4,794	5,470	4,236	2,512	-	31,753
	Q1 2022/23	3,922	4,002	2,568	1,852	7,006	2,665	4,805	2,704	29,524
	Q1 2021/22	824	839	2,237	1,987	2,971	2,071	1,180	28	12,137
	Q1 Difference (2024/25 and 2023/24)	-338	-1,212	49	719	139	-684	2,559	-	1,232
Reach	Q2 2024/25	1,021	1,212	1,511	1,476	1,766	683	922	11	7,462
	Q2 2023/24	872	1,365	965	1,013	1,547	1,096	622	-	6,368
	Q2 2022/23	601	1,055	692	771	1,435	719	811	179	5,547
	Q2 2021/22	358	603	661	428	1,108	560	604	7	3,971
	Q2 Difference (2024/25 and 2023/24)	149	-153	546	463	219	-413	300	11	1,094
Volume	Q2 2024/25	4,500	5,613	6,488	7,038	7,202	2,113	3,092	11	36,057
	Q2 2023/24	4,312	7,188	2,419	4,496	5,482	4,568	1,726	-	30,191
	Q2 2022/23	2,756	5,470	1,821	3,626	4,748	4,706	3,348	1,141	27,616
	Q2 2021/22	2,278	1,693	2,356	1,444	4,675	1,550	1,356	21	15,373
	Q2 Difference (2023/24 and 2022/23)	188	-1,575	4,069	2,542	1,720	-2,455	1,366	11	5,866
Reach	Q3 2024/25	1,025	874	1,067	1,302	1,662	668	1,152	14	6,820
	Q3 2023/24	798	1,045	767	972	1,616	775	550	-	5,845
	Q3 2022/23	538	1,272	774	730	1,240	533	838	154	5,311
	Q3 2021/22	499	605	781	576	1,333	535	539	31	4,369
	Q3 Difference (2024/25 and 2023/24)	227	-171	300	330	46	-107	602	14	975
Volume	Q3 2024/25	3,799	3,883	4,205	6,885	8,763	3,443	6,687	14	37,679
	Q3 2023/24	3,457	5,538	2,005	4,024	6,220	4,011	1,331	-	26,586
	Q3 2022/23	3,035	6,596	2,908	3,694	4,040	2,090	4,830	1,688	28,881

	Q3 2021/22	3,885	2,470	2,556	2,292	6,680	2,879	2,442	33	23,237
	Q3 Difference (2024/25 and 2023/24)	342	-1,655	2,200	2,861	2,543	-568	5,356	14	11,093
Reach	Q4 2024/25	1,124	1,132	1,015	1,449	1,753	710	1,479	-	7,581
	Q4 2023/24	951	1,181	717	1,049	1,501	593	667	-	5,863
	Q4 2022/23	702	1,297	1,162	873	1,471	789	899	122	6,484
	Q4 2021/22	562	827	716	651	1,466	651	492	89	4,924
	Q4 Difference (2024/25 and 2023/24)	173	-49	298	400	252	117	812	-	1,718
Volume	Q4 2024/25	3,628	6,082	3,533	6,940	7,369	2,976	7,986	-	38,514
	Q4 2023/24	3,975	5,687	2,190	4,745	5,729	2,399	2,520	-	27,245
	Q4 2022/23	3,836	6,731	3,026	3,870	5,297	6,012	4,173	826	33,771
	Q4 2021/22	4,217	2,829	2,285	2,158	6,529	4,595	2,271	114	24,998
	Q4 Difference (2024/25 and 2023/24)	-347	395	1,343	2,195	1,640	577	5,466	-	11,269
Reach	Total 2024/25	2,815	3,065	3,289	3,572	4,503	1,977	3,308	58	18,079
	Total 2023/24	2,461	3,494	3,040	2,727	4,027	2,133	1,736	-	15,849
	Total 2022/23	1,630	2,975	2,811	1,895	3,691	1,760	2,240	452	14,355
	Total 2021/22	1,268	1,834	1,938	2,078	3,000	2,094	1,858	123	12,345
	Total Difference (2024/25 and 2023/24)	354	-429	249	845	476	-156	1,572	58	2,230
Volume	Total 2024/25	16,787	21,338	18,519	27,305	30,307	12,480	24,365	78	151,179
	Total 2023/24	18,105	25,251	12,912	19,071	24,412	15,752	8,310	-	124,302
	Total 2022/23	13,873	23,337	12,339	13,544	21,955	17,502	18,503	8,438	129,491
	Total 2021/22	11,204	7,831	9,434	7,881	20,855	11,095	7,249	196	75,745
	Total Difference (2024/25 and 2023/24)	-1,318	-3,913	5,607	8,234	5,895	-3,272	16,055	78	26,877

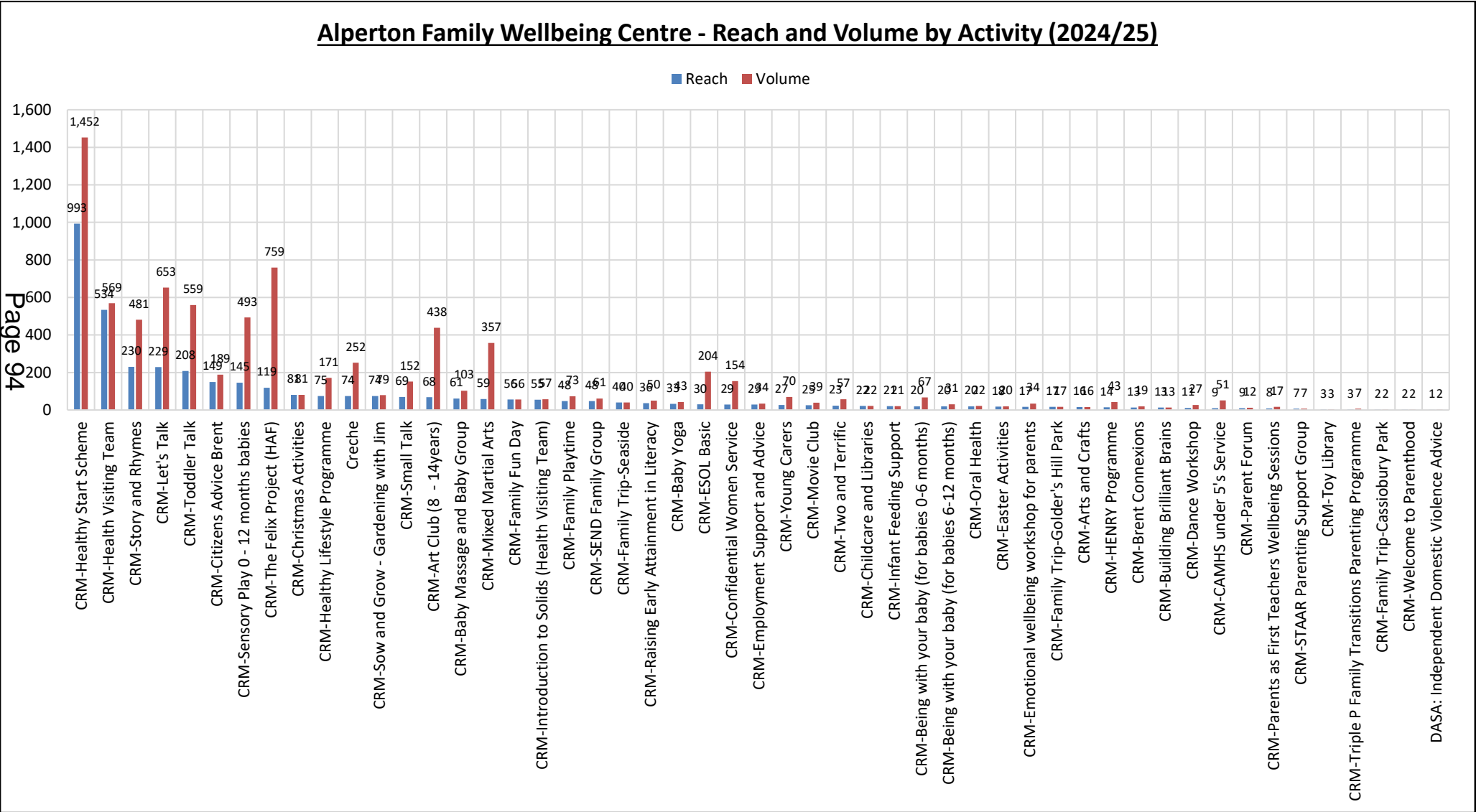
- Reach is the number of individuals that have had a contact within the specified period. Individuals may have had a contact in more than one quarter and by more than one FWC. As such, sub totals are not manually added to get the total Reach figure for the year. This is calculated separately for the year period.
- Volume is the number of times individuals have had a contact within the specified period
- 2024/25 data extraction date from eStart: Q1 08-Jul-24; Q2 09-Oct-24; Q3 08-Jan-25; Q4 03-Apr-25
- 2023/24 data extraction date from eStart: Q1 07-Jul-23; Q2 09-Oct-23; Q3 08-Jan-24; Q4 05-Apr-24
- 2022/23 data extraction date from eStart: Q1 04-Jul-22; Q2 03-Oct-22; Q3 12-Jan-23; Q4 06-Apr-23; Total 2022/23 06-Apr-23
- 2021/22 data extraction date from eStart: 25-Apr-22

Number of Contacts by FWC - Reach and Volume



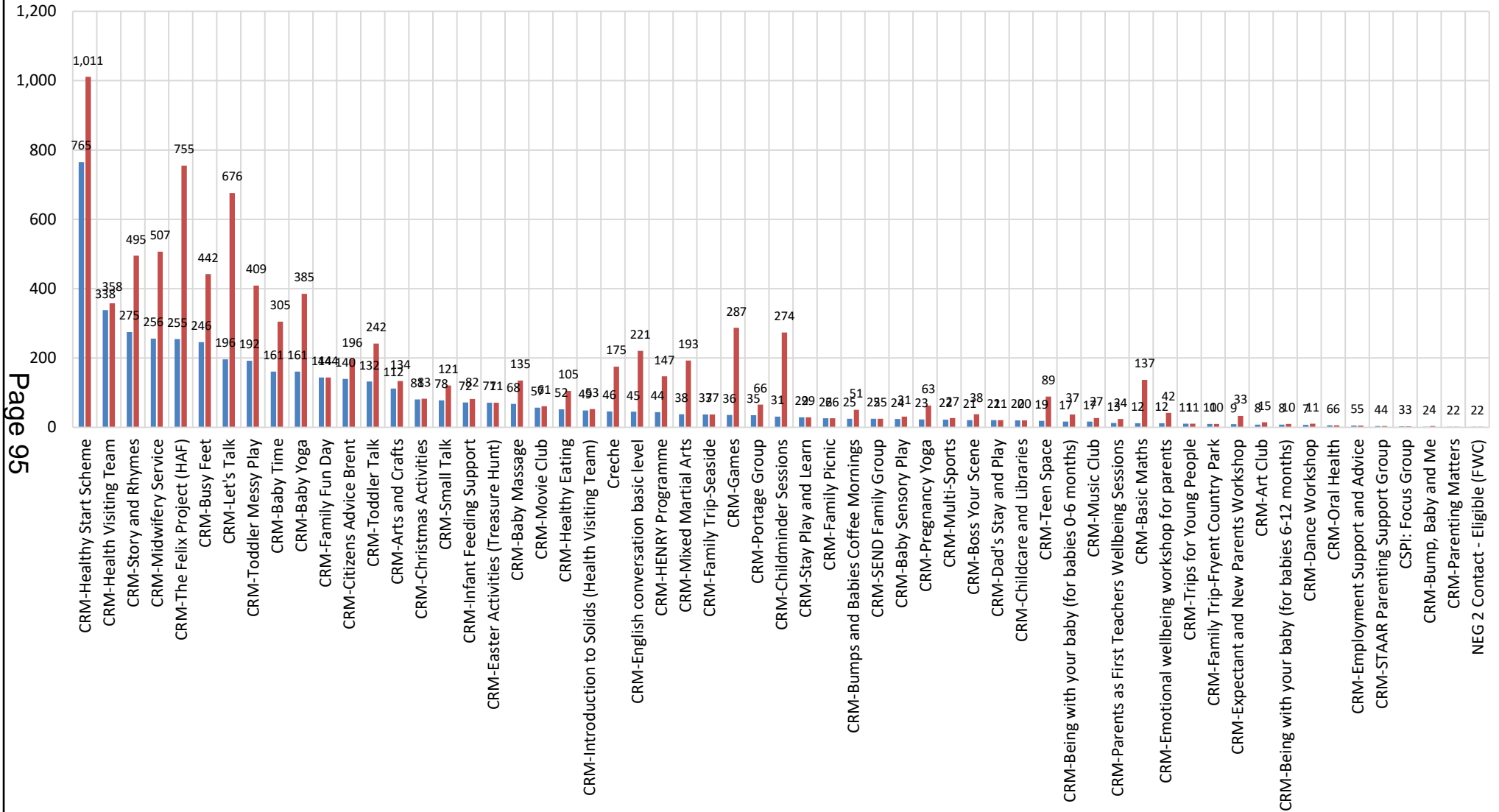
2.1. Contacts – Reach and Volume by Activity

- Based on data extracted from eStart on 03-Jun-25
- In largest to smallest order by reach
- Activity names listed below are directly from eStart. These may not necessarily be the event group that has been used for CRM/Portal



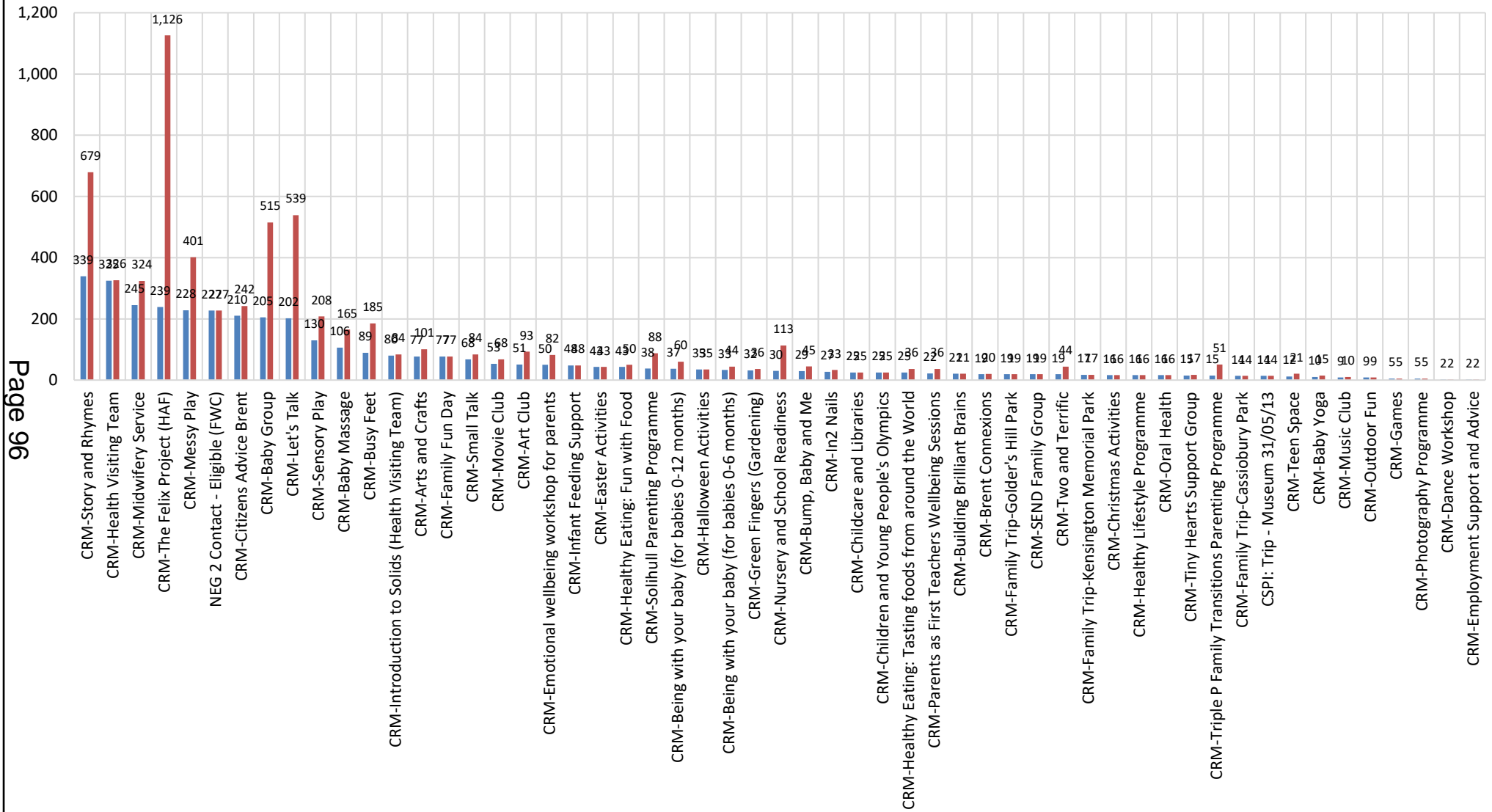
Church Lane Family Wellbeing Centre - Reach and Volume by Activity (2024/25)

■ Reach ■ Volume



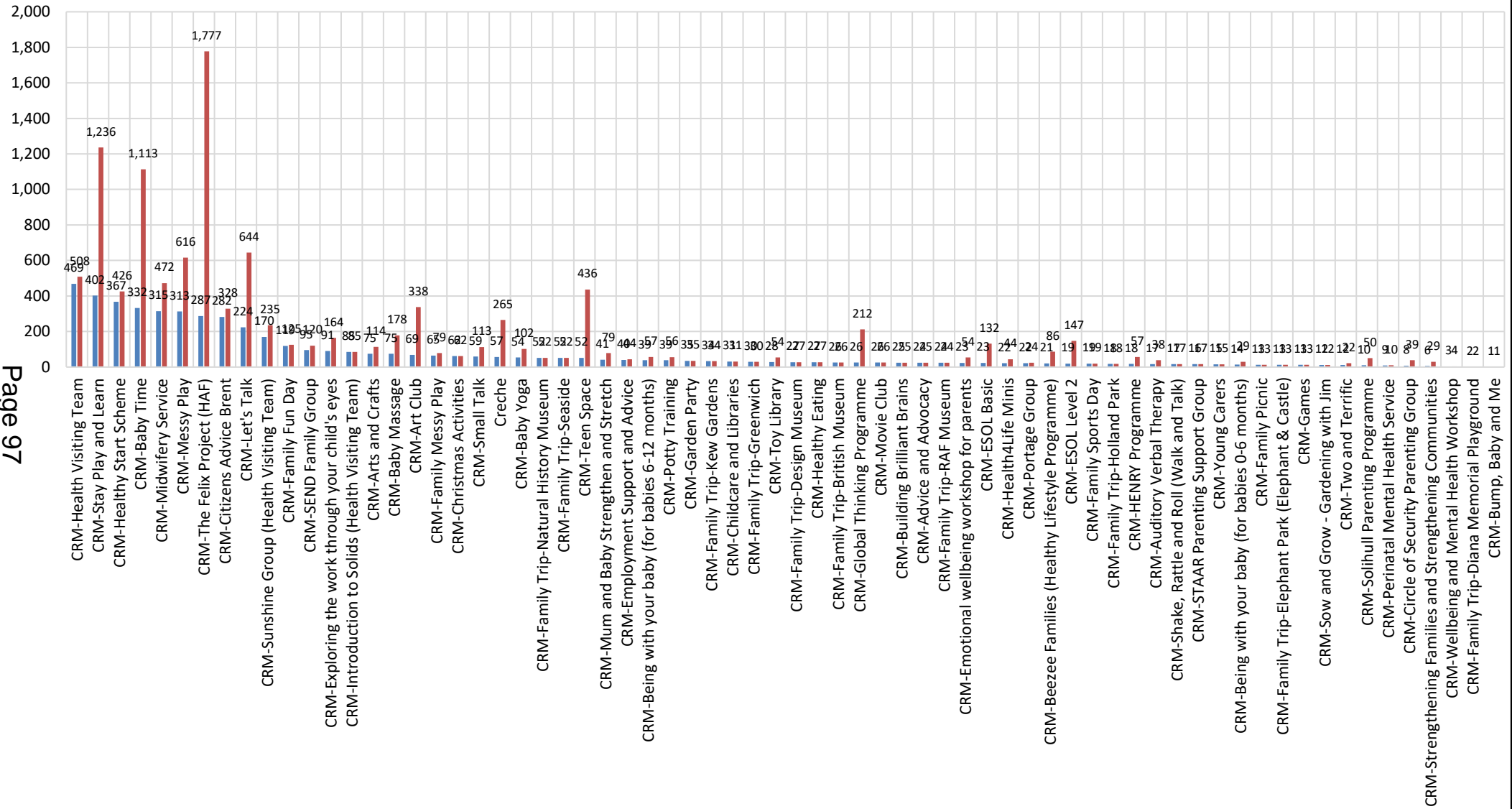
Preston Park Family Wellbeing Centre - Reach and Volume by Activity (2024/25)

■ Reach ■ Volume



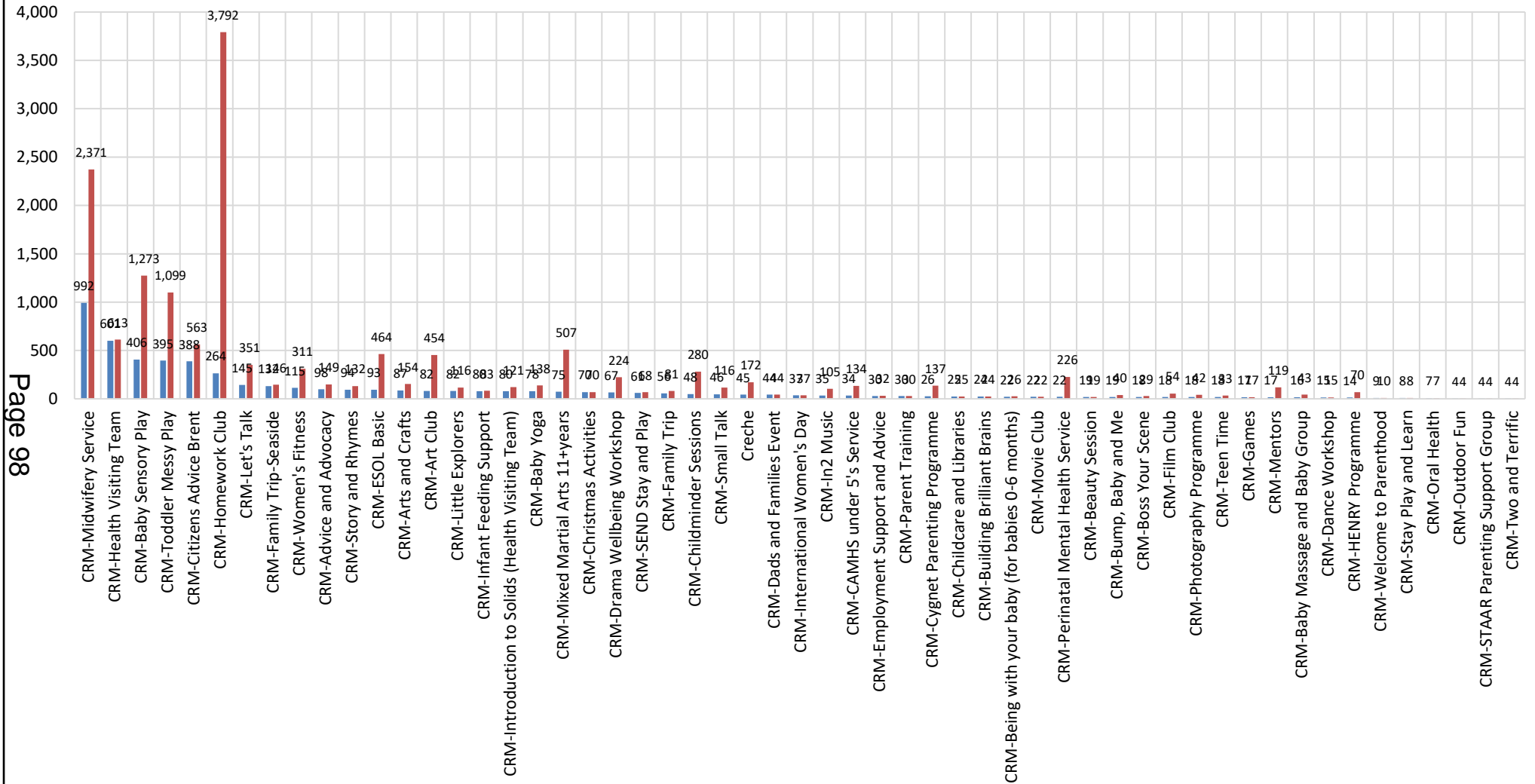
Three Trees Family Wellbeing Centre - Reach and Volume by Activity (2024/25)

■ Reach ■ Volume



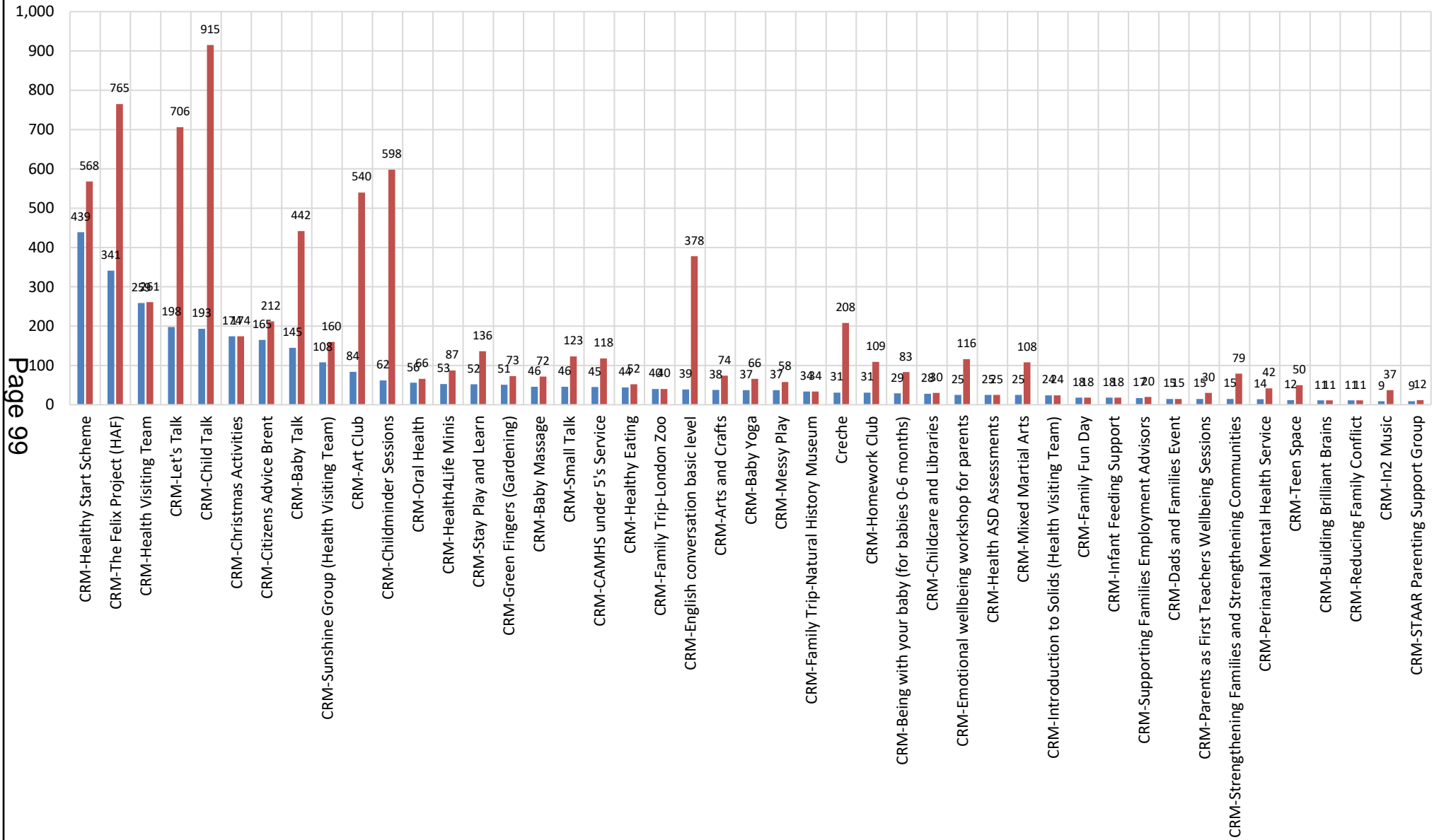
Granville Plus Family Wellbeing Centre - Reach and Volume by Activity (2024/25)

■ Reach ■ Volume



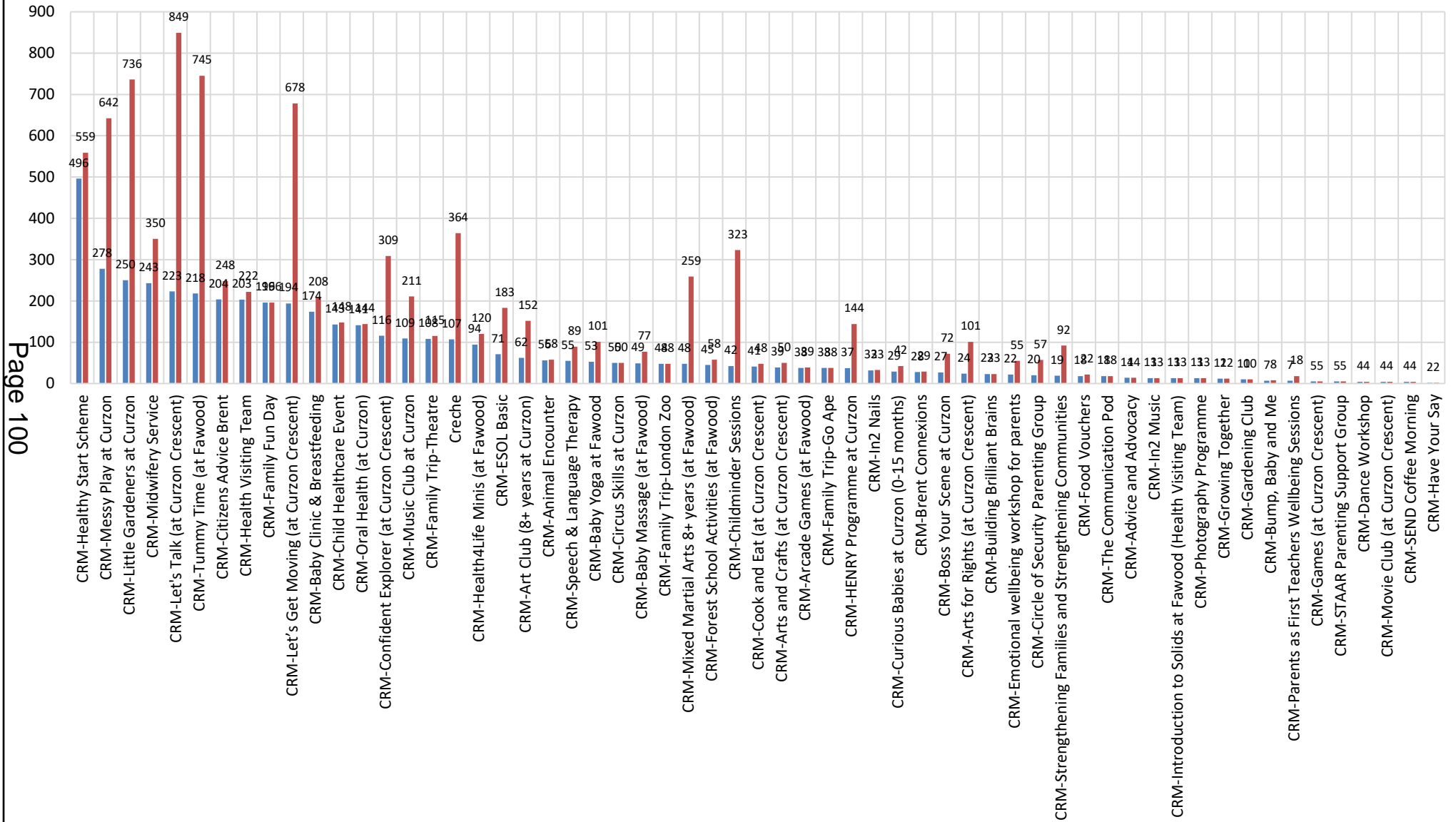
St Raphael's Family Wellbeing Centre - Reach and Volume by Activity (2024/25)

Reach Volume



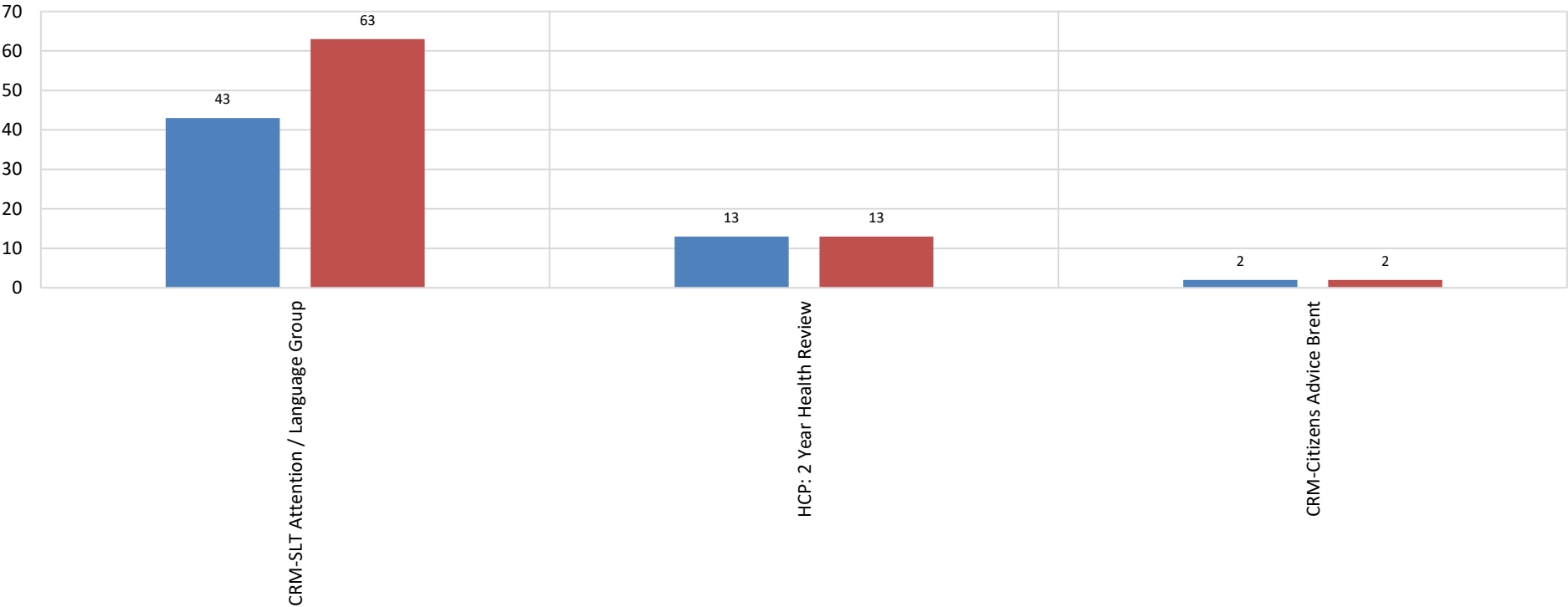
Curzon and Fawood Family Wellbeing Centre - Reach and Volume by Activity (2024/25)

■ Reach ■ Volume

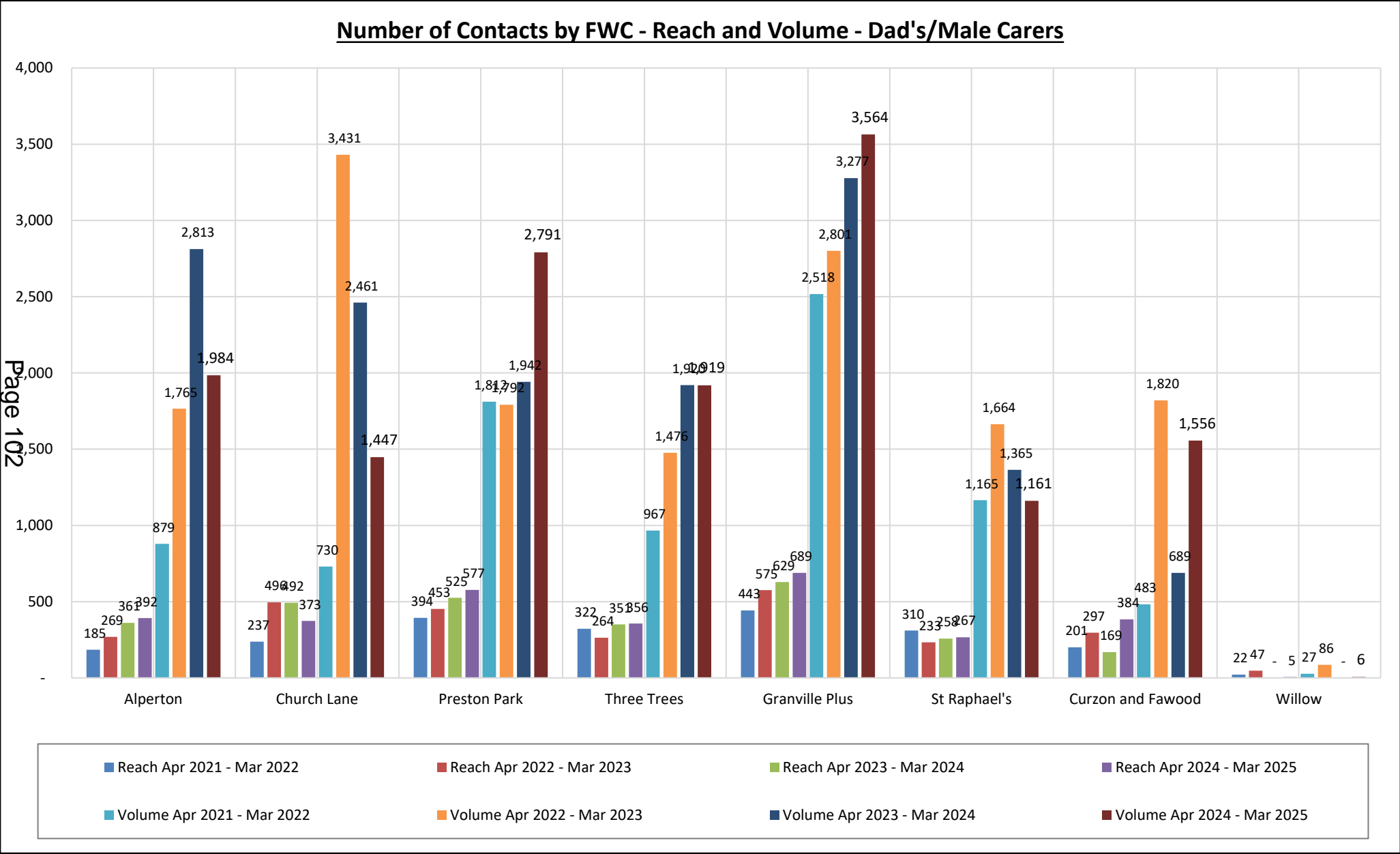


Willow Family Wellbeing Centre - Reach and Volume by Activity (2024/25)

Reach Volume

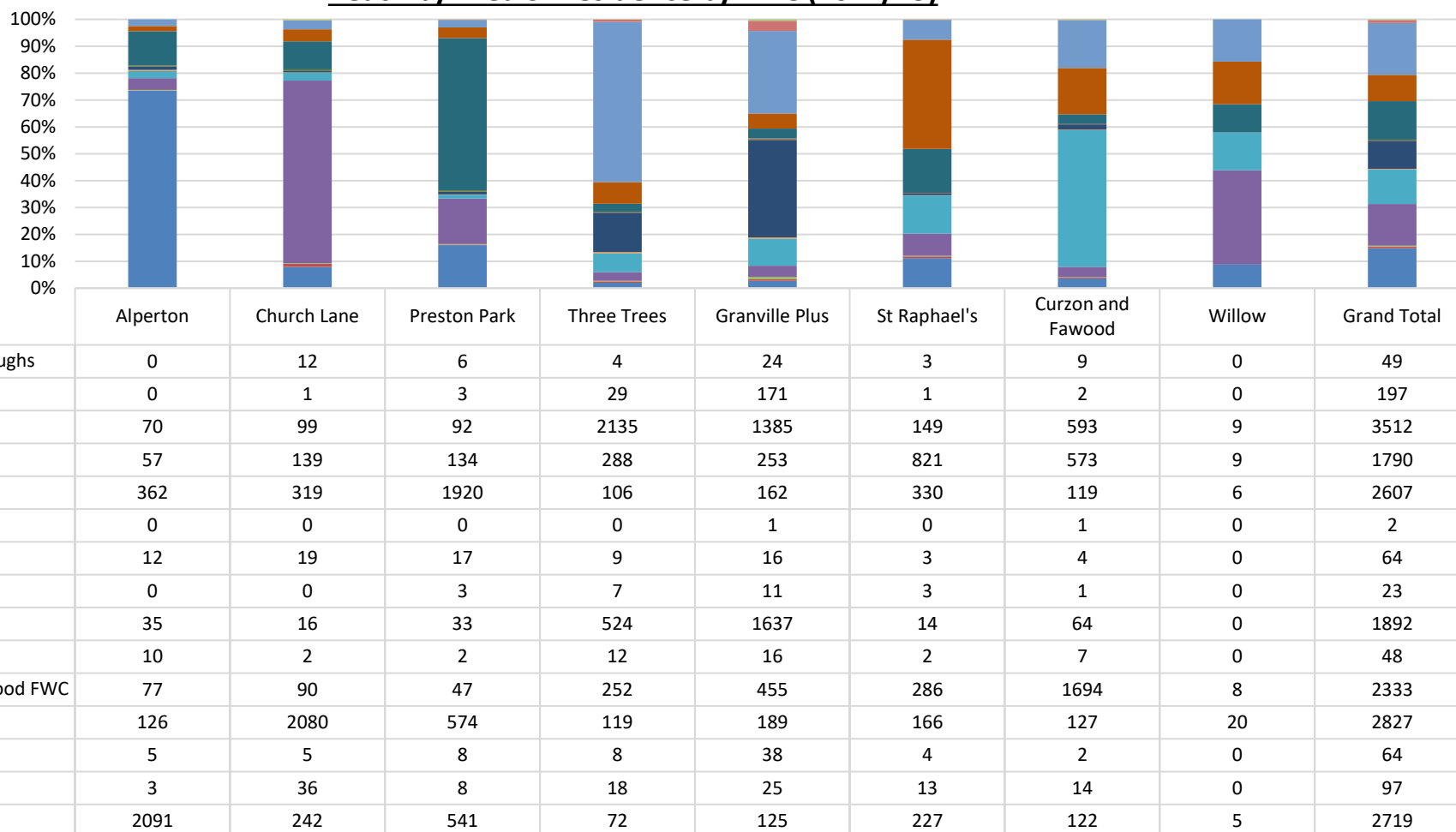


2.2. Contacts – Reach and Volume – Dad’s/Male Carers



2.3. Contacts – Reach – By Area of Residence

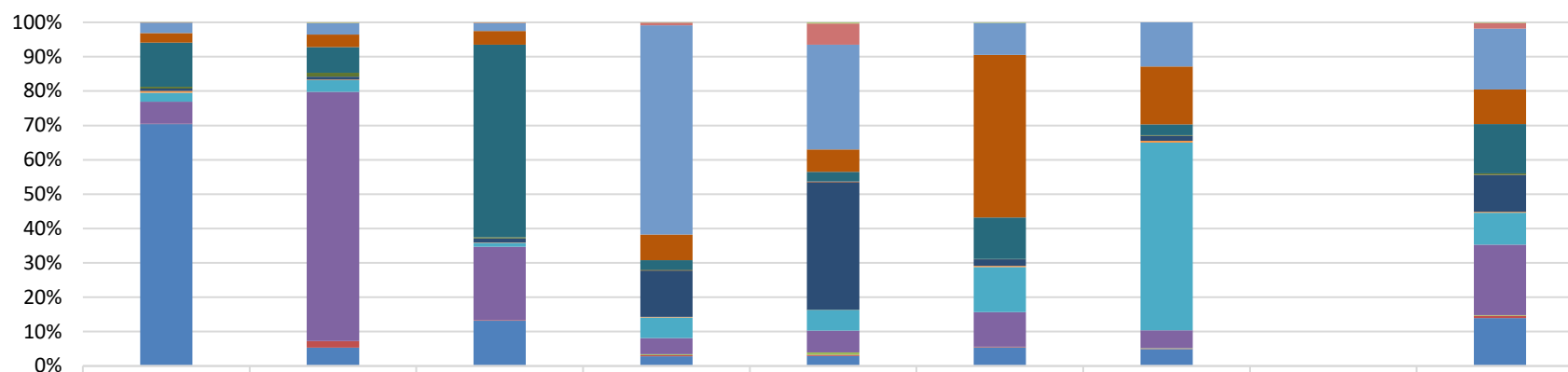
Reach by Area of Residence by FWC (2024/25)



Page 103

- Reach by area of residence for each FWC is by the FWC catchments and the surrounding London boroughs. Majority of families seen by the FWCs are within the catchment of each FWC
- Reach is the number of individuals that have had a contact within the specified period. Individuals may have had a contact by more than one FWC, as such, sub totals are not added manually to get the total Reach by area of residence. This is calculated separately. There may be slight variations in reach totals due to data being extracted at different time points
- Based on data extracted on 03-Jun-25

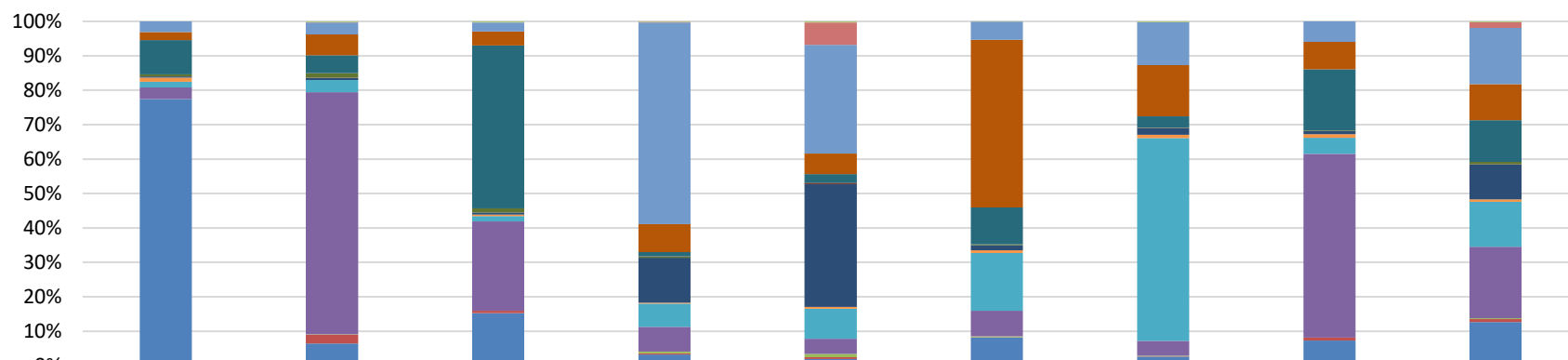
Reach by Area of Residence by FWC (2023/24)



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

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

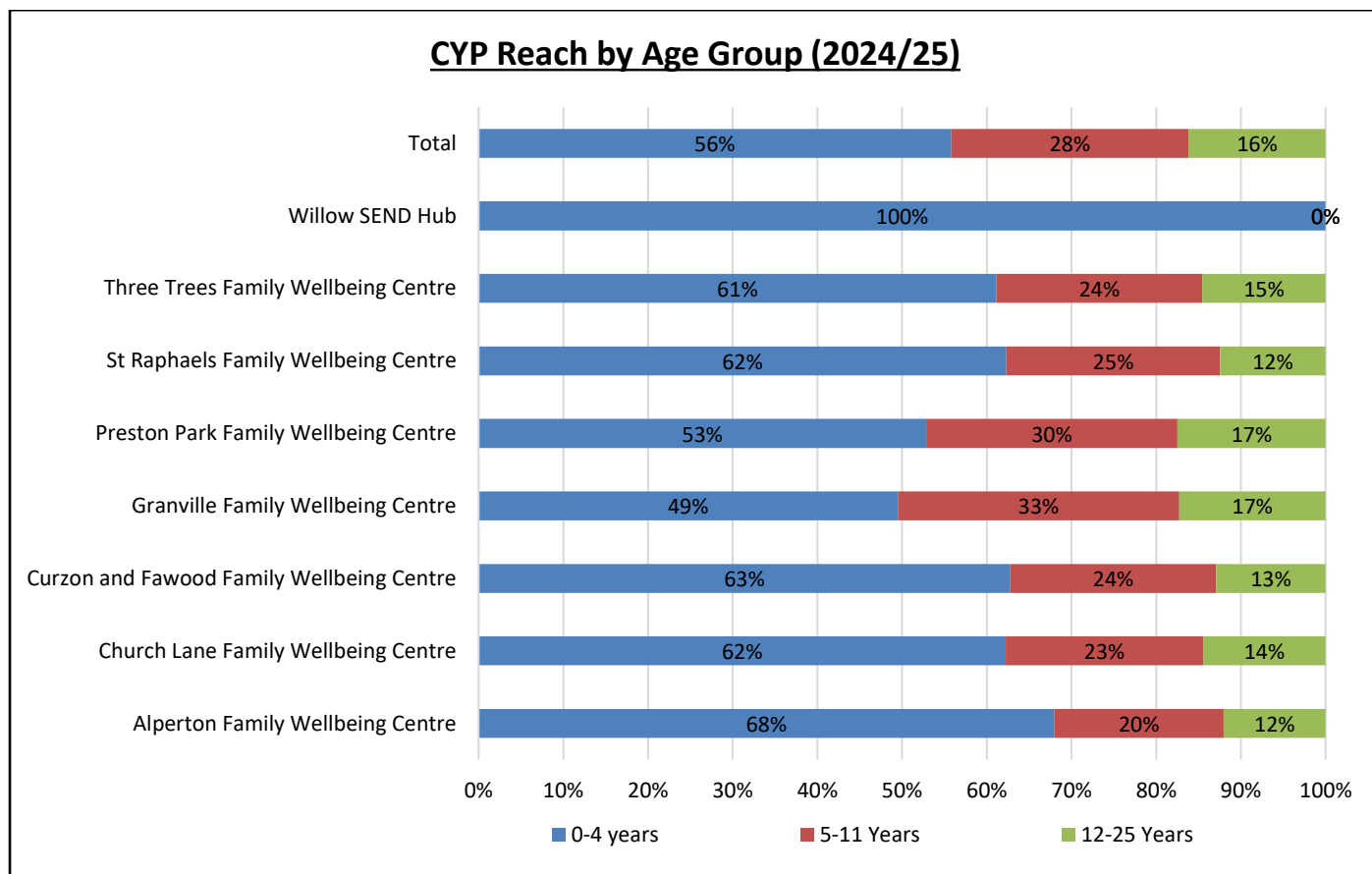
Reach by Area of Residence by FWC (2022/23)



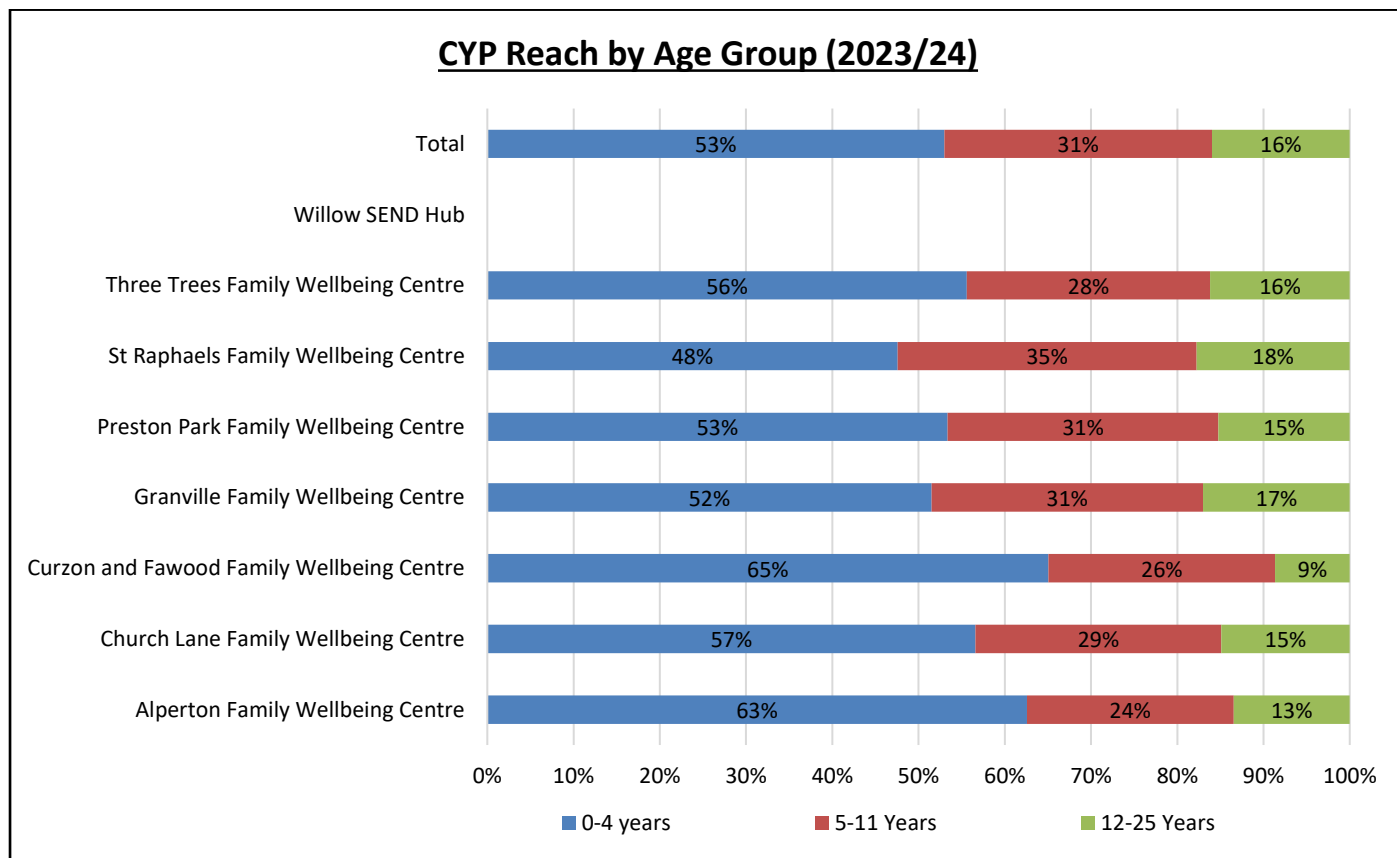
	Alpertion	Church Lane	Preston Park	Three Trees	Granville Plus	St Raphael's	Curzon and Fawood	Willow	Grand Total
Beyond surrounding boroughs	0	8	9	3	12	1	5	0	31
Westminster	0	1	0	4	241	0	0	0	242
Three Trees FWC	51	104	74	1113	1171	94	280	27	2350
St Raphaels FWC	37	178	115	156	222	856	332	36	1499
Preston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

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

2.4. Contacts – Reach – CYP by Age Group

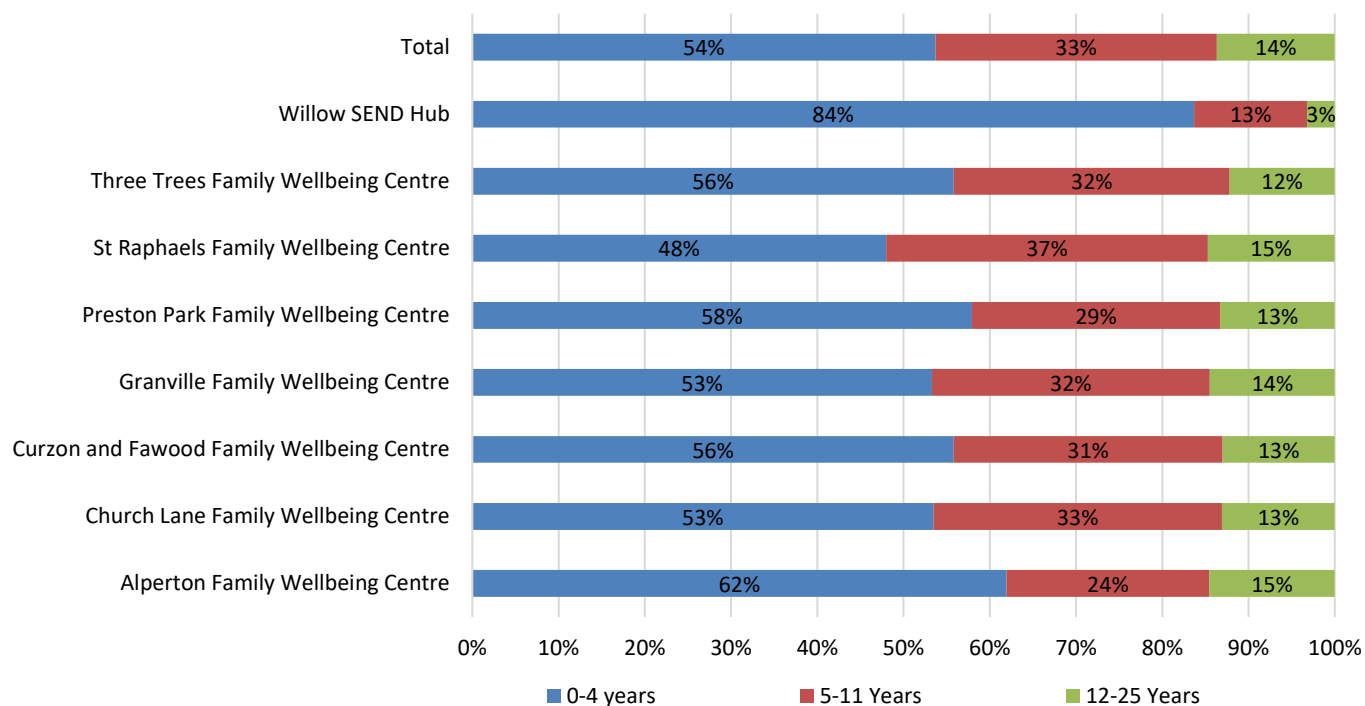


- Proportion out of the total CYP reached by FWC
- Based on data extracted on 02-Jun-25 from eStart



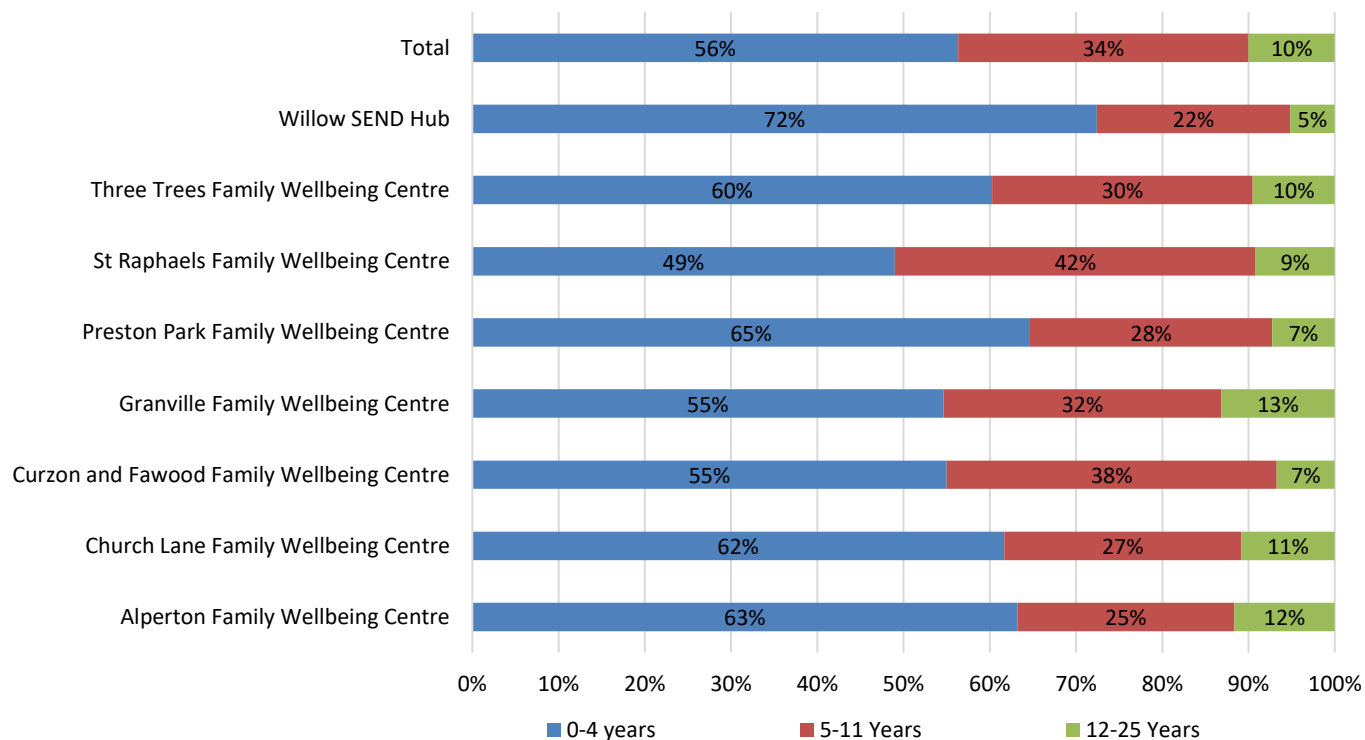
- Proportion out of the total CYP reached by FWC
- Based on data extracted on 05-Apr-24 from eStart

CYP Reach by Age Group (2022/23)



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

CYP Reach by Age Group (2021/22)



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

2.5. Contacts – Reach – Ethnicity

2024/25

Ethnicity	Alperton	Church Lane	Preston Park	Three Trees	Granville Plus	St Raphael's	Curzon/ Fawood	Willow	Grand Total	Total FWC registrations (from 01/12/2020 - 31/03/2025)	Percentage Reached (Out of Total FWC Registrations)
ABAN-Bangladeshi	25	43	41	46	53	27	40	-	193	379	51%
AIND-Indian	876	567	671	110	152	203	131	8	2,222	5,257	42%
AOTH-Any Other Asian Background	178	218	310	179	226	102	175	3	1,081	2,445	44%
APKN-Pakistani	123	214	203	112	116	101	137	3	783	1,508	52%
BAFR-Black - African	174	204	203	294	512	264	592	5	1,768	3,663	48%
BCRB-Black Caribbean	90	135	105	224	226	141	224	3	868	1,749	50%
BOTH-Any Other Black Background	28	40	29	82	103	44	83	2	325	559	58%
CHNE-Chinese	4	16	13	16	18	12	7	-	65	199	33%
MOB-Any Other Mixed Background	43	59	74	153	112	61	91	1	449	1,064	42%
MWAS-White and Asian	34	36	34	71	87	16	45	-	264	607	43%
MWBA-White and Black African	20	31	18	72	107	34	69	-	259	535	48%
MWBC-White and Black Caribbean	21	31	26	65	53	30	47	-	206	483	43%
OOTH-Any Other Ethnic Group	187	273	259	362	478	194	398	3	1,769	3,663	48%
Prefer Not to Say	790	701	942	935	1,417	509	731	19	4,893	12,706	39%
WBRI-White - British	99	150	91	387	381	112	231	3	1,174	2,715	43%
WIRI-White - Irish	5	25	11	19	13	15	19	-	87	205	42%
WIRT-Traveller of Irish Heritage	-	1	4	3	4	-	1	-	10	23	43%
WOTH-Any Other White Background	148	322	347	451	448	152	304	8	1,792	4,287	42%
WROM-Gypsy / Roma	3	9	12	2	4	5	7	-	37	104	36%
Total	2,848	3,075	3,393	3,583	4,510	2,022	3,332	58	18,245	42,151	

- Top 3 ethnicity groups highlighted for each FWC
- Reach may include those whose registration dates are before 01-Dec-20 and as such percentages reached out of total FWC registrations should be read with caution
- Subtotals are not manually added to get the total reach by ethnicity as individuals may have had a contact by more than one FWC in the same period. This is calculated separately. There may be slight variations in reach totals due to data being extracted at different time points
- Based on data extracted on 03-Jun-25

2023/24

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

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

2022/2023

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

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

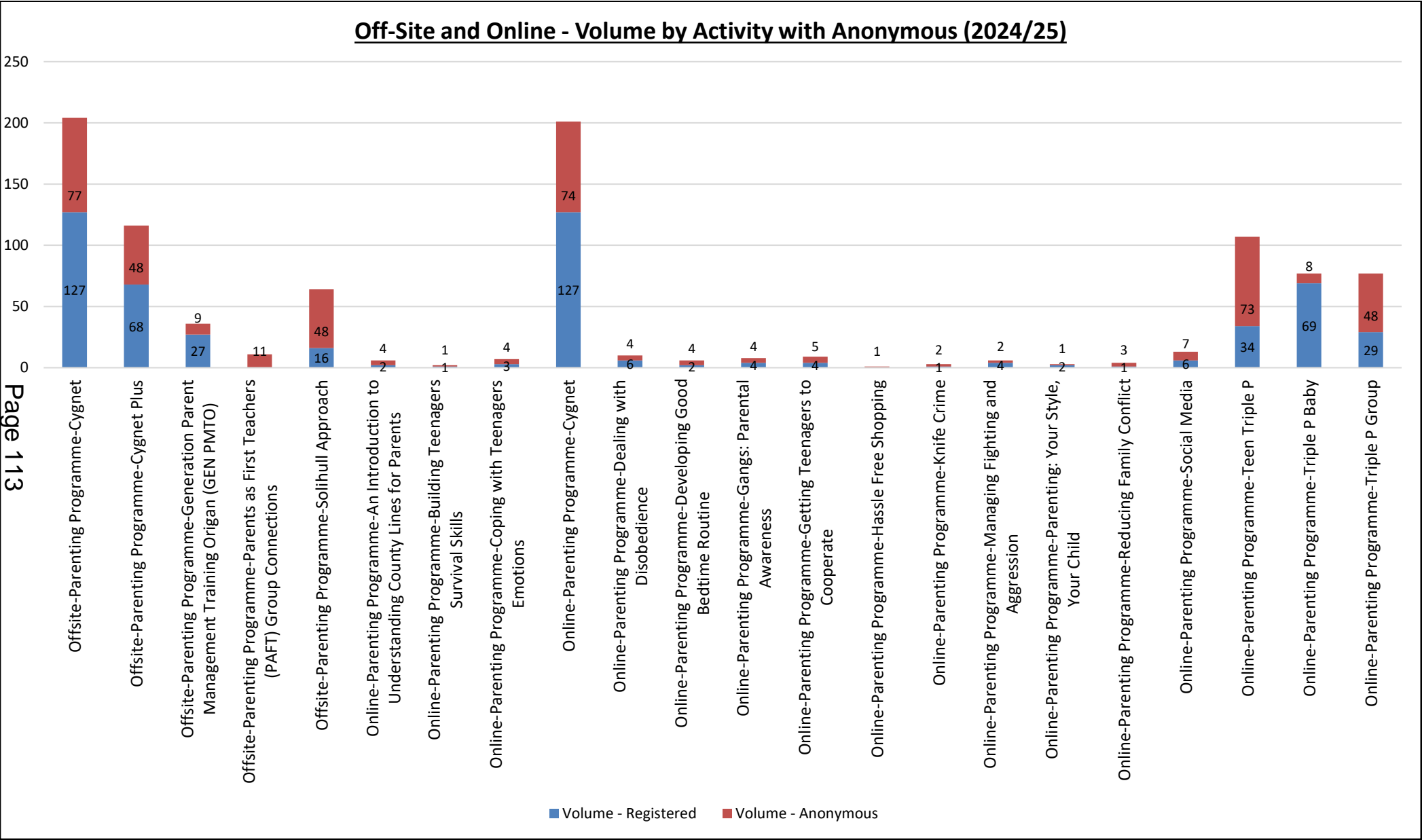
2.6. Contacts – Reach – SEND CYP

Age Group	Period	Alperton	Church Lane	Preston Park	Three Trees	Granville	St Raphael's	Curzon /Fawood	Brent Total	Out of Area	Grand Total
0-5 Years	2024/25	28	27	37	47	16	28	35	218	7	225
	2023/24	23	38	22	32	10	21	15	161	2	163
	2022/23	26	36	20	27	15	30	30	184	5	189
	2021/22	13	19	10	19	13	13	18	105	4	109
	Difference (2024/25 and 2023/24)	5	-11	15	15	6	7	20	57	5	62
6-11 Years	2024/25	17	33	19	49	34	18	36	206	8	214
	2023/24	20	31	25	45	21	34	33	209	8	217
	2022/23	11	25	10	28	14	29	34	151	8	159
	2021/22	7	10	6	14	12	8	16	73	4	77
	Difference (2024/25 and 2023/24)	-3	2	-6	4	13	-16	3	-3	0	-3
12-18 Years	2024/25	29	18	16	44	23	28	24	182	3	185
	2023/24	29	33	18	43	15	32	20	190	4	194
	2022/23	20	25	8	23	16	17	20	129	3	132
	2021/22	12	12	5	11	15	4	9	68	3	71
	Difference (2024/25 and 2023/24)	0	-15	-2	1	8	-4	4	-8	-1	-9
19-25 Years	2024/25	7	2	4	9	2	6	3	33	0	33
	2023/24	1	4	7	9	2	8	3	34	1	35
	2022/23	3	0	2	2	0	2	1	10	0	10
	2021/22	2	0	2	2	0	1	0	7	0	7
	Difference (2024/25 and 2023/24)	6	-2	-3	0	0	-2	0	-1	-1	-2
Grand Total	YTD 2024/25	81	80	76	149	75	80	98	639	18	657
	2023/24	73	106	72	129	48	95	71	594	15	609
	2022/23	60	86	40	80	45	78	85	474	16	490
	2021/22	34	41	23	46	40	26	43	253	11	264
	Total Difference (2024/25 and 2023/24)	8	-26	4	20	27	-15	27	45	3	48

- Based on Family Wellbeing Centre (FWC) CRM/Portal registrations where 'disability or long-term illness' is specified as 'Yes', plus eStart registrations not on CRM where SEND has been added. In May 2023, the wording on the CRM/Portal registration form changed to 'disability or additional learning needs'.
- Reach is by FWC catchment that the registered member is living in
- Age groups for 2024/25 data are as at 31-Mar-25
- Age groups for 2023/24 data are as at 31-Mar-24

- *Age groups for 2022/23 data are as at 31-Mar-23*
- *Age groups for 2021/22 data are as at 31-Mar-22*
- *Data extraction dates – 2024/25 on 04-Jun-25; 2023/24 on 04-Apr-24; 2022/23 on 11-Apr-23; 2021/22 on 04-Jan-23*

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



- Data extraction date – 18-Jun-25
- Data for PAFT Group Connections only includes attendance from one register

3. Family Solutions Key Worker Service

Quarter	Total number of assessments completed (EHAs and Reviews)	Open cases (at the end of each quarter)	Cases stepped down from CSC	Cases stepped up to CSC	Cases closed	Cases closed due to non-engagement	Total number of children and young people supported (closed and currently open)
Q1 2024/25	513	637	3	59	210	-	847
Q1 2023/24	549	655	42	55	190	38	845
Q1 2022/23	447	585	37	37	268	48	853
Q1 2021/22	503	-	44	63	210	54	
Q1 Difference (2024/25 and 2023/24)	-36	-18	-39	4	20		2
Q2 2024/25	512	617	3	33	234	-	851
Q2 2023/24	463	733	57	33	180	25	913
Q2 2022/23	384	427	25	31	161	29	588
Q2 2021/22	477		68	39	172	44	
Q2 Difference (2024/25 and 2023/24)	49	-116	-54	0	54		-62
Q3 2024/25	572	692	28	52	243	-	935
Q3 2023/24	480	764	49	45	244	24	1008**
Q3 2022/23	426	542	39	37	176	69	718
Q3 2021/22	496		37	24	134	91	
Q3 Difference (2024/25 and 2023/24)	92	-72	-21	7	-1		-73
Q4 2024/25	536	637	14	18	239	-	876
Q4 2023/24	517	564	29	58	260	9	824**
Q4 2022/23	537	572	29	51	250	92	822
Q4 2021/22	512	633	64	46	239	170	872
Q4 Difference (2024/25 and 2023/24)	19	73	-15	-40	-21		52
Total 2024/25	2133	637	52	162	926	-	1563
Total 2023/24	2009	564*	177	191	874	96	1438**
Total 2022/23	1794	572*	130	156	855	238	1427**
Total 2021/22	1988	633*	213	172	755	359	1388**
Total Difference (2024/25 and 2023/24)	124	73	-125	-29	52		125

- Data extraction dates for 2024/25: Q1 01-Jul-24 (revised on 01-Oct-24); Q2 01-Oct-24; Q3 06-Jan-25; Q4 02-Apr-25 (open cases) and 06-May-25 (remaining measures)
- *Open cases at the end of the last quarter

- **These figures have been corrected – Total number of children and young people supported (closed and currently open). Figures presented in previous reports should be disregarded
- 'Cases closed due to non-engagement' not captured for 2024/25
- Data is for Family Wellbeing Centres only. It does not include Accelerated Support Team or Embedded Family Support

Key Worker Service Data by Family Wellbeing Centre

Measure	Quarter	Alperton	Church Lane	Preston Park	Three Trees	Granville Plus	St Raphael's	Curzon /Fawood	Grand Total
EHAs	Q1 2024/25	22	22	23	33	7	13	22	142
	Q2 2024/25	18	24	31	24	3	9	11	120
	Q3 2024/25	9	26	24	24	10	18	8	119
	Q4 2024/25	13	26	14	43	13	13	10	132
	Total 2024/25	62	98	92	124	33	53	51	513
EHA Reviews	Q1 2024/25	64	64	51	57	49	24	62	371
	Q2 2024/25	79	59	49	65	33	40	67	392
	Q3 2024/25	94	55	47	91	52	58	56	453
	Q4 2024/25	78	64	47	56	65	44	50	404
	Total 2024/25	315	242	194	269	199	166	235	1620
Total number of assessments completed (EHAs and Reviews)	Q1 2024/25	86	86	74	90	56	37	84	513
	Q2 2024/25	97	83	80	89	36	49	78	512
	Q3 2024/25	103	81	71	115	62	76	64	572
	Q4 2024/25	91	90	61	99	78	57	60	536
	Total 2024/25	377	340	286	393	232	219	286	2133
Open cases (at the end of each quarter)	Q1 2024/25	119	99	88	93	82	42	114	637
	Q2 2024/25	119	88	91	112	69	66	72	617
	Q3 2024/25	105	115	60	116	111	114	71	692
	Q4 2024/25	135	105	35	121	106	46	89	637
	Total 2024/25	135	105	35	121	106	46	89	637
Cases stepped down from CSC	Q1 2024/25	0	0	3	1	0	1	2	7
	Q2 2024/25	0	0	0	1	0	0	2	3
	Q3 2024/25	0	11	12	5	0	0	0	28
	Q4 2024/25	2	3	2	5	0	2	0	14
	Total 2024/25	2	14	17	12	0	3	4	52
Cases stepped up to CSC	Q1 2024/25	6	3	25	14	0	5	6	59
	Q2 2024/25	0	6	9	17	0	0	1	33
	Q3 2024/25	12	7	9	14	0	5	5	52
	Q4 2024/25	3	11	2	0	0	2	0	18
	Total 2024/25	21	27	45	45	0	12	12	162

Cases closed	Q1 2024/25	17	34	27	47	23	36	26	210
	Q2 2024/25	24	35	38	32	32	25	48	234
	Q3 2024/25	42	25	51	49	18	27	31	243
	Q4 2024/25	22	38	60	31	40	32	16	239
	Total 2024/25	105	132	176	159	113	120	121	926
Total number of children and young people supported (closed and currently open)	Q1 2024/25	136	133	115	140	105	78	140	847
	Q2 2024/25	143	123	129	144	101	91	120	851
	Q3 2024/25	147	140	111	165	129	141	102	935
	Q4 2024/25	157	143	95	152	146	78	105	876
	Total 2024/25	240	237	211	280	219	166	210	1563

Measure	Quarter	Alperton	Church Lane	Preston Park	Three Trees	Granville Plus	St Raphael's	Curzon /Fawood	Grand Total
Number of current open cases where children are over 18*	Q1 2024/25	4	1	6	0	2	3	4	20
	Q2 2024/25	3	1	3	1	1	1	0	10
	Q3 2024/25	1	3	2	2	0	1	0	9
	Q4 2024/25	4	2	0	0	0	1	2	9

- *Dates of births for these children need to be checked on Mosaic

FWC Waiting List

2024/25

	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
Family Wellbeing Centres	No. of Individuals	No. of Families	No. of Individuals	No. of Families	No. of Individuals	No. of Families	No. of Individuals	No. of Families
Alperton	23	12	22	11	19	10	38	18
Church Lane	15	9	1	1	21	9	15	8
Curzon/Fawood	21	12	23	13	9	4	18	10
Granville Plus	6	3	3	1	13	4	3	2
Preston Park	2	1	33	12	6	4	7	5
St Raphael's	7	3	2	2	62	27	21	11
Three Trees	5	5	10	7	33	15	7	4
Grand Total	79	45	94	47	163	73	109	58

- Data extraction date: Q1 01-Jul-24; Q2 01-Oct-24; Q3 08-Jan-25; Q4 02-Apr-25

2023/24

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

3.1. Service User Feedback

Not satisfied										Very satisfied			
Period	Scale	0	1	2	3	4	5	6	7	8	9	10	Total
2024/25	Number	-	-	-	1	1	2	1	4	8	22	84	123
	Percentage	-	-	-	1%	1%	2%	1%	3%	7%	18%	68%	
2023/24	Number	-	-	-	-	-	2	2	4	7	15	89	119
	Percentage	-	-	-	-	-	2%	2%	3%	6%	13%	75%	
2022/23	Number	-	-	-	-	-	-	-	1	3	4	17	25
	Percentage	-	-	-	-	-	-	-	4%	12%	16%	68%	

- 2024/25 - 3 skipped this question
- 2023/24 - 4 skipped this question

Statement	Period	Measure	Strongly Disagree	Disagree	Neither agree or disagree	Agree	Strongly Agree
The BFS worker listened to what your family had to say.	2024/25	Number	1	1	0	22	102
		Percentage	1%	1%	0%	17%	81%
	2023/24	Number	1	-	1	14	104
		Percentage	1%	-	1%	12%	87%
	2022/23	Number	-	-	1	1	23
		Percentage	-	-	4%	4%	92%
Your family's ethnicity, culture and religion were considered and respected.	2024/25	Number	-	-	1	20	105
		Percentage	-	-	1%	16%	83%
	2023/24	Number	1	-	1	17	101
		Percentage	1%	-	1%	14%	84%
	2022/23	Number	-	-	-	1	24
		Percentage	-	-	-	4%	96%
The actions expected of you and your family were made clear.	2024/25	Number	-	1	1	30	94
		Percentage	-	1%	1%	24%	75%
	2023/24	Number	-	-	2	19	99
		Percentage	-	-	2%	16%	83%
	2022/23	Number	-	1	-	-	24
		Percentage	-	4%	-	-	96%
Your family was involved in making decisions through-out the process.	2024/25	Number	1	2	3	31	89
		Percentage	1%	2%	2%	25%	71%
	2023/24	Number	-	-	3	24	93
		Percentage	-	-	3%	20%	78%
	2022/23	Number	-	-	-	1	24
		Percentage	-	-	-	4%	96%
If there were challenges in future I would be confident to deal with these	2024/25	Number	1	2	7	46	70
		Percentage	1%	2%	6%	37%	56%
	2023/24	Number			13	28	79
		Percentage			11%	23%	66%
	2022/23	Number	-	-	-	7	18
		Percentage	-	-	-	28%	72%

- 2024/25 – 126 responded
- 2023/24 – 120 responded, 3 skipped the questions
- 2022/23 – 25 responded

4. Portage

Quarter	Total number of assessments completed (EHAs and Reviews)	Open cases (at the end of each quarter)	Cases stepped down from CSC	Cases stepped up to CSC	Cases closed	Cases closed due to non-engagement	Total number of children and young people supported (closed and currently open)
Q1 2024/25	4	22	0	0	0	-	22
Q1 2023/24	6	18	0	0	2	0	20
Q1 2022/23	9	30	1	1	1	0	31
Q1 Difference (2024/25 and 2023/24)	-2	4	0	0	-2	0	2
Q2 2024/25	5	10	0	0	3	0	13
Q2 2023/24	9	33	0	0	5	0	38
Q2 2022/23	0	23	0	0	2	0	25
Q2 Difference (2024/25 and 2023/24)	-4	-23	0	0	-2	0	-25
Q3 2024/25							
Q3 2023/24	8	26	0	0	12	0	38**
Q3 2022/23	9	23	0	0	9	1	32
Q3 Difference	-1	3	0	0	3	-1	6**
Q4 2024/25							
Q4 2023/24	3	15	0	0	3	0	18**
Q4 2022/23	15	34	0	1	0	1	34
Q4 Difference	-12	-19	0	-1	3	-1	-16**
Total (YTD) 2024/25	9	10	0	0	3	0	13
Total 2023/24	26	15*	0	0	22	0	37**
Total 2022/23	33	34*	1	2	12	2	46**
Total Difference (YTD 2024/25 and 2023/24)	-17	-5	0	0	-19	0	-24

- No longer updated from Q3 2024/25 onwards as this service area is no longer part of Early Help

- Data extraction dates for 2024/25: Q1 01-Jul-24 (revised on 01-Oct-24); Q2 01-Oct-24

- *Open cases at the end of the last quarter

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

- 'Cases closed due to non-engagement' not captured for 2024/25

5. Triage Service

Total Families Supported

Source	Period	Alperton	Church Lane	Preston Park	Three Trees	Granville Plus	St Raphael's	Curzon /Fawood	Grand Total
Brent Family Front Door	2024/25	13	7	12	16	11	5	6	70
	2023/24	29	25	26	31	14	8	27	160
	2022/23	2	15	11	7	4	8	6	53
	2021/22	4	2	0	8	0	5	3	22
	Difference (2024/25 and 2023/24)	-16	-18	-14	-15	-3	-3	-21	-90
Portal	2024/25	119	75	132	121	80	77	115	719
	2023/24	90	118	130	127	41	67	105	678
	2022/23	102	85	191	87	30	77	93	665
	2021/22	65	80	40	71	27	29	54	366
	Difference (2024/25 and 2023/24)	29	-43	2	-6	39	10	10	41
Referred	2024/25	19	11	13	13	22	15	15	108
	2023/24	20	6	24	10	32	22	35	149
	2022/23	30	10	21	17	18	29	73	198
	2021/22	12	2	5	6	2	13	27	67
	Difference (2024/25 and 2023/24)	-1	5	-11	3	-10	-7	-20	-41
Waiting List	2024/25	10	9	13	5	0	28	21	86
	2023/24	31	13	28	7	10	58	29	176
	2022/23	17	9	18	1	16	32	39	132
	2021/22	15	27	1	0	0	17	11	71
	Difference (2024/25 and 2023/24)	-21	-4	-15	-2	-10	-30	-8	-90
Telephone / Walk in	2024/25	140	42	153	82	62	165	47	691
	2023/24	129	52	191	67	144	281	108	972
	2022/23	62	119	380	42	114	206	161	1084
	2021/22	21	33	95	15	81	31	26	302
	Difference (2024/25 and 2023/24)	11	-10	-38	15	-82	-116	-61	-281
Target Child list	2024/25	0	0	0	0	0	0	0	0
	2023/24	0	0	0	0	0	0	0	0
	2022/23	0	0	0	0	0	0	0	0
	2021/22	3	0	0	6	0	4	0	13

	Difference (2024/25 and 2023/24)	0	0	0	0	0	0	0	0
Grand Total	2024/25	301	144	323	237	175	290	204	1674
	2023/24	299	214	399	242	241	436	304	2135
	2022/23	213	238	621	154	182	352	372	2132
	2021/22	120	144	141	106	110	99	121	841
	Total Difference (2024/25 and 2023/24)	2	-70	-76	-5	-66	-146	-100	-461

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

Quarter	Alperton	Church Lane	Preston Park	Three Trees	Granville Plus	St Raphael's	Curzon /Fawood	Grand Total
Q1 2024/25	67	45	91	58	45	74	60	440
Q1 2023/24	77	64	159	77	75	201	84	737
Q1 2022/23	50	51	168	29	26	57	52	433
Q1 2021/22	20	33	13	14	18	22	9	129
Q1 Difference (2024/25 and 2023/24)	-10	-19	-68	-19	-30	-127	-24	-297
Q2 2024/25	86	38	83	56	55	58	61	437
Q2 2023/24	69	49	98	56	47	87	84	490
Q2 2022/23	50	50	151	37	41	88	86	503
Q2 2021/22	24	47	11	31	20	18	19	170
Q2 Difference (2024/25 and 2023/24)	17	-11	-15	0	8	-29	-23	-53
Q3 2024/25	69	25	66	45	35	91	47	378
Q3 2023/24	73	51	64	52	55	68	57	420
Q3 2022/23	44	73	128	31	39	78	100	493
Q3 2021/22	32	26	6	29	48	27	29	197
Q3 Difference (2024/25 and 2023/24)	-4	-26	2	-7	-20	23	-10	-42
Q4 2024/25	79	36	83	78	40	67	36	419
Q4 2023/24	80	50	78	57	64	80	79	488
Q4 2022/23	69	64	174	57	76	129	134	703
Q4 2021/22	44	38	111	32	24	32	64	345
Q4 Difference (2024/25 and 2023/24)	-1	-14	5	21	-24	-13	-43	-69
Total 2024/25	301	144	323	237	175	290	204	1674
Total 2023/24	299	214	399	242	241	436	304	2135
Total 2022/23	213	238	621	154	182	352	372	2132
Total 2021/22	120	144	141	106	110	99	121	841
Total Difference (2024/25 and 2023/24)	2	-70	-76	-5	-66	-146	-100	-461

Outcomes from Triage

Source	Period	No Further Action	Ongoing	Stepped up	Allocated to Key Worker	Grand Total
Brent Family Front Door	2024/25	32	38	0	0	70
	2023/24	53	107	0	0	160
	2022/23	37	16	0	0	53
	2021/22	8	13	1	0	22
	Difference (2024/25 and 2023/24)	-21	-69	0	0	-90
Portal	2024/25	492	227	0	0	719
	2023/24	497	181	0	0	678
	2022/23	537	125	3	0	665
	2021/22	294	72	0	0	366
	Difference (2024/25 and 2023/24)	-5	46	0	0	41
Referred	2024/25	52	56	0	0	108
	2023/24	106	43	0	0	149
	2022/23	143	55	0	0	198
	2021/22	46	20	1	0	67
	Difference (2024/25 and 2023/24)	-54	13	0	0	-41
Waiting List	2024/25	45	41	0	0	86
	2023/24	98	78	0	0	176
	2022/23	105	27	0	0	132
	2021/22	59	11	0	1	71
	Difference (2024/25 and 2023/24)	-53	-37	0	0	-90
Telephone / Walk in	2024/25	435	256	0	0	691
	2023/24	796	176	0	0	972
	2022/23	952	132	0	0	1084
	2021/22	249	53	0	0	302
	Difference (2024/25 and 2023/24)	-361	80	0	0	-281
Target Child list	2024/25	0	0	0	0	0
	2023/24	0	0	0	0	0
	2022/23	0	0	0	0	0
	2021/22	10	3	0	0	13
	Difference (2024/25 and 2023/24)	0	0	0	0	0
Grand Total	2024/25	1056	618	0	0	1674
	2023/24	1550	585	0	0	2135
	2022/23	1774	355	3	0	2132
	2021/22	666	172	2	1	841
	Total Difference (2024/25 and 2023/24)	-494	33	0	0	-461

Waiting List

Quarter	KW Allocated	Case closed*	Ongoing / Wellbeing Call on Rota basis	NFA (Duty Call)	Grand Total
Q1 2024/25	8	6	0	18	32
Q2 2024/25	13	3	4	4	24
Q3 2024/25	4	1	9	0	14
Q4 2024/25	6	0	10	0	16

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

6. Early Help Resource Panel

Table 1: Cases presented to panel

Quarter	Cases presented
Q1 2024/25	31
Q1 2023/24	38
Q1 2022/23	33
Q1 Difference (2024/25 and 2023/24)	-7
Q2 2024/25	21
Q2 2023/24	22
Q2 2022/23	32
Q2 Difference (2024/25 and 2023/24)	-1
Q3 2024/25	21
Q3 2023/24	41
Q3 2022/23	38
Q3 Difference (2024/25 and 2023/24)	-20
Q4 2024/25	19
Q4 2023/24	31
Q4 2022/23	34
Q4 Difference (2024/25 and 2023/24)	-12
Total 2024/25	92
Total 2023/24	132
Total 2022/23	137
Total Difference (2024/25 and 2023/24)	-40

Table 2: DOR Therapy – Families supported to address conflict issues within the family

Quarter	Number of families supported to address conflict issues within the family
Q1 2024/25	18
Q2 2024/25	12
Q3 2024/25	15
Q4 2024/25	23
Total 2024/25	68

7. Citizen's Advice Bureau

a) Service Activity

Measure	Period	Alperton	Church Lane	Preston Park	Three Trees	Granville Plus	St Raphael's	Curzon /Fawood	Willow	Grand Total
Number of families seen / Advice requests	2024/25	203	177	177	178	178	191	181	182	1467
	2023/24	179	142	181	153	152	187	154	136	1284
	2022/23	173	211	196	213	184	227	226	92	1522
	2021/22	215	226	127	219	181	242	300	34	1544
	Difference (2024/25 and 2023/24)	24	35	-4	25	26	4	27	46	183

Quarter	Number of families seen / Advice requests – One-Off Advice and information Delivered to the referred and self-referred Parents
Q1 2024/25	395
Q1 2023/24	396
Q1 2022/23	396
Q1 2021/22	606
Q1 Difference (2024/25 and 2023/24)	-1
Q2 2024/25	425
Q2 2023/24	249
Q2 2022/23	426
Q2 2021/22	540
Q2 Difference (2024/25 and 2023/24)	176
Q3 2024/25	319
Q3 2023/24	241
Q3 2022/23	385
Q3 2021/22	398
Q3 Difference (2024/25 and 2023/24)	78
Q4 2024/25	328
Q4 2023/24	398
Q4 2022/23	315
Q4 2021/22	
Q4 Difference (2024/25 and 2023/24)	-70
Total 2024/25	1467
Total 2023/24	1284
Total 2022/23	1522
Total 2021/22	1544
Total Difference (2024/25 and 2023/24)	183

- 2021/22 data does not include quarter 4 data

b) Financial Gains

Quarter	Total Income Gained
Q1 2024/25	£337,493
Q1 2023/24	£258,825
Q1 2022/23	£302,565
Q1 2021/22	£288,107
Q1 Difference (2024/25 and 2023/24)	£78,668
Q2 2024/25	£360,264
Q2 2023/24	£151,845
Q2 2022/23	£288,306
Q2 2021/22	£456,228
Q2 Difference (2024/25 and 2023/24)	£208,419
Q3 2024/25	£336,908
Q3 2023/24	£63,449
Q3 2022/23	£210,614
Q3 2021/22	£305,782
Q3 Difference (2024/25 and 2023/24)	£273,459
Q4 2024/25	£346,304
Q4 2023/24	£208,174
Q4 2022/23	£192,855
Q4 2021/22	£0
Q4 Difference (2024/25 and 2023/24)	£138,130
Total 2024/25	£1,380,969
Total 2023/24	£682,293
Total 2022/23	£994,340
Total 2021/22	£1,050,117
Total Difference (2024/25 and 2023/24)	£698,676

- 2021/22 data does not include quarter 4 data

8. Speech and Language Therapy

a) Contribution to School readiness

Quarter	Early identification of children with SLCN (number of referrals to FWC SLT)	Number of children discharged with advice provided	Number of Children referred into Core SLT Services	Early Intervention – number of attendances at Let's Talk groups
Q1 2024/25	55	13	29	750
Q1 2023/24	119	29	19	602
Q1 2022/23	119	29	19	687
Q1 2021/22	65	45	19	250
Q1 Difference (2024/25 and 2023/24)	-64	-16	10	148
Q2 2024/25	51	14	35	541
Q2 2023/24	111	49	11	443
Q2 2022/23	111	49	39	419
Q2 2021/22				
Q2 Difference (2024/25 and 2023/24)	-60	-35	24	98
Q3 2024/25	40	12	26	583
Q3 2023/24	23	17	25	591
Q3 2022/23	68	15	14	449
Q3 2021/22	59	30	8	364
Q3 Difference (2024/25 and 2023/24)	17	-5	1	-8
Q4 2024/25	15	17	50	583
Q4 2023/24	51	10	24	571
Q4 2022/23	62	31	27	514
Q4 2021/22				
Q4 Difference (2024/25 and 2023/24)	-36	7	26	12
Total 2024/25	161	56	140	2457
Total 2023/24	304	105	79	2207
Total 2022/23	360	124	99	2069
Total 2021/22	124	75	27	614
Total Difference (2024/25 and 2023/24)	-143	-49	61	250

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

9. Supporting Families Programme Outcomes

Period	Number of families identified	Number of families with a successful outcome	Target	% Target Achieved
2024/25	1441	949	945	100%
2023/24	1560	764	764	100%
2022/23	1097	472	472	100%
Total Difference (2024/25 and 2023/24)	-119	-185	181	

Quarter	1. Getting a good education	2. Good Early Years Development	3. Improved mental and physical health	4. Promoting recovery and reducing harm from substance misuse	5. Improved family relationships	6. Children safe from abuse and exploitation	7. Crime prevention & tackling crime	8. Safe from domestic abuse	9. Secure housing	10. Financial stability	Total
Q1 2024/25	30	4	24	4	11	15	16	14	4	1	123
Q1 2023/24		2	16		2	3	3	6			32
Q1 Difference	30	2	8	4	9	12	13	8	4	1	91
Q2 2024/25	57	9	47	4	7	15	14	31	5	2	191
Q2 2023/24		3	24	2	1	8	5	13	1		57
Q2 Difference	57	6	23	2	6	7	9	18	4	2	134
Q3 2024/25	48	22	99	5	19	28	17	37	5	5	285
Q3 2023/24	60	2	28	2	2	8	1	20	1		124
Q3 Difference	-12	20	71	3	17	20	16	17	4	5	161
Q4 2024/25	58	18	131	7	18	40	17	52	7	2	350
Q4 2023/24	277	4	47	2	2	11	8	21	2	1	375
Q4 Difference	-219	14	84	5	16	29	9	31	5	1	-25
Total 2024/25	193	53	301	20	55	98	64	134	21	10	949
Total 2023/24	337	11	115	6	7	30	17	60	4	1	588
Total Difference (2024/25 and 2023/24)	-144	42	186	14	48	68	47	74	17	9	361
Grand Total 2024/25											949
Grand Total 2023/24											764*
Grand Total Difference (2024/25 and 2023/24)											185

- *Grand Total for 2023/24 combines new and old Supporting Families outcomes criteria – 588 (new) and 176 (old), totalling 764

Old Supporting Families Outcomes – 2023/24

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

Old Supporting Families Outcomes - 2022/23

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

- 2022-23 – 1097 families identified, 472 families with a successful outcome (100% target achieved)

10. Parenting Programmes

	Programme / Workshop	Number of programmes / workshops	Numbers Attending	Numbers Completing	Percentage Completing
Q1	An Introduction to Understanding County Lines for Parents	1	3	3	100%
	Building Teenagers survival Skills	1	2	2	100%
	Coping with Teenagers Emotions	3	7	7	100%
	Cygnnet	2	23	16	70%
	Dealing with disobedience	3	10	10	100%
	Developing good bedtime routine	2	5	5	100%
	Generation Parent Management Training Organ (GEN PMTO)	1	6	6	100%
	Getting Teenagers to Cooperate	3	9	9	100%
	Hassle Free Shopping	1	1	1	100%
	Henry Programme Right From the Start (under 5's)	2	31	17	55%
	Managing fighting and aggression	3	4	4	100%
	Parents as First Teachers (PAFT) - Group Connections	5	30	30	100%
	Reducing Family Conflict	3	4	4	100%
	Strengthening Families Strengthening Communities	1	12	4	33%
	Triple P Baby	1	9	5	56%
	Triple P Family Transitions	1	4	4	100%
	Quarter 1 Total	33	160	127	79%
Q2	Cygnnet Plus	1	12	9	75%
	Developing good bedtime routine	1	1	1	100%
	Managing fighting and aggression	1	2	2	100%
	Parents as First Teachers (PAFT) - Group Connections	7	31	31	100%
	Social Media	1	6	6	100%
	Solihull Approach	1	10	7	70%
	Strengthening Families Strengthening Communities	1	9	6	67%
	Quarter 2 Total	13	71	62	87%
Q3	An Introduction to Understanding County Lines for Parents	1	1	1	100%
	Cygnnet	3	54	25	46%
	Cygnnet Plus	1	8	8	100%
	Gangs: Parental Awareness	1	5	5	100%
	Henry Programme Right From the Start (under 5's)	2	18	8	44%
	Parenting: Your Style, Your Child	1	3	3	100%
	Parents as First Teachers (PAFT) - Group Connections	5	18	18	100%
	Social Media	1	3	3	100%
	Solihull Approach	2	20	11	55%
	Strengthening Families Strengthening Communities Light Violence Prevention	1	20	12	60%
	Teen Triple P	1	17	14	82%
	Triple P Family Transitions	1	8	5	63%

	Triple P Group	1	11	10	91%
	Quarter 3 Total	21	186	123	66%
Q4	An Introduction to Understanding County Lines for Parents	1	2	2	100%
	Cygnet	2	26	14	54%
	Gangs: Parental Awareness	1	3	3	100%
	Henry Programme Right From the Start (under 5's)	1	8	5	63%
	Parents as First Teachers (PAFT) - Group Connections	4	27	27	100%
	Social Media	1	4	4	100%
	Triple P Baby	1	4	4	100%
	Knife Crime	1	3	3	100%
	Quarter 4 Total	12	77	62	81%
Grand Total* 2024-25		79	494	374	76%
Grand Total* 2023-24		108	567	447	79%
Grand Total* 2022-23		120	660	554	84%
Grand Total* 2021-22		41	349	285	82%
Grand Total* 2020-21		20	146	107	73%


- **Includes parents that have attended more than one programme within the period*
- *Excluding duplicates total –*
 - o *2024/25 – 425 parents attended, 314 completed (74%);*
 - o *2023/24 - 441 parents attended, 336 completed (76%);*
 - o *2022/23 – 446 parents attended, 352 completed (79%);*
 - o *2021/22 – 296 parents attended, 236 completed (80%);*
 - o *2020/21 – 134 parents attended, 102 completed (76%)*
- *Quarter 3 2024/25 note - Registers from the Brilliant Parents workshops have not been submitted. As such, numbers presented for this period are lower than actuality*

11. Young Carers

Quarter	Number of Young Carer activities being delivered at Family Wellbeing Centres*	Number of young carers identified by the Provider	Numbers attending Young Carer activities at Family Wellbeing Centres**
2024/25	15	144	35
2023/24	2	213	4
2022/23	18	104	42
2021/22	25	80	21
Total Difference (2024/25 and 2023/24)	13	-69	31

** Includes dates with no attendance attached*

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

	Brent Health and Wellbeing Board 20 November 2025
	Report from the Corporate Director Service Reform and Strategy and Managing Director Brent Integrated Care Partnership
	Lead Cabinet Member for Adult Social Care, Public Health and Schools - Councillor Neil Nerva
Winter Plan 2025/26	

Wards Affected:	All Brent wards
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt: <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
List of Appendices:	N/A
Background Papers:	N/A
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1.0 Executive Summary

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

- Acknowledging the uncertainty around NHS reforms, although core services will not be adversely affected.
- Securing efficient discharge pathways to reduce the length of time our residents spend in the hospital once medically fit to leave by maximising the use of Department of Health and Social Care (DHSC) funded schemes to manage system pressures and keep residents well this winter.
- Taking preventative action to mitigate where possible, the impact of illness on individuals, families and the health and care system, through our flu, and COVID immunisation delivery, particularly amongst groups experiencing the highest levels of health inequalities and priority target groups.
- Continuing to strengthen our support and capacity in primary and community teams to prevent admissions to hospital and ensure a robust discharge pathway out of hospital, including strengthening the community frailty service using a neighbourhood MDT approach.
- Enabling continued access to primary care services during the winter period.
- Improving patient flow to free up hospital beds by providing effective, prompt and high impact interventions in and out of hospital care.
- Communication with local residents to support them to navigate the local health and care offer, so care can be provided by the right service and/or individual in the right place.
- Support to all residents experiencing homelessness, housing problems and related social issues to access timely support.
- Reducing variation in inpatient care and length of stay for our mental health service users by bringing forward discharge processes.

2.0 Recommendation(s)

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

3.0 Detail

3.1 Contribution to Borough Plan Priorities & Strategic Context

<https://www.brent.gov.uk/the-council-and-democracy/strategies-priorities-and-policies>

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

- 3.1.2 It also supports the Council's strategic priority 1 'Prosperity and Stability' to tackle inequality and to provide the best possible support for residents with complex needs. Additionally, it contributes to strategic priority 2, 'A Cleaner, Greener Future' with the Brent Well and Warm programme.
- 3.1.3 Finally, it supports the outcomes of the Homelessness and Rough Sleeping strategy 2022 – 2025. This paper provides a series of direct and indirect interventions that aim to support homeless people and rough sleepers throughout the winter period.

3.2 Background

- 3.2.1 This report provides an update on the challenges and responses related to winter pressures as faced by local healthcare partners. It consolidates insights and actions from Brent Adult Social Care (ASC) and Brent Integrated Care Partnership (ICP) / Brent Borough Based Partnership Team, London North West University Healthcare NHS Trust (LNWHT). Central London Community Healthcare NHS Trust (CLCH) and Primary Care, Central North West London Healthcare trust (CNWL) to ensure safety for our residents whilst overcoming challenges.

3.2.2 Recognition of uncertainty around NHS Reforms

- In March 2025, NHS England confirmed that Integrated Care Boards (ICBs) would face **around 50% reductions in operating costs for 2025/26**.
- This significant restructuring aims to refocus funding on frontline care under the **10-Year Health Plan**, emphasising prevention, community-based care, and digital transformation.
- This restructure is likely to impact on central and strategic capacity, and increase pressure on frontline and partner organisations. However core services will not be adversely affected.
- To mitigate this impact a Joint Winter planning sub-group was established across the partnership. Use of shared analytical and operational resources were explored. Borough capacity is being strengthened for proactive prevention and admission avoidance work and a focus on the three shifts (prevention, community care, digital enablement) to mitigate demand on acute services through better self-management and early intervention.

3.2.3 Admission and Discharge Planning

Current challenges

- Supporting for patients in care home deemed as having complex needs and or challenging behaviours, including dementia.
- Knowledge and confident of care home and home care staff to support people with complex needs.
- Bridging service provided for 7 days instead of 14days.
- On going work to develop guidance on Section 22 Care Act for NWL to determine health and care responsibilities for cohorts where commissioning pathways are unclear.
- Community Equipment provider is not yet fully mobilised and the impact through winter is unknown.
- High demand for Adult Social Care Urgent Response services and bottleneck with some people remaining in the scheme for nearly 2 years.
- Limited step-down beds in Brent.
- Frailty cohort are high users of health services due to complex health and care needs and are high users in winter surge periods.
- Brent has one of the highest numbers of individuals within the frail cohort and experiences high levels of deprivation. Deprivation correlates with higher frailty-related hospital admissions.

Mitigation

- The Brent Integrated Care Partnership (ICP) and Brent Council, known as The Partnership, were granted approximately £6.2 million in funding to address discharges and winter pressures.
- A number of schemes have been funded to collectively improve patient flow, reduce delays, and enable people to recover closer to home. Working together these schemes aim to manage system pressures and keep residents well this winter.

DHSC funded schemes:

1. **P3 - Trusted Nurse Assessor (TNA)** – Streamline discharge from acute to care homes and reduce assessment delays. TNA is responsible for conducting all assessments, overseeing discharge processes to ensure ward readiness, making regular visits to care homes, and serving as the primary liaison between the care home, hospital, and the Enhanced Care Home Support Team.
2. **Dementia Behaviour Specialist Scheme (DBS)** This is an initiative designed to undertake assessments and interventions for patients with behaviours that challenge and are referred to either a care home or community settings, using appropriate evidence-based practice.
3. **P1 Bridging services** Provide short-term, intensive support for patients post-discharge for up to 7 days.

4. **P3 Complex patient beds /Residential package** Provides additional 1:1 hours for complex P3 patients to support discharge into residential care. Patients with dementia and delirium (until a DST is completed).
 5. **P1 Complex Care community packages** Specialist complex support provided following discharge. Care in the community specialist worker works with the acute hospital discharge team, providing immediate intervention, monitoring and support. 1:1 hours will be for up to 6 weeks initially allowing patients to settle at home with individual guidance.
 6. **P1 Urgent Response Service** (extended night-time care and support) Home care packages to support individuals at risk of falls, wandering, or requiring night-time assistance.
 7. **P2- Short term step down bed – Dawpool Road** 4 Step down beds support people with some complex care needs to be discharged until appropriate accommodation is available for them.
 8. **Ashford Place Hospital Discharge** Assists mental health, learning disability, and dementia patients with safe, early discharges. Liaising and working with hospital discharge leads to co-ordinate safe and effective discharge for patients with complex care needs who would benefit from practical and emotional support at the time of discharge.
- Discharge performance has been moving in the right direction. Using data from the Optica Discharge Dashboard (Foundry) (Sept 2025) , Brent is performing slightly below target on key delay metrics, with consistent month-on-month improvement.

Metric	Current	Target
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- | | | |
|-------------------------|------|------|
| • P1 Average Delay Days | 2.31 | 2.00 |
| • P2 Average Delay Days | 4.90 | 5.00 |
| • P3 Average Delay Days | 7.80 | 7.00 |
- Bridging service incorporated additional quality assurance processes and further screening step.
Frailty Service :
 - There is a new service model and clinical pathway for Brent aligned to the NWL Community Frailty Common Core Offer (CFCCO).
 - The new model strengthens the Community Frailty service which is to provide proactive, holistic care for frail patients and coordinate health and social care across Brent's five neighbourhoods thereby improving integration, reduced fragmentation, and delivering efficiency savings reinvested to increase coverage and quality. The aim is to move from three to one provider.
 - The integration of multidisciplinary teams (MDTs) and social care ensures that residents receive timely falls assessments, home adaptations, and personalised support. This proactive, community-based approach plays a key role in preventing falls and supporting older adults to live safely at home and prevent avoidable admissions.

- By proactively managing moderate frailty in the community, this service reduces demand on GP appointments and urgent care pathways, especially during winter surge periods.

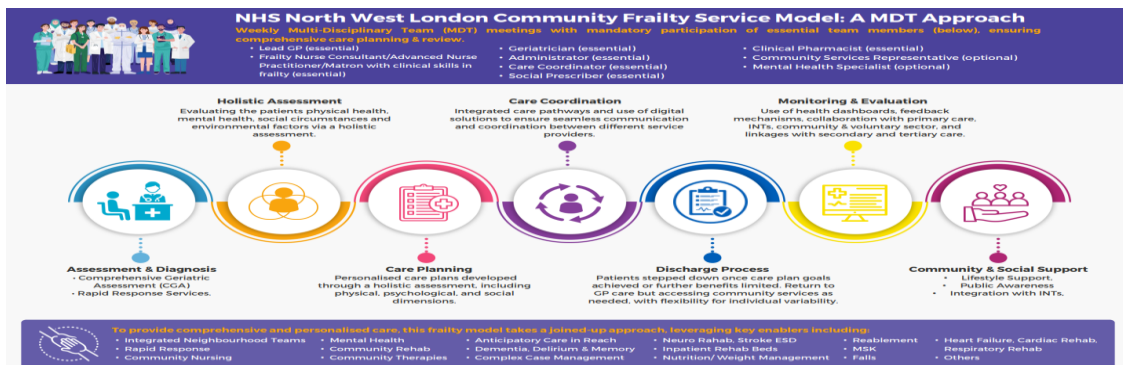
Priority areas of focus

- Develop Section 22 Care Act guidance for NWL for unclear complex patient pathways. to help reduce time to agree and fund care and support GAP and complex patients.
- Trusted Nurse Assessor to continue to work closely with the care homes, hospital and the Enhanced Care Home Support Team (ECHST) to improve communication and preparation for transferring patients; ensuring all patient needs are identified and the necessary support is provided by the ECHST.
- Dementia Behaviour Specialist Team continue to support and deliver training within the care homes and to domiciliary staff in the community on the subject of understanding dementia and managing challenging behaviours.
- Bridging service to continue to stabilise team with right resource and permanent staff.
- Urgent Response Service (extended night-time care and support) to continue to monitor the service and use the data to support assurance.
- Review usage of Dawpool step down beds.
- Frailty Service :
 - Development of an integrated approach is to contribute to reducing falls and avoidable hospital admissions. Better focus on the moderate cohort to improve these admission rates.
 - Complement Community Integrated Care Management (ICM) (medical focus) and Primary Care (identification and referral) by addressing broader frailty needs across the community and social domains, bringing key health and social care partners together to holistically manage patients' needs.

Next Steps

- Develop section 22 Care Act NWL guidance ensuring a consistent approach across NWL and equity for residents.
- Develop a SOP for the Urgent Response Service to ensure the service is being used appropriately.
- Funding for DHSC funded schemes to be confirmed for 2026/27.
- Frailty service:
 - Expanded referral pathways into social care, VCSE, and secondary care.
 - Re-procure a single-provider model covering all five Brent neighbourhoods.
 - Deliver care through integrated neighbourhood MDTs (frailty nurses, social workers, reablement, VCSE).
 - Operate a central Single Point of Access (SPA) for triage, care coordination, anticipatory care planning, and UCR delivery.
 - Accept referrals from multiple pathways, including primary care, secondary care, social care, VCSE, and care homes.
 - Awaiting funding for Frailty virtual ward, as NWL ICB has commissioned a frailty virtual ward, which once mobilised will provide targeted interventions in patients' homes. This initiative will provide additional capacity to support

patients who would otherwise be in an acute bed due to the acuity and complexity of their clinical needs.



3.2.4 Flu vaccinations and immunisation

Current Challenge

- Raise awareness of the National booking systems for Covid 19 vaccinations.
- Take up of flu and vaccinations particular focus on vulnerable groups and children's flu and vaccinations during pregnancy.
- Winter infections reducing inpatient capacity.

Key Mitigation

- Winter seasonal communication campaigns for residents in NWL.
- All children from Reception to Year 11 (ages 4–16), as well as those attending SEN schools up to age 25, are being offered the nasal or intramuscular influenza vaccine as part of the school vaccination programme.

Priority areas of focus

- Vaccination campaign September – November 2025.
- Winter communication campaign focus on Children's flu/pregnancy vaccinations.
- Launch of national booking system for COVID-19.

Actions Taken

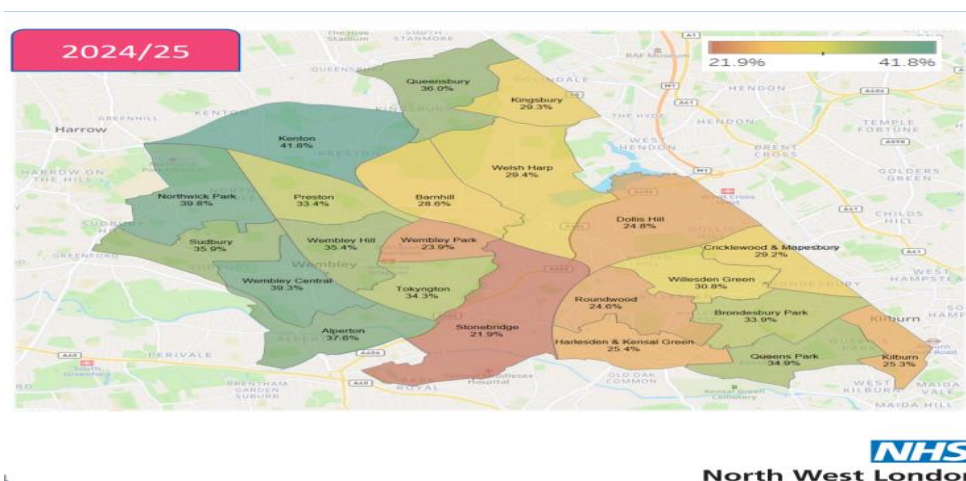
- LNWHT have implemented a flu frontline staff vaccination programme to safeguard healthcare professionals and ensure workforce resilience by reducing staff absences in the winter period. Target: 4,712 to achieve 5% additional staff vaccinated.
- CLCH are creating vaccine sites across the boroughs to increase vaccination take up in staff and peer vaccination will be available on bedded units to increase access.
- Primary care are delivering the seasonal flu and COVID vaccination campaigns ensuring sufficient spread and provision for the most vulnerable.
- Primary care continuing to work with Brent Partners to increase vaccine uptake for Brent residents.
- Designated pharmacies in Brent can offer children's flu vaccinations.

- ## Communications resources for staff :: North West London ICS

Next steps

- right areas and communities, where take up has been low.

Chart 1: Brent – Vaccination take up (Source: WSIC dashboard) 2024/25



3.2.5 Access to healthcare during winter period: primary and community care

Current Challenges: Primary care :

- appointments remaining unused at some Enhanced Access Hubs.

Key Mitigations

- NHS 111/UTC on a first come first serve basis.

- Awareness campaigns to promote Pharmacy First.
- Practices encouraged to enable NHS Connect, giving pharmacies secure access to patient records.

Priority areas of focus

- Deliver timely, equitable and responsive care with a focus on reducing delays for urgent concerns and improving patient satisfaction.
- Promote the 24/7 urgent dental care service and increasingly over Christmas period to patient organisations and GP Practices.
- Check Care Homes are OK in advance of peak winter period.
- Continue Access Programme improvement for winter readiness and call response times.

Action Taken - Access for Primary care

- Brent GP surgeries – all will open, core hours from 8am to 6.30pm with doors and telephone open during these core hours, including Christmas and New Year's Eve.
- Enhanced Access Hub -The Hubs are a continuation of the GP practices and they offer evening and weekend appointments on Monday-Friday 6.30pm–8.00pm and Saturday 9.00am-5.00pm for patients registered with Brent practices.
- NWL Access Service - PCNs/Practices enhance on-the-day appointment availability during core hours and continually review appointment types and balance of on the day proactive capacity to ensure the appropriate mix of appointments both at practice and at scale. They work in collaboration with partner organisations to flexibly adjust capacity to meet demand and support redirections to appropriate care pathways
- Pharmacy First Service The service helps with capacity in practices, so practice appointments can be used for patients who really need them. Patients are encouraged to use community pharmacies for minor illness and medicines advice. This will free up GP appointments for patients with more complex needs, improving access and efficiency.
- Dental health – 2 new dental pilots launching in October 2025 to improve access, support, oral health and embed prevention across health, education and community settings – focus on children and young people 0-16 in CORE 20+ area and those identified as having higher oral health needs. Other pilot focuses on people living in temporary/ emergency accommodation.
- Emergency appointments are available for NWL residents via NHS Dentistry pathway.
- Neighbourhood MDTs coordinating proactive care for population cohorts with complex health and social needs
- Community capacity. CLCH make effective use of capacity across the full system by reviewing bed usage, returning people to home-based care where possible, and providing surge capacity alongside IPC cohorts where it is effective and appropriate to do so.
- CLCH active member of the NWL bed review and will support identifying any issues as they may arise.

Next Steps

- Continue to monitor appointment uptake and utilisation across practices and hubs to maximise uptake.
- Work with partner organisations to align appointment availability with demand.
- Communications with PCNs re Access Hub opening over the bank holidays.
- Promote awareness of the full range of available services (GP core hours, Enhanced Access, Pharmacy First, NHS 111, UTC)
- NWL ICB Winter Communication Plan will support system issues and support residents with decisions about their health and the services they use, by providing information and redirecting people at the point of need. It includes magazine articles in Council newsletter, videos and flyers in 13 languages, NWL ICB website.

3.2.6 Access to healthcare during winter period: Acute

Current Challenges

- LNWHT demand modelling has indicated attendances and admissions predicted to increase by 4% compared to last year as per Trust submitted operating plan.
- External discharge delays have been predicted to increase by 2% compared to last year based on the various external risks i.e. social care allocations and community equipment
- Capacity modelling - Based on 97% occupancy, the modelling suggests the Trust requires 26 more beds
- High volume of attendances and London Ambulance Service (LAS) conveyances.
- Winter infections reducing inpatient capacity.

Mitigations

- Increase in demand aims to be off set via pathway changes described throughout LNWHT Winter plans summarised to:
 - LAS demand management via the sector commissioned model.
 - Increased redirection from NHS 111 and UTCs into primary care.
 - Increased streaming to ambulatory pathways i.e. ED SDEC, surgical assessment unit, gynae SDEC.
 - Development of the Discharge Ready Unit (DRU) and Older Peoples Short Stay Assessment Unit (OPSSU).
 - Actions on planned flow and discharge.
 - LNWHT new digital front door at Northwick.

Priority area of focus

- Winter approach refocus on:
 - ED gatekeeping with LAS and Sector ICC Hub.
 - Expansion of ED front door streaming.
 - Expansion and redesign of ambulatory pathways.
 - Increase inpatients and SDEC capacity.
 - Developing new flow models across 2025/26 ready for winter pressure.

- Planned Winter Budget supporting escalation capacity as needed - £2.0m
- Improve access: ongoing engagement shapes 2026/27 commissioning priorities and ensures the patient voice drives changes, with a focus on: Strengthening continuity of care for complex needs.
- Improvement in winter readiness and call response times
- In 2025/25 PCNs have developed Access Improvement Plans against targets to improve access and health outcomes.
- Deliver timely, equitable and responsive care with a focus on reducing delays for urgent concerns and improving patient satisfaction.
- Strengthen collaboration with partner organisations to ensure maximum use of all available appointments.

Actions Taken

- Organisational leadership and process in place for winter period.
- Surveillance mechanisms in place including the use of Federated Data Platform (FDP) real-time data and forecasting tools to better manage demand.
- The Plan has been discussed with partners Brent, Harrow and Ealing Borough and LA Teams, CLCH, CNWL, WLNT and LAS.
- Daily discharge tracking updated at ward level.
- Proactive identification of P1 bridging pathway patients.
- Nurse Trusted Assessor to liaise with care home management re care planning and expectations.
- Redesigned capacity at NPH :
 - NPH Darwin C bay +4 beds (the daytime frailty assessment bay) to use as 4 OPSSU beds staffed 24hrs a day.
 - NPH Darwin +2 beds per bay, across B and C Bays.
 - NPH Dickens DRU overnight 4 beds to use 24/7 across the weekend for DRU criteria patients.
 - NPH AMU L5 consider additional escalation beds subject to discussion with EAC Division.
 - SDEC capacity expanded at NPH.

Next Steps

- Developing new flow models across 2025/26 ready for winter pressure.
- Continued development of gate keeping pathways, initially via REACH and ED SPA. Now developing as part of a sector wide approach to further strengthen the call before convey approach.
- NWL ICB have commissioned a frailty virtual ward, which once mobilised will provide targeted interventions in patients' homes. This initiative aims to reduce emergency admissions by offering care within the community. Furthermore, we have addressed gaps in community and neuro-navigators, which support both discharge and admission avoidance.

3.2.7 Cost of Living and well-being support

Challenges

- Challenges for people struggling with rising costs or just about getting by, there is a risk of homelessness and mounting debt.

Mitigations

- Brent council has in place services to support people that are struggling with rising costs and debts: <https://www.brent.gov.uk/cost-of-living-help-and-advice>
- Brent Hubs have been set up to work with residents who find it difficult to access the support they need through mainstream services: <https://www.brenthubs.com/>
- Community Wellbeing service - The project provides preventative support for local families and enables members to access a wide range of support under one roof, in order to build financial and personal resilience: <https://www.sufra-nwlondon.org.uk/our-services/community-wellbeing-service/>
- Support with anxiety and depression is provided by Brent Talking Therapies. This is a free, confidential NHS service for people registered with a Brent GP who are over 16 and can support with a range of concerns. It can be accessed via CNWL website: [Brent NHS Talking Therapies](https://www.brent.nhs.uk/talking-therapies), Email: cnw-tr.brent.iapt@nhs.net Telephone: 020 8206 3924
- Support with damp and mould and prevention can be obtained via <https://www.mecclink.co.uk/london/housing-damp-and-mould-advice/>

Priority areas of focus

- Provide timely advice and support via website links.
- Brent Hub focused on supporting people to help themselves and each other, working with them to solve their problems and build knowledge, understanding and resilience.
- Community well-being service-for just £4/week, service members have access to a range of support including a Community Shop, Community Café and Advice and Guidance through an extensive timetable of partners in the space.
- Evening Community Kitchen, where non-members can also enjoy a free delicious two or three course meal.

Next Steps

- Community Wellbeing service has been operating from the newly renovated New Horizons Centre since January 2025 and will soon expand into a full-time service.

3.2.8 Cold weather, rough sleepers and housing

Challenges

- Potential deaths or serious harm from exposure to extreme cold. This is usually when the temperature is zero degrees or below for several nights.
- For rough sleepers, there are not enough Severe Weather Emergency Protocol (SWEP) bed spaces, requiring the use of multiple locations and additional staffing during activations.
- There are no single-occupancy bed spaces and no dedicated funding to provide B&B for rough sleepers who are not eligible for statutory assistance.
- The Winter Night Shelter operates only from January to March and currently supports low-need males only, leaving limited options for others earlier in the winter season.
- For hospital discharges, there is insufficient supported accommodation for patients with complex mental health needs and a shortage of suitable housing

for those with significant physical health issues, including a lack of wheelchair-accessible accommodation.

- Patients who require care packages cannot have these arranged until an address is confirmed, creating additional pressure on the Council to identify suitable accommodation quickly.
- In addition, there are interim accommodation pressures from hospitals where discharge dates are not provided in advance. This limits the Council's ability to plan and can result in bed blocking when suitable accommodation cannot be sourced immediately.
- Damp and mould in the home can lead to respiratory and other health issues and is particularly sensitive for babies, children, older people and people with specific health conditions, such as asthma.

Mitigations

- Severe Weather Emergency Protocol (SWEP) in place and can be activated when the weather is very cold.
- For rough sleeping, work is underway to identify additional mitigation measures ahead of the winter season. This includes exploring options to increase bed capacity, reviewing available funding for temporary placements and working with voluntary sector partners to strengthen referral and outreach arrangements during SWEP activations.
- For hospital discharges, pathway to move inpatients from wards into suitable accommodation before discharge, reducing the need for interim accommodation and preventing avoidable delays to hospital flow.
- The London Damp and Mould Checklist designed by London's public health system partners, for use by health and social care professionals who visit residential properties as part of their management and care of patients.

Priority areas of focus

- Works with local partners to make emergency spaces available for anyone sleeping on the streets, so that no one has to remain outside in dangerous weather, and a 15-bed Winter Night Shelter are currently in place to support rough sleepers during periods of extreme cold.
- For hospital discharges, depending on the patient's medical needs, individuals are discharged into supported accommodation or suitable private rented sector housing, if they do not have a home to return to. Where these options are unavailable and the individual is assessed as having a priority need, interim accommodation is provided to ensure that no one is discharged from hospital without a safe place to stay.
- For rough sleeping, to take as many people off the streets as possible during Severe Weather Emergency Protocol (SWEP) activations by maximising the use of available bed spaces. This includes making regular referrals to the Winter Night Shelter and maintaining high churn throughout the three-month period so that as many rough sleepers as possible can be supported.
- For hospital discharges, a new dedicated Hospital Discharge Housing Team has been established, with a daily physical presence at Northwick Park Hospital. The newly appointed Team Leader has access to NHS systems, allowing officers to identify and assess patients from the point of admission rather than waiting until they are declared fit for discharge. This early involvement helps to prevent avoidable delays, improve planning, and reduce bed blocking.

- The damp and mould checklist and guidance in place for health and social care professionals to sign post and use to support the identification of internal damp and mould, as well as people at risk of poor health due to damp and mould exposure in their home. There is also an emphasis on prevention of damp and mould for all residents.

Next Steps

- Activate SWEPP protocol if weather is very cold.
- For rough sleeping, to develop and agree the 2025/26 SWEPP protocol, ensuring early planning, clear activation criteria and improved coordination with partners across the borough.
- For hospital discharges, to build a more efficient streamlined process that enables homeless inpatients to be identified and supported early now there is a new team in place, ensuring they can move into suitable accommodation with the right level of support before a request for interim accommodation is made by hospitals. This will help reduce last-minute pressures and support timely, safe discharges.
- Promote use of housing damp and mould advice - <https://www.mecclink.co.uk/london/housing-damp-and-mould-advice/>

3.2.9 Mental Health

Challenges

- Adults and older adults with physical health, mental health, learning disabilities and those living with dementia staying in hospital for longer than necessary can reduce independence, result in them losing muscle strength and can lead to more risks of infection.

Mitigations

- Reducing inpatient length of stay by supporting and bringing forward discharge processes.
- Assisting and supporting adults and older adults with physical health, mental health, learning disabilities and those living with dementia with safe and early discharges.
- Regular meetings with hospital discharge co-ordinators and with patients and their families to communicate the advantages of recovery out of hospital.
- Leaving hospital as soon as patients are clinically ready, with timely and appropriate recovery support will benefit their recovery.

Priority areas of focus

- Early discharges home with no additional support.
- Early discharges home with informal support from voluntary organisations
- Early discharges home with additional support from the Adult social care, NHS community teams: occupational therapists, physiotherapists, community nursing
- Early discharges home with a care package
- Early discharges to somewhere other than your home such as:

- Extra care sheltered accommodation
- Residential care home
- Supported living
- Nursing home
- Early discharges through NHS Continuing Healthcare
- Early discharges through NHS-Funded Nursing Care

Next steps

- Continue the work to support the hospital multidisciplinary teams with discharge plans that address the patient's specific needs and considers their medical condition, support system, and living situation.

4.0 Stakeholder and ward member consultation and engagement

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

5.0 Financial Considerations

- 5.1. As hospital discharges increase, Adult Social Care services will be required to assume additional costs associated with care packages, reablement, and home care provision. Furthermore, as we support a higher volume of discharges involving more complex patients, this will exacerbate existing financial pressures within Adult Social Care budgets.
- 5.2. Winter schemes supporting discharge and admission listed in 3.2.3 are funded through the Department of Health and Social Care fund. In 2025/26, Brent ICP was granted £6.2 million in funding to address discharges and winter pressures. No additional funding will be provided above that. Assurance of the schemes has been undertaken, and they have been approved to continue subject to on-going funding. There is some risk to partnership working to manage system pressures if this funding is not continued.

6.0 Legal Considerations

- 6.1 There are no specific legal considerations relating to this paper.

7.0 Equity, Diversity & Inclusion (EDI) Considerations

- 7.1 Residents from deprived areas, facing health inequalities and from specific ethnic groups and residents that are frail over 65+ are more likely to be at higher risk of ill health and using health care services during the winter period.
- 7.2 Flu vaccinations and immunisations are to target priority groups which include children, pregnant residents and people with long term conditions.

7.3 The NWL ICB Winter communication campaigns is to target areas with low take up of vaccinations in previous years.

7.4 Support for residents to access health and community services is provided by Community Well-being services and other community organisations.

8.0 Climate Change and Environmental Considerations

8.1 There are not specific climate change 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:

Rachel Crossley

Corporate Director of Reform and Strategy

Tom Shakespeare

Managing Director Brent Integrated Care
Partnership